

that developed liver metastases were dead. Median time from diagnosis to death was 14 months (range 4-21 months). In contrast, all the 12 patients with recurrences that didn't include the liver were alive at end of follow up, and patients with pulmonary recurrence had a 5-year overall survival of 72%.

Because the pulmonary metastases were slow growing, reassessment of CT scans by one experienced radiologist was performed. Tracing back from evident metastases altogether the 17 patients with pulmonary manifestations, revealed that seven of them had pulmonary metastases appearing as small nodules at time of liver transplantation. Four of them had pulmonary deposits on earlier CT scans also (2, 2, 3 and 12 months before liver transplantation, respectively). The survival analysis showed that the presence of those metastases at the time of liver transplantation didn't have negative impact on survival.

The SECA study was an uncontrolled pilot study. So as to match survival after liver transplantation with outcome from a contemporary chemotherapy study, data from an identical cohort of patients included within the NORDIC-VII study were obtained. The NORDIC-VII study was a three-arm, multicenter phase III clinical trial on Nordic FLOX and two different regimens containing cetuximab and FLOX as first-line treatment of metastatic CRC. Patients that had nonresectable CLM, no

Conclusion