

# Chairperson's Introduction

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Liver metastases are observed in 50% of one million patients diagnosed with colorectal cancer yearly, worldwide.

Some years ago only supportive care could be proposed to these patients with a life expectancy of a few months. Important progress has been made in diagnosis and treatment of liver metastases from colorectal cancer.

When metastases are resectable at surgery, 5 year survival is close to 35%. Surgery has become more efficient and safer. It now allows resection of metastases which would in the past have been considered unresectable.

Progress in imaging of liver metastases has allowed detection of early small metastases allowing improved chances for cure after surgery. It allows for better surveillance after surgery to detect recurrences. More accurate pre-operative imaging has led to a more rigorous patient selection.

There has also been marked progress in chemotherapy regimens. Combinations of 5 FU with cytotoxic

drugs such as Oxaliplatin or Irinotecan has increased response rates above 50% in liver metastases. Median survival of patients with liver metastases from colorectal cancer has been extended from 6 months to more than 2 years. Chemotherapy can also downsize colorectal cancer liver metastases initially considered unresectable and allow secondary resection. These patients can be treated with a hope for cure. Recently, cytotoxic drugs have been combined with targeted agents, in particular, antiVEGF and EGFR blockers, to increase their responses rates.

The main progress in this field will be updated in this chapter by some of the most renowned experts in the field.

## **Conflict of interest statement**

None declared.