



Quality of Life and Functional Outcomes following a Watch & Wait approach

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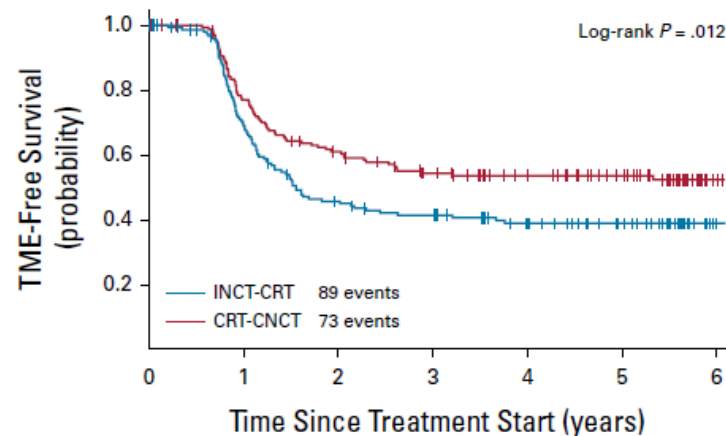
Disclosures

- No relevant disclosures

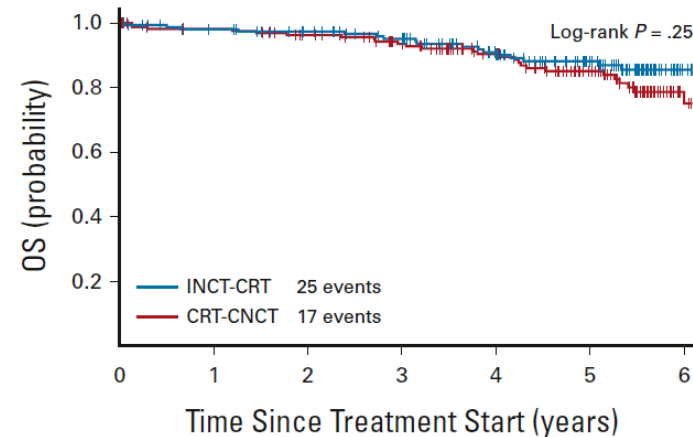


Organ Preservation in Rectal Cancer

- Watch & Wait, first described by Habr-Gama in 1998
- Now ample prospective data regarding oncologic safety
- CRT + Chemo arm in OPRA trial (n=166):
 - TME-free survival: 54%
 - Regrowth rate: 29%; Salvage rate: 91%
 - LRFS: 90%; DFS: 69% ;OS: 85%



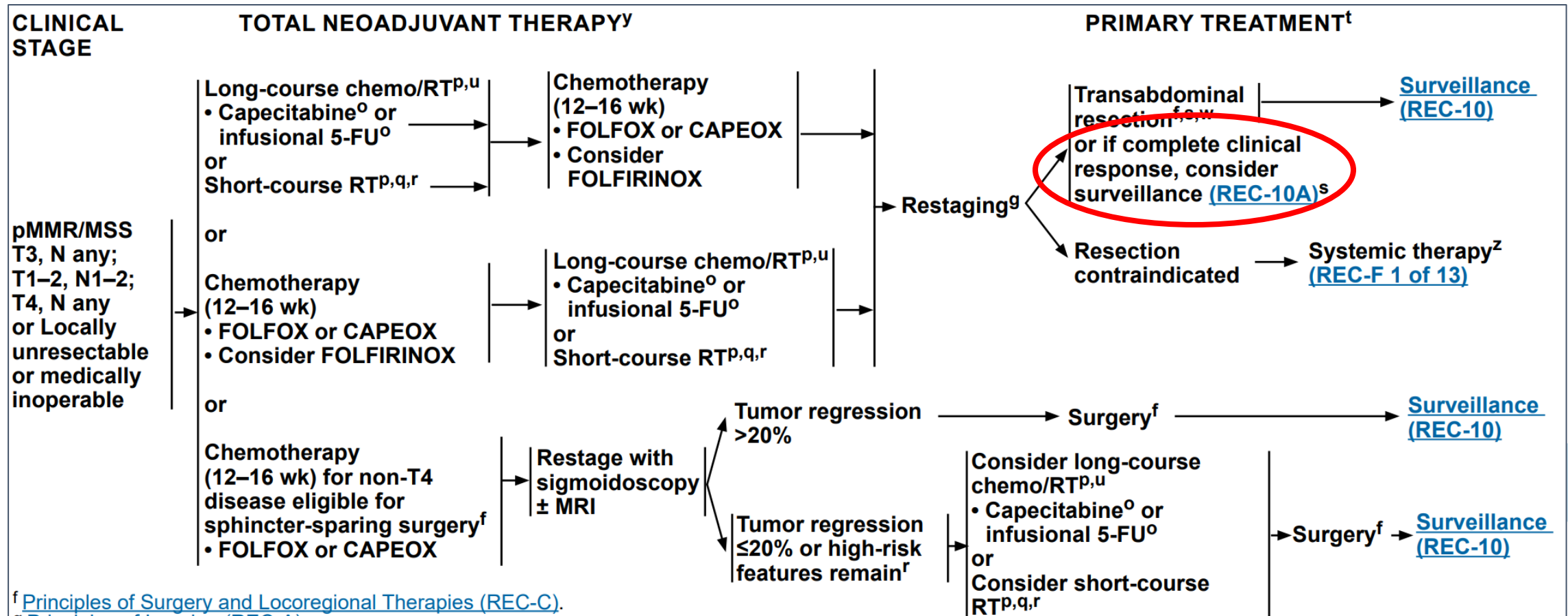
No. at risk:							
INCT-CRT	158	102	65	57	43	32	5
CRT-CNCT	166	121	93	77	64	50	14



