



Hot news from Sao Paolo



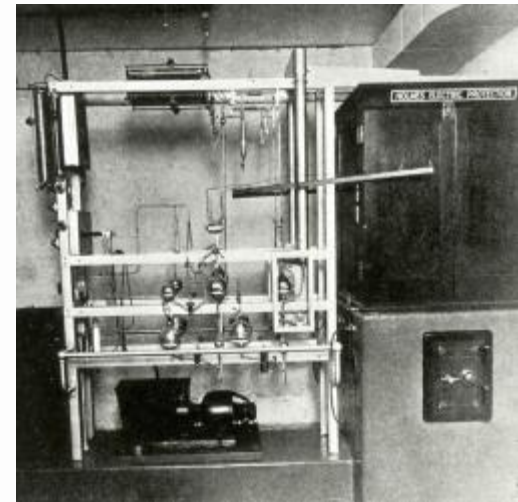
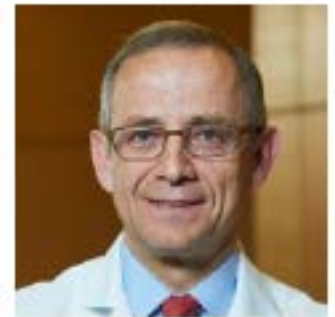
GL Beets

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- No disclosures

FIGARE 2017

MSK CENTENNIAL SYMPOSIUM CELEBRATING A CENTURY OF MULTIMODALITY RECTAL CANCER CARE

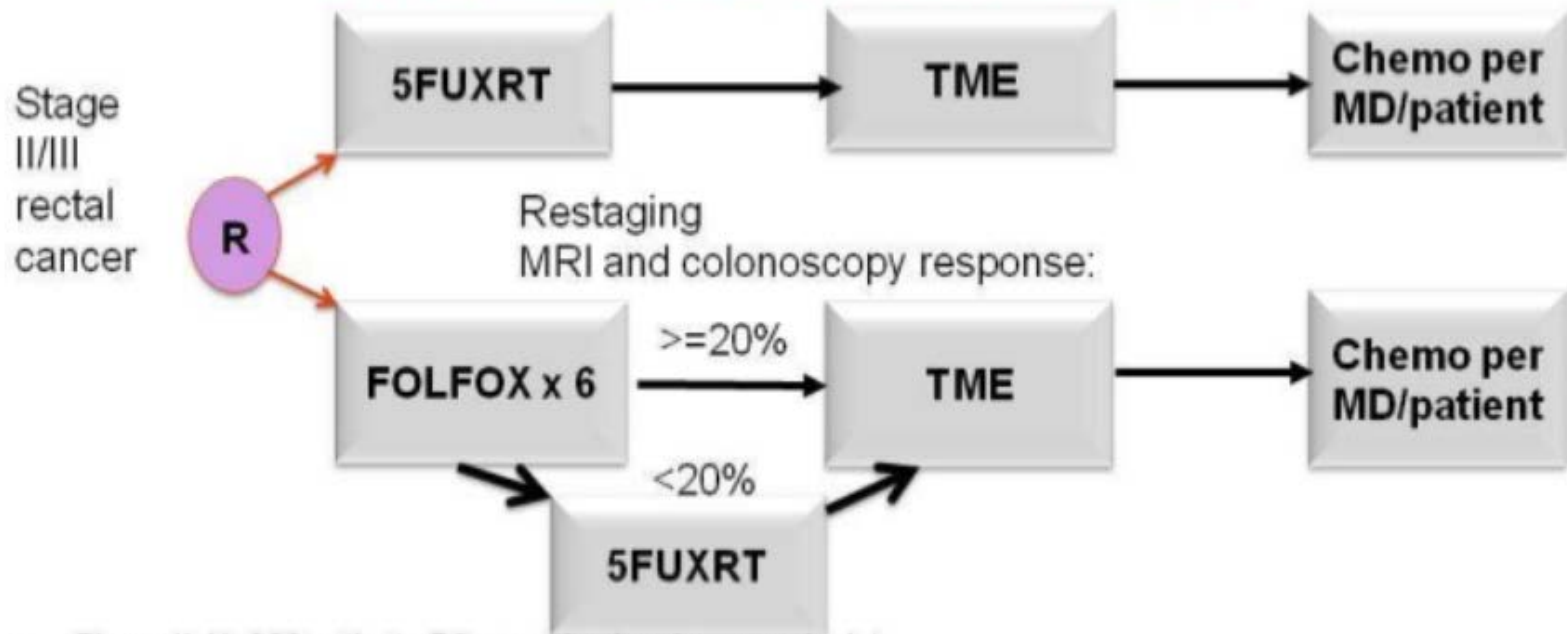


- Eric Rullier
- Ane Appelt
- JP Gerard
- The Vuong
- Valentini

Prospect trial US

can neoadj ChTx replace ChRTx?

