

Local Excision after Neoadjuvant

Fadel Shabeeb, MD FACS FASCRS

Professor of Surgery

Consultant Colorectal Surgery

Chairman Hospital Academic Committee

 dr.shabeeb@gmail.com

Disclosure

none

Fast Facts

- ❑ Management of rectal cancer - increasingly more complex
- ❑ Neoadjuvant CRT + TME : current standard in locally advanced tumours
- ❑ Organ preserving strategies : first described in 1998
- ❑ TNT and delayed surgery – increased rates of cCR & pCR
- ❑ Alternative in patients with an excellent response to neoadjuvant treatment
 - ❑ Avoid TME surgery and its consequences (morbidity, stomas, QoL) – close surveillance protocol
 - ❑ Local excision and Watch and Wait : avoid all the consequences and sequelae of TME

Some Definitions

- Pathological complete response (pCR)**
 - No residual tumour in surgical specimen (ypT0N0)
- Clinical complete response (cCR)**
 - No evidence of radiological, clinical or endoscopic residual tumour
- Near clinical complete response (ncCR)**
 - No uniform definition - minimal residual disease
- Local regrowth**
 - Recurrent disease after an achieved cCR

Surgical methods of LE

- Transanal excision (TAE)
- Transanal endoscopic microsurgery (TEM)
- Transanal minimally invasive surgery (TAMIS)

Watch and Wait Vs LE



Systematic Review

Rectal Sparing Approaches after Neoadjuvant Treatment for Rectal Cancer: A Systematic Review and Meta-Analysis Comparing Local Excision and Watch and Wait

- 7 retrospective studies and 1 prospective trial were included.
- In 6 studies, patients were treated with long-course nCRT, and in 2 TNT.
- 213 WW and 188 LE group
- no difference was found between WW and LE when considering
 - rectum-preservation rate ($p = 0.63$),
 - local disease ($p = 0.22$),
 - locoregional failure ($p = 0.83$)
 - distant recurrence ($p = 0.45$).

Comparison of local excision and total mesorectal excision for rectal cancer: Systematic review and meta-analysis of randomised controlled trial

Zan Meng^a, Zehong Liu^{b,*}

^a Department of Nursing, Leshan Vocational and Technical College, Leshan, 614000, China

^b Department of Physiology, Chongqing Medical and Pharmaceutical College, Chongqing, 401331, China

- 4 RCTs cT2-3 N0 M0
- 462 patients (232 patients receiving NAT + LE; LCRT n = 205; SCRT n = 27) and 230 undergoing TME.
- No difference in DFS(p = 0.13) or OS (p = 0.63)
- LRR (p = 0.66) and distant metastases (p = 0.82) were also comparable between the groups.
- Significant reduction in major (p = 0.04) and minor morbidity (p = 0.01) : LE.
- Overall stoma formation : decreased in the LE group (p ≤ 0.00001).



Long-Term Outcomes of Local Excision Following Neoadjuvant Chemoradiotherapy for Locally Advanced Rectal Cancer

- Multicenter prospective phase 2 trial
- 63 pts mid-low rectal
- major/complete clinical response after neoadjuvant chemoradiotherapy.
- Transanal full thickness local excision
- The main endpoint of this study : 5- and 10-year overall, relapse-free, local, and distant relapse-free survival.
The rate of patients with rectum preserved and without stoma were also calculated

- 60% male and 40% female,
- median age of 64 years.
- clinical stages : cT2, 33.3%; cT3, 66.6%, 61% patients were cN+.
- median follow-up : 108 months,
- The estimated cumulative 5- and 10-year overall survival 87%
 - relapse-free survival, 79%
 - local recurrence-free survival 89%
 - distant recurrence-free survival 82%
- Overall, (77.8%) patients had their rectum preserved, and (84.1%) were stoma-free.

A Phase II Trial of Neoadjuvant Chemoradiation and Local Excision for T2N0 Rectal Cancer: Preliminary Results of the ACOSOG Z6041 Trial

- The American College of Surgeons Oncology Group: prospective phase II trial that examined the efficacy and safety of neoadjuvant chemoradiotherapy and LE for T2N0 rectal cancer .
- 77 patients .
- The pCR rate : 44%
- The rate of margin positivity : 0%.
- 39% of patients developed CRT-related grade ≥ 3 complications and the trial was closed early. Therefore, long-term survival data is not available

Long-Term Outcome of Patients with Complete Pathologic Response after Neoadjuvant Chemoradiation for cT3 Rectal Cancer: Implications for Local Excision Surgical Strategies

- 139 patients
- 110 (93%) : TME
- 29 (17%) : LE,
- 42 (30.2%) were found to have a pCR.
- In follow up of 55.4 months, there was no difference in the local recurrence between radical surgery vs. LE.

Conclusion

- In highly selected patients, the local excision approach after neoadjuvant chemoradiotherapy is associated with excellent long-term outcomes, high rates of rectum preservation and absence of permanent stoma.

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THANK YOU!