

## MULTIDISCIPLINARY TREATMENT OF COLORECTAL CARCINOMA AND COLORECTAL LIVER METASTASIS

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Colorectal carcinoma and colorectal liver metastasis are curable by surgery if recognized in an appropriate stage. Nevertheless, multidisciplinary team evaluates and reevaluates patients (diagnostics, staging), makes decisions on treatment schedule and protocols (neoadjuvant, adjuvant, surgery) and is evaluated through pathology reports. Moreover, availability of psychological support and rehabilitation both physical and through the reintegration to society seem essential.

In past twenty years considerable improvement in treatment of colorectal carcinoma has been recorded. Both through the advancement in surgical technique standards (total mesorectal excision) and in chemoimmunotherapy options. In fact, advanced stages require chemoimmunotherapy, optionally in combination with radiotherapy, as the only possibility that could either control or shrink the tumour thus making it resectable (curable). On the other hand surgery has vastly reduced morbidity and mortality rates in major colorectal and liver metastasis resections. Combined with good compliance to screening and timely gastroenterological polyp removal, overall survival from colorectal cancer exceeded 65% in developed countries.

Concentrating human resources (specialties) in a few institutions nation wide increases standards of care. Also, viewing cases on multidisciplinary meetings within such institutions and planing and modifying treatment after review of surgeon, oncologist and radiotherapist, improves

the availability and timely access to most appropriate treatment at the given moment. However, this approach increases the number of treatable patients which has to be taken into account, when estimating the capacity of single institution. One has to consider the possibility of certain care provision on the outpatient basis or under the supervision of family doctor. Therefore, we believe that information about all aspects of care for colorectal cancer patient should be available.

Analysis of current state of treatment of colorectal carcinoma has suggested a need for structured plan of institution stratification according to services they can provide. Guidelines exist but their implementation and audit seem to be divergent. The overall survival rate under 50% in Croatia, requires dealing with this issue and considering even financial analysis of *best practice is the cheapest* on local level which are now not available.

Our efforts aim to the disperse the essential information on current treatment of colorectal cancer, importance of multidisciplinary approach and information about individual roles in this process and their availability. Hopefully, such dispersion will increase awareness and stimulate participants in this process, family doctors and epidemiologists, to gain a better perspective and move toward implementation of proven good practices, inevitably reaching our common goal: longer survival and good quality of life during that period.