Clinical suspicion of obstructing left-sided colon carcinoma without signs of perforation (splenic flexure / descending colon / sigmoid)
CT-scan with or without rectal contrast

**Potentially curable?**

- **Age < 70 years and ASA status ≤ 2**
- **Endoscopic stent placement**
  - Stent candidate, if:
    - Stenosis < 60 mm at CT
    - Experience endoscopist ≥ 20 colon stents
  - No stent candidate, if:
    - Stenosis > 60 mm at CT
    - Endoscopist lacking expertise
    - Concomitant anti-angiogenesis treatment

  - Acute resection*

  - Candidate for primary tumor resection?
    - Yes
      - Preoperative workup
        - Optimization of clinical condition
      - Elective resection within 4 weeks after initial presentation
        - Laparoscopic / open
        - Preferably primary anastomosis
        - Optional deviating ileostomy in stent group
        - Optional closure of colostomy in stoma group

  - No
    - Systemic therapy and palliative care

- **Age ≥ 70 years or ASA status ≥ 3**
- **Transversostomy**

  - Exclusion from follow-up:
    - Benign obstruction
    - Extracolonic malignancy

  - Registration of primary and secondary endpoints

  - Oncological follow-up

* Except the patients who have an indication for neoadjuvant therapy because of locally advanced disease. They should be treated by decompressing colostomy