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直　　腸　　癌　　診　　療　　指　　引

大腸直腸癌醫療團隊 制定

2023年 7月修訂

Kaohsiung Veterans General Hospital

Rectal Cancer Clinical Practice Guidelines

Colorectal Cancer Multidisciplinary Team

July 2023 *version 1*

Rectal Cancer Clinical Practice Guidelines

Content

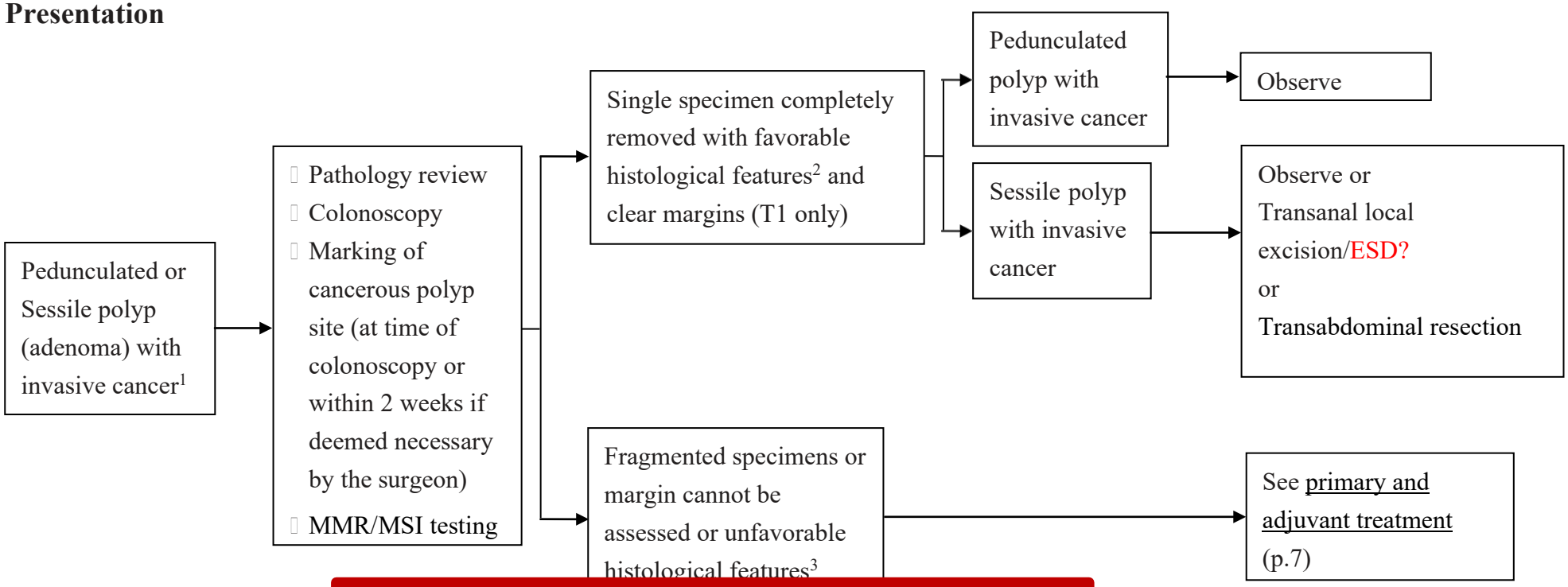
<Revision Summary>

Updates in Version 1 2023 of the VGHKS Colon Cancer Clinical Practice Guidelines from Version 1 2022 include:

ESD may be an alternative option of local excision for early T disease or well responder after neo-adjuvant therapy and relatively contra-indicated to major surgery.

- PET/CT scan is considered if potentially surgical curable M1 disease in selected cases
- T3N0, high rectal tumour→transabd resection
- Colonic self-expandable stenting is available for selected cases in KSVGH

Malignant polyp



Transanal Local Excision[1]

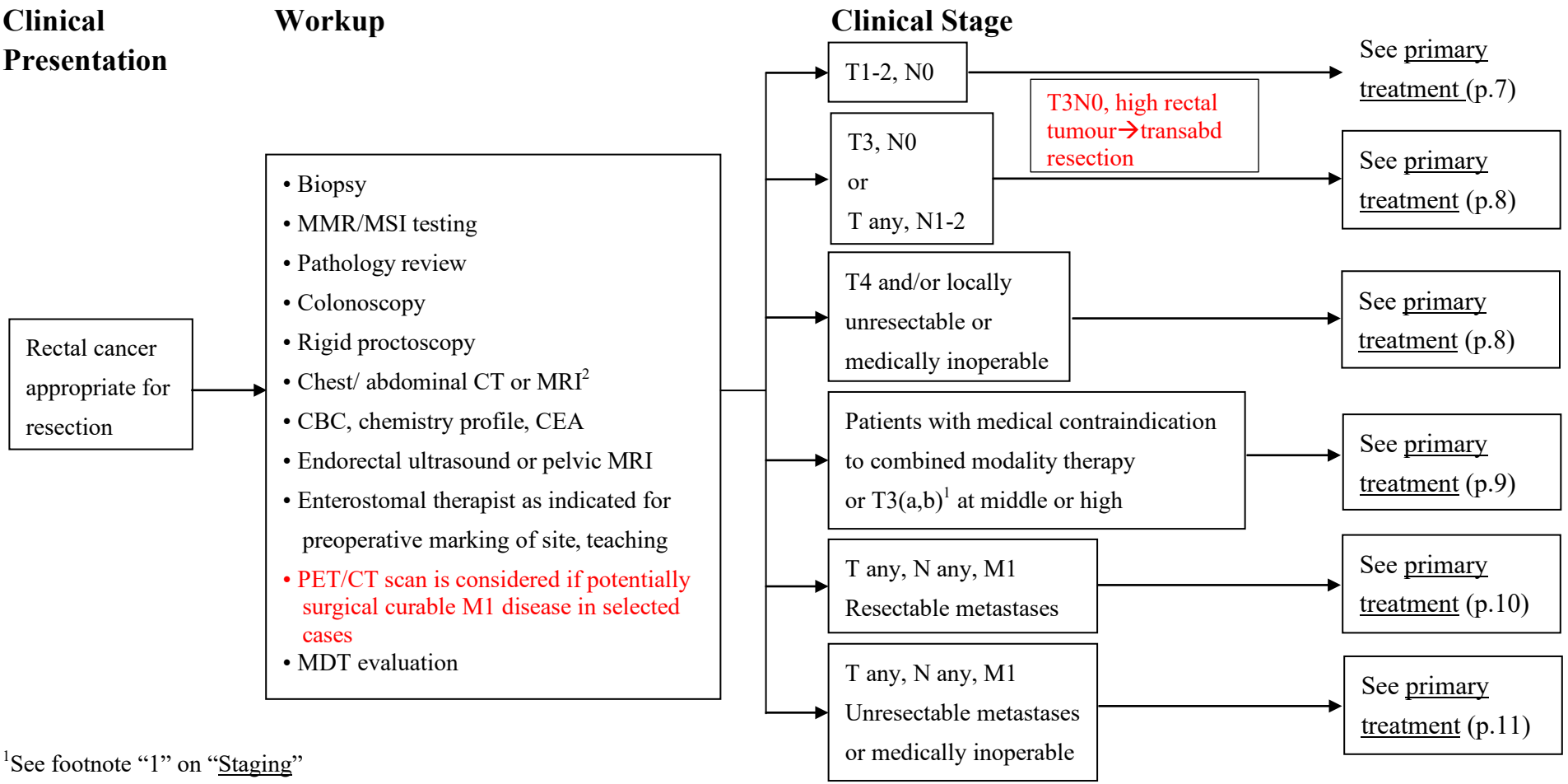
- **Criteria**
  - **<30% circumference of bowel; <3 cm in size; margin clear (>3 mm); mobile, nonfixed; within 8 cm of anal verge; T1 only; endoscopically removed polyp with cancer or indeterminate pathology; no lymphovascular invasion or PNI; well to moderately differentiated; no evidence of lymphadenopathy on pretreatment imaging; full-thickness excision must be feasible**
- **When the lesion can be adequately localized to the rectum, local excision of more proximal lesions may be technically feasible using advanced techniques, such as transanal endoscopic microsurgery (TEM) or transanal minimally invasive surgery (TAMIS).**

[1]A malignant polyp is defined as o (pT1). pTis is not considered a "malignant polyp".

