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NCCN Guidelines Panel: Colon and Rectal Cancer

On behalf of the Society of Interventional Oncology, we respectfully request the NCCN Colon and Rectal Cancer Guideline Panel review the enclosed data for inclusion in the management of metastatic colon and rectal cancers.

Requested Changes: To further distinguish the roles of surgical resection, thermal ablation, and other loco-regional therapies such as SBRT for the management of patients with colorectal cancer liver metastasis.

Statement Modification Request 1:
Current format: "*Footnote X: Resection is preferred over locally ablative procedures (eg, image-guided thermal ablation or SBRT). However, these local techniques can be considered for liver or lung oligometastases (COL-C and COL-E). For small lesions (≤3 cm), thermal ablation is equivalent to resection"*
Proposed modification: "Requesting Footnote x revision to: Resection is preferred over local thermal ablation. For small lesions (≤3 cm), thermal ablation is equivalent to resection. Both resection and thermal ablation are preferred over SBRT for the treatment of liver or lung oligometastases (COL-C and COL-E)."

Statement Modification Request 2:
Current format: MS-35 "*Liver- or Lung-Directed External Beam Radiation": "…It should be delivered in a highly conformal manner and should not be used in place of surgical resection".*
Proposed modification: MS-35 "*Liver- or Lung-Directed External Beam Radiation":* "…It should be delivered in a highly conformal manner and should not be used in place of surgical resection or thermal ablation".

Rationale:
The current NCCN Guidelines (Version 3.2025) appropriately state across multiple sections (COL-6, COL-7, COL-10, COL-11) that **"resection is preferred over locally ablative procedures (eg, image-guided**

thermal ablation or SBRT)," and that **"for small lesions (≤3 cm), thermal ablation is equivalent to resection."** However, the grouping of image-guided thermal ablation and SBRT under the same category of "locally ablative procedures" is not consistent with the current body of evidence or clinical practice patterns.

Specifically, thermal ablation, with adequate margins, is supported by high-level evidence, including randomized trials and large multicenter observational studies for the management of small liver and lung colorectal metastases (1-9). Recently, the COLLISION trial demonstrated that thermal ablation is non-inferior to surgical resection for small (≤3 cm) colorectal liver metastases with respect to overall survival, while also offering local tumor recurrence, reduced complication rates, shorter hospitalization, and improved patient recovery (1).

By contrast, SBRT does not yet have equivalent prospective evidence in this clinical setting. Even within the NCCN Guidelines (COL-E), SBRT is reserved for highly selected cases and should not be used in place of surgical resection. It is further acknowledged that SBRT may be considered when resection or thermal ablation is not feasible due to patient- or tumor-specific factors. Thus, while SBRT is a valuable tool, its role is currently distinct and secondary to surgery and thermal ablation in the treatment of oligometastatic colorectal cancer.

Moreover, as noted in COL-C, the statement that "ablative techniques can be considered alone or in conjunction with resection" derives from data specifically supporting thermal ablation, and not from evidence related to SBRT, irreversible electroporation, or brachytherapy. To reflect this, we kindly request that thermal ablation be explicitly elevated to a comparable indication level as resection for small lesions, and that it be clearly distinguished from SBRT in both narrative and footnote guidance. This adjustment will ensure that guideline recommendations remain evidence-based, precise, and aligned with current standards of care.

References:

Colorectal liver Metastases

1. Van der Lei S et al, Lancet Oncology 2025
2. Vasiniotis K et al Cancers 2022
3. Lin YM et al Radiology 2023
4. Tinguely P et al Eur J Cancer 2023
5. Shady W et al JVIR 2018

Colorectal lung Metastases

1. Kurilova et al Cardiovasc Interve Radiolo 2018
2. Tinguely et al Eur J Surg Oncol 2020
3. deBaere T et al: Ann Oncol. 2015