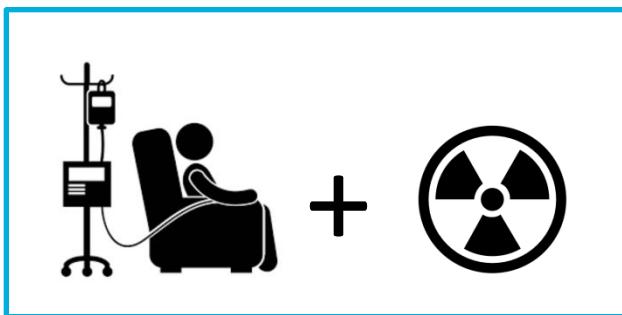


Interval 6 or 12 weeks between Neoadjuvant Chemoradiotherapy and Surgery in Rectal Cancer Patients

Prof. Dr. Hans de Wilt
Department of Surgery
Radboudumc
Nijmegen
The Netherlands

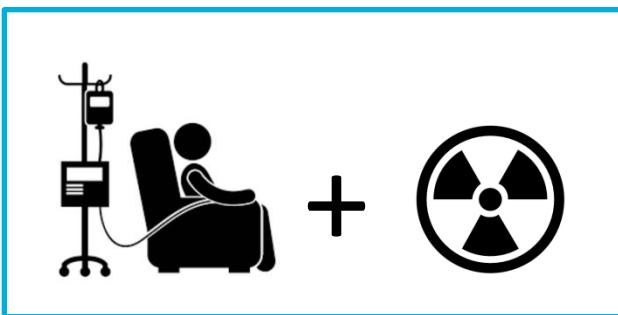
Background



Guidelines: 6-8 weeks



Background



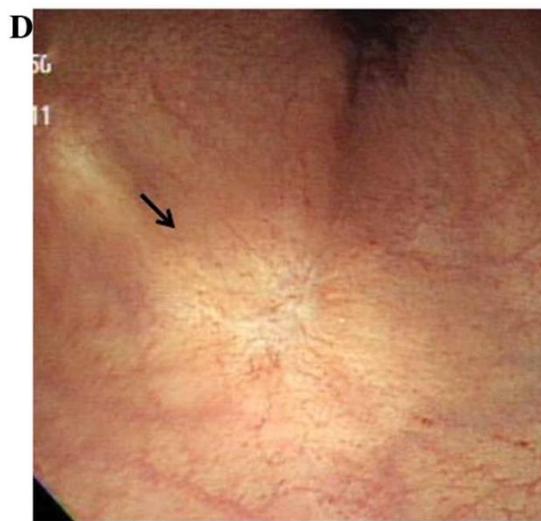
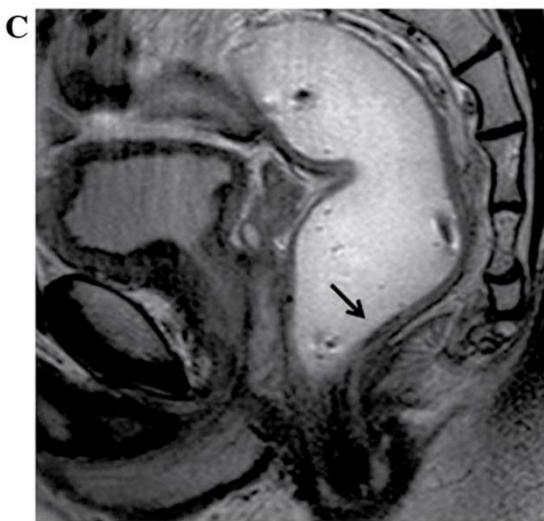
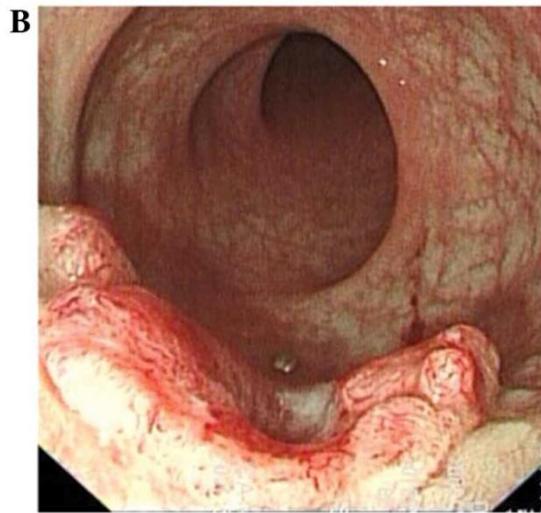
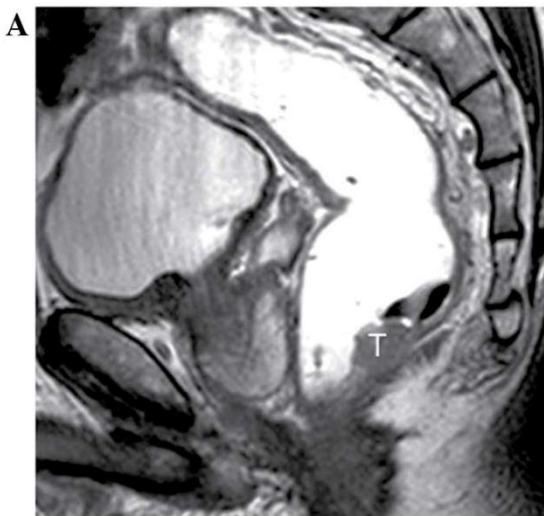
Guidelines: 6-8 weeks



