



# O papel do Watch and Wait

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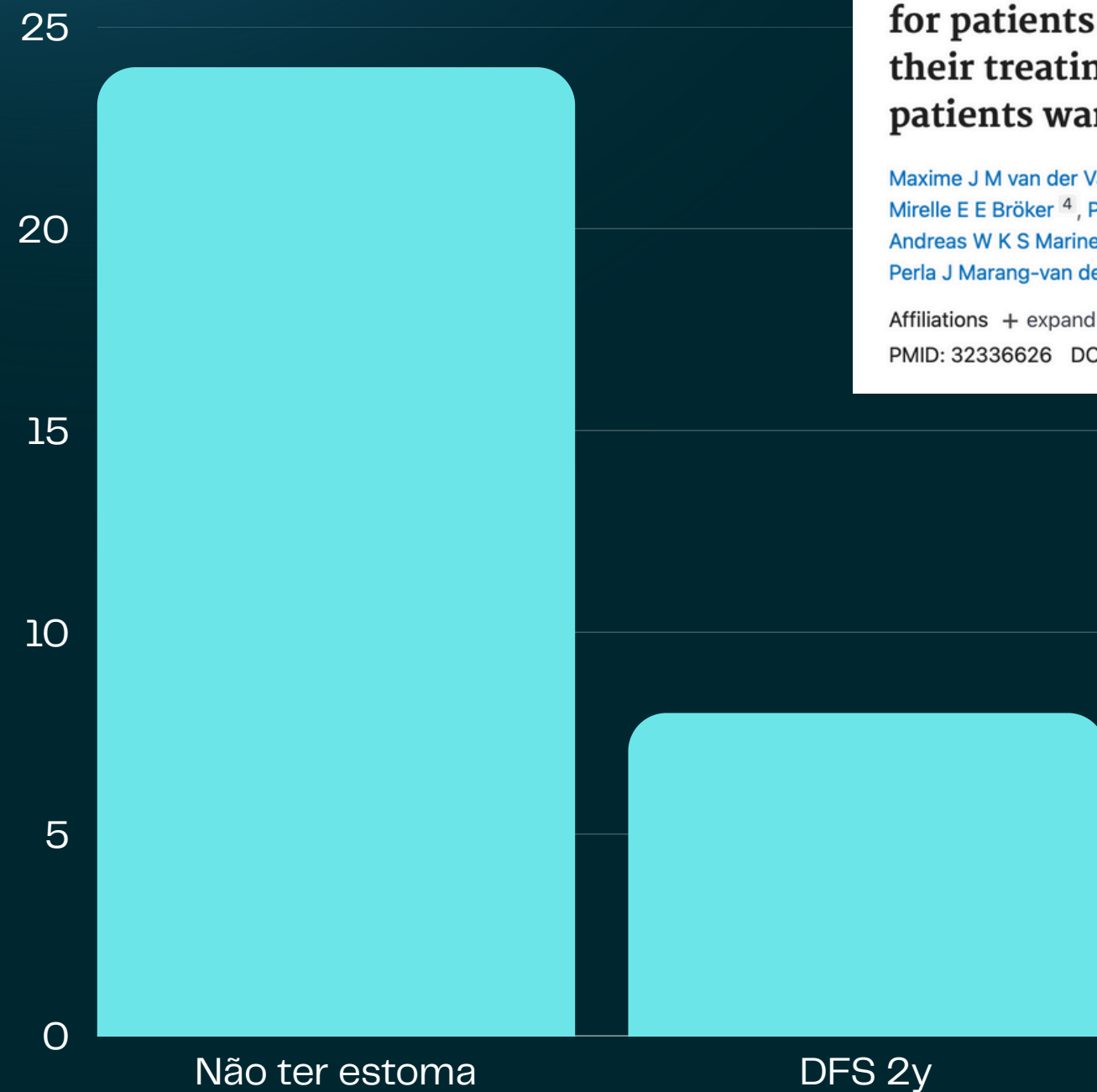


# Resolução CFM n 2.386/24



Não tenho conflito de interesses

# Qual maior desejo do paciente ao ser tratado de câncer de reto?



> Eur J Surg Oncol. 2020 Sep;46(9):1634-1641. doi: 10.1016/j.ejso.2020.04.014. Epub 2020 Apr 15.

