



Ontario Health

Cancer Care Ontario

Guideline 2-30b

A Quality Initiative of the
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Ontario)

Hepatic Arterial Infusion for Colorectal Liver Metastases

*J. Biagi, R. Cosby, S. Jayaraman, R. Wong
and the Gastrointestinal Disease Site Group*

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An assessment conducted in December 2023 deferred the review of Guideline 2-30b. 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 2-30b is comprised of 5 sections. You can access the summary and full report here:

<https://www.cancercareontario.ca/en/guidelines-advice/types-of-cancer/69331>

Section 1:	Recommendations
Section 2:	Guideline - Recommendations and Key Evidence
Section 3:	Guideline Methods Overview
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Section 5:	Internal and External Review

For information about this document, please contact Dr. Jim Biagi, lead author, through the PEBC via:
Phone: 905-527-4322 ext. 42822 Fax: 905 526-6775 E-mail: ccopgi@mcmaster.ca

For information about the PEBC and the most current version of all reports, please visit the OH (CCO) website at <http://www.cancercareontario.ca/en/guidelines-advice> or contact the PEBC office at:
Phone: 905-527-4322 ext. 42822 Fax: 905 526-6775 E-mail: ccopgi@mcmaster.ca

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PUBLICATIONS RELATED TO THIS REPORT

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Hepatic Arterial Infusion for Colorectal Liver Metastases

Recommendations

This section 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 the Full Report.

GUIDELINE OBJECTIVES

To make recommendations regarding the use of hepatic arterial infusion (HAI) in the treatment of patients with colorectal cancer (CRC) liver metastases with respect to overall survival, disease-free survival, progression-free survival (PFS), and hepatic PFS.

TARGET POPULATION

These recommendations apply to adults with liver metastases from CRC.

INTENDED USERS

The intended users of this guideline are healthcare providers involved in the delivery of care of adults with liver metastases from CRC.

RECOMMENDATIONS

Recommendation 1
There is insufficient evidence to recommend the addition of HAI to systemic therapy (ST) in patients with resectable or resected CRC liver metastases.
Recommendation 2
There is insufficient evidence to recommend the addition of HAI to ST in the first-line setting in patients with unresectable CRC liver metastases.
Recommendation 3
The addition of HAI to ST in the second-line or later setting in patients with unresectable CRC liver metastases is not recommended.