

# Patterns of clinical response complete vs near-complete



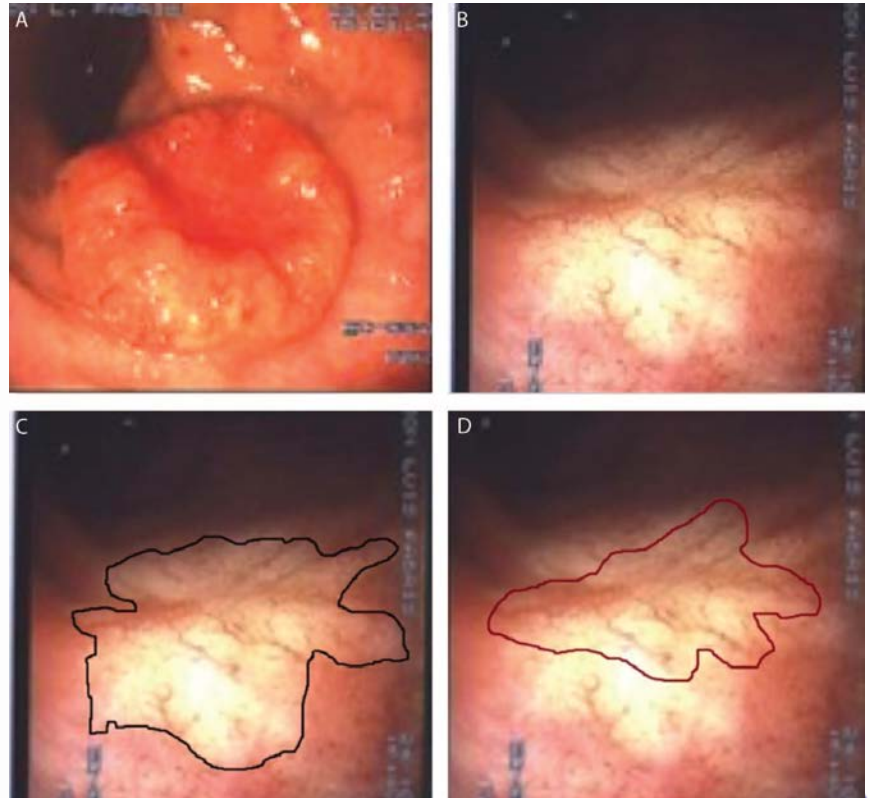
**GL Beets**

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Amsterdam, The Netherlands**

- No disclosures

# Complete clinical response

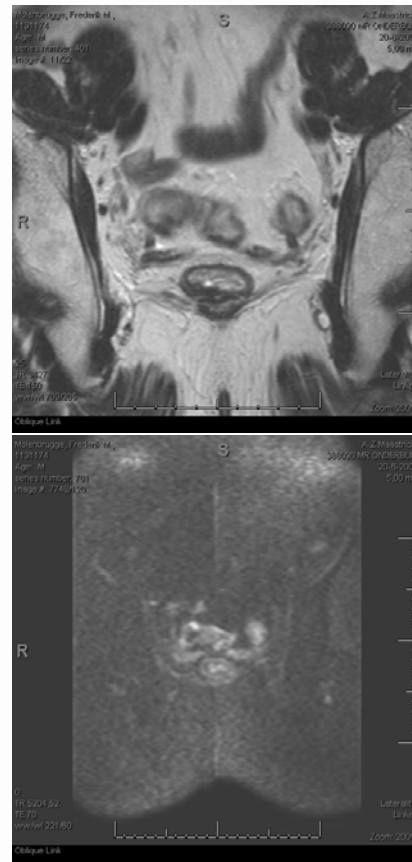
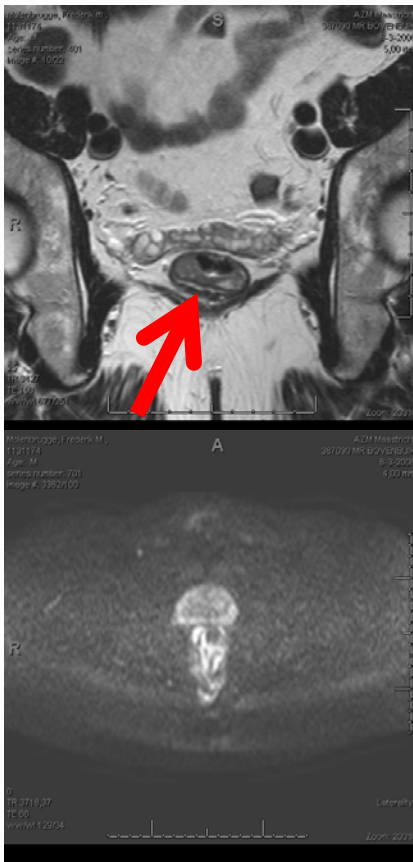
- White flat scar
  - +/- telangiectasis
- No nodule
- No ulceration
- No mass
- Subtle induration OK



