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LETTER

A Comment on the American Society of Colon and Rectal Surgeons Clinical Practice Guidelines for the Management of Colon Cancer

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We appreciated seeing the randomized controlled trial *Pulmonary Metastasectomy in Colorectal Cance*r (PulMICC)[1] cited in the Guidelines for the Management of Colon Cancer.[2] PulMiCC was accurately quoted as finding that randomly assigned patients who *had* metastasectomy had *shorter* median survival (3.5 (95% C.I 3.1–6.6)) years) compared with controls (3.8 (3.5–4.6)). Yet the guidance is that "resection of the lung lesions should be considered as it may prolong survival."

This widely held belief might be difficult to challenge.[3] Five-year survival among candidates for un-resected lung metastases is "assumed to be zero," according to the *Expert Consensus Document of the Society of Thoracic Surgeon*.[4] Those providing local treatment of CRC metastases can attribute all 5-year survival to their intervention, but in 3 RCTs[1,5,6] for 132 patients randomly assigned to have no local treatment, 5-year survival was 27% (95% C.I. 20%-35%).[7]

PulMiCC was nested within a 391 patient observational study. Baseline prognostic features favored operated patients: solitary metastasis (65% versus 31%), non-elevated CEA (31% versus 21%), no liver metastases (36% versus 28%), unimpaired performance (68% versus 36%), better lung function (96% versus 87%), and they were on average 5 years younger.[8] Most— if not all — of the survival difference of 47% versus 22% might be accounted for by expert selection rather than the effect of metastasectomy. Furthermore, in the RCT, metastasectomy resulted in loss of quality of life[9] and no health utility benefit.[10] The 2B evidence grade and the wording of the recommendation should be reconsidered. The only RCT evidence suggests no major benefit and the observational evidence is not "exceptionally strong."[2]

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