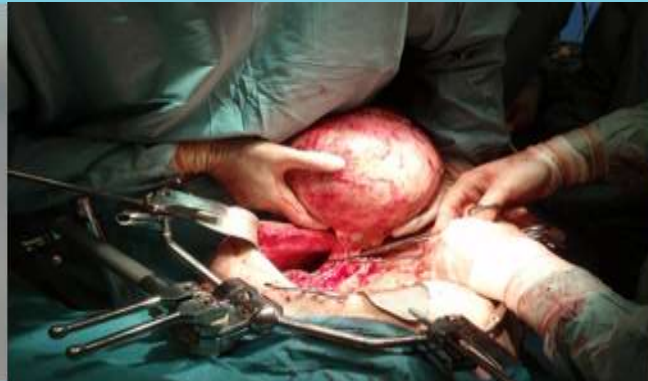


Verdwenen CRLM na systemische therapie of status na resectie; welke follow up?



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Disclosure



No financial disclosures

Disclosure

I am a surgeon



**Verdwenen CRLM na systemische therapie
of status na resectie van CRLM;
welke follow up?**

Verdwenen = Niet zichtbaar

Verdwenen = Niet zichtbaar

Niet meer zichtbare CRLM

- Na systemische therapie

Verdwenen = Niet zichtbaar

Niet (meer) zichtbare CRLM

- (Na systemische therapie)
- Ten tijde van resectie

Niet meer zichtbaar

Na inductie- of neoadjuvante therapie



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Review

Management of disappearing colorectal liver metastases



K. Kuhlmann ^{a,*}, J. van Hilst ^b, S. Fisher ^a, G. Poston ^a

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Na inductie- of neoadjuvante therapie

Literatuur; tot 20% niet meer zichtbaar na systemische therapie

Diameter, aantal en soort systemische therapie
Ook afhankelijk van gebruikte afbeeldend onderzoek



Na inductie- of neoadjuvante therapie

CT

MRI

PET-CT

Per-operatieve echo

Alternatieven



Niet meer zichtbaar

Na inductie- of neoadjuvante therapie

CT
MRI
PET-CT
Per-operatieve echo
Alternatieven

DOI:10.1111/hpb.12476

HPB

ORIGINAL ARTICLE

Disappearing liver metastases from colorectal cancer: impact of modern imaging modalities

Christian Stureson¹, Jan Nilsson¹, Gert Lindel¹, Roland G. Andersson¹ & Inger Kaussen²



Niet meer zichtbaar

Na inductie- of neoadjuvante therapie;

- tot 20% niet meer zichtbaar (DLM)

Hoe te behandelen en/of op te volgen ?



DLM; behandelning

Na inductie- of neoadjuvante therapie;

- Eerste imaging; *“Roadmap for local therapy”*
- *“Wait and See”*

Na inductie- of neoadjuvante therapie;

- **Eerste imaging; “Roadmap for local therapy”**
- “Wait and See”

Meeste gedaan

Tot 95% worden “vitale tumorcellen” beschreven

Na inductie- of neoadjuvante therapie;

- Eerste imaging; *“Roadmap for local therapy”*
- **“Wait and See”**

Wordt steeds vaker gedaan

Tot 80% wordt “een lokaal recidief” gevonden

Na inductie- of neoadjuvante therapie;

- Eerste imaging; *“Roadmap for local therapy”*
- *“Wait and See”*

Vershil in overleving?

Vershil in morbiditeit?

