Colon Treatment Options, ***continued***

Stage III

- Wide surgical resection and anastomosis
- Laparoscopic-assisted colectomy (LAC) in selected patients
- Chemotherapy with fluorouracil (5-FU) and leucovorin for 6 months for patients who are not candidates for clinical trials. Current options are fluorouracil (5-FU) and leucovorin, or adjuvant FOLFOX4 (oxaliplatin, leucovorin, 5-FU).
- Clinical trials for eligible patients include oxaliplatin-based and irinotecan-based chemotherapy with new targeted agents, postoperative radiation therapy, or biological therapy, alone or in combination

Stage IV or recurrent colon cancer

- Surgical resection/anastomosis or bypass of obstructing or bleeding primary lesions in selected metastatic cases
- Surgical resection of locally recurrent cancer
- Resection of liver metastases in selected metastatic patients (5-year cure rate for resection of solitary or combination metastases exceeds 20%) or ablation in selected patients
- Radiofrequency ablation of liver metastases
- Resection of isolated pulmonary or ovarian metastases in selected patients
- Palliative radiation therapy
- Palliative chemotherapy
- Surgical resection of isolated metastases (liver, lung, ovaries)
- Clinical trials evaluating new drugs and biological therapy
- Clinical trials comparing various chemotherapy regimens or biological therapy, alone or in combination

Rectum and Rectosigmoid Treatment Options

Stage 0 (In situ)

- Local excision or simple polypectomy
- Full thickness rectal resection by the transanal or transcoccygeal route for large lesions not amenable to local excision
- Endocavitary irradiation
- Local radiation therapy

Stage I

- Wide surgical resection and anastomosis when an adequate low anterior resection (LAR) can be performed, with sufficient distal rectum to allow a conventional anastomosis or colo-anal anastomosis
- Wide surgical resection with abdominoperineal resection (APR) for lesions too distal to permit low anterior resection (LAR)
- Local transanal or other resection with or without perioperative external-beam irradiation plus fluorouracil (5-FU). Patients with tumors that are pathologically T1 may not need postoperative therapy. Patients with tumors that are T2 or greater with lymph node involvement require additional therapy, such as radiation and chemotherapy, or more standard surgical resection.
- Endocavitary radiation, with or without external beam radiation, in selected patients with small well-differentiated tumors, and without deep ulceration, tumor fixation or palpable lymph nodes