A Beneficência Portuguesa de São Paulo

A&J institute

Organ Preservation in Rectal CA: How and for whom?

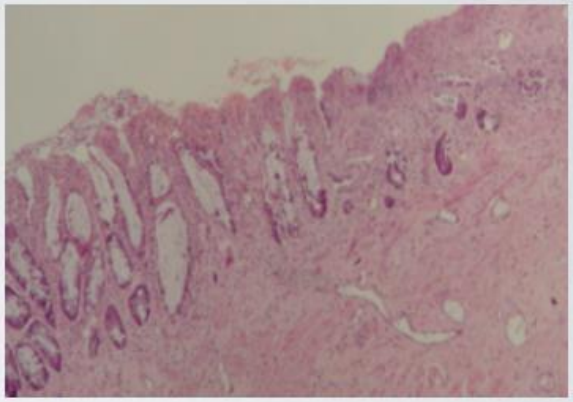
Rodrigo Oliva Perez
Instituto Angelita & Joaquim Gama
University of São Paulo Brazil

Effects of Neoadjuvant CRT in Rectal Cancer

Downsizing & Downstaging

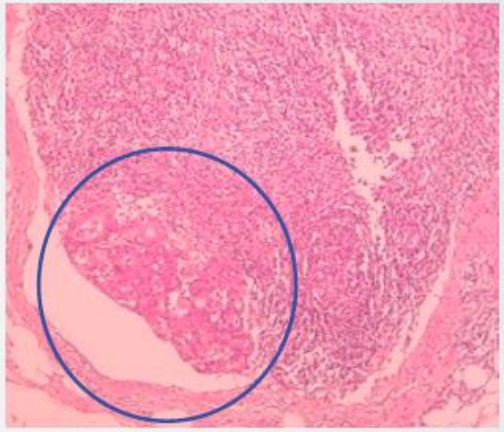
Primary tumor (T)

↓ depth of tumor penetration (ypT)
↓ final tumor size



Perirectal lymph nodes (ypN)

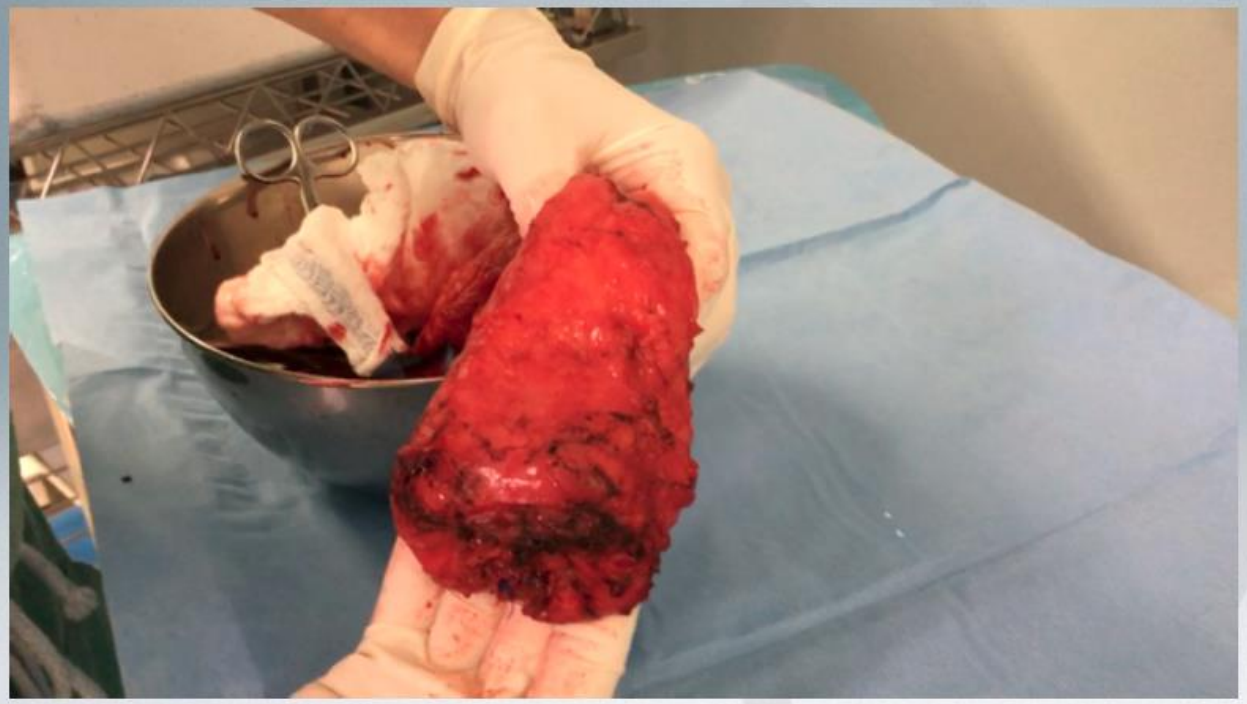
↓ rates of stage III disease

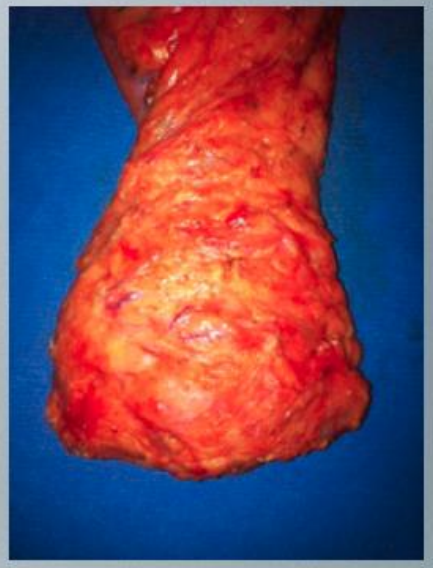


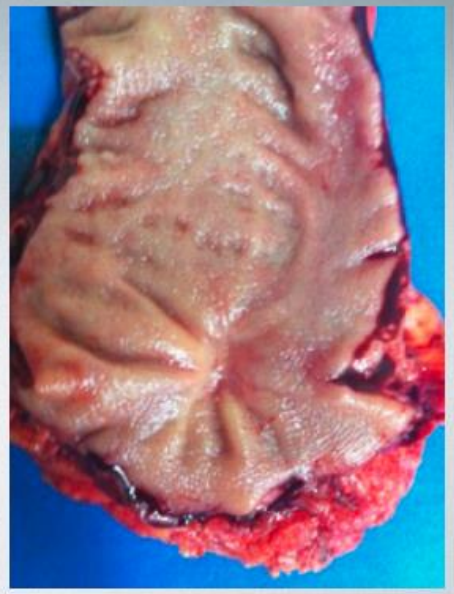
up to 42% of cases with complete tumor regression

Management of Rectal Cancer

Radical Surgery for all patients after Neoadjuvant CRT?

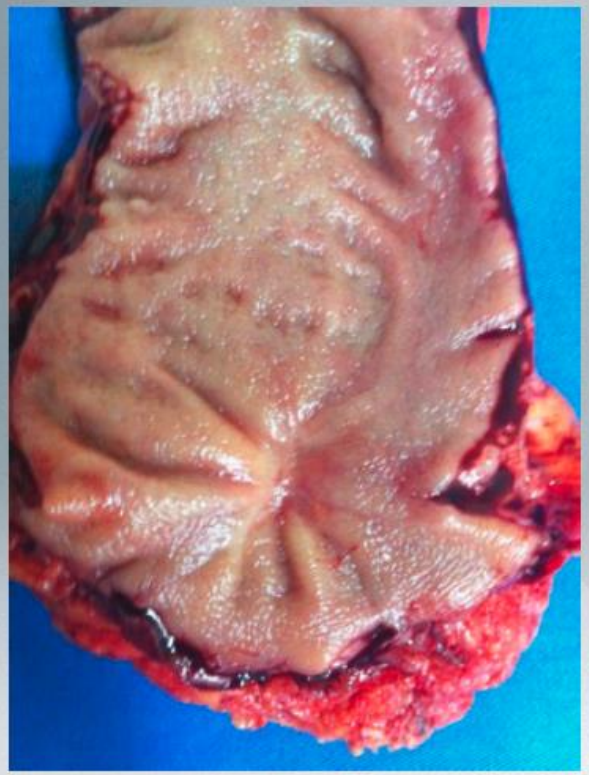


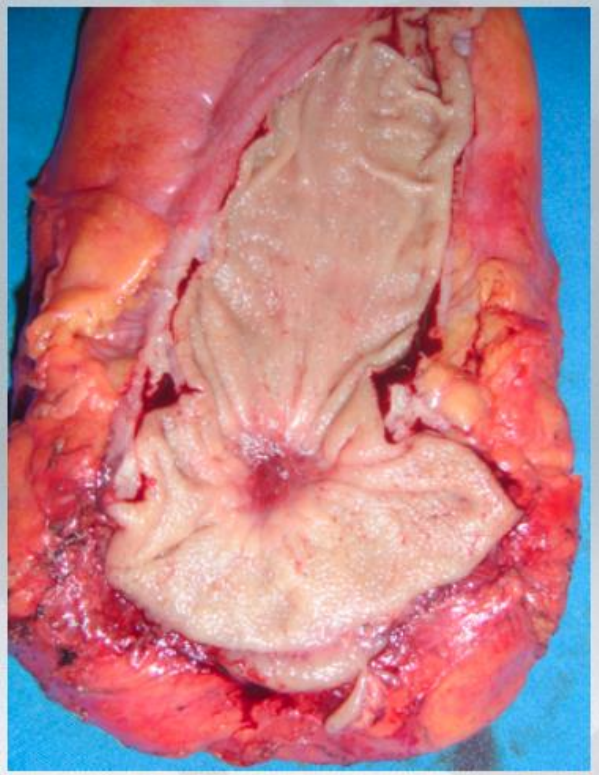


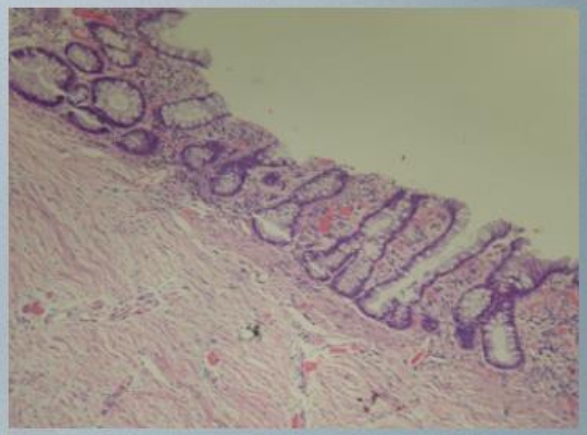


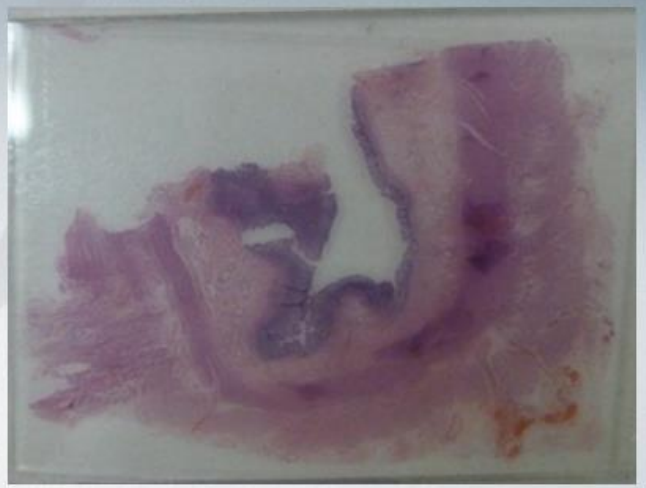
Management of Rectal Cancer

Radical Surgery for all?







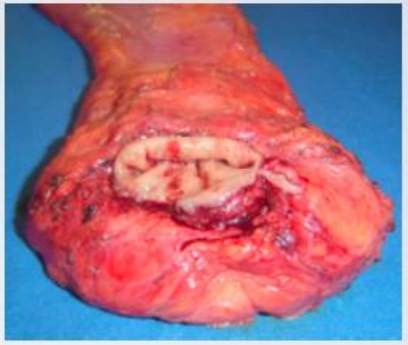


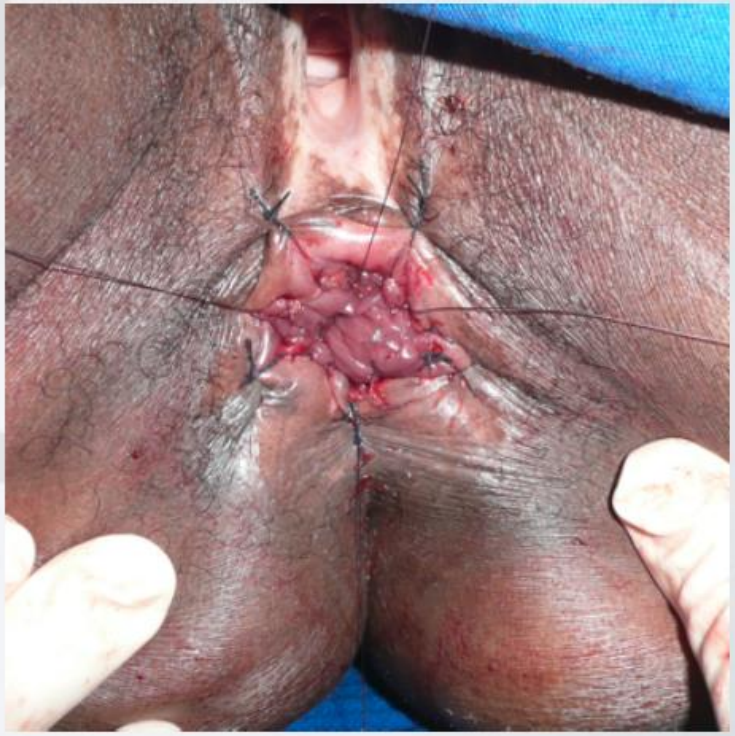
Complete Pathological Response

Management of Rectal Cancer

Radical Surgery for all?

Overall Morbidity	38%
Mortality	2-3%
Urinary Dysfunction	20%
Sexual Dysfunction	15%
Fecal Incontinence	20%
APR requirement	>10%
Stoma (temporary)	>50%
Recurrence	8-40%





cCR e Watch & Wait

Morbidity & Mortality

ORIGINAL CONTRIBUTION

DCR 2015

Avoiding Radical Surgery Improves Early Survival in Elderly Patients With Rectal Cancer, Demonstrating Complete Clinical Response After Neoadjuvant Therapy: Results of a Decision-Analytic Model

Fraser McLean Smith, B.Sc. (Hons.), M.D., F.R.C.S.I.[1] • Christopher Rao, M.R.C.S.[2]
Rodrigo Oliva Perez, M.D.[3,4] • Krzysztof Bujko, M.D.[5] • Thanos Athanasiou, F.R.C.S.[2]
Angelita Habr-Gama, M.D.[3] • Omar Faiz, F.R.C.S.[2,6]

Table 2. Ninety-day mortality data after proctectomy derivative of Hospital Episode Statistics database

	Charlson <3						Charlson >3					
					Parameter for β distribution						Parameter for β distribution	
Age, y	90-day mortality, %	Total no. of patients	Representative mean mortality[a]	Representative SE[a]	α	β	90-day mortality, %	Total no. of patients	Representative mean mortality[a]	Representative SE[a]	α	β
<61	49	4086	1.2	0.003	49	4037	47	1739	2.7	0.009	47	1692
61–70	130	5186	2.5	0.003	130	5056	133	2764	4.8	0.008	133	2631
71–80	271	4883	5.5	0.005	271	4612	242	2613	9.3	0.011	242	2371
>80	179	1512	11.8	0.021	179	1333	129	785	16.4	0.047	129	656

Mortality: >16% in >80yrs & Charlson >3

Surgical Management of Rectal Cancer

Functional Outcomes

ORIGINAL CONTRIBUTION

DCR 2011

Risk Factors for Fecal Incontinence After Intersphincteric Resection for Rectal Cancer

Quentin Denost, M.D.[1] • Christophe Laurent, M.D., Ph.D.[1]
Maylis Capdepont, C.R.A.[1] • Frank Zerbib, M.D., Ph.D.[2] • Eric Rullier, M.D.[1]

1 Department of Digestive Surgery, CHU Bordeaux, Saint André Hospital, Université Victor Segalen, Bordeaux, France
2 Department of Gastroenterology, CHU Bordeaux, Saint André Hospital, Université Victor Segalen, Bordeaux, France

Questionnaires
>1yr from TME & ISR
101/125 patients responded (80%)

Outcome	N=101
Difficult Evacuation	89%
Score (Wexner) ≤10	**48%**
Score (median score)	11

→ Dysfunction

Management of Rectal Cancer

Radical Surgery for all?

No!

"Is it acceptable to submit a patient to a considerably morbid procedure without removing a single cancer cell?"

Angelita Habr-Gama

Assessment of Tumor Response

Basic Principle of the WW!

RESEARCH LETTER

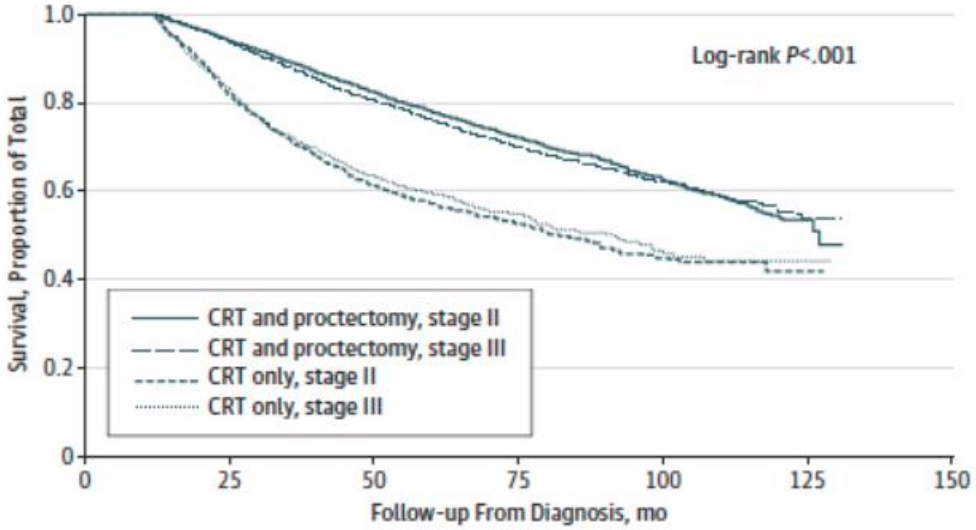
JOURNAL OF CLINICAL ONCOLOGY | ORIGINAL REPORT

Long-term Survival After Chemoradiotherapy Without Surgery for Rectal Adenocarcinoma: A Word of Caution

National Trends in Nonoperative Management of Rectal Adenocarcinoma

Clayton Tyler Ellis, Cleo A. Samuel, and Karyn B. Sitzenberg

Figure. Unadjusted Overall Survival of Patients With Rectal Cancer by Treatment Type and Stage of Disease



JAMA Oncology Published online October 20, 2016

Assessment of Tumor Response

Basic Principle of the WW!

RESEARCH LETTER

Long-term Survival After Chemoradiotherapy Without Surgery for Rectal Adenocarcinoma: A Word of Caution

JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

National Trends in Nonoperative Management of Rectal Adenocarcinoma

Figure. (

JOURNAL OF CLINICAL ONCOLOGY

No Surgery After Chemoradiation Is Not Equal to Nonoperative Management After Complete Clinical Response and Chemoradiation

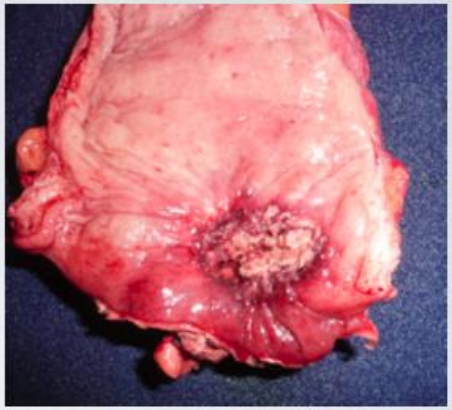
2016

The Basic Principle of Assessment of Response

Why?

