

Interventional Oncology in the Management of Metastatic Colorectal Cancer

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Summary statements

Interventional Oncology in the Management of Metastatic Colorectal Cancer

Ieva Kurilova

- Interventional Oncology has an expanding role in the treatment of patients with metastatic colorectal cancer. The interventional radiologist/oncologist should be a standing member of institutional colorectal cancer tumor boards
- Interventional oncology comprises a group of image-guided techniques with limited patient morbidity, mortality, hospitalization duration and improved quality of life for the patients with metastatic colorectal cancer
- Relatively high local tumor progression rates remain a significant problem for local therapies; obtaining a sufficient minimal ablation margin size (of at least 5 mm) is highly important in order to achieve a better local tumor control with thermal ablation
- Thermal ablation is considered a relatively safe procedure; however, it is not exempt from complications. Identification of risk factors for complications may help treatment planning for at-risk patients
- Radioembolization is one of the most common and efficacious techniques in advanced and chemorefractory metastatic colorectal cancer confined to the liver, with prognostic scores allowing for improved patient selection for this salvage treatment and avoid unnecessary morbidity
- Novel, potentially curative, interventional oncology procedures, such as radiation segmentectomy has the potential to safely achieve good local tumor control for patients with limited treatment options

I would like to finish this thesis with the following sayings that resonated with me during my time as a PhD candidate:

The truth always lies somewhere in the middle (Eugene Ionesco)

Vision is a destination; strategy is the route (Simon Sinek)

If the plan doesn't work, change the plan, but never the goal (Unknown)

Success is the journey, not a destination (Arthur Ashe)

The more you know, the more you know you don't know (Aristotle)