TIMING OF SURGERY AND CLINICAL OUTCOMES IN PATIENTS WITH SYNCHRONOUS COLON CANCER LIVER METASTASES UNDERGOING NEOADJUVANT CHEMOTHERAPY: A PROPENSITY SCORE ANALYSIS

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A retrospective propensity-matched study of 98 patients found no significant difference in overall survival or disease-free survival between surgery performed 4-8 weeks versus 8-12 weeks after neoadjuvant chemotherapy, though postoperative complication profiles differed between timing groups.

KEY POINTS

- Among 152 patients enrolled (98 propensity-matched), surgical timing after neoadjuvant chemotherapy did not significantly affect overall survival or disease-free survival.
- Surgery at 8-12 weeks after neoadjuvant chemotherapy was associated with significantly higher rates of postoperative ascites (22.9% vs 8.3%, p=0.049) and bile leakage (16.7% vs 4.2%, p=0.045) compared to surgery at 4-8 weeks.
- Surgery at 4-8 weeks after neoadjuvant chemotherapy was associated with significantly higher rates of pleural effusion (31.3% vs 12.5%, p=0.026) compared to surgery at 8-12 weeks.
- Multivariate analysis identified 13 factors associated with overall survival and disease-free survival, though these factors are not specified in the material.
- The authors note that randomized controlled trials are needed to confirm these findings and that the differences in complication risk warrant clinical attention.

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