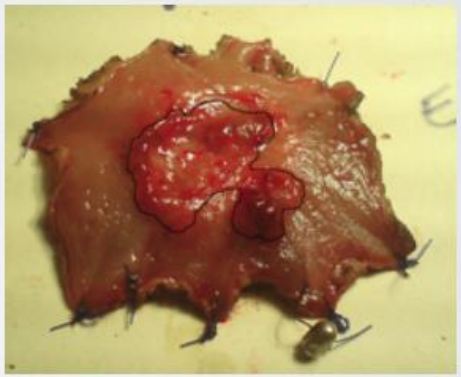
Radical Surgery...
(APR or LAR)

NO Response



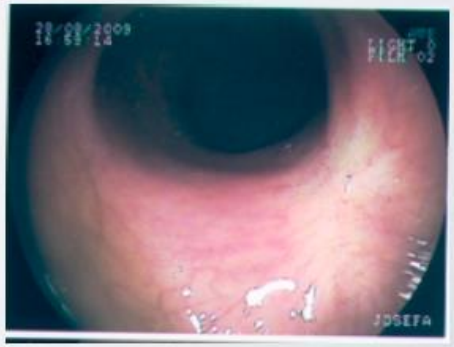
Local Excision

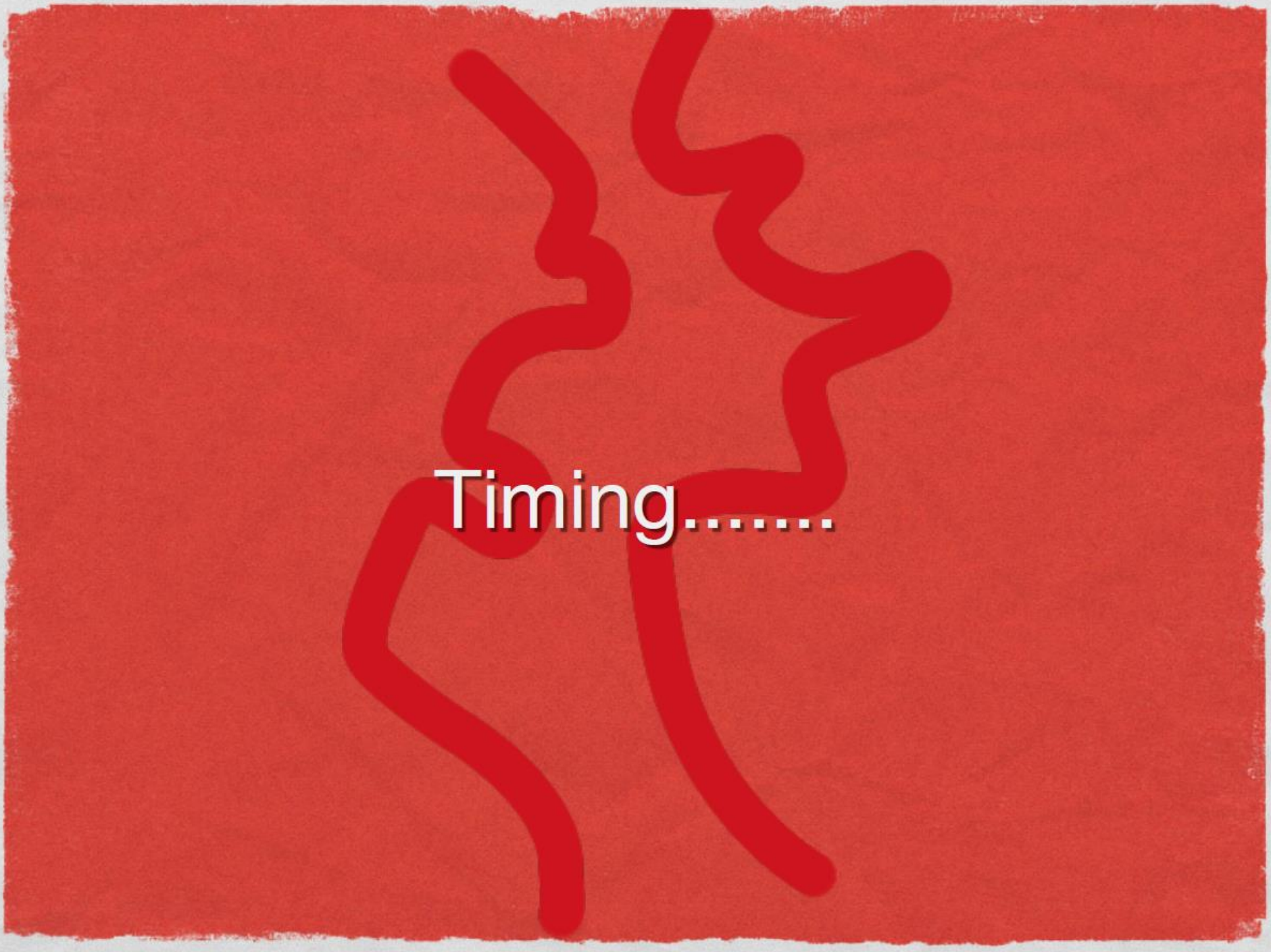
Near Complete



Watch & Wait
No immediate surgery

Complete Response




Timing.....

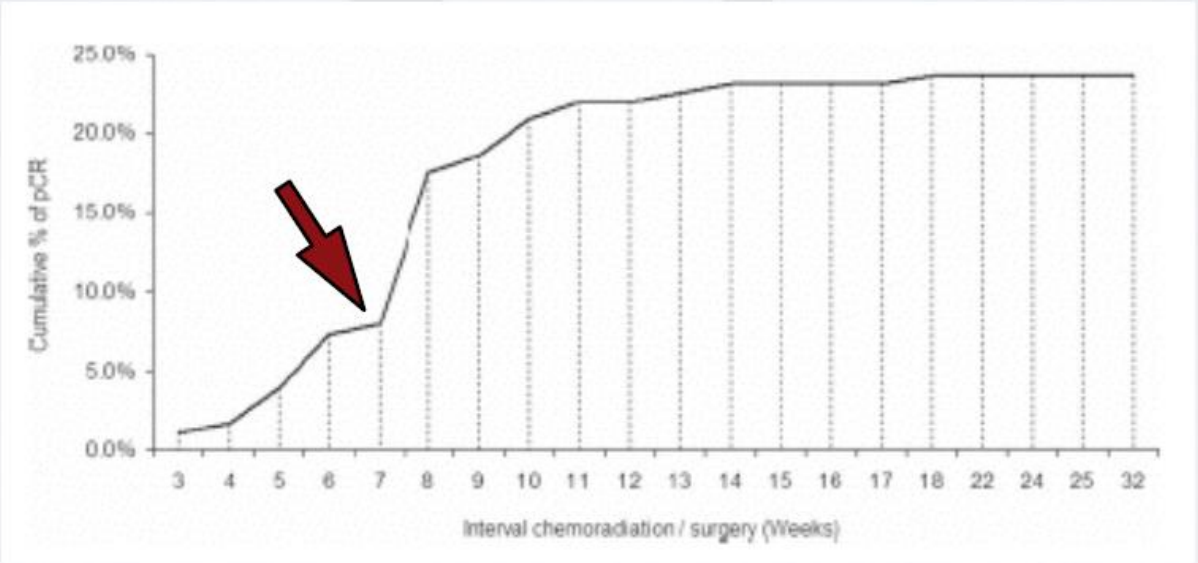
Assessment of Tumor Response

When?

ORIGINAL ARTICLES Ann Surg 2009

Predictive Factors of Pathologic Complete Response After Neoadjuvant Chemoradiation for Rectal Cancer

Matthew F. Kalady, MD,† Luiz Felipe de Campos-Lobato, MD,* Luca Stocchi, MD,* Daniel P. Geisler, MD,* David Dietz, MD,* Ian C. Lavery, MD,* and Victor W. Fazio, MD**



Increase in CR rates after 7wks

Assessment of Tumor Response

When?

ORIGINAL ARTICLES — *Ann Surg 2009*

Predictive Factors of Pathologic Complete Response After Neoadjuvant Chemoradiation for Rectal Cancer

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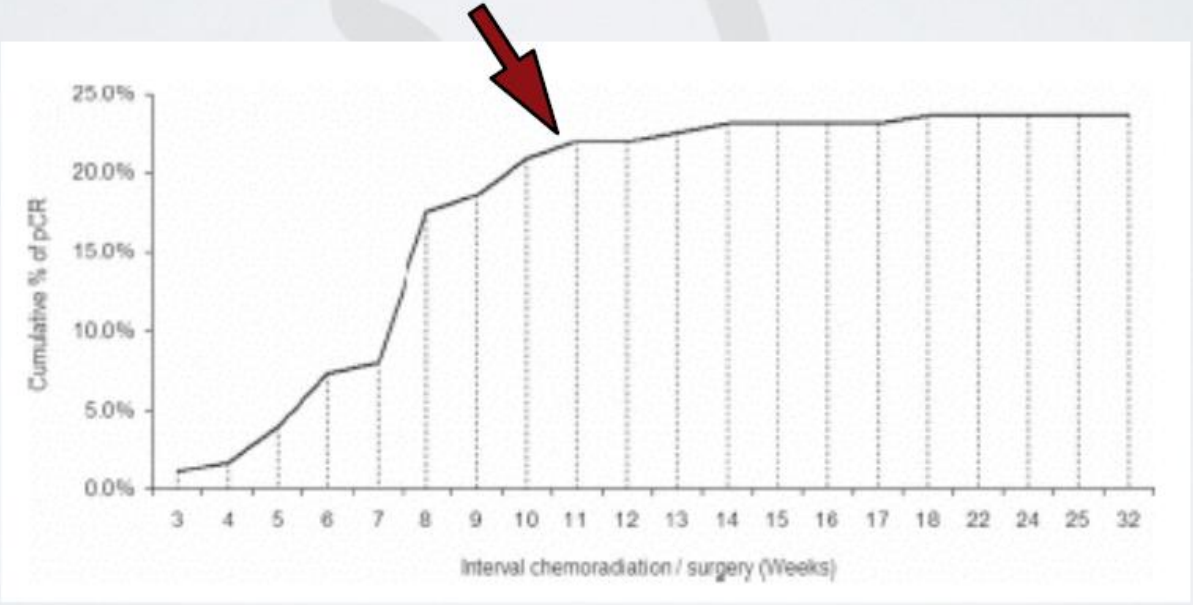
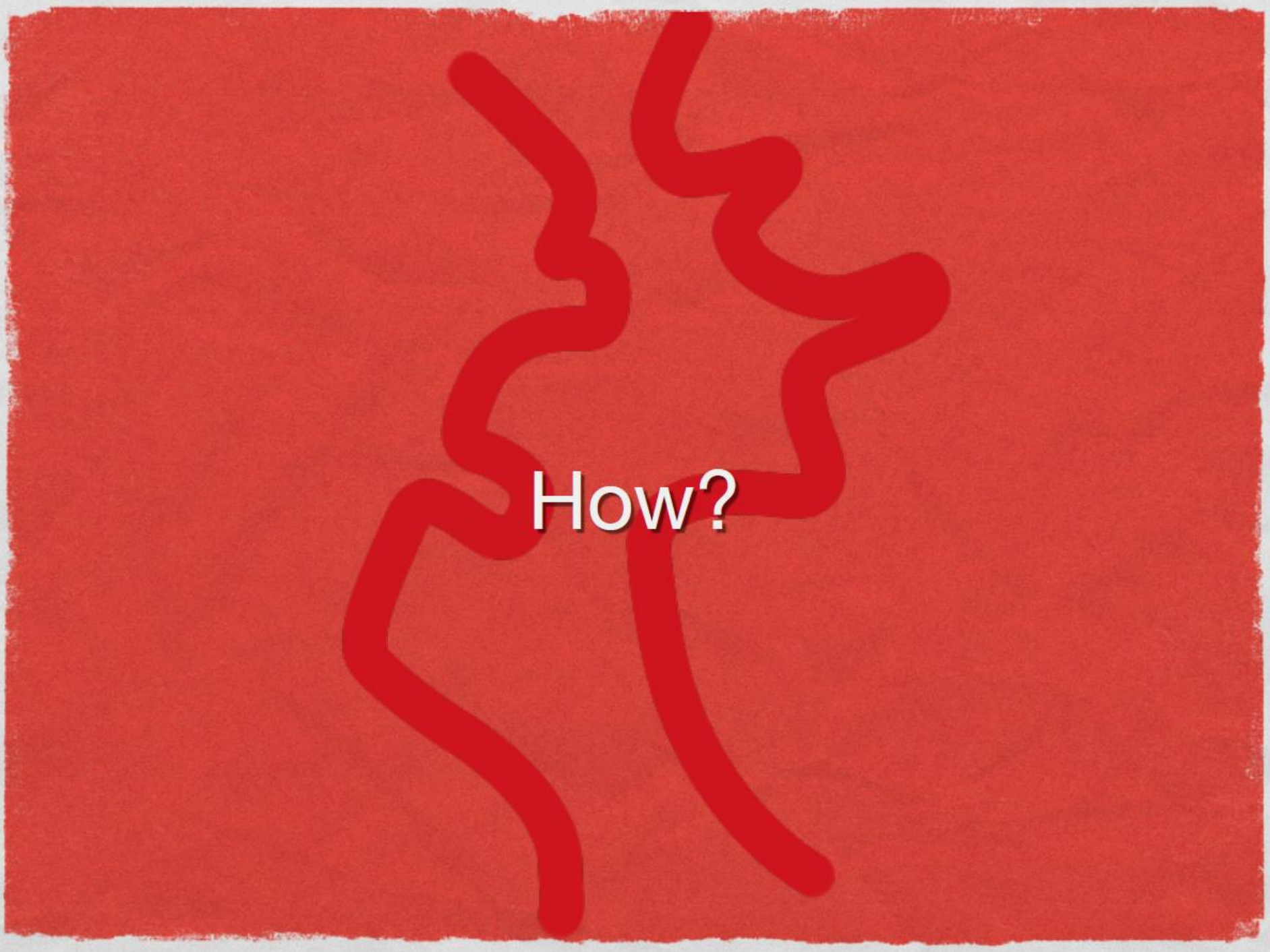


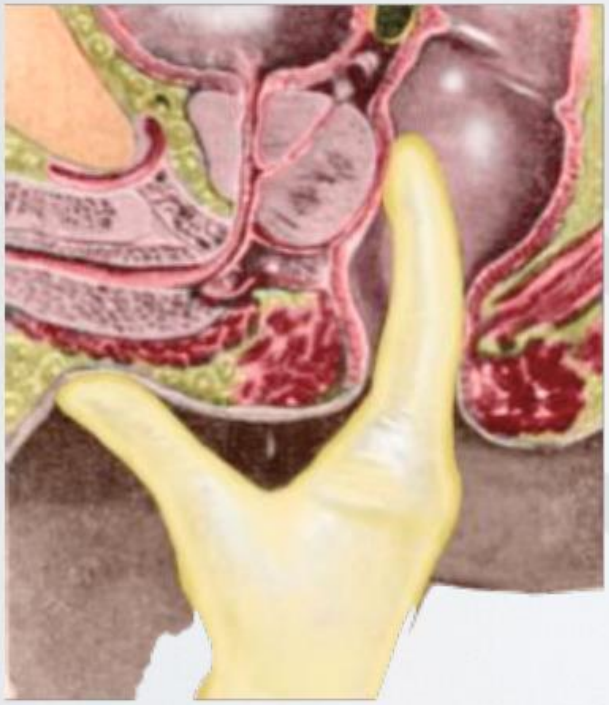
Stabilization after 12 wks


How?

Assessment of Tumor Response

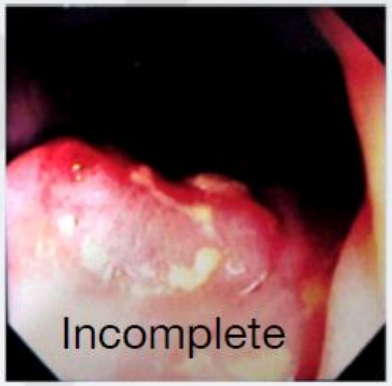
How?

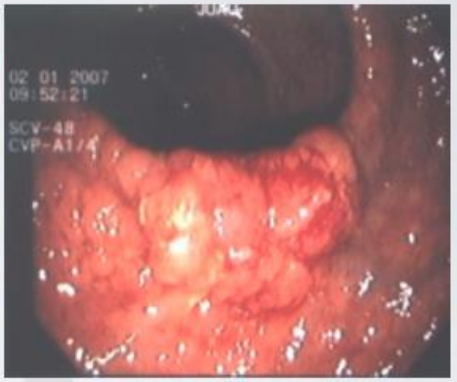
Clinical Symptoms

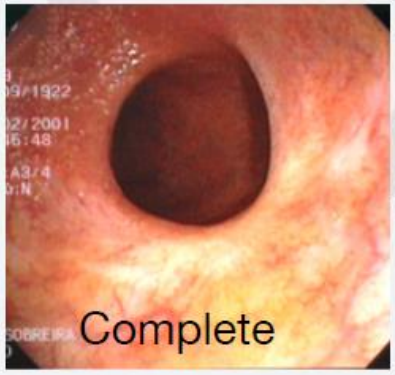


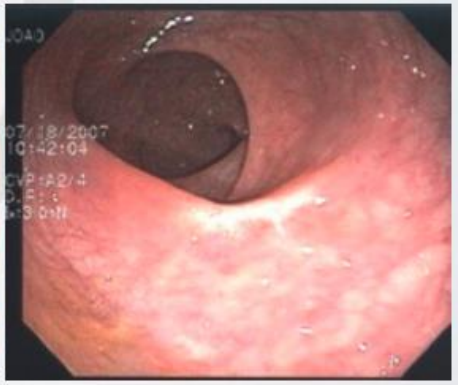
DRE

Endoscopy





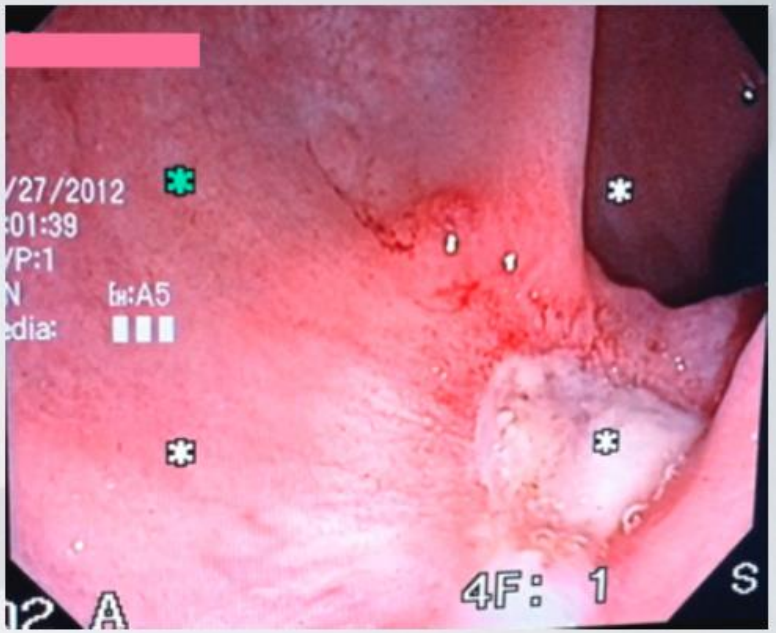




Assessment of Response

The Role of Endoscopic Biopsies

Patients with significant tumor downsizing after CRT (>30%)



	Incomplete Pathological Response	Complete Pathological Response (pCR)	Total
Positive Biopsy	25	0	25
Negative Biopsy	11	3	14
Total	**36**	**3**	**39**

Positive Bx = Residual Cancer

Assessment of Response

The Role of Endoscopic Biopsies

Patients with significant tumor downsizing after CRT (>30%)

Original article doi:10.1111/j.1463-1318.2011.02761.x

Role of biopsies in patients with residual rectal cancer following neoadjuvant chemoradiation after downsizing: can they rule out persisting cancer?

R. O. Perez*†, A. Habr-Gama†, G. V. Pereira‡, P. B. Lynn†, P. A. Alves*†, I. Proscurshim*†, V. Rawet§ and J. Gama-Rodrigues†

*Colorectal Surgery Division, University of São Paulo, School of Medicine, †Angelita & Joaquim Gama Institute, ‡Northeast National University, Argentina and § Department of Pathology, University of São Paulo, School of Medicine

Colorectal Dis 2011

	Incomplete Pathological Response	Complete Pathological Response (pCR)	Total
Positive Biopsy	25	0	25
Negative Biopsy	11	3	14
Total	**36**	**3**	**39**

Negative Biopsy ≠ Complete Response

NPV=21%

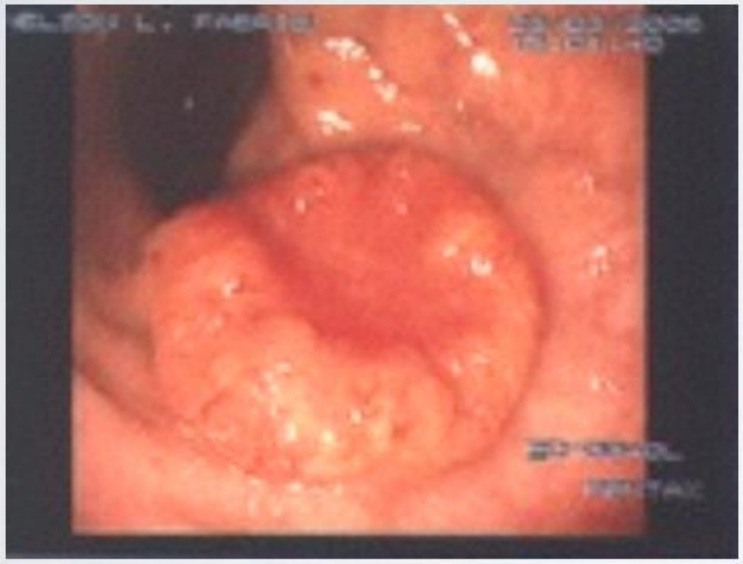
Endoscopic Findings

What should be considered a Complete Clinical Respose and not warrant imediate excision?

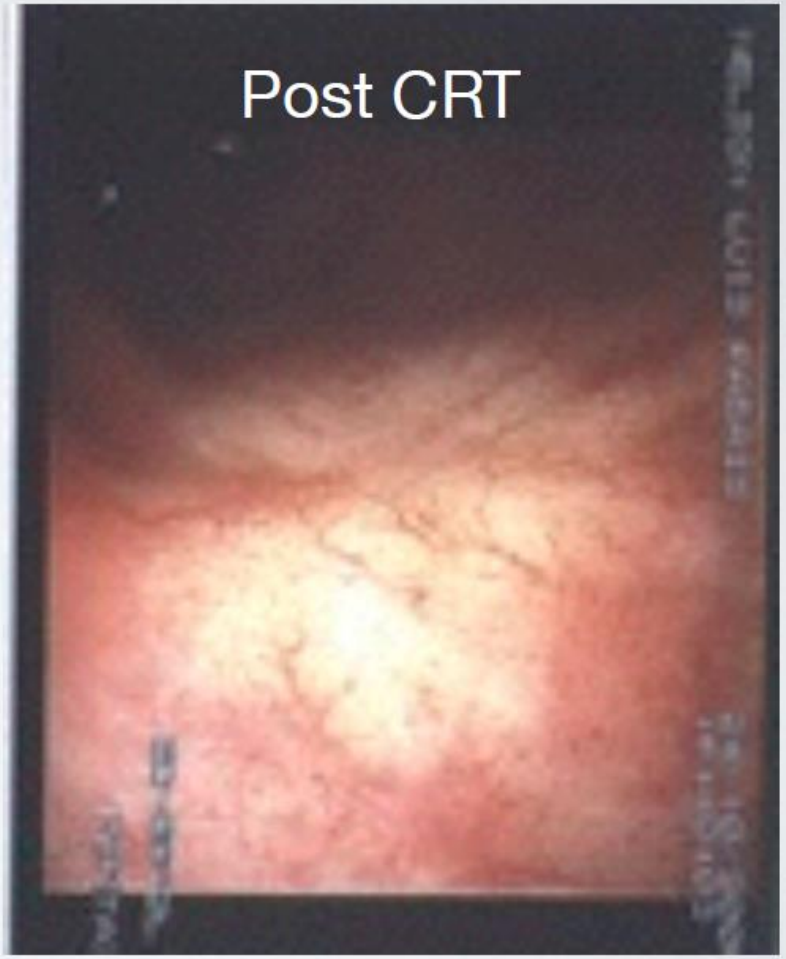
Assessment of Response

Clinical Findings - What may not warrant prompt excision?

