Discussing Colorectal Cancer

I am pleased to work with the editor-in-chief of JNCCN, Hal Burstein, MD, PhD, in organizing this issue of the journal dedicated to colon and rectum cancer management, and I appreciate the opportunity to note some of the updates to the field in the past year.

In 2009, the NCCN Clinical Practice Guidelines in Oncology were expanded to include a survivorship component. Long-term follow-up care of colorectal cancer survivors should include management of late complications and encouraging patients to modify their lifestyle through improved exercise and diet.

Another major change in the guidelines represented the determination of tumor KRAS gene status before starting treatment with an epidermal growth factor receptor (EGFR) inhibitor, such as cetuximab or panitumumab. Data included in the guidelines show that patients whose tumor expresses KRAS mutation have little or no likelihood of responding to the EGFR inhibitors.

The edition of the guidelines published in this issue also emphasizes the use of systemic combination chemotherapy such as FOLFOX or FOLFIRI with or without bevacizumab in the attempt to reduce the size of colorectal metastasis as well as the primary tumor and to allow patients with initially unresectable disease to be candidates for resection.

These changes in the guidelines are reflected and expanded in the authored manuscripts. For example, Denlinger and Barsevick review the literature on colorectal cancer survivorship. They note clear evidence that quality of life is diminished when treatment-related symptoms, such as fatigue, distress, and sleep difficulties) plague colorectal cancer survivors. The long-term effects of treatment, including oxaliplatin-induced peripheral neuropathy, bowel dysfunction (which may persist in 13% to 50% of patients), and urogenital dysfunction, should be addressed in these patients. The authors also note evidence that patients who can improve their physical activity levels and maintain weight control have fewer symptoms and possibly longer survival.

Romanus et al. provide a first-time review of NCCN institutional concordance with colorectal cancer guidelines and American Society of Clinical Oncology (ASCO)/NCCN quality measures. This analysis shows that for more than 80% of patients, treatment is concordant with the guidelines. Chart review suggests that lack of concordance with the guidelines may indicate a system problem related to timeliness of therapy initiation, absence of referrals, or lack of documentation in the chart.

The information presented in this issue of JNCCN should be of interest to both community and academic oncologists.