from TNM staging (N0, N1a, N1c vs. N1b, N2a, b; p = 0.028), baseline Ca19.9 (cut point 49.9; p = 0.028) and CEA (cut point 27.2; p = 0.021). For those patients who completed the TSH procedure (n = 128), the 5-years overall survival was 35%.

Conclusion: Predictive factors for TSH non-compliance were N staging, CEA and Ca19.9 levels. Two profiles of patients with a higher probability of having an incomplete HDT strategy were identified: 1) N1b and N2 staging + Ca19.9 $\geq$ 49.9; 2) N0; N1a and N1c staging + CEA $\geq$ 27.2. According to the authors' knowledge, this is one of the largest TSH series ever reported. Discriminating predictors of HDT dropout may be important to identify patients who might not benefit from this strategy at the onset.

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Introduction: A two-stage hepatectomy procedure (TSH) may be a curative approach for patients with bilobar colorectal carcinoma liver metastases (CRLM). However, it is not possible to complete this strategy as planned in about 20-40% of the cases. Aim: to identify independent predictors for TSH strategy dropout.

Methods: Patients that met criteria for TSH concerning CRLM, were studied (2000-2018; Tertiary hospital centre). Demographic and clinical evaluation was performed.

Results: 196 patients, who were considered suitable for a TSH at baseline, ended up not completing this strategy (32.7%; n = 64). Progression of the underlying oncologic disease was the main reason (70.3%). An adjusted multivariate classification approach was used (dependent variable - complete or incomplete TSH; CRT algorithm): the variables with the greatest discriminative power to explain strategy non-compliance were: N