

Suspected Colorectal Liver Metastases

Local Colorectal MDT submits GGC Liver Surgery MDT eReferral AND arranges initial investigations as outlined in GGC Liver Surgery MDT [eReferral form and guidance](#):

- Blood investigations
- Contrast-enhanced CT thorax, abdomen & pelvis
- Analysis of KRAS status (if primary tumour pathology available)

Please note: Bilobar liver metastasis and/or *limited* extrahepatic disease do not necessarily preclude curative resection. All patients with suspected colorectal liver metastases should be referred to GGC Liver Surgery MDT.

Lesions should not be biopsied unless advised by the GGC Liver Surgery MDT.

Eligible patients will be invited to participate in relevant clinical trials and research via GGC Liver Surgery MDT.

Patients with suspected colorectal liver metastases requiring emergency treatment for the primary tumour can be discussed directly with the duty HPB Consultant via GGC switchboard.

GGC Liver Surgery MDT  
• Outcome communicated to referring MDT & GP

Suitable for liver resection or chemotherapy

Not suitable for liver resection or chemotherapy

PET-CT  
MRI Liver

Liver-only metastases

Resectable

Potentially resectable liver metastases  
if downsizing achieved

Not Resectable

Potentially resectable liver  
+ pulmonary metastasis

Oncology  
• Direct liaison with GGC Liver Surgery MDT  
± reconsider liver resection based on therapeutic response

Thoracic MDT referral  
• GGC Liver Surgery MDT will refer and liaise directly

Assessment for resection (liver or synchronous)  
• Urgent HPB ± Colorectal OPA  
• Cardiopulmonary/Anaesthetic assessment

Surgery: Liver only/synchronous resection

Postoperative HPB OP review

Follow up with referring colorectal MDT

Best supportive management  
• Local palliative care