[2]Favorable histological features: G

[3]Unfavorable histological features: from the transected margin)

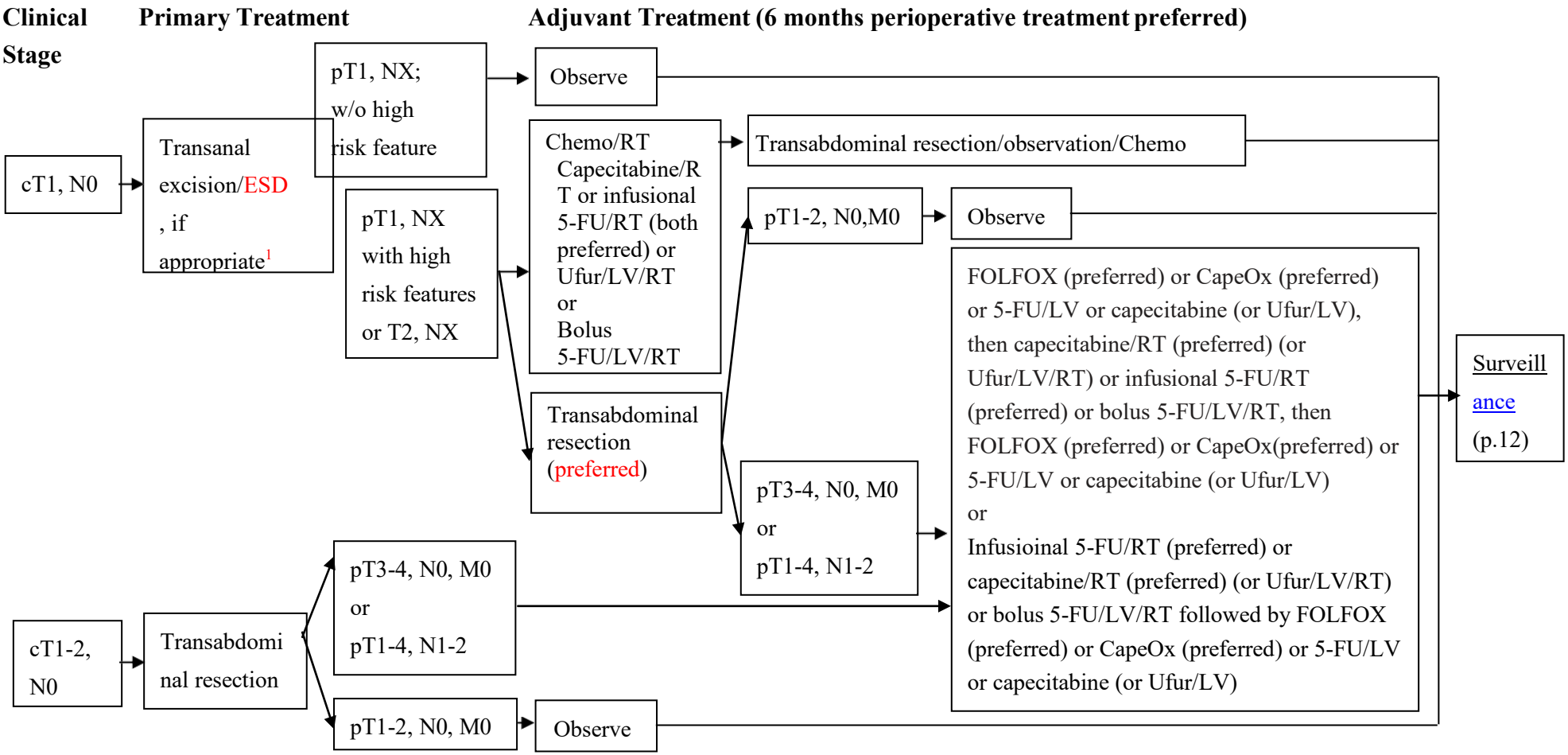
Resectable Primary Rectal Cancer



[1]See footnote "1" on "Staging"

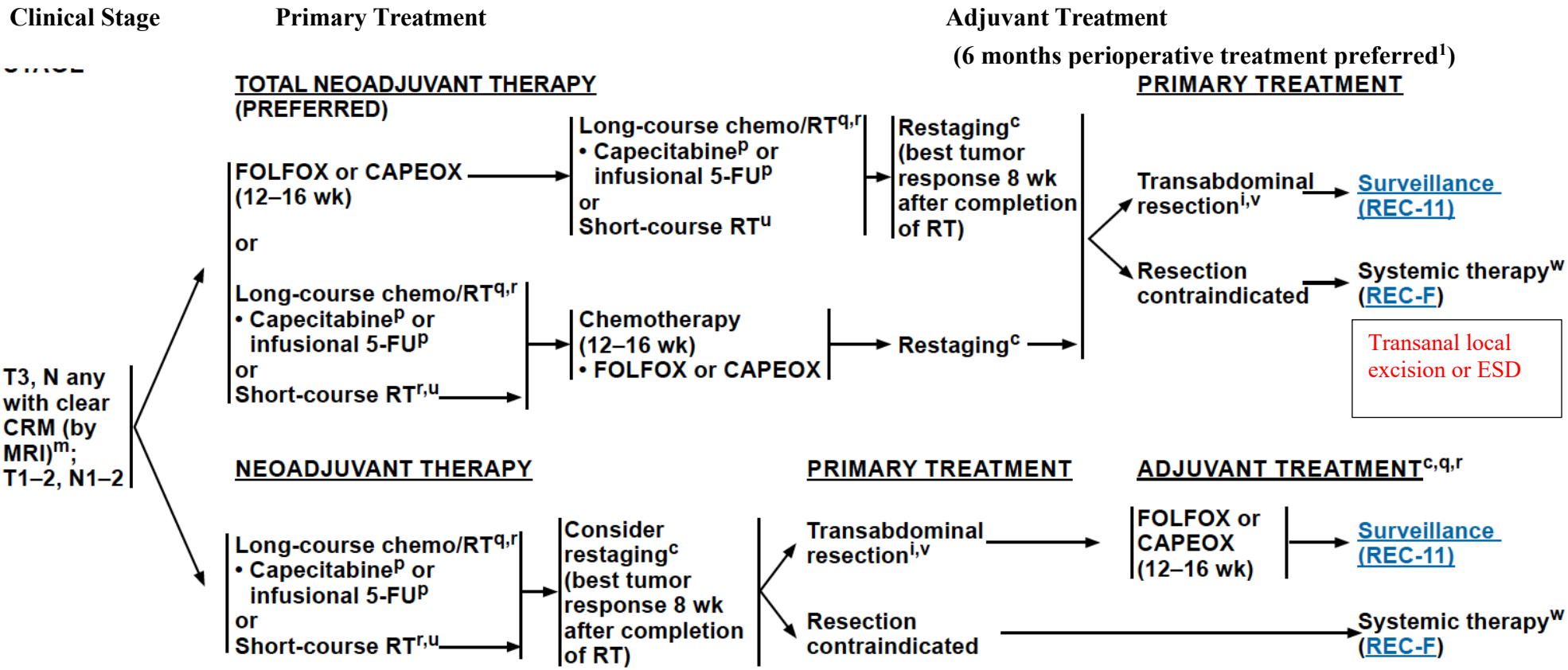
[2]CT should be with IV and oral contrast. Consider abd/pelvic MRI with MRI contrast plus a non-contrast chest CT if either CT of abd/pelvis is inadequate or if patient has a contraindication to CT with IV contrast.

Adjuvant Therapy for Stage I Rectal Cancer



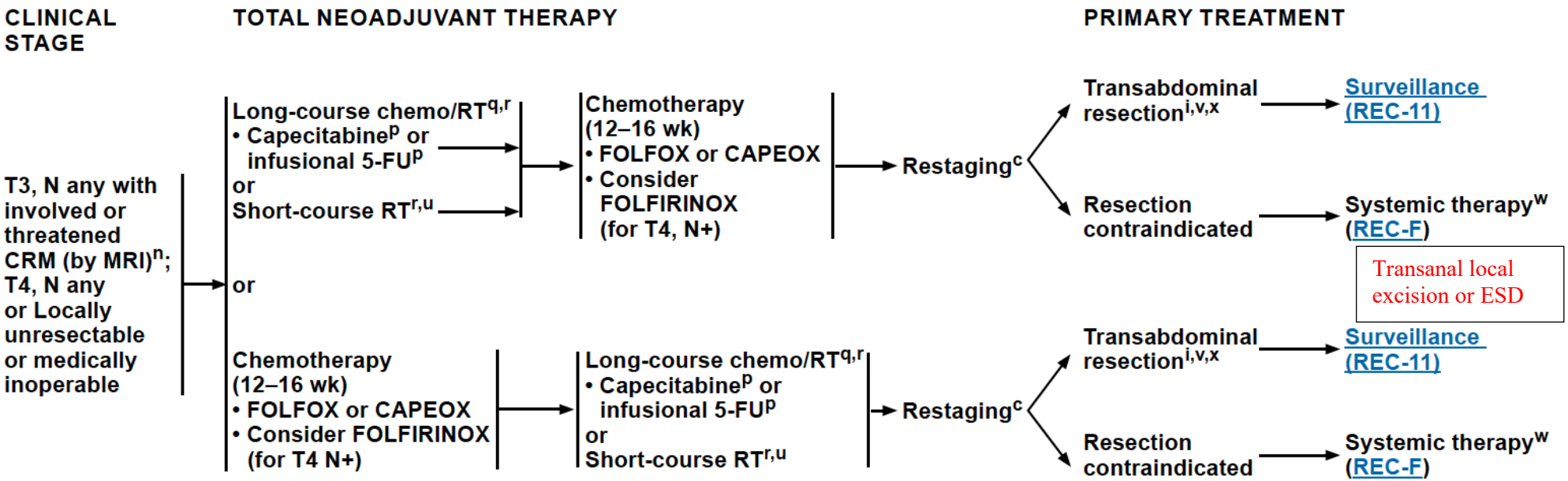
[1]Unfavorable histopathologic features:>3cm in size, T1, with grade III, lymphovascular invasion, positive margin, or sm3 depth of tumor invasion.(positive margins, lymphovascular invasion, poorly differentiated tumors, or sm3 invasion)

