Patients undergoing resection had higher median survival rates when compared with patients who did not undergo resection (No resected: 5 months, vs. resected during the first month: 16 months and resected after one month: 13 months, P = 0.003).

Conclusion: Most patients who present with incurable stage IV colorectal cancer undergo resection of the primary tumor. When compared with patients who did not undergo resection overall survival was better in patients undergoing resection. The results of this review support primary tumor resection in stage IV colorectal cancer.

Ovarian metastasectomy in colorectal cancer may improve the clinical outcomes of patients with metastatic colorectal cancer regardless of BRAF or KRAS mutational profiles

Introduction: No previous studies have evaluated clinical outcomes, such as BRAF/KRAS mutation profiles and microsatellite instability (MSI) statuses, of ovarian metastases of colorectal cancers (CRCs). This retrospective study aimed to clarify the clinicopathological features of CRC in women with respect to somatic mutation profiles, and to evaluate the efficacy of oophorectomy for ovarian metastases of CRC.

Methods: We determined the clinical prevalence of ovarian metastasis of CRC in 296 female patients identified from a cohort of 666 patients (Figure 1), and evaluated the clinical outcomes and treatment strategies relative to mutation profiles in female patients. Additionally, we evaluated the clinicopathological features, including mutation profiles, of patients with ovarian metastases of CRC to determine the efficacy of oophorectomy.

Results: Female patients with CRC were categorized as follows: CRC with ovarian metastasis (6.4% [n = 19], 5-year overall survival [OS] = 24.7%), CRC with extrapelvic metastasis only (32.4% [n = 96], 5-year OS = 34.5%), and CRC without any recurrence/metastasis (61.2% [n = 181], 5-year OS = 91.3%). The 3-year OS rates of patients with BRAF mutation, KRAS mutation, and both wild-type genes were 43.6%, 86.5% and 73.3%, respectively (P < 0.0001). Of the 19 patients with ovarian metastases, the median survival durations after oophorectomy were 42.2 and 16.3 months for patients with curability statuses of R0/1 and R2, respectively (P = 0.0034).

Conclusion: Although female patients with advanced BRAF-mutant CRC had a poor prognosis, the outcomes of those with ovarian metastases were improved by oophorectomy, regardless of BRAF/KRAS mutation.