Habr Gama 2010 DCR

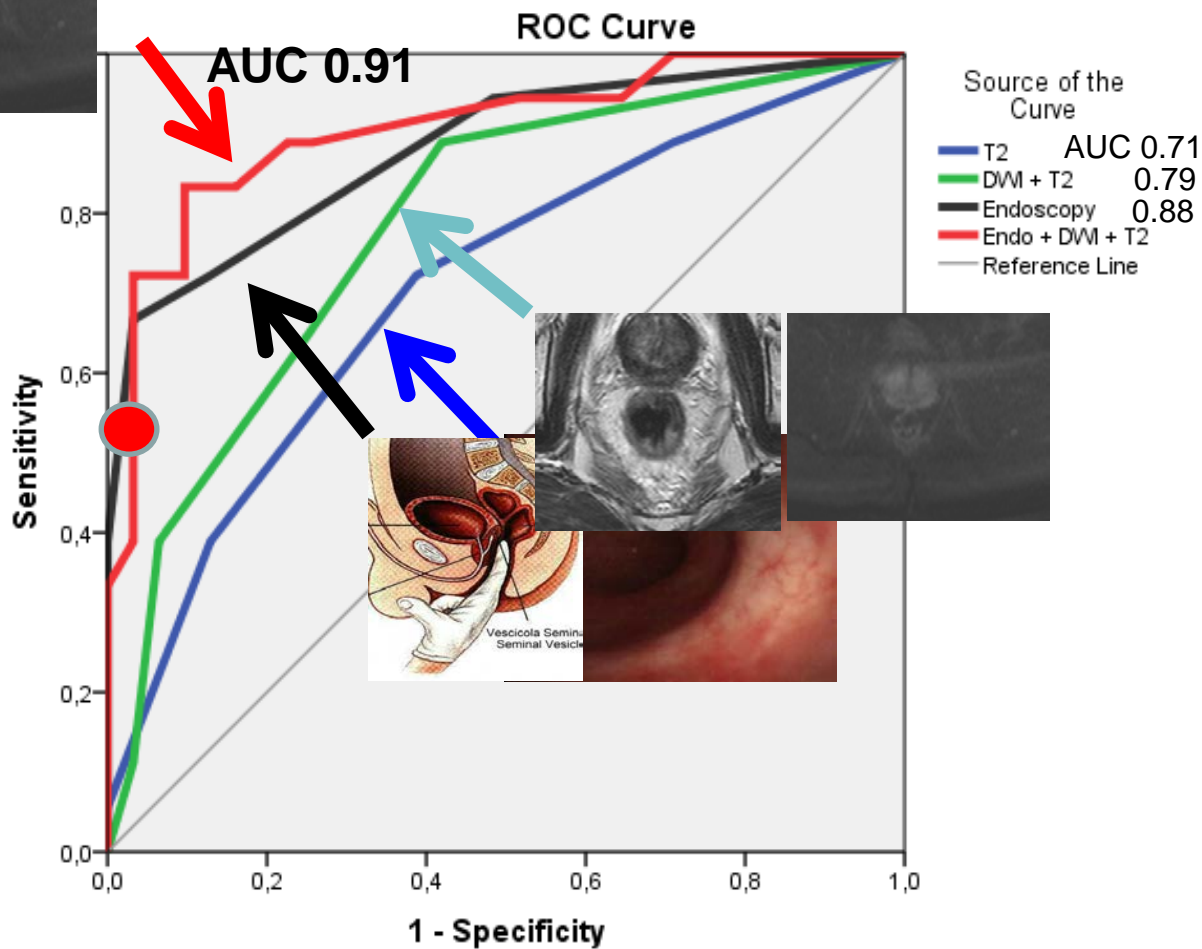
# MRI

- No sign of tumour or involved nodes
  - Only fibrosis T2w images
  - No diffusion restriction



# Selection cCR

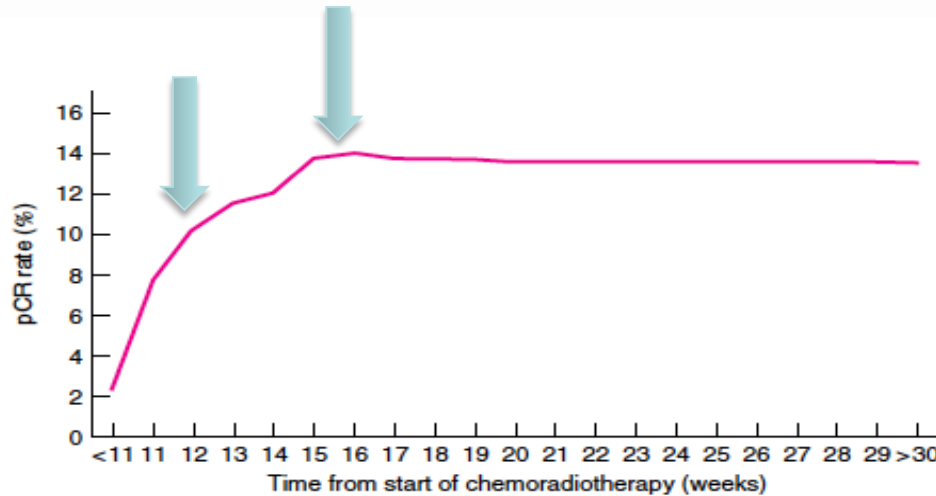
## DRE – Endoscopy -MRI





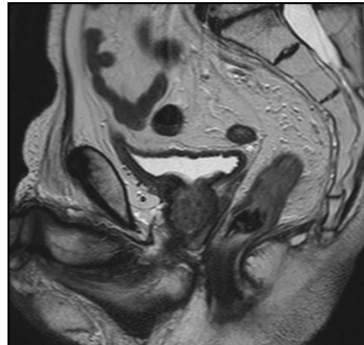
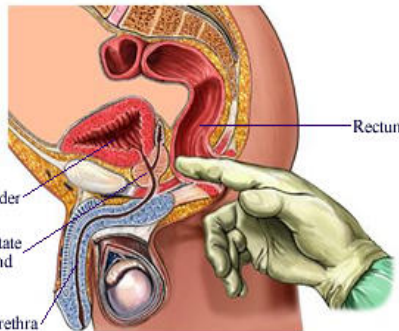


