

## Resource for Management Options of Colorectal Cancer During COVID-19

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**SSO supports the need for treatment decisions to be made on a case-by-case basis. The surgeon's knowledge and understanding of the biology of each cancer, alternative treatment options, and the institution's policies at the time the patient will be scheduled for surgery all need to be taken into consideration.**

**The information below is based on the opinions of individuals who are experts within the field of colorectal cancer and are members of the Society's Colorectal Disease Site Work Group.**

**Guidelines are stratified based on the stage of the COVID-19 pandemic faced by treating institutions and as defined by the American College of Surgeons (Phases I-III).**

### **MINIMALLY INVASIVE SURGERY (COVID-19-SUSPECTED/CONFIRMED PATIENTS)**

There is a postulated risk of viral spread via carbon dioxide aerosolization during laparoscopic procedures. This risk must be weighed in the context of patient benefit and availability of appropriate resources, equipment and protection for personnel such as appropriate personal protective equipment (PPE) and viral filtration devices.

### **CONDITIONS TO BE CONSIDERED FOR EMERGENCY OPERATIONS (ALL PHASES)**

- Intestinal perforation secondary to cancer
- Complete bowel obstruction from cancer
  - Consider diversion alone for rectal or complex colon cancers
- Acute hemorrhage from cancer with transfusion dependence

### **ALTERNATIVE CONSIDERATIONS AND APPROACHES TO DELAY SURGERY (ALL PHASES)**

- Locally advanced resectable colon cancer
  - Consider neoadjuvant chemotherapy
- Locally advanced resectable rectal cancer
  - Strong consideration of total neoadjuvant therapy (TNT)
  - For radiation component, strongly consider short course 5 x 5 Gy regimen (vs. long course chemoradiation)
  - With evidence of downstaging, delay surgery post-neoadjuvant therapy up to 12-16 weeks
    - Consider additional systemic chemotherapy if prolonged delay
- Bleeding from cancer
  - Consider radiation treatment, embolization where appropriate
- Near-obstructing cancers
  - Consider stenting where possible
  - Consider chemotherapy, radiation where possible
- Resectable oligometastatic disease

- Continue effective systemic therapy
- Consider non-surgical ablative/embolic approaches where appropriate
- Where possible, consider transfer of urgent patients to other facilities with capacity

### **PHASE I. PRE-SURGE**

***Few patients with COVID-19, institutional resources/ICU/ventilator/OR capacity available***

#### Conditions for which operations to be deferred

- Benign colorectal polyps
- Malignant colorectal polyps (focus of cancer within polyps)
- Prophylactic procedures for hereditary (e.g. familial adenomatous polyposis) or inflammatory (e.g. inflammatory bowel disease) conditions

#### Conditions for which operations may be considered

- Emergency cases (as defined)
- Non-metastatic colon cancer- curative intent surgery
  - Asymptomatic
  - Near-obstructing
  - Requiring frequent transfusions
  - Evidence of impending perforation
- Non-metastatic rectal cancer
  - Early stage rectal cancer not appropriate for neoadjuvant/adjuvant therapy
  - Rectal cancers after neoadjuvant therapy with no response to therapy
- Resectable oligometastatic disease
  - Exhausted effective systemic therapy

### **PHASE II. EARLY SURGE**

***Case acceleration with many COVID-19 patients, institutional resources/ICU/ventilator/OR capacity limited***

#### Conditions for which operations to be deferred

- All procedures for asymptomatic or minimally-symptomatic cancers

#### Conditions for which operations may be considered

- Emergency cases (as defined)
- Significantly symptomatic cancers (e.g. severe pain)
- Near-obstructing colon and rectal cancers
  - Consider diversion alone for rectal or complex colon cancers
- Bleeding colorectal cancers with high transfusion requirements

### **PHASE III. SURGE/PEAK**

***All institutional resources focused on COVID-19 patients, no ICU/ventilator capacity, little to no OR capacity***

#### Conditions for which operations to be deferred

- All procedures unless imminently life-threatening (death within hours without intervention)

Conditions for which operations may be considered

- Emergency cases (as defined) with no feasible alternative approach