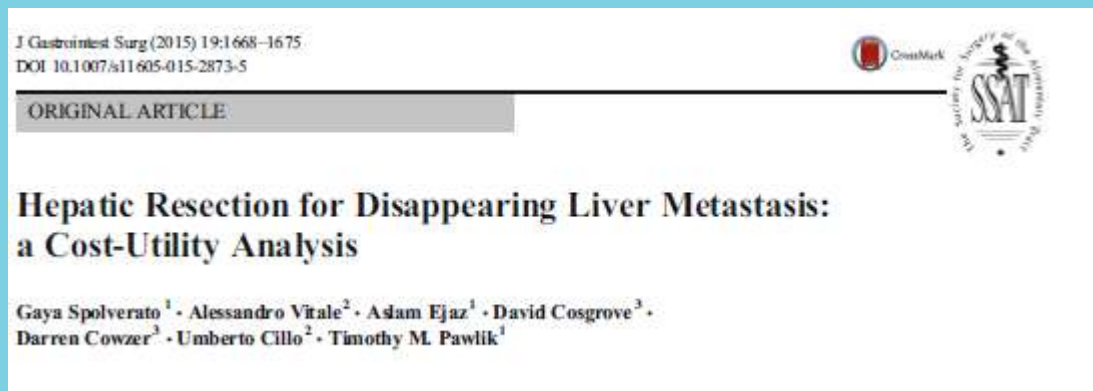
Vershil in kosten?

DLM; behandeling

Vershil in overleving?
Vershil in morbiditeit?
Vershil in kosten?

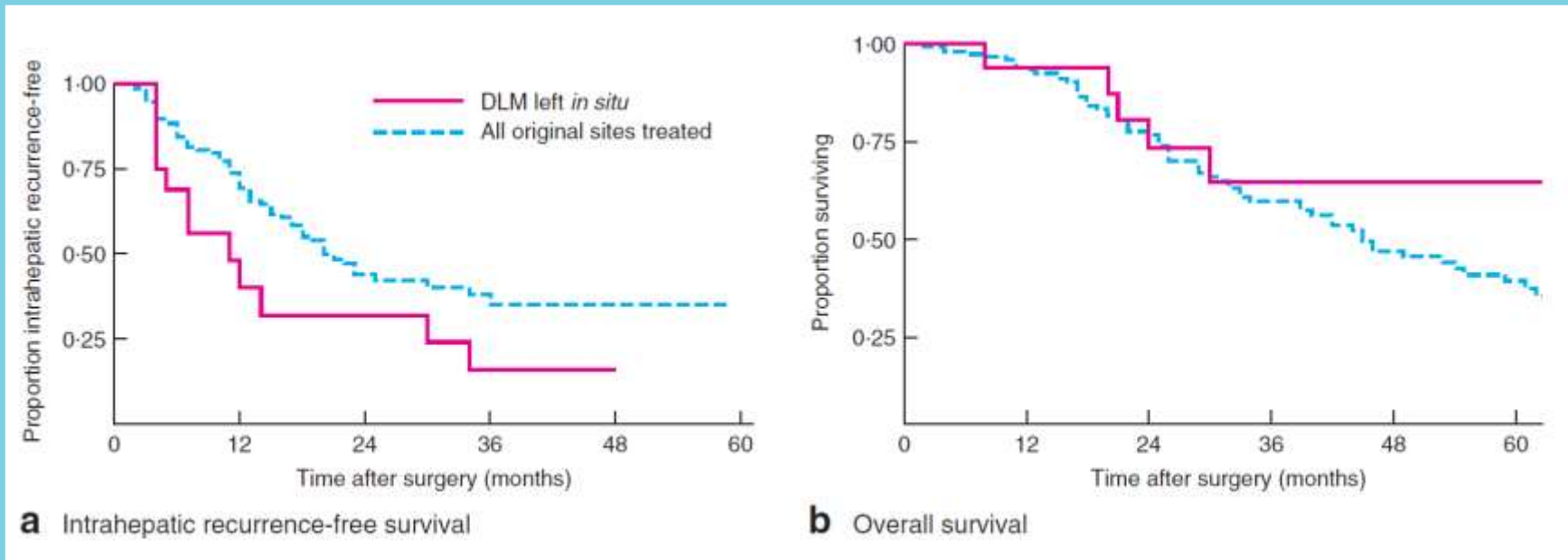
Geen overtuigende literatuur.....