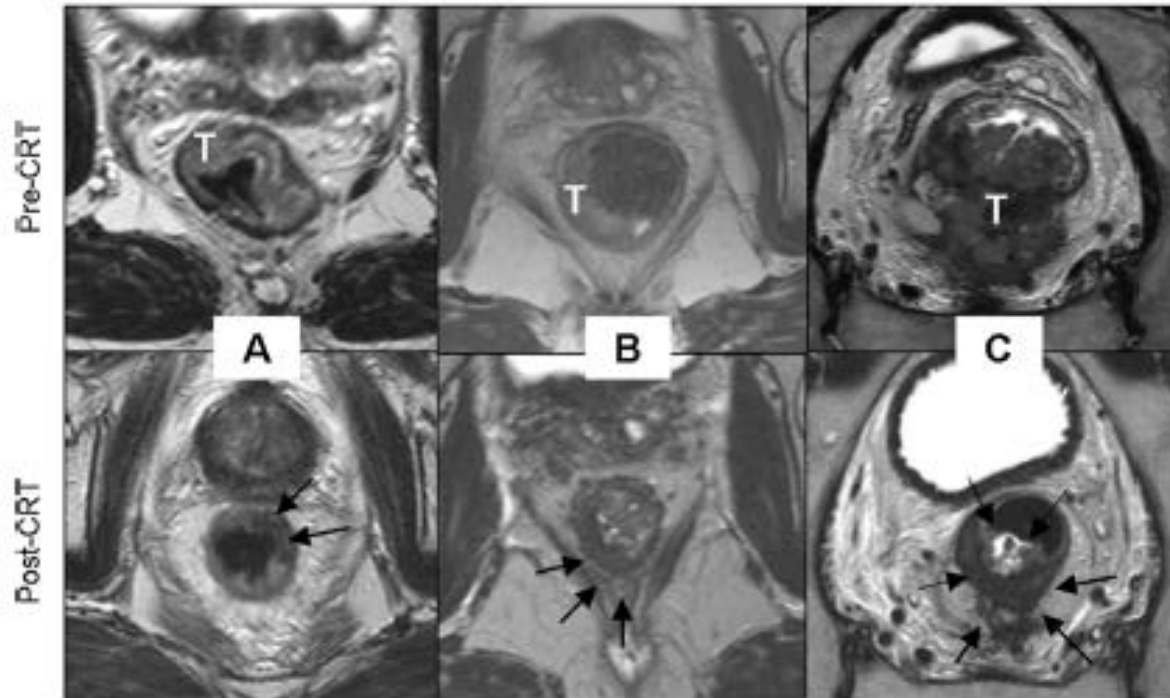
# pCR - cCR



- Tumor dying
- Bowel healing
- Diagnostic tool

Sloothaak et al. BJS 2013





Endoscopy





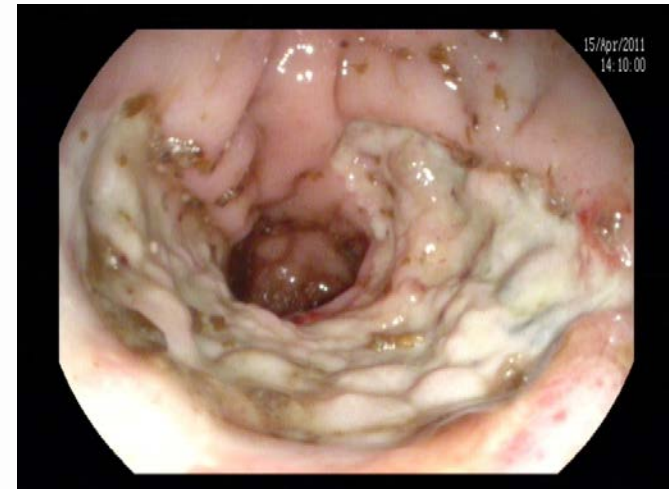
# Near-complete response

- DRE: superficial soft irregularity
- Endoscopy:
  - small superficial ulcer
  - Irregular wall thickening
  - (Biopsy dysplasia)
- MRI:
  - Irregular/heterogenous signal
  - Small focus DWI

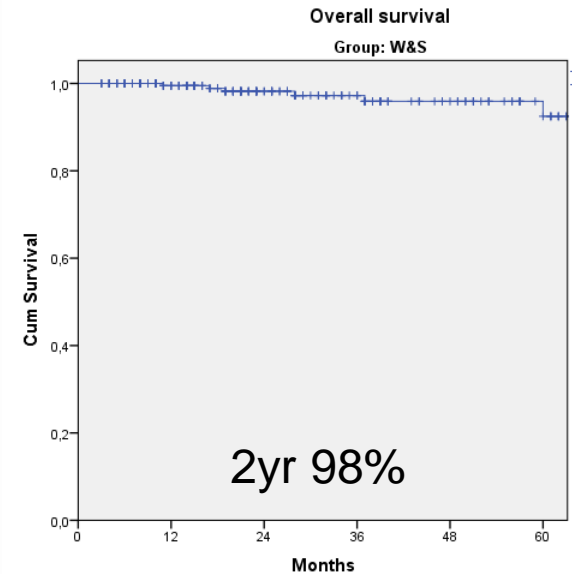
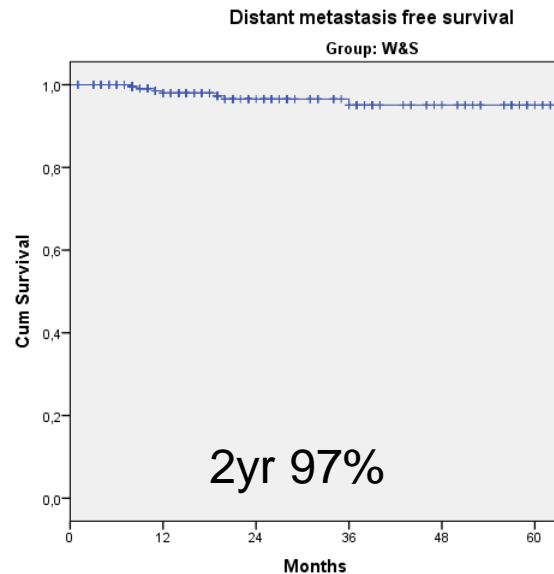
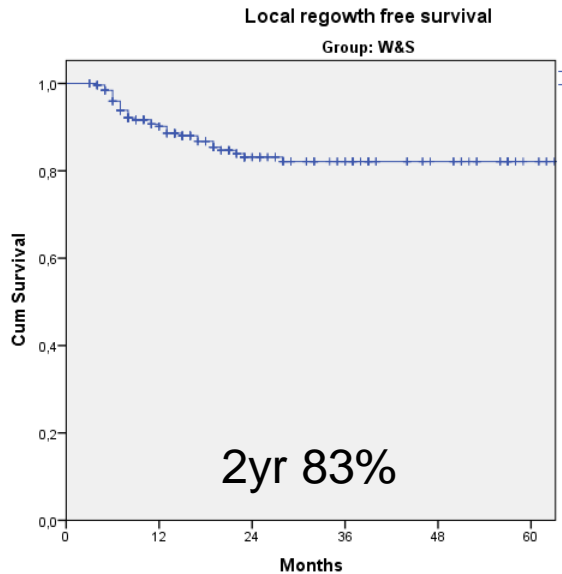
# Local excision?

