Usually, I find it really necessary to conduct editing and proofreading for clarity first:

Original text	Edits (highlighted parts are edited)
TREATMENT All cases of metachronous or synchronous metastatic colon cancer with potentially resectable liver metastases should be presented at a CRC tumor board with representation from colorectal surgery, liver surgery and medical oncology. Delineating any limited resectable liver metastases that do not require tumor response for optimal resection would be left to the tumor board. SYNCHRONOUS METASTATIC COLON CANCER TO THE LIVER THAT IS POTENTIALLY RESECTABLE Symptomatic primary: Symptomatic primary tumor is defined as obstruction, bleeding or perforation requiring urgent resection or management of the primary tumor. In this case, the first step is to resect the primary tumor or divert with the creation of a temporary colostomy or ileostomy. • Limited resectable liver metastases: Resection of both primary and liver metastases in a one-stage operation is preferred. Those who are eligible for postoperative chemotherapy should be treated with an oxaliplatin-based chemotherapy regimen (or 5-fluorouracil / capecitabine if oxaliplatin is contraindicated) for up to six months. • Nonlimited resectable liver metastases: Diversion can be associated with a shorter recovery time and is preferred to resection, given preference for upfront chemotherapy. After diversion or resection, combination chemotherapy is recommended for up to three months to minimize hepatic chemotherapy toxicity (see rules of chemotherapy regimen selection below). This is to be followed by attempted one- or two-stage resection of liver metastases and/or primary tumor. • After resection with no evidence of disease (NED) status, combination chemotherapy, preferably with an oxaliplatin-based regimen, is recommended for up to three months (total perioperative chemotherapy up to six months).	TREATMENT There are cases of metachronous or synchronous metastatic colon cancer that potentially develop into resectable liver metastases. All these cases should be presented at a CRC tumor board with colorectal surgery, liver surgery and medical oncology representatives. The tumor board would be responsible to describe limited resectable liver metastases that do not require tumor response for optimal resection. SYNCHRONOUS METASTATIC COLON CANCER TO THE LIVER THAT IS POTENTIALLY RESECTABLE Symptomatic primary: Symptomatic primary tumor is defined as obstruction, bleeding or perforation that requires urgent resection or management of the primary tumor. In this case, the first step is to resect the primary tumor or divert with the creation of a temporary colostomy or ileostomy. • Limited resectable liver metastases: Resection of both primary and liver metastases in a one-stage operation is preferred. Those who are eligible for postoperative chemotherapy should be treated with an oxaliplatin-based chemotherapy regimen (or 5-fluorouracil / capecitabine if oxaliplatin is contraindicated) for up to six months. • Nonlimited resectable liver metastases: Diversion can be result in a shorter recovery time. However, if the patient prefer upfront chemotherapy, we suggest resection. After diversion or resection, combination chemotherapy is recommended for up to three months to minimize hepatic chemotherapy toxicity (see rules of chemotherapy regimen selection below). This is to be followed by attempted one- or two-stage resection of liver metastases and/or primary tumor. • After resection with no evidence of disease (NED) status, combination chemotherapy, preferably with an oxaliplatin-based regimen, is recommended for up to three

	months (total perioperative chemotherapy up to six months).

After the editing, the translation can be conducted easily:

Edits (highlighted parts are edited)	Translation
TREATMENT There are cases of metachronous or synchronous metastatic colon cancer that potentially develop into resectable liver metastases. All these cases should be presented at a CRC tumor board with colorectal surgery, liver surgery and medical oncology representatives. The tumor board would be responsible to describe limited resectable liver metastases that do not require tumor response for optimal resection. SYNCHRONOUS METASTATIC COLON CANCER TO THE LIVER THAT IS POTENTIALLY RESECTABLE Symptomatic primary: Symptomatic primary tumor is defined as obstruction, bleeding or perforation that requires urgent resection or management of the primary tumor. In this case, the first step is to resect the primary tumor or divert with the creation of a temporary colostomy or ileostomy. • Limited resectable liver metastases: Resection of both primary and liver metastases in a one-stage operation is preferred. Those who are eligible for postoperative chemotherapy should be treated with an oxaliplatin-based chemotherapy regimen (or 5-fluorouracil / capecitabine if oxaliplatin is contraindicated) for up to six months. • Nonlimited resectable liver metastases: Diversion can be result in a shorter recovery time. However, if the patient prefer upfront chemotherapy, we suggest resection. After diversion or resection, combination chemotherapy is recommended for up to three months to minimize hepatic chemotherapy toxicity (see rules of chemotherapy regimen selection below). This is to be followed by attempted one- or two-stage resection of liver metastases and/or primary tumor.	治疗 我们有异时性或同步性转移性结肠癌病例，有可能发展成可切除的肝转移灶。 我们应该汇报所有这些病例给 CRC 肿瘤委员会。该委员会将汇集结直肠癌，肝癌手术和肿瘤内科专家代表。 肿瘤委员会将负责描述可切除的有限的肝转移灶，这些肝转移灶不需要肿瘤反应即可进行最佳切除手术。 有可能切除的结肠癌同步性肝转移灶 有症状的原发性：有症状的原发性肿瘤定义为阻塞、出血或穿孔的、需要紧急切除或处理的原发性肿瘤。在这种情况下，手术的第一步是切除原发性肿瘤，或者通过创建临时结肠造口术或回肠造口术将其转移。 •有限制的可切除的肝转移灶：我们倾向于在同一阶段手术中就切除原发灶和肝转移灶。那些有资格接受术后化疗的患者应该接受以奥沙利铂为基础的化疗方案（如果奥沙利铂被禁用，则应使用 5-氟尿嘧啶/卡培他滨）达六个月。 •无限制的可切除肝转移灶：进行分流手术可以较快恢复。但是，如果倾向于做前期化疗，应该首选切除手术。在进行分流或切除手术后，建议联合化疗三个月，以最大程度地降低肝化疗的毒性（请参阅下面的各种化疗方案的规则）。随后将尝试进行肝转移灶和/或原发性肿瘤的一期或两期切除。

• After resection with no evidence of disease (NED) status, combination chemotherapy, preferably with an oxaliplatin-based regimen, is recommended for up to three months (total perioperative chemotherapy up to six months).	•在进行切除手术后，若观察到无疾病症状（NED），建议联合化疗（最好采用基于奥沙利铂的方案）三个月（整个围手术期化疗长达六个月）。