Watch and wait strategy for rectal cancer?
DISCLOSURE OF INTEREST

- No disclosures.
Watch and wait strategy for rectal cancer?

- A 81 years-old woman, ECOG PS 1.

  - **Previous medical history:** diabetes mellitus type 2, arterial hypertension, dyslipidaemia, atrial fibrillation, osteoporosis, depressive disorder
  - No relevant family history.

  - **Symptoms:** Rectal bleeding
    - Colonoscopy 03/2016: ulcerative lesion, occupying 2/3 of the circumference of distal rectum - biopsies. Histology: adenocarcinoma
    - TA CT scan 04/2016: no distant metastasis.
    - Pelvic MRI 04/2016: stage cT3aN1 (mesorectal fascia?)
    - CEA 04/2016: 4.95 ng/ml

  - **Diagnosis:** Distal rectal adenocarcinoma

  ➢ **Multidisciplinary Tumour Board:** Neoadjuvant chemoradiation (CRT)
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**Neoadjuvant chemoradiation with capecitabine (25% dose reduction due to frailty criteria) between 08/06/2016 and 15/07/2016, 50.4Gy/28fr, IMRT.**

- **Toxicities:** Asthaenia G2, nausea G1, emesis G1. No haematological toxicity.
  - ECOG PS 1. No rectal bleeding.
  - Pelvic MRI 18/08/2016 (4 weeks after CRT): area of fibrosis and desmoplastic reaction in the rectum, apparently no viable tumor.
  - CEA 2.63 ng/ml

- **Multidisciplinary Tumour Board 08/2016:** surgery
  - The patient refused surgery.

- **Multidisciplinary Tumour Board 09/2016:** Colonoscopy with biopsies. Clinical and imaging surveillance every 3 months if clinical complete response.

Adjuvant ChT ?
Watch and wait strategy for rectal cancer?

- November 2016:
  - **No digestive symptoms.** ECOG PS 1.
  - **Digital Rectal Examination (DRE):** no suspicious lesions
  - **Proctosigmoidoscopy:** cicatricial area in the rectum - biopsies. Histology: inflammation.
  - **Pelvic MRI:** Thickening area in the rectum probably related to fibrosis
  - **CEA** 3.39 ng/ml
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February 2017
- No digestive symptoms. ECOG PS 1.
- Digital Rectal Examination (DRE): no suspicious lesions.
- Pelvic MRI: complete response to treatment and stable thickening area
- TA CT scan: no evidence of distant metastasis
- CEA 2.28 ng/ml

June 2017
- No digestive symptoms. ECOG PS 1.
- Colonoscopy: normal
- Pelvic MRI: complete response to treatment and stable thickening area
- CEA 3.49 ng/ml

September 2017
- No digestive symptoms. ECOG PS 1.
- The patient refused DRE.
- Pelvic MRI: stable thickening area
- TA CT scan: no evidence of suspected metastatic lesions
- CEA 3.2 ng/ml

Free of recurrence
Watch and wait strategy for rectal cancer?

January 2018

- No digestive symptoms. ECOG PS 1.
- Proctosigmoidoscopy: normal
- Pelvic MRI: stable thickening area
  - CEA 3.1 ng/ml

After completing 2 years of follow-up:

- Clinical surveillance 3/3 months
  - CEA 3/3 months
  - DRE 3/3 months
  - Pelvic MRI 3/3 months
  - Proctosigmoidoscopy annual
  - Thoraco-abdominal CT scan annual

Until now, patient remains without evidence of relapse.
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Some questions...

- Adjuvant chemotherapy after clinical complete response?
- How to identify optimal candidates for this approach? What selection criteria?
- What is optimal follow-up for this patients?
Thank you for your attention.