No. at risk:							
INCT-CRT	158	146	137	126	102	75	19
CRT-CNCT	166	157	148	130	107	79	22

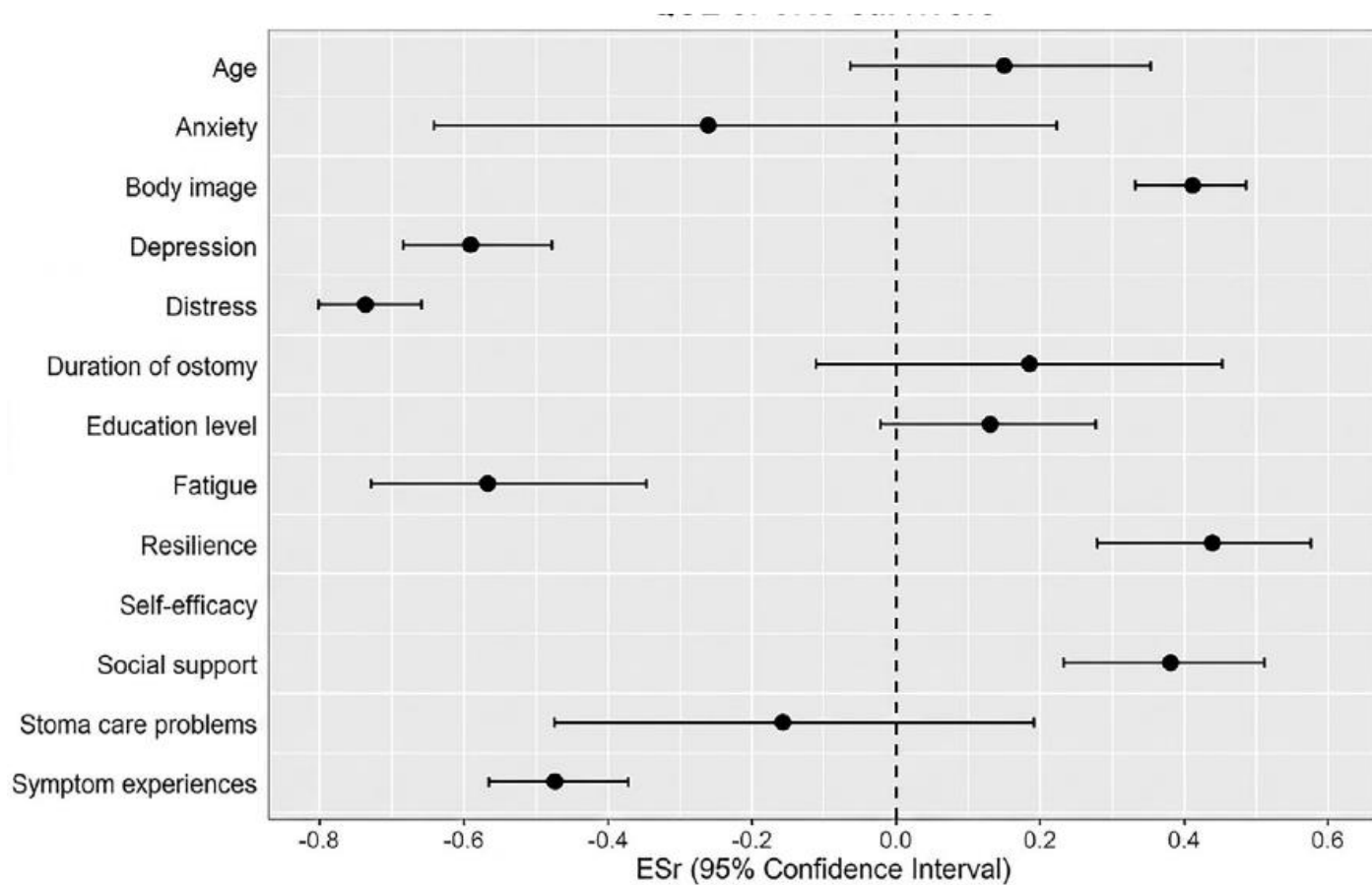
LARC: Standard of Care

TNT > cCR > Organ Preservation W&W



TNT / W&W Impact on QoL

Effect Size of Factors Influencing CRC Survivors' QoL



	TME	W&W
Body Image	☹️	😊
Ostomy	☹️	😊
Anxiety/Distress	☹️	☹️☹️
Symptoms	☹️☹️☹️	?

