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Comment on: Synchronous resection of primary colorectal cancer with liver metastases: two birds with one stone?

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Dear Editor

We read with great interest the needle point article regarding simultaneous resections for synchronous colorectal liver metastases (sCRLM) by Professor Siriwardena, and the subsequent correspondence with Dr Yaqub[1]. As Dr Yaqub has already implied, the current evidence for the safety and feasibility of simultaneous resections mainly consists of retrospective studies, which have well known shortcomings. Only three prospective studies investigating this matter have been published, the most recent being the mentioned CoSMIC prospective cohort study and METASYNC RCT. Although we applaud the investigators who conducted these studies, we are obliged to say that they do not, in our opinion, completely answer the questions at hand. METASYNC was discontinued 10 years after its initiation, before accrual was completed. During this interval, substantial changes occurred in the care for patients affected by sCRLM, making its results difficult to interpret in this day and age. Furthermore, there were important differences in the characteristics of the simultaneous and staged groups in both CoSMIC and METASYNC. More patients in the staged group were affected by a rectal primary, underwent extensive hepatectomies, and (partially) underwent laparoscopic surgery. Lastly, a real intention-to-treat analysis was not performed in METASYNC owing to the perioperative exclusion of several patients.

Thus, there is a clear need for additional high-quality studies assessing whether simultaneous resections indeed have merits, and, if so, in which patients and disease setting. In our opinion, a well designed RCT should answer this question, as only in this way will the effect of confounding be minimized. It is essential that this trial assesses the impact of the surgical approach used, because minimally invasive surgery is now widely applied and can limit surgical stress, the role of systemic therapy, and the cost-effectiveness of both treatment sequences. We postulate that it is ethical to conduct such an RCT, because of the current lack of high-quality evidence and the fact that a large proportion of these patients is still routinely treated by two-staged resections.

The LIVACOR RCT, set up by clinical epidemiologists, hepatopancreatobiliary, and colorectal surgeons, is now recruiting throughout Europe. In this trial, patients with sCRLM and a colonic primary, who have an indication for limited liver resection, are being randomized to a minimally invasive simultaneous or staged resection, and the primary endpoint is time to functional recovery.

Disclosure. Mr. Sijberden and Prof. Abu Hilal are both part of the LIVACOR study team, as study coordinator and coordinating investigator, respectively.

Reference

1. Siriwardena AK. Synchronous resection of primary colorectal cancer with liver metastases: two birds with one stone? *Br J Surg* 2022;**109**:303–305

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