

STAGE IV - SURGERY

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DISCLOSURES

- None

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HISTORICAL PERSPECTIVE

- Not that long ago, this would have been a very short talk.....
- Don't worry, it will still be short

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CURRENT STATUS

- What does AI have to say?

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SURGERY IN STAGE IV COLON CANCER

Symptom Relief and Tumor Removal

Surgery is mainly performed to alleviate symptoms or remove localized tumors in stage IV colon cancer.

Treating Complications

Surgical intervention addresses complications such as bowel obstruction or bleeding to improve patient comfort.

Quality of Life and Treatment Support

Surgery may improve quality of life or make additional treatments like chemotherapy more effective, though it is rarely curative.



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PROGNOSIS, PATIENT POPULATION

- Prognosis in stage IV colon cancer improving
 - Immunotherapy, liver directed therapies, etc
- More young patients being diagnosed with colon cancer (including stage IV)
 - Tolerate more treatment
 - Aggressive in our treatment decisions

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WHAT TO AVOID

- Delaying chemotherapy
- Decreasing quality of life significantly long term
- Decreasing quantity of life/increasing suffering
 - Poor assessment of operative candidacy

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WHAT KIND OF METASTATIC DISEASE

- Widely disseminated disease (<10% 5 year survival, likely less)
- Oligometastatic disease (25-40% 5 year survival, potentially up to 60%)
 - 1-5 sites of disease
 - Resectable

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WHEN DID THE METASTASES OCCUR

- Synchronous - at the time of diagnosis
- Metachronous – at a later stage

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CURATIVE INTENT SURGERY?

- Oligometastatic disease treated with chemotherapy first → restaging → potential surgery
- Surgery can be staged (liver/lung → colon vs colon → liver/lung) or synchronous
- Timing can be complicated particularly for rectal cancer patients (radiation interval, etc)

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SURGERY FOR TUMOR RELATED COMPLICATIONS

- Obstruction
 - Try to avoid occurring during chemotherapy
 - Large bowel obstruction often surgical emergency unlike small bowel obstruction
 - Colostomy vs stenting (long term perforation, Avastin, etc)
- Anemia

- Refractory pain (distal rectal)

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SURGERY FOR PALLIATION

- Large bowel obstruction is painful and causes death through bowel perforation and sepsis

- Stoma creation typically considered even in terminal patients if can be done relatively safely

- Stenting may have a role in patient's expecting to transition to hospice promptly

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THE FUTURE IS NOW

- Expanding role of immunotherapy (dMMR vs pMMR)
- CT DNA for evaluation of response to therapy, early recurrence

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QUESTIONS?

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