In recent years, substantial progress has been made in the treatment of colorectal cancer, not only in the metastatic but also in the adjuvant setting. However, while worldwide consensus for the treatment of metastatic disease has been gradually established, adjuvant chemotherapy remains controversial in the following points: Should all stage II and III patients undergo adjuvant chemotherapy? Should rectal cancer be treated the same as colon cancer? Should elderly patients undergo the same treatment as younger ones? Are doublet regimens such as FOLFOX or XELOX always the best? Are target agents really useless? Are 6 months an appropriate duration of treatment? Are there any biomarkers that can predict risk of recurrence or potential benefits of adjuvant chemotherapy?

The goal of postoperative adjuvant chemotherapy is to eradicate micro metastases that are present at the time of surgery, thereby increasing the cure rate. However, there are some patients without recurrence after surgery alone, and there are some patients with recurrence even though they have undergone the treatment. Personalized medicine requires consideration of both the tumor and host factors that are prognostic and predictive of benefits from treatment.

In this seminar, I would like to discuss current status and possible future developments of the adjuvant chemotherapy for colorectal cancer.