Consensus Statement

Adjuvant Colon

A. Given the results of the recent ACCENT meta-analysis, should we continue to offer oxaliplatin-based adjuvant chemotherapy routinely to colorectal cancer patients over the age of 70?

- The ACCENT meta-analysis is thought-provoking, but not conclusive. Patients over age 70 should be advised of the results of the analysis and of the possible lack of benefit in their subpopulation. However, age alone should not determine the choice of adjuvant regimen in fit elderly patients. Oxaliplatin-based adjuvant chemotherapy is still appropriate systemic therapy for patients over age 70.

- Given the general lack of data on the benefit of adjuvant oxaliplatin-based chemotherapy in rectal cancer, it should also be considered that the benefit of such therapy in the elderly is even more uncertain than in colon cancer.

Adjuvant Rectal

A. Do we accept that adjuvant chemotherapy is the standard of care in Canada in patients with clinical stage 2 and 3 rectal cancer regardless of pathological stage?

- For patients who present clinically with stage 2 or 3 disease and who have been treated with neoadjuvant cytoreductive chemoradiotherapy, adjuvant chemotherapy is appropriate regardless of pathological stage. However, there are no results from contemporary randomized clinical trials available to direct specific treatment choices.

- For patients who receive short course pre-operative radiotherapy or no pre-operative treatment, the use of adjuvant therapy should be guided by pathological staging.
i. If so, should oxaliplatin-based chemotherapy be offered?

- Oxaliplatin-based chemotherapy should be considered for fit patients with pathological node-positive disease.

ii. If oxaliplatin-based chemotherapy should be offered, how many cycles should patients be offered?

- At least 4 months (8 cycles) of FOLFOX.

**Metastatic Colorectal Cancer**

A. With the availability of KRAS mutation testing for patients with metastatic colorectal adenocarcinoma, at what point should patients be tested?

- Testing should take place when anti-EGFR therapy is being contemplated, generally when the patient is beginning or progressing on second-line therapy.

i. Where should KRAS testing take place?

- Testing should take place at a central provincial laboratory.

B. Is chemotherapy plus bevacizumab still the standard of care for first-line therapy in patients with metastatic colorectal cancer irrespective of KRAS status?

- There is no single best first-line option for all patients. Chemotherapy plus bevacizumab should be considered a standard of care for first-line therapy in patients with metastatic colorectal cancer, irrespective of KRAS status.