

**Author response to: NICE Guidelines: management of colorectal cancer metastases***Editor*

We would like to thank Professor Baum *et al.* for their comments on the NICE guidance on management of metastatic colorectal cancer<sup>1</sup>. We agree that the evidence for performing metastasectomy is of low quality and commend their efforts in performing a randomized control trial<sup>2</sup>.

The PulMiCC trial was acknowledged in the NICE evidence review, and although a recent update is now in press<sup>3</sup> it was not published in time for it to be included. As the PulMiCC trial had to be closed after recruiting only 93 out of an intended 300 patients it is underpowered and incomplete. No conclusions regarding the benefit of metastasectomy can be drawn from the available results.

The committee, made up of a multidisciplinary group of clinicians and lay members, is aware that in the modern era of systemic anticancer treatments the 5-year survival of stage IV colorectal cancer is likely to be significantly greater than the < 5 per cent often quoted, and this was considered at length.

We accept that the NICE recommendations are based on low-quality evidence, and this is why a weak recommendation was made. We welcome the hypothesis that metastasectomy may not be beneficial but do not feel there is sufficient evidence to change the recommendation to a stronger one in either direction.

F. Mohamed<sup>1</sup>, M. Kallioinen<sup>2</sup>,  
M. Braun<sup>3</sup>, S. Fenwick<sup>4</sup>,  
M. Shackcloth<sup>5</sup> and R. J. Davies<sup>6</sup>,  
on behalf of the Guideline Committee<sup>7</sup>

<sup>1</sup>*Peritoneal Malignancy Institute, Basingstoke and North Hampshire Hospital, Basingstoke*, <sup>2</sup>*National Guideline Alliance, Royal College of Obstetricians and Gynaecologists, London*, <sup>3</sup>*Christie NHS Foundation Trust, Withington, Manchester*, <sup>4</sup>*Department of Hepatobiliary Surgery, Liverpool University Hospitals NHS Foundation Trust, Liverpool*, <sup>5</sup>*Department of Thoracic Surgery, Liverpool Heart and Chest Hospital, Liverpool*, <sup>6</sup>*Cambridge Colorectal Unit, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Cambridge, UK*, <sup>7</sup>*The members of the Guideline Committee are (shown alphabetically): J. Bradbury, M. Braun,*

*G. Burgess, C. Chew, J. Davies, C. Dawson, S. Fenwick, J. Hepburn, P. Hoskin, D. Lennard, V. Misra, F. Mohamed, K. Monahan, R. Roope, M. Salto-Tellez, M. Shackcloth, B. Singh and R. Verma*

DOI: 10.1002/bjs.11788

- 1 Mohamed F, Kallioinen M, Braun M, Fenwick S, Shackcloth M, Davies RJ. Management of colorectal cancer metastases to the liver, lung or peritoneum suitable for curative intent: summary of NICE guidance. *Br J Surg* 2020; **107**: 943-945.
- 2 Treasure T, Farewell V, Macbeth F, Monson K, Williams NR, Brew-Graves C *et al.* Pulmonary Metastasectomy versus Continued Active Monitoring in Colorectal Cancer (PulMiCC): a multicentre randomized clinical trial. *Trials* 2019; **20**: 718.
- 3 Milosevic M, Edwards J, Tsang D, Dunning J, Shackcloth M, Batchelor T, *et al.* Pulmonary Metastasectomy in Colorectal Cancer: updated analysis of 93 randomized patients - control survival is much better than previously assumed. *Colorectal Disease* 2020; <https://doi.org/10.1111/codi.15113> [Epub ahead of print].