## Importance of patient reported and clinical outcomes for patients with locally advanced rectal cancer and their treating physicians. Do clinicians know what patients want?

Maxime J M van der Valk <sup>1</sup>, Marit E van der Sande <sup>2</sup>, Renee E Toebes <sup>2</sup>, Stephanie O Breukink <sup>3</sup>, Mirelle E E Bröker <sup>4</sup>, Pascal G Doornebosch <sup>4</sup>, Nansi Maliko <sup>5</sup>, Peter A Neijenhuis <sup>5</sup>, Andreas W K S Marinelli <sup>6</sup>, Femke P Peters <sup>7</sup>, Koen C M J Peeters <sup>8</sup>, Geerard L Beets <sup>2</sup>, Perla J Marang-van de Mheen <sup>9</sup>, Denise E Hilling <sup>10</sup>

Affiliations + expand

PMID: 32336626 DOI: [10.1016/j.ejso.2020.04.014](https://doi.org/10.1016/j.ejso.2020.04.014)

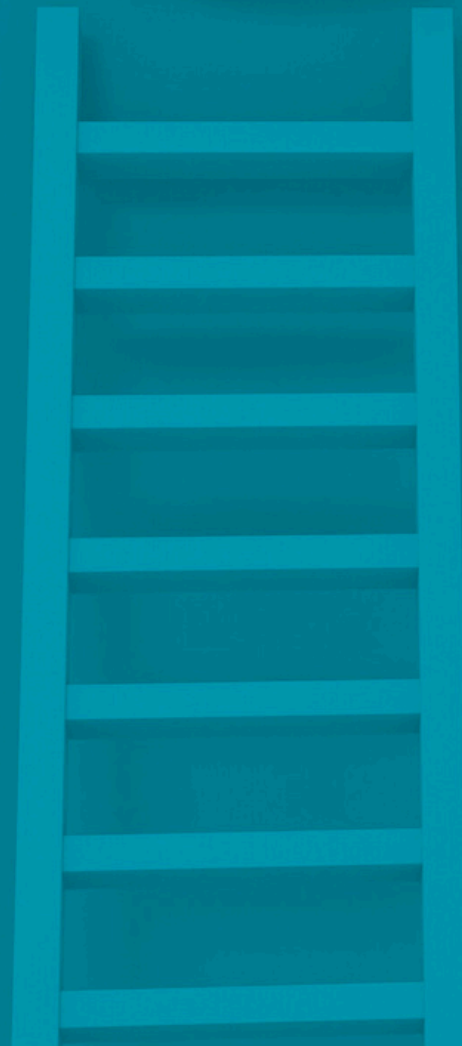




# O que buscamos com o Watch and Wait?



arquivo pessoal





# Processo

## Operative Versus Nonoperative Treatment for Stage 0 Distal Rectal Cancer Following Chemoradiation Therapy

Long-term Results **2004**

Angelita Habr-Gama, MD,\* Rodrigo Oliva Perez, MD,\* Wladimir Nadalin, MD,†  
Jorge Sabbaga, MD,† Ulysses Ribeiro Jr, MD,‡ Afonso Henrique Silva e Sousa Jr, MD,\*  
Fábio Guilherme Campos, MD,\* Desidério Roberto Kiss, MD,\* and Joaquim Gama-Rodrigues, MD,‡

**Objective:** Report overall long-term results of stage 0 rectal cancer following neoadjuvant chemoradiation and compare long-term results between operative and nonoperative treatment.

may be associated with high rates of temporary or definitive stoma construction and unnecessary morbidity and mortality rates.  
(*Ann Surg* 2004;240: 309–316)

Clinical Trial > J Clin Oncol. 2022 Aug 10;40(23):2546–2556. doi: 10.1200/JCO.22.00032.

Epub 2022 Apr 28.

