

# Oslo CoMet study: W

OSlo Laparoscopic vs. Open resec  
METastases study.

- Clinicaltrials.gov id: NCT01516710
- Regional ethical approval after dedicated committee



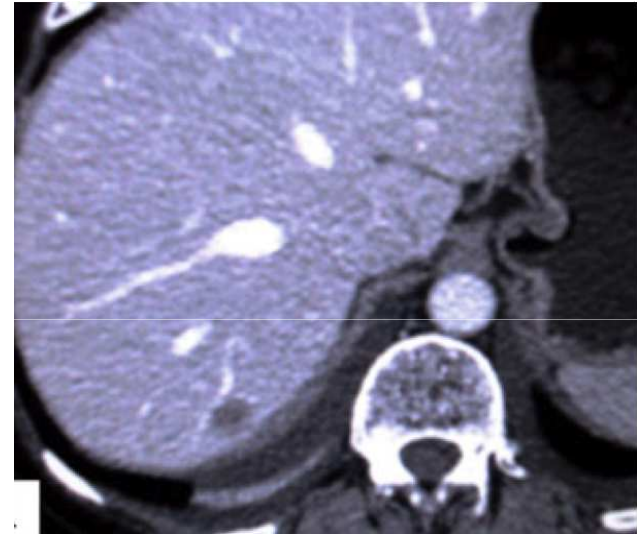
- “Is randomization really necessary?”
- “Yes, and it’s now or never”

# Oslo CoMet-study: End point

- Primary end point (n=254)
  - 30 d morbidity (Accordion)
  - Reduction in morbidity from 27% to 13%
  - Inclusion 2012-2015

# Oslo CoMet-study: Preop workup

- CT chest/abdomen (venous)
- MRI liver
  - Diffusion
  - Hepatocyte-specific contrast
- Standard lab tests



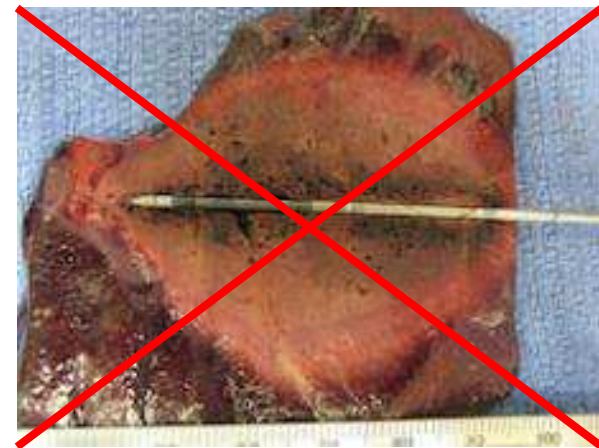
# Oslo CoMet-study: Inclusion criteria

- Resectable colorectal liver metastases
  - Resectable lung and adrenal mets allowed
- Parenchyma sparing liver resection
  - up to 3 segments

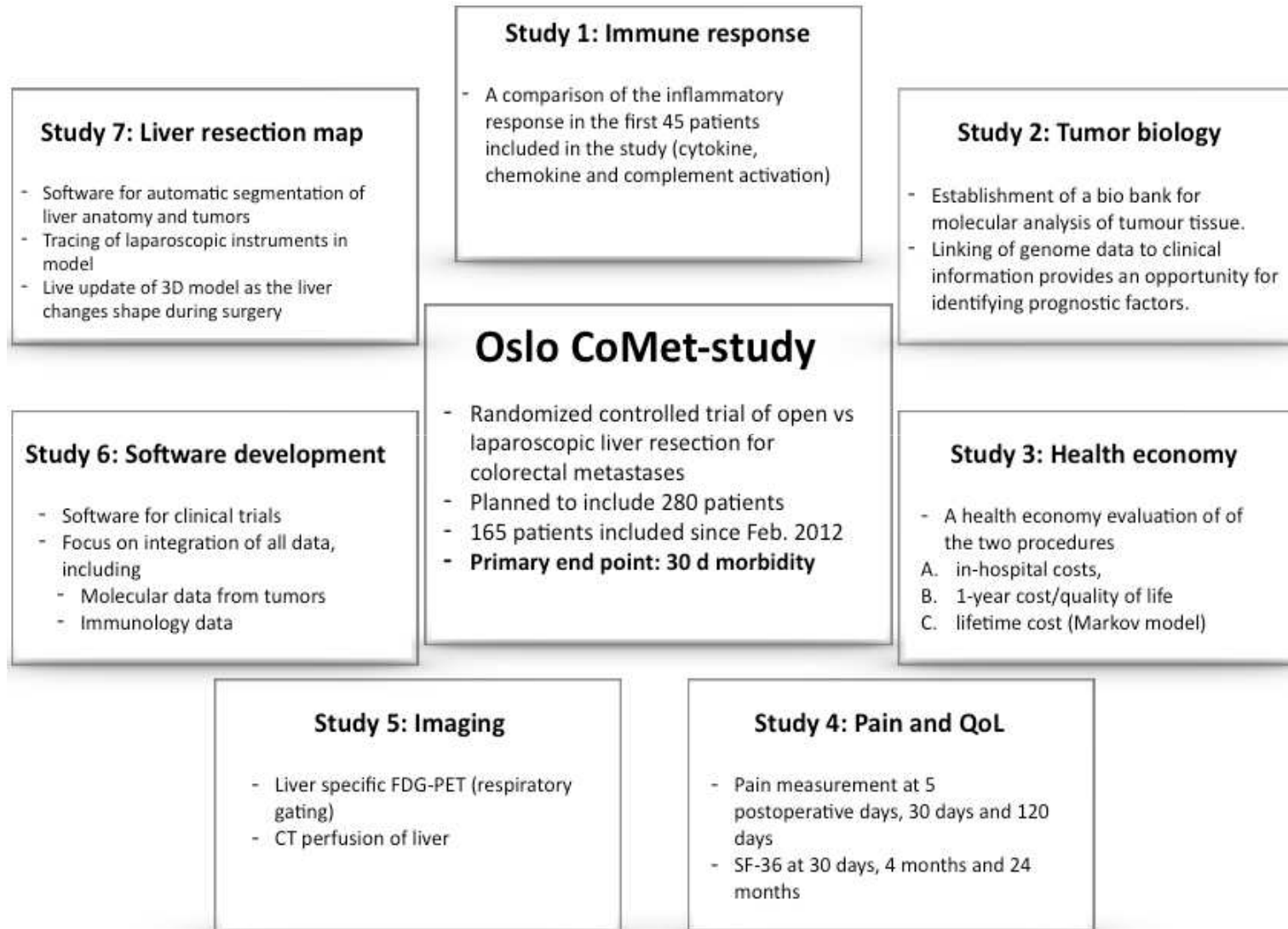
- **Exclusion criteria:**

- **Need for**

- Left or right formal hepatectomy
    - Reconstruction of vessels or bile ducts
    - Ablation in addition to resection



# Several studies on one population



# The story so far

- From Feb 15<sup>th</sup> 2012 to Oct 10<sup>th</sup> 2014:
  - 186 Patients included
  - MDT selects candidates
  - Written consent (outpatient clinic)
  - Computer generated randomization after consent is given
  - Most patients accept
    - Some are referred for laparoscopy (n=3)
    - Patients demand laparotomy (n=3)