Clinical Practice Guidelines: Colon Cancer 1/3

Preop:
+ Include CEA (1B)
+ Evaluate proximal colon (when possible) (1C)
+ 30-50% with synchronous adenomas
+ Get histologic confirmation of invasive adenocarcinoma before colectomy (1C)
+ Get CT chest/abd/pelvis (1B)
+ (no routine PET) (1B)

Intraop:
+ Document: workup, metastases, lymphovascular drainage basins, extent/completeness of resection, anastomotic technique, other findings (1C)
+ Synoptic operative reporting improves documentation (1C)
+ Extent of resection should correspond to individualized lymphovascular drainage sites (1B)
+ Routine extended lymphadenectomy is not recommended (2B)
+ MIS approach preferred (1A)

Vogel JD et al. *Dis Colon Rectum* 2022;65(2):148-77
Clinical Practice Guidelines: Colon Cancer 2/3

**Synchronous lesions:** Two resections or subtotal are OK (1B)

- Resect involved adjacent organs en bloc with negative margins (1B)

**Do not routinely resect:**
- Ovary for prophylaxis (1C)
- Asymptomatic 1° with mets (do systemic chemo first) (1B)

**For “Malignant polyps”, endoscopic excision or oncologic surgery appropriate, depending on histologic features and completeness of resection**

**Obstructing Lesions:**
- Stent first or surgery ok (1B left, 1C right)

**Neoadjuvant** chemo can result in tumor regression in locally advanced / borderline unresectable tumors (2B)

- Cytoreduction (with or without HIPEC) should be considered in resectable peritoneal metastases (1B)

- Staged or Combined liver resections ok (2B)

Vogel JD et al. Dis Colon Rectum 2022;65(2):148-77
Clinical Practice Guidelines: Colon Cancer 3/3

**Postop:**
- **Chemo for High Risk Stage II:** obstruction, perforation, <12 nodes, poor diff, LVI, PNI, high tumor budding (2B)
- **3-6 months Adjuvant Chemo for Stage III** (1A)
  (FOLFOX / CAPOX. Consider immunotherapy if MSI-H)

+ **Start adjuvant chemo within 8 weeks of resection** (1B)
+ **Multigene assays, CDX2 expression analysis and ctDNA may be used to compliment MDT decision making** (1B)

+ **Locoregional Recurrence should be evaluated in multidisciplinary setting** (1B)
Consider re-operation if R0 resection can be performed

---
Vogel JD et al. *Dis Colon Rectum* 2022;65(2):148-77