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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.

**Specific Change 1: Modify Footnote “Z” statement from “Resection is preferred over locally ablative procedures (eg, image-guided ablation or SBRT)” to “Resection is preferred over image-guided thermal ablation or stereotactic body radiation therapy [SBRT].”**

Rationale: The interchangeable use of the term “ablative” for image-guided thermal ablation, other forms of ablation, and SBRT is not in keeping with current clinical practice and level of evidence on literature. It is also not consistent with the statements provided in COL C “principles of surgery, Criteria for resectability of Metastases and Locoregional Therapies within Surgery”. As depicted on the “Tumor Ablation” discussion session, there are several level 1 and 2 studies that support thermal ablation (microwave, RFA, and cryoablation) as the main alternative to surgical resection for liver and lung colorectal cancer metastasis. Other local therapies/energy modalities such as irreversible electroporation, brachytherapy, and SBRT currently lack the same level of evidence of thermal ablation and, therefore, should not be discussed in conjunction with thermal ablation. In COL C, the statement “Ablative techniques can be considered alone or in conjunction with resection. All original sites of disease need be amenable to ablation or resection” refers to thermal ablation (RFA and or MWA) based on higher level of evidence than any other image guided local therapy (IRE, SBRT, Cryoablation, Radioembolization etc.). We feel this needs to be properly reflected throughout the guidelines and discussion sessions for both lung and liver colorectal cancer metastasis.

**References:**

**Colorectal liver metastases**

1. Pujik RS et al, CVIR 2022
2. Nieuwenhuizen S et al, Cancers 2021
3. Ruers et al, JNCI 2017

4. Tanis et al, Eur Journal of Cancer 2014
5. Di Martino M et al, Eur Journal Surg Oncol 2020

#### **Colorectal lung metastases**

6. Hasegawa T et al, Radiology 2020
7. Li G et al, Eur Journal of Radiology 2018

#### **Specific Change 2: Create “principles of locoregional therapy”.**

Rationale: Interventional oncology/radiology plays a critical role in the management of patients with metastatic colorectal cancer, similarly to medical oncologists, surgeons, and radiation oncologists. This rapidly evolving field encompasses various image-guided locoregional therapies with distinct clinical applications, evidence levels, and incorporation of novel technologies. The creation of a specific "principles of locoregional therapy" section would ensure consistency between the "principles" and "discussions" sessions, enabling a more nuanced discussion on the well-established role of interventional oncology/radiology in colorectal cancer management. It is worth noting that the NCCN guidelines for hepatocellular carcinoma (HCC) already incorporate "principles of locoregional therapy”.

#### **Specific Change 3: Increase number of Interventional Radiologists on the panel.**

Rationale: In 2012, ABMS approved IR as a primary specialty, with an ACGME-approved residency. IR is a clinical patient-oriented specialty, combining clinical care, medical imaging, and image-guided procedures. Interventional Oncology is now a well-recognized subspecialty of interventional radiology. Interventional Oncologists/Radiologists collaborate on a multidisciplinary fashion, providing complementary expertise. They are involved in patient care, outpatient clinic and inpatient consultations, hospital admissions, conferences, and follow cancer management guidelines. Their expertise in image-guided therapies is crucial throughout cancer care. As essential members of the multidisciplinary team, interventional oncologist/radiologist should be equally represented at the NCCN with same numbers as surgeons, and radiation oncologists. Interventional Oncologist should be seen as separate and unique experts than diagnostic radiologist in the panel. We would respectfully request the addition of one more interventional radiologist to the panel.

#### **Specific Change 4: Consider the addition of the following statement “Image-guided thermal ablation can be considered as a first local-therapy for selected patients with small colorectal liver metastasis where sufficient ablative margins can be achieved”.**

Rationale: There is increasing evidence on the literature that image-guided Thermal ablation can achieve similar outcomes in terms of local tumor control and survival when compared to surgery in selected patients presenting with small (< 3cm) colorectal liver metastasis where ablation can be done with sufficient minimal ablative margins (>5 mm). This is consistent and further clarifies the statements made in “principles of surgery, Criteria for respectability of Metastases and Locoregional Therapies within Surgery” COL C, page 37. Furthermore, the statement “Ablative techniques can be considered alone or in conjunction with resection. All original sites of disease need be amenable to ablation or resection” is made both for liver and lung metastases.

**References:**

**Colorectal liver Metastases**

1. Vasiniotis K et al Cancers 2022
2. Lin YM et al Radiology 2023
3. Tinguely P et al Eur J Cancer 2023
4. 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