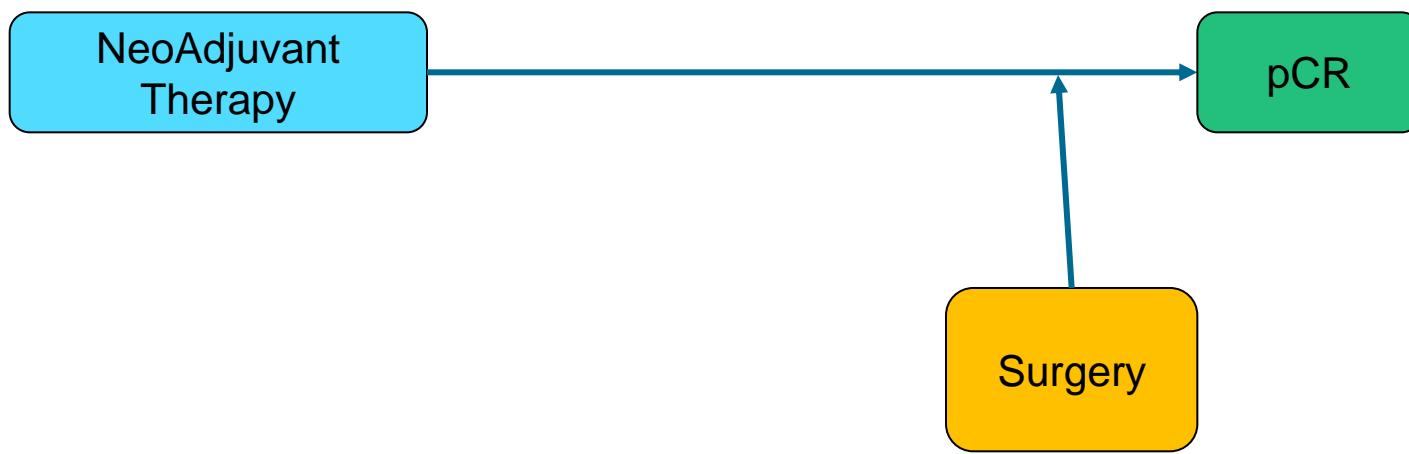
Waiting 12 week is:

***better
equal
worse***

Waiting time 'forever'



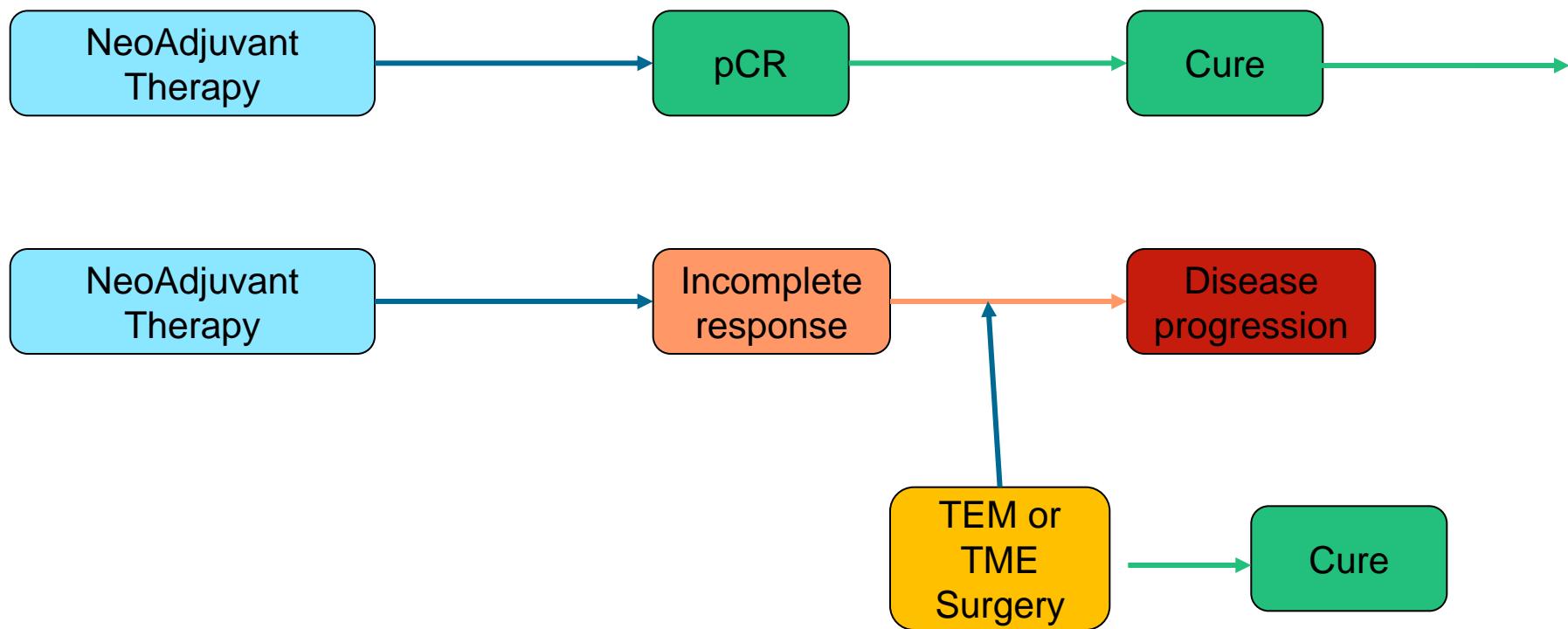
When?



