

# IWWD

## International Watch and Wait Database

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*On behalf of the IWWD Consortium*



# International Watch and Wait database



- Established in 2014 by *EURECCA* and *Champalimaud Foundation*
- International collaborative platform; 43 participating institutes
- Highly secured web based registry; Online data entry
- All participants remain owner of their own data



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

**ScienceDirect**

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**EJSO**  
the Journal of Cancer Surgery  
[www.ejso.com](http://www.ejso.com)

Editorial

A new paradigm for rectal cancer: Organ preservation:  
Introducing the International Watch & Wait Database  
(IWWD)



# Executive board



- Prof. G.L. Beets, MD, PhD  
*Netherlands cancer institute, Amsterdam*
- Prof. C.J.H. van de Velde, MD, PhD  
*Leiden University Medical Center, Leiden*
- N. Figueiredo, MD, PhD  
*Champalimaud Foundation, Lisbon*
- Prof. A. Habr-Gama, MD, PhD  
R.O. Perez, MD, PhD  
*Angelita & Joaquim Gama Institute, São Paulo*

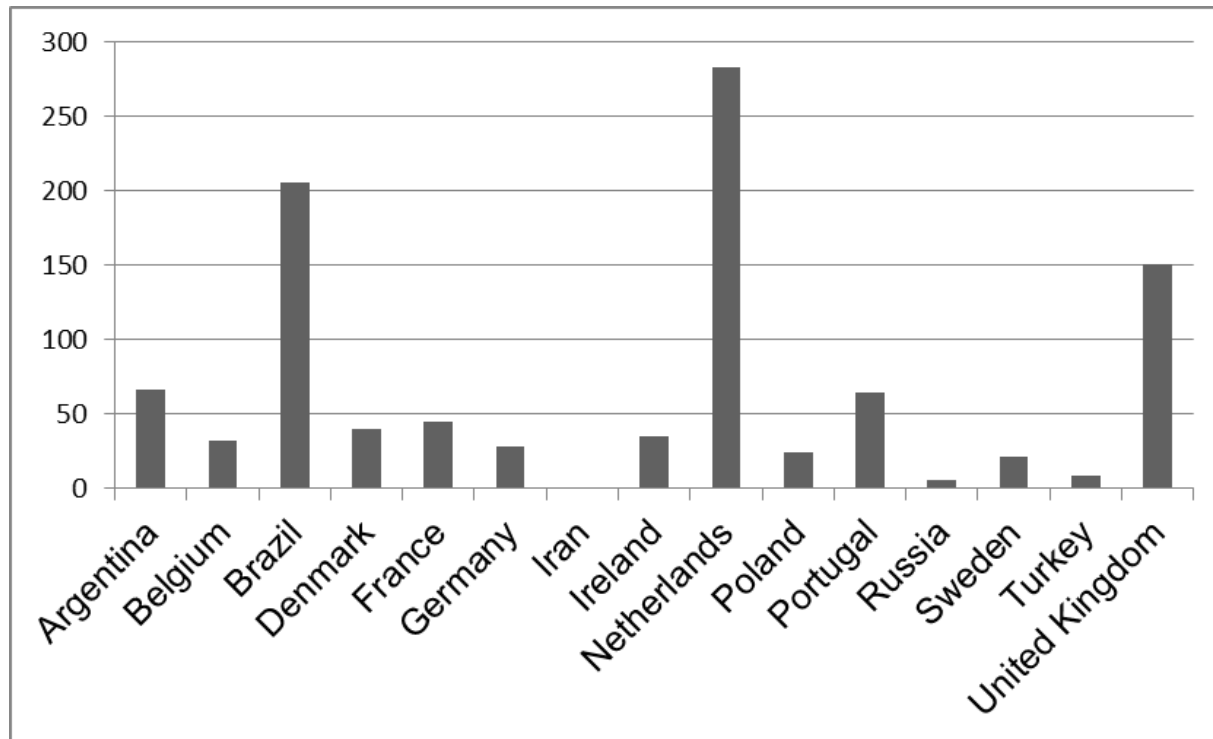


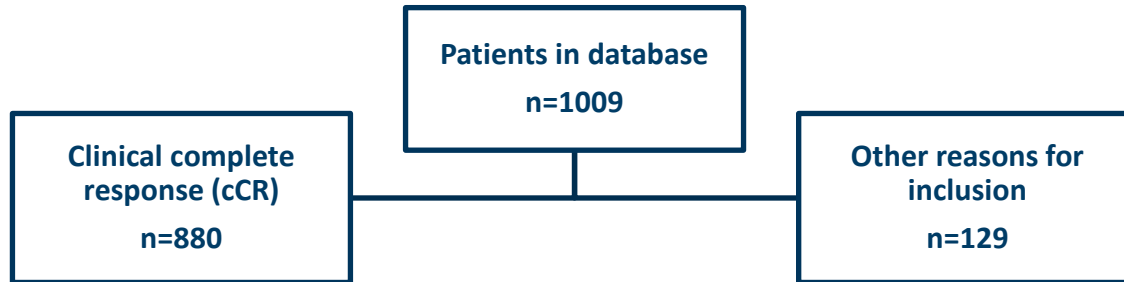
Main aim IWWD:

