

## 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.**

- Defer surgery for all cancers in polyps, or otherwise early stage disease.
- Operate if obstructed (divert only if rectal), perforated or acutely transfusion dependent.
- Proceed with curative intent surgery for non-metastatic colon cancer.
- Consider all options for neoadjuvant therapy including utilization of TNT for rectal cancer and to consider neoadjuvant chemotherapy for locally advanced and metastatic colon cancer.
- For rectal cancer neoadjuvant radiation component, highly consider short course 5x5 Gy regimen (vs. standard long course chemoradiation).
- Delay surgery for locally advanced rectal cancer surgery post-neoadjuvant therapy for 12 to 16 weeks.