Pre CRT



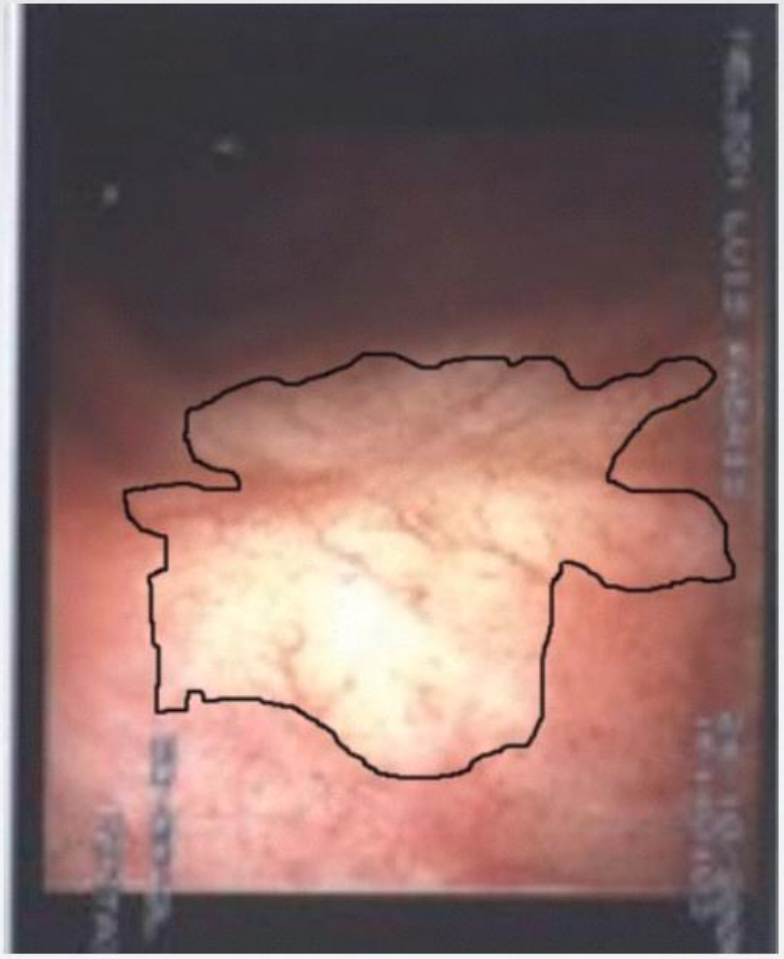
Post CRT



No nodule, No ulcer

Assessment of Response

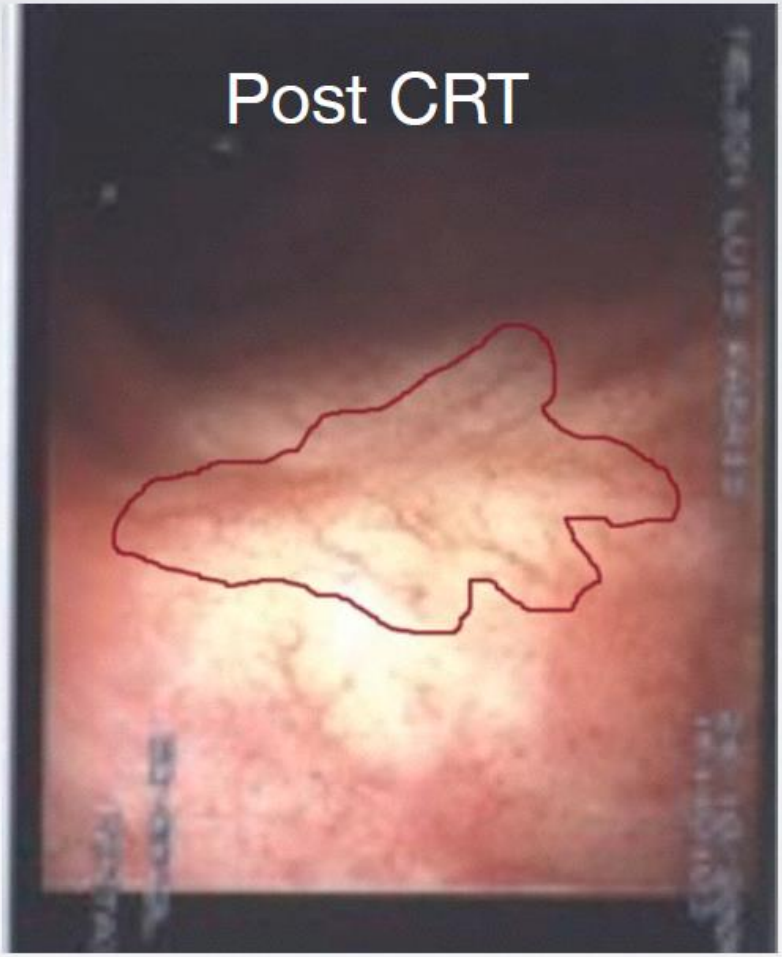
Clinical Findings - What may not warrant prompt excision?



Area of whitening of the mucosa is OK

Assessment of Response

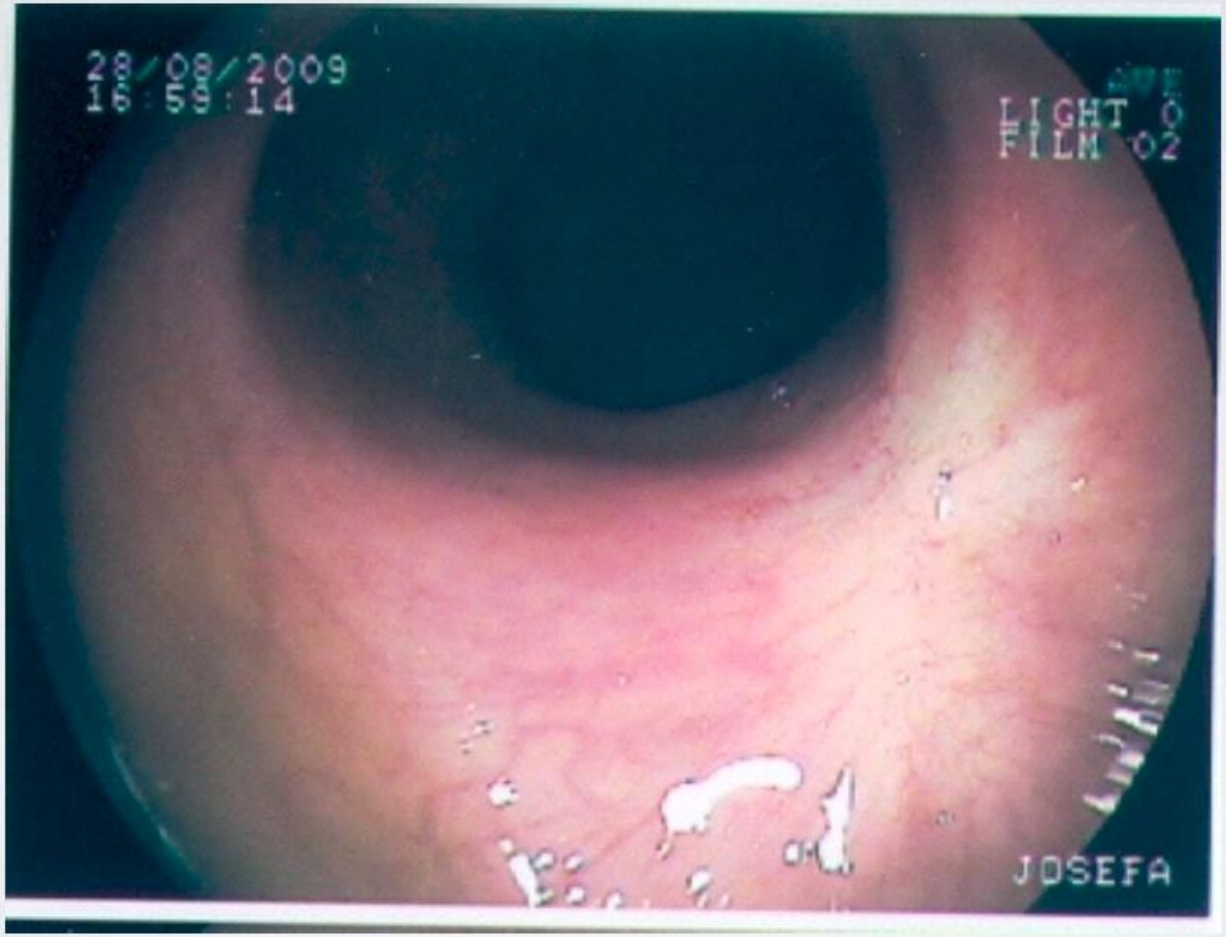
Clinical Findings - What may not warrant prompt excision?



Telangiectasia is OK

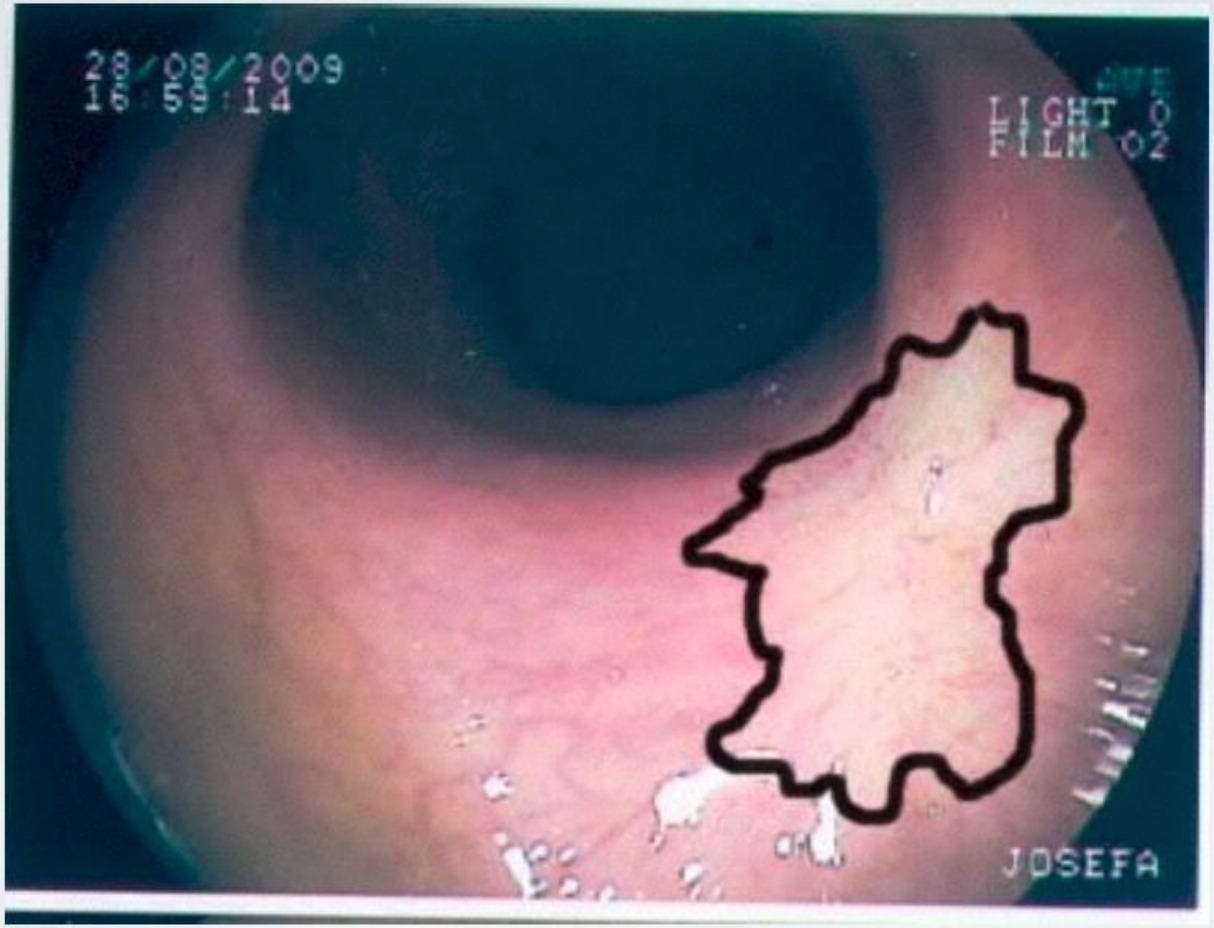
Assessment of Response

Clinical Findings - What may not warrant prompt excision?



Assessment of Response

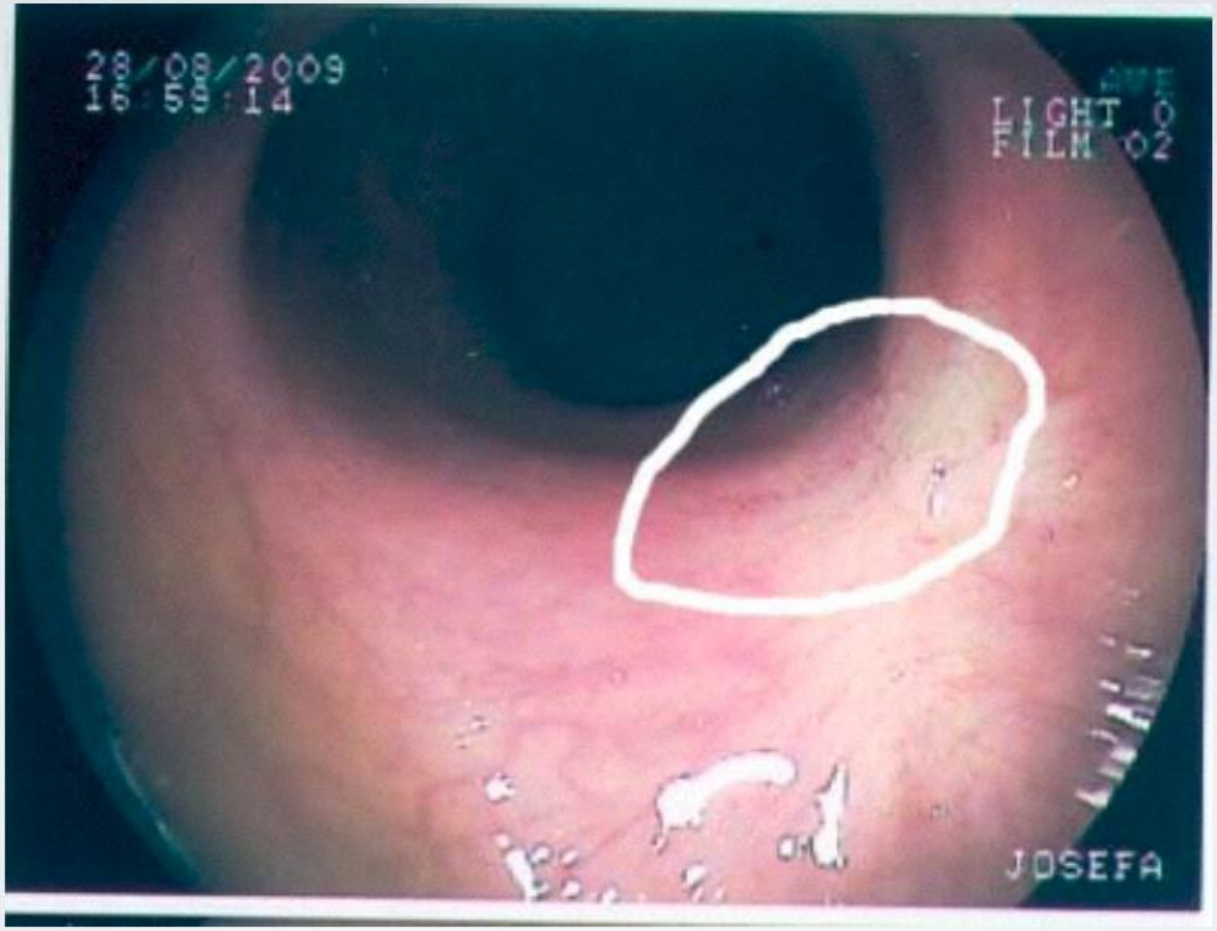
Clinical Findings - What may not warrant prompt excision?



Area of whitening of the mucosa is OK

Assessment of Response

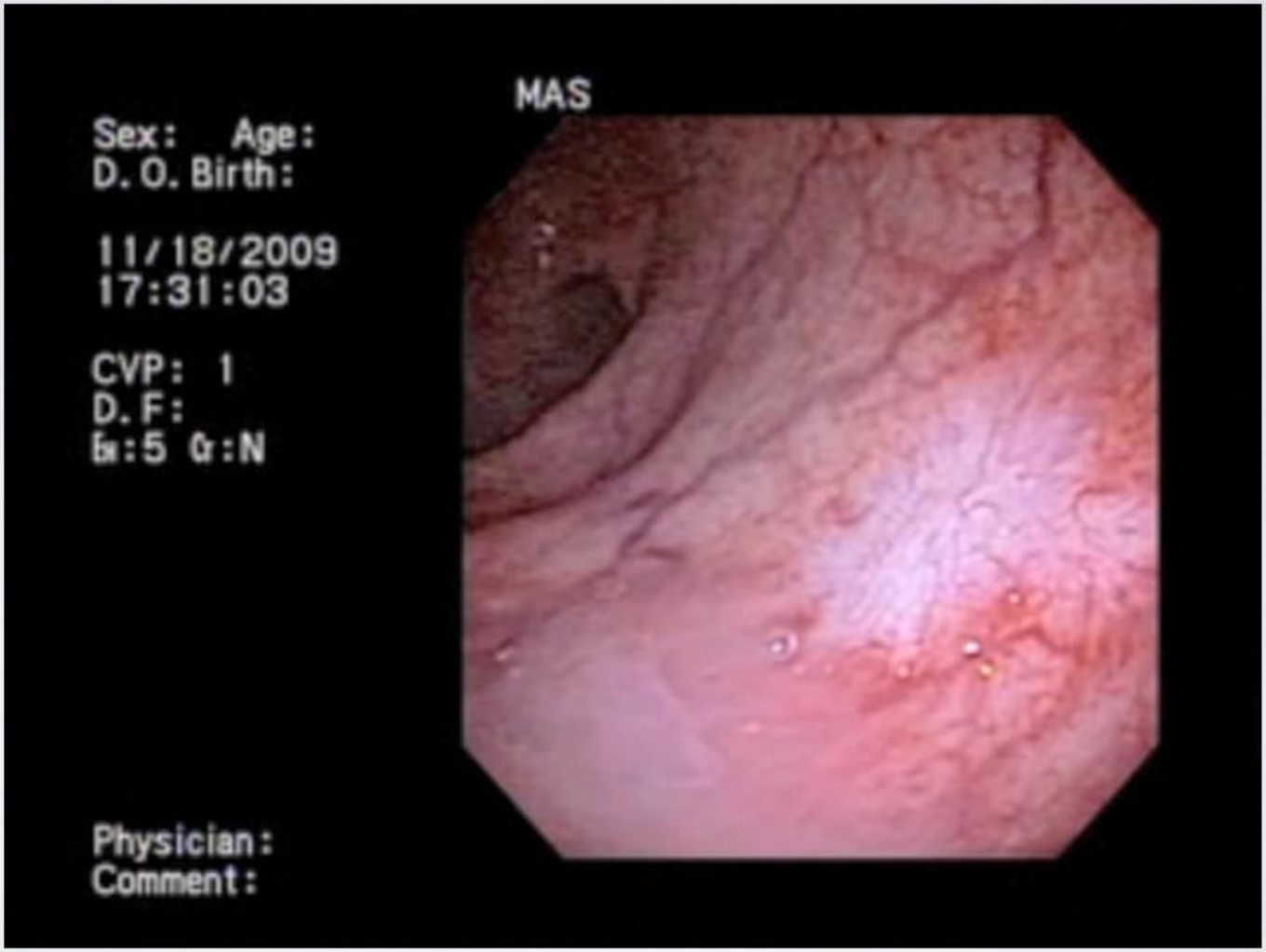
Clinical Findings - What may not warrant prompt excision?



Presence of telangiectasia is OK

Assessment of Response

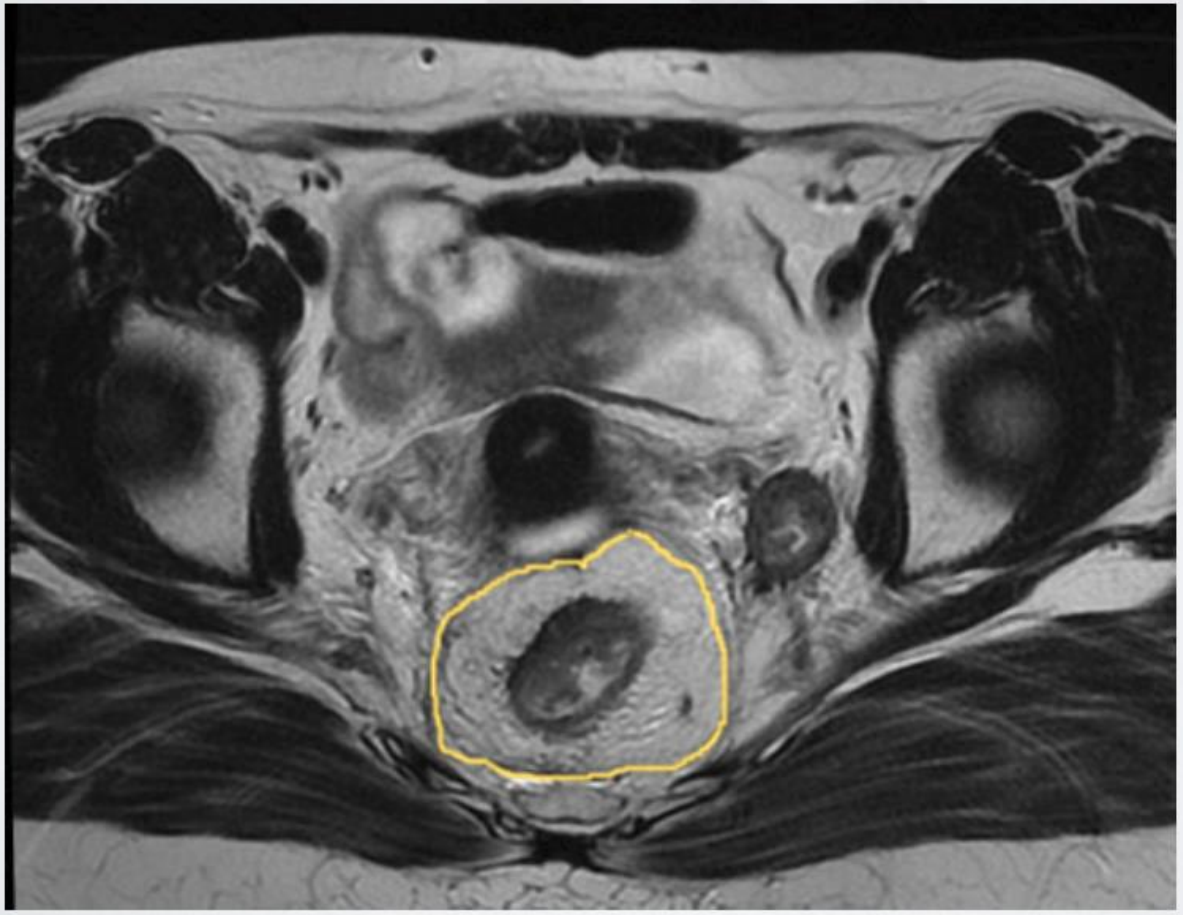
Clinical Findings - What may not warrant prompt excision?



