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A new study shows that a large majority of patients who present with advanced colorectal cancer that has spread to other organs (stage IV) don't require immediate surgery to remove the primary tumor in the colon. Researchers from Memorial Sloan Kettering Cancer Center (MSKCC) presented their data today at the American Society of Clinical Oncology Annual Meeting.

"For this population with metastatic disease that cannot be cured by surgery, undergoing colon surgery is not always necessary," said Philip Paty, a surgical oncologist at MSKCC and one of the study's lead authors. "If the colon tumor is not causing obstruction, perforation, or bleeding we've found these patients are best treated with chemotherapy. By moving straight to chemotherapy, patients can avoid the risk of surgical complications and can start treatment for all sites of disease without delay."

For this retrospective study, a multidisciplinary team looked at 233 metastatic colorectal cancer cases treated at MSKCC from 2000 to 2006. Their analysis showed that 217 of the 233 patients, or 93 percent, did not have complications that required resection of the primary tumor. Only 16 patients required colon surgery for symptom management.

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>
> Philip Paty, MD

Previously, in the conventional approach to treating stage IV disease, patients underwent colon surgery immediately following their diagnosis and would typically start chemotherapy treatments three to six weeks later. The rationale for immediate colon resection was to prevent future symptoms and complications from the primary tumor. It was assumed that the majority of colorectal cancers would have little response to chemotherapy.

But with the development of better chemotherapy treatments in the past decade, doctors at MSKCC and others within the oncology community started looking at patients with stage IV disease differently, and began to administer chemotherapy as initial treatment. Such treatments seemed to be reliable in shrinking both colon tumors and the metastases; however, there was not published data to support this approach.

“We now know that the routine use of surgery for these patients is based on old thinking, and we’re beyond that. There will always be the need for individual exceptions based on the clinical situation, but our default position should be not to operate,” said Dr. Paty.

Colorectal cancer is the fourth most common type of cancer and the second leading cause of cancer-related death in the United States.

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