Consensus Statement

Predictive Biomarkers

1. Is there sufficient evidence to support the use of MSI as a predictive marker in the treatment of adjuvant colon cancer?
   - There is insufficient evidence to support the use of MSI as a predictive marker in the treatment of adjuvant colon cancer.

Targeted Therapy in MCRC

1. Is the addition of bevacizumab to 5FU-based chemotherapy the standard of care for first line treatment?
   - There is Level I evidence to support the use of bevacizumab in combination with fluoropyrimidine based therapy in both first and second-line therapy treatment of metastatic colorectal cancer. The addition of bevacizumab is considered an appropriate treatment approach. Its' use in individual patients should be determined according to the clinical context.

2. Are cetuximab or panitumumab-based therapies the standard of care for third line treatment?
   - There is Level I evidence to support the use of cetuximab or panitumumab in the context of third-line metastatic colorectal cancer therapy. They are considered an appropriate treatment option.

Chemotherapy Strategies in MCRC

1. Can capecitabine replace infusional 5FU in metastatic colorectal treatment regimens?
   - Capecitabine can replace infusional 5-fluorouracil in oxaliplatin based regimens.
   - Due to toxicity and efficacy concerns, capecitabine should only be used in irinotecan-containing regimens where particular circumstances such as distance or central venous access problems are an issue.

2. Are Combination versus Sequential and Continuous versus Stop-And-Go equivalent chemotherapy treatment strategies?
   - No consensus could be reached on whether combinations or sequential treatment strategies are equivalent in the treatment of metastatic colorectal cancer.
   - There is no convincing evidence of either superiority or equivalence of the “Stop and go” versus continuous treatment strategies in the management of metastatic colorectal cancer. The “Stop and go” strategy of the OPTIMOX 1 and 2 trials are not routinely recommended.