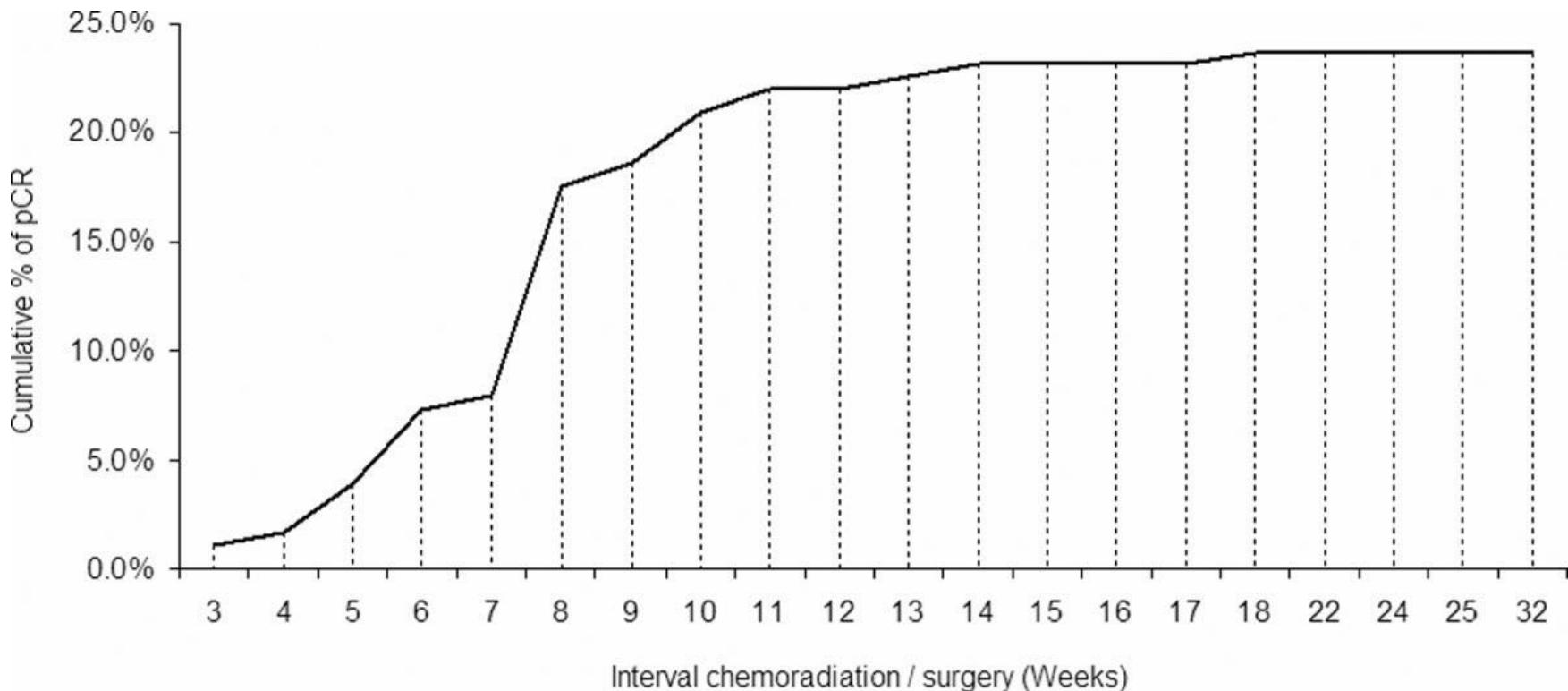
When?



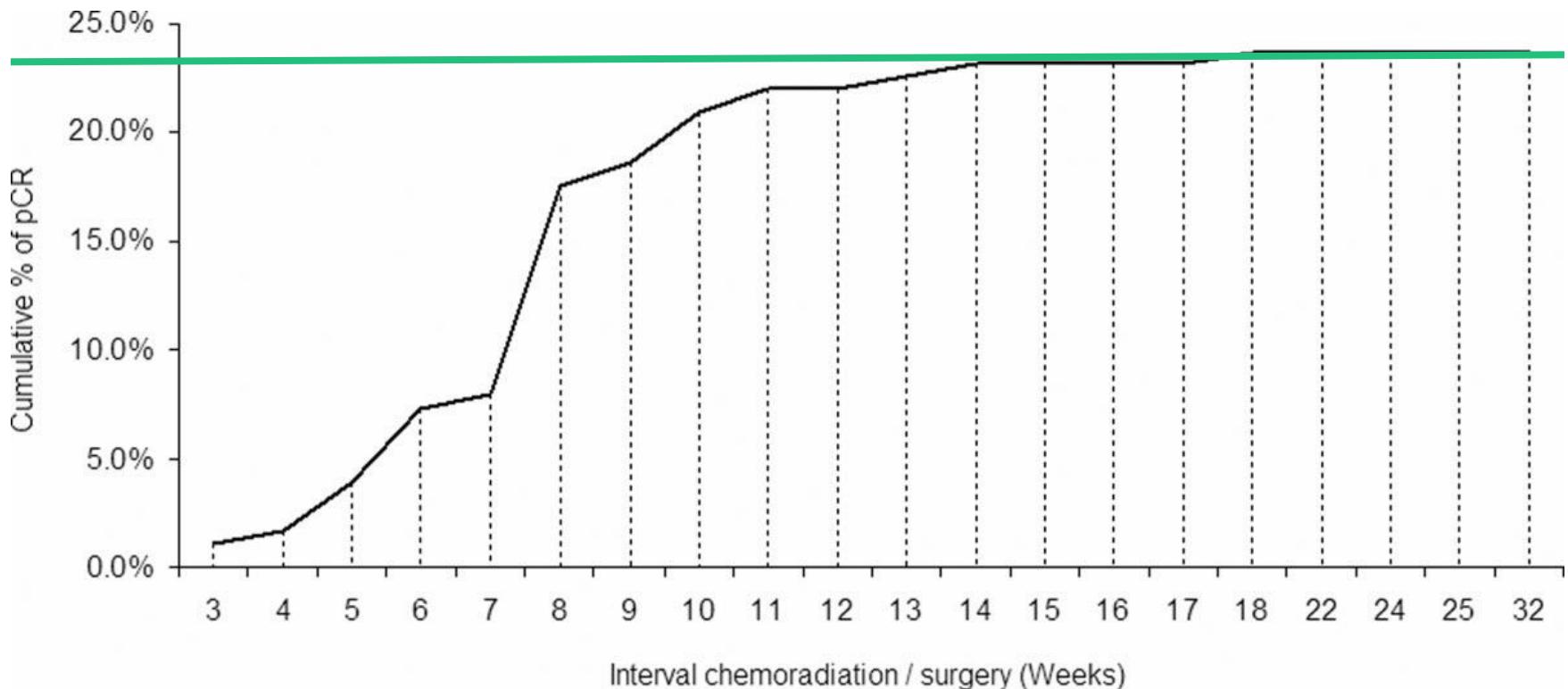
When?



