OPEN ACCESS Freely available online

ISSN: 2167-0889
Journal of Liver

Commentary

Immunotherapy of Colorectal Liver Management and their Treatments

Honglin Junzhe*

Department of Clinical Pharmacology, University of Iceland, Reykjavik, Iceland

DESCRIPTION

Colorectal cancer is the third most common cancer worldwide, and it is the second most common cause of cancer-related deaths. Despite advances in early detection and treatment, many patients still develop Colorectal Liver Metastases (CRLM), which are the most common site of colorectal cancer metastases. Management of CRLM has shifted over the past few decades as new treatments and technologies have become available. This article will discuss the shifting concepts in the management of CRLM.

The traditional treatment for CRLM has been surgical resection. However, only about 25% of patients with CRLM are eligible for surgical resection. The remaining 75% of patients require other treatment options. In the past, these options were limited to chemotherapy and radiation therapy. However, new treatments such as targeted therapy and immunotherapy have become available, and these treatments have shifted the management of CRLM.

Targeted therapy is a type of treatment that targets specific molecules or pathways that are involved in the growth and spread of cancer cells. One example of targeted therapy in CRLM is the use of anti-angiogenic agents, such as bevacizumab and aflibercept. These drugs work by blocking the formation of new blood vessels, which tumors need to grow and spread. Another example of targeted therapy is the use of Epidermal Growth Factor Receptor (EGFR) inhibitors, such as cetuximab and panitumumab. These drugs work by blocking the signals that cancer cells need to grow and divide. Targeted therapy has been shown to improve survival and quality of life in patients with CRLM.

Immunotherapy is a type of treatment that uses the body's immune system to fight cancer. The immune system is able to recognize and attack cancer cells, but cancer cells can abnormal the immune system. Immunotherapy works by helping the immune system to recognize and attack cancer cells. One example of immunotherapy in CRLM is the use of immune checkpoint inhibitors, such as pembrolizumab and nivolumab. These drugs work by blocking the signals that cancer cells use to evade the immune system. Immunotherapy has shown promising results in the treatment of CRLM, and ongoing clinical trials are investigating its use in combination with other treatments.

Another shift in the management of CRLM is the use of minimally invasive surgical techniques. In the past, surgical resection of CRLM required a large incision and a long hospital stay. However, with the development of laparoscopic and robotic-assisted surgery, surgical resection can now be performed through small incisions, resulting in less pain, a shorter hospital stay, and faster recovery times. In addition, these minimally invasive techniques have been shown to be just as effective as traditional surgery in the treatment of CRLM.

Another shift in the management of CRLM is the use of neoadjuvant therapy. Neoadjuvant therapy is the use of chemotherapy or radiation therapy before surgical resection. The goal of neoadjuvant therapy is to shrink the tumor and make it easier to remove surgically. In the past, neoadjuvant therapy was only used in patients with unresectable CRLM. However, recent studies have shown that neoadjuvant therapy can also be used in patients with resectable CRLM to improve surgical outcomes.

Finally, the use of multidisciplinary teams in the management of CRLM has become increasingly important. A multidisciplinary team includes surgeons, medical oncologists, radiation oncologists, and other healthcare professionals who work together to develop a personalized treatment plan for each patient. The team considers the patient's individual needs and preferences, as well as the latest research and treatment options, to develop a comprehensive treatment plan.

Correspondence to: Honglin Junzhe, Department of Clinical Pharmacology, University of Iceland, Reykjavik, Iceland, E-mail: zhe@lin.com

Received: 27-Feb-2023, Manuscript No. JLR-23-21033; **Editor assigned:** 01-Mar-2023, Pre QC No. JLR-23- 21033 (PQ); **Reviewed:** 15-Mar-2023, QC No JLR-23-21033; **Revised:** 22-Mar-2023, Manuscript No. JLR-23- 21033 (R); **Published:** 29-Mar-2023, DOI: 10.35248/2167-0889.23.12.167

Citation: Junzhe H (2023) Immunotherapy of Colorectal Liver Management and their Treatments. 12:167.