- Cost of LE after ChRT
  - Wound dehiscence 70% vs 23%
  - Readmission 43% vs 7%
  - Pain, bleeding
  - CARTS 8% reoperation
  - ACOSOG 4-8% gr  $\frac{3}{4}$
  - GRECCAR 2: 8% minor
- Anorectal function?
  - Conflicting results
- More difficult FU / salvage
- Many ypT0!!

**Perez et al. DCR 2011**



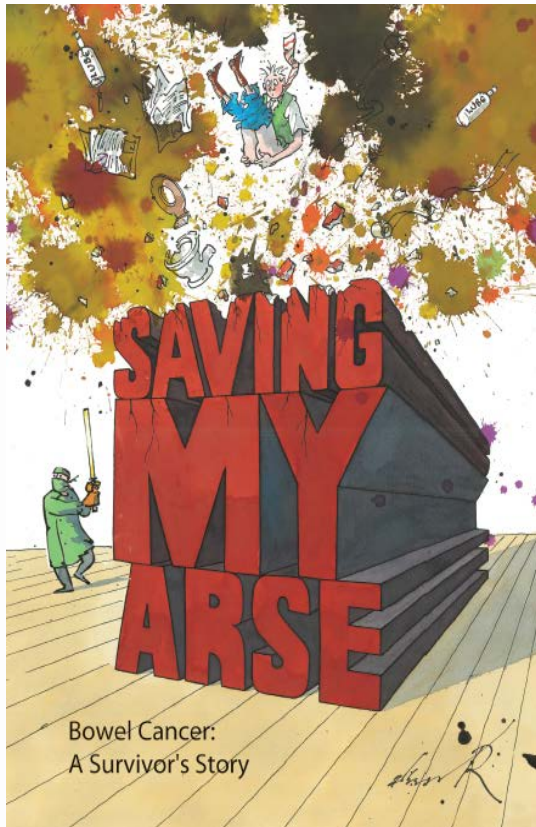
# Oncological outcome



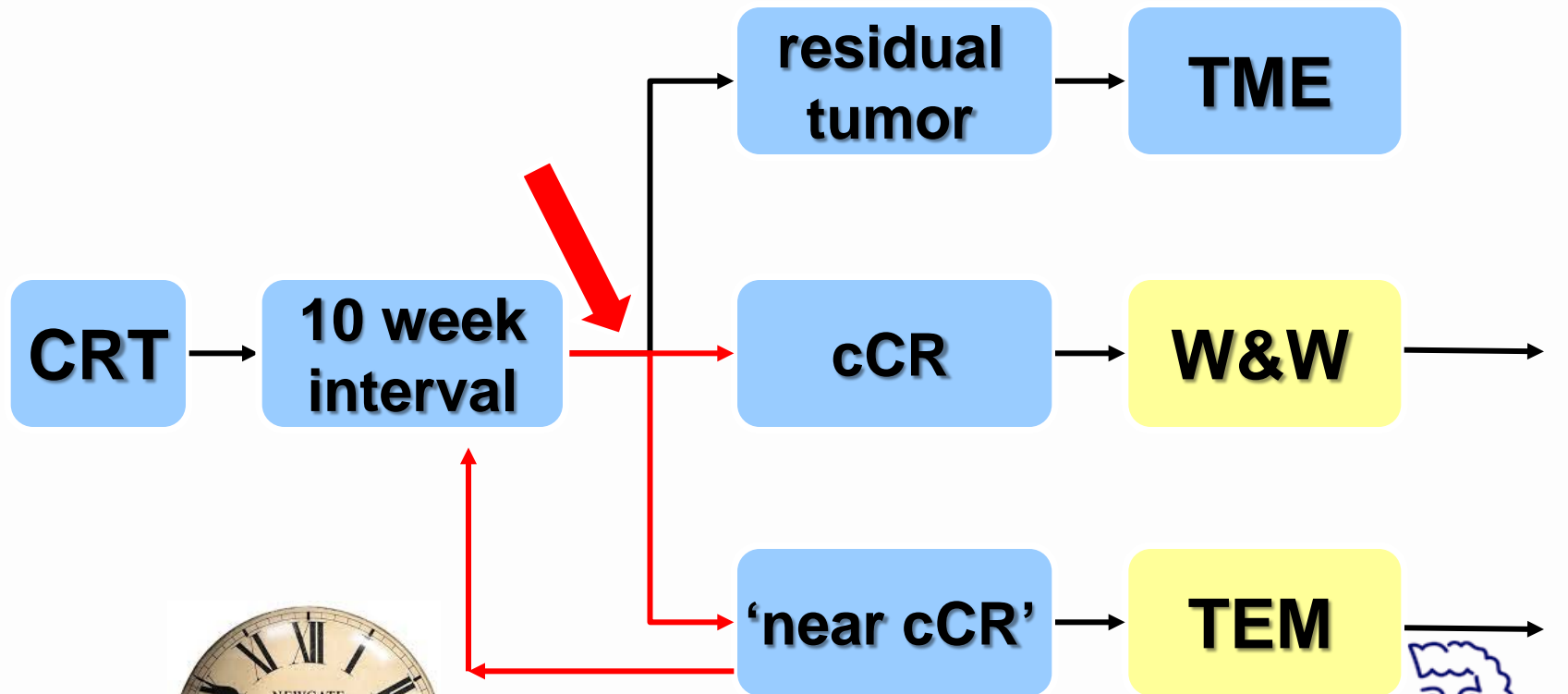
- all regrowth < 2 years
- completion/salvage surgery in all patients
- 100% pelvic control
- no M+ originating from regrowth (?)