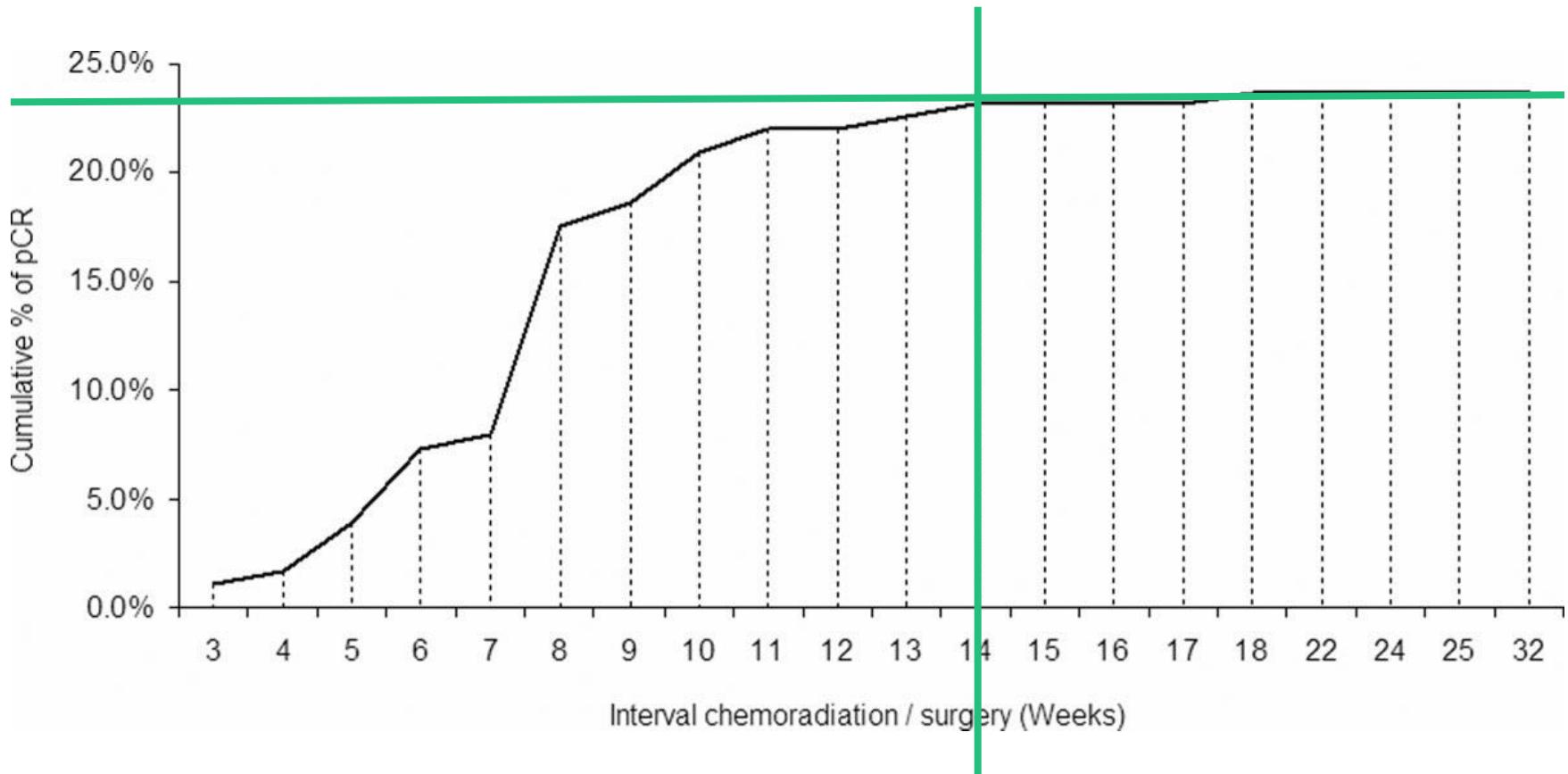
When have all pCRs developed?