Low Anterior Resection Syndrome



Frequency



Urgency



**Incontinence
to liquids**

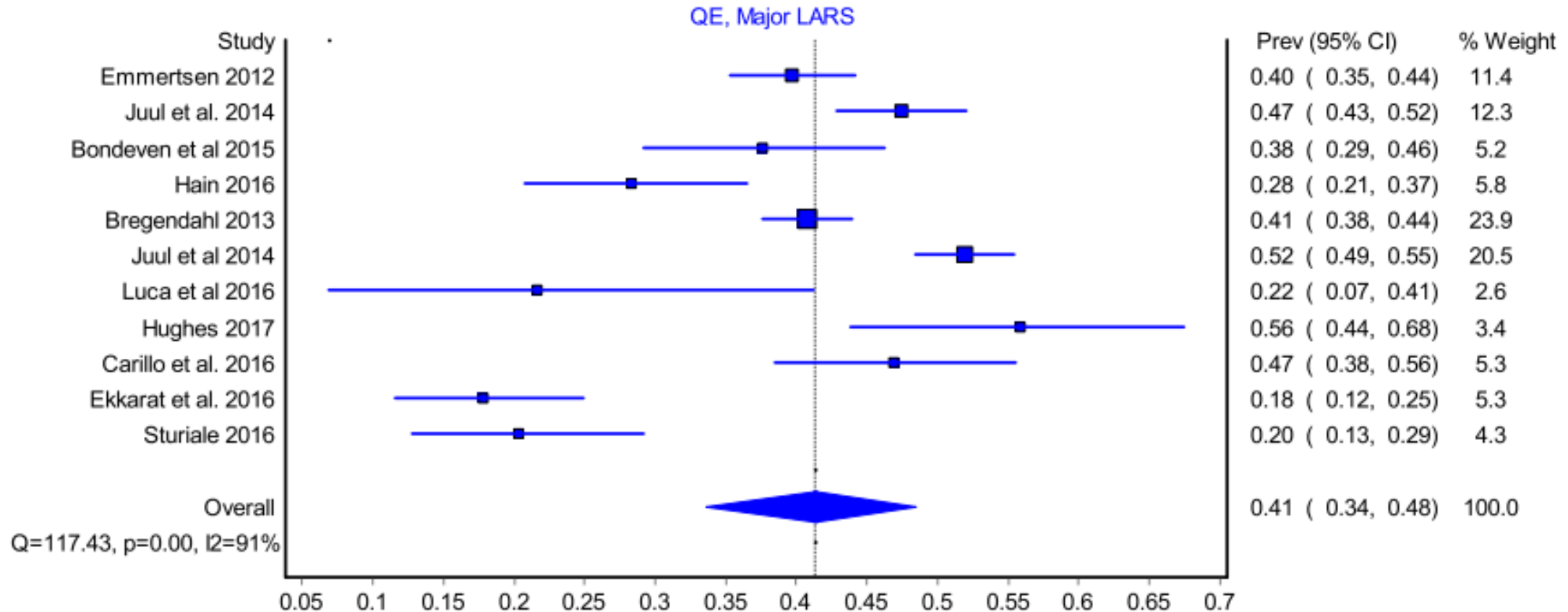


Clustering



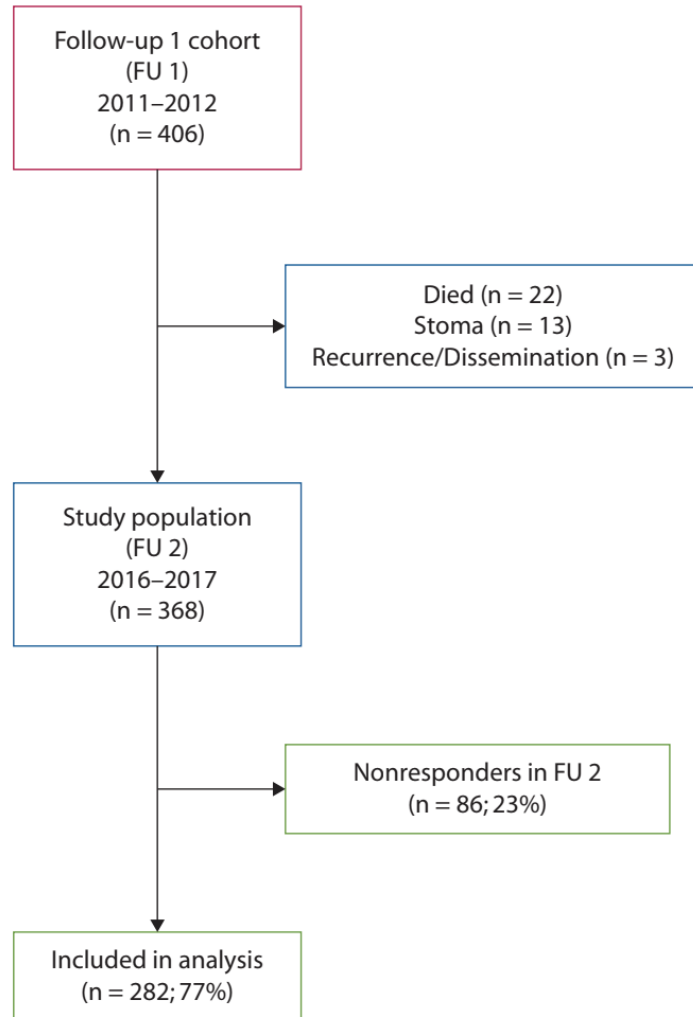
**Incontinence
to gas**

LARS is a Global Problem

