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Summary

Panel discussion: Advanced colorectal cancer: Previously deadly, now chronic disease

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Surgery | Digestive Oncology | Colorectal

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Panel discussion emphasizes individualized treatment sequencing in metastatic colorectal cancer, balancing immediate chemotherapy initiation with molecular testing, surgical re-evaluation at multiple time points, and patient-centered decision-making in an era of improved response rates and surgical techniques.

KEY POINTS

- The speakers recommend starting double chemotherapy (Folfox or Folfiri) immediately in patients with high CRP, leucocytosis, or LDH, then adding targeted agents (EGFR or VEGF blockade) in the second or third cycle once KRAS/BRAF status is available, as a trial showed no negative impact from delayed EGFR antibody inclusion.
- Most patients now respond to treatment, compared to 20% non-response a decade ago, so the speakers suggest deferring prognostic discussions for two months until response is assessed rather than categorizing patients as curative or palliative upfront.
- Robot-assisted liver surgery offers substantially better patient tolerability than laparoscopy or open surgery, enabling patients to undergo multiple resections within treatment cycles as part of a continuum of care rather than a single definitive operation.
- Regular MDT re-evaluation with expert surgeons is essential because substantial responses can occur even in third-line treatment with targeted agents, creating new opportunities for curative-intent surgery that were not apparent initially.
- The speakers attribute improved survival to multifactorial advances, particularly systemic therapies enabling more patients to benefit from local treatments and more advanced surgical techniques permitting extensive procedures, alongside emerging options like immunotherapy for MSI-high tumors and investigational agents such as ADCs and bispecific antibodies.

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