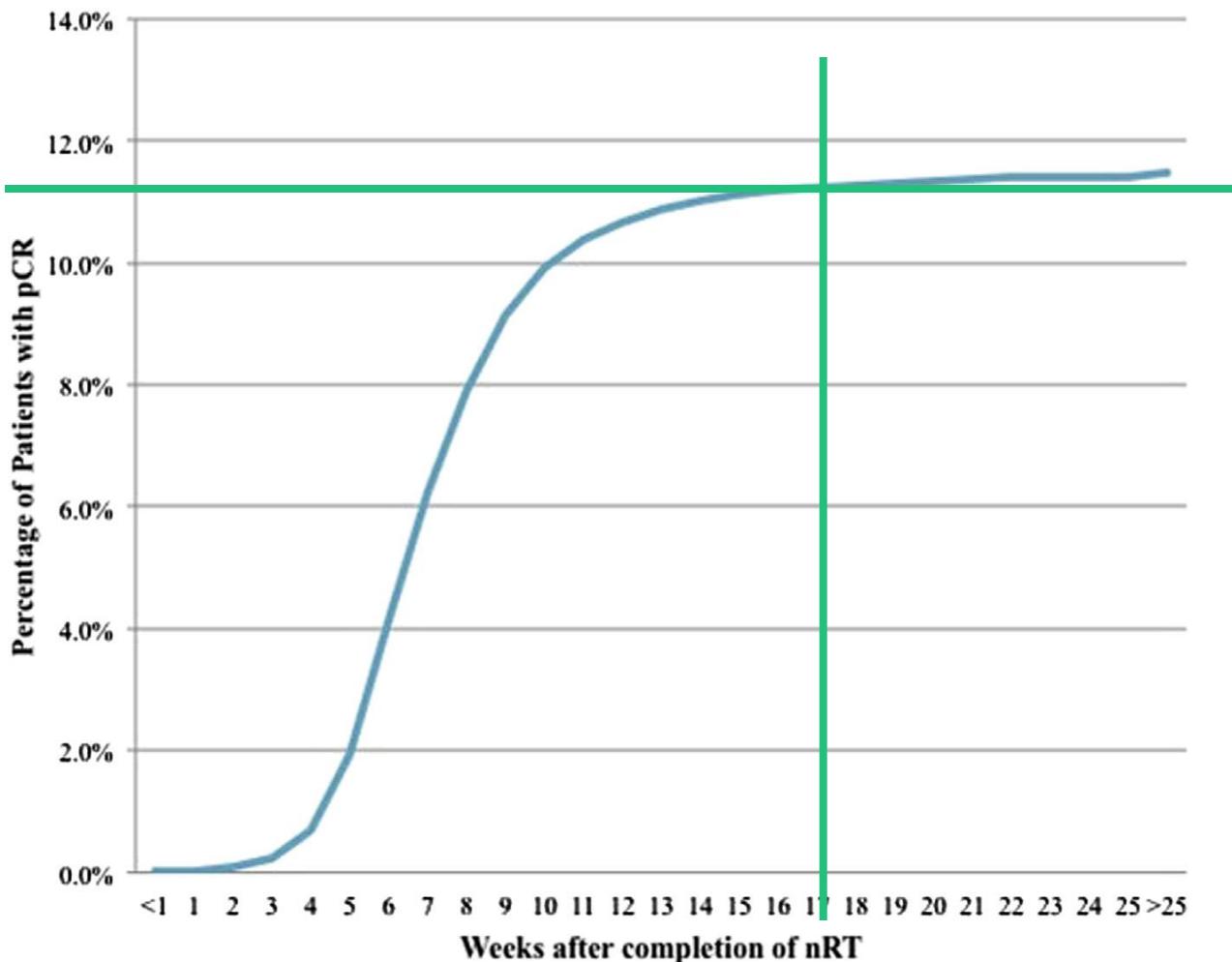
When have all pCR's developed?



When have all pCR's developed?



When have all pCR's developed?