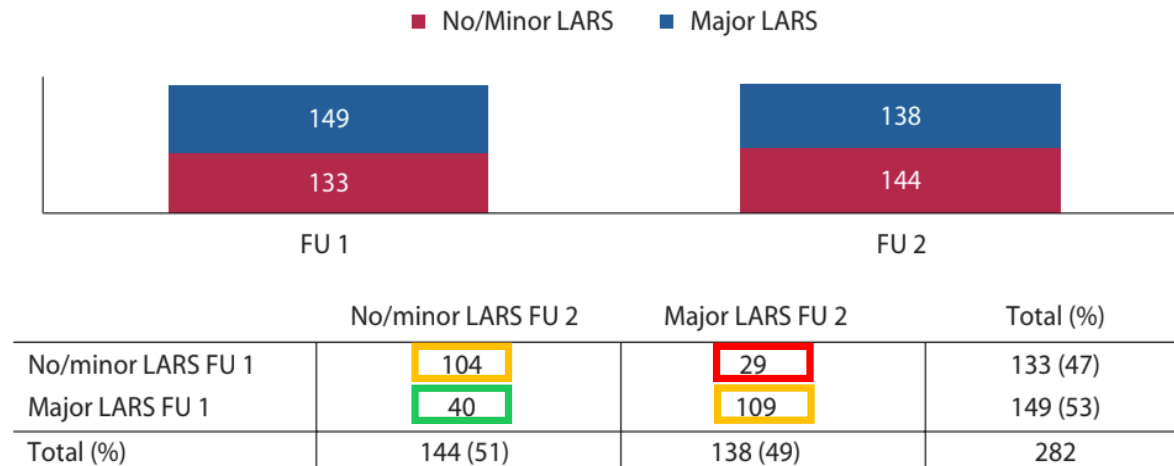


Major LARS 41% $p < 0.001$

LARS is a Long-Term Problem



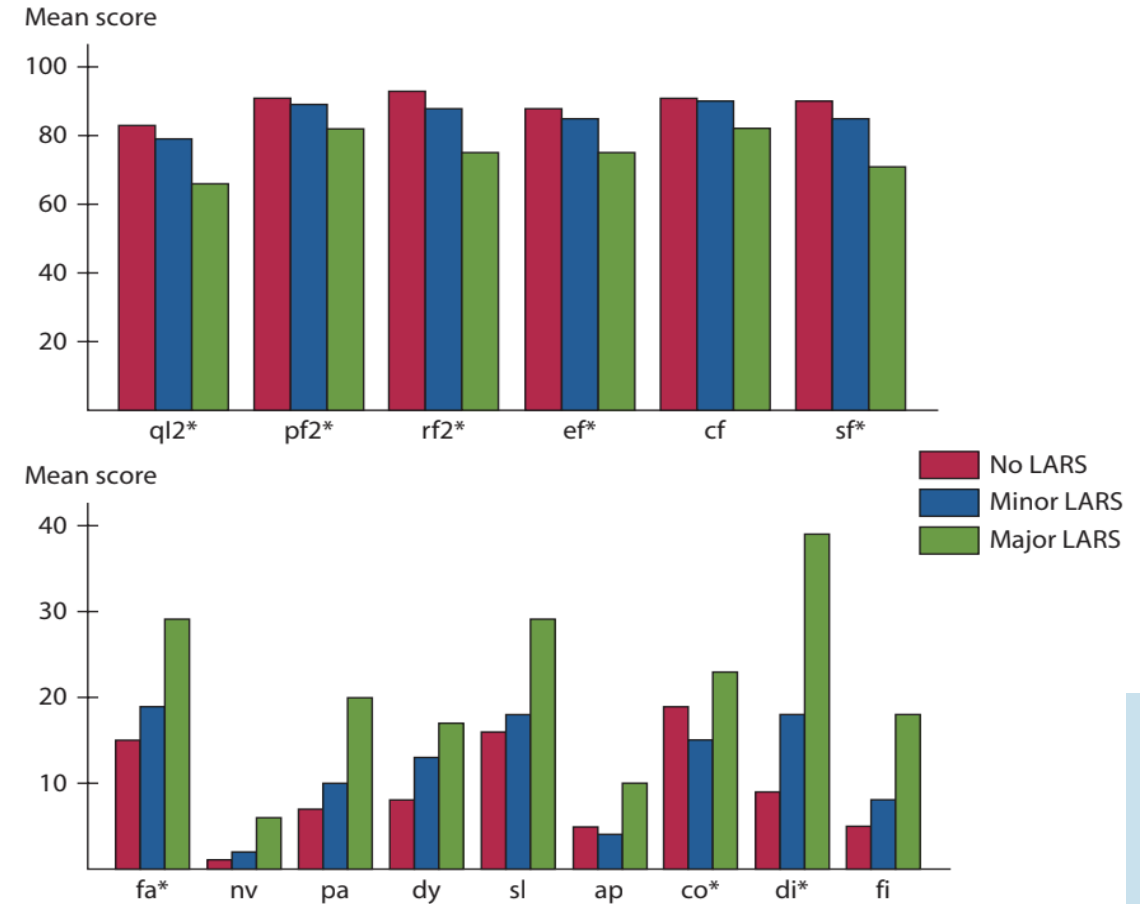
COMPARISON OF DISTRIBUTION IN NO/MINOR LARS GROUP VS MAJOR LARS GROUPS, FU 1 VS FU 2



