Ontario Health
Cancer Care Ontario

Guideline 2-30a

A Quality Initiative of the Program in Evidence-Based Care (PEBC), Ontario Health (Cancer Care Ontario)

Regional Therapies for Colorectal Cancer Liver Metastases

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An assessment conducted in December 2023 deferred the review of Guideline 2-30a. This means that the document remains current until it is assessed again next year. The PEBC has a formal and standardized process to ensure the currency of each document (PEBC Assessment & Review Protocol)

Guideline 2-30a is comprised of 5 sections. You can access the summary and full report here:
https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/63286

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Recommendations

This is a quick reference guide and provides the guideline recommendations only. For key evidence associated with each recommendation, the systematic review, and the guideline development process, see Full Report.

GUIDELINE OBJECTIVES

To make recommendations regarding regional therapies for adults with resectable or unresectable liver metastases from colorectal cancer (CRC) with an emphasis on overall survival, progression-free survival, time to progression, time to hepatic progression, overall response rate, and toxicity.

TARGET POPULATION

These recommendations apply to adults with resectable or unresectable liver metastases from CRC.

INTENDED USERS

The intended users of this guideline are clinicians involved in the delivery of care to patients with liver metastases from CRC.

RECOMMENDATIONS

Recommendation 1
There was no evidence that met the stated inclusion criteria, to inform for or against the addition of cTACE, DEB-TACE, or TARE to systemic therapy for the treatment of resectable CRC liver metastases. These interventions are not recommended outside of a clinical trial.

Recommendation 2
There is insufficient evidence to recommend the addition of cTACE to systemic therapy in the first-line treatment of those with unresectable CRC liver metastases outside of a clinical trial.

Recommendation 3
There is insufficient evidence to recommend the addition of DEB-TACE to systemic therapy in the first-line treatment of those with unresectable CRC liver metastases outside of a clinical trial.

Recommendation 4
The addition of TARE to systemic therapy in the first-line treatment of those with unresectable CRC liver metastases is not recommended.

Recommendation 5
There was no evidence that met the stated inclusion criteria, to inform for or against the addition of cTACE, with or without systemic therapy, in the second-line (or later) treatment of unresectable CRC liver metastases. This intervention is not recommended outside of a clinical trial.

Recommendation 6
There is insufficient evidence to recommend the *routine* addition of DEB-TACE, with or without systemic therapy, in the second-line (or later) treatment of those with unresectable CRC liver metastases outside of a clinical trial. However, given that there is weak evidence for the addition of DEB-TACE, few other treatment options and low toxicity associated with DEB-TACE, consideration of this treatment and decisions regarding this treatment should be made on a case-by-case basis preferably at a multidisciplinary case conference.

Recommendation 7
There is insufficient evidence to recommend the routine addition of TARE, with or without systemic therapy, in the second-line (or later) treatment of those with unresectable CRC liver metastases outside of a clinical trial. However, given that there is weak evidence for the addition of TARE, few other treatment options and low toxicity associated with TARE, consideration of this treatment and decisions regarding this treatment should be made on a case-by-case basis preferably at a multidisciplinary case conference.