# Organ Preservation

## Very high interest of patients



# Protocol – near cCR

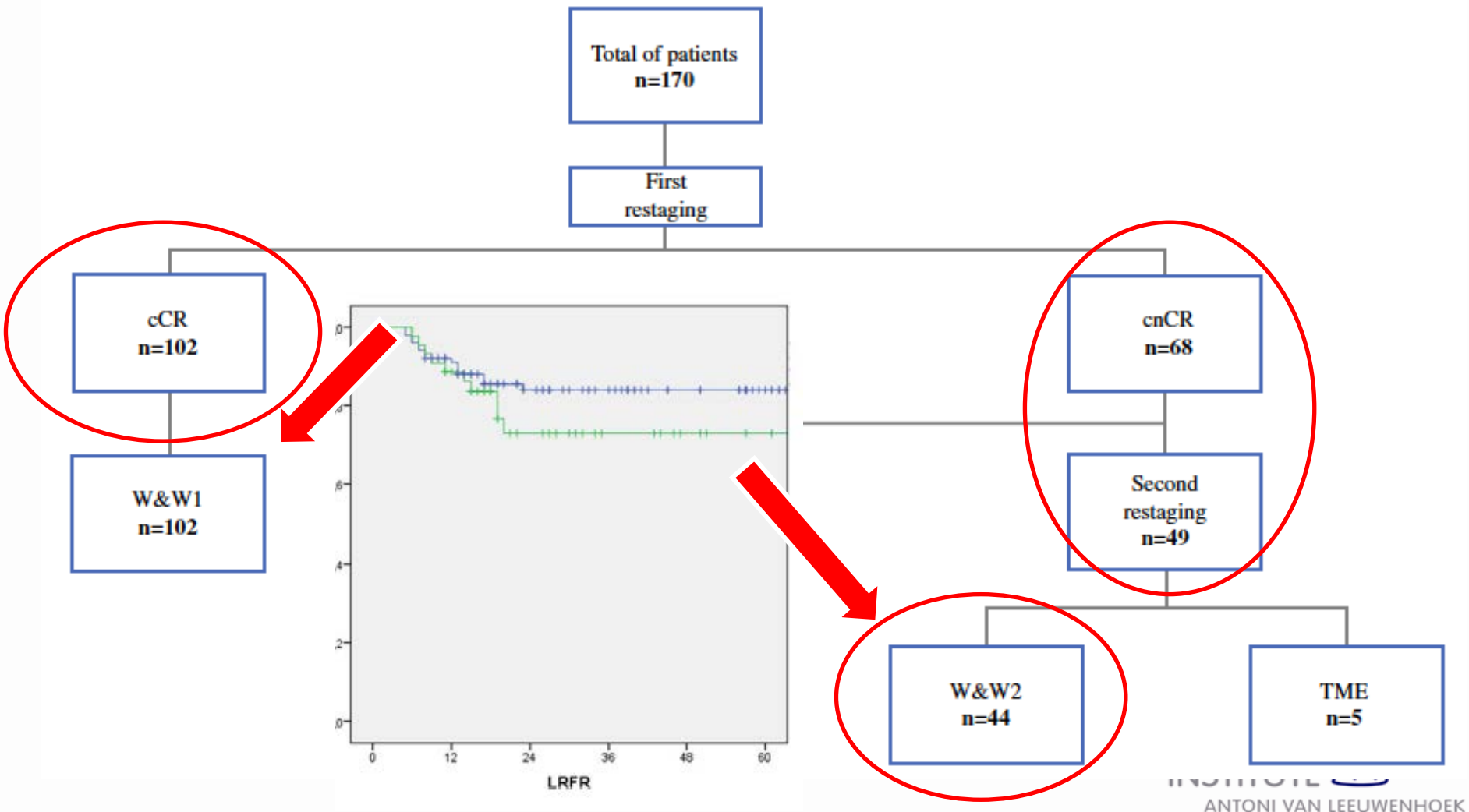


“Test of time”

