

BELGIAN GROUP FOR DIGESTIVE ONCOLOGY (BGDO)

-O01-

LIVER TRANSPLANTATION FOR UNRESECTABLE COLORECTAL LIVER METASTASES: POOLED REAL-WORLD DATA FROM ALL BELGIAN LIVER TRANSPLANT CENTRES. G. Rasschaert (1), M. Vandermeulen (2), M. Van den Eynde (3), H. Eker (4), T. Vandamme (5), C. Loly (6), B. Bracke (7), X. Verhelst (8), J. Verbeek (9), H. Van Vlierberghe (8), V. Labille (6), F. Van Herpe (1), B. Op de Beeck (10), V. Lucidi (11), C. Verslype (1), K. Geboes (12), T. Chapelle (7), G. Dahlqvist (13), J. Pirenne (14), O. Detry (2), L. Coubeau (15) / [1] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Gastrointestinal Oncology Department, University Hospitals Leuven, Leuven, Belgium, [2] CHU de Liège, Liège, Belgium, Abdominal and Transplant Surgery Department, University Hospital Liège, Liège, Belgium, [3] UCLouvain, Cliniques universitaires Saint-Luc, Belgium, Oncology Department, Cliniques Universitaires Saint-Luc, Bruxelles, Belgium, [4] University Hospital Ghent (UZ Gent), Gent, Belgium, General and Hepatopancreatobiliary Surgery Department, University Hospital Gent, Gent, Belgium, [5] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Oncology Department, University Hospital Antwerpen, Antwerpen, Belgium, [6] CHU de Liège, Liège, Belgium, Gastroenterology Department, University Hospital Liège, Liège, Belgium, [7] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Hepatopancreatobiliary and Transplant Surgery Department, University Hospital Antwerpen, Antwerpen, Belgium, [8] University Hospital Ghent (UZ Gent), Gent, Belgium, Gastroenterology Department, Hepatology Division, University Hospital Gent, Gent, Belgium, [9] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Gastroenterology and Hepatology Department, University Hospitals Leuven, Leuven, Belgium, [10] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Radiology Department, University Hospital Antwerpen, Antwerpen, Belgium, [11] Hôpital Universitaire de Bruxelles (HUB), Université Libre de Bruxelles (ULB), Brussels, Belgium, Hepatopancreatobiliary & liver transplant surgery department, Hôpital Universitaire de Bruxelles, Bruxelles, Belgium, [12] University Hospital Ghent (UZ Gent), Gent, Belgium, Gastroenterology Department, Gastrointestinal Oncology Division, University Hospital Gent, Gent, Belgium, [13] UCLouvain, Cliniques universitaires Saint-Luc, Belgium, Gastroenterology and Hepatology Department, Cliniques Universitaires Saint-Luc, Bruxelles, Belgium, [14] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Abdominal Transplant Surgery Department, University Hospitals Leuven, Leuven, Belgium, [15] UCLouvain, Cliniques universitaires Saint-Luc, Belgium, Abdominal Surgery Department, Cliniques Universitaires Saint-Luc, Bruxelles, Belgium.

Introduction: Liver transplantation (LTx) for unresectable colorectal liver metastases (uCLM) has recently gained renewed interest, particularly following the 2024 publication of the TransMet trial, which provided prospective, randomized evidence supporting the oncologic potential of this strategy in highly selected patients. This has led to an increased demand of LTx for uCLM in all Belgian transplant centres, albeit in the absence of a nationally harmonized protocol during this period of early clinical adoption. Recognizing the growing number of individual cases and the heterogeneity in selection criteria, we sought to retrospectively collect and analyse all Belgian cases of LTx performed for uCLM to date. Especially taken into account that the total number of patients transplanted for this indication in TransMet (38), SECA-I (21) and SECA-II (15) remains modest. Although these initial Belgian cases were not performed under a uniform protocol, this national, multi-centre, retrospective cohort offers a timely and relevant snapshot of clinical practice just prior to the launch of a nationally agreed-upon framework for the indication of LTx in uCLM.

Aim: Assess and consolidate current real-world data to inform future practice and contribute to the broader international discourse on this emerging indication.

Methods: This multicentre retrospective study included all LTx cases performed for uCLM across the six accredited Belgian LTx centres. Patient selection at each centre followed local protocols, which varied and often differed from the exact TransMet protocol. However in all cases, CLM were classified as permanently unresectable and there was no prior history of extrahepatic disease.

