



## Editorial

## Why do guidelines supersede the conference consensus? New French recommendations for metastatic colorectal cancer management



For 20 years, all French academic cooperative groups of physicians involved in fighting digestive cancers have designed and shared recommendations, which are widely diffused in franco-phone countries and contribute to a high level of care. The French National guidelines are available free online in French ([www.tncc.org](http://www.tncc.org)), however they were recently published in part in English [1–6] and are regularly updated. They are the result of a consensus between gastroenterologists, oncologists, surgeons, radiologists, radiotherapists, pharmacists, nuclear medicine specialists and pathologists.

This issue of *Digestive and Liver Disease* contains the latest recommendations in English for the management of metastatic colorectal cancer (mCCR) [2]. These recommendations summarize the main clinical situations of mCCR and provide historical background information. More importantly, they show how adopting a shared decision-making paradigm could herald a new era in the management of these advanced cancers, as they involve more and more biological aspects.

These guidelines are an attempt to find a consensus on the management of mCCR in clinical practice and are based on the best available evidence. They have a mainly educational purpose and should not be regarded as rules to establish a legal standard of care. Knowledge about mCRC is evolving and this is why periodic revisions are necessary. Indeed, the guidelines have been revised every two years since their creation, as new data are published.

Consensus conferences have long been the only way to diffuse state-of-the-art practices in medicine. This has particularly been the case in oncology. These conferences require a huge amount of work, expertise and coordination, are burdensome to organise and the resulting recommendations are often difficult to use in daily practice. The major drawback of this process is the delay to implementation and the rapid obsolescence of these recommendations due to the accelerating evolution of medical knowledge. Furthermore, recent biological discoveries have accelerated the need to change and update practices in order to provide the best treatment for patients.

Because of rapidly evolving medical knowledge, the complexity of management related to the fractionation of patient groups according to biological markers, clinical characteristics and the meaningful differences between care systems in each country, it is difficult to establish universal long-lasting guidelines.

Thus, these guidelines are not the only ones available. The European Society of Medical Oncology, and the American Society of Clinical Oncology have also edited their own set of guidelines.

Certainly, all of these recommendations are quite similar.

The main condition to make these recommendations relevant is to update them frequently; for these guidelines, this happens at least every two years.

The above arguments underline the need to recommend the use of these guidelines in daily practice and, of course, during multi-disciplinary team meetings. This is the only way to ensure optimal care for patients. In view of this need, updated guidelines will be continually submitted to *Digestive Liver Disease* for publication.

### Conflict of interest

None declared.

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