General Principles	
For pre-cancerous lesions with good prognosis (T1-2, N0)	it is advised to defer surgery according to the stage of the epidemic.
For cancers T3-4 and/or N+	Chemoradiotherapy is indicated. Short radiotherapy is to be discussed (followed by a waiting period) to reduce the exposure time in the hospital and avoid infections. Induction chemotherapy can also be discussed case by case.
For cancers at the end of treatment where surgery must be scheduled,	the strategy will be adapted to the duration of the epidemic, its peak, and the available medical resources. In some cases, interim chemotherapy can be proposed
For colonic tumours	
For advanced colonic lesions	neoadjuvant chemotherapy and wait until the peak of the epidemic has passed before proposing radical surgery but should be on a case-by-case basis.
For cancers with obstruction	a stoma will be performed followed by chemotherapy
For Pancreatic tumours	
- **If there is no histological documentation:**	
• For peri-ampullary tumours	deferral of surgery will be proposed according to the operative risks as the epidemic unfolds
• For corporocaudal lesions	according to possibilities of access to surgery and how the epidemic is evolving, surgery can be proposed to patients at low operative risk but must otherwise be deferred.
- **If there is histological documentation pointing to pancreatic adenocarcinoma:**	
• Interim chemotherapy can be proposed for cephalic lesions. These situations will be discussed case by case to take into consideration the oncological risk and the risk of induced immunodepression, which could be extremely harmful (biliary drainage and malnutrition in particular). • For lesions requiring left splenopancreatectomy, surgery can be proposed in patients at low operative risk (comorbidities, nutritional state), but must otherwise be deferred, with possible interim chemotherapy. These situations will be discussed case by case to take into consideration the oncological risk and the risk of induced immunodepression, which could be extremely harmful.	
For Liver Tumours	
For patients with early liver tumours,	Given the low risk of tumours growth throughout the epidemic, surgery must be deferred
For a lesion amenable to minor hepatic resection,	According to the possibilities of access to surgery and how the epidemic unfolds, surgery can be proposed to patients at low operative risk but must otherwise be deferred.
For a lesion requiring major hepatic resection	Surgery must be deferred, with possible preparation by portal embolization, if necessary, and nutritional preparation. Special attention will be paid to hilar cholangiocarcinoma, as regards septic and nutritional risk.
For patients who are candidates for tumours destruction by thermal ablation,	They can be treated according to the possibilities of access to surgery and interventional radiology facilities and how the epidemic unfolds.