Adjuvant Therapy for cT3 or Stage III Rectal Cancer

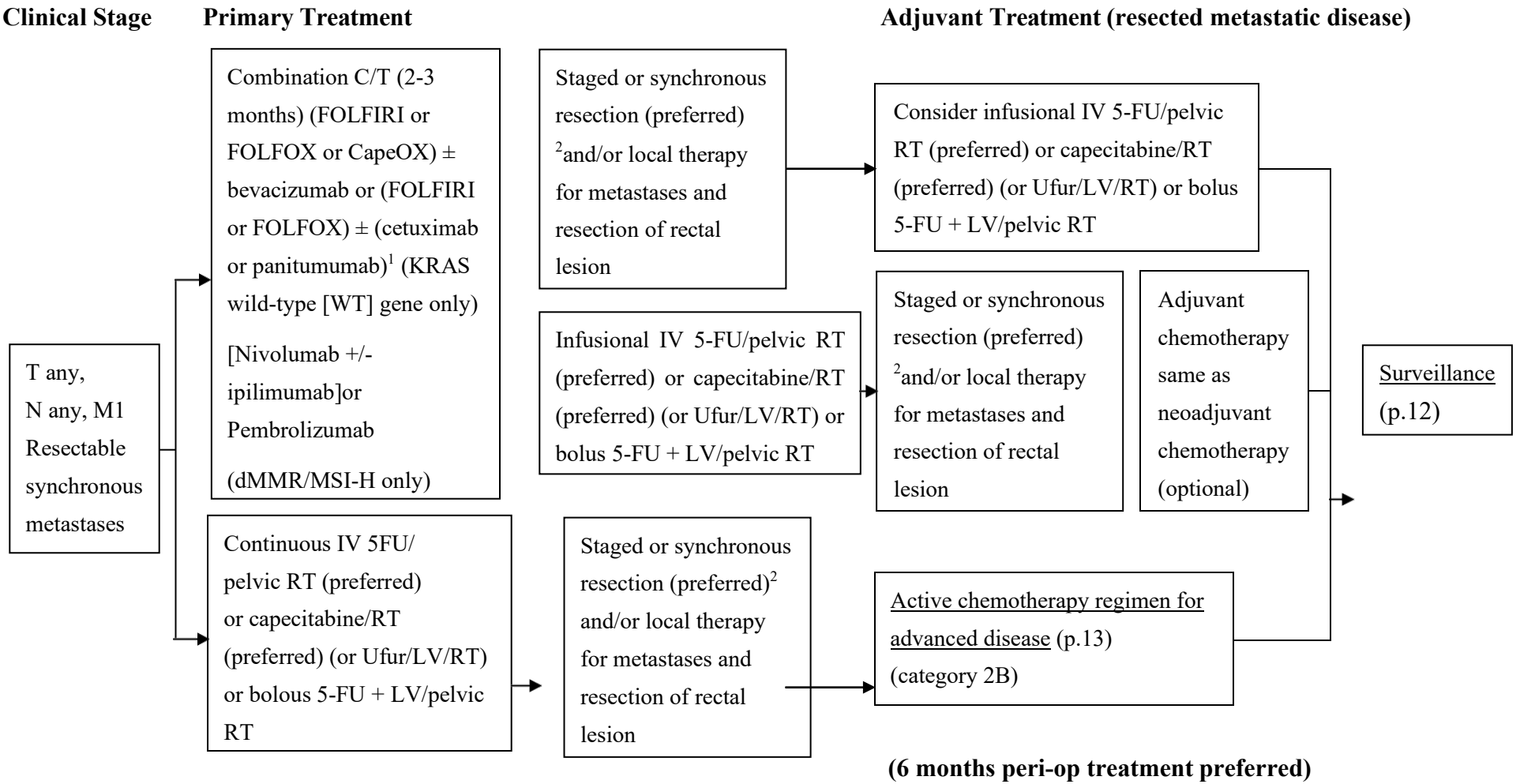


Adjuvant Therapy for Locally Advanced or Medical Inoperable Rectal Cancer

Clinical Stage **Neo-adjuvant Therapy** **Primary Treatment**



Resectable Synchronous Metastases

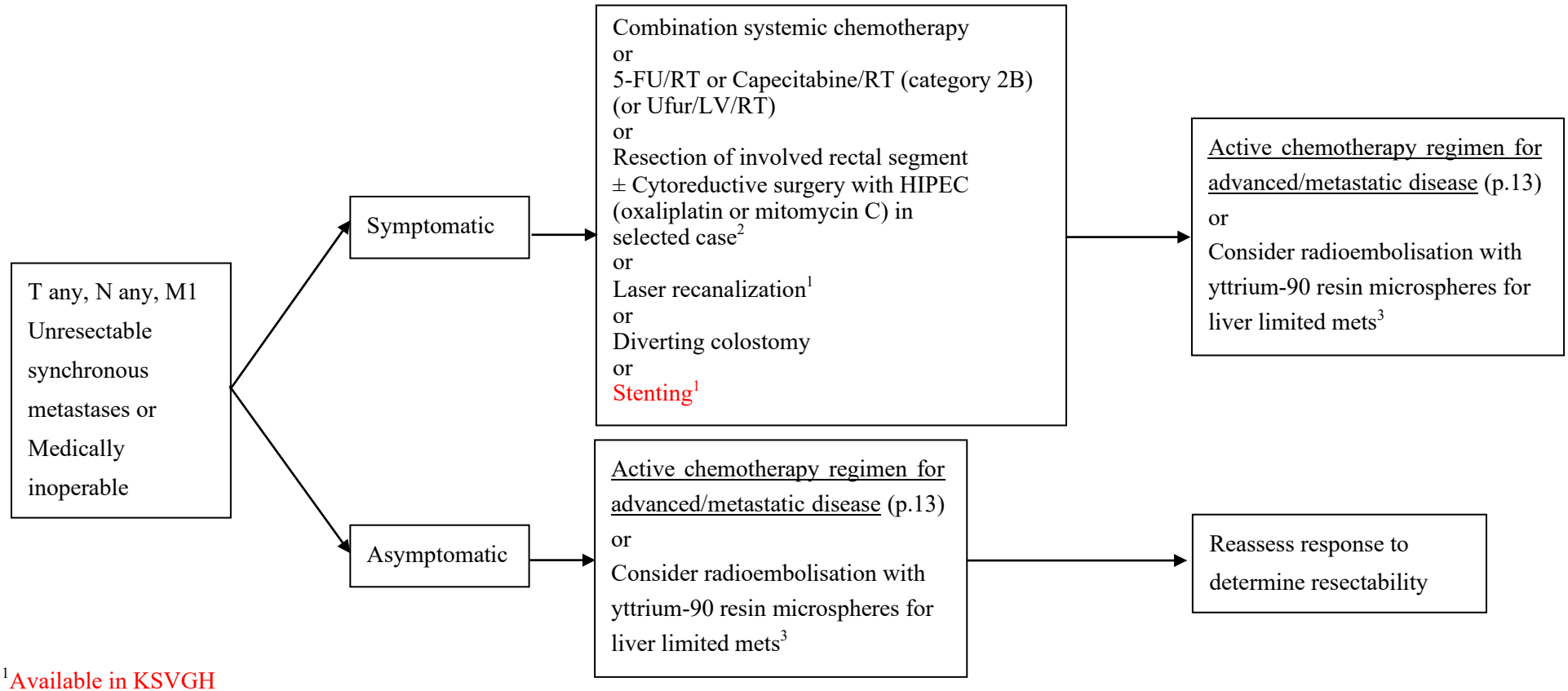


[1]There are conflicting data regarding the use of FOLFOX + cetuximab in patients who have potentially resectable liver metastases.

[2] Resection is preferred over locally ablative procedures (eg, image-guided ablation or SBRT). However, these local techniques can be considered for liver oligometastases