Retrospectieve series;



DLM; behandelning

Retrospectieve serie;



DLM; behandeling

Lijkt geen verschil in overleving.....

Biologie lijkt al bepaald te zijn.....

Toch onlogisch; want hoe kleiner tumorload, des te beter de prognose???????

Intensieve follow up na resectie CRLM?

Verschil in overleving?

Geen RCT's

Systematic review

Systematic review and meta-analysis of follow-up after hepatectomy for colorectal liver metastases

R. P. Jones^{1,3}, R. Jackson², D. F. J. Dunne³, H. Z. Malik³, S. W. Fenwick³, G. J. Poston³ and P. Ghaneh¹

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Background: The evidence surrounding optimal follow-up after liver resection for colorectal metastases remains unclear. A significant proportion of recurrences occur in the early postoperative period, and some groups advocate more intensive review at this time.

Methods: A systematic review of literature published between January 2003 and May 2010 was performed. Studies that described potentially curative primary resection of colorectal liver metastases that involved a defined follow-up protocol and long-term survival data were included. For meta-analysis, studies were grouped into intensive (more frequent review in the first 5 years after resection) and uniform (same throughout) follow-up.

Results: Thirty-five studies were identified that met the inclusion criteria, involving 7330 patients. Only five specifically addressed follow-up. Patients undergoing intensive early follow-up had a median survival of 39.8 (95 per cent confidence interval 34.3 to 45.3) months with a 5-year overall survival rate of 41.9

Conclusion: Evidence regarding follow-up after liver resection is poor. Meta-analysis failed to identify a survival advantage for intensive early follow-up.

Intensieve follow up na primair CRC?

Verschil in overleving?

Br J Surg 2017

Systematic review

Meta-analysis of colorectal cancer follow-up after potentially curative resection

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Background: After potentially curative resection of primary colorectal cancer, patients may be monitored by measurement of carcinoembryonic antigen and/or CT to detect asymptomatic metastatic disease earlier.

Methods: A systematic review and meta-analysis was conducted to find evidence for the clinical effectiveness of monitoring in advancing the diagnosis of recurrence and its effect on survival. MEDLINE (Ovid), Embase, the Cochrane Library, Web of Science and other databases were searched for randomized comparisons of increased intensity monitoring compared with a contemporary standard policy after resection of primary colorectal cancer.

Results: There were 16 randomized comparisons, 11 with published survival data. More intensive monitoring advanced the diagnosis of recurrence by a median of 10 (i.q.r. 5–24) months. In ten of 11 studies the authors reported no demonstrable difference in overall survival. Seven RCTs, published from 1995 to 2016, randomly assigned 3325 patients to a monitoring protocol made more intensive by

Conclusion: Based on pooled data from randomized trials published from 1995 to 2016, the anticipated survival benefit from surgical treatment resulting from earlier detection of metastases has not been achieved.

REVIEWS

Surveillance after curative treatment for colorectal cancer

Eric P. van der Stok¹, Manon C. W. Spaander², Dirk J. Grünhagen¹, Cornelis Verhoef¹
and Ernst J. Kuipers² NATURE REVIEWS | **CLINICAL ONCOLOGY**

- Ja, metastasen worden eerder gevonden
- Nee, geen overlevingsverschil (*cancer specific survival*)

Concluderend;

- Lokale therapie loont bij CRLM.
- Intensieve follow up lijkt prognose voor gehele groep niet te verbeteren.

Wat te doen met niet meer zichtbare CRLM?

Niet meer zichtbaar na systemische therapie;

- MRI; Duidelijk “waar” en “beperkt”; lokale therapie (first scan; roadmap)
- Anders “Wait and See”, behandelen indien weer zichtbaar

Wat te doen met niet zichtbare CRLM

Niet zichtbaar tijdens/na resectie;

- Deelname **FUTURE trial**; 0^{de} versus 2^{de} lijnszorg.
 - *CEA metingen thuis versus reguliere follow up landelijke richtlijn*

Questions ?



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