



## AB108. 210. Liver metastases from uveal melanoma: an indication to resect?

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**Background:** Owing to its relative resistance to chemotherapeutics, survival following the diagnosis of metastatic uveal melanoma has remained largely unchanged over the past two decades. On this basis, the benefit of hepatic resection has been postulated. Herein we performed an analysis of patients who underwent hepatic metastasectomy for uveal melanoma and compared their outcomes to those undergoing resections for colorectal liver metastases (CRLM) in the same time period.

**Methods:** From 2008 to 2018, all patients undergoing hepatic metastasectomy were included for analysis. Performing a 3:1 matched cohort analysis, patients with metastatic uveal melanoma were matched for age, sex, operative approach, tumour number and size to those

undergoing resections for CRLM. Clinicopathological data was sought from a prospectively maintained database and reviewed along with 30-day post-operative morbidity and mortality.

**Results:** Fifteen patients underwent hepatectomy for metastatic uveal melanoma in the time period. A further 45 patients undergoing hepatectomy for metastatic colorectal cancer acted as the control group. In the melanoma group three patients (20%) developed a post-operative morbidity, no in-hospital mortalities were noted. The median follow-up period following melanoma resection was 27 months (range, 5–211 months) with 1-, 3- and 5-year overall for this cohort was 86.6%, 53.3% and 40% respectively. There was no difference in overall survival between the melanoma and CRLM group ( $P=0.80$ ).

**Conclusions:** In patients presenting with hepatic metastases from uveal melanoma, this present study supports the rationale to proceed to surgery with comparable morbidity and mortality rates to resection for CRLM.

**Keywords:** Metastatic uveal melanoma liver resection

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