Results: Between June 20, 2016 and August 31, 2025, 29 patients underwent LTx for uCLM in Belgium. Patients had a median age of 56 years (IQR 50 – 61) and 20 (69%) of 29 patients were male and 9 (31%) were female. 23 (79%) of 29 primary colorectal tumours were left sided, 4 (14%) were right sided, 2 (7%) had a rectal tumour. 27 (93%) of 29 patients had synchronous CLM and 2 (7%) had metachronous

metastatic disease. All tumours were pMMR/MSS, 2 (7%) of tumours had a KRAS mutation, 2 (7%) had a BRAF mutation and 25 (86%) were RAS/BRAF wild type. At liver transplantation patients received a median of 22 chemotherapy cycles (IQR 16–28) in up to two lines of chemotherapy. During first-line chemotherapy, 18 (62%) had received doublet chemotherapy and 11 (38%) had received triplet regimens; 27 (93%) of 29 had targeted therapy. Serious adverse events occurred in 18 (62%) of 29 patients who underwent liver transplantation. Three patients had an acute rejection, no patient was retransplanted, one patient died from intraoperative haemorrhage. Median follow-up was 20.5 months (IQR 7.0–35.3). 11 (38%) of transplanted patients had a recurrence, in 8 (73%) the site was pulmonary, in 3 (27%) it was peritoneal. The median time to recurrence was 6.3 months (IQR 5.3–6.7). 2-year progression-free survival (PFS) was 35.7% (95% CI 12.8–64.9) among 14 patients eligible for analysis; 1-year PFS was 47.6% (95% CI 25.7–70.2) among 21 patients. 2-year overall survival (OS) was 53.3% (95% CI 43.3–74.1) among 15 patients eligible for analysis; 1-year OS was 68.2% (95% CI 45.6–85.8) among 22 patients. The two BRAF-mutated patients in this cohort have follow-ups of 36 and 110 months, respectively, and are alive without relapse.

Conclusions: LTx for uCLM is feasible in Belgian practice, with encouraging short-term outcomes despite heterogeneous selection criteria and relatively short follow-up. However the recurrence rate was high despite the limited timeframe, though notably, no hepatic recurrences were observed. Our results suggest BRAF status alone (among other mutations) should not exclude patients from LTx; disease control and behaviour might be more relevant. These retrospective findings should be interpreted cautiously but support further uptake of LTx in clinical practice, while emphasizing the importance of a standardized national protocol to optimize patient selection and improve long-term outcomes.

-002-

BELGIAN PROTOCOL FOR INDICATION AND SELECTION OF PATIENTS WITH UNRESECTABLE COLORECTAL CANCER LIVER METASTASES ELIGIBLE FOR LIVER TRANSPLANTATION. G. Rasschaert (1), M. Vandermeulen (2), M. Van den Eynde (3), H. Eker (4), T. Vandamme (5), B. Bracke (6), V. Xavier (7), J. Verbeek (8), H. Van Vlierberghe (7), H. Topal (9), V. Labille (10), D. Monbaliu (11), B. Op de Beeck (12), T. Gustot (13), M. Sainz Barriga (11), F. Sclafani (14), V. Vandecaveye (15), T. Vanwolleghem (16), C. Amicone (10), V. Lucidi (17), C. Verslype (18), T. Chapelle (6), K. Geboes (19), G. Dahlqvist (20), J. Pirenne (11), O. Detry (2), L. Coubeau (21) / [1] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Gastrointestinal Oncology Department, University Hospitals Leuven, Leuven, Belgium, [2] CHU de Liège, Liège, Belgium, Abdominal and Transplant Surgery Department, University Hospital Liège, Liège, Belgium, [3] UCLouvain, Cliniques universitaires Saint-Luc, Belgium, Oncology Department, Cliniques Universitaires Saint-Luc, Bruxelles, Belgium, [4] University Hospital Ghent (UZ Gent), Gent, Belgium, General and Hepatopancreatobiliary Surgery Department, University Hospital Ghent, Gent, Belgium, [5] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Oncology Department, University Hospital Antwerpen, Antwerpen, Belgium, [6] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Hepatopancreatobiliary and Transplant Surgery Department, University Hospital Antwerpen, Antwerpen, Belgium, [7] University Hospital Ghent (UZ Gent), Gent, Belgium, Gastroenterology Department, Hepatology Division, University Hospital Ghent, Gent, Belgium, [8] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Gastroenterology and Hepatology Department, University Hospitals Leuven, Leuven, Belgium, [9] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Abdominal Surgery Department, University Hospitals Leuven, Leuven, Belgium, [10] CHU de Liège, Liège, Belgium, Gastroenterology Department, University Hospital Liège, Liège, Belgium, [11] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Abdominal Transplant Surgery Department, University Hospitals Leuven, Leuven, Belgium, [12] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Radiology Department, University Hospital Antwerpen, Antwerpen, Belgium, [13] Hôpital Universitaire de Bruxelles (HUB), Université Libre de Bruxelles (ULB), Brussels, Belgium, Gastroenterology and Hepatology Department, Hôpital Universitaire de Bruxelles, Bruxelles, Belgium, [14] Hôpital Universitaire de Bruxelles (HUB), Université Libre de Bruxelles (ULB), Brussels, Belgium, Gastrointestinal Oncology Department, Hôpital Universitaire de Bruxelles, Bruxelles, Belgium, [15] University Hospitals Gasthuisberg, Leuven and KU Leuven, Leuven, Belgium, Radiology Department, University Hospitals Leuven, Leuven, Belgium, [16] UZA, Universitair Ziekenhuis Antwerpen, Edegem, Belgium, Gastroenterology and Hepatology Department, University Hospital Antwerpen, Antwerpen, Belgium, [17] Hôpital Universitaire de Bruxelles (HUB), Université Libre de Bruxelles (ULB), Brussels,