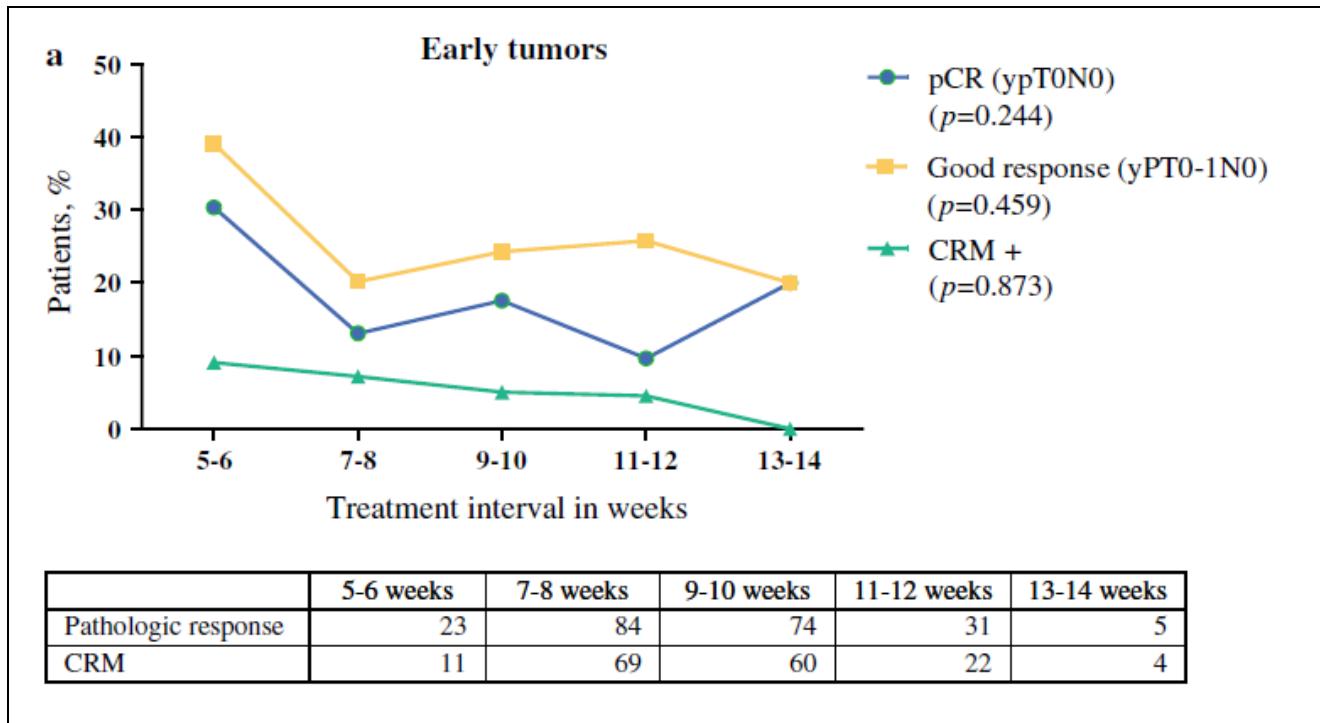
Interval Study



- Population-based Netherlands Cancer Registry
- 2006-2011
- Population:
 - Primary rectal carcinoma → CRT + surgery
 - Treatment interval 5-15 weeks
 - No metastasized disease

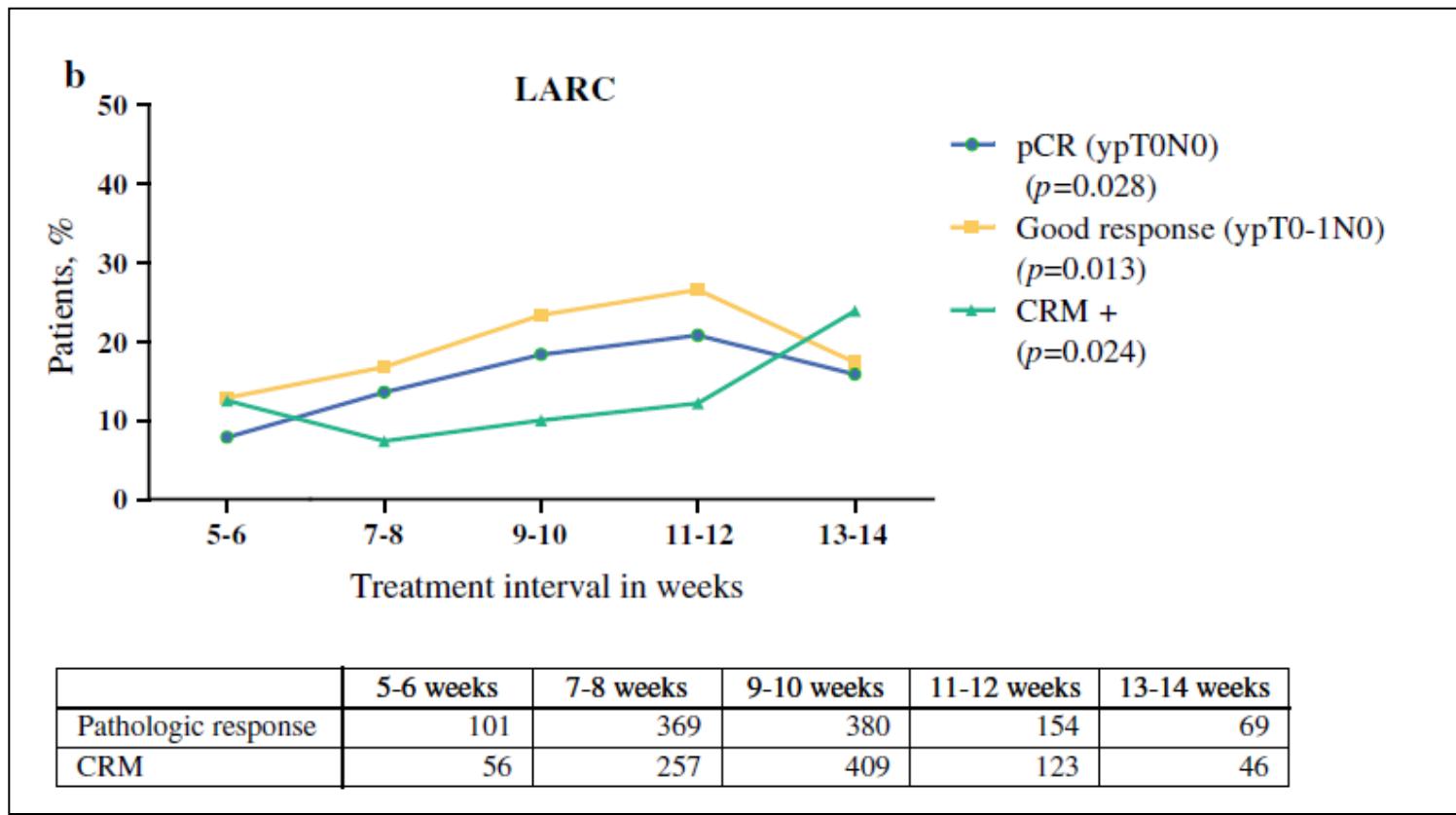
Treatment Interval between Neoadjuvant Chemoradiotherapy and Surgery in Rectal Cancer Patients: A Population-Based Study

A. J. M. Rombouts, MD¹, N. Hugen, MD, PhD¹, M. A. G. Elferink, PhD², I. D. Nagtegaal, MD, PhD³, and J. H. W. de Wilt, MD, PhD¹