Unresectable Synchronous Metastases or Medically Inoperable Treatment

Clinical Stage **Primary Treatment**

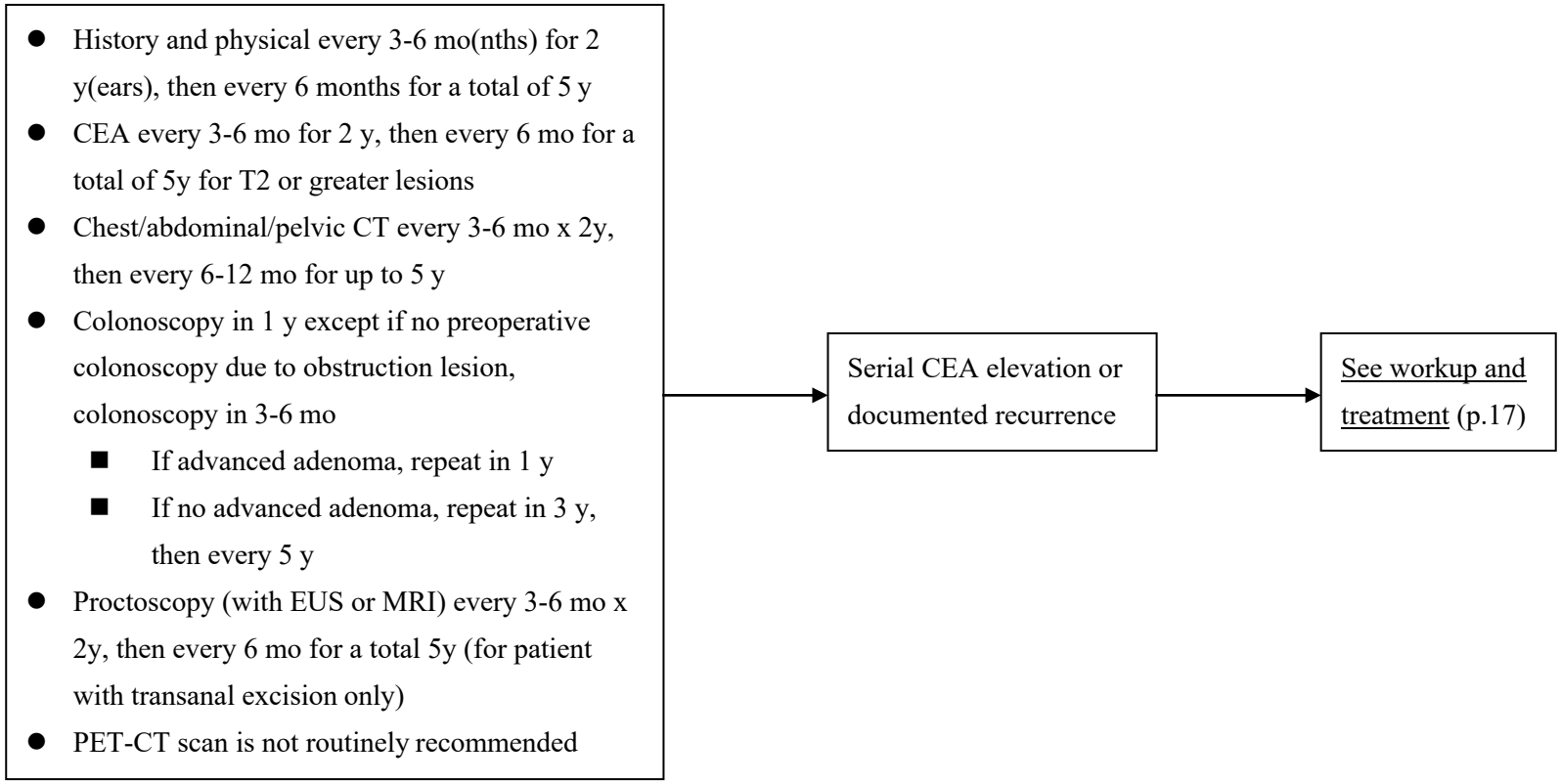


[1]Available in KSVGH

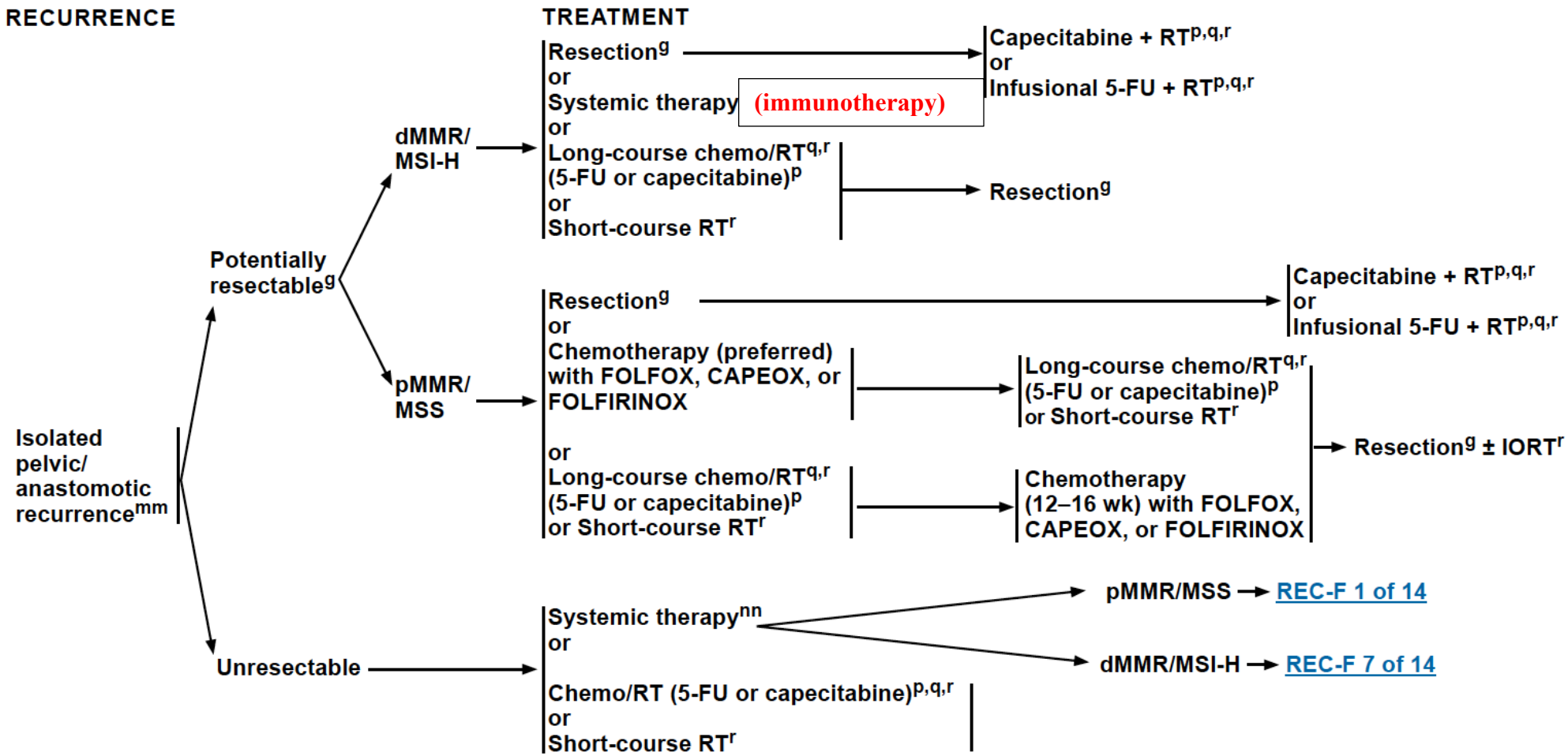
[2]HIPEC = Hyperthermic Intraperitoneal Chemotherapy; Not documented in NCCN guideline 2015 v2 but in ESMO guideline 2014(evidence grade IVB). Also refer to Reference [7], [8]

[3]Not documented in NCCN guideline 2015 v2 but in ESMO guideline 2014(evidence grade IVB). Also refer 为zaxxto reference [9]

