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## Title: Advanced Colorectal Cancer: Clinico-Pathological and Molecular Factors with Prognostic Importance, and Potential Predictive Markers of Response to Modern Systemic Treatments

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*(Guest Editor)*

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### **Proposal**

In Western countries, approximately 20% of patients with colorectal cancer (CRC) present advanced disease stage at diagnosis. The standard approach for advanced CRC with inoperable metastasis has been systemic treatment with chemotherapy for over 40 years. Initially 5-fluorouracil (5-FU) which provided response rates of 10-20% as a single agent, followed by combinations with oxaliplatin and irinotecan, that increased both response rates and overall survival (OS), and finally with the addition of Bevacizumab (Avastin®), Cetuximab (Erbix®) and Panitumumab (Vectibix®).

Despite these advances in modern chemotherapeutic and targeted agents for treating advanced CRC, the long-term survival of patients with stage IV CRC is uncommon, with most of these patients having a poor 5-year survival rate (<15 %). Surgery remains an important treatment option for advanced CRC, especially since it offers a curative option for select groups: patients with metastatic disease confined to a single organ, patients with a local recurrence only or patients with limited intra-abdominal disease. In such cases, an aggressive and multimodal management integrating both surgical resection and systemic chemotherapy treatment allows achieving long-term surviving rates of 50%. However, in most cases of CRCm, treatment is palliative rather than curative, and the main objectives are to prolong overall survival (OS) and maintain quality of life for as long as possible.

Different clinical and pathological characteristics have been proposed as prognostic factors for patients with unresectable CRCm undergoing first line systemic chemotherapy, such as the presence of peritoneal carcinomatosis, number of metastatic locations, elevated tumour markers in serum, KRAS mutations, or the site of primary tumour. However, to date there is no reliable strategy for predicting the survival of individual patients undergoing modern chemotherapy. This has led to an increased interest in identifying prognostic factors that could permit more accurate patient stratification. Such prognostic factors would help oncologists and their patients in making treatment decisions and assist investigators in designing clinical trials.

We invite authors to submit original research as well as review articles to this special issue that will help in identifying patients that might benefit most from the different treatment alternatives that we have at our disposal. Potential topics include, but are not limited to:

1. Review of published data in the literature analyzing prognostic factors in CRC.
2. Prognostic and predictive molecular markers in CRC.
3. Novel advances in the treatment of CRC

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