Assessment of Response

Radiological Studies

Ruling out extra-rectal/nodal residual disease?



Assessment of Response

Radiological Studies

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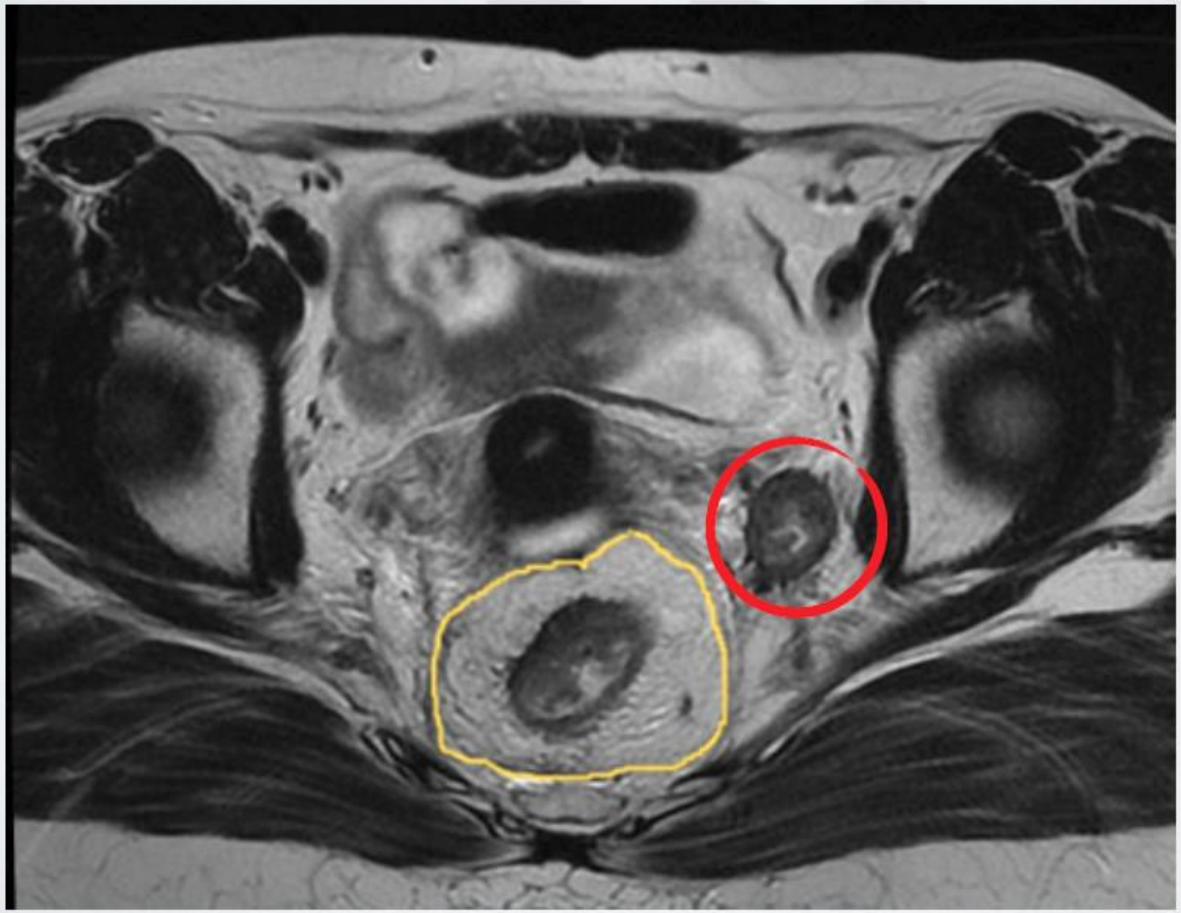
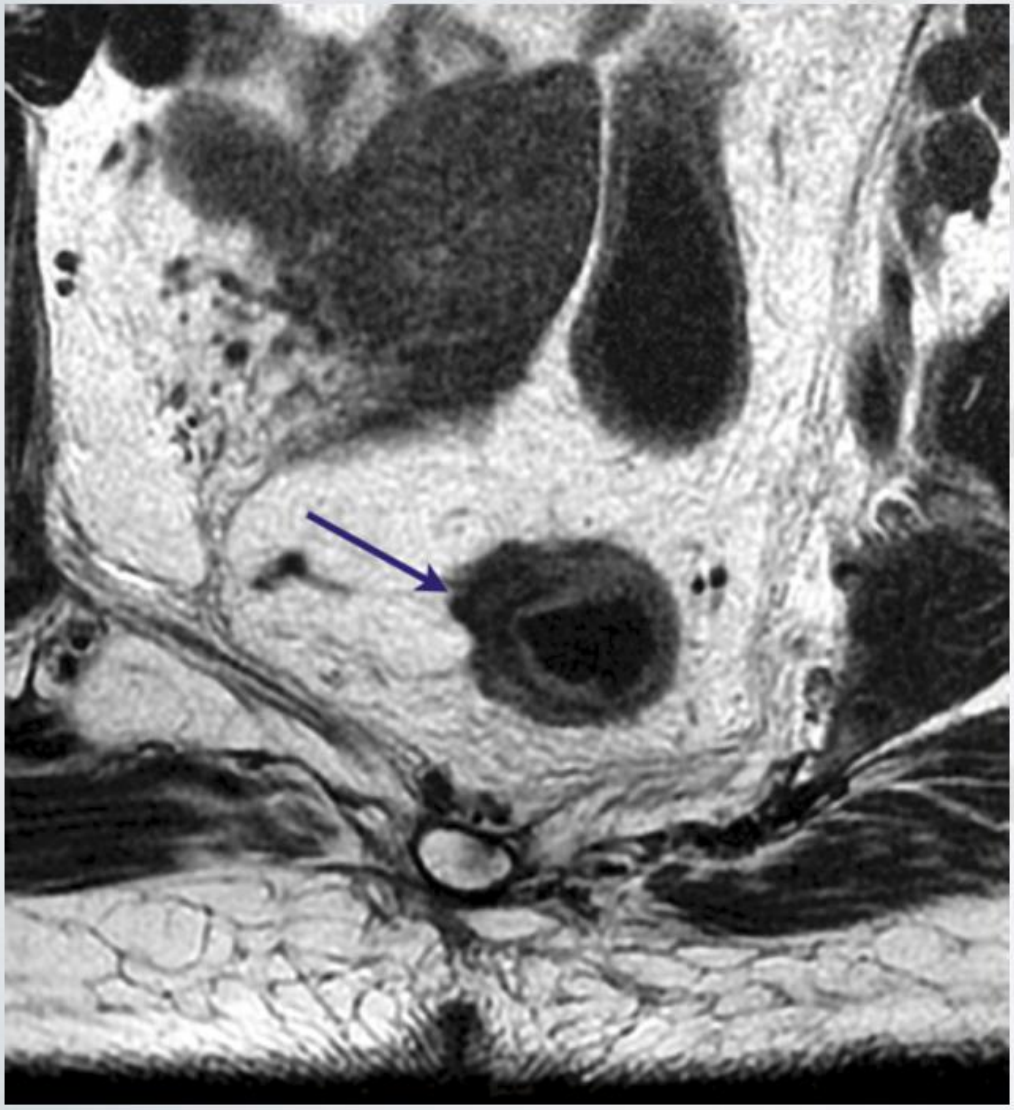


Assessment of Response

MR findings



Ann Surg Oncol (2012) 19:2842–2852
DOI 10.1245/s10434-012-2309-3

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

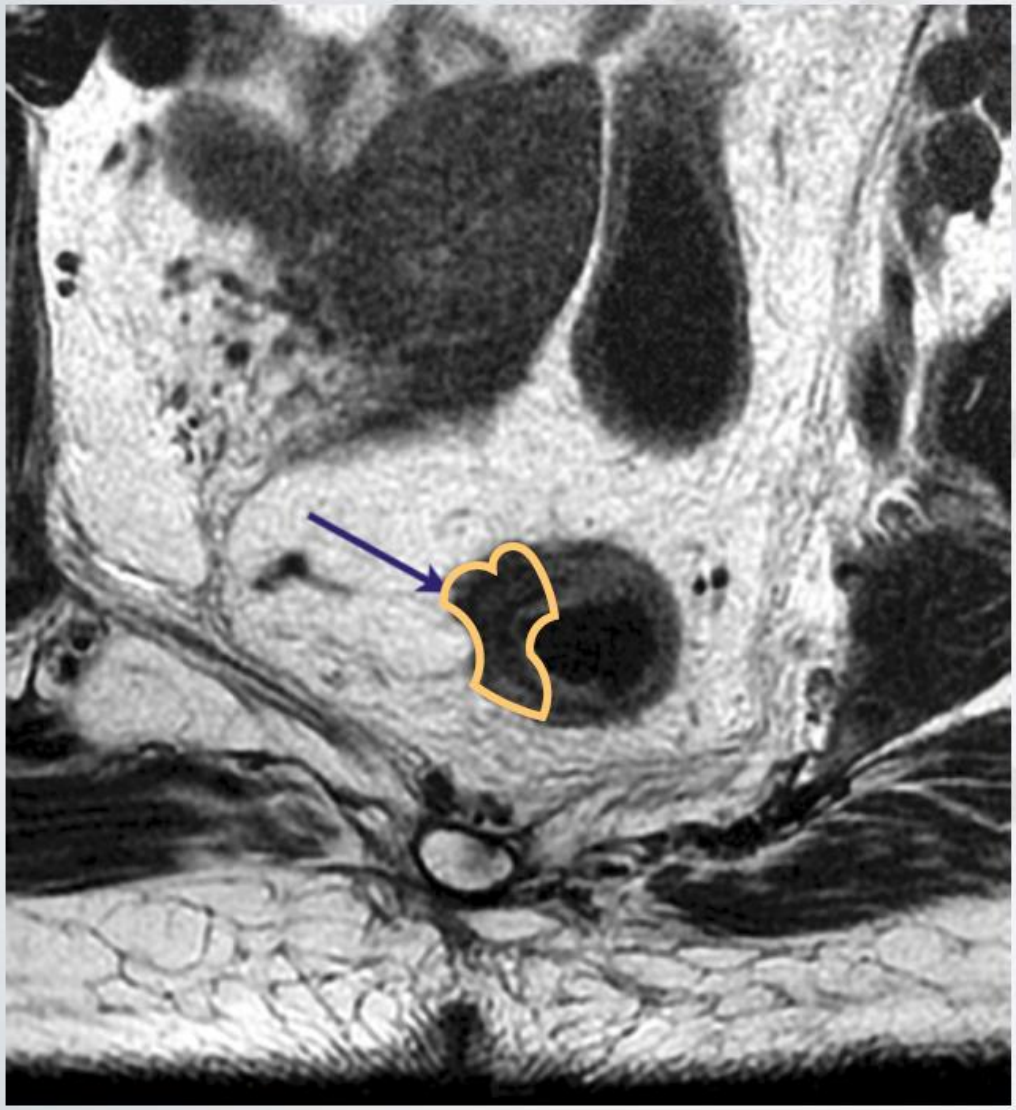
ORIGINAL ARTICLE – COLORECTAL CANCER

Comparison of Magnetic Resonance Imaging and Histopathological Response to Chemoradiotherapy in Locally Advanced Rectal Cancer

Uday Bharat Patel, MBBS[1], Gina Brown, FRCR, MD[1], Harm Rutten, MD, PhD[2], Nicholas West, MBChB[3], David Sebag-Montefiore, FRCR,FRCP[4], Robert Glynne-Jones, FRCR, FRCP[5], Eric Rullier, MD[6], Marc Peeters, MD, PhD[7], Eric Van Cutsem, MD, PhD[8], Sergio Ricci, MD, PhD[9], Cornelius Van de Velde, MD, PhD[10], Pennert Kjell[1], and Philip Quirke, FRCPath, PhD[3]

Assessment of Response

MR findings



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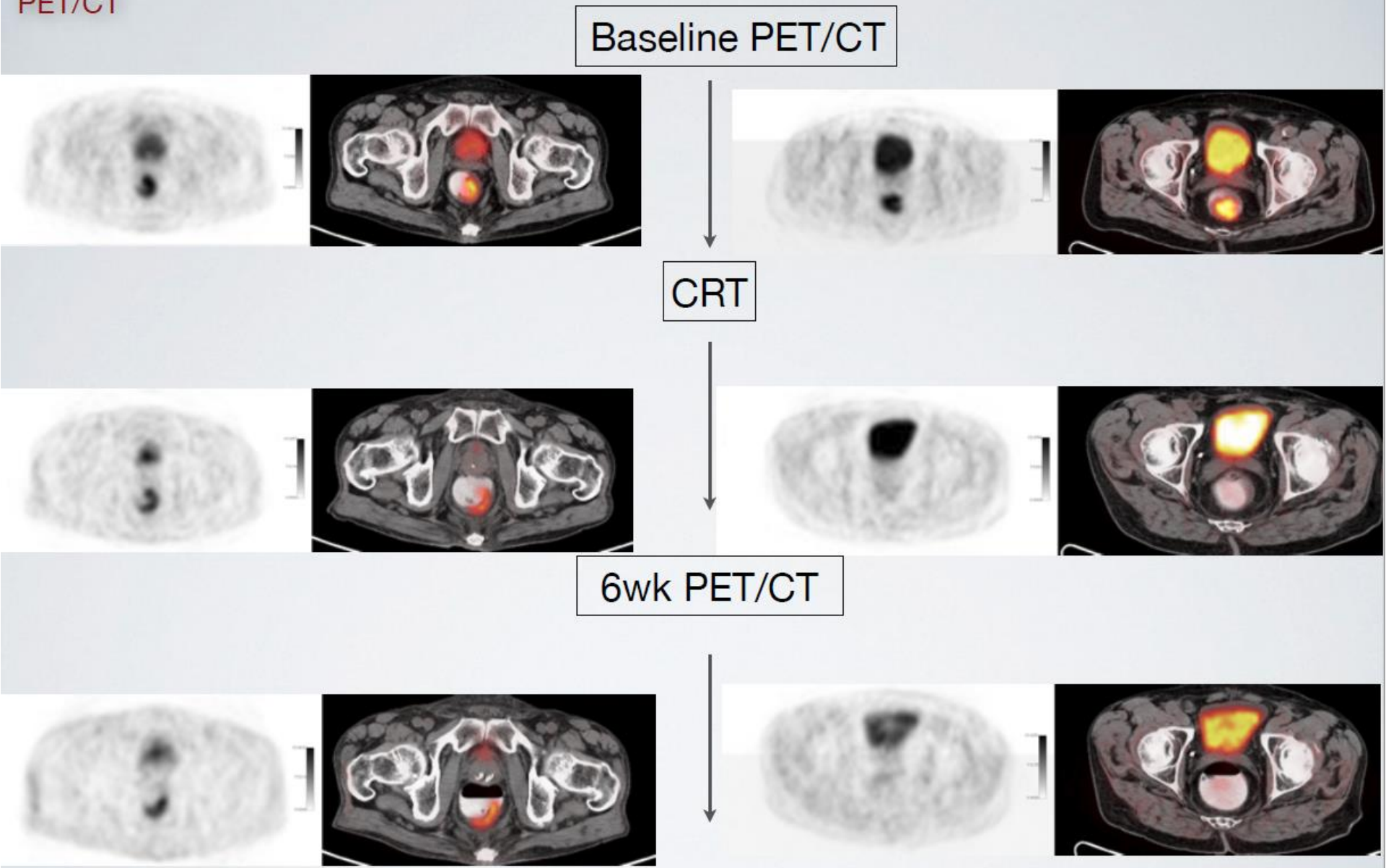
Assessment of Response

PET/CT



Perez et al. Cancer 2011

Assessment of Response

PET/CT Study Results

Original Article

Accuracy of Positron Emission Tomography/Computed Tomography and Clinical Assessment in the Detection of Complete Rectal Tumor Regression After Neoadjuvant Chemoradiation

Long-Term Results of a Prospective Trial (National Clinical Trial 00254683)

Rodrigo Oliva Perez, MD, PhD[1,2]; Angelita Habr-Gama, MD, PhD[1]; Joaquim Gama-Rodrigues, MD, PhD[1];

Feature	Formula	Result
Sensitivity	TP/TP + FN	93%
Specificity	TN/TN + FP	53%
PPV (Incomplete Response)	**True Positives/All Positives**	**87%**
NPV (Complete Response)	**True Negatives/All Negatives**	**73%**
Accuracy	TP + TN/ALL	85%

Perez et al. Cancer 2011

Assessment of Response

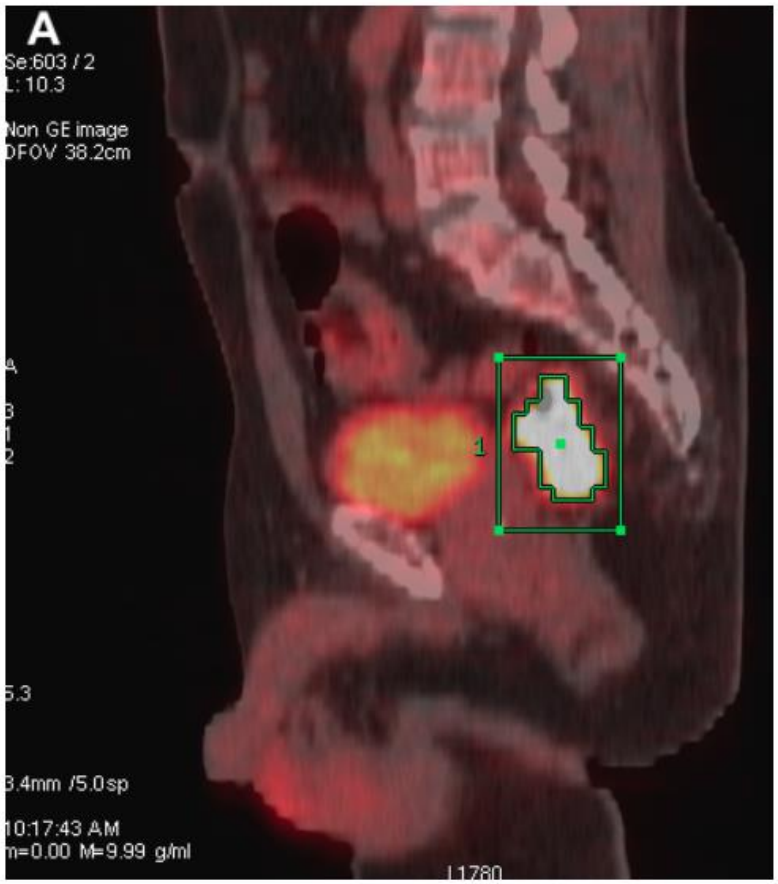
PET/CT

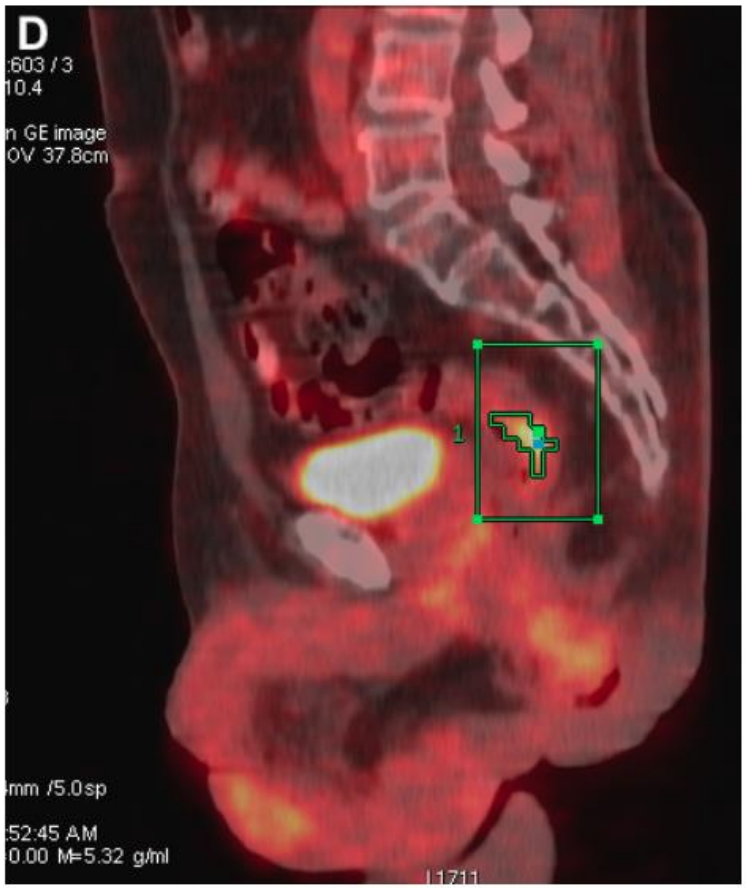
ORIGINAL CONTRIBUTION

DCR 2016

Semiquantitative Volumetry by Sequential PET/CT May Improve Prediction of Complete Response to Neoadjuvant Chemoradiation in Patients With Distal Rectal Cancer

