

## 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) or acutely transfusion dependent.
- Proceed with curative intent surgery for colon cancer.
- Consider all options for neoadjuvant therapy including utilization of TNT for rectal cancer and to consider neoadjuvant chemotherapy for locally advanced colon cancer
- Delay post-TNT rectal surgery for 12 to 16 weeks.
- Utilize 5x5 Gy pelvic radiotherapy and defer further surgery for locally advanced rectal cancer patients.