CONTROVERSIES IN BIOLOGICS IN METASTATIC COLORECTAL CANCER
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1. What is the role of VEGF inhibition beyond progression on bevacizumab therapy?
   - There is a modest (6 weeks median overall survival benefit) but statistically significant benefit for continuation of bevacizumab beyond progression in the first line. In selected patients, the use of bevacizumab beyond progression is an option.
     - It would not be an option in patients with PFS <3/12 on first-line Bevacizumab therapy

2. What is the role of regorafenib third/fourth line therapy in metastatic CRC?
   - There is a modest (6 week median overall survival benefit) but statistically significant benefit for the use of regorafenib in chemo-refractory metastatic CRC. In selected patients, this is a reasonable option but we would like to see further data regarding potential biomarkers predicting subgroups that benefit.
3. What is the role of resection of the primary in incurable metastatic CRC?
   - The primary lesion should be considered for resection when patients are symptomatic.
   - Current data does not support routine resection of the primary tumour in asymptomatic patients. Patients being considered for resection should be reviewed by a multidisciplinary tumour team.

4. What is the definition of initially unresectable liver dominant metastatic CRC in the context of conversion therapy for curative intent?
   - The definition of unresectable metastatic disease needs to be determined by hepatobiliary and surgical oncology expertise.
   - The definition of resectability begins with an evaluation of the technical feasibility of the resection and should be approached with the intent of an R0 resection.

5. Should EGFR monoclonal antibody be considered in conversion therapy in initially unresectable metastatic CRC?
   - In patients with Kras wt tumours, the addition of an EGFR monoclonal Ab, in addition to infusional 5FU-based combination chemotherapy, could be considered in conversion therapy.
   - In patients with Kras mutant tumours, triplet combination chemotherapy could be considered.
   - Selected patients should be reviewed in a MTR.
6. **What is the role of cytoreductive surgery and HIPEC in the treatment of metastatic CRC with limited peritoneal carcinomatosis?**

   - Cytoreductive surgery + HIPEC should be considered in highly selected patients with limited peritoneal carcinomatosis.
   - All cases being considered for CRS-HIPEC should be reviewed early by a surgical oncologist with expertise in the procedure.

7. **What is the role of systemic chemotherapy in the treatment of CRC peritoneal carcinomatosis?**

   - Following optimal cytoreduction, patients should be considered for chemotherapy.
   - Palliative chemotherapy should be considered in all other patients, who have adequate performance status.