Dalton A. dos Anjos, M.D.[1] • Rodrigo O. Perez, M.D., Ph.D.[2,3] • Angelita Habr-Gama, M.D.[2]
Guilherme P. São Julião, M.D.[2,3] • Bruna B. Vailati, M.D.[2] • Laura M. Fernandez, M.D.[2]
João B. de Sousa, M.D., Ph.D.[4] • Carlos A. Buchpiguel, M.D.[5]





SUV

MTV

TLG (combination SUVxMTV)

Assessment of Response

PET/CT

ORIGINAL CONTRIBUTION

DCR 2016

Semiquantitative Volumetry by Sequential PET/CT May Improve Prediction of Complete Response to Neoadjuvant Chemoradiation in Patients With Distal Rectal Cancer

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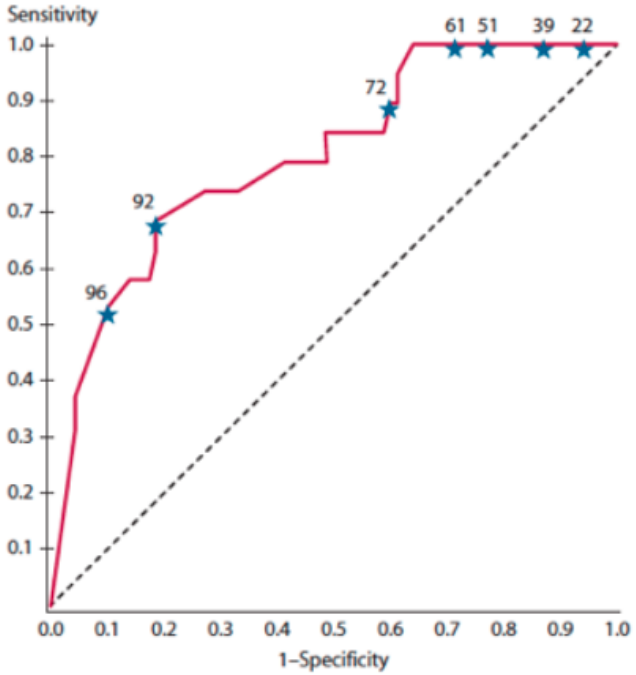
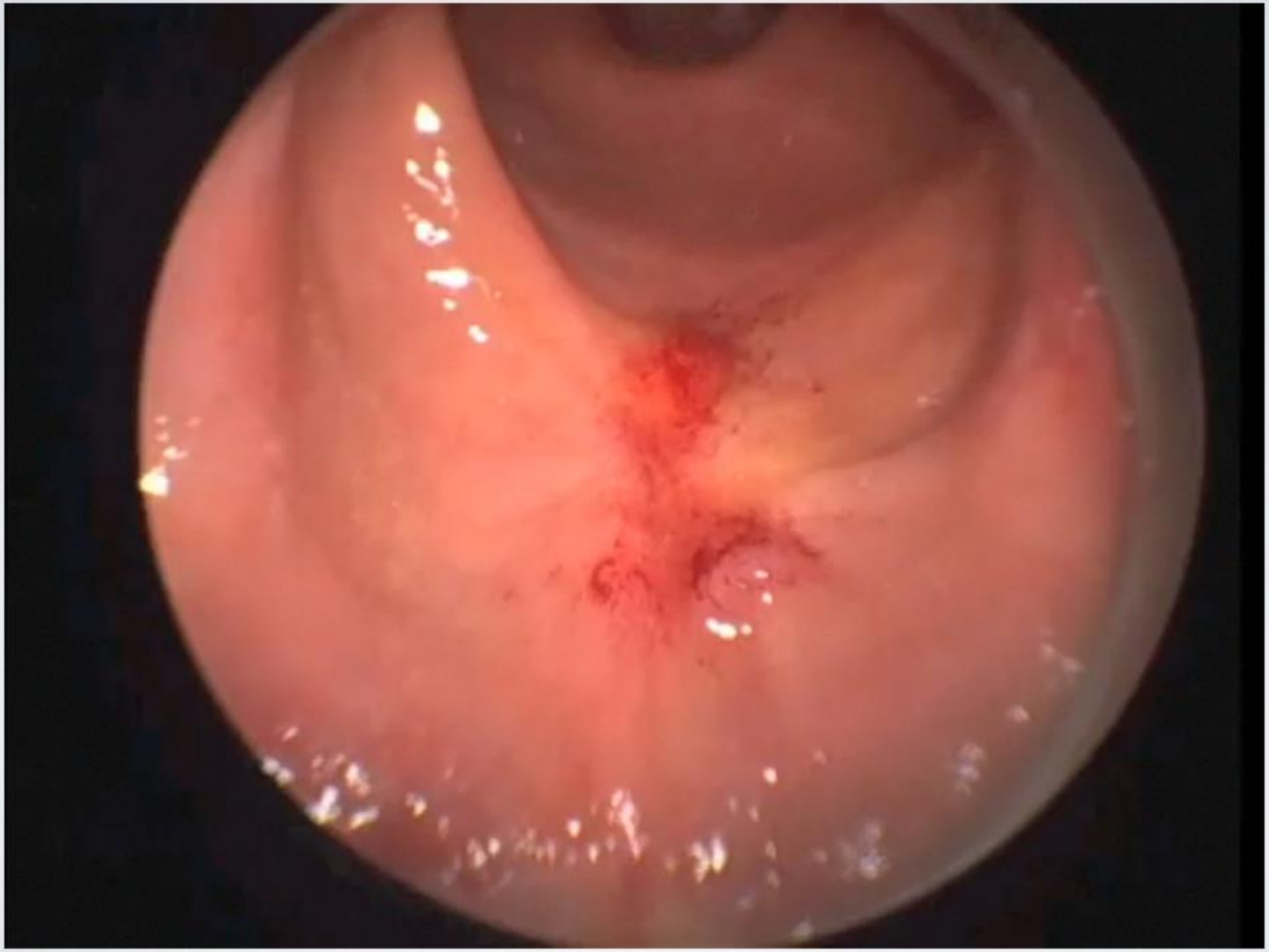


∂TLG≥92%
(combination SUVxMTV)
NPV = 91%

Feature	Tool	Result
NPV (Complete Response)	Visual Assessment	73%
NPV (Complete Response)	∂TLG≥92%	91%

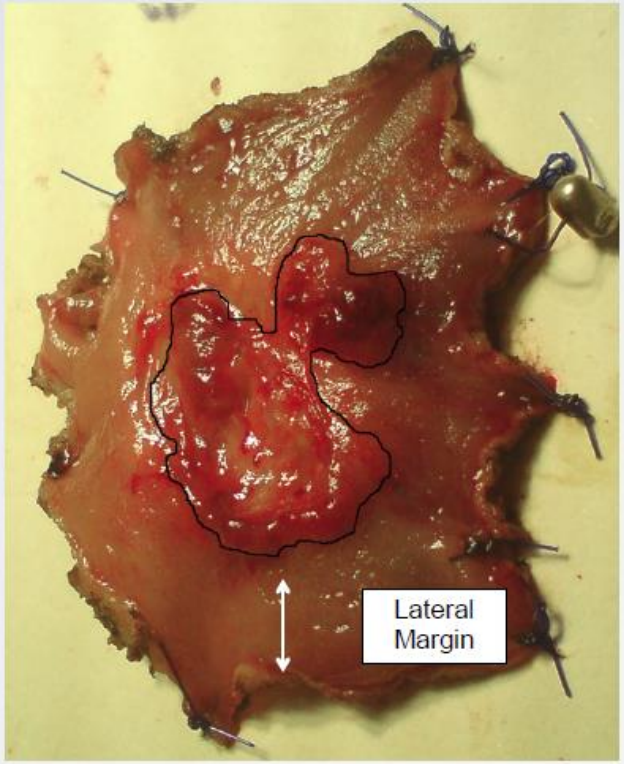
Assessment of Response

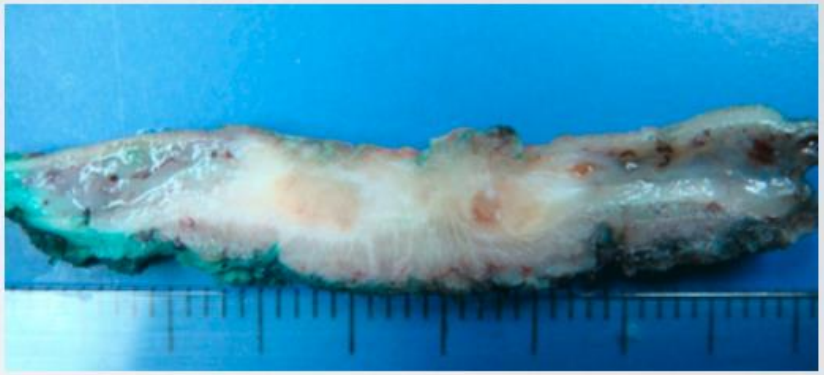
Why not simply excise…as excisional biopsy!

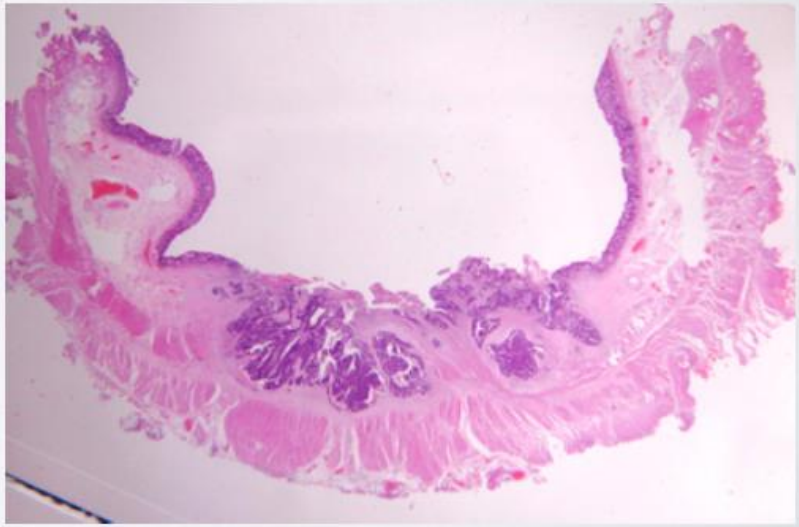


Assessment of Response

TEM as Diagnostic or Therapeutic



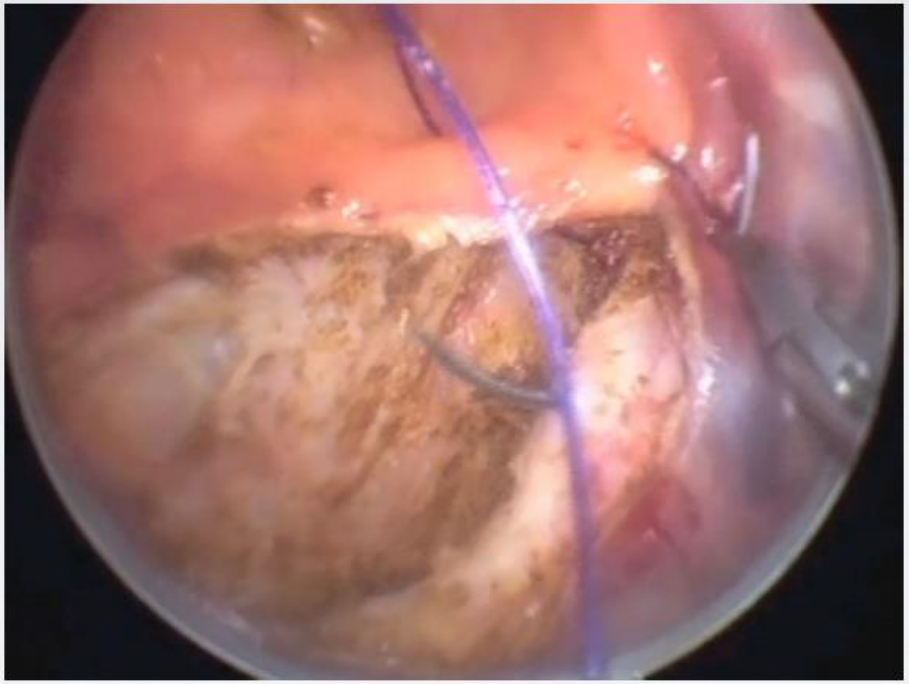




ypT status
Tumor Regression
Grades

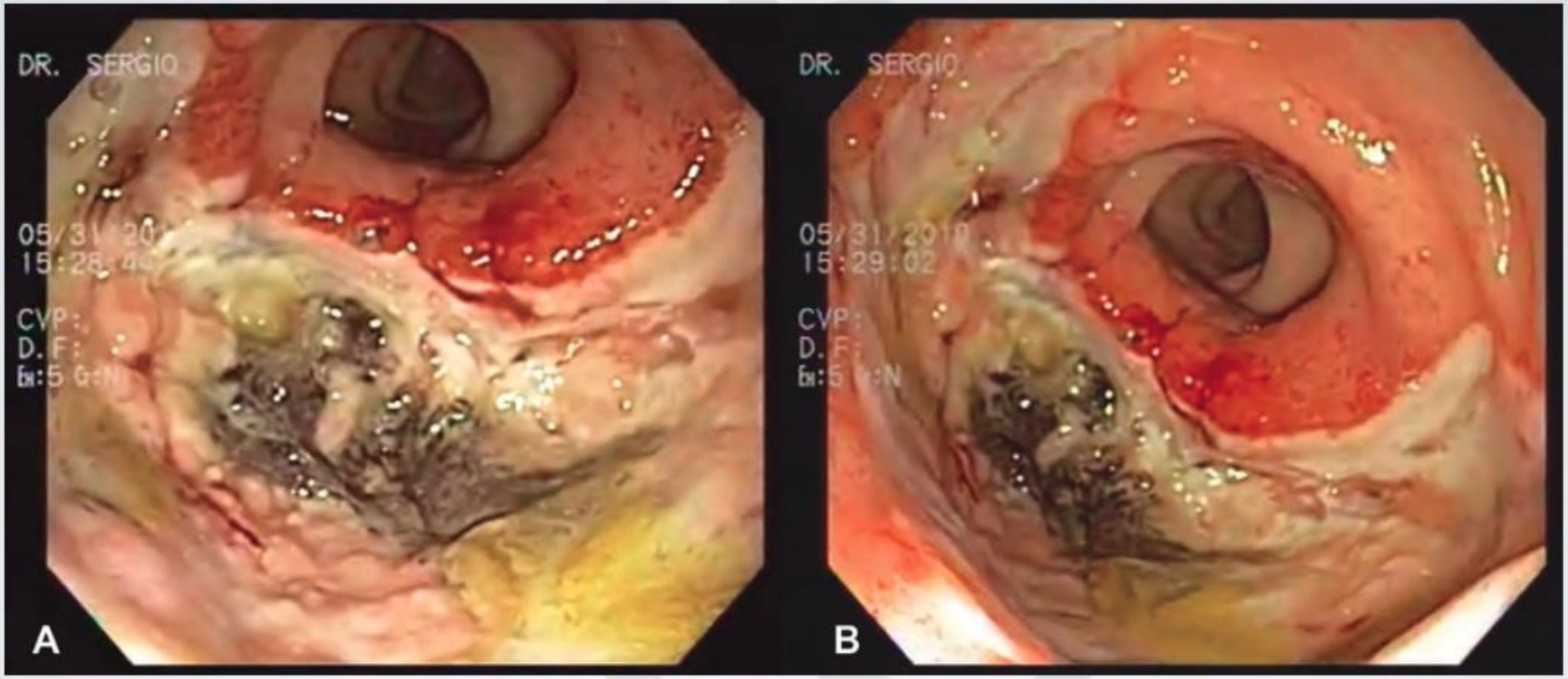
Assessment of Response

Sphincter & Organ Preserving Strategy



Rectal CA - TEM

Morbidity



Araújo S 2010 Int J Colorectal Dis

Morbidity & TEM after CRT

ORIGINAL CONTRIBUTION

Transanal Endoscopic Microsurgery for Residual Rectal Cancer After Neoadjuvant Chemoradiation Therapy Is Associated With Significant Immediate Pain and Hospital Readmission Rates

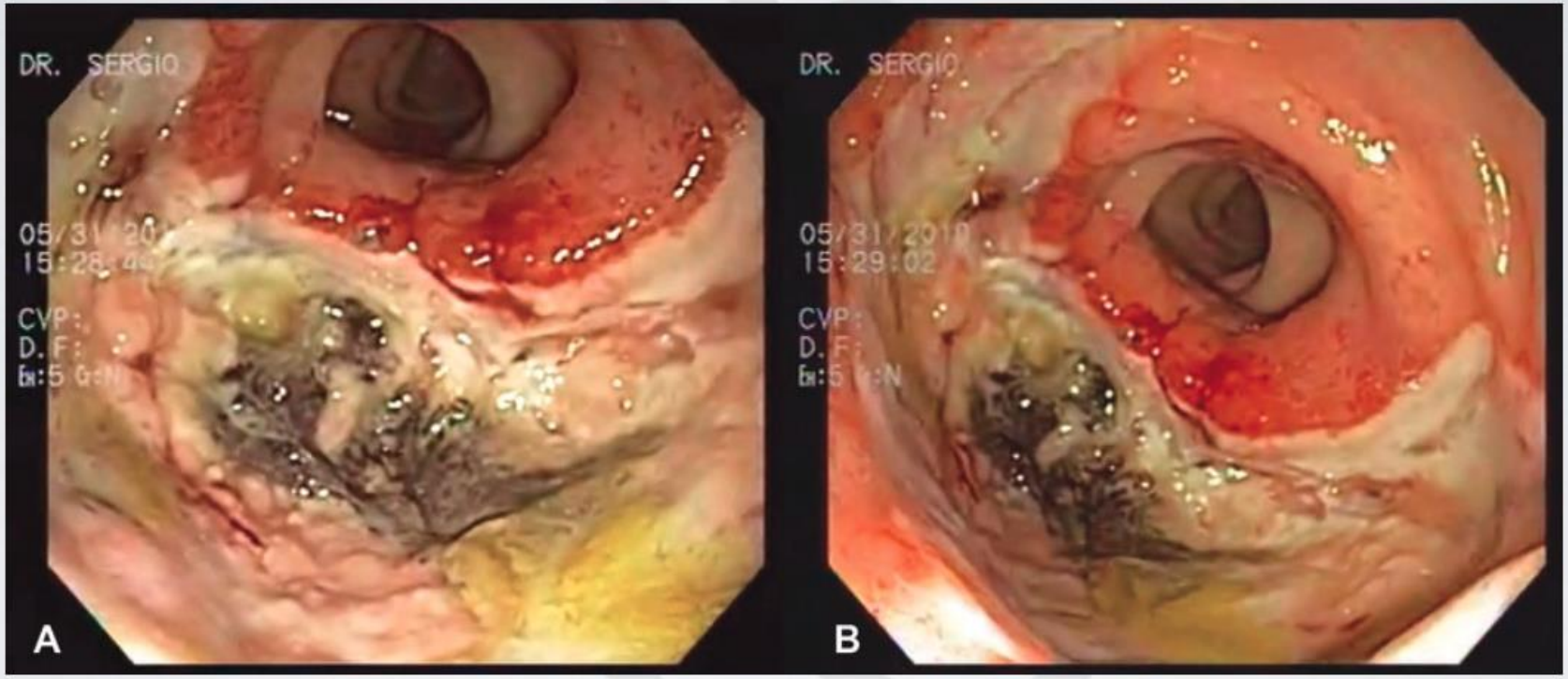
Rodrigo Oliva Perez, M.D., Ph.D.[1,2] • Angelita Habr-Gama, M.D., Ph.D.[1]
Guilherme Pagin São Julião, M.D.[1,2] • Igor Proscurshim, M.D.[1,2]
Arceu Scanavini Neto, M.D.[1,2] • Joaquim Gama-Rodrigues, M.D., Ph.D.[1]

	CRT	No CRT	p
N	23	13	
Immediate Complications	56%	13%	0.05
Wound Dehiscences	61%	23%	0.03
Readmissions	43%	7%	0.02

Perez et al. DCR 2011

Rectal CA - TEM

Morbidity



Araújo S 2010 Hepatogastroenterology

Functional Outcomes

ORIGINAL CONTRIBUTION

DCR 2016

Impact of Organ-Preserving Strategies on Anorectal Function in Patients with Distal Rectal Cancer Following Neoadjuvant Chemoradiation

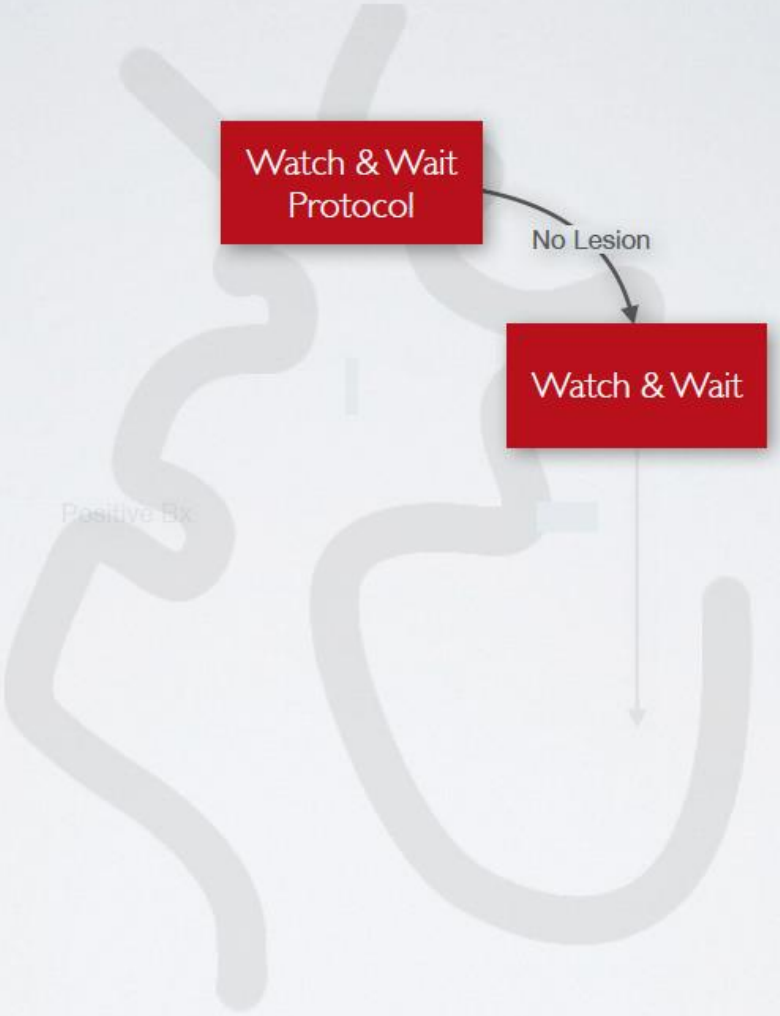
Angelita Habr-Gama, M.D., Ph.D.[1,2] • Patricio B. Lynn, M.D.[2]
~~José~~ Márcio N. Jorge, M.D., Ph.D.[2] • Guilherme P. São Julião, M.D.[2]
Igor Proscurshim, M.D.[2] • Joaquim Gama-Rodrigues, M.D., Ph.D.[1,2]
Laura M. Fernandez M.D.[2] • Rodrigo O. Perez, M.D., Ph.D.[2,3,4]

	Watch and Wait (n=53)	FTLE (n=29)	p-value*
Solid	0.3 ± 0.9	0.8 ± 1.3	0.06
Liquid	**0.7 ± 1.7**	**1.7 ± 1.5**	**0.001**
Gas	**0.5 ± 1.1**	**2.0 ± 1.7**	**<0.001**
Pads	**0.3 ± 1.0**	**0.9 ± 1.6**	**0.04**
Lifestyle	**0.3 ± 1.0**	**1.0 ± 1.4**	**0.004**
Global	**2.3**	**6.4**	**<0.001**

WW is better than FTLE!!!

