ASO AUTHOR REFLECTIONS

ASO Author Reflections: Fong's Score in the Era of Modern Strategies for Metastatic Colorectal Cancer

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PAST

Several clinicopathologic prognostic factors after liver surgery for metastatic colorectal cancer have been reported whose validity in the era of more effective perioperative chemotherapy remains to be defined.¹ Particularly Fong's clinical risk score (CRS), the well-known and most validated prognostic model, was established from a population of operated patients during the 1980 s who received only fluorouracil (5-FU) or no chemotherapy.⁴ The five parameters of Fong's CRS were primary tumor stage N1 or N2, disease-free interval < 12 months, number of metastases > 1, preoperative CEA level > 200 ng/mL, and metastasis maximal diameter > 5 cm.²

PRESENT

Our study was designed to analyze the prognostic factors associated with survival in patients who underwent resection for colorectal liver metastases in MIROX phase 3.^{3,4} Based on the findings, Fong's clinical risk score and polymorphonuclear neutrophil count before chemotherapy were independently associated with poor overall survival after resection for colorectal liver metastases. Fong's score also was associated with disease-free survival. Using our

findings, we have established a nomogram that could help surgeons and medical oncologists predict overall survival more accurately before treatment for colorectal liver metastases. We believe our research is of particular interest and use to multidisciplinary teams in liver surgery for colorectal cancer.

FUTURE

This study revealed that Fong's CRS could still be a relevant prognostic factor in this era of more homogeneous perioperative FOLFOX-based chemotherapy.³ It could be useful in daily practice and future trials to select patient more accurately.

DISCLOSURES The authors report no conflicts of interest.

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