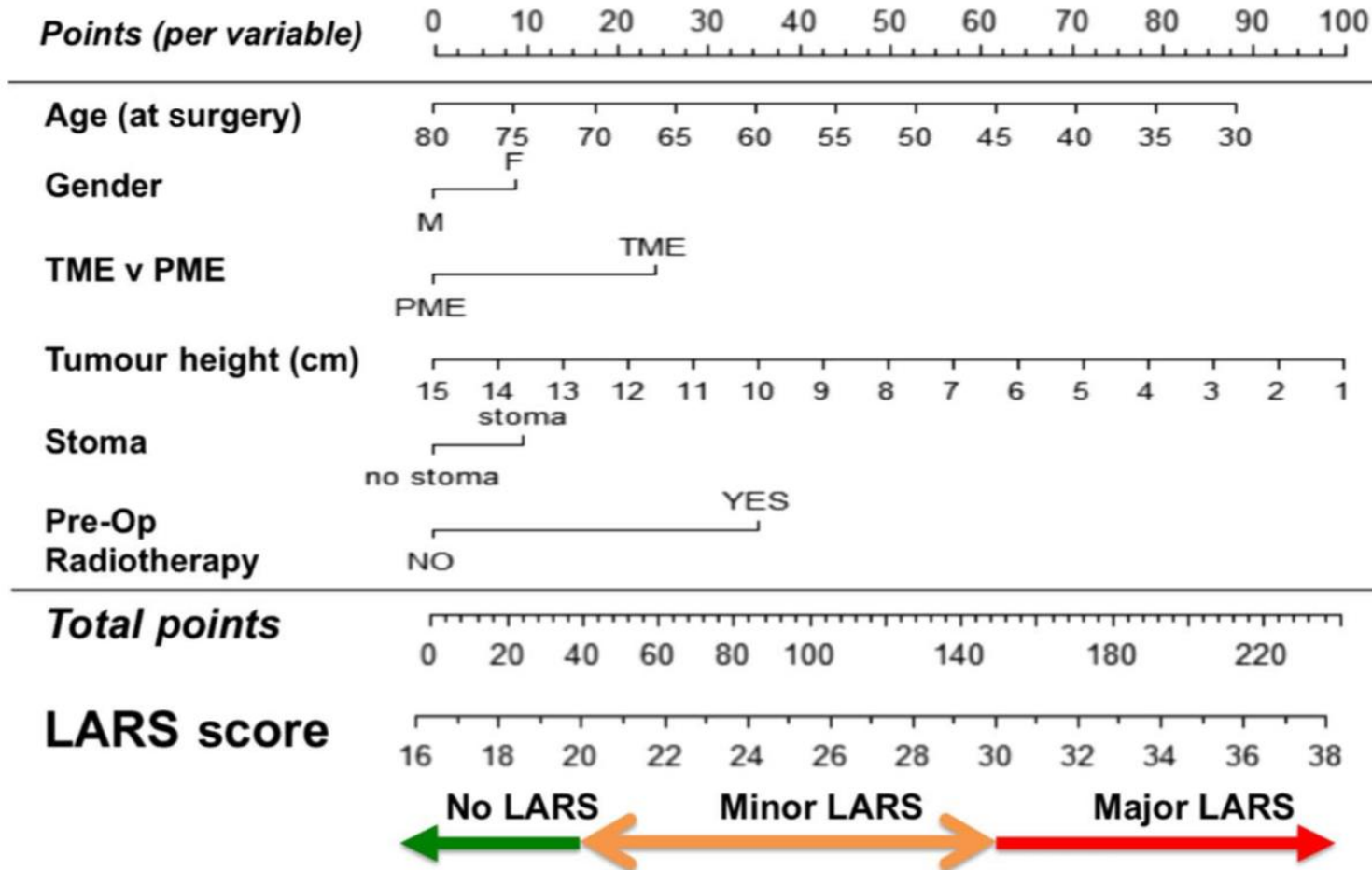
- 49% with major LARS at 10 years
- Only 14% improve
- 10% deteriorate

