

# Colon Cancer

Bleeding, altered bowel habits, constipation, obstruction

Lower GI endoscopy with multiple (6-8) biopsies

Adenocarcinoma

CECT scan thorax, abdomen and pelvis  
Pre anesthetic evaluation  
Nutritional support for severely malnourished  
**Optional Procedures**  
Laparoscopy (ascites)  
PET-CT (Borderline)

**No metastasis**  
Any T, N1, M0  
High cure rates

**Limited metastatic disease**  
Any T, Any N  
Having some potential for cure

**Extensive metastatic disease**  
Any T, any N  
No potential for cure

Unfit for surgery or  
refusing surgery

**Colectomy**  
With LN clearance  
ERAS Protocols

Palliative CT± RT  
Stenting

**NACT Followed by surgery**  
FOLFOX/FOLFIRI equivalent +/-  
Cetuximab (K-Ras Wild) or  
Bevacuzimab (Kras Muted)  
Periodic reevaluation with  
MDCT.  
Those suited for surgery get  
colectomy with other resections  
(e.g. liver/lung)  
Those not suited for R-0get  
second line chemotherapy on  
progression  
Select few get palliative surgery  
Patients with major bleeding,  
deep ulcers or obstruction to be  
considered for up front surgery

Palliative treatments  
Colostomy  
Chemotherapy  
Endoscopic Stenting  
Pain management  
Nutritional support  
Clinical trials

No adjuvant treatment if pathologically T1-2, N0  
Adjuvant chemotherapy if N1 or T3N0 with MSI  
stable tumor  
Palliative CT after R+ resection or metastasis