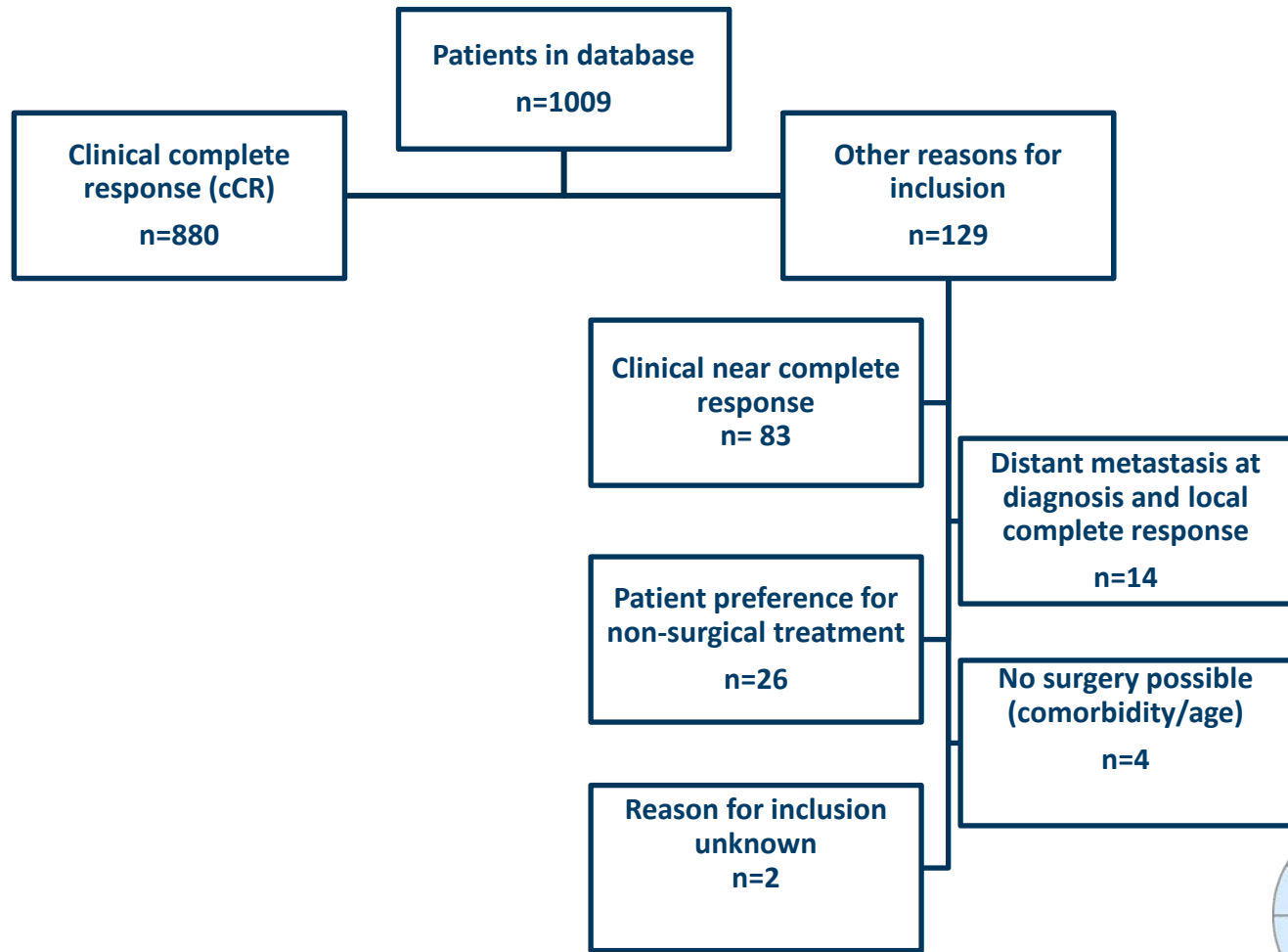
- Collect all available data on organ preserving strategies
- Benefits, risks and oncological safety



