Does the possibility of no surgery in watch and wait for rectal cancer affect patient decision-making?

Joanna F. Wasvary[1], Ga-ram Han[2], Jacob A. Applegarth[3], Matthew A. Ziegler[3]
[1]Oakland University William Beaumont, [2]Parkview Health, [3]Corewell Health William Beaumont University Hospital

INTRODUCTION & OBJECTIVE

Prior studies have established that the watch and wait protocol for rectal cancer is a reasonable approach in patients with excellent response to total neoadjuvant therapy (TNT). Current guidelines stipulate that patients eligible for this protocol have no residual tumor on re-staging imaging and endoscopy. Patients who have evidence of residual disease are referred for surgery. This study assessed all patients in our institution who underwent TNT for rectal cancer and the subsequent recommendations for treatment.

Primary aim: assess patient compliance with surgeon recommendations for residual disease after TNT.

Secondary aim: assessment of oncologic outcomes and the rate of complete pathologic response after surgery.

METHODS & MATERIALS

A retrospective chart review of a prospectively maintained rectal cancer database of all patients who completed TNT was performed.

DATA EVALUATION:

- Demographics
- Comorbidities
- Initial staging
- Chemotherapy
- Radiation therapy
- Post-treatment re-staging
- Surveillance results with the watch and wait (WW) approach
- Final pathology results after Total mesorectal excision (TME)

EXCLUSION:

- Metastatic disease
- IBD
- Synchronous colon cancer
- Incomplete chemotherapy and chemotherapy and chemoradiation.

ELIGIBILITY:

Patients were considered eligible for the watch and wait protocol if they had both no residual tumor on rectal MRI and flexible sigmoidoscopy. Surgical resection was recommended for all other patients. The surgery notes were reviewed to see if the decision to proceed with watch and wait or resection was made due to patient preference rather than the surgeon's recommendations.

RESULTS

61 patients completed TNT within the study period. The mean age at diagnosis was 62 years. 56% were male. The mean ASA score was 2.6 and the mean distance of the tumor from the anal verge was 7 cm. 27% of patients had stage 2 and 73% had stage 3 disease. For the TNT regimen, 32% had chemoradiation first and 68% had chemotherapy first. One patient died after completion of TNT and one developed metastases and both were excluded from study. Based on post-treatment re-staging, 41% of patients were eligible for watch and wait. 14% of the patients for whom surgery was recommended based on the re-staging results refused to undergo resection. Therefore, 20% of the patients who did not undergo surgery after TNT had evidence of residual disease. After a median follow-up time of 18 months (IQR: 13 – 24 months), none of the appropriately selected patients on the watch and wait protocol had recurrent disease. For patients who underwent surgical resection, 33% had a complete pathologic response/sterile specimen (pCR) and the remainder had no complete response (nCR)

Table 1: Outcomes after undergoing total neoadjuvant therapy

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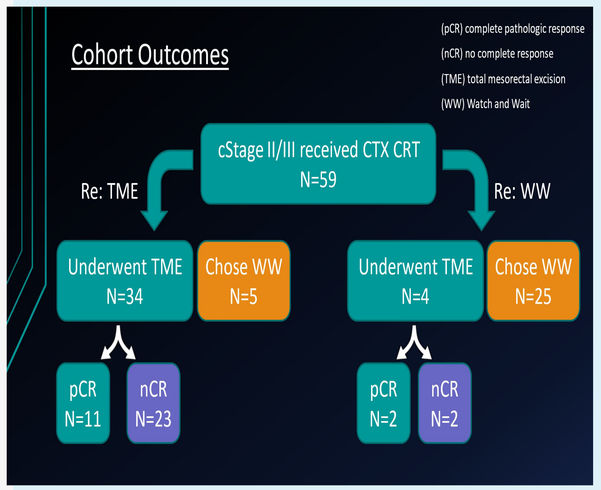
Post-TNT re-staging results, n (%)	
Complete response on MRI	28 (57%)
Incomplete response on MRI	21 (43%)
Complete response on flexible sigmoidoscopy	33 (57%)
Incomplete response on flexible sigmoidoscopy	25 (43%)
Decision making after re-staging	
MRI/sigmoidoscopy results - eligible for W&W, n (%)	24 (41%)
MRI/sigmoidoscopy results - surgical resection recommended, n (%)	35 (59%)
Patients who refused surgery, n (%)	5 (14%)
Patients on W&W protocol, n	25
Patients for whom surgery was recommended, n (%)	5 (20%)
Patients who underwent surgery, n	34
Patients who were eligible for W&W, n (%)	4 (12%)
Final pathology results, %	
Sterile specimen overall	33%
Sterile specimen in patients who were eligible for W&W	50%

Abbreviations: TNT – Total neoadjuvant therapy. N – Number of patients. W&W – Watch and wait.



CONCLUSIONS

The results of watch and wait protocols for rectal cancer have been very promising and a significant percentage of patients are able to avoid surgery. However, the success of watch and wait may have an unintended effect on patient compliance in the setting of residual disease after TNT. Setting reasonable expectations for patients undergoing treatment for rectal cancer is paramount. Further studies are needed to determine the long-term oncologic outcomes of the watch and wait protocol for eligible patients, as well as those who refuse surgical resection with good response but residual tumor present.

NEXT STEPS

- What informs patient decision-making when selecting WW or TME?
- Knowing this can better inform physician-patient counseling.
- Future investigation is planned to answer this question.

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