Long term results of EORTC trial for patients with resectable liver metastases from colorectal cancer

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Long term results of the randomized phase III EORTC intergroup trial 40983 were recently reported in *The Lancet Oncology*. The observed 4.1% difference in overall survival at five years for patients with initially resectable liver metastases from colorectal cancer was not significant for perioperative chemotherapy with FOLFOX4 (folinic acid, fluorouracil, and oxaliplatin) compared with surgery alone. Earlier results of this same trial had shown that perioperative chemotherapy with FOLFOX4 increases progression-free survival (the primary endpoint) compared with surgery alone for these patients. Overall survival was a secondary endpoint, and the trial was not initially powered to compare overall survival in the two groups. Consequently, the authors conclude that perioperative chemotherapy with FOLFOX4 should remain the reference treatment for this population of patients.

Prof. Bernard Nordlinger of the Centre Hospitalier Universitaire Ambroise Paré, Assistance Publique–Hôpitaux de Paris, Université de Versailles, Boulogne- Billancourt, France, and member of the EORTC Gastrointestinal Tract Cancer Group says, "Surgery is currently the only potentially curative treatment for resectable liver metastases, yet only 15–20% of patients with hepatic metastases are initially eligible for a radical surgical treatment. Furthermore, less than one half of patients who do receive such treatment achieve 5-year survival after resection. This is likely due to the presence of residual disease, so it is thought that adjuvant chemotherapy could help these patients."

EORTC intergroup trial 40983 recruited 364 patients between the ages of 18-80 years with colorectal cancer and up to four liver metastases. Patients were randomly assigned to either perioperative FOLFOX4, 182 patients, or surgery alone, 182 patients. Of these, eleven patients per group were deemed to be ineligible.

At a median follow-up of 8.5 years (Interquartile range 7.6 years–9.5 years), 59% of all randomized patients in the perioperative chemotherapy group had died as opposed to 63% in the surgery alone group (Hazard ratio 0.88, 95% confidence interval (CI) 0.68–1.14; p=0.34). Median overall survival was 61.3 months (95% CI 51.0–83.4) for patients receiving perioperative chemotherapy and 54.3 months (95% CI 41.9–79.4) for those receiving surgery alone, while the 5-year overall survival was 51.2% (95% CI 43.6–58.3) in the perioperative chemotherapy group and 47.8% (95% CI 40.3–55.0) in the surgery-only group. In eligible patients (171 per group), estimated 5-year overall survival was 52.4% in the perioperative chemotherapy group versus 48.3% in the surgery alone group.

Five patients (two patients in the perioperative chemotherapy group and three in the surgery-only group) passed away due to complications from surgery. One additional death in the perioperative chemotherapy group was possibly a result of toxicity from the protocol treatment.

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