

GUIDELINE ON THE MANAGEMENT OF RECTAL CANCER

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Caring for patients with rectum cancer in Belgium

- **KCE guideline – PROCARE program in 2007**
- **Registration until December 2014**
- **In 2012 the Belgian Cancer Registry reported 970 women and 1 494 men with rectum cancer**
- **Screening programs aim for early diagnosis**
- (http://procare.kankerregister.be/media/docs/Projecten/Procure/FB14_Annex3_TN_M_general_v1.0.pdf).



Selection of research questions

- **What medical imaging technique should be used for optimal staging?**
- **Can local resection or transanal endoscopic microsurgical resection be performed instead of radical resection without compromising the outcome in rectal cancer patients (T1, T2)?**
- **When should adjuvant chemotherapy be considered in patients who received neoadjuvant chemo(radio)therapy?**

What medical imaging technique should be used for optimal staging?

- **Perform MRI to assess the risk of local recurrence in ALL patients with rectal cancer**
- **Offer endorectal ultrasound to patients with rectal cancer in cases where MRI shows disease amenable to local excision, additional clinical information is needed or MRI is contraindicated.**



Can local resection or transanal endoscopic microsurgical resection be performed instead of radical resection without compromising the outcome in rectal cancer patients (T1, T2)?

- **Gold standard is radical resection**
- **Discovered and removed! during screening endoscopy**
- **Lack of RCT s**
- **Risk stratification**

Can local resection or transanal endoscopic microsurgical resection be performed instead of radical resection without compromising the outcome in rectal cancer patients (T1, T2)?

- ❑ In patients with T2 rectal cancer, radical resection should be performed.
- ❑ In patients with pT1 sm1 rectal cancer confirmed by the pathology report and staging, **'en bloc' complete local resection is considered sufficient.** Discussion by a multidisciplinary team and adequate surveillance is mandatory.
- ❑ In patients with pT1 sm2 sm3 rectal cancer, a multidisciplinary discussion is mandatory and if no contraindication, radical surgery is recommended.

When should adjuvant chemotherapy be considered in patients who received neoadjuvant chemo(radio)therapy?

Based on the current available evidence, no recommendation can be made in favour or against the use of adjuvant chemotherapy in patients with rectal cancer who received chemo(radio)therapy.



POLICY RECOMMENDATION

Guidance for adequate use of MRI in the initial evaluation of patients with rectal cancer should be developed.

Note

***radiologists have proposed a protocol (included)
Belgian Society of Radiology will provide teaching***

Barriers/facilitators for implementation

Termination of the PROCARE program in December 2014

College of Oncology will pursue a new PROCARE plan and registration in the National Cancer Registry



Colophon

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