CONSENSUS STATEMENTS

1) What is the optimal duration of oxaliplatin-based adjuvant chemotherapy in node positive colon cancer?
   - For T1-3,N1 disease 3 months of CAPOX treatment is a reasonable option. If using FOLFOX, 6 months should remain the standard.
   - In “high risk” Stage III (T4 or N2), 6 months of oxaliplatin based treatment is the standard of care.

2) What is the optimal timing of surgery following neoadjuvant chemoradiation therapy in patients with clinical stage 2 and 3 rectal cancer?
   - The optimal timing of surgery following neoadjuvant chemoradiation therapy in patients with clinical stage 2 or 3 rectal cancer is not known.
   - Surgery should be considered between 6 to 10 weeks following completion of CRT in patients with clinical stage 2/3 rectal cancer.

3) What is the current role of non-surgical management of rectal cancer after a complete clinical response to neoadjuvant chemoradiation therapy?
   - The standard approach for patients is definitive surgical resection after a complete clinical response.
   - If being considered for a non-surgical approach, patients should be considered for a clinical trial if available.
   - In patients who do not undergo resection, an intensive surveillance strategy is required. The case must be presented at multidisciplinary case conference

4) What molecular tests should now be standard of care for patients with newly diagnosed colorectal cancer?
   - MMR testing should be performed on all colorectal cancer patients for Lynch ascertainment, predictive and prognostic factors.
   - Extended RAS and BRAF testing should be performed on patients being considered for therapy with metastatic disease.
   - Other biomarkers currently remain investigational.
5) What is the role of immunotherapy in patients with metastatic colorectal cancer?

- Use of a PD1 inhibitors (Nivolumab or Pembrolizumab) is a reasonable option in patients with Stage IV MSI-H or MMR deficient colorectal cancer after treatment failure/intolerance to fluoropyrimidine, oxaliplatin and irinotecan
- In MMR proficient tumours, single agent Nivolumab or Pembrolizumab have been shown to be ineffective and should not be used.

6) What are the indications of radioembolization in patients with metastatic colorectal cancer?

- There is no survival benefit with the use of radioembolization in patients with metastatic colorectal cancer and should not be considered unless part of a clinical trial.

7) Does sidedness matter in advanced colon cancer?

- Right sided tumours are different than left sided tumours based on genomic factors. This can affect the use of biologic and chemotherapy strategies. Right sided tumours have a poorer prognosis and may not respond well to EGFR therapies.