

The changing landscape of colorectal cancer management

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Colorectal cancer (CRC) is the second leading cause of cancer-related death in the Western population. New therapies have been developed over the past 15 years; cytotoxic chemotherapy in combination with biological agents have increased survival for patients with metastatic disease from a median of 12 to over 30 months. The overall 5-year survival for many patients with liver-limited metastatic disease on the other hand, has improved dramatically with more aggressive surgical approaches and peri-operative chemotherapy combinations. Accurately selecting such patients for liver resection however, remains a challenge. Novel end points and newer radiological techniques are being developed to help towards better outcomes for such patients. The discussion of all CRC patients in the context of a multi-disciplinary team brings together all relevant specialties and enhances better outcomes.

The recent molecular classification of CRC in the meantime, provides researchers with new insights into the development/pathogenesis of the disease as well as important prognostic and predictive information. Another emerging therapeutic field is that of immunotherapy. Already, patients with a wide variety of malignancies are benefitting from such approaches. It is hoped that these benefits will soon be extended to patients with Gastrointestinal malignancies. It is very likely that over the next few years, patients with CRC will be broken down into smaller subgroups thus benefitting from precision oncology and benefitting from different therapeutic approaches and management plans.