Bowel cancer - key knowledge points on adjuvant therapy
For general practitioners

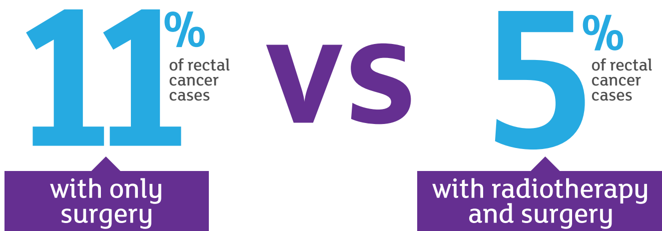
NSW GOVERNMENT | cancer institute NSW

Benefits of adjuvant therapy

While surgery is the mainstay of curative treatment for bowel cancer, adjuvant therapy can further improve outcomes for suitable patients, resulting in one or more of the following:

- ↓ recurrence
- ↓ mortality
- ↑ survival

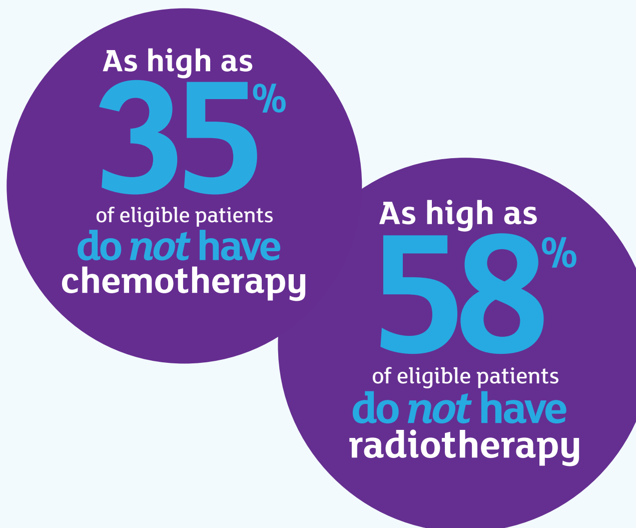
For example, for patients with clinically resectable rectal cancer without evidence of distant disease, the 10-year cumulative incidence of local recurrence is reduced by more than half for those receiving short-course preoperative radiotherapy compared with those receiving surgery alone.[1]



According to existing Australian clinical practice guidelines, all patients with lymph node-positive colon cancer should be considered for adjuvant chemotherapy, and all patients with high-risk rectal cancer should be considered for adjuvant preoperative or postoperative radiotherapy.[2]

Existing uptake of adjuvant therapy

NSW estimates show that of patients with lymph node-positive colon cancer who undergo surgery, 27-35% do not receive adjuvant chemotherapy.[3] Of patients with high-risk rectal cancer who undergo surgery, 47-58% do not receive radiotherapy.[3]



Non-receipt could be due to many reasons including patient fitness and preference. However, age appears to be one of the biggest factors in determining the likelihood of receiving adjuvant therapy. Older patients are less likely to undergo treatment, independent of the patient's comorbidities and general health status.[3] Treatment efficacy and toxicity are not necessarily associated with age and the guidelines suggest that patients should be considered for adjuvant therapy regardless of age.[2]

Practice tips

Clinician trust and reduction of cancer recurrence are the most important factors in patients accepting therapy.[4]

The majority of patients want detailed **information and involvement** in therapy decisions.[4]

Ensure all eligible patients are considered for adjuvant therapy. Provide information for shared decision-making.

1. van Gijn W, Marijnen CA, Nagtegaal ID et al. Preoperative radiotherapy combined with total mesorectal excision for resectable rectal cancer: 12-year follow-up of the multicentre, randomised controlled TME trial. Lancet Oncol 2011;12:575-82.
2. Australian Cancer Network Colorectal Cancer Guidelines Revision Committee. Guidelines for the prevention, early detection and management of colorectal cancer. Sydney: The Cancer Council Australia and Australian Cancer Network, 2005.
3. Jorgensen ML, Young JM, Dobbins TA et al. Does patient age still affect receipt of adjuvant therapy for colorectal cancer in New South Wales, Australia? J Geriatr Oncol 2014; 5:323-30.
4. Jorgensen ML, Young JM, Solomon MJ. Adjuvant chemotherapy for colorectal cancer: age differences in factors influencing patients' treatment decisions. Patient Prefer Adherence 2013;7:827-34.

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