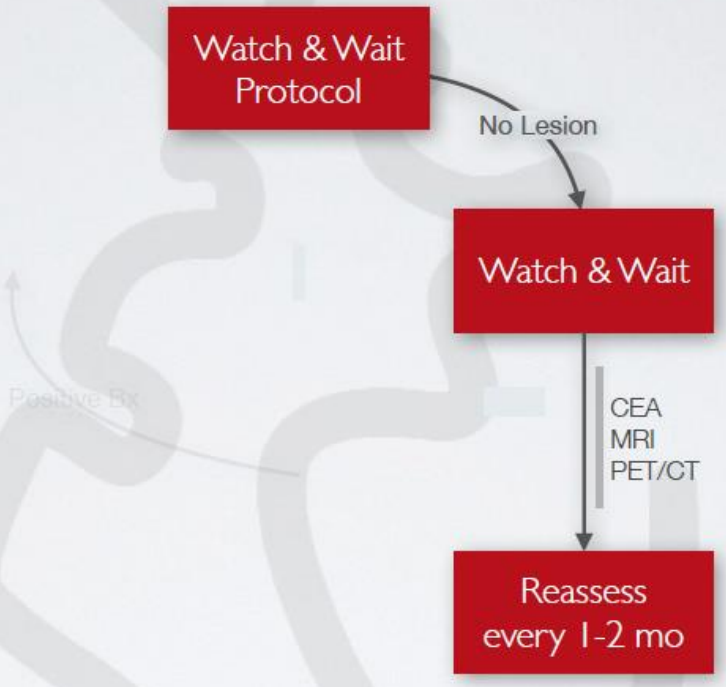
Management of a cCR

Watch & Wait



Management of a cCR

Watch & Wait



DRE
Rigid Proctoscopy
Radiology q6mo

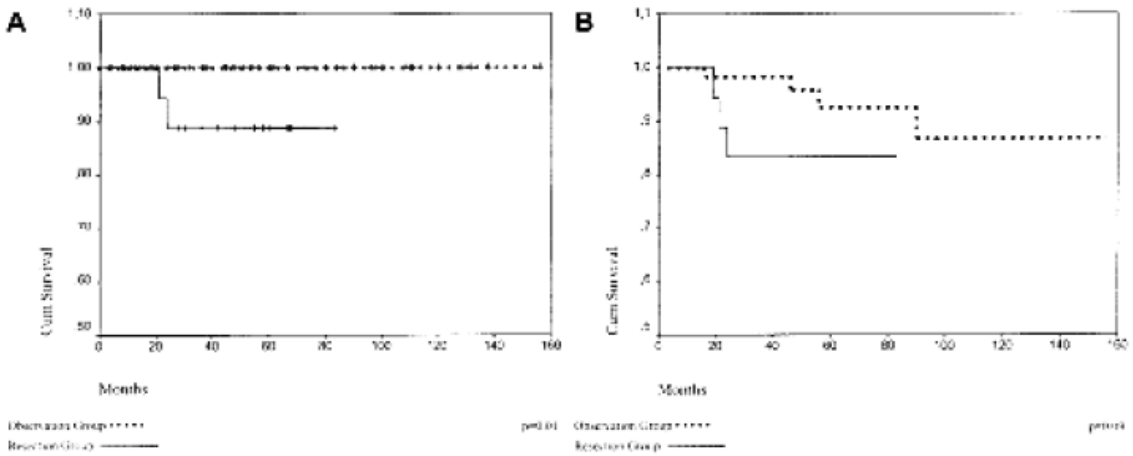
RESULTS

Operative Versus Nonoperative Treatment for Stage 0 Distal Rectal Cancer Following Chemoradiation Therapy

Long-term Results

Angelita Habr-Gama, MD, Rodrigo Oliva Perez, MD,* Wladimir Nadalin, MD,† Jorge Sabbaga, MD,† Ulysses Ribeiro Jr, MD,‡ Afonso Henrique Silva e Sousa Jr, MD,* Fábio Guilherme Campos, MD,* Desidério Roberto Kiss, MD,* and Joaquim Gama-Rodrigues, MD‡*

Annals of Surgery • Volume 240, Number 4, October 2004



Patients with pCR had no survival benefit over cCR!!!!

Rectal Cancer Management

Watch & Wait

International Journal of Radiation Oncology • Biology • Physics

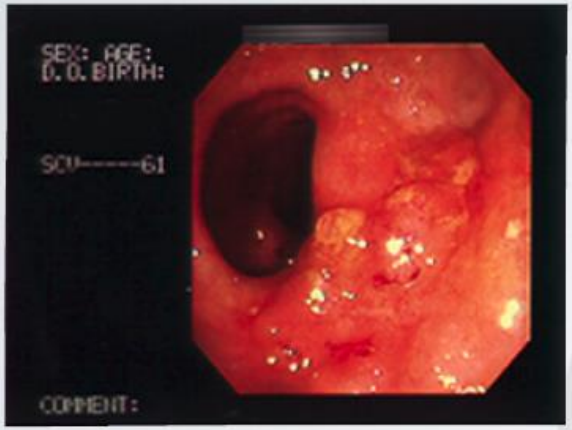
www.redjournal.org

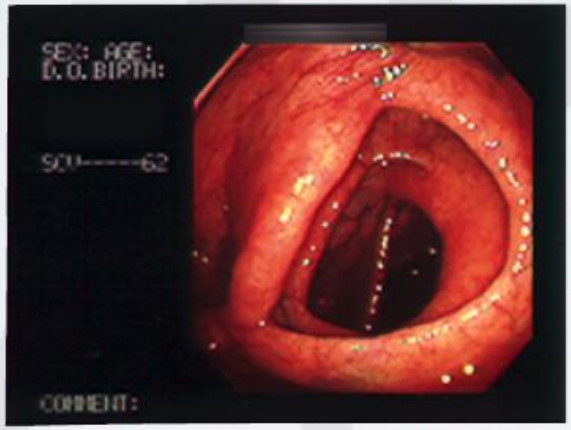
Clinical Investigation

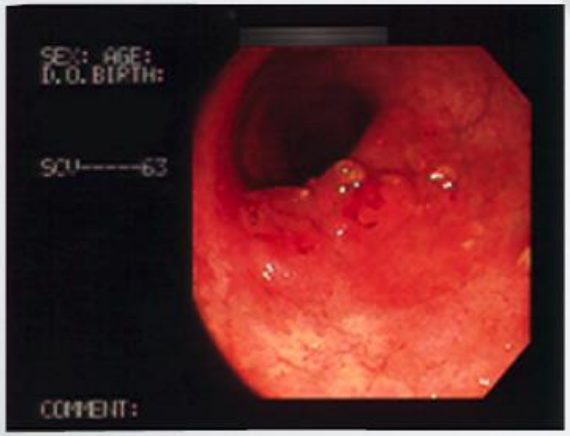
Local Recurrence After Complete Clinical Response and Watch and Wait in Rectal Cancer After Neoadjuvant Chemoradiation: Impact of Salvage Therapy on Local Disease Control

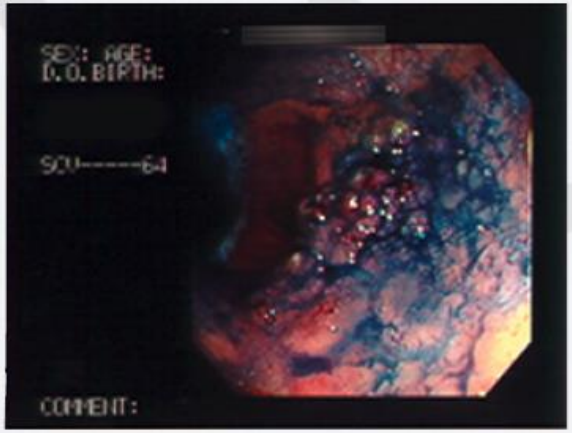
Angelita Habr-Gama, MD, PhD,*,† Joaquim Gama-Rodrigues, MD, PhD,*,† Guilherme P. São Julião, MD,*,† Igor Proscurshim, MD,* Charles Sabbagh, MD,* Patricio B. Lynn, MD,* and Rodrigo O. Perez, MD, PhD*,†

Recurrences after cCR

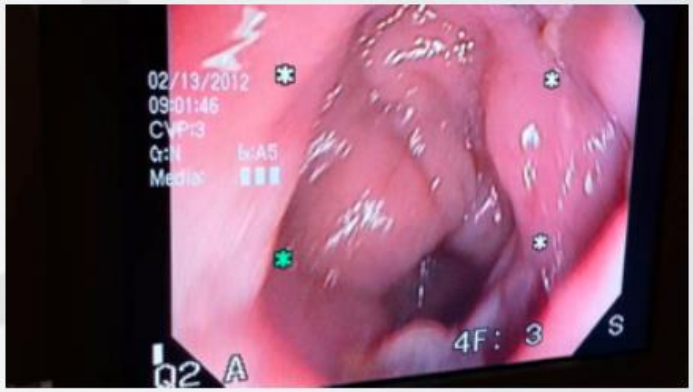








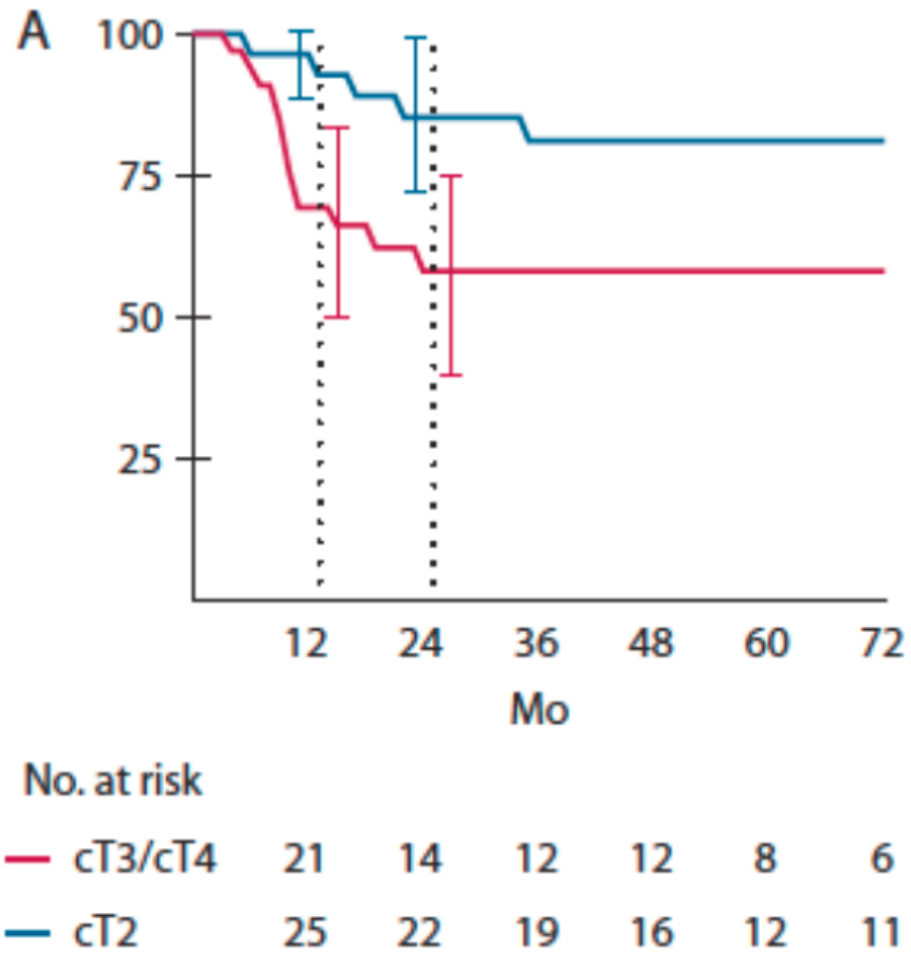
Nearly all (90%) had an endoluminal component



Regrowth

Relevance of Baseline Stage

Regrowth-free Survival (1yr)



ORIGINAL CONTRIBUTION

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Angelita Habr-Gama, M.D., Ph.D.[1,2] Guilherme Pagin São Julião, M.D.[1]
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Cinthia Ortega, M.D.[3] • Laura Melina Fernandez, M.D.[1]
Sérgio Eduardo Alonso Araújo, M.D., Ph.D.[2] • Rodrigo Oliva Perez, M.D., Ph.D.[1,3,4]

DCR 2017

cT2: 96% @ 1yr

cT3/4: 69% @ 1yr

cT2 are less likely to recur after initial cCR!

Watch & Wait

Local Recurrences

International Journal of Radiation Oncology biology • physics
www.redjournal.org
2014

Clinical Investigation

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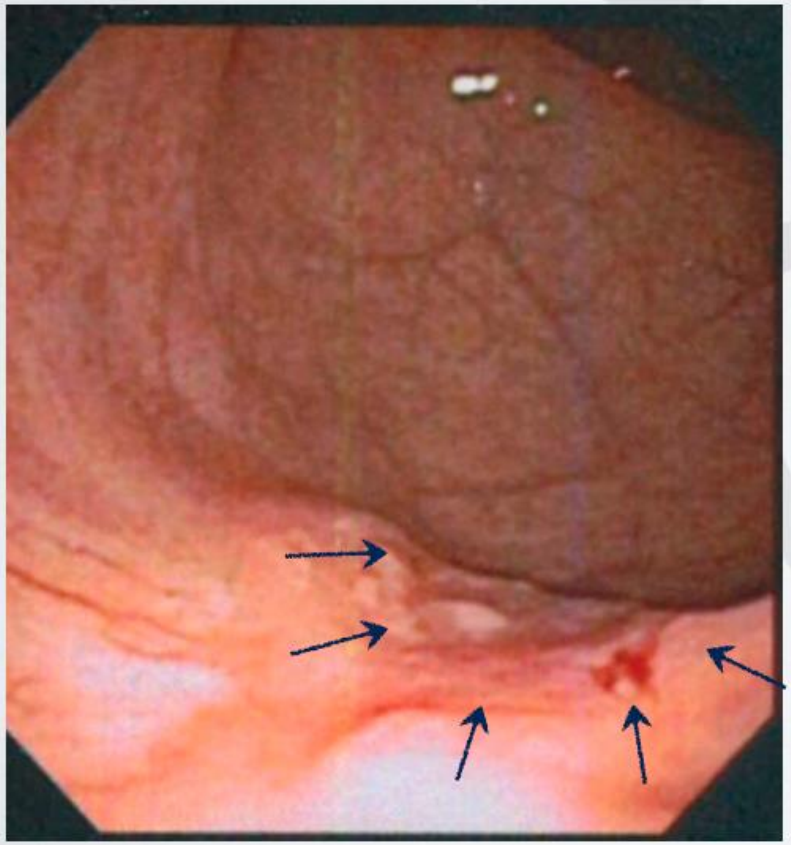
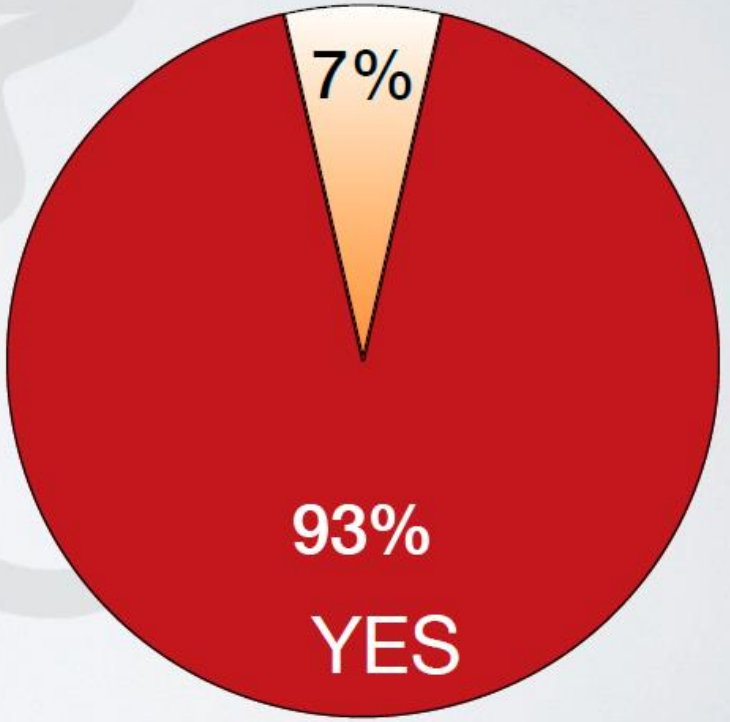
Are they Salvageable?





Watch & Wait

Local Recurrences

International Journal of Radiation Oncology biology • physics
www.redjournal.org
Clinical Investigation 2014

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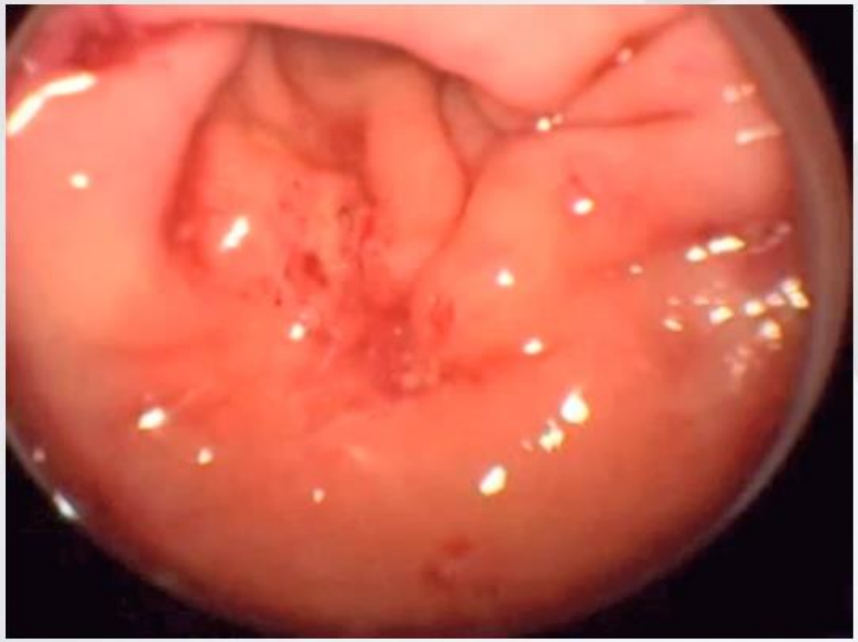
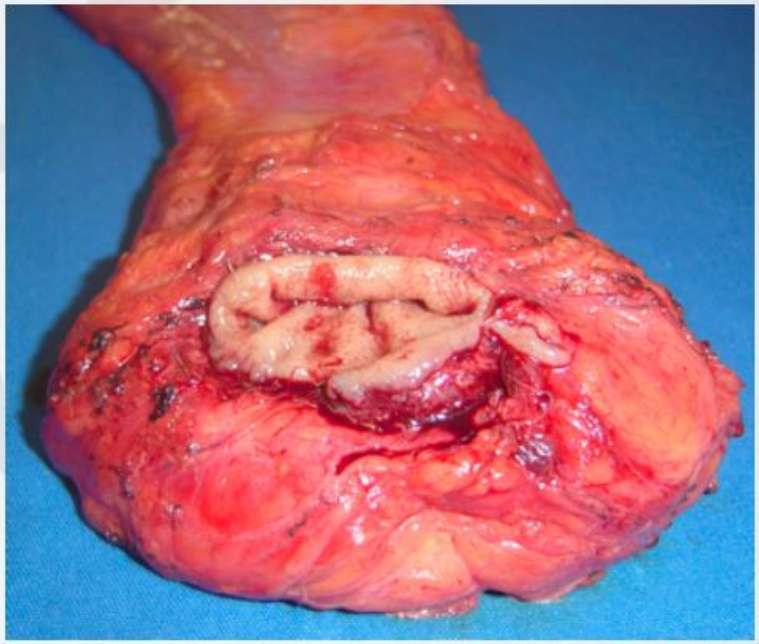
Are they Salvageable?

Is sphincter (or rectal) preservation possible?





