

International Society of Gastrointestinal Oncology
2009 Gastrointestinal Oncology Conference
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ABSTRACTS

Advanced Colorectal Cancer

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Treatment of Patients With Incurable Colorectal Cancer

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Stage IV colorectal cancer had been previously regarded as universally incurable. With the advent of aggressive surgical and ablative techniques, however, and the use of combination chemotherapy in the adjuvant or neoadjuvant setting, an ever-increasing portion of the stage IV population is being treated with curative intent. Defining the limits of curability is a challenge, however. Not all patients with stage IV disease are, or realistically will become, candidates for curative resection, and despite substantial improvements in systemic chemotherapy over the past two decades, pathologic complete responses to chemotherapy are still vanishingly rare.

Defining a patient as incurable must be done with care, as opportunities to cure a patient with metastatic cancer are all too rare, and none must ever be missed. That having been said, failure to recognize, acknowledge, and discuss with the patient and family that a patient has incurable disease may lead to inappropriately aggressive treatment that may seriously compromise the patient's quality of life, without providing any tangible benefit to the patient. It must be recalled that a patient with incurable cancer is still potentially highly treatable, and this distinction must be made clearly, both in the mind of the oncologist, and then to the patient.

Incurable patients will require oncologic care for the rest of their lives, and in a medically fit, stage IV colorectal cancer patient, that time period may be many years. Consideration of the physical and mental impact of chemotherapy on the patient over time is critical to delivering the best possible care. Use of sequential monotherapies, rather than combination regimens, as well as judicious use of chemotherapy breaks, or "holidays," should be carefully considered. An appreciation for the negative impact of both short-term toxicities, such as the skin rash of an EGFR inhibitor, and long-term toxicities, such as the neurotoxicity of oxaliplatin, on a patient's quality of life are important in treatment planning. Involving the patient in a frank discussion of the goals and objectives of his/her care, the potential for treatment to be helpful, the potential for

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toxicities to be harmful, and the limitations of what can be realistically expected from that chemotherapy, is a difficult but important part of optimal patient care.