LARS Impacts QoL

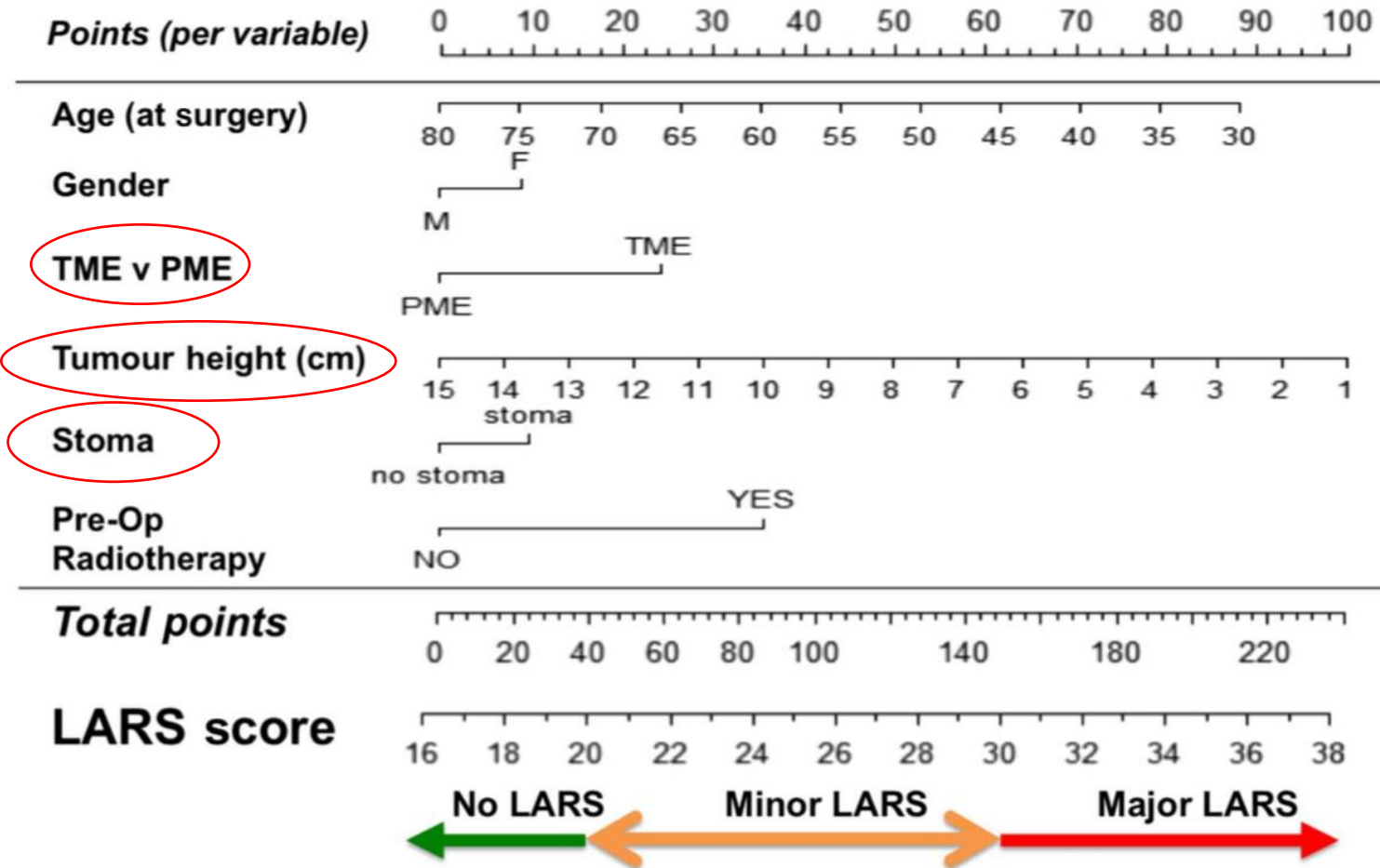
- International cohort, n = 796
- EORTC QLQ-C30
- Mean 5 years from surgery
- **Major LARS is associated with worse scores in all domains**



Can LARS be Predicted?



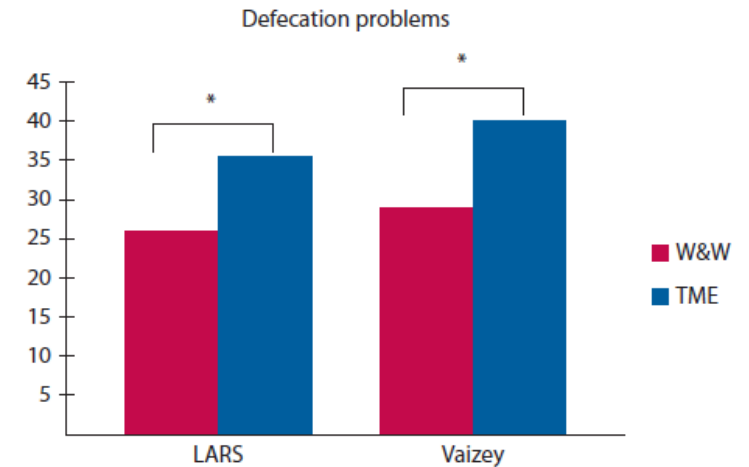
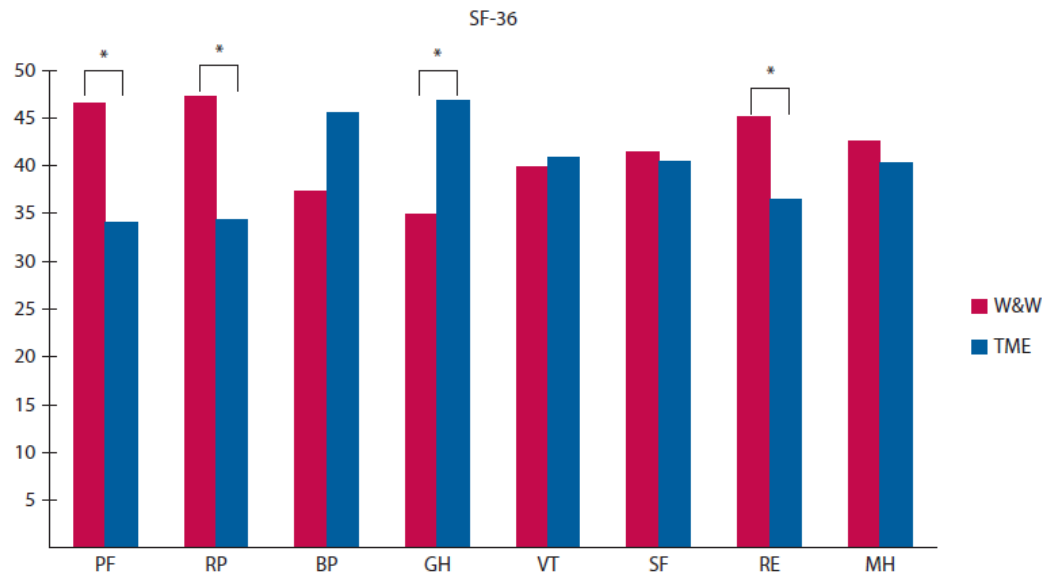
Can LARS be Predicted?



