

Watch and Wait versus Surgery with Pathological complete response: single institution experience

J. Souza¹, R. Guimarães², M.B. Siqueira¹, R. Gil¹, R. Araujo³, M. Valadão³

¹Medical Oncology, INCA - Instituto Nacional de Cancer, Rio De Janeiro, BR, ²Radiotherapy, Instituto Nacional do Câncer, Rio De Janeiro, BR

INTRODUCTION

Neoadjuvant chemoradiation therapy improves local control, may lead to significant tumor regression and even complete pathological response. We compared patients managed by watch and wait approach and those submitted to surgery with pathological complete response.

METHODS

We included patients with rectal adenocarcinoma who had received neoadjuvant long-course chemoradiation therapy (45-50.4 Gy in 25-28 daily fractions with concurrent fluoropyrimidine-based chemotherapy) between July 2003 and December 2012. After, we compared outcomes between two groups: 1) 39 patients managed with watch and wait (WW) approach after clinical complete response; 2) 68 patients submitted to surgery and had pathological complete response (pCR). The primary endpoint was relapse-free survival (RFS).

RESULTS

The median age was 63.5 years of age (43-81y) for WW and 60 (29-86y) for pCR.

After median follow up of 73 months, of 39 patients managed by watch and wait, 8 (20%) patients had local relapse, 4 (10%) patients had distant relapse, and 3 (7.5%) patients had both. Of 68 patients with pCR, 4 (5.8%) patients had local relapse, 5 (7.3%) patients had distant relapse, and 3 (4.4%) patients had both. Salvage surgery was possible in 5 (62.5%) patients after local relapse and 1 (33%) patient after local and distant relapse in WW group, but was not possible in any patient in pCR group. Twentyfive (62.5%) patients have sustained complete clinical response without any surgery in WW group. Local relapse was 3 times higher in WW group (OR 3 – CI:1.09-8.69) and distant relapse were equal (OR: 1.3 - CI:0.43-4.26). The 3- and 5-year RFS was 84.8% and 75.1%, respectively, and was significantly better in pCR than WW (HR: 2.46 Cl: 1.13-5.49 – p: 0.02). The 3- and 5-year OS was 89.3% and 79.1%, respectively, and was similar in both groups (HR: 1.43 CI: 0.64-3.27 – p: 0.36). Permanent colostomy was 2.6 higher in pCR group (CI:1.02-6.69)

REFERENCES

Maxime van der Valk M. The International Watch & Wait database (IWWD) for rectal cancer: An update. J Clin Oncol 35, 2017 (suppl 4S; abstract 521)

