



Rectal cancer: watch and wait approach

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INTRODUCTION

Treatment of locally advanced rectal cancer involves a multidisciplinary approach. The standard care is neoadjuvant chemoradiotherapy followed by total mesorectal excision (TME). In selected patients who achieve clinical, endoscopic and radiological complete or near complete tumor regression after neoadjuvant chemoradiation a narrow follow-up program of watchful waiting (watch and wait approach) could be offered. The potential benefits of this approach (good functional outcome and quality of life) and avoidance of TME with significant morbidity, mortality and functional consequences must be weighed against the potential risk of local tumor regrowth (observed in 30% of patients in 3 years) and risk of distant metastases development (10%).^{1,2} For regrowth, salvage TME is suggested.

METHODS AND RESULTS

From January 2020 until April 2025 49 patients with stage II/III rectal cancer received neoadjuvant chemoradiation (nCRT). All patients were reassessed for treatment response at 8 weeks after nCRT. 9 achieved clinical complete (cCR- endoscopic and radiological evidence of complete tumor regression) were offered watch and wait (W&W) surveillance protocol. A strict follow-up W&W programme based

on Slovenian recommendations for rectal cancer treatment was used.¹ Two patients from this group had a local regrowth at 12 and 15 months after neoadjuvant chemoradiation and underwent salvage TME surgery. Distant metastases have not been observed at this time. Those with incomplete clinical response (iCR) were recommended TME. Long-term organ preservation was achieved in 7 patients.

DISCUSSION AND CONCLUSION

More than 25 years ago Angelita Habr-Gama described complete pathological response that could be clinically and radiologically identified in patients with rectal cancer after nCRT.³ Due to oncological safety concerns the implementation of this treatment strategy into clinical practice was scarce for many years and even now controversy remains. First, there is an inconsistency in cCR definition. In our W&W group only patients with endoscopically and radiologically complete tumor regression were included. Second, local recurrence is observed in 30% of patients in 3 years. In addition, there is 10% risk of distant metastasis and development of local regrowth at any time is a risk factor for distant metastasis.

Tumor regrowth occurred in 22% of patients with cCR at 12 and 15 months after restaging. Both patients underwent successful salvage TME. The data is consistent with the literature.

Neoadjuvant CRT for patients with rectal cancer resulted in long-term organ preservation in 14% of our patients. Watch and wait for patients who developed complete clinical response seems to be oncologically safe with strict surveillance in first 3 years after reassessment in patients with cCR. In case of local regrowth salvage TME surgery must be performed. Distant metastases have not been observed.

FOLLOW UP PROTOCOL⁴

ČAS OD KONCA OBSEVANJA	Digito-rektalni pregled	CEA, CA 19-9	SLIKOVNE PREISKAVE	ENDOSKOPIJA
3 mesece	+	+	MRI	rektoskopija
6 mesecev	+	+	MRI, PET-CT	rektoskopija
9 mesecev	+	+	MRI	rektoskopija
12 mesecev (1 l.)	+	+	MRI, CT	kolonoskopija
15 mesecev	+	+		
18 mesecev	+	+	CT, MRI	rektoskopija
21 mesecev	+	+		
24 mesecev (2 l.)	+	+	CT, MRI	rektoskopija
30 mesecev	+	+	MRI	rektoskopija
36 mesecev (3 l.)	+	+	CT, MRI	rektoskopija
42 mesecev	+	+	MRI	
48 mesecev (4 l.)	+	+	CT, MRI	rektoskopija
54 mesecev	+	+	MRI	
60 mesecev (5 l.)	+	+	CT, MRI	kolonoskopija
72 mesecev (6 l.)	+	+	MRI	rektoskopija
84 mesecev (7 l.)	+	+	MRI	rektoskopija
96 mesecev (8 l.)	+	+		rektoskopija
108 mesecev (9 l.)	+	+		rektoskopija
120 mesecev (10 l.)	+	+		kolonoskopija

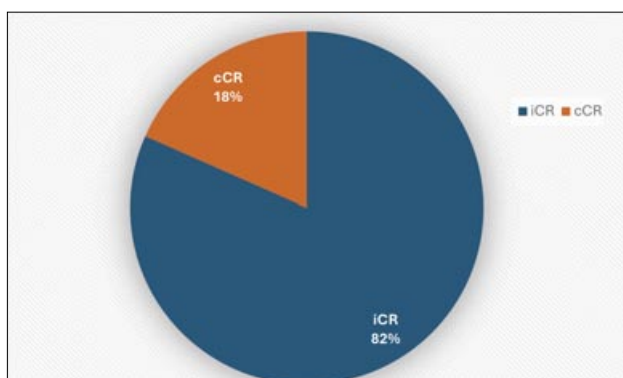


Figure 1: Reassessment at 8 weeks post nCRT.

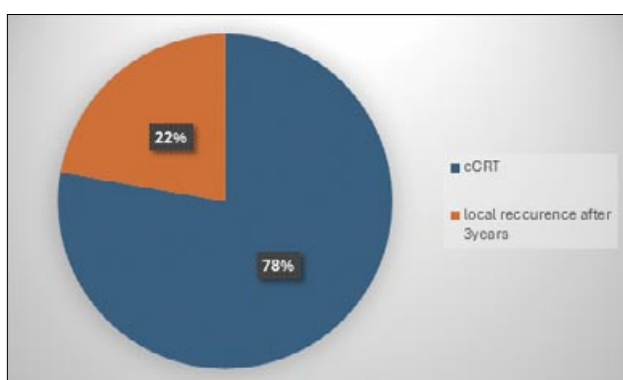


Figure 2: Local regrowth in cCR after 3 years.

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