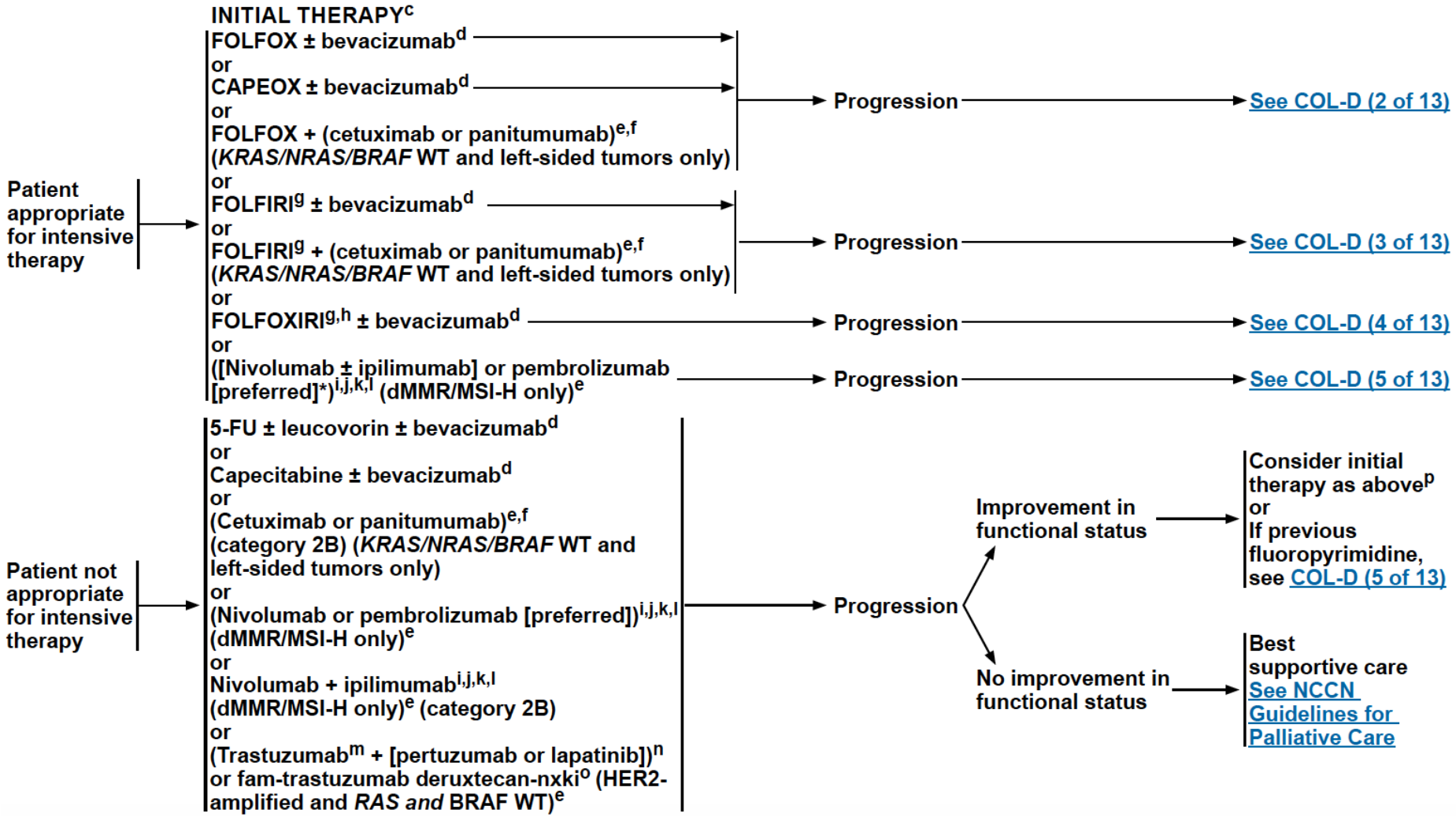
Surveillance



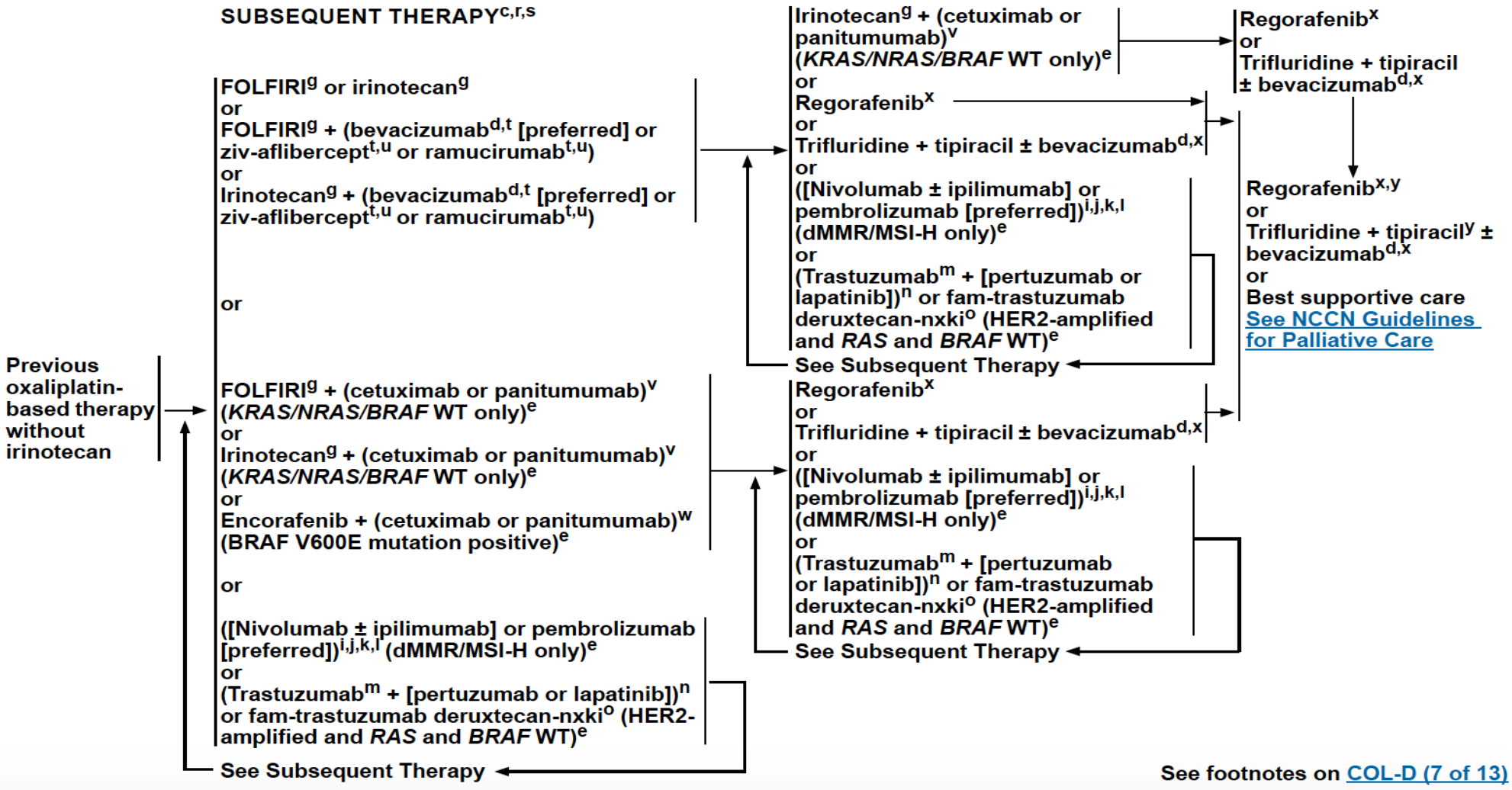
Management of pelvis/anastomotic recurrence



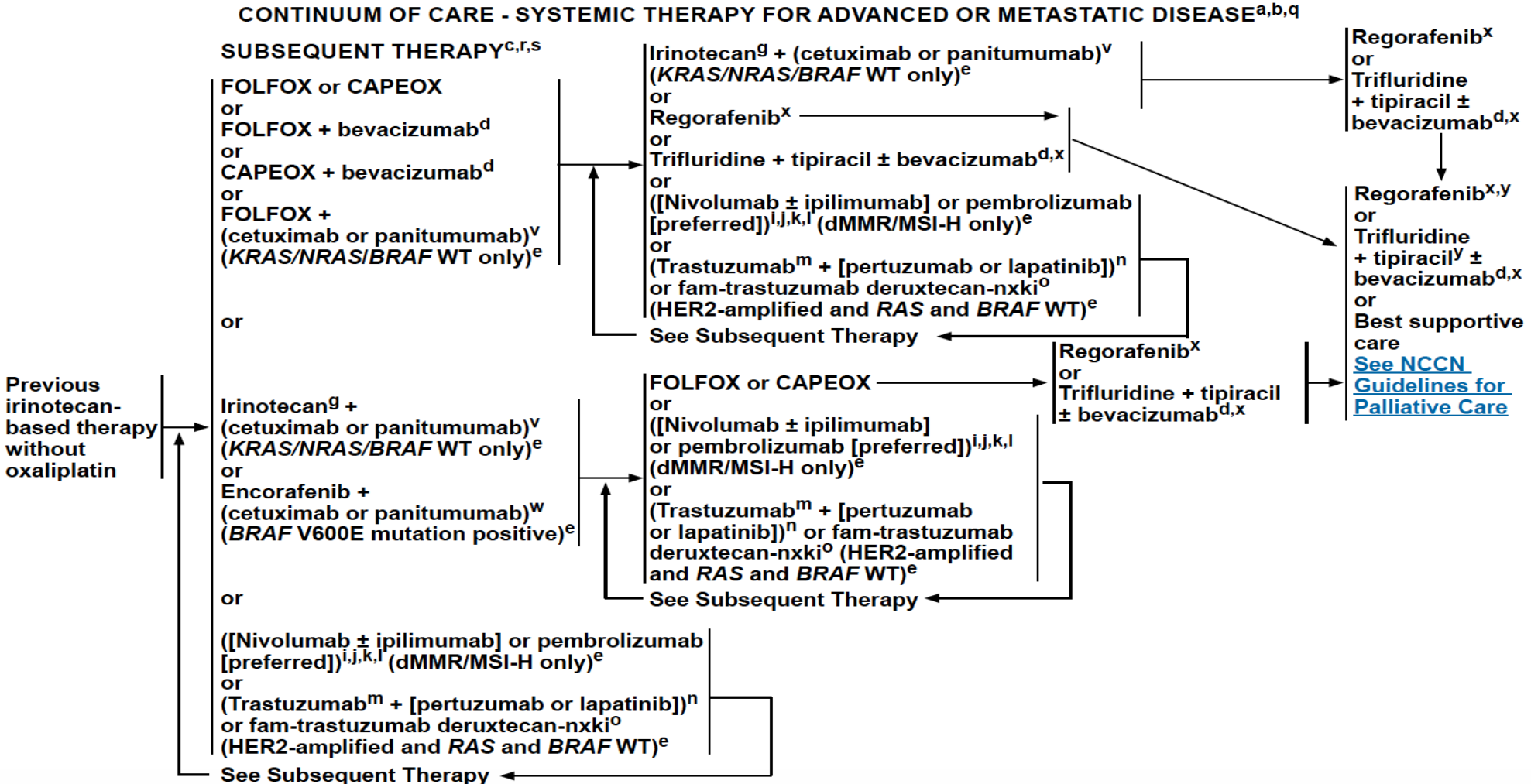
Chemotherapy for advanced or metastatic disease (1 of 4)



Chemotherapy for advanced or metastastic disease (2 of 4)