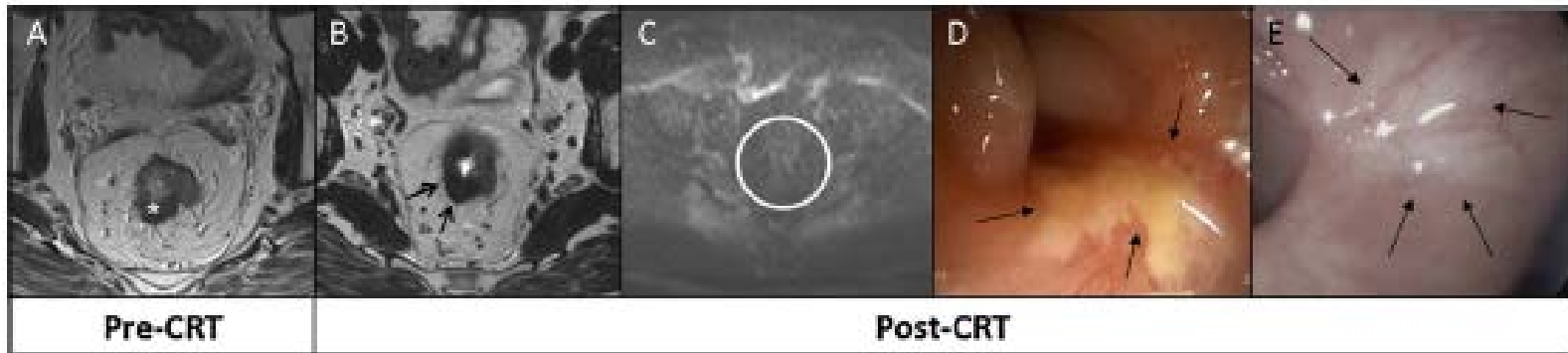
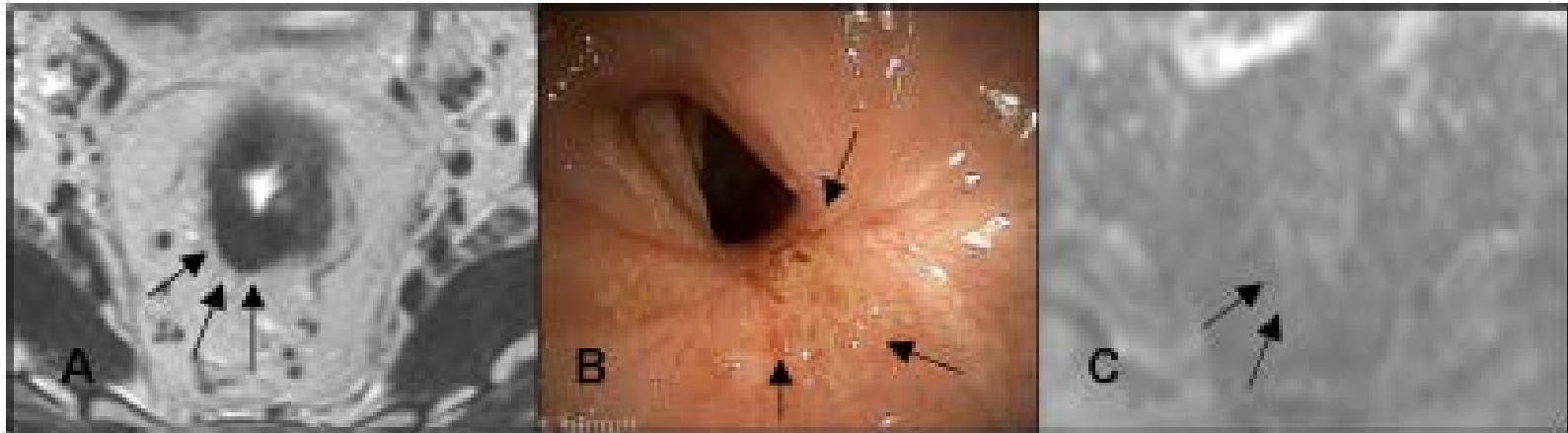




# Near-complete response



# Near complete responders



# 'Missed' complete responders

32 pts ypT0N0

"Residual tumour"  
MRI + endoscopy  
(n=9)

