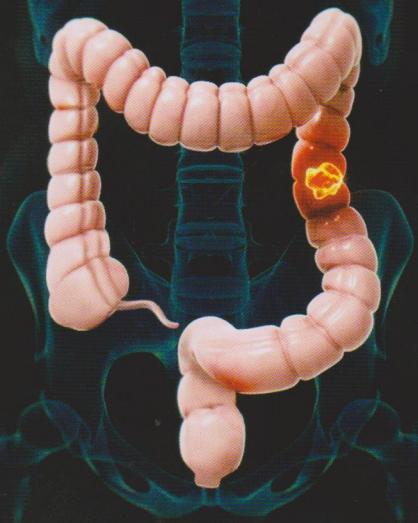
CLINICAL PRACTICE GUIDELINES

2017

MOH/P/PAK/352.17(

MANAGEMENT OF



COLORECTAL CARCINOMA

Ministry of Health Malaysia

Malaysian Society of Colorectal Surgeons

Malaysian Society of Gastroenterology & Hepatology

Malaysian Oncological Society

Academy of Medicine Malays

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Available on the following websites:
http://www.moh.gov.my
http://www.acadmed.org.my
http://www.colorectalmy.org
http://www.msgh.org.my
http://www.malaysiaoncology.org

Also available as an app for Android and IOS platform: MyMaHTAS

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STATEMENT OF INTENT

These clinical practice guidelines (CPG) are meant to be guides for clinical practice, based on the best available evidence at the time of development. Adherence to these guidelines may not necessarily guarantee the best outcome in every case. Every healthcare provider is responsible for the management of his/her unique patient based on the clinical picture presented by the patient and the management options available locally.

REVIEW COMMITTEE

The draft CPG was reviewed by a panel of experts from both public and private sectors. They were asked to comment primarily on the comprehensiveness and accuracy of the interpretation of evidence supporting the recommendations in the CPG.

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UPDATING THE CPG

These guidelines were issued in 2017 and will be reviewed in a minimum period of four years (2021) or sooner if new evidence becomes available. When it is due for updating, the Chairman of the CPG or National Advisor of the related specialty will be informed about it. A discussion will be done on the need for a revision including the scope of the revised CPG. A multidisciplinary team will be formed and the latest systematic review methodology used by MaHTAS will be employed.

Every care is taken to ensure that this publication is correct in every detail at the time of publication. However, in the event of errors or omissions, corrections will be published in the web version of this document, which is the definitive version at all times. This version can be found on the websites mentioned above.

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LEVELS OF EVIDENCE

Level	Study design
I	Evidence from at least one properly randomised controlled trial
II-1	Evidence obtained from well-designed controlled trials without randomisation
II-2	Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one centre or group
II-3	Evidence from multiple time series with or without intervention. Dramatic results in uncontrolled experiments (such as the results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence
III	Opinions of respected authorities based on clinical experience; descriptive studies and case reports; or reports of expert committees

SOURCE: US / CANADIAN PREVENTIVE SERVICES TASK FORCE 2001

FORMULATION OF RECOMMENDATION

In line with new development in CPG methodology, the CPG Unit of MaHTAS is in the process of adapting **Grading Recommendations, Assessment, Development and Evaluation (GRADE)** in its work process. The quality of each retrieved evidence and its effect size are carefully assessed/reviewed by the CPG Development Group. In formulating the recommendations, overall balances of the following aspects are considered in determining the strength of the recommendations:-

- overall quality of evidence
- balance of benefits versus harms
- values and preferences
- resource implications
- equity, feasibility and acceptability

LIST OF ABBREVIATIONS

APR	abdominoperineal resection
ASA	acetylsalicylic acid
AUC	area under the curve
BE	barium enema
CEA	carcinoembryonic antigen
CC	conventional colonoscopy
CCE	colon capsule endoscopy
CCRT	concurrent chemoradiotherapy
CI	confidence interval
CPG	clinical practice guidelines
CRC	colorectal carcinoma
CRM	circumferential resection margins
CRLMs	colorectal liver metastases
CT	computed tomography
CTC	computed tomographic colonoscopy
DFS	disease-free survival
DG	Development Group
DRM	distal resection margin
EGFR	epidermal growth factor receptor
FAP	familial adenomatous polyposis
FDG PET/CT	^{18}F-fluorodeoxyglucose Positron Emission Tomography CT
FDR	first-degree relatives
FRR	familial relative risk
Gd-EOB-DTPA	gadolinium-ethoxybenzyl-diethylenetriaminepentaacetic acid
Gy	gray
HNPCC	hereditary non-polyposis colorectal cancer
HPE	histopathological examination
HR	hazard ratio
HTA	health technology assessment
IBD	inflammatory bowel disease
iFOBT/IFOBT	immunofaecal occult blood test
IHC	immunohistochemistry
LV	leucovorin
MaHTAS	Malaysian Health Technology Assessment Section
MAP	MUTYH-associated polyposis
mCRC	metastatic colorectal carcinoma
MoH	Ministry of Health
MMR	mismatch repair
MRI	magnetic resonance imaging
NSAIDs	non-steroidal anti-inflammatory drugs
NICE	National Institute for Health and Clinical Excellence
OR	odds ratio
OS	overall survival
PFS	progression-free survival
RC	Review Committee
RCT	randomised controlled trial
RFA	radiofrequency ablation
RR	relative risk
RRR	relative risk ratio
RT	radiotherapy

SDR	second-degree relatives
SIGN	Scottish Intercollegiate Guidelines Network
TDR	third-degree relatives
TME	total mesorectal excision
TNM	Tumour-Node-Metastasis
UC	ulcerative colitis
VC	virtual colonoscopy
vs	versus
VTE	venous thromboembolism
WHO	World Health Organization
5-FU	fluorouracil

ACKNOWLEDGEMENT

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- Panel of external reviewers who reviewed the draft
- Technical Advisory Committee of CPG for their valuable input and feedback
- Dr. Noor Aishah Mohd Yussof, Medical Officer
- Mr. Mohd. Tholib Ibrahim, Information Specialist of MaHTAS
- Ms. Noormah Darus, Pharmacist of MaHTAS
- Dr. Umarani Ann Ranjini A/P Sivarajan, Clinical Radiologist
- Dr. Vaishnavi A/P Jayasingam, Clinical Oncologist, Hospital Kuala Lumpur
- Dr. Prabhu Ramasamy, General & Colorectal Surgeon, LohGuanLye Specialists Centre, Pulau Pinang
- All those who have contributed directly or indirectly to the development of the CPG

DISCLOSURE STATEMENT

The panel members of both Development Group and Review Committee had completed disclosure forms. None held shares in pharmaceutical firms or acts as consultants to such firms. (Details are available upon request from the CPG Secretariat)

SOURCE OF FUNDING

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