Treatment Interval between Neoadjuvant Chemoradiotherapy and Surgery in Rectal Cancer Patients: A Population-Based Study

A. J. M. Rombouts, MD¹, N. Hugen, MD, PhD¹, M. A. G. Elferink, PhD², I. D. Nagtegaal, MD, PhD³, and J. H. W. de Wilt, MD, PhD¹



Treatment Interval between Neoadjuvant Chemoradiotherapy and Surgery in Rectal Cancer Patients: A Population-Based Study

A. J. M. Rombouts, MD¹, N. Hugen, MD, PhD¹, M. A. G. Elferink, PhD², I. D. Nagtegaal, MD, PhD³, and J. H. W. de Wilt, MD, PhD¹

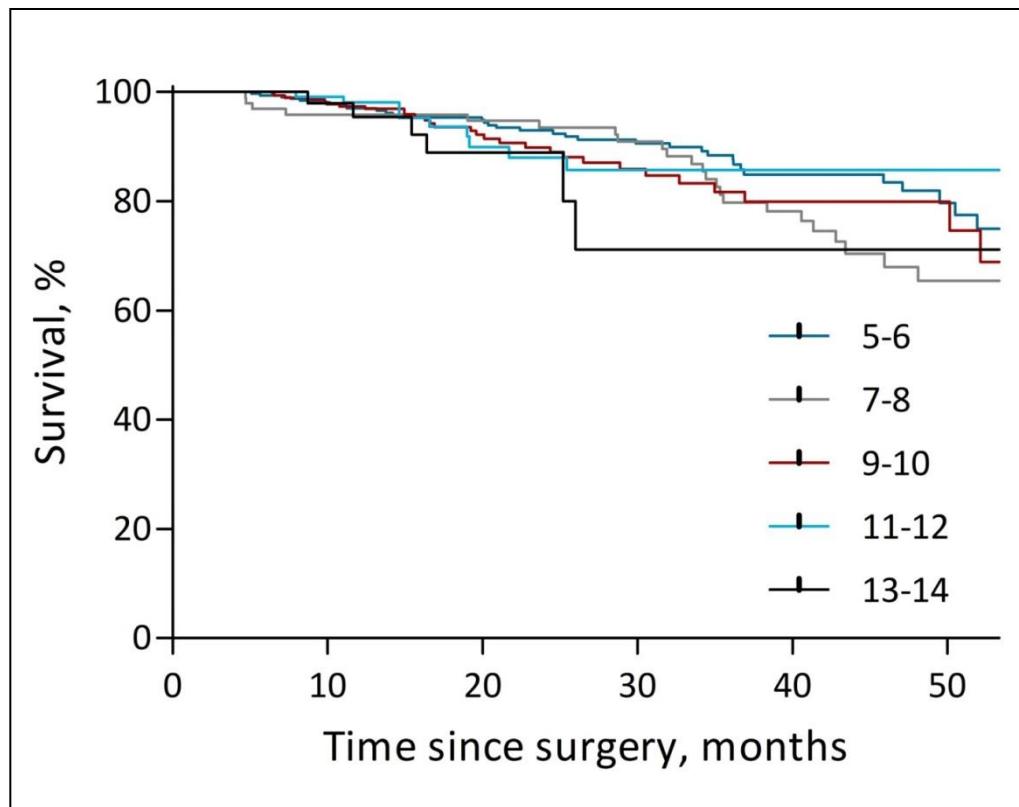
Regression analysis

| | pCR | Odds ratio (95% CI) | Adjusted <i>p</i> -value |
|----------------------------|-------|------------------------|-----------------------------|
| Treatment interval (weeks) | | | 0.022 |
| 5-6 | 7.9% | 0.57 (0.25-1.28) | N.S. |
| 7-8 | 13.6% | 1.00 | - |
| 9-10 | 18.4% | 1.56 (1.03-2.37) | 0.037 |
| 11-12 | 20.8% | 1.94 (1.15-3.26) | 0.013 |
| 13-14 | 15.9% | 1.44 (0.68-3.04) | N.S. |

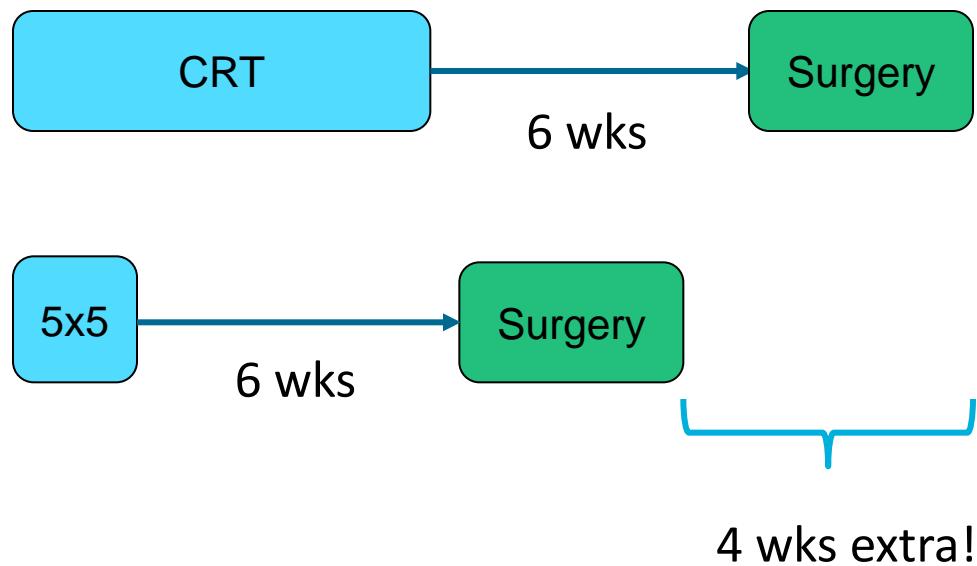
Treatment Interval between Neoadjuvant Chemoradiotherapy and Surgery in Rectal Cancer Patients: A Population-Based Study