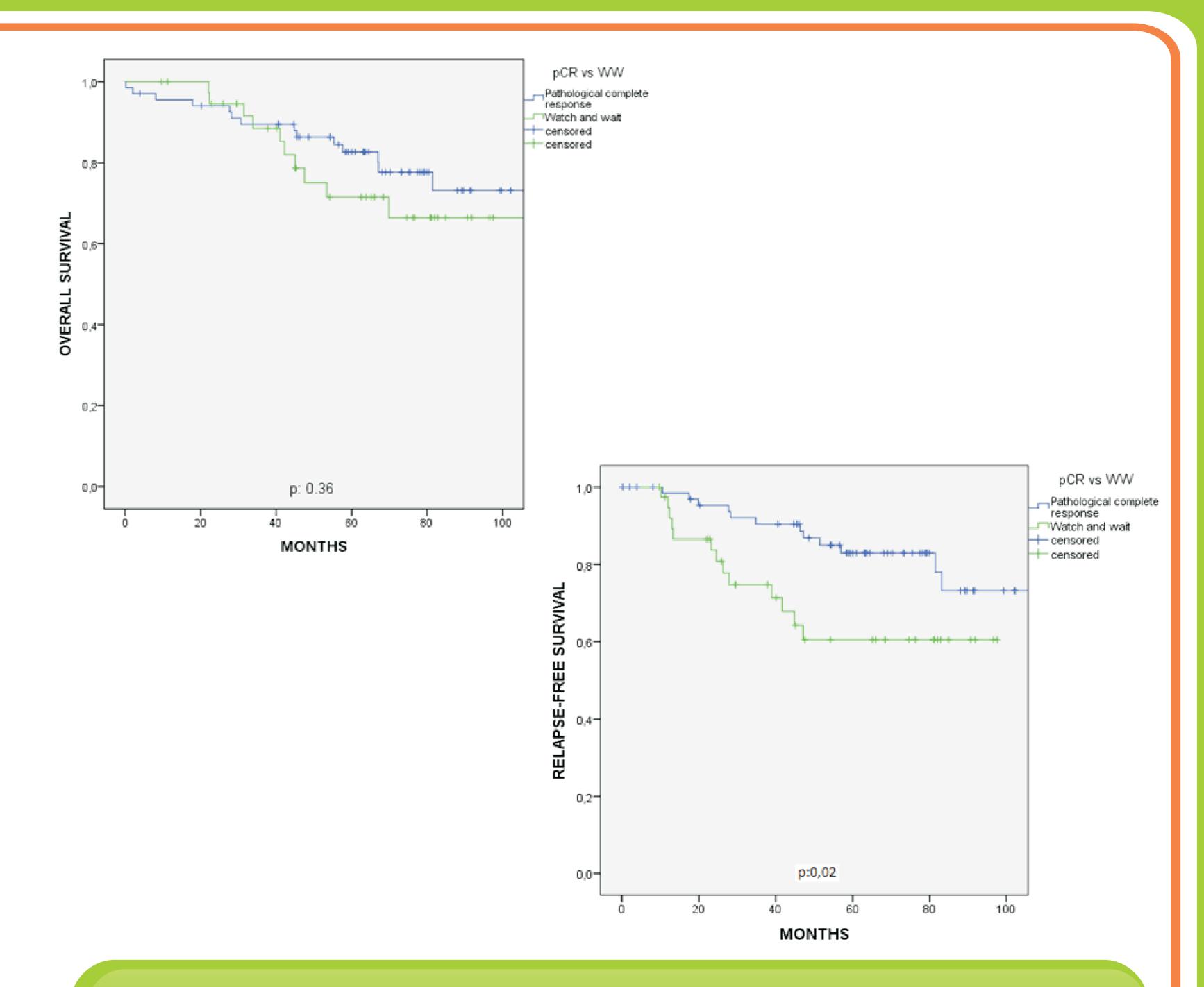
Alongi F, Mazzola R. Watch-and-wait versus surgical resection for patients with rectal cancer. The Lancet Oncology. 2016 Habr-Gama A, et al. Local recurrence after complete clinical response and watch and wait in rectal cancer after neoadjuvant

chemoradiation: impact of salvage therapy on local disease control. Int J Radiat Oncol Biol Phys. 2014

Petrelli F, et al. Increasing the Interval between neoadjuvant chemoradiotherapy and surgery in rectal cancer a meta-analysis of published studies. Ann Surg. 2016

Patients Characteristics			
	Watch and Wait (WW)	Pathological Complete Response (pCR)	
n	39	68	
Sex (%)			
Male	15 (38.5%)		
Female	24 (61.5%)		
Age	63.5 y (43-81y)	60 y (29-86y)	
MRIT (%)			
T2	8 (20.5%)	6 (8.8%)	
T3	20 (51.2%)	50 (73.5%)	
T4	2 (5%)	6 (8.8%)	
Missing data	9 (23%)	6 (8.8%)	
MRIT (%)			
N-	29 (74.3%)	53 (78%)	
N+	4 (10.2%)	10 (14.7%)	
Missing data	6 (15.3%)	5 (7%)	

Treatment outcomes		
	Watch and Wait (WW)	Pathological Complete Response (pCR)
n	39	68
Local relapse	8 (20%)	4 (5.8%)
Distant relapse	4 (10%)	5 (7.3%)
Local + distant relapse	3 (7.5%)	3 (4.4%)
Salvage surgery	6	0



CONCLUSION

The watch and wait approach had worse RFS without impact on overall survival. Radical rectal surgery was avoided in 62.5% of patients selected and salvage surgery was possible in 62.5% of patients who had local relapse in WW group. The odds of permanent colostomy were 2.6 higher in pCR group.

