



## ASO Visual Abstract: Intersurgeon Variability in Local Treatment Planning for Patients with Initially Unresectable Colorectal Cancer Liver Metastases—Analysis of the Liver Expert Panel of the Dutch Colorectal Cancer Group

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Deceased: Cornelis H. C. Dejong

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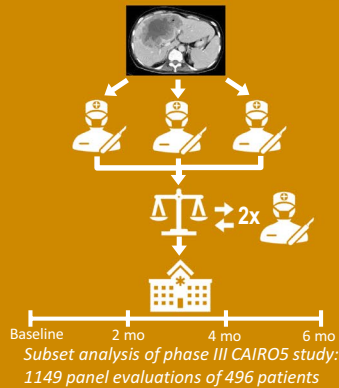
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Evaluation of a liver expert panel in the phase III randomized CAIRO5 study showed considerable variability among liver surgeons in prospective resectability assessments and local treatment planning for patients with initially unresectable colorectal liver metastases who received induction systemic therapy (<https://doi.org/10.1245/s10434-023-13510-7>).

## Intersurgeon Variability in Local Treatment Planning for Initially Unresectable Colorectal Cancer Liver Metastases

No consensus on (un)resectability criteria

Liver expert panel



### Resectability assessments

Per individual patient

#### Disagreement

Minor 40% / major 10%

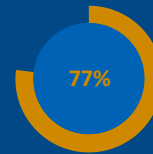
Baseline 36% vs follow-up 60%,  $p < .001$

In general  
(all evaluations per surgeon)

#### Ranges in votes per surgeon:

	Baseline	Follow-up
Resectable	0-12%	27-62%
Permanently unresectable	3-40%	6-47%

### Local treatment planning



Different plans proposed by surgeons

Most pronounced differences:  
hemihepatectomy  
versus  
parenchymal-preserving approaches

Bond et al. *Ann Surg Oncol*.  
VisualAbstractfor @AnnSurgOncol

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