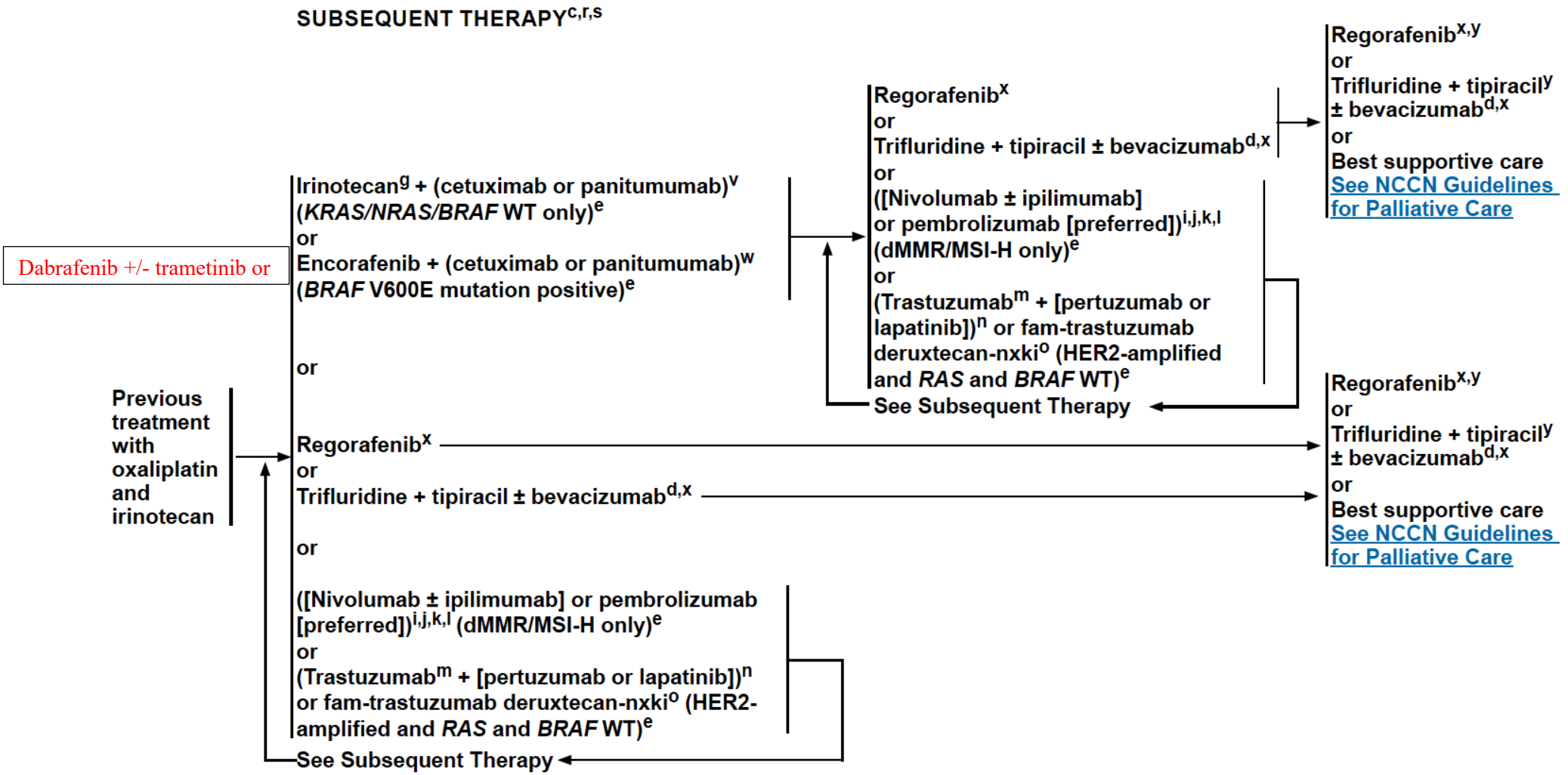


Chemotherapy for advanced or metastatic disease (3 of 4)

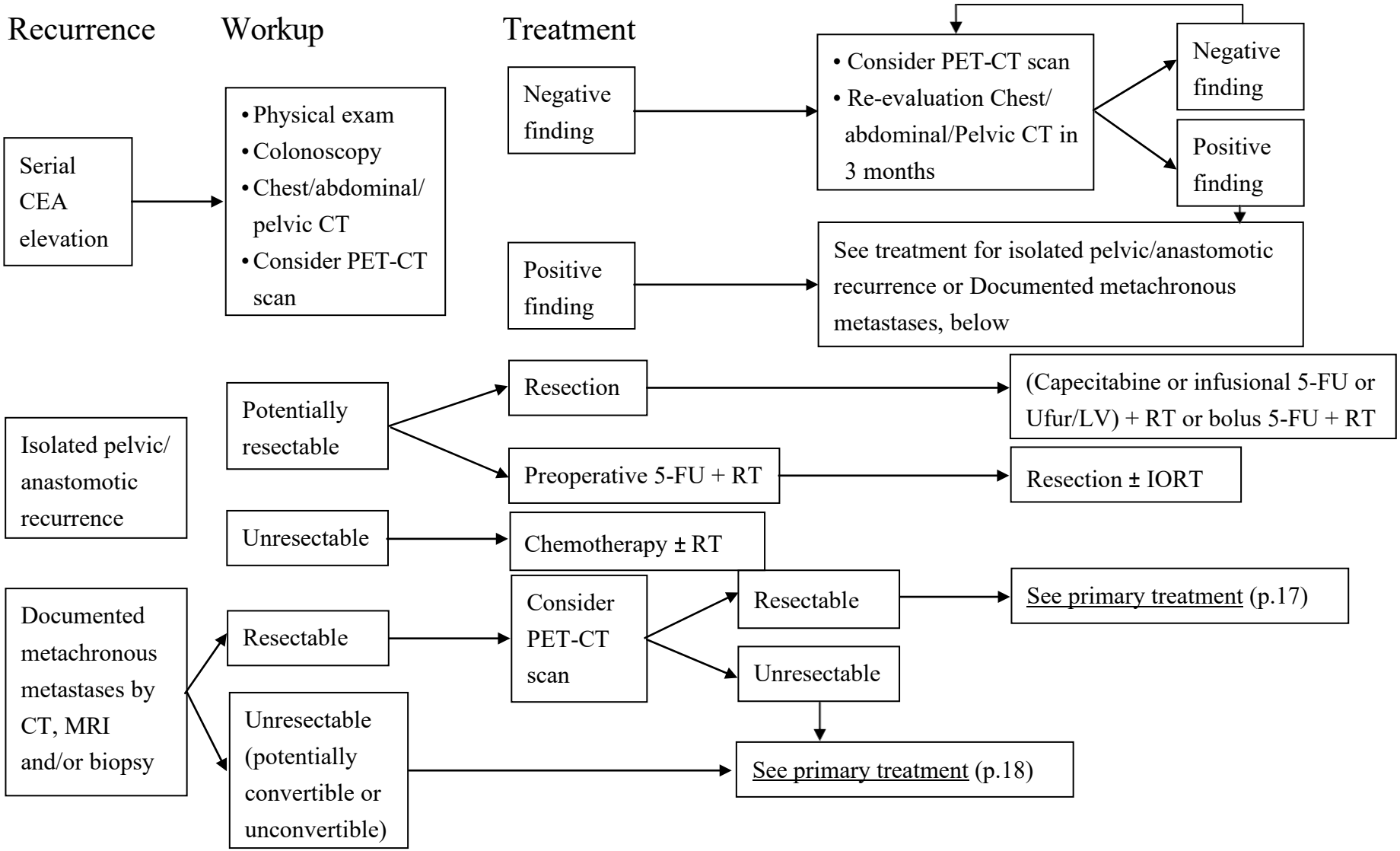


See footnotes on COL-D (7 of 13)

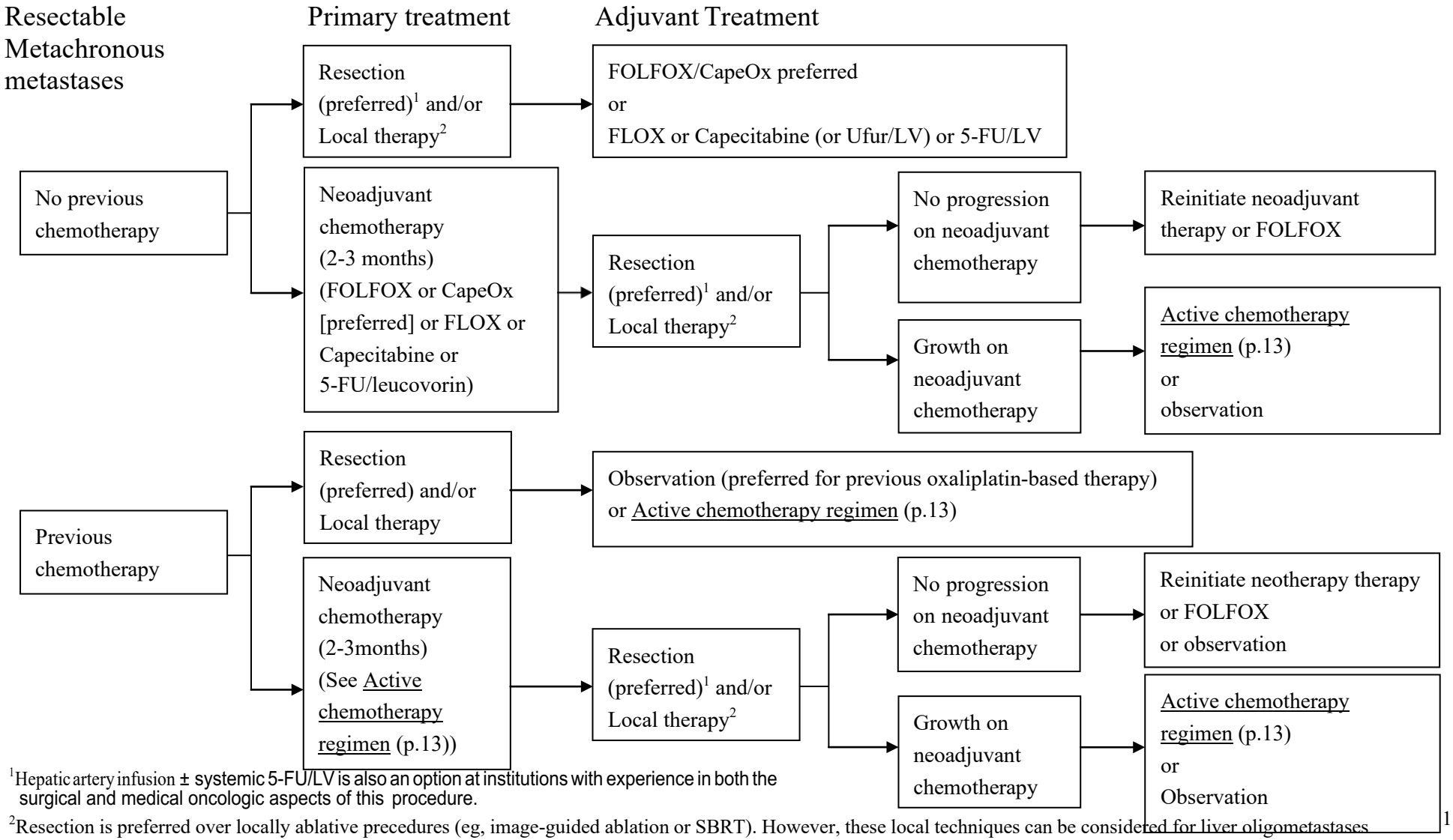
Chemotherapy for advanced or metastatic disease (4 of 4)



Recurrence and Workup



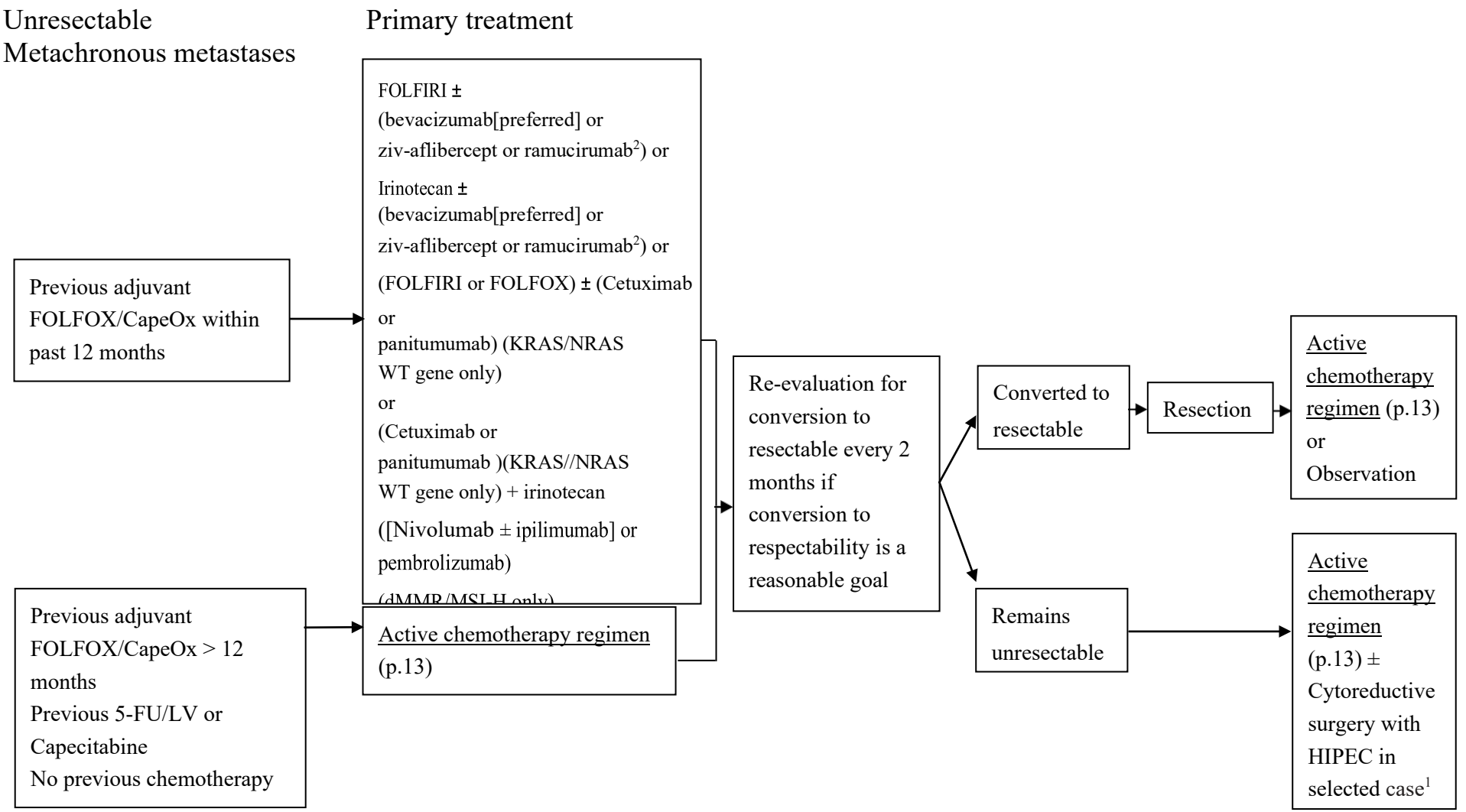
Resectable metachronous metastases



[1]Hepatic artery infusion ± systemic 5-FU/LV is also an option at institutions with experience in both the surgical and medical oncologic aspects of this procedure.

[2]Resection is preferred over locally ablative precedures (eg, image-guided ablation or SBRT). However, these local techniques can be considered for liver oligometastases.

Unresectable metachronous metastases



Principles of Chemotherapy

LV Dosage:

Leucovorin 400 mg/m2 is the equivalent of levoleucovorin 200 mg/m2

Chemotherapy for Advanced/Metastatic disease

All CRC chemotherapy regimens according to patient's condition and guidelines

NHI regulation:

Bevacizumab combine with Irinotecan base or 5-FU base regimens at the 1st line treatment

Cetuximab combine with Irinotecan or oxaliplatin base regimens at the 1st line & the 3rd line treatment

Panitumumab combine with Irinotecan or oxalipatin base regimens at the 1st line treatment

Regorafenib at the third/fourth[K-ras wild type] line treatment

Adjuvant Chemotherapy Regimen

Oxaliplatin base (including mFOLFOX6, CapeOX, FLOX)

5-FU base chemotherapy (IV form 5-FU, Capecitabine, Ufur/LV)

NHI regulation:

Oxaliplatin: Stage III colon cancer

Xeloda: Stage III colon cancer, stage IV colorectal cancer

5-FU/LV: High risk stage II, stage III and stage IV colorectal cancer

Ufur/LV: High risk stage II, stage III and stage IV colorectal cancer

Chemotherapy Regimens for Advanced/Metastatic Disease (1 of 3)

FOLFOX
mFOLFOX6 (may add with Bevacizumab/Panitumumab/Cetuximab)
Oxaliplatin 85 mg/m^2 IV over 2 hours, day 1 Leucovorin 400 mg/m^2 IV over 2 hours, day 1 5-FU 400 mg/m^2 IV bolus on day 1, then 1200 mg/m^2 /day x 2 days (total 2400 mg/m^2 over 46–48 hours) IV continuous infusion Repeat every 2 weeks
CapeOX (may add with Bevacizumab)
Oxaliplatin 130 mg/m^2 IV over 2 hours, day 1 Capecitabine 850–1000mg/m^2 twice daily PO for 14 days Repeat every 3 weeks
FOLFIRI *(may add with Bevacizumab/Panitumumab/Cetuximab/Ziv-aflibercept/Ramucirumab)*
Irinotecan 180 mg/m^2 IV over 30–90 minutes, day 1 Leucovorin* 400 mg/m^2 IV infusion to match duration of irinotecan infusion, day 1 5-FU 400 mg/m^2 IV bolus day 1, then 1200 mg/m^2/day x 2 days (total 2400 mg/m^2 over 46–48 hours) continuous infusion Repeat every 2 weeks
FOLFOXIRI *(may add with Bevacizumab)*
Irinotecan 165 mg/m^2 IV day 1, oxaliplatin 85 mg/m^2 day 1, leucovorin 400 mg/m^2 day 1, fluorouracil 1600 mg/m2/day x 2 days (total 3200 mg/m^2 over 48 hours) continuous infusion starting on day 1. Repeat every 2 weeks

TARGET THERAPY Repeat every 2 weeks (unless additional mention)
+ *Bevacizumab*
Bevacizumab 5 mg/kg IV, day 1 or Bevacizumab 7.5 mg/kg IV, day 1 (for Capecitabine based)
+ *Panitumumab (KRAS/NRAS WT gene only)*
Panitumumab 6 mg/kg IV over 60 minutes, day 1
+ *Cetuximab (KRAS/NRAS WT gene only)*
Cetuximab 400 mg/m^2 IV over 2 hours first infusion, then 250 mg/m^2 IV over 60 minutes weekly or Cetuximab 500 mg/m^2 IV over 2 hours, day 1
+ *Ziv-aflibercept (FOLFIRI)*
Ziv-aflibercept 4 mg/kg IV, day 1
+ *Ramucirumab[2] (FOLFIRI)*
Ramucirumab 8mg/kg over 60 minutes, day 1
+ *Regorafenib (Single use or with FOLFIRI[3])*
Regorafenib 160 mg PO daily days 1-21 Repeat every 28 days
Trifluridine + tipiracil[2]
35mg/m2 up to a Max doas of 80 mg per dose (based on trifluridine component) PO twice daily days 1-5 and 8-12 repeat every 28 days

Chemotherapy Regimens for Advanced/Metastatic Disease (2 of 3)

