

# **ROLE OF LOCAL ABLATIVE METHODS IN COMPLEX TREATMENT OF PATIENTS WITH COLORECTAL METACHRONOUS LIVER METASTASES**

Dronov O., Zemskov S., Kozachuk Ye., Bakunets Yu., Dobush R.,

Khomenko D., Bakunets P., Onischenko M.

Bogomolets National medical university,

Kyiv Center of hepatopancreatobiliary surgery named after Zemskov

**Introduction.** Liver metastases is the main cause of death in the patients with colorectal cancer (CRC). Among the various liver-directed ablative therapies tumor cryoablation has been shown as the most promising. Despite the achievements, the cryogenic method in the treatment doesn't guarantee the complete destruction of pathological tissue. The prospects for further cryosurgery development is potentiation of cryodestruction with preserving all the advantages of the low-temperature method.

**Aim** was to estimate the efficacy of combined cryochemical ablation in patients with metachronous colorectal liver metastases (CRLM).

**Materials and methods.** 205 case histories of patients with metachronous unresectable CRLM's was analysed in period 2006-2016. The I group of patients (n=139) was treated with cryoablation only. The II group (n=66) underwent 10% calcium chloride intratumoral injection with consequent cryoablation (cryochemoablation).

**Results.** Specific complications in both groups was 4,3% and 4,5% correspondingly ( $p=0,31$ ). Mortality, associated with procedures, wasn't detected. According RECIST 1.1 (2008) complete response was obtained in 13,4% and 21,6%, partial response was 35,1% and 47,9%, stable disease was 19,1% and 25,1%, progressive disease was 10,6% and 5,4% ( $p<0,05$ ). Conversion to resectability has been achieved in 24,6% and 36,4% correspondingly ( $p=0,043$ ).

**Conclusion.** Combined cryochemical ablation is safe method with clear trend to better response of local control and may be used for treatment of patients with unresectable metachronous CRLM.