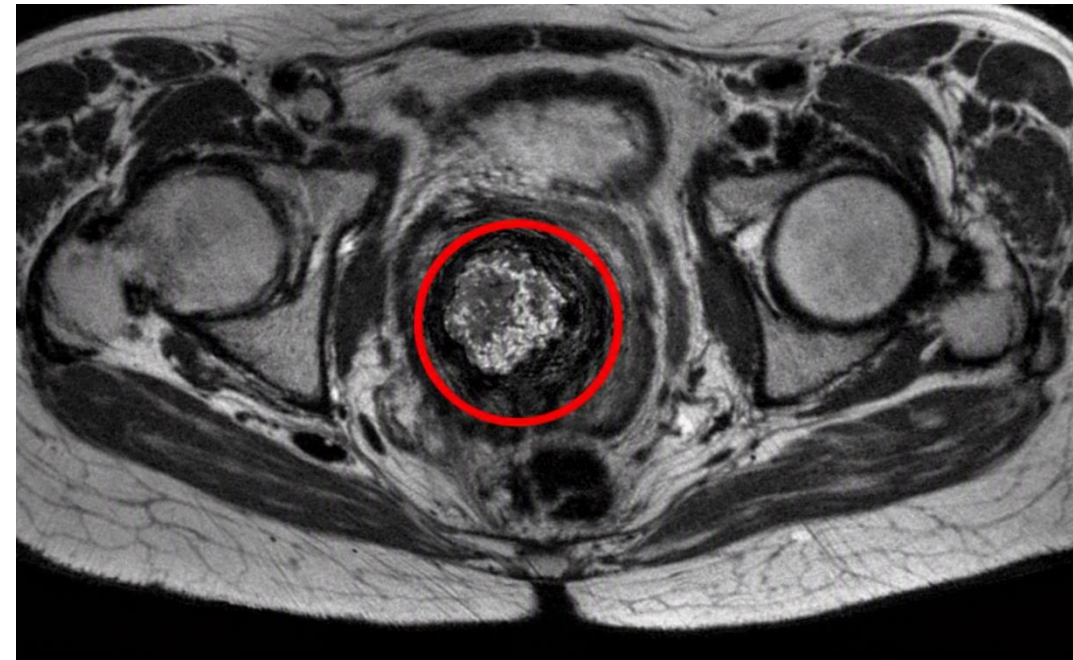


DebateSession

“Rectal Cancer”

Case 1 — Locally Advanced Rectal Cancer With Threatened CRM

- 58-year-old male, mid-rectal tumor, MRI shows T3c lesion with threatened circumferential resection margin (CRM).
- **Debate Points:**
 - Neoadjuvant chemoradiotherapy vs short-course radiotherapy.
 - Role of total neoadjuvant therapy (TNT).
 - Timing of surgery (immediate vs delayed).



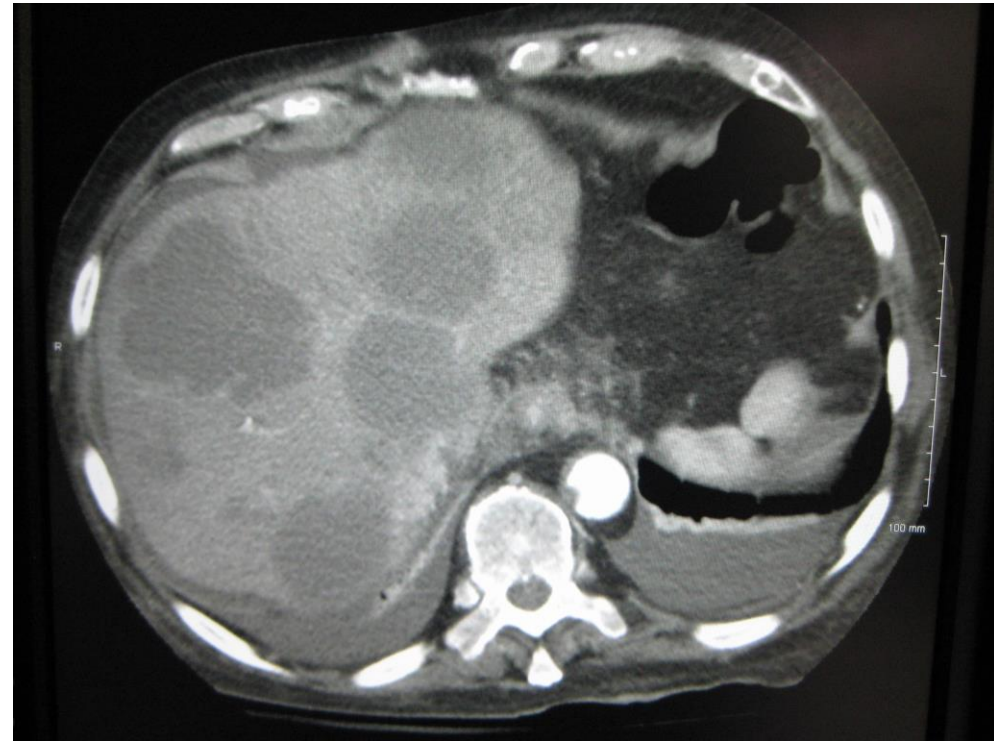
Case 2 — Complete Clinical Response After Neoadjuvant Therapy

- 62-year-old female, low rectal cancer, achieves complete clinical response (cCR) after TNT.
- **Debate Points:**
 - “Watch-and-wait” vs radical surgery.
 - Long-term oncologic outcomes and surveillance protocols.
 - Patient quality of life vs risk of regrowth.
 - Institutional differences in adopting non-operative management.



Case 3 — Synchronous Rectal Cancer and Liver Metastases

- 45-year-old male, rectal tumor with resectable segment VIII liver metastasis.
- **Debate Points:**
 - Simultaneous vs staged resection.
 - Role of liver-first approach.
 - Integration of systemic therapy.
 - Multidisciplinary coordination: colorectal vs hepatobiliary priorities.



Case 4 — Rectal Cancer With Suspicion of Synchronous Cholangiocarcinoma

- A 65-year-old female with a circumferential rectal mass 2 cm from the anal verge had MRI showing a T4 low rectal tumor with para-aortic and lateral pelvic lymphadenopathy.
- After neoadjuvant chemoradiotherapy, PET-CT at 8 weeks revealed persistent uptake at the primary site plus porta-hepatis nodes.
- Post-NCRT MRI showed no regression and suggested **distal CBD stricture**. Elevated CEA and CA 19-9, along with MRCP findings of distal CBD narrowing and proximal dilatation, raised suspicion of synchronous distal cholangiocarcinoma.

Debate Focus

1. **Dual malignancy vs metastatic disease** — how to differentiate?
2. **Management priority:** Should biliary obstruction be addressed before colorectal surgery?
3. **Systemic therapy strategy:** unified vs site-specific.