- Open for data entry since March 2015
- 43 participating institutes (+5), 15 countries
- 1030 patients (November 2017)
- Treated between 1991-2017 (80% after 2010)







# Baseline characteristics



- Mean age 64 years, 69% male
- Mainly stage 3 rectal cancer

	1	2	3	4	Unknown
T stage	2%	26%	51%	3%	18%

	0	+	Unknown
N stage	35%	50%	15%

- Chemo-radiotherapy 91%





- Instituto Angelita e Joaquim Gama
- Netherlands Cancer Institute
- The Christie NHS Foundation, Manchester

## Age and tumor characteristics

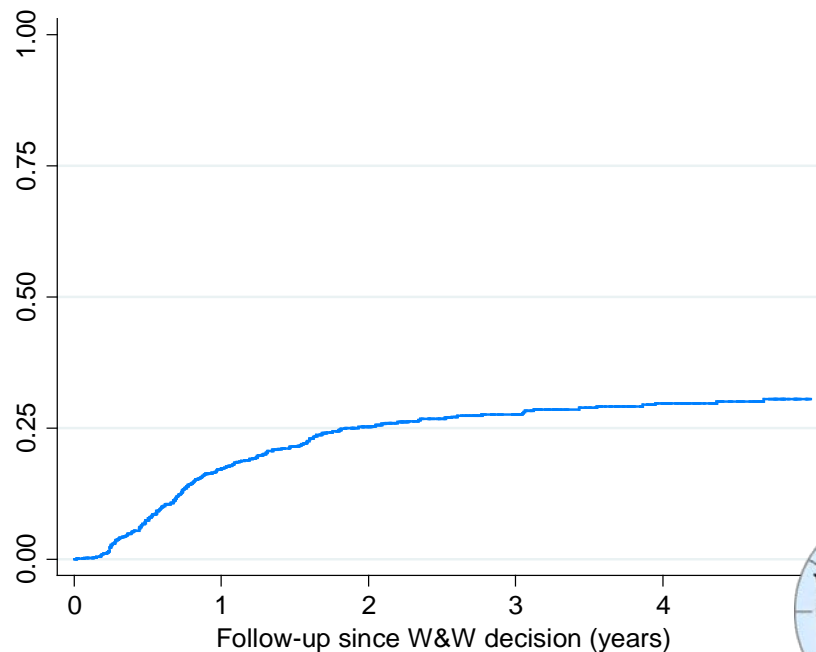
- Younger patients with smaller tumors (Brazil)
- Older patients with larger tumors (NL and UK)

## Regrowth rate

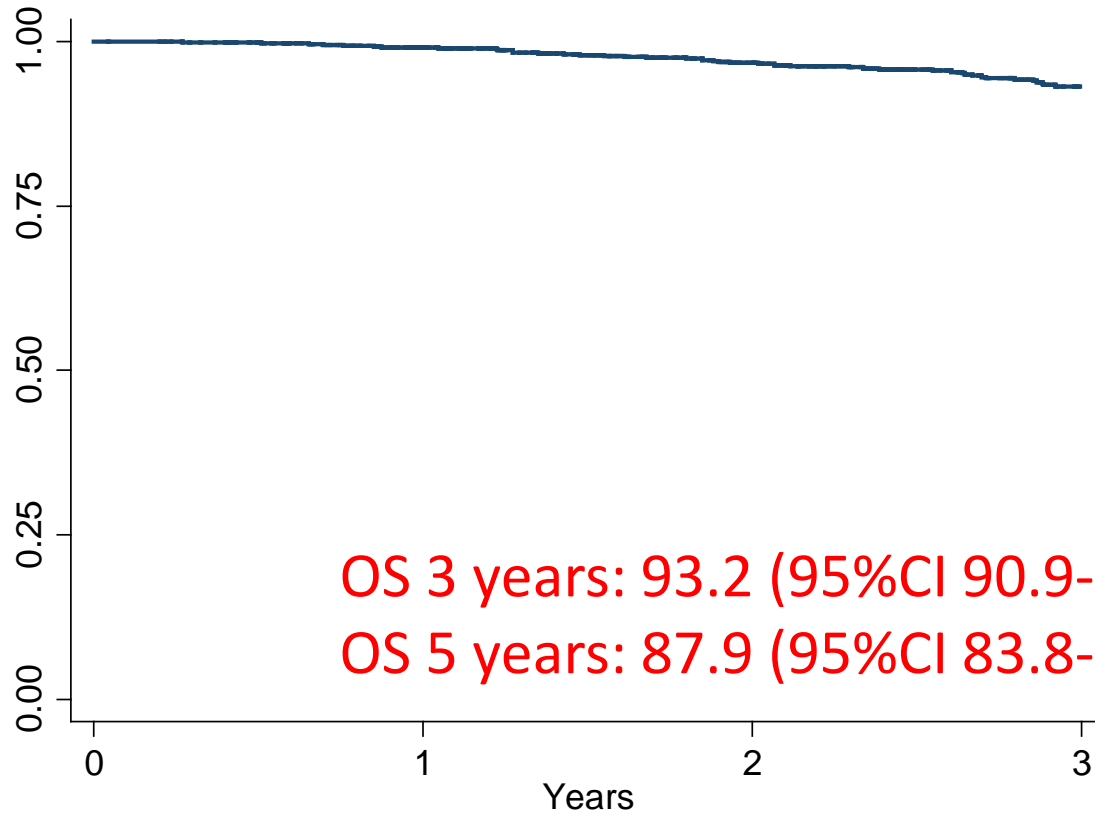
- Due to strict/liberal inclusion criteria for complete response?



