

Stereotactic Body Radiation Therapy for patients with inoperable liver metastases from colorectal cancer: final results of a phase II trial.

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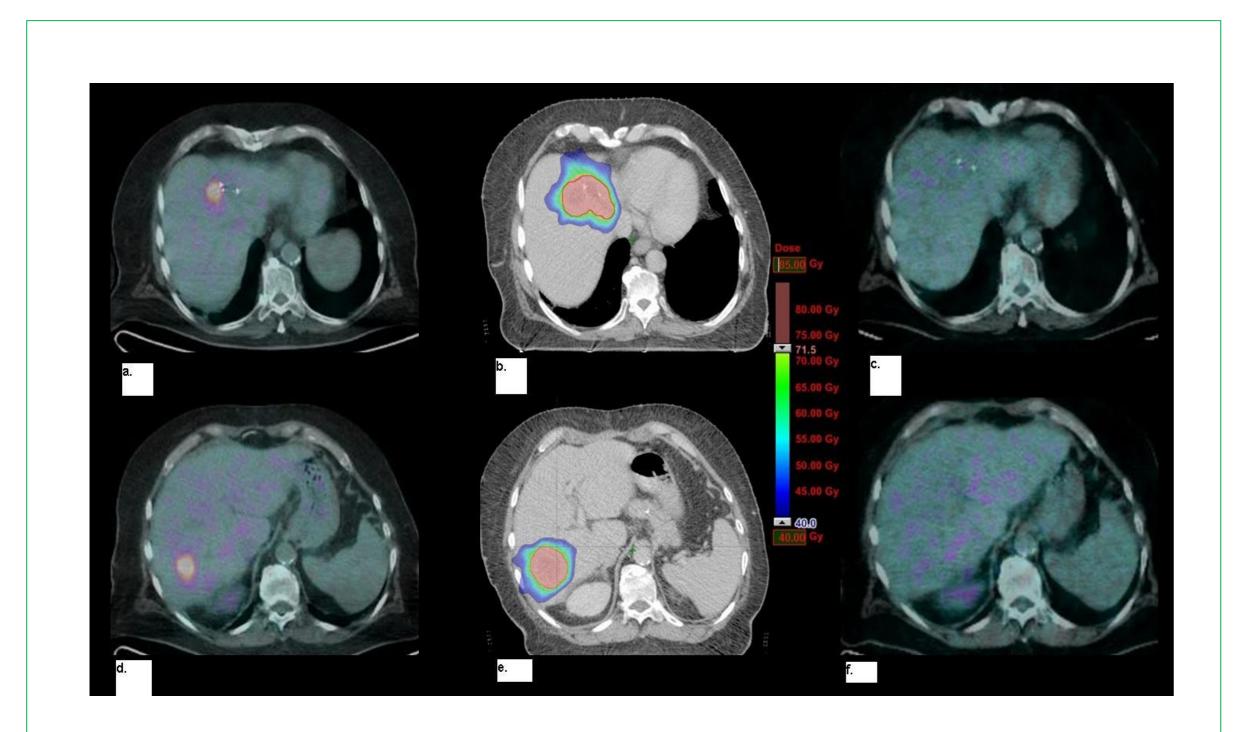
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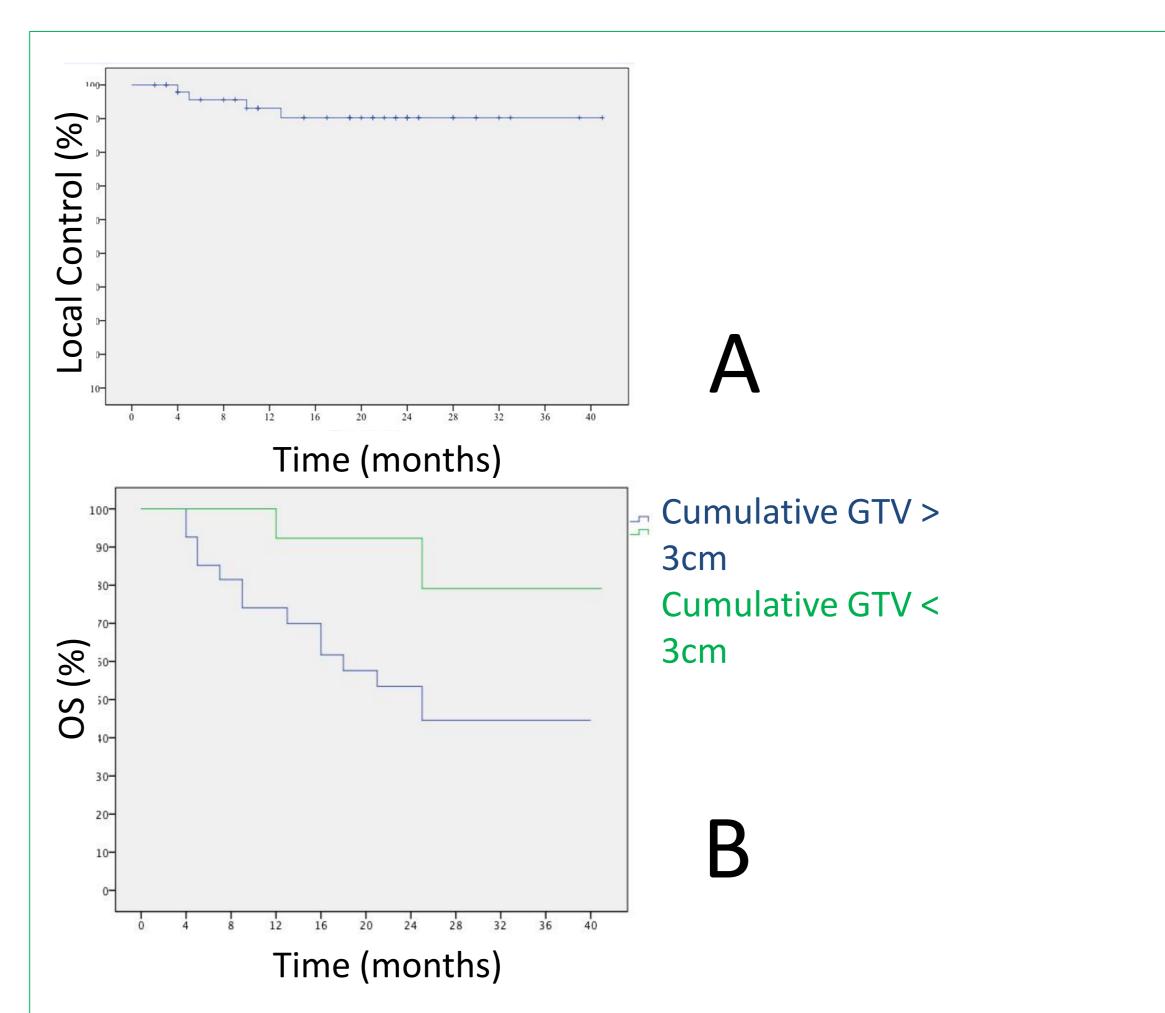
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Introduction To evaluate the feasibility and efficacy of Stereotactic Body Radiation Therapy (SBRT) in

