WATCH AND WAIT STRATEGY IN RECTAL CANCER – FOLLOW-UP RESULTS FROM A TERTIARY ONCOLOGY CENTRE

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In a tertiary cancer centre cohort of 137 rectal cancer patients followed for a median 44 months, the Watch & Wait strategy after complete clinical response showed lower distant recurrence and mortality compared to traditional surgery, though local regrowth occurred in one-third of Watch & Wait patients.

KEY POINTS

- Of 137 patients with rectal adenocarcinoma receiving neoadjuvant therapy, 18 patients (13.6%) achieved complete clinical response and entered Watch & Wait surveillance while 113 underwent surgery.
- In the Watch & Wait group, 6 of 18 patients (33%) developed tumour regrowth at a mean of 15.8 months, with no distant disease observed; at final follow-up, 15 patients were alive without disease, 2 alive with disease, and 1 died from disease.
- The traditional surgery group had 28 patients (26.4%) with distant recurrence and 11.4% disease-attributed death, compared to no distant recurrence in the Watch & Wait group ($p<0.009$ for distant recurrence, $p=0.006$ for death).
- When comparing Watch & Wait patients to those achieving complete pathological response after surgery, Watch & Wait had higher local recurrence ($p=0.011$) but no significant difference in distant recurrence or mortality.
- Stage I disease at diagnosis was associated with higher probability of achieving complete clinical response ($p=0.008$), and the authors conclude Watch & Wait remains a safe oncological approach.

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