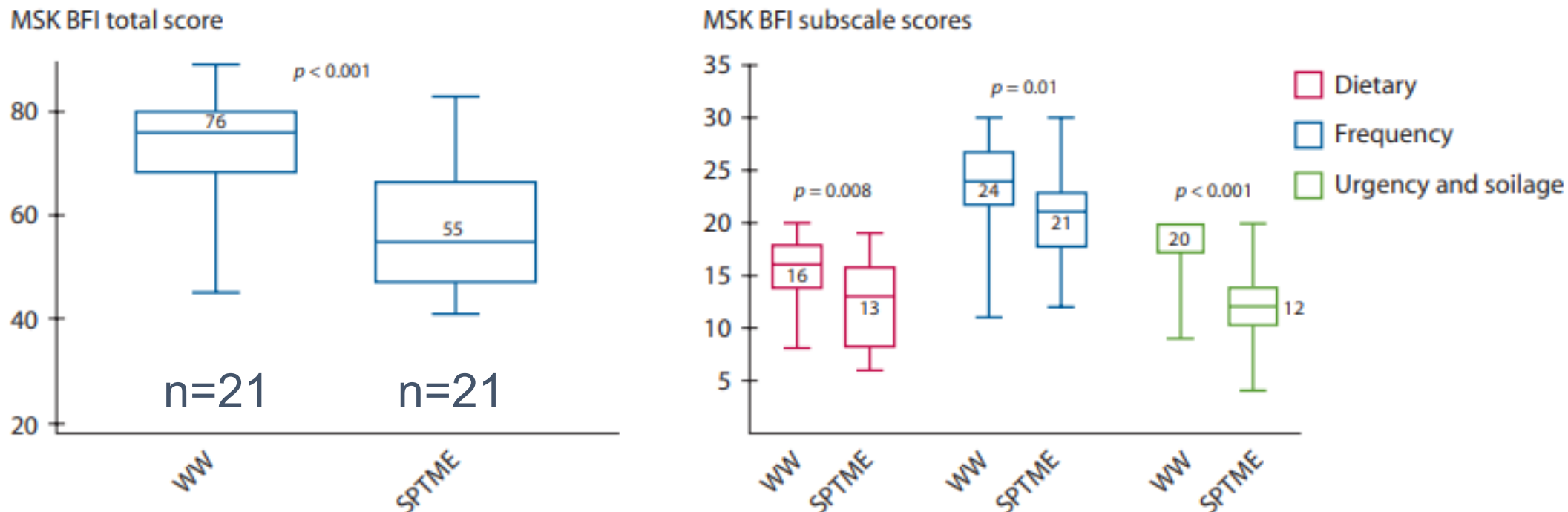
Does Organ Preservation with W&W approach prevent LARS and improve QoL?

QoL and Bowel Function Significantly Better with NOM in RC

- QOL, LARS scores, sexual dysfunction
 - 41 WW with sustained cCR vs. 41 nCRT+TME



Bowel Function: W&W vs TME

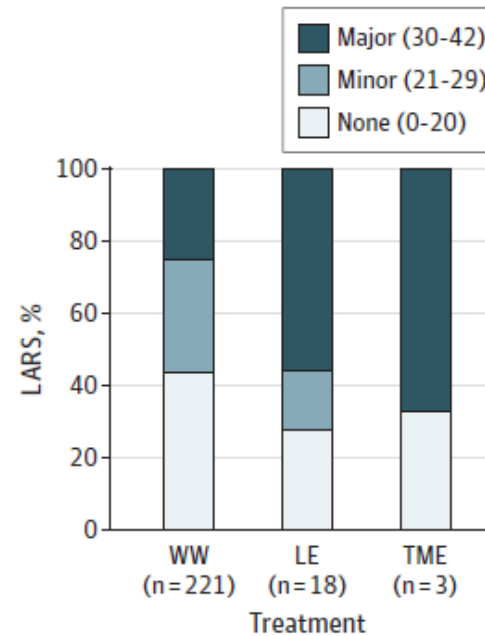


W&W with significantly better bowel function scores, especially with regards to **urgency and soilage**.

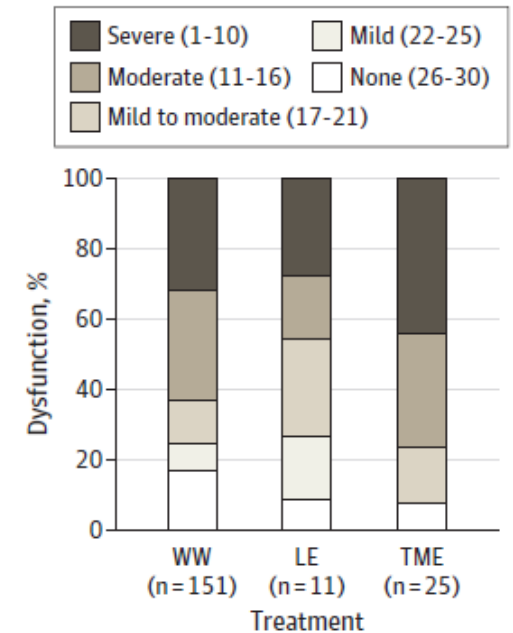
QOL and Function in W&W

- Dutch W&W registry; n=278
 - @ 24 months, 80% cCR, 14% TME, 6% LE
- W&W patients, better QoL and function, but still 60% had LARS and 25% had major LARS and 31.8% severe ED