## Organ Preservation in Patients With Rectal Adenocarcinoma Treated With Total Neoadjuvant Therapy

Julio Garcia-Aguilar <sup>1</sup>, Sujata Patil <sup>2</sup>, Marc J Gollub <sup>3</sup>, Jin K Kim <sup>1</sup>, Jonathan B Yuval <sup>1</sup>,

Localised rectal cancer in lower or middle third of rectum when organ preservation is intended

# 1

## WW é consolidado e seguro

Temos o WW em evidências e nos protocolos, não é mais algo experimental

# 2

## TNT

O caminho usual é feito com TNT e não mais WW "por acidente" na neoadjuvância ; apesar de existir CRT e até BT

# 3

## Para quem?

Lesões baixas, desejo do paciente, tumor board e interdisciplinaridade são obrigatórias

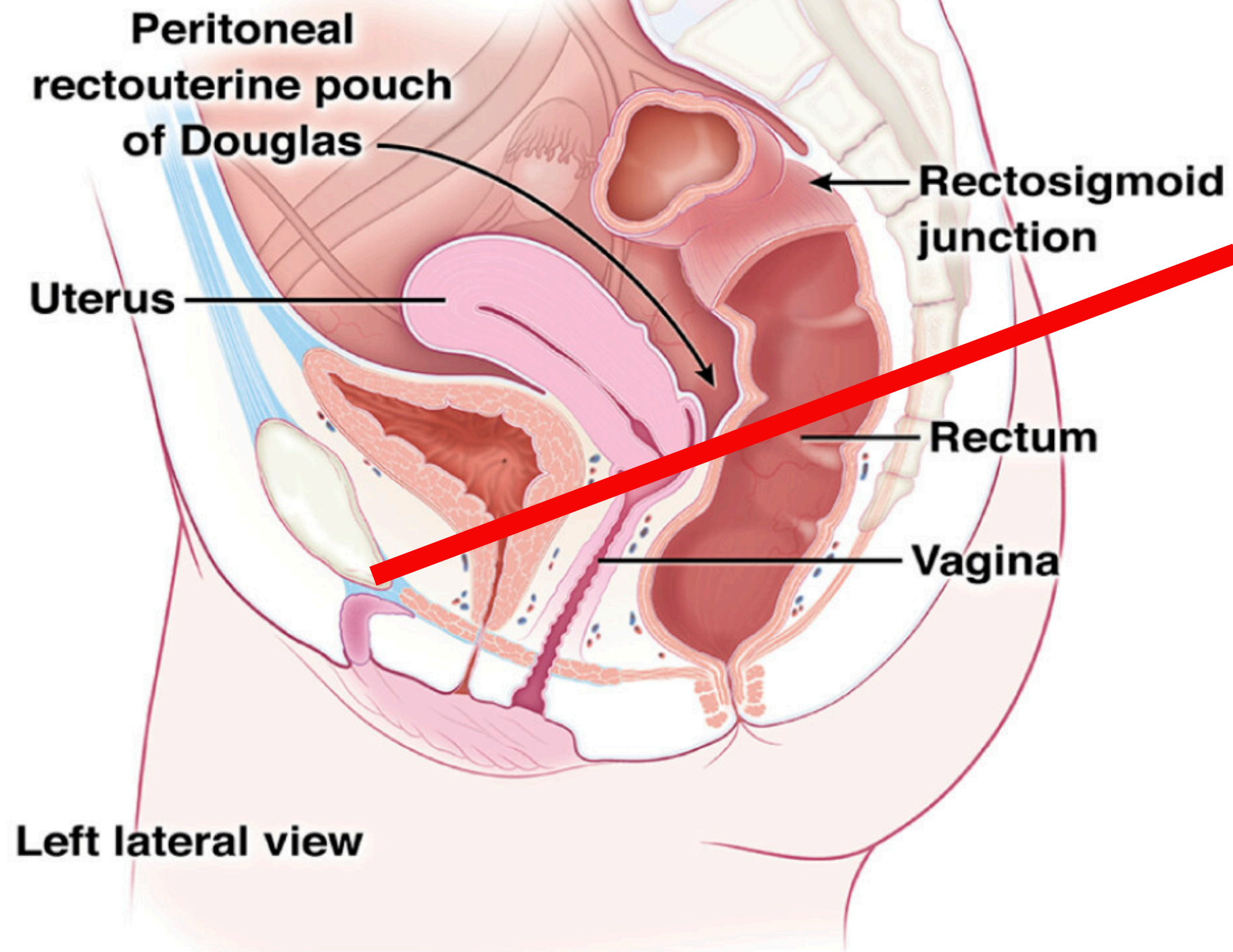
## Não é para todos!





