

# Liver resection surgery compared with thermal ablation in high surgical risk patients with colorectal liver metastases: the LAVA international RCT

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**Declared competing interests of authors:** Julia Brown is a member of Health Technology Assessment (HTA) Mental, Psychological and Occupational Health Methods Group, HTA Clinical Trials Committee, HTA Prioritisation Committee Methods Group and HTA Funding Committee Policy Group. Stephen Morris was formerly a member of the National Institute for Health Research (NIHR) Health Services and Delivery Research (HSDR) Research Funding Board, the NIHR HSDR Commissioned Board, the NIHR HSDR Evidence Synthesis Sub Board, the NIHR Unmet Need Sub Board, the NIHR HTA Clinical Evaluation and Trials Board, the NIHR HTA Commissioning Board, the NIHR Public Health Research (PHR) Research Funding Board and the NIHR Programme Grants for Applied Research (PGfAR) expert subpanel. Maureen Twiddy is a member of the Research for Patient Benefit North East and Yorkshire Advisory Panel. Brian Davidson is chairperson of the London NIHR Research for Patient Benefit panel.

Daniel Hochhauser reports Medical Research Council CASE studentship with Merck Serono (Darmstadt, Germany). Kurinchi Gurusamy reports grants from NIHR, Cancer Research UK Multidisciplinary Award, UK Oncology Nursing Society, University College London and Wellcome Trust/Department of Health and Social Care – Health Innovation Challenge Fund 4 – Smart Surgery, during the conduct of the study.

Published April 2020

DOI: 10.3310/hta24210

## Plain English summary

### The LAVA international RCT

Health Technology Assessment 2020; Vol. 24: No. 21

DOI: 10.3310/hta24210

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## Plain English summary

In about 50% of people with bowel cancer, cancer spreads to the liver (colorectal liver metastases) within 5 years of detection and treatment. Liver resection (i.e. surgical removal of a portion of the liver) is the standard treatment in people below 70 years of age who are otherwise well, provided that the liver cancer is confined to a limited part of the liver. Such patients are considered 'low-risk' patients. Older patients and those with major medical problems or extensive cancers are considered 'high-risk' patients, as they are at a higher risk of developing complications following liver resection. Thermal ablation destroys the liver cancers using a needle that heats the cancer deposits until they are destroyed. There is significant uncertainty as to whether or not ablation can offer equivalent survival compared with surgery for 'high-risk' patients.

We planned and conducted a randomised controlled trial comparing ablation with surgery to resolve this uncertainty. In this trial, some patients received ablation and others received surgery. The treatment was allocated at random with neither patients nor the study organisers choosing the treatment. The trial had an internal pilot (i.e. a smaller version of the full trial to resolve any 'teething problems' and ensure that a sufficient number of participants can be included in the full trial). Only nine patients were recruited in the 1-year internal pilot, compared with the anticipated recruitment of 45 patients. Therefore, the trial closed early as a result of poor recruitment, and the uncertainty about the best treatment for high-risk patients with colorectal liver metastases continues. The main reasons for the poor recruitment included fewer than anticipated eligible participants, clinicians' unconscious bias towards surgery, and patients' preference for one treatment or the other. In the future, comparisons involving two very different treatments may benefit from a feasibility study or a longer period of pilot study to resolve any difficulties.



ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.819

*Health Technology Assessment* is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index.

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## This report

The research reported in this issue of the journal was funded by the HTA programme as project number 13/153/04. The contractual start date was in January 2016. The draft report began editorial review in January 2019 and was accepted for publication in December 2019. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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