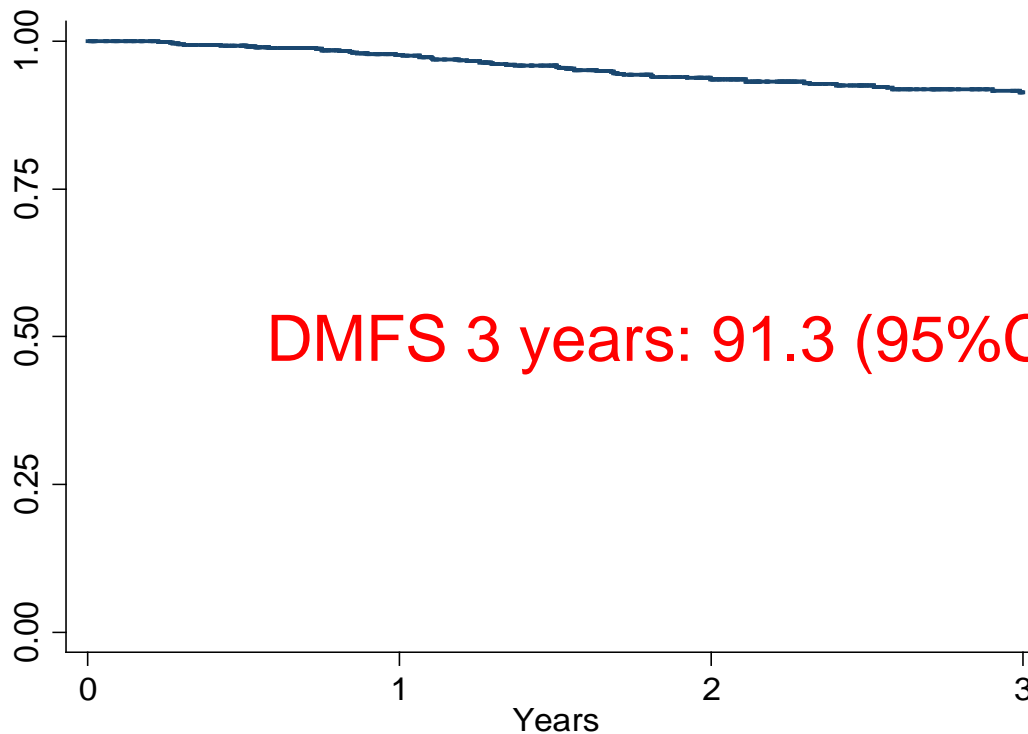
- Median follow up 3.4 years (IQR 1.8-5.5)
- 213/880 patients (24%) with regrowth
  - 88% within 2 years
  - 97% in bowel wall
  - 3% LN/combined