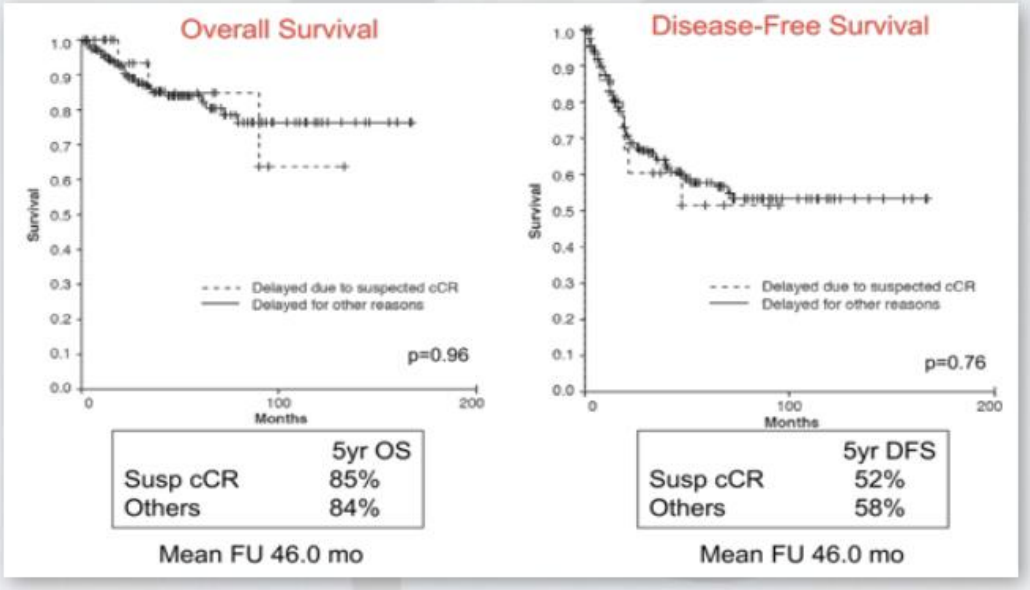
Treatment of Rectal Cancer

Watch & Wait

CLINICAL INVESTIGATION

INTERVAL BETWEEN SURGERY AND NEOADJUVANT CHEMORADIATION THERAPY FOR DISTAL RECTAL CANCER: DOES DELAYED SURGERY HAVE AN IMPACT ON OUTCOME?

ANGELITA HABR-GAMA, M.D., PH.D.,*† RODRIGO OLIVA PEREZ, M.D., PH.D.,*‡
IGOR PROSCURSHIM, M.S.,*‡ RAFAEL MIYASHIRO NUNES DOS SANTOS, M.S.,*‡
DESIDERIO KISS, M.D., PH.D.,* JOAQUIM GAMA-RODRIGUES, M.D., PH.D.,*†



Delayed Surgery = No Oncological Compromise

Int J Rad Oncol 2008

Standard Regimen

(5FU + Leucovorin)

Low Rectal Cancer

DCR 1998

Impact of Radiation and Chemotherapy on Surgical Treatment

Angelita Habr-Gama, M.D., Pedro M. Santinho B. de Souza, M.D.,
Ulysses Ribeiro, Jr., M.D., Wladimir Nadalin, M.D.,
René Gansl, M.D., Afonso H. S. e Sousa Jr., M.D.,
Fábio Guilherme Campos, M.D., Joaquim Gama-Rodrigues, M.D.

From the Colorectal Unit of the Department of Gastroenterology and the Department of Radiotherapy, University of São Paulo, São Paulo, Brazil

3 days

3 days

6 wks

8 wks

Staging

Assessment

Complete Response Rate 27.5%

RT – 5040cGy – 3 fields

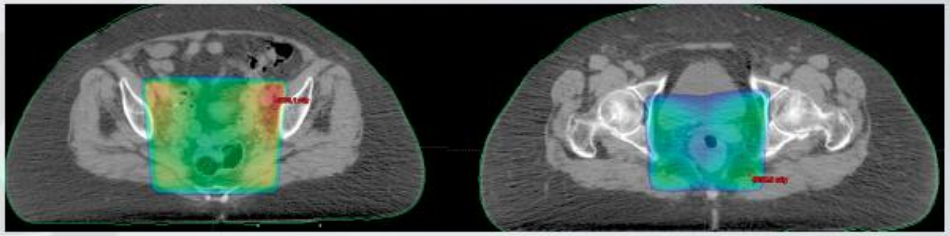
CT – 5FU + leucovorin 20 mg/m2/day

(Bolus doses 5 FU EV – 425 mg/m2/day)

Changes in CRT

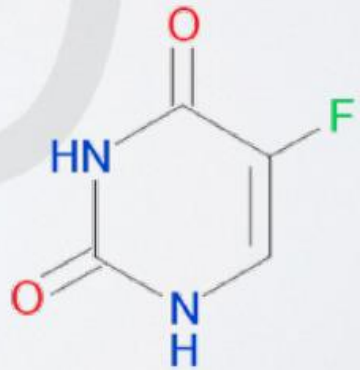
3 Major Changes

Dose of RT



3 Changes!!!

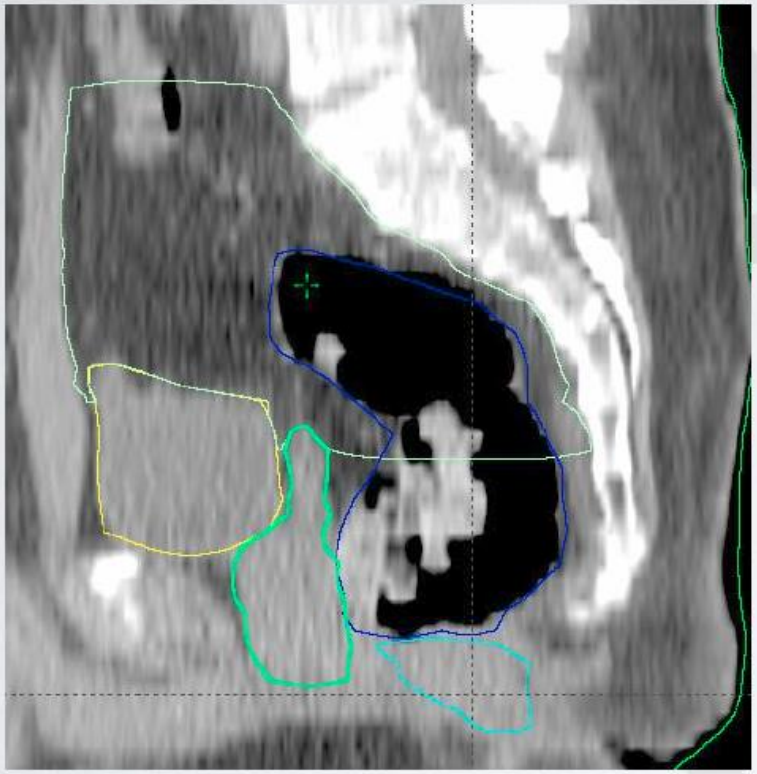
Interval CRT-Assessment



Dose of Chemo (5FU)

Changes in CRT

RT Dose



45Gy + **5.4Gy** boost

50.4Gy total

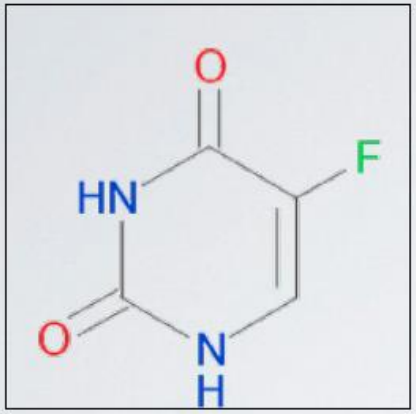
45Gy + **9Gy** boost

54Gy total

2 additional days
Almost 2x Boost

Changes in CRT

Cycles of Chemo



Dose of 5FU

2 cycles of 3 consecutive days

6 cycles of 3 consecutive days

Nearly the dose for adjuvant in stage II colorectal cancer!!!

Extended Regimen

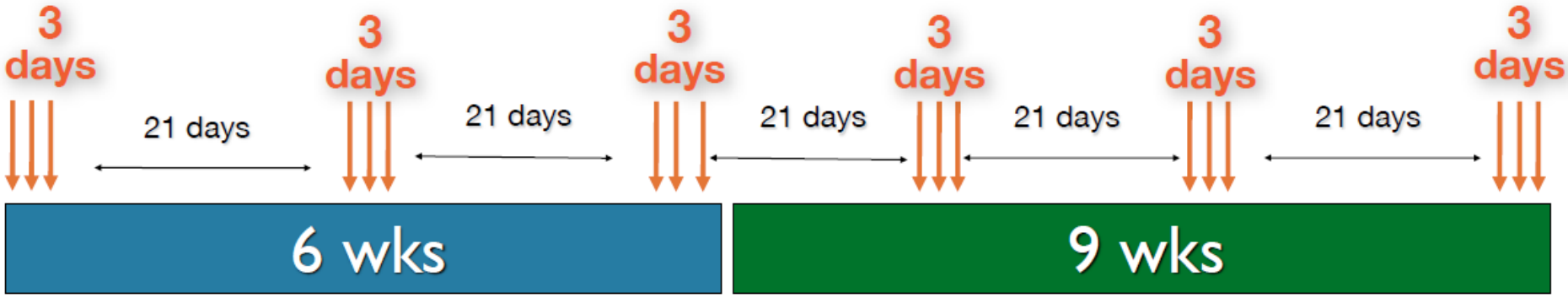
(5FU + Leucovorin)

ORIGINAL CONTRIBUTION

DCR 2009

Increasing the Rates of Complete Response to Neoadjuvant Chemoradiotherapy for Distal Rectal Cancer: Results of a Prospective Study Using Additional Chemotherapy During the Resting Period

Angelita Habr-Gama, M.D.[1,2] • Rodrigo O Perez, M.D., Ph.D.[1,2,3]
Jorge Sabbaga, M.D.[2] • Wladimir Nadalin, M.D.[2,4] • Guilherme P. São Julião, M.D.[1]
Joaquim Gama-Rodrigues, M.D. [1,2]



Bolus doses

5 FU EV – 425 mg/m2/day

Leucovorin fixed dose 50mg/day

Outcomes

Extended nCRT & WW

ORIGINAL CONTRIBUTION

Baseline T Classification Predicts Early Tumor Regrowth After Nonoperative Management in Distal Rectal Cancer After Extended Neoadjuvant Chemoradiation and Initial Complete Clinical Response

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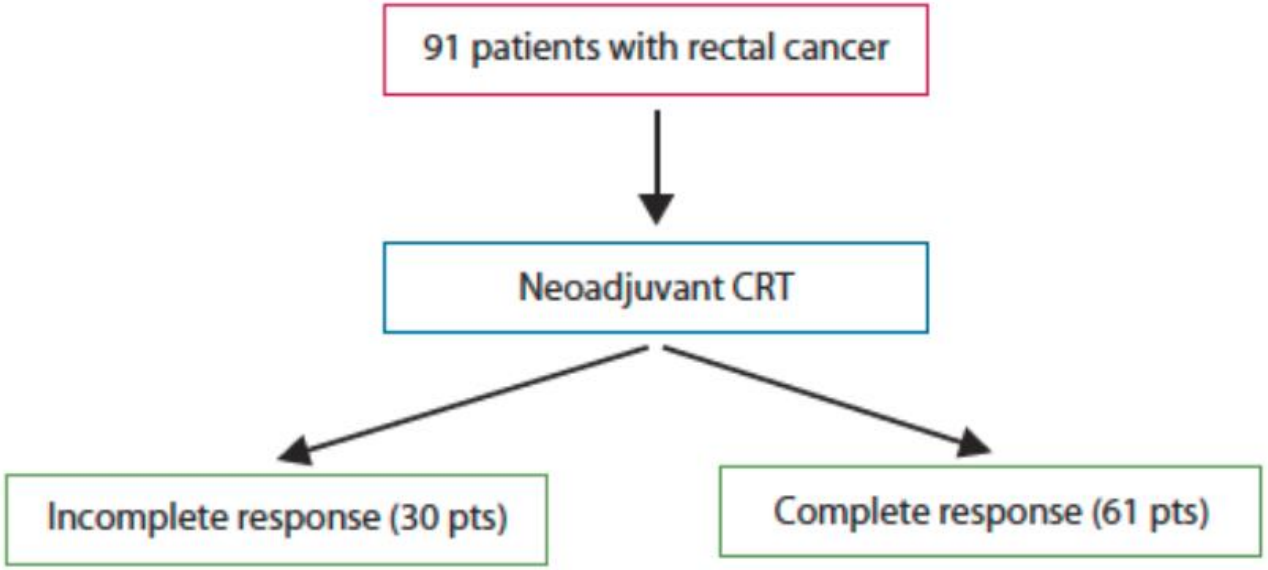

67%

DCR 2017

Outcomes

Extended nCRT & WW

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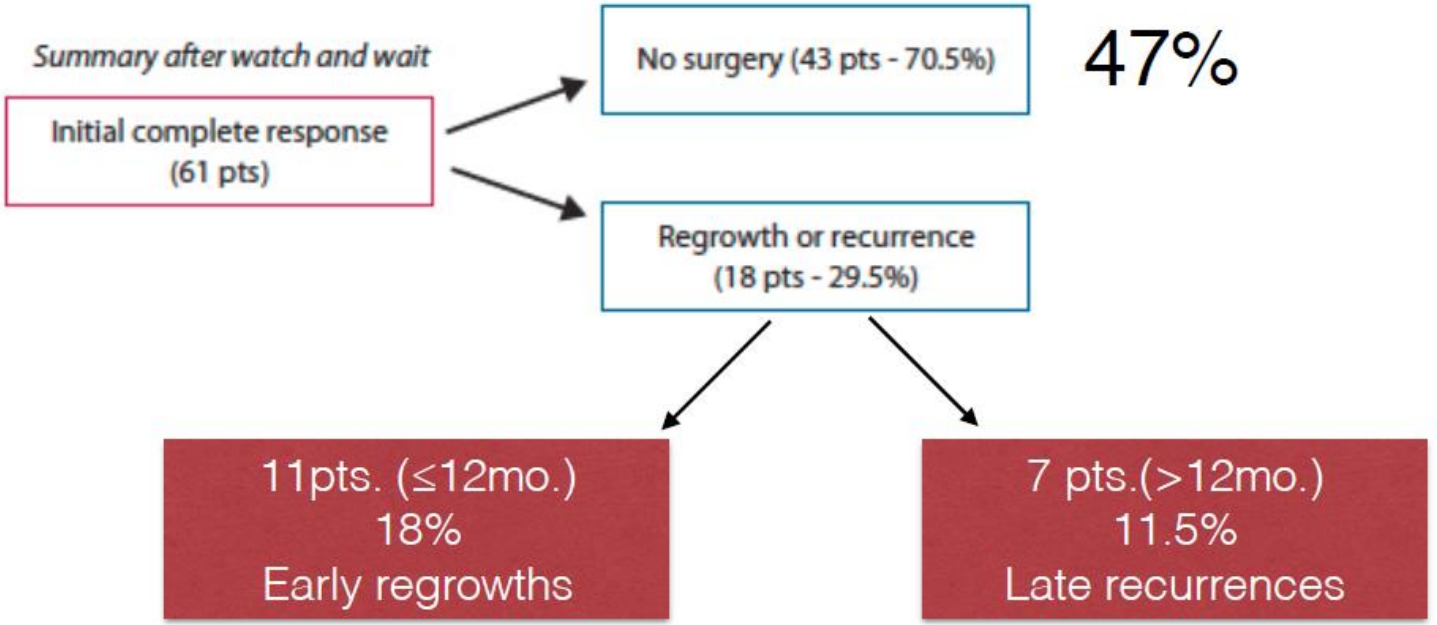


DCR 2017

Watch and Wait after cCR

WE are NOT the only ones!

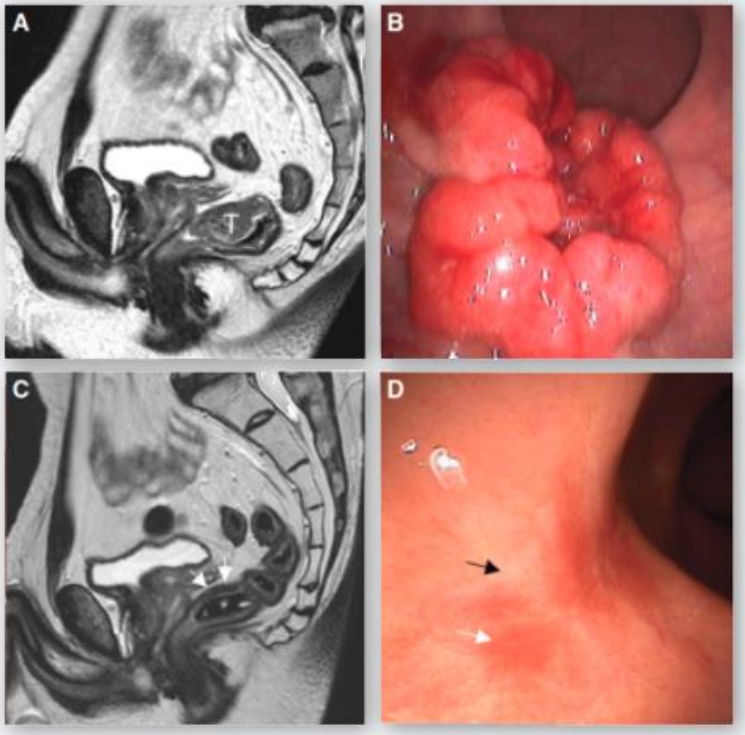
JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Wait-and-See Policy for Clinical Complete Responders After Chemoradiation for Rectal Cancer

Monique Maas, Regina G.H. Beets-Tan, Doenja M.J. Lambregts, Guido Lammering, Patty J. Nelemans, Sanne M.E. Engelen, Ronald M. van Dam, Rob L.H. Jansen, Meindert Sosef, Jeroen W.A. Leijtens, Karel W.E. Hulsewé, Jeroen Buijsen, and Geerard L. Beets

J Clin Oncol 29. © 2011

n=21



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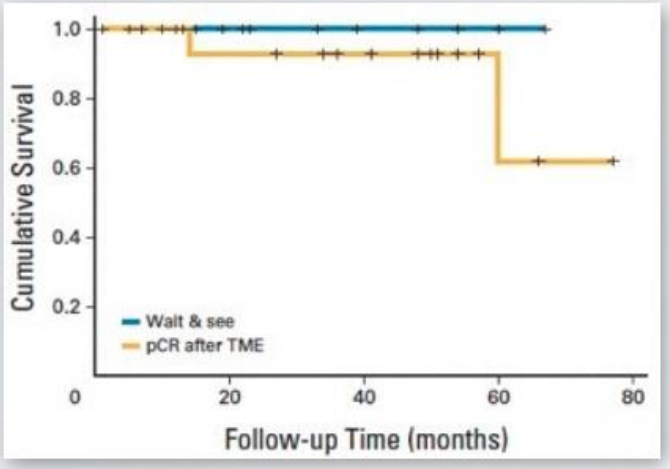
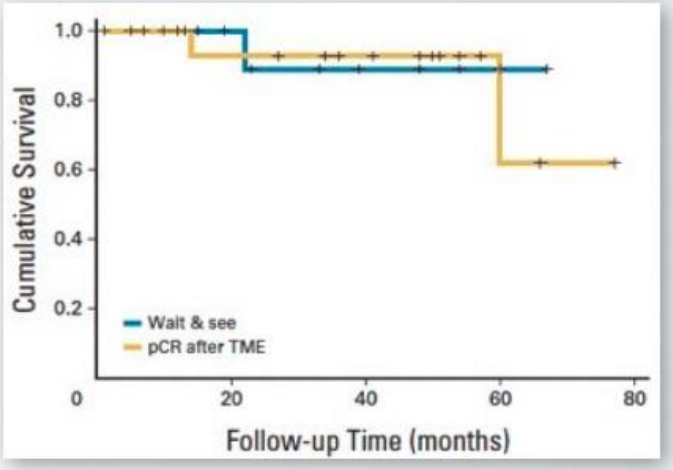
J Clin Oncol 29. © 2011

n=21

Overall Survival



Disease Free Survival



Watch and Wait for cCR

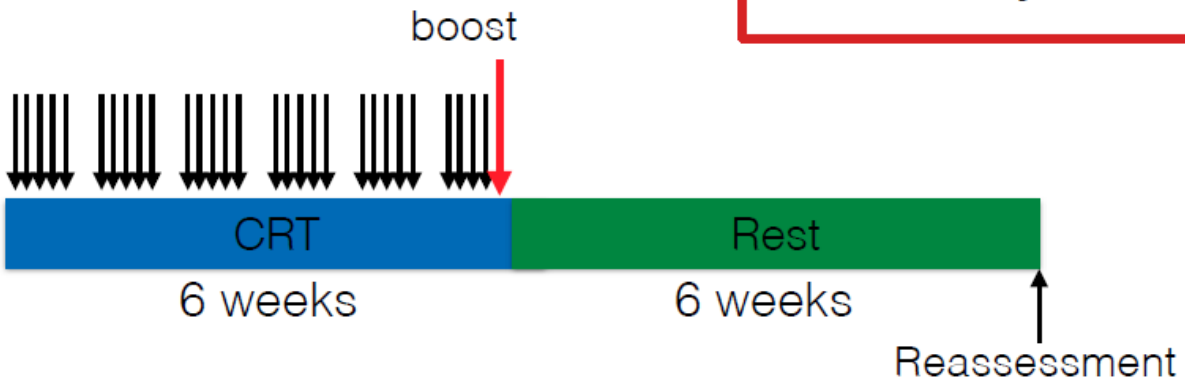
More than 50% in cCR...?