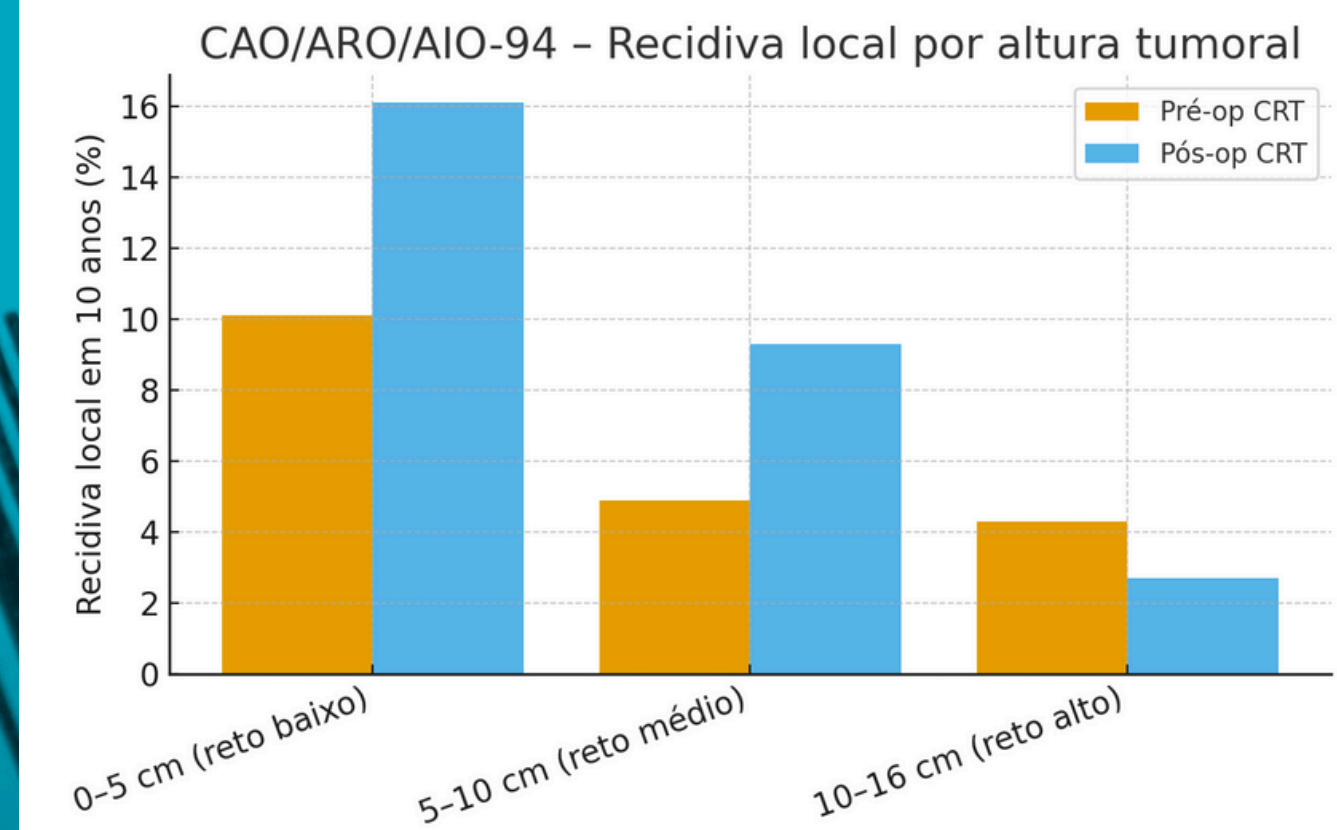
# Altura da lesão

A



Diagnostic test referral

Rectal examination





**CLINT EASTWOOD**



**THE  
GOOD**

**THE  
BAD**

**and THE  
UGLY**

co-starring



# Tipo de resposta clínica (Flex + RNM+TR)

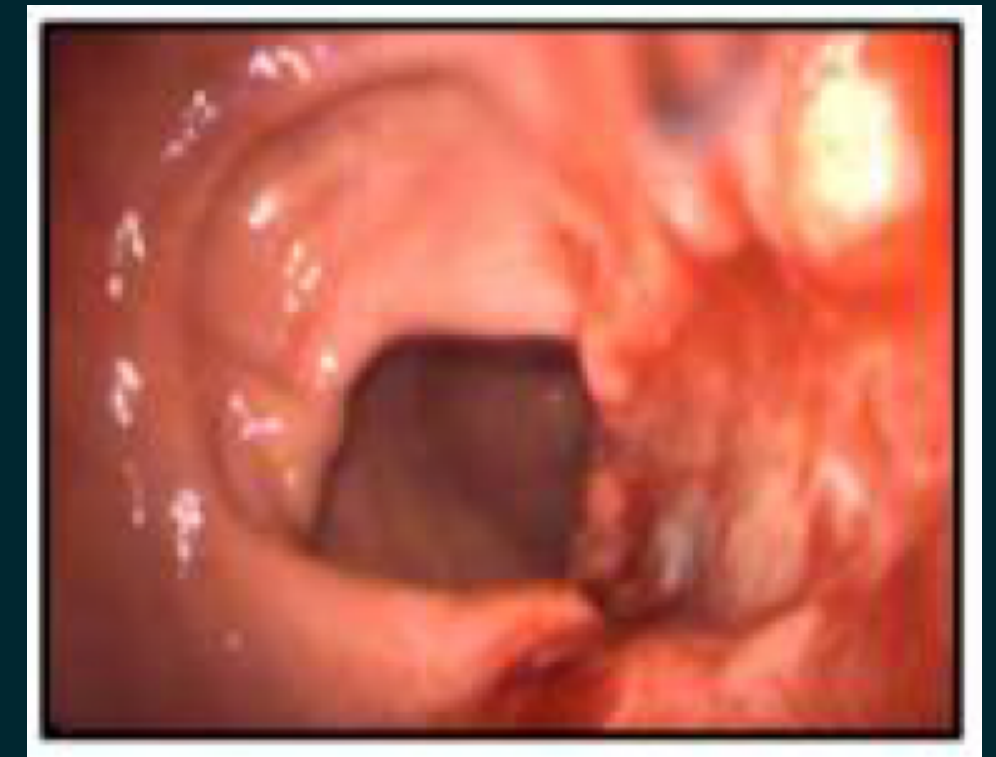
Resposta completa



Quase resposta



Não resposta





# Números atuais

## Resultados



~73% de preservação em 5 anos (WW database)

~50% TME-free survival (OPRA)

94% das recidivas acontecem em 2 anos

74% livre de colostomia em 3 anos



## Quem responde?

77% dos cCR (3y)

40% dos near-CR (3y)



## Quando não responde

30% de recrescimento

Recrescimento tem 10,7% de metástase!!!

Multicenter Study > Dis Colon Rectum. 2023 Jan 1;66(1):41-49.  
doi: 10.1097/DCR.0000000000002494. Epub 2022 Oct 21.

**The Risk of Distant Metastases in Patients With Clinical Complete Response Managed by Watch and Wait After Neoadjuvant Therapy for Rectal Cancer: The Influence of Local Regrowth in the International Watch and Wait Database**

Laura M Fernandez <sup>1</sup>, Guilherme P São Julião <sup>2 3 4</sup>, Andrew G Renehan <sup>5 6</sup>, Gerard L Beets <sup>7 8</sup>, Ana L Papoila <sup>9</sup>, Bruna B Vallati <sup>2 3 4</sup>, Renu R Bahadoer <sup>10</sup>, Elma Meershoek-Klein Kranenbarg <sup>10</sup>, Annet G H Roodvoets <sup>10</sup>, Nuno L Figueiredo <sup>1 11</sup>, Cornelis J H Van De Velde <sup>7 10</sup>, Angelita Habr-Gama <sup>2 4 12</sup>, Rodrigo O Perez <sup>2 3 4 13</sup>;

**Watch-and-wait approach versus surgical resection after chemoradiotherapy for patients with rectal cancer (the OnCoRe project): a propensity-score matched cohort analysis**