A. J. M. Rombouts, MD¹, N. Hugen, MD, PhD¹, M. A. G. Elferink, PhD², I. D. Nagtegaal, MD, PhD³, and J. H. W. de Wilt, MD, PhD¹

Overall survival

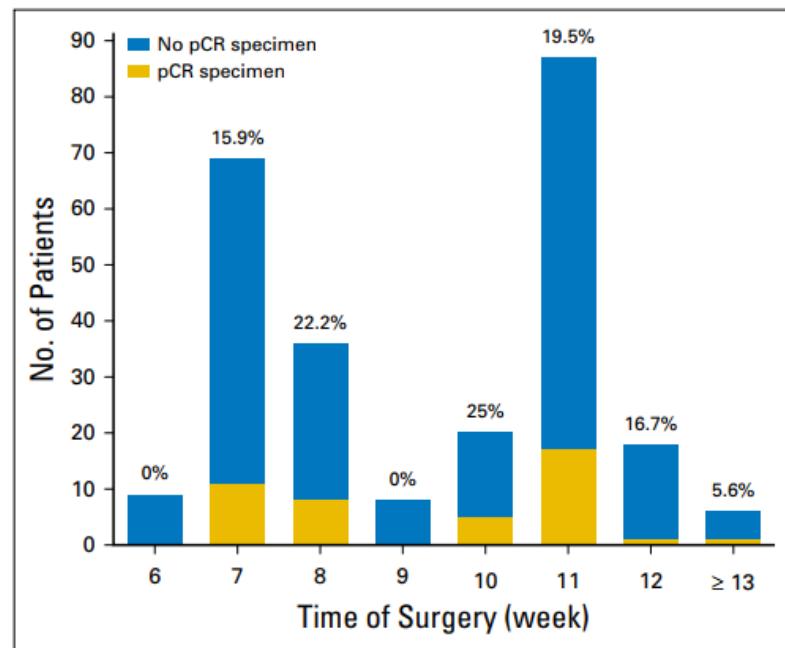


5 x 5 Gy



Effect of Interval (7 or 11 weeks) Between Neoadjuvant Radiochemotherapy and Surgery on Complete Pathologic Response in Rectal Cancer: A Multicenter, Randomized, Controlled Trial (GRECCAR-6)

Jérémie H. Lefevre, Laurent Mineur, Salma Kotti, Eric Rullier, Philippe Rouanet, Cécile de Chaisemartin, Bernard Meunier, Jafari Mehrdad, Eddy Cotte, Jérôme Desrame, Mehdi Karoui, Stéphane Benoist, Sylvain Kirzin, Anne Berger, Yves Panis, Guillaume Piessen, Alain Saudemont, Michel Prudhomme, Frédérique Peschaud, Anne Dubois, Jérôme Loriau, Jean-Jacques Tuech, Guillaume Meurette, Renato Lupinacci, Nicolas Goasgen, Yann Parc, Tabassome Simon, and Emmanuel Tiret



- Significantly more urinary complications after 11 weeks
- No difference in ypCR

Unacceptable extra surgical morbidity?

Worse in long interval:

- GRECCAR 6 (JCO 2016)
- Moore (Dis Colon Rectum 2004)

Better in long interval:

- Kerr (British Journal of Surgery 2008)
- Jeong (J Korean Surg Soc 2013)

Equal:

- Lyon R90-1
- 9/11 studies Petrelli 2016 meta-analysis

Organ Preservation in Rectal Cancer After Chemoradiation (Maastricht/AvL-NKI)

- W&W1: 102 patients with cCR at the first restaging
- W&W2 : 68 patients with near cCR (19 TEM and 49 restaging)

44/49 (90%) patients showed a cCR at the second restaging

| | 2-year local regrowth-free rate | 2-year overall survival |
|------|------------------------------------|----------------------------|
| W&W1 | 84% | 99% |
| W&W2 | 73% | 98% |

Conclusion

.....you need a wise person to make a statement!



Johan Cruyff

- "Je moet schieten, anders kan je niet scoren."
- "Elk nadeel heb z'n voordeel."
- "Ik ben overal tegen. Tot ik een besluit neem, dan ben ik voor."
- "Ik maak eigenlijk zelden fouten, want ik heb moeite me te vergissen."
- "Je gaat het pas zien als je het door hebt."



Johan Cruyff

- “You have to shoot, otherwise you cannot score.”
- “Every advantage has a disadvantage.”
- “Before I make a mistake, I don’t make it.”
- “I hardly ever make mistakes, because I have difficulties mixing things up”
- **“You will see it, if you understand it.”**

Conclusion

- ‘Makes no sense waiting longer:
if you have a bad response’
- ‘Makes sense waiting longer:
if you have a good response’

THM

- Response assessment 6 weeks after chemoradiation
- Response assessment 10 weeks after radiation

THM

- Response assessment 6 weeks after chemoradiation
- Response assessment 10 weeks after radiation
- If you have significant tumor left: TME surgery
- If you have a significant response: wait another 6 weeks
- When in doubt: TEM it out....

Thank you

- **Prof. Dr. Hans de Wilt**
- Department of Surgical Oncology and Gastrointestinal Surgery
- Radboud University Medical Center
- Nijmegen
- The Netherlands
- Hans.dewilt@radboudumc.nl