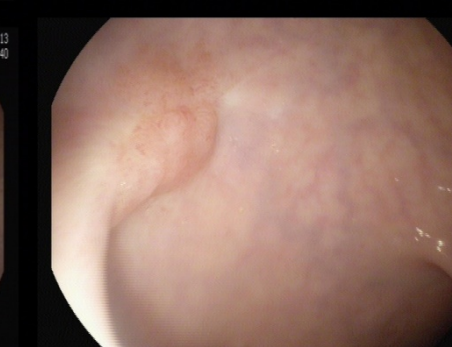
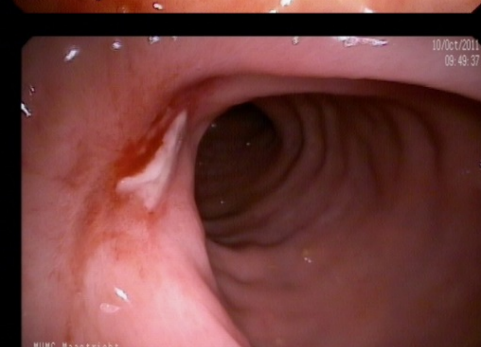
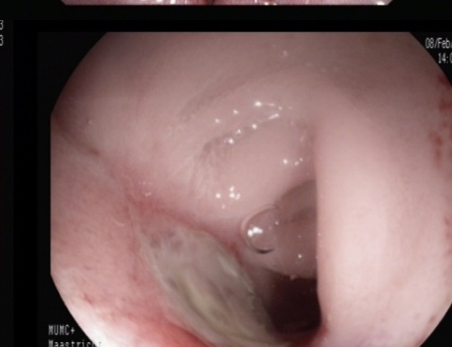
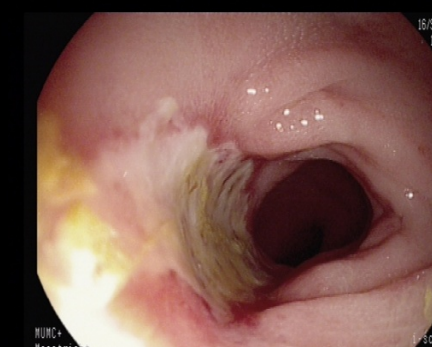
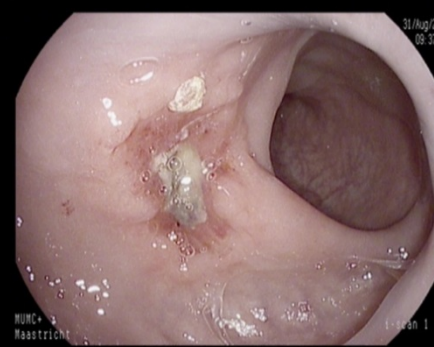
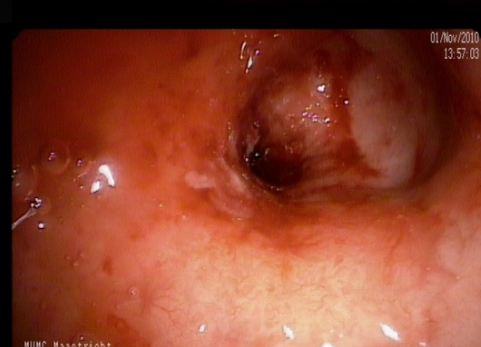
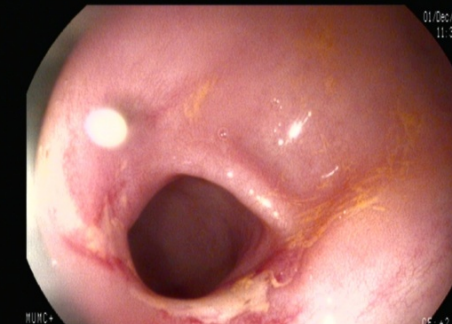
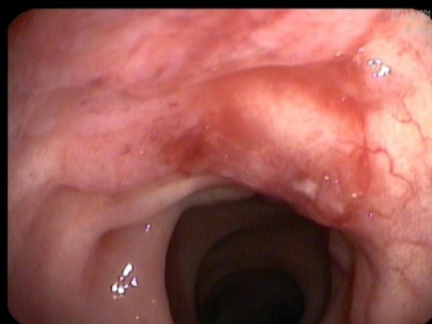
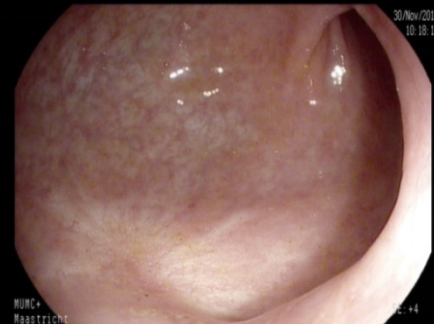
"Residual tumour"  
MRI  
(n=8)

"Residual tumour"  
endoscopy  
(n=3)

