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Upfront Interventional Treatments Prior to Liver-progression for Small Bowel Neuroendocrine Liver Metastasis

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BACKGROUND: For unresectable small bowel neuroendocrine liver metastasis (SB-NELM), NCCN guidelines recommend interventional treatments (IVTs), including debulking liver resection, when disease progresses under somatostatin analog therapy. We evaluated the significance of IVT prior to liver-progression for patients at high risk.

METHODS: This single-institution, retrospective study included 127 patients who were diagnosed as SB-NELM between 2007 and 2018. IVTs were defined as liver resection, ablation, intraarterial therapy, or peptide receptor radionuclide therapy. Cox-proportional hazard regression analysis was used to identify prognostic factors for liver-progression-free survival (LPFS). Overall survival (OS) from the date of diagnosis was compared stratified by early-IVT prior to liver-progression, late-IVT after liver-progression, and non-IVT among patients at high risk for liver-progression.

RESULTS: The median LPFS time was 20.1 months. The presence of a large mesenteric mass > 2 cm [LMM, hazard ratio (HR): 2.55, 95% confidence interval (CI): 1.23-5.85], peritoneal metastasis (HR: 2.19, 95% CI: 1.03-4.54), and G2 (HR: 2.21, 95% CI: 1.10-4.53) were negative prognostic factors for LPFS. The median LPFS times of patients with LMM and those without LMM were 16.2 and 33.3 months, respectively. Among patients with LMM, 32 patients underwent early-IVT, 17 underwent late-IVT, and 33 did not undergo IVT. Proportions of patients who underwent liver resection differed significantly between the early-IVT and late-IVT groups (59% and 24%, respectively, P = 0.015). OS of the early-IVT group was significantly better than the late-IVT and non-IVT groups (5-year OS rates of 88.6%, 55.9%, and 38.8%, respectively). After adjusted by liver resection, peritoneal metastasis, and grade, early-IVT was associated with significantly reduced risk of death against non-IVT (HR: 0.14, 95% CI: 0.02-0.71) among patients with LMM, whereas late-IVT was not (HR: 0.50, 95% CI: 0.13-1.52).

CONCLUSION: Early IVT prior to liver-progression might benefit patients with LMM > 2 cm, who are at high risk for liver-progression.

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