the treatment of colorectal liver metastases.

Materials & Methods Forty-two patients with inoperable colorectal liver metastases not amenable to radiofrequency ablation (RFA), were treated with SBRT for a total number of 52 lesions. All patients received a total dose of 75Gy in 3 consecutive fractions. Mean size of the lesions was 3.5cm (range 1.1–5.4). Toxicity was classified according to the Common Toxicity Criteria (CTC) version 3.0.





In-field local control

B. Overall Survival for cumulative GTV smaller and bigger than 3

Patient treated with SABR for two liver colorectal metastases. (a.-d.) Positron emission tomography (PET) pretreatment image showing the lesions, defined by metal surgical clips. (b.e.) Visualization of dose distribution on the planning target volume. (c.-f.) PET-CT image at 3 months after radiation therapy, showing complete metabolic response.

cm **Results** Median follow-up was 24 (range 4–47) months. The progression in field was observed in 5 lesions. Twenty-four months actuarial local control (LC) rate was 91%. Median overall survival (OS) was 29.2±3.7 months. Actuarial OS rate at 24 months

was 65%. Median progression-free survival was 12.0±4.2 months; 24 months actuarial rate was 35%. No patients experienced radiation-induced liver disease (RILD) or grade >3 toxicity.

Conclusion SBRT represents a feasible alternative for the treatment of colorectal liver metastases not amenable to surgery or other ablative treatments in selected patients, showing optimal local control and promising survival rate.



