WC5 2006 Consensus Questions
Multimodality Treatment of Liver-Limited Metastases

General Statement: Patients with liver-limited metastatic colorectal cancer should be reviewed by a multidisciplinary team. It is acknowledged that there is insufficient evidence to definitively answer these questions.

1. **Is there a preferred neoadjuvant chemotherapy strategy for downstaging to resectability?**
   - A strategy of doublet chemotherapy with either FOLFOX or FOLFIRI would be reasonable.
   - Risk of hepatic toxicities would need to be considered.
   - Response should be assessed in a timely manner (preferably within 8 to 12 weeks of chemotherapy initiation).
   - The endpoint for duration of neoadjuvant therapy should be the time to resectability rather than time to maximal response.
   - No consensus was reached regarding the addition of bevacizumab in this setting but it is an option. Bevacizumab treatment should be withheld for 8 weeks prior to planned metastatectomy.

2. **Should patients with resectable liver-limited metastases receive neoadjuvant chemotherapy?**
   - Patients with clearly resectable disease should proceed directly to surgery.
   - If surgery cannot be arranged in a timely manner, it is not unreasonable to consider chemotherapy as a bridge to surgery.

3. **Should patients with resected liver metastases receive “adjuvant” chemotherapy?**
   - Limited studies to-date have failed to demonstrate a conclusive benefit with post-metastatectomy chemotherapy.
   - For chemo-naïve patients with synchronous resectable liver metastases, a course of post-resection therapy with a regimen demonstrated to have efficacy in the adjuvant colorectal setting should be considered.
     - Preferably FOLFOX. 5FU/LV, capecitabine are options in patients not expected to tolerate FOLFOX.
   - For previously-treated patients and/or those with metachronous metastases, many would offer a course of post-resection chemotherapy.

Managing the Primary Tumour

1. **Is a laparoscopic colectomy the preferred approach for resecting a primary colorectal cancer?**
   - While not a standard, laparoscopic colectomy represents an acceptable approach to resect a primary right or left colon cancer when performed by an appropriately trained surgeon.
   - Further evaluation is required to determine the safety and efficacy of laparoscopic colectomy for cancers of the rectosigmoid colon and rectum.

2. **Should an asymptomatic primary be resected in metastatic disease?**
   - Preoperative staging with chest and abdominopelvic imaging is required.
   - It is not mandatory that an asymptomatic (or minimally symptomatic) primary colorectal cancer be resected in otherwise unresectable metastatic disease.