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499 A 15-Year Experience of Colorectal Pulmonary Metastasectomy in a High-Volume Tertiary Referral Centre

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Aim: PulMiCC trial results have challenged the role of pulmonary metastasectomy as part of the management of metastatic colorectal cancer in contemporary practice. We aimed to review short and long-term outcomes for patients undergoing surgical resection of pulmonary colorectal metastases.

Method: Retrospective analysis of electronic-patient-record data was performed. All patients undergoing lung resection for pathologically confirmed colorectal pulmonary metastatic disease from November-2005 to May-2021 were included. In-hospital, 90-day, 1-year, 2-year, 5-year and 10-year mortality rates were analysed. Cox proportional hazards regression analysis was used to identify factors associated with reduced overall survival. Statistical analysis was undertaken using SPSS version-28.

Results: 619 patients underwent surgery during the study period. Mean age was 66.0 years (±10.0) and 61.2%(n=379) were male. 68.7%(n=425) underwent open surgery. 151(24.4%) had multiple metastases resected. Median follow-up time was 45(IQR 23–87) months. In-hospital mortality was 0.3%(n=2) and median post-operative length of stay was 4(IQR 3–5) days. 90-day, 1-year, 5-year and 10-year mortality rates were 1.1%(n=7/619), 4.5%(n=26/580), 40.6%(n=165/406) and 74.0%(n=208/281), respectively. After multivariable analysis, advanced age (HR 1.026, 95% CI 1.011–1.043, p<0.001) and resection of more than one metastasis (HR 1.524, 95% CI 1.108–2.097, p=0.010) were independently associated with reduced overall survival.

Conclusions: Although there is inherent selection bias associated with patients referred for surgical management of colorectal cancer, our results demonstrate extremely low short-term mortality and encouraging longer-term outcomes for these patients. Advanced age and the presence of more than one metastasis at the time of surgery were associated with worse prognosis.