PROSPECT: N1048 is ongoing Selective Use of Pelvic XRT



- Phase II: N=366 patients R0 resection is primary endpoint
- Phase III N=1060 patients Time to local and distant recurrence are co-primary endpoints
- Non-inferiority design

Total neo-adjuvant therapy

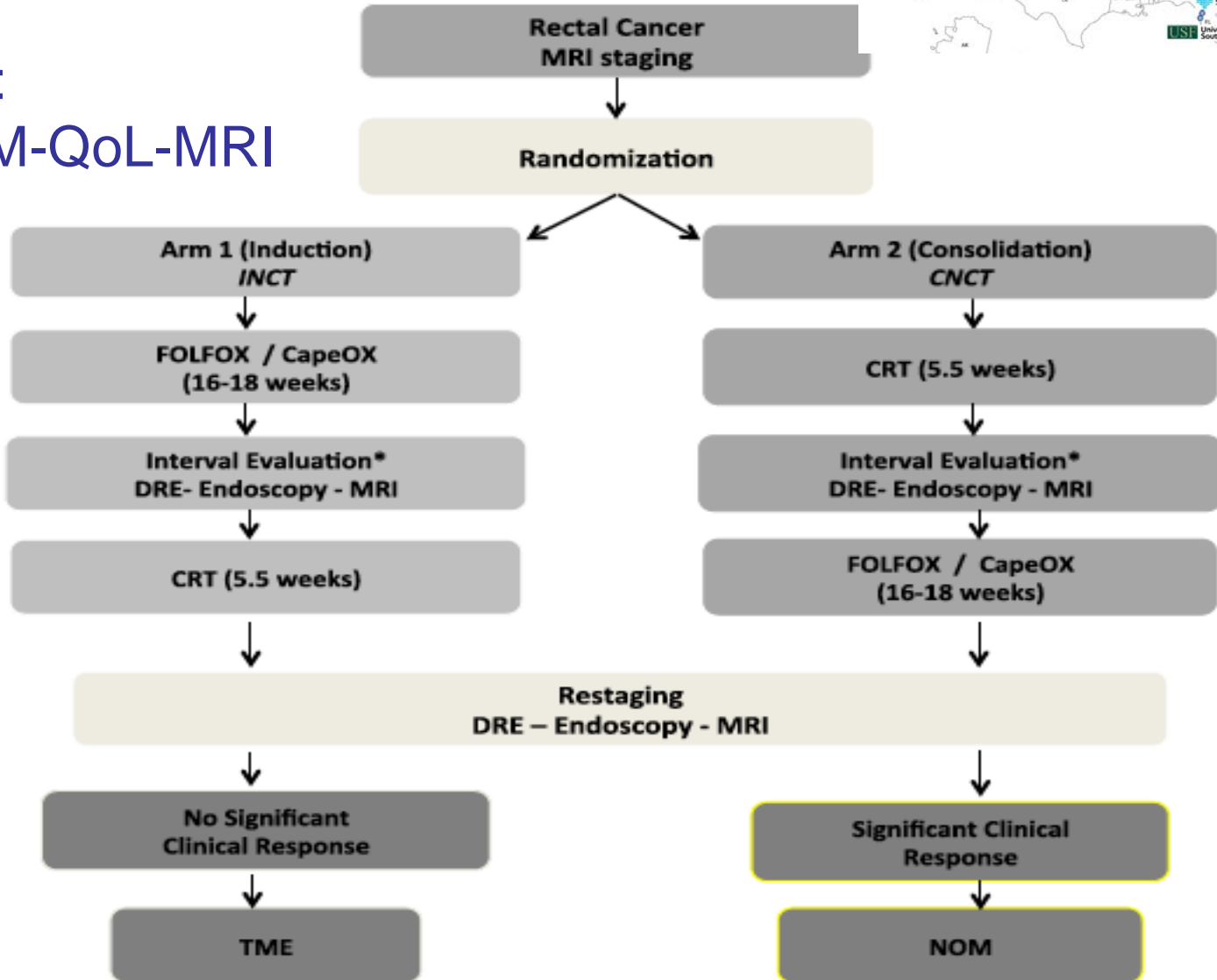
- Systemic therapy?
- Ongoing trials
 - Chinese: 3
 - US: 2
 - Fr: 1
 - Rapido
 -
- Goal: oncological or functional?