NETHERLANDS



"complete response"  
n=12





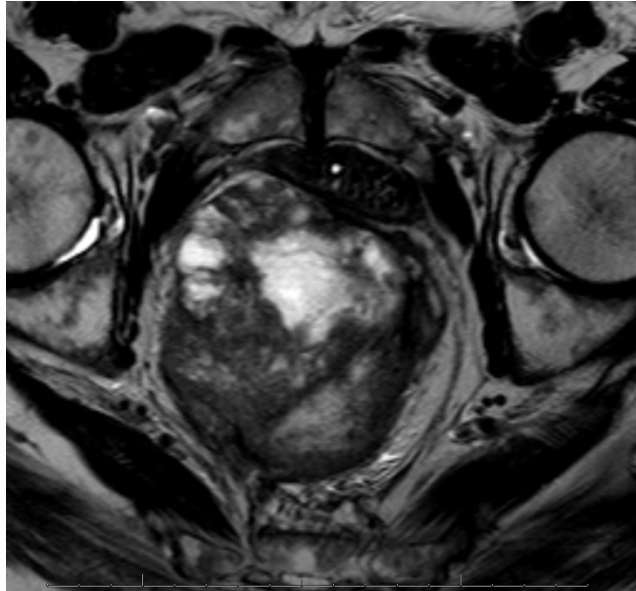
# Missed CR – MRI features



After CRT: Mixed signal

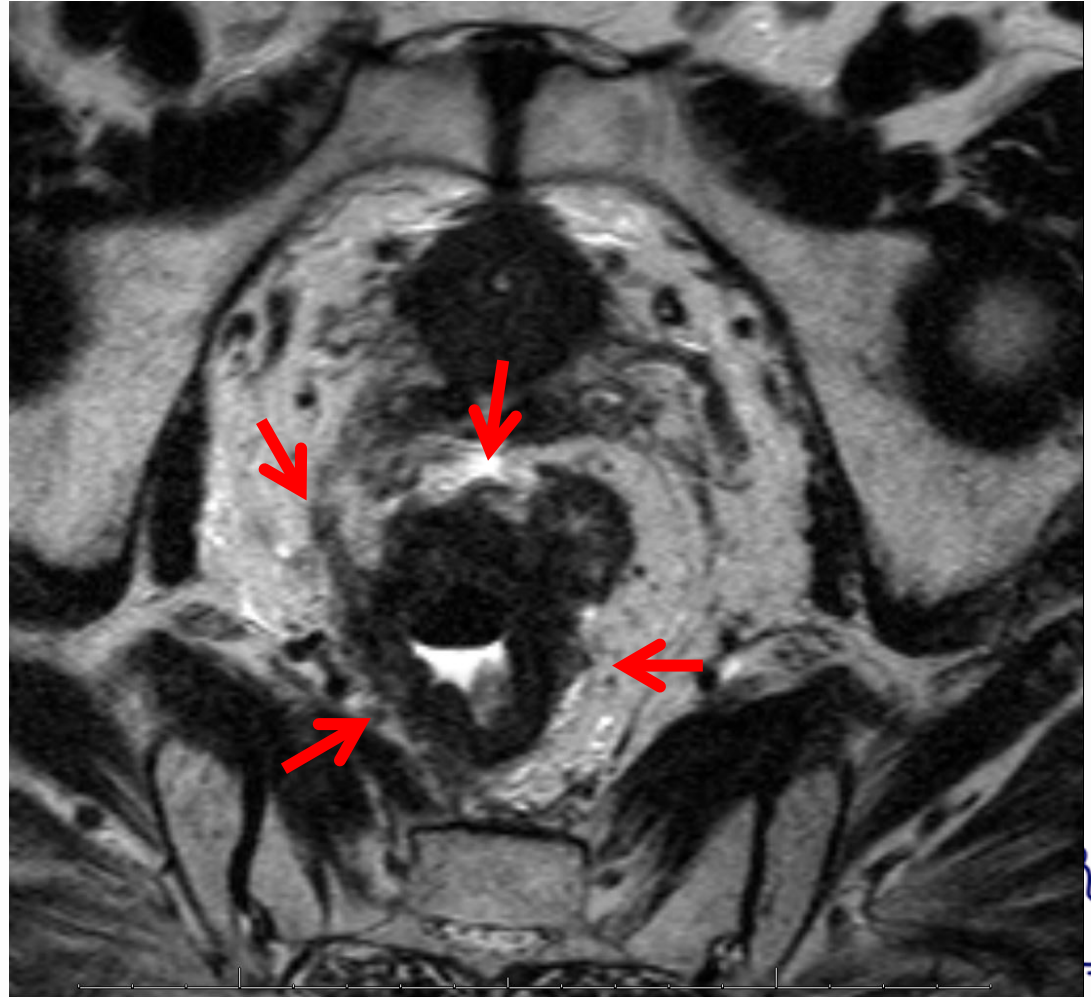


# Missed CR – MRI features



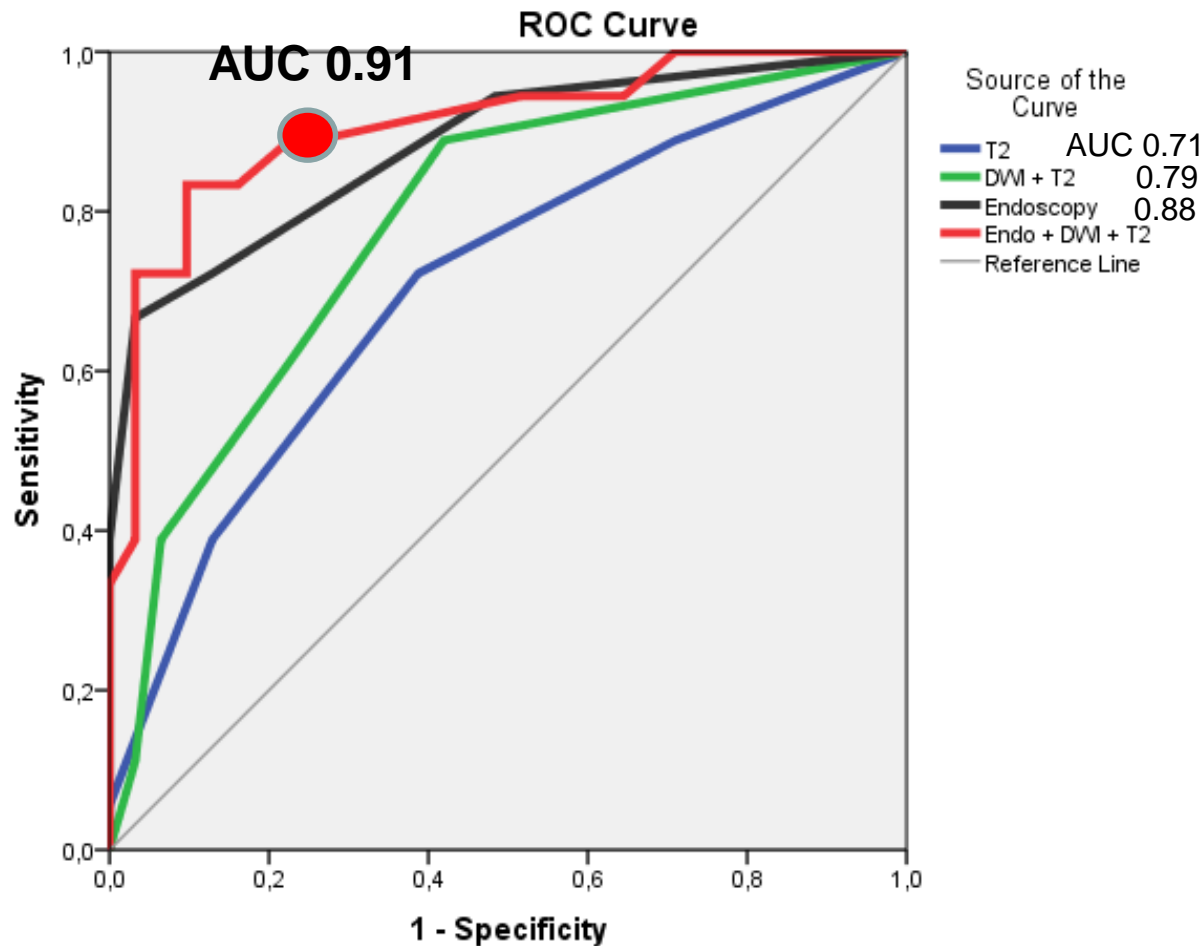
Before CRT

After CRT:  
Spicular fibrosis



# Selection cCR

## DRE – Endoscopy -MRI



# Conclusion

- Original criteria cCR very strict
  - Sensitivity for cCR 50%, high specificity
- Goal: avoiding surgery on CR
  - Broaden entry criteria - observation period
  - ‘Near complete response’
    - Currently not well defined
    - Likelihood of true CR for different constellations
    - Management depends on many things
    - Local excision? contact RT?