ASO AUTHOR REFLECTIONS

ASO Author Reflections: Circulating Tumor Cell Count is a Prognostic Factor in Patients with Resected Colorectal Cancer Liver Metastases

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PAST

Patients with colorectal cancer liver metastases can benefit from hepatic resection. However, the probability of relapse is variable. In the era of major advances in surgical techniques and the availability of highly effective chemotherapy, research on biological prognostic factors is desirable.^{1–3}

Our prospective study evaluated the prognostic value of circulating tumor cells (CTCs) measured by CellSearch SystemTM.⁴

PRESENT

Between February 2009 and January 2013, forty-four patients were evaluated. All patients had metastatic disease confined to the liver, and complete resection was performed. A blood test for CTC count was obtained before and after surgery. After median follow-up of 60 months (28–74 months), all patients with preoperative CTCs ≥ 2 relapsed while only 65% of patients with CTCs < 2 relapsed. In addition, presence of preoperative CTCs ≥ 2 was associated with disease progression and poor survival; median disease-free survival was 19 versus 7 months ($p = 0.01$) and median overall survival was 69 versus

17 months ($p = 0.004$). Postoperative CTC count was not related to clinical behavior of the patients. On multivariate analysis, preoperative CTC count remained significant.

FUTURE

Some clinical factors and scores (such as the Fong clinical risk score) have been proposed as a prognostic approach for predicting relapse and survival after liver resection for colorectal cancer metastases.² However, the improvement in surgical techniques as well as the more intensive and effective chemotherapy used may have modified the impact of these factors. This result suggests that tumor biology, beyond anatomical data, is a promising approach.

DISCLOSURE The authors report no conflicts of interest.

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