

## UPMC Presbyterian Shadyside Transplant Policies and Procedures

SUBJECT: Protocol for Living Donor Liver Transplant in Select Patients with Unresectable Metastatic Colorectal Cancer

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APPROVED BY: Dr. Abhinav Humar

### Inclusion Criteria:

- Age: 18 through 65 years
- Histologically confirmed adenocarcinoma of the colon/rectum, resected with adequate margins (at least 2 cm for rectal ca)
- Histologically confirmed colorectal liver metastasis non amenable to curative hepatic resection
- Primary Colorectal cancer tumor stage is MT4a or =N1
- LT to be considered at least 6 months after diagnosis/resection of primary tumor
- Time from primary CRC resection to transplant is at least 6 months
- Received at least 6 to 12 weeks of chemotherapy with no evidence of disease progression
- No signs of local recurrence on colonoscopy, within the past 6 to 12 months before LT evaluation
- No signs of local or extra hepatic metastases on CT CAP/MRI/ PET CT, Bone scan at time of LT evaluation
- Bilateral and non-resectable Liver metastases
- No major vascular invasion by Liver metastases; metastases isolated to liver
- Carcinoembryonic Antigen (CEA) < 100 ng/dL at time of LT evaluation
- No limit in terms of number or size of lesions
- Good ECOG performance status: 0-1
- Available living donor

### Exclusion Criteria:

- Poor performance status
- Diagnosis of other malignancy within the past 2 years (excluding superficial skin and cervical cancers)
- Previous or current extra hepatic metastases or local recurrence
- Any general contraindication for LT

- BRAF mutant tumors
- Previous or concurrent cancer (with some exceptions)
- Progression of Liver mets at any time point prior to transplant surgery

**Operative details:**

- Exploratory laparotomy first in recipient before donor operation started, with sampling of hilar lymph nodes to rule out spread
- Postop immunosuppression regimen with IL-2R induction and FK/MMF for first 4 weeks and then subsequently converted to everolimus/MMF
- Postop need for ongoing and adjuvant chemotherapy to be decided upon in conjunction with medical oncology based on final explant and clinical course of patient.