A LARS score by treatment



D IIEF by treatment

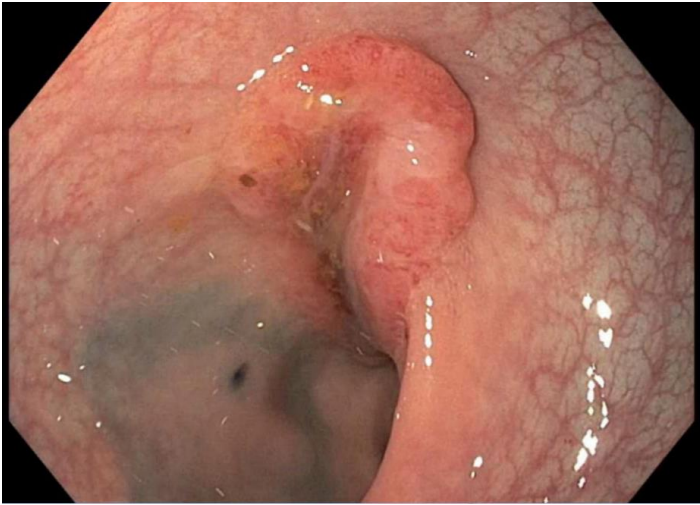


Treatment Decisions

- TNT with cCR: W&W better QoL and function than TME
- Should all rectal cancers be treated with TNT to maximize the odds for organ preservation?



Patient: 40F with Rectal Bleeding



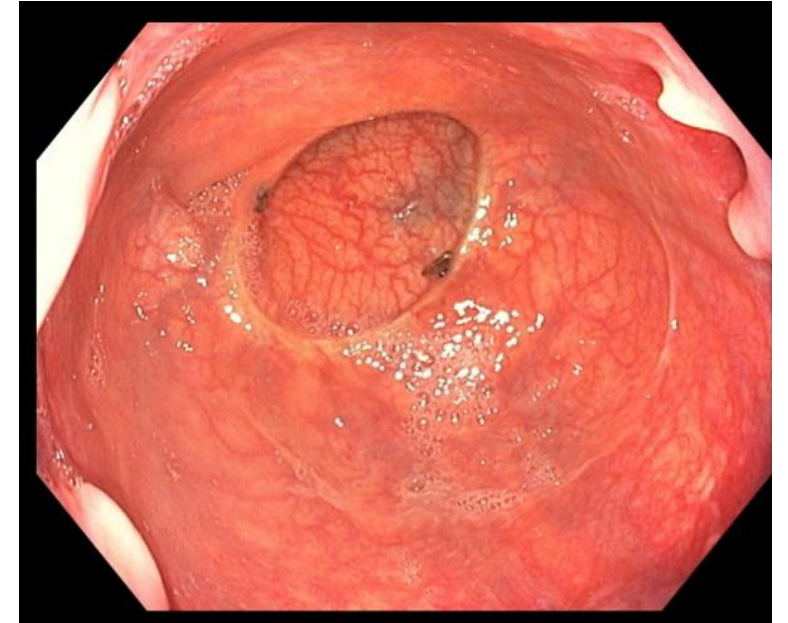
3 cm T3aN0M0, @ 9cm

- a) TME +/- chemo ++LARS
- b) nCRT > TME +/- chemo +++LARS
- c) Chemo > TME ++LARS
- d) TNT > cCR > W&W +LARS
- e) TNT > iCR > TME +++LARS



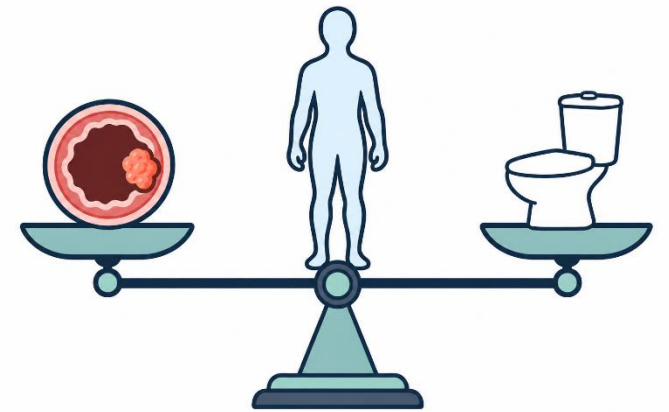
Patient: 40F with T3aN0M0, @ 9cm

- Chemotherapy (PROSPECT)
 - Partial response (>20%)
 - Lap TME
 - ypT2N1c
 - 2 years NED
 - LARS Score: 22 = minor
 - Excellent global QoL



Take Home Message

- After a cCR, W&W avoids TME and generally provides better bowel function and QoL.
- However, neoadjuvant therapy itself impairs bowel, sexual, and QoL
- A significant subset of TNT patients still require TME
- **The goal is not organ preservation at all costs**
- **Patient- and tumor-specific treatment that optimizes cure and quality of life**





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Every life deserves world class care.