# Overall survival

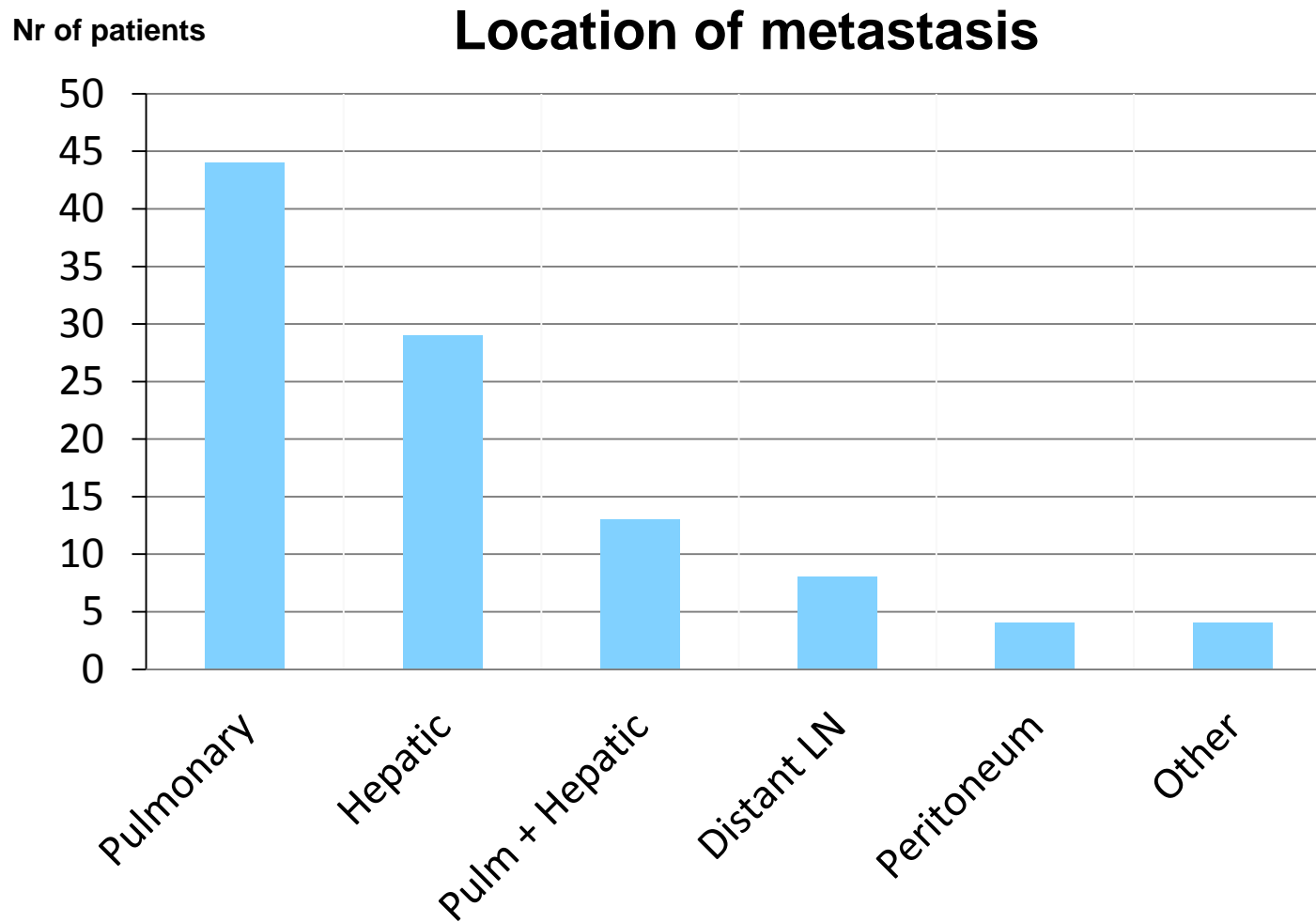


# Distant metastasis free survival



DM in 71 patients (8%)





## Survival disadvantage?

- 8-9% metastasis at 3 years
  - Half were associated with regrowth
  - Of those, half occurred after regrowth
- 
- *Worst case scenario: all arising from regrowth*
  - *Best case scenario: none arising from regrowth*
  - *Excess metastatic risk: 0-2%*



## Survival disadvantage?

Dossa et al. Lancet Gastro Hep 2017

- 23 studies, 867 patients
- Regrowth rate 16% at 2 years - 95% salvage
- Estimated survival similar to surgery

Sammour et al. Ann Surg Oncol 2017

- 15 studies, 920 patients
- Regrowth rate 21% - 93% surgical salvage
- Comparative outcome same range to surgery

Estimated local pelvic failure: 1%



- Local regrowth mostly in first 2 years of follow-up
- Most frequently located in bowel wall
- Low rate of metastasis in patients with a clinical complete response, main site: lung
- Estimated survival disadvantage:
  - Local pelvic failure 1%
  - Additional systemic failure 0-2%





- Heterogeneous data, more homogeneous
- Inclusion series with TEM
- Champalimaud meeting, 2018
- Development of best practice guidelines
- New centers are welcome to participate!

[WWW.IWWD.ORG](http://www.iwwd.org)



# Collaborating investigators



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