Andrew G Renehan <sup>1</sup>, Lee Malcomson <sup>2</sup>, Richard Emsley <sup>3</sup>, Simon Gollins <sup>4</sup>, Andrew Maw <sup>4</sup>, Arthur Sun Myint <sup>5</sup>, Paul S Rooney <sup>6</sup>, Shabbir Susnerwala <sup>7</sup>, Anthony Blower <sup>8</sup>, Mark P Saunders <sup>9</sup>, Malcolm S Wilson <sup>8</sup>, Nigel Scott <sup>7</sup>, Sarah T O'Dwyer <sup>8</sup>

Clinical Trial > J Clin Oncol. 2022 Aug 10;40(23):2546-2556. doi: 10.1200/JCO.22.00032.  
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# O "preço" da preservação de órgão

O cuidado na orientação pré tratamento é fundamental para esclarecer que preservar órgão não é isento de complicações.

## Toxicidade

- ✓ 40% = ou > grau 3
- ✓ Proctite
- ✓ Neuropatia
- ✓ Hematológicas
- ✓ Ginecológicas
- ✓ Disfunção sexual

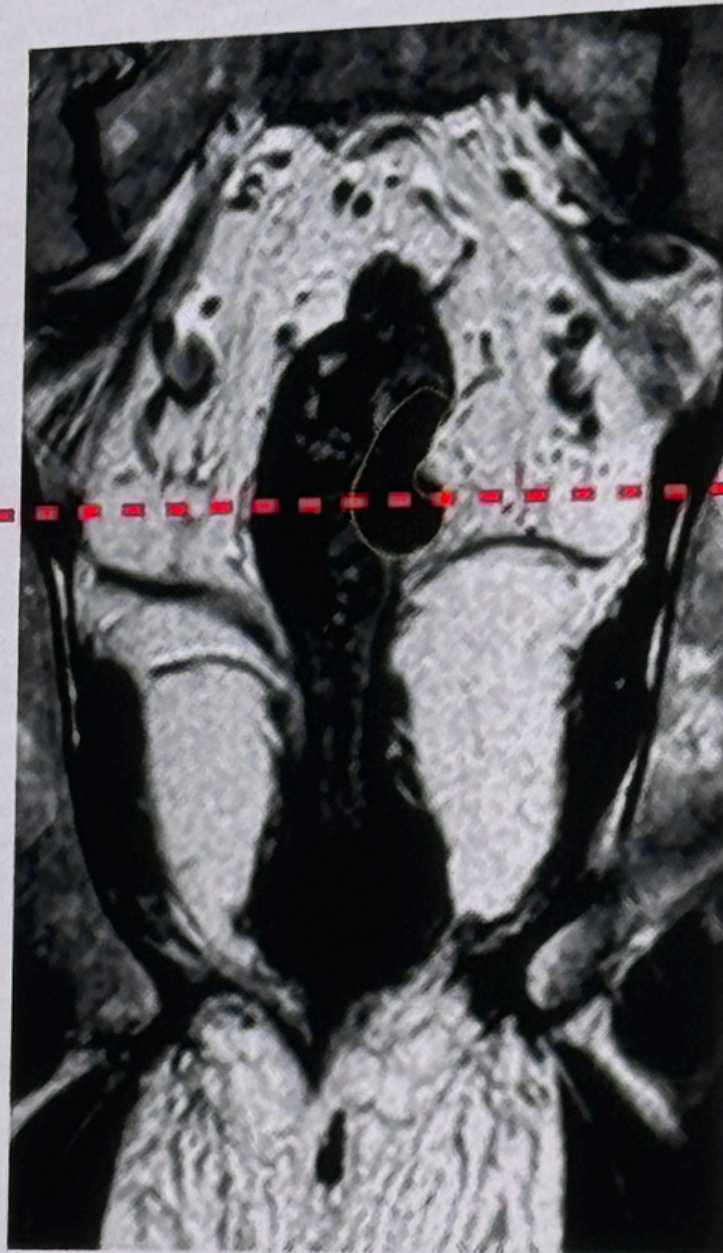






# Management of Rectal Cancer

Selection criteria



Organ-preservation  
Benefits > Risks

Not ideal for organ  
preservation  
Risks > Benefits



# Como seguir o WW?