Prospective Study
Rectal CA up to 6cm AV
T2 ou T3, N0-N1

High-dose chemoradiotherapy and watchful waiting for distal rectal cancer: a prospective observational study

Ane L Appelt, John Pløen, Henrik Harling, Frank S Jensen, Lars H Jensen, Jens C R Jørgensen, Jan Lindebjerg, Søren R Rafaelsen, Anders Jakobsen

IMRT 60Gy +UFT 300 mg/m2 oral+ Boost 5Gy Endorectal brachy



Criteria

- cCR
- Negative Bxs
- Radiological CR

Watch and Wait for cCR

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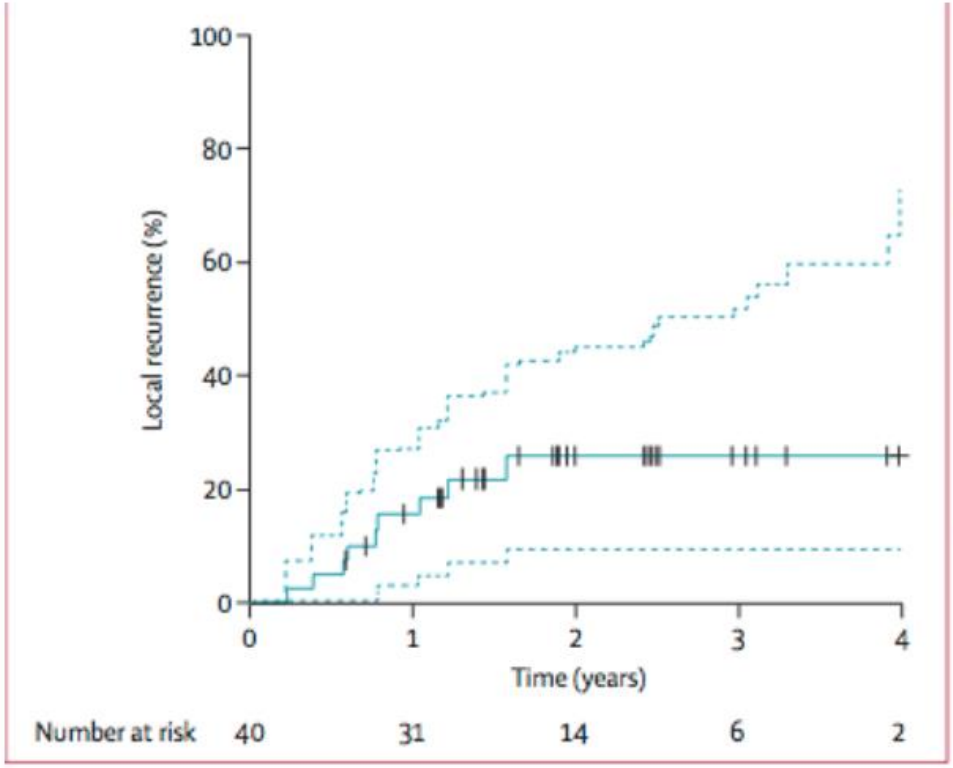


***Figure 2*: Cumulative incidence of local tumour recurrence in patients allocated to observation**

Time calculated from date of allocation to observation. Dashed lines are 95% CIs; markers indicate censored patients.

58% cCR sustained @ 2yrs

15% LR @1yr

26% LR @ 2yr

Watch and Wait for cCR

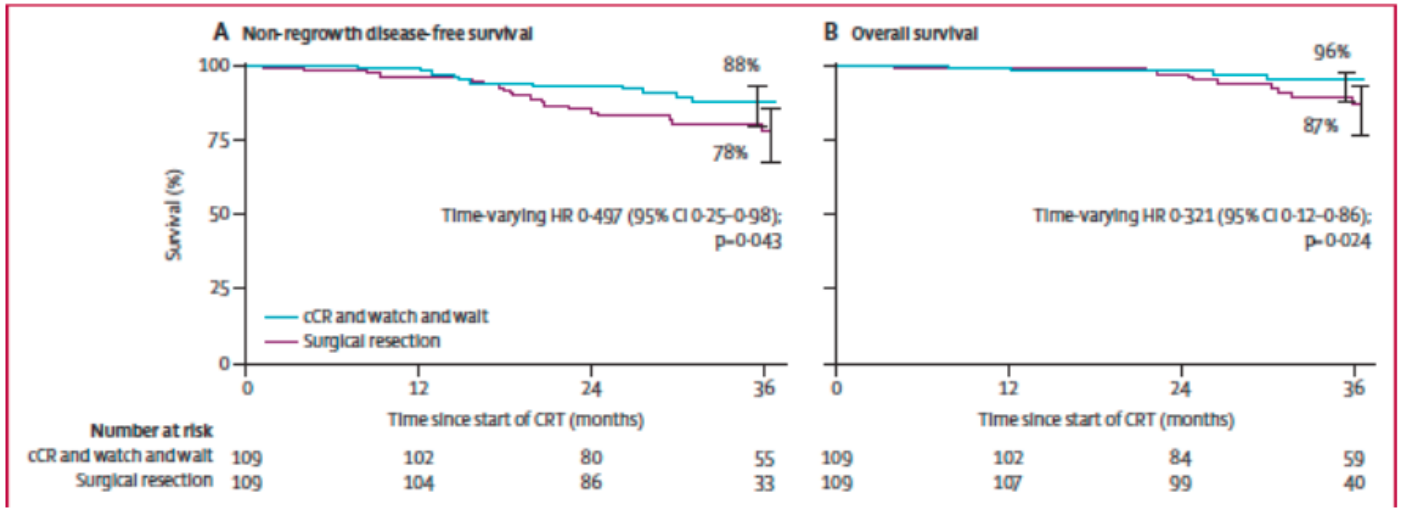
Propensity score...

Articles

Lancet 2015

Watch-and-wait approach versus surgical resection after chemoradiotherapy for patients with rectal cancer (the OnCoRe project): a propensity-score matched cohort analysis

Andrew G Renehan, Lee Malcomson, Richard Emsley, Simon Gollins, Andrew Maw, Arthur Sun Myint, Paul S Rooney, Shabbir Susnerwala, Anthony Blower, Mark P Saunders, Malcolm S Wilson, Nigel Scott, Sarah T O'Dwyer



WW was not worse; Possibly better!!

Watch and Wait for cCR

Propensity score...

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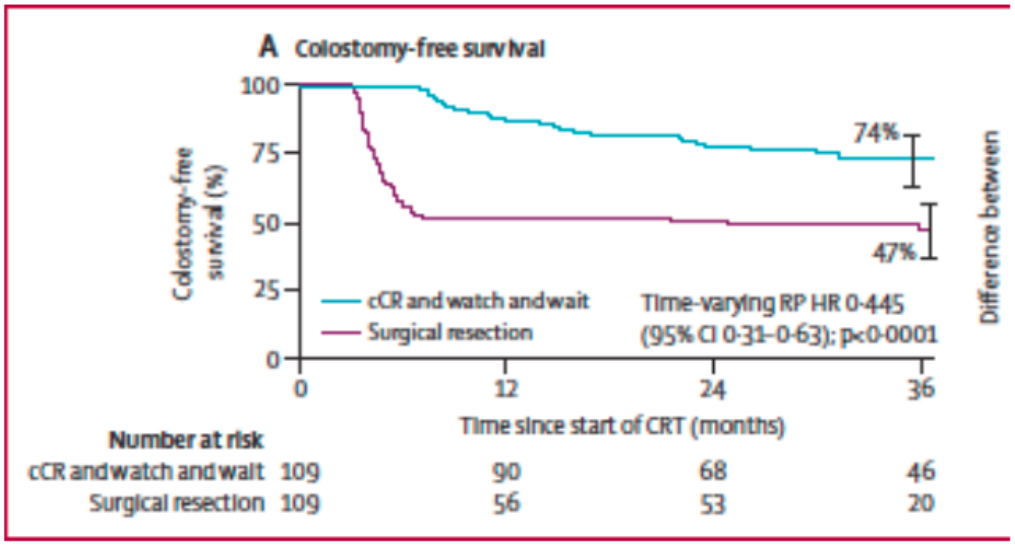


Lesser risk for a Colostomy…

Watch & Wait

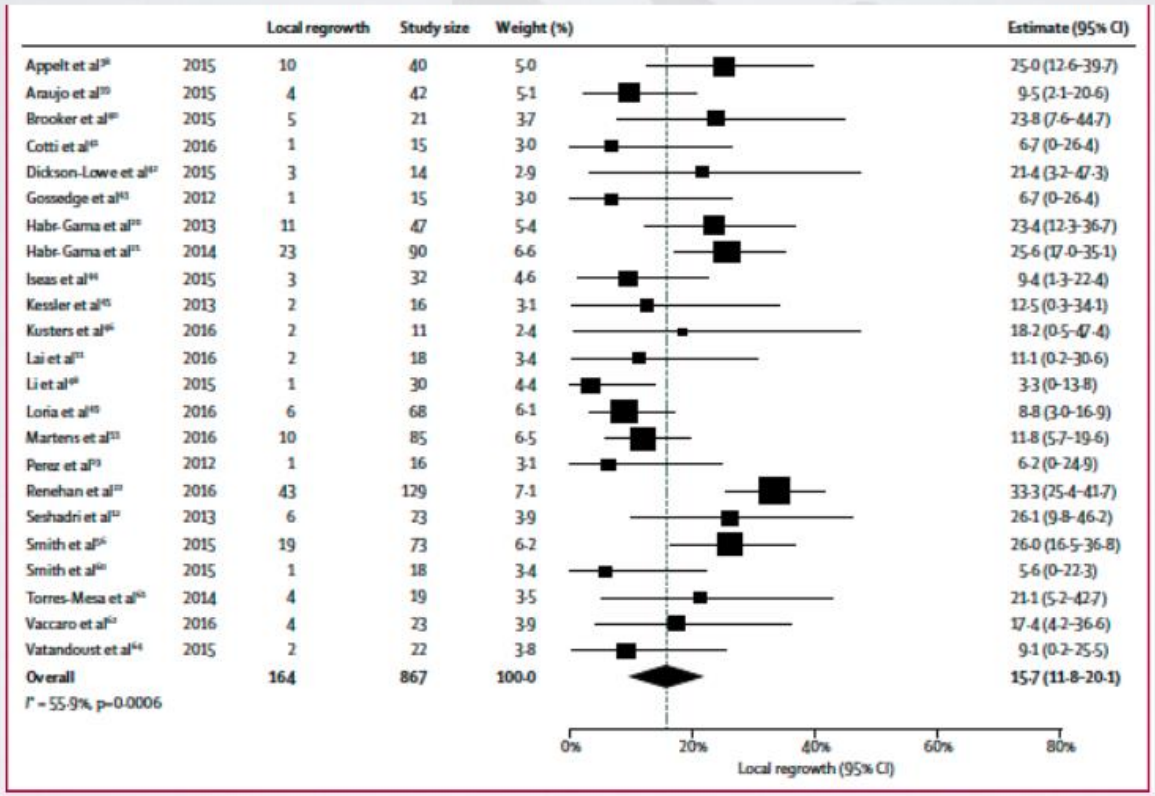
Local Recurrences

Articles

A watch-and-wait approach for locally advanced rectal cancer after a clinical complete response following neoadjuvant chemoradiation: a systematic review and meta-analysis

Fahima Dossa, Tyler R Chesney, Sergio A Acuna, Nancy N Baxter

Lancet 2017



Pooled Recurrence Rates: 15.7%

Watch & Wait

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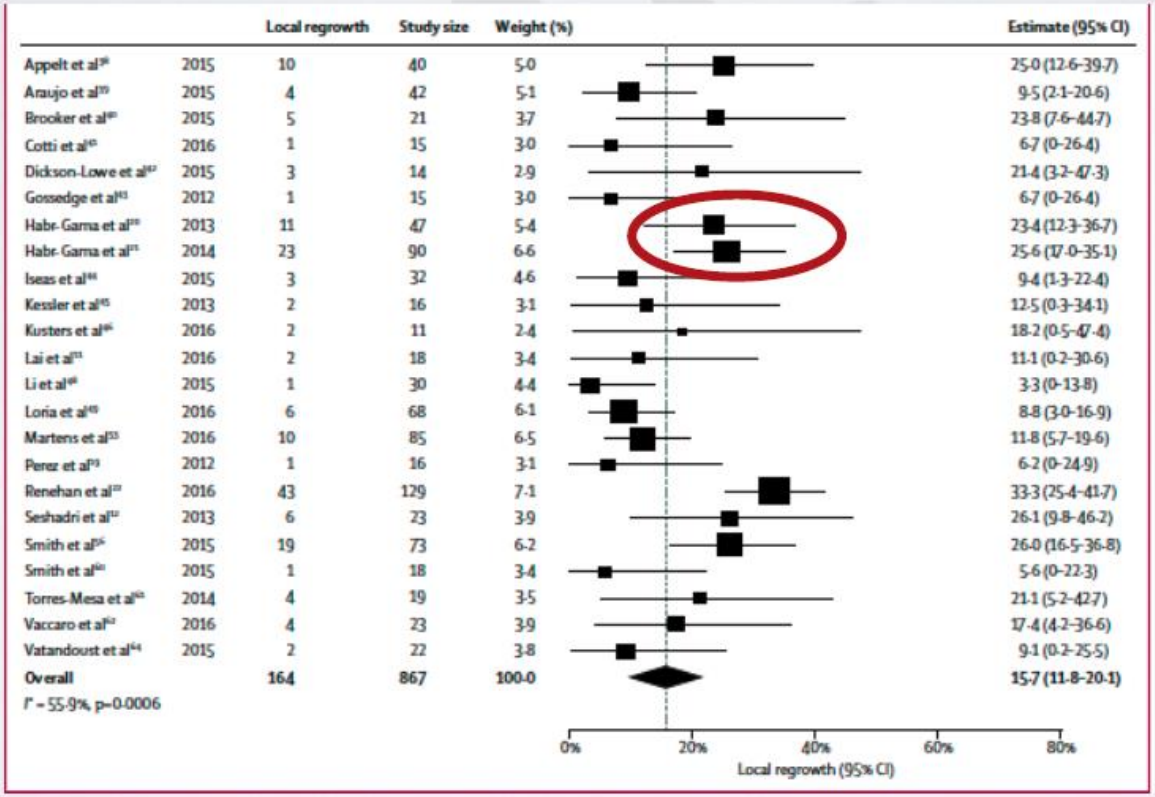

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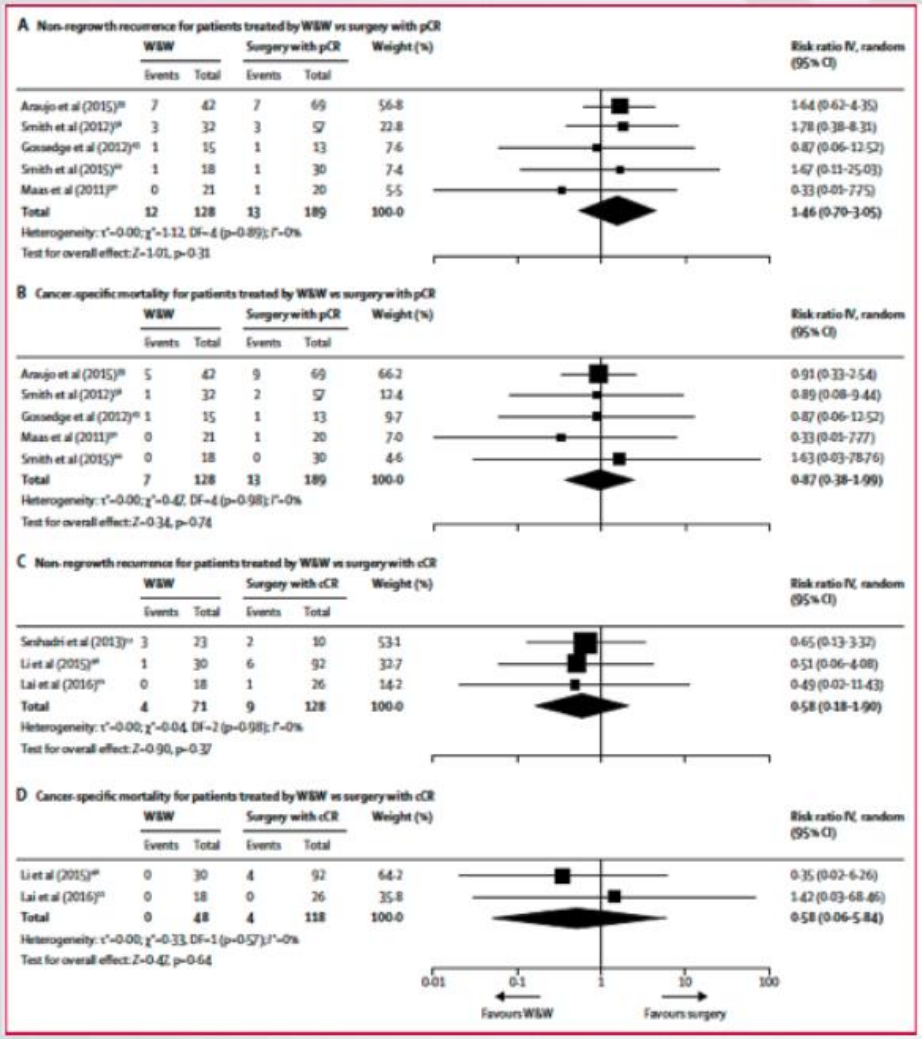


No differences in Oncological Outcomes…

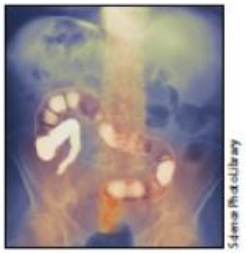
Management of cCR…

Comment

Lancet Oncol 2015

Complete clinical response in rectal cancer: a turning tide

The finding that patients with rectal cancer can have a complete pathological response after neoadjuvant chemoradiation led one surgeon, Angelita Habr-Gama, to consider a (perhaps now obvious) question: if no residual cancer remains, why do these patients need to undergo radical surgery?[1] Somewhat mirroring Nigro and colleagues,[2] who suggested a very similar approach for anal cancer, Habr-Gama realised that patients with rectal cancer who developed a complete pathological response could be identified by clinical (and later on, radiological) assessment (ie, a complete clinical response) and, therefore, could be spared from surgery. Third, this study addresses another important issue for patients with rectal cancer: avoidance of a definitive stoma. The watch-and-wait approach was associated with better colostomy-free survival than was surgical resection, which could have a substantial effect on the quality of life of these patients. Even though the presence of a stoma might not negatively affect the quality of life of patients when compared with a restorative proctectomy, these findings might not hold true when patients are compared with those managed non-operatively. Patients with a complete clinical response managed by watch and wait seem to maintain



Lancet Oncol 2015
Published Online
December 16, 2015
http://dx.doi.org/10.1016/
S1470-2045(15)00487-8

Database/Registry...

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International Watch & Wait database

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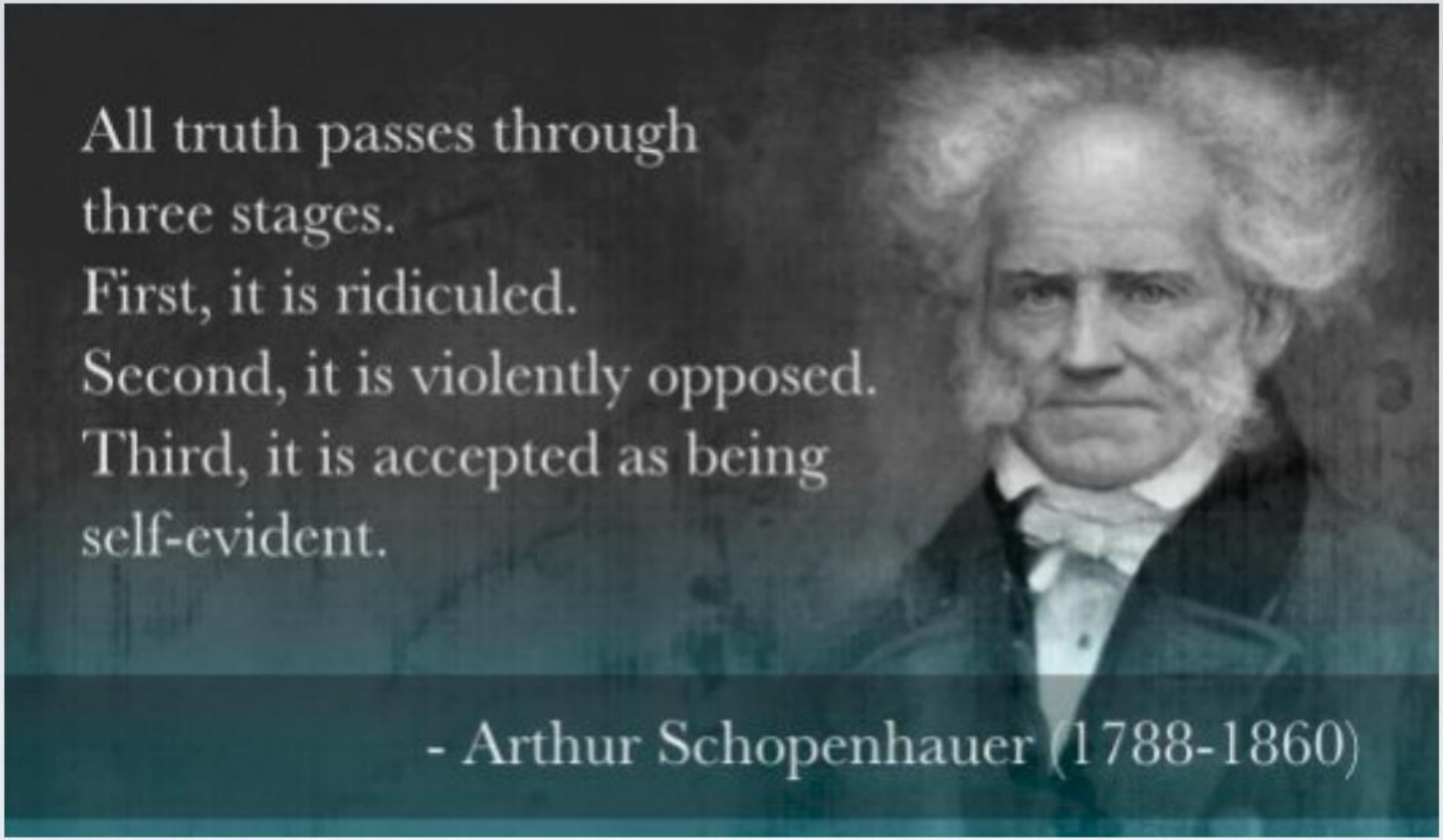
azM | Maastricht University

Memorial Sloan-Kettering Cancer Center

A&J Instituto Angelita e Joaquim Gama

"If I have seen a little further, it is by standing upon te shoulders of giants"

Sir Isaac Newton


All truth passes through
three stages.
First, it is ridiculed.
Second, it is violently opposed.
Third, it is accepted as being
self-evident.
- Arthur Schopenhauer (1788-1860)

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16 a 18 de Novembro
Sheraton WTC
São Paulo Brasil