

UTILIZATION AND OUTCOMES OF PATIENTS WITH COLORECTAL CANCER LIVER METASTASES IN THE MEDICARE POPULATION

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Aggressive treatment of colorectal liver metastases (CRLM) after colectomy is increasing in the last two decades with reports of improved survival. Multiple treatment options are available for CRLM but their use and utility remains unknown.

Methods: Using SEER-Medicare linked database (1991-2005), we identified 7131 patients who had undergone colectomy with CRLM. Demographic, clinical and tumor factors were examined as determinants of therapy. Treatment options consisted of surgery (resection, ablation) or chemotherapy. Univariate and multivariate analyses were performed to determine predictors of overall survival after colectomy.

Results: 635 patients (8.9%) underwent liver directed surgery defined as either a liver resection (n=495), ablation (n=216) or both (n=76) for CRLM. 322 patients (51%) were female and 313 (49%) were male. 147 patients (23%) were SES 1, 230 patients (36%) were SES 2, and 258 (41%) were SES 3. There was a survival advantage to receiving liver surgery or chemotherapy in selected patients with CRLM ($p<0.001$). Of the 635 patients who received liver surgery, 62.7% received chemotherapy within 6 months of surgery. Adjusted overall survival after colectomy was greatest in Asian/Other race; poor prognostic indicators included increasing comorbidities, advanced age and development of complications within one month after liver surgery.

Conclusion: In the Medicare population, patients with CRLM who receive potentially curative therapy such as resection, ablation or chemotherapy experience a substantial survival advantage; despite this only 8.9% of patients received directed therapy for their metastasis. Barriers to treatment and its underutilization must be identified to improve survival in patients diagnosed with CRLM after colectomy.