TNT - MSKCC

Stage II/III

Outcomes:

RFS-NOM-QoL-MRI



Greccar 6

- 11 vs 7 weeks TME surgery
- pCR: 17.4% vs 15%
- But 11 weeks
 - More postop complications: 44% vs 32%
 - Less quality TME (grade1): 79% vs 90%
 - **Higher local recurrence rate: OR 3**
- ???
- Implications for nonresponders?
- Royal Marsden: 6w vs 12w:
 - pCR 11% vs 24%



How to assess response?

10:30

After Chemoradiation ... the saying of advanced radiology

Moderator: Geerard Beets

Assessment of Tumor Response - The Role of functional MR

Regina Beets-Tan

12 min

Tumor Regression Grades in the eyes of MR

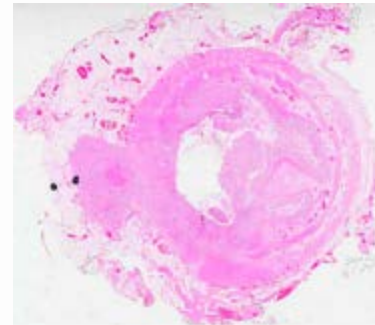
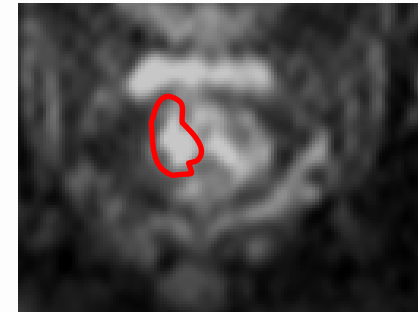
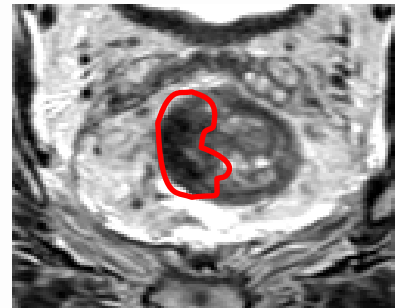
Gina Brown

12 min



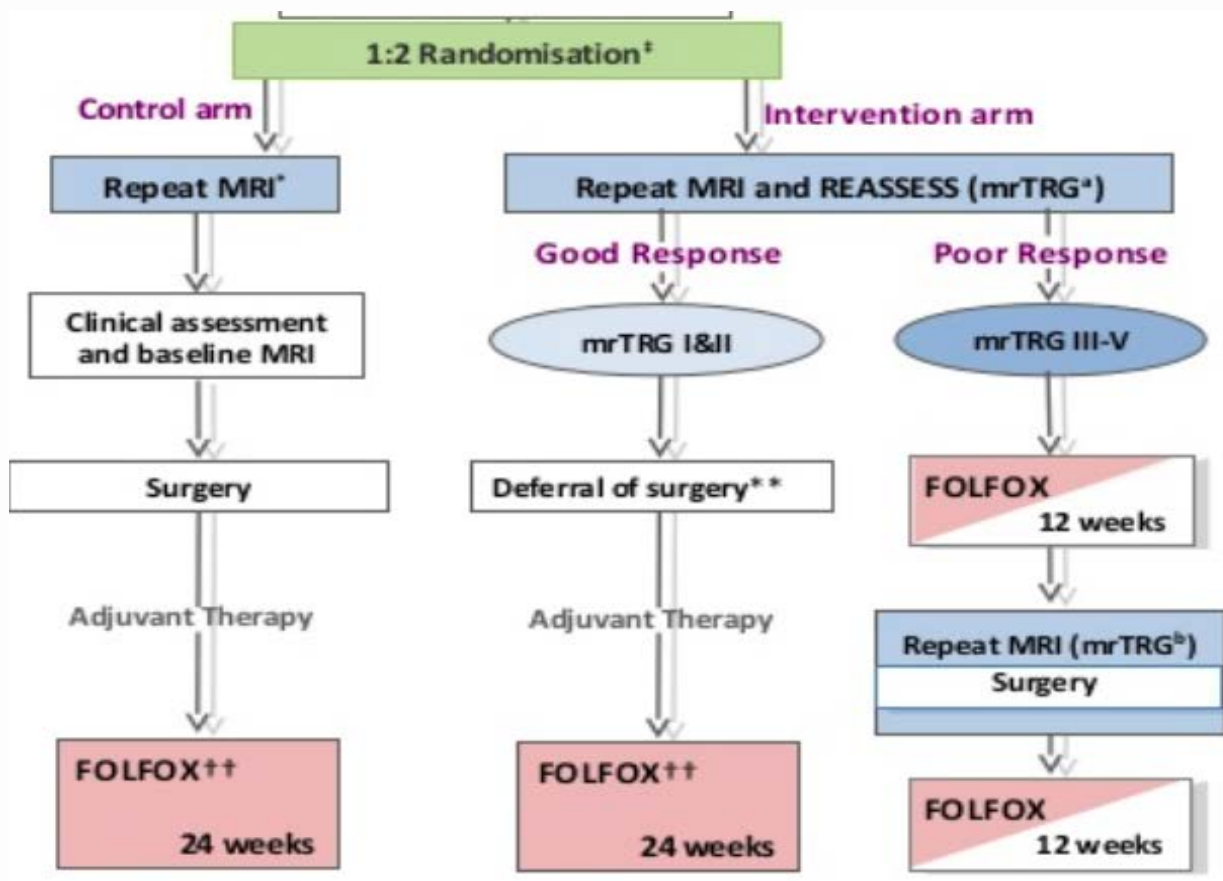
How to assess response?

- Endoscopy-DRE
- Radiology MRI
 - TRG
 - Diffusion MRI
 - Mesorectal disease
 - Lymph nodes
 - EMVI
- PET
- Liquid biopsy?



Royal Marsden - Trigger Trial

Treatment stratification according to MRI response
improve survival and enhance quality of life



LARC-ChRT

MRI

Surgery

W&W

ChTx

ChTx

Surgery

ChTx

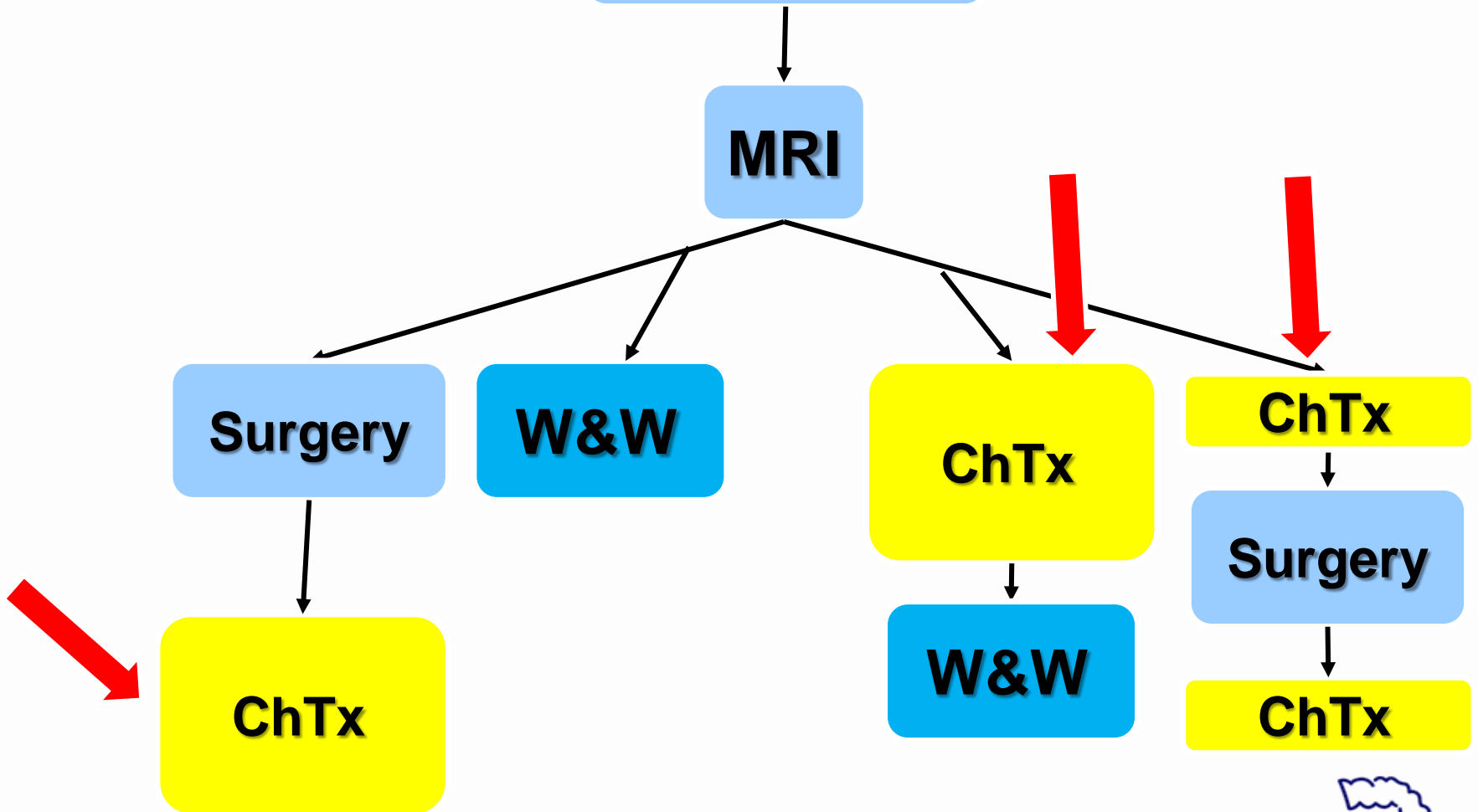
W&W

ChTx

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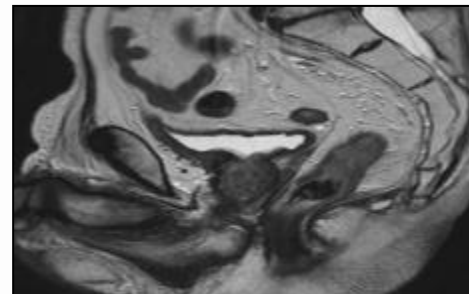
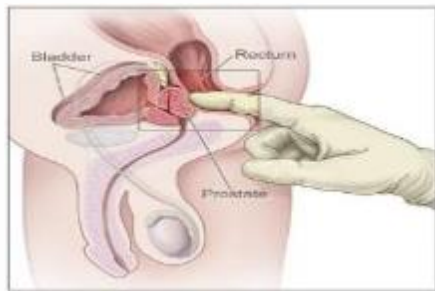


ANTONI VAN LEEUWENHOEK



Response assessment: paradigm change

- One time assessment? When exactly?
- Prolonging the observation period?
 - 2 step selection of complete responders



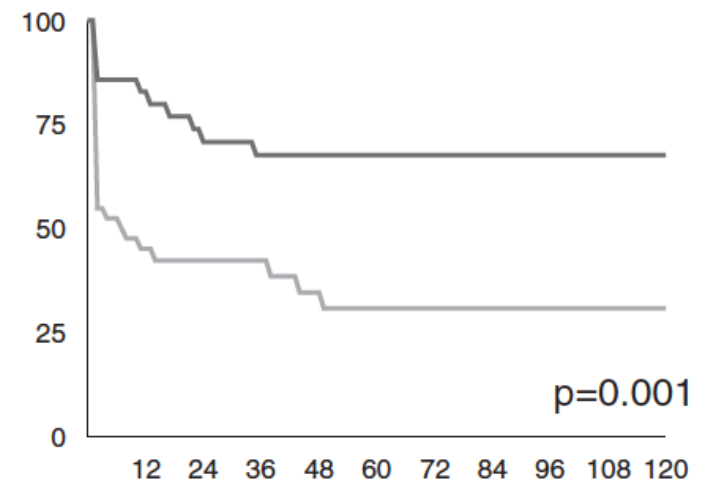
- High specificity or high sensitivity?
 - Worry about small residual tumors?
 - Worry about early regrowths?

Organ Preservation in cT2N0 Rectal Cancer After Neoadjuvant Chemoradiation Therapy

The Impact of Radiation Therapy Dose-escalation and Consolidation Chemotherapy



- 45+5.4Gy (46pts) → 45+9Gy (35pts)
- when requiring APR or colo-anal LAR
- Initial cCR: 56.6% vs 85.7%
- Surgery free survival:



Sao Paulo

- Revision of good, bad and ugly
- MDT: goal of 'neoadjuvant therapy'
 - Oncological
 - Functional
- PET-scan
- Liquid biopsies

Organ Preservation: QoL

- Function and QoL is goal
- Too few data!
- Beware of (long-term) toxicity of
 - Radiotherapy
 - Chemotherapy
- Best tools to evaluate QoL??
- QoL with stoma?



Conclusion: Organ Preservation

- Increasing use upfront systemic therapy
 - Advanced rectal cancer
 - Non-advanced distal rectal cancer
- Increasing dose RT
- Organ preservation legitimate goal of upfront ChRT in smaller tumors?
- Selection for W&W: paradigm change
- QoL - Function