### Panel Discussion

**COL-5**

**Internal request:**
Should FOLFIRI be included as a treatment option for resectable synchronous liver and/or lung metastases?

The panel consensus was to maintain FOLFIRI as a treatment option in the perioperative setting for patients with resectable synchronous liver and/or lung metastases. The category of this recommendation changed from 2A to 2B.

**COL-10/REC-10**

**Internal request:**
Should FLOX, capecitabine, 5-FU/leucovorin be included as neoadjuvant treatment options for resectable metachronous metastases with no previous chemotherapy?

The panel consensus was to maintain the recommendation of FLOX, capecitabine, 5-FU/leucovorin as treatment options in the neoadjuvant setting for patients with resectable metachronous metastases. The category of this recommendation changed from 2A to 2B.

**REC-6**

**Internal request:**
Should the page for T3-4, N0 or T any, N1-2 and Medical contraindication to combined modality therapy be included?

This indication is rare and occurs less than 5% of the time in the management of patients with rectal cancer. The panel consensus was to remove the treatment algorithm for T3-4, N0 or T any, N1-2 and medical contraindication to combined modality therapy.
<table>
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<tr>
<th>Guideline Page and Request</th>
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<th>Institutional Vote</th>
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<tr>
<td>COL-D/REC-D</td>
<td>Based upon review of the data in the references noted in the submission, the panel consensus supported the following wording: “Arterially directed catheter therapy and in particular yttrium 90 microsphere selective internal radiation is an option in highly selected patients with chemotherapy-resistant/refractory disease and with predominant hepatic metastases.” This is a category 2A recommendation; arterially-directed embolic therapy was previously a category 3 recommendation.</td>
<td>See submission for references.</td>
<td>Yes: 17 No: 6 Abstain: 3 Absent: 2</td>
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