

- ✓ Histologically confirmed colorectal cancer liver metastases (CRLM) or intrahepatic cholangiocarcinoma (iCCA)
- ✓ Fit to undergo a major abdominal operation
- ✓ No clinical, laboratory, or radiographic evidence of portal hypertension or portal vein thrombosis
- ✓ Preserved hepatic function
- ✓ Favorable hepatic arterial anatomy (patent GDA with adequate length and caliber)

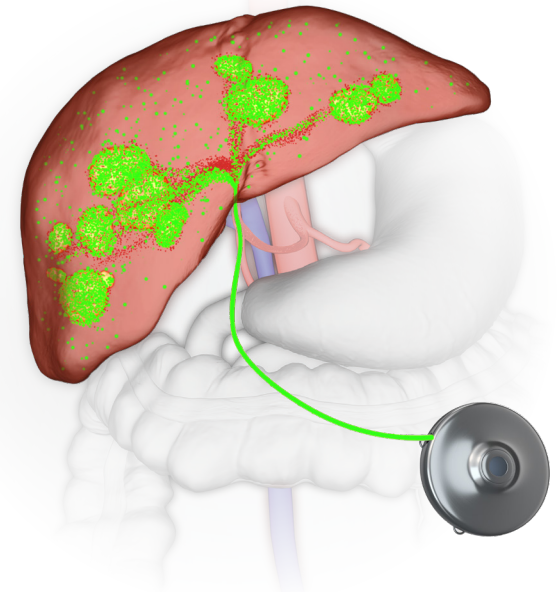
Adapted from Creasy, et al. *Ann Surg Oncol* (2020) 27:5086–5095

Favorable Characteristics

- ECOG 0-1
- Laboratory parameters:
 - Absolute neutrophil count $\geq 1,500/\text{mcl}$
 - Total bilirubin $\leq 1.5 \text{ mg/dL}$
 - AST/ALT $< 5 \times$ institutional ULN
 - Platelets $\geq 100,000/\text{mcl}$
 - Creatinine $< 1.5 \text{ mg/dL}$
 - HGB $\geq 8 \text{ g/dL}$
 - INR ≤ 1.5
- Treated/cured HCV (if no cirrhosis)
- Treated HBV (if undetectable viral load, no cirrhosis)
- Treated HIV (if undetectable viral load)
- Last chemotherapy $> 3 \text{ wk}$

Unfavorable Characteristics

- Cirrhosis
- Clinical evidence of portal HTN (ascites, varices)
- Portal vein thrombosis
- Prior liver radiation (SBRT, IMRT, Y90, etc)
- Absence of an identifiable GDA continuity with hepatic artery
- Active infection
- Medical condition deemed to be incompatible with major surgery or HAI
- Psychiatric condition or social situation preventing reliable every 2 week follow-up
- $> 70\%$ liver tumor volume
- Extrahepatic disease*



* Resectable portal lymph nodes are acceptable for both CRLM and iCCA. For CRLM, some programs treat patients with limited resectable extrahepatic disease, most commonly with small lung metastases amenable to radiation or surgery.