Bolus or infusional 5-FU/leucovorin	**Irinotecan based**
Roswell Park regimen	*IROX*
Leucovorin 500 mg/m^2 IV over 2 hours, days 1, 8, 15, 22, 29, and 36 5-FU 500 mg/m^2 IV bolus 1 hour after start of leucovorin, days 1, 8, 15, 22, 29, and 36 Repeat every 8 weeks	Oxaliplatin 85 mg/m^2 IV over 2 hours, followed by irinotecan 200 mg/m2 over 30-90 minutes every 3 weeks
Simplified biweekly infusional 5-FU/LV (sLV5FU2)	*Irinotecan (may add with Cetuximab)*
Leucovorin 400 mg/m^2 IV over 2 hours on day 1, followed by 5-FU bolus 400 mg/m^2 and then 1200 mg/m^2 /day x 2 days (total 2400 mg/m^2 over 46-48 hours) continuous infusion Repeat every 2 weeks	Irinotecan 125 mg/m^2 IV over 30-90 minutes, days 1 and 8 Repeat every 3 weeks or Irinotecan 180 mg/m^2 IV over 30-90 minutes, day 1 Repeat every 2 weeks or Irinotecan 300-350 mg/m^2 IV over 30-90 minutes, day 1 Repeat every 3 weeks
Weekly	
Leucovorin 20 mg/m^2 IV over 2 hours on day 1, 5-FU 500 mg/m^2 IV bolus injection 1 hour after the start of leucovorin. Repeat weekly. 5-FU 2600 mg/m^2 by 24-hour infusion plus leucovorin 500 mg/m^2 . Repeat every week (*AIO regimen*[4]: lecovorin 500 mg/m^2 in N/S 250ml over 2 hours followed by 5-FU 2600 mg/m^2 in N/S 500ml by 24-hour infusion weekly x6 and 2 weeks off, repeat every 8 weeks)	**Capecitabine** *(may add with Bevacizumab)*
	850–1250 mg/m^2 PO twice daily, days 1–14 Repeat every 3 weeks
Mayo Clinic regimen[4]	**Ufur/LV**[1]
Leucovorin 20 mg/m^2/day IV over 30 minutes followed by 5-FU IV bolus 425 mg/m^2/day x 5 days. Repeat every 5 weeks	Leucovorin 20-30 mg/m^2 + Ufur 300-500 mg/ m^2 PO at day 1 to 28 in every 35 days

Chemotherapy Regimens for Advanced/Metastatic Disease (3 of 3)

Modified regimen for CRS@VGHKS	**IO**
modified mFOLFOX	*Nivolumab + ipilimumab*
Oxaliplatin 85-100 mg/ m^2 IV over 3 hours on day 1 Leucovorin 200 mg/ m^2 IV over 1 hours after Oxaliplatin on day 1 5-FU 2600 mg/m^2 IV continuous infusion over 18 hours (start on day 1) Repeat every 2 weeks	Nivolumab 3 mg/kg (30 minute IV infusion) and ipilimumab 1 mg/kg (30 minute IV infusion) once every 3 weeks for four doses, then nivolumab 3 mg/kg IV or nivolumab 240 mg IV every 2 weeks.
modified FOLFIRI	
Irinotecan 180 mg/m^2 IV over 90 minutes, day 1 Leucovorin 200 mg/m^2 IV infusion for 1 hours after irinotecan infusion, day 1 5-FU 2400-3000 mg/m^2 continuous infusion over 18 hours (start on day 1) Repeat every 2 weeks	
modified AIO regimen	
lecovorin 250 mg/m^2 in N/S 250ml over 1 hours followed by 5-FU 2600 mg/m^2 in N/S 500ml by 18-hour infusion weekly x6 and 2 weeks off, repeat every 8 weeks	

[1]Japanese regimen, is the equavalent of 5-FU/LV or capecitabine in adjuvant and advanced/metastatic therapy. Also refer to Reference[4], [5] and [6]

[2]Not available in routine practice in Taiwan now

[3]As third/fourth line chemotherpy for advanced/metastatic disease, based on reference[10]

[4]At VGHKS

Chemotherapy Regimens for Adjuvant Therapy (1 of 2)

mFOLFOX6[3]	**5-FU/leucovorin**
Oxaliplatin 85 mg/m^2 IV over 2 hours, day 1 Leucovorin 400 mg/m^2 IV over 2 hours, day 1 5-FU 400 mg/m^2 IV bolus on day 1, then 1200 mg/m^2 /day x 2 days (total 2400 mg/m^2 over 46–48 hours) IV continuous infusion Repeat every 2 weeks	*Rosewell Park regimen (?)* Leucovorin 500 mg/m^2 given as a 2-hour infusion and repeated weekly x 6. 5-FU 500 mg/m^2 given bolus 1 hour after the start of leucovorin and repeated weekly x 6. Every 8 weeks for 4 cycles
FLOX[2]	*Simplified biweekly infusional 5-FU/LV (sLV5FU2)*
5-FU 500 mg/m^2 IV bolus weekly x 6 + leucovorin 500 mg/m^2 IV weekly x 6, each 8-week cycle x 3 with oxaliplatin 85 mg/m^2 IV administered on weeks 1, 3, and 5 of each 8-week cycle x 3	Leucovorin 400 mg/m^2 IV over 2 hours on day 1, followed by 5-FU bolus 400 mg/m^2 and then 1200 mg/m^2/day x 2 days (total 2400 mg/m^2 over 46-48 hours) continuous infusion Repeat every 2 weeks
Capecitabine	
1250 mg/m^2 PO twice daily, days 1–14 every 3 weeks x 24 wks	
CapeOX	*AIO regimen[4]*
Oxaliplatin 130 mg/m^2 IV over 2 hours, day 1 Capecitabine 850–1000mg/m^2 twice daily PO for 14 days Repeat every 3 weeks x 24 weeks	Lecovorin 500 mg/m^2 in N/S 250ml over 2 hours followed by 5-FU 2600 mg/m^2 in N/S 500ml by 24-hour infusion weekly x6 and 2 weeks off, repeat every 8 weeks
Ufur/LV[1]	*Mayo Clinic regimen[4]*
Leucovorin 20-30 mg/m^2 + Ufur 300-500 mg/ m^2 PO at day 1 to 28 in every 35 days	Leucovorin 20 mg/m2/day IV over 30 minutes followed by 5-FU IV bolus 425 mg/m2/day x 5 days. Repeat every 5 weeks

[1]Japanese regimen, is the equavalent of 5-FU/LV or capecitabine in adjuvant and advanced/metastatic therapy. Also refer to Reference[4], [5] and [6]
[2]FLOX is an alternative to FOLFOX or CapeOx but FOLFOX or CapeOx are preferred
[3]FOLFOX is reasonable for high-risk or intermediate-risk stage II patients and is not indicated for good- or average-risk patients with stage II colon cancer
[4]At VGHKS

Chemotherapy Regimens for Adjuvant Therapy (2 of 2)

Modified regimen for CRS@VGHKS
modified mFOLFOX
Oxaliplatin 85-100 mg/ m^2 IV over 3 hours on day 1 Leucovorin 200 mg/ m^2 IV over 1 hours after Oxaliplatin on day 1 5-FU 2600 mg/m^2 IV continuous infusion over 18 hours (start on day 1) Repeat every 2 weeks
modified AIO regimen
Lecovorin 250 mg/m^2 in N/S 250ml over 1 hours followed by 5-FU 2600 mg/m^2 in N/S 500ml by 18-hour infusion weekly x6 and 2 weeks off, repeat every 8 weeks

Reference

1. Major base on NCCN Rectal Cancer Clinical Practice Guidelines Version 1.2023
2. ESMO Clinical Practice Guidelines 2014: Gastrointestinal cancers -- section: Metastatic Colorectal Cancer, Early Colon Cancer, Rectal Cancer and Anal Cancer
3. NHI regulations for CRC chemotherapy
4. Efficacy of oral UFT as adjuvant chemotherapy to curative resection of colorectal cancer: multicenter prospective randomized trial. Kato T, Ohashi Y, Nakazato H, Koike A, Saji S, Suzuki H, Takagi H, Nimura Y, Hasumi A, Baba S, Manabe T, Maruta M, Miura K, Yamaguchi A. *Langenbecks Arch Surg. 2002 Mar;386(8):575-81.*
5. The role of UFT in metastatic colorectal cancer. Bennouna J, Saunders M, Douillard JY. *Oncology. 2009;76(5):301-10.*
6. Oral uracil and tegafur plus leucovorin compared with intravenous fluorouracil and leucovorin in stage II and III carcinoma of the colon: results from National Surgical Adjuvant Breast and Bowel Project Protocol C-06. Lembersky BC, Wieand HS, Petrelli NJ, O'Connell MJ, Colangelo LH, Smith RE, Seay TE, Giguere JK, Marshall ME, Jacobs AD, Colman LK, Soran A, Yothers G, Wolmark N. *J Clin Oncol. 2006 May 1;24(13):2059-64.*
7. *Dominique Elias et al.* Complete Cytoreductive Surgery Plus Intraperitoneal Chemohyperthermia With Oxaliplatin for Peritoneal Carcinomatosis of Colorectal Origin, *J Clin Oncol* 27:681-685. 2008
8. *Vic J. Verwaal et al.* 8-Year Follow-up of Randomized Trial: Cytoreduction and Hyperthermic Intraperitoneal Chemotherapy Versus Systemic Chemotherapy in Patients with Peritoneal Carcinomatosis of Colorectal Cancer, *Annals of Surgical Oncology* 15(9):2426–2432. 2008
9. *Hendlisz A, Van den Eynde M, Peeters M et al.* Phase III trial comparing protracted intravenous fluorouracil infusion alone or with yttrium-90 resin microspheres radioembolization for liver-limited metastatic colorectal cancer refractory to standard. *J Clin Oncol 2010*; 28: 3687–3694.
10. *Chien-Yu Lu et al.* FOLFIRI and regorafenib combination therapy with dose escalation of irinotecan as fourth-line treatment for patients with metastatic colon cancer according to *UGT1A1* genotyping, *Onco Targets Ther. 2014*; 7: 2143–2146

Appendix and Additional Information

1. Dosage of irinotecan in mFOLFIRI + Avstin regimen could be titrated up to 260mg/m^2 in patient with 6TA/6TA in genotyping of UGT1A1. This is based on the ongoing reseach: **Prospective analysis of *UGT1A1* promoter polymorphism for irinotecan dose escalation in metastatic colorectal cancer patients treated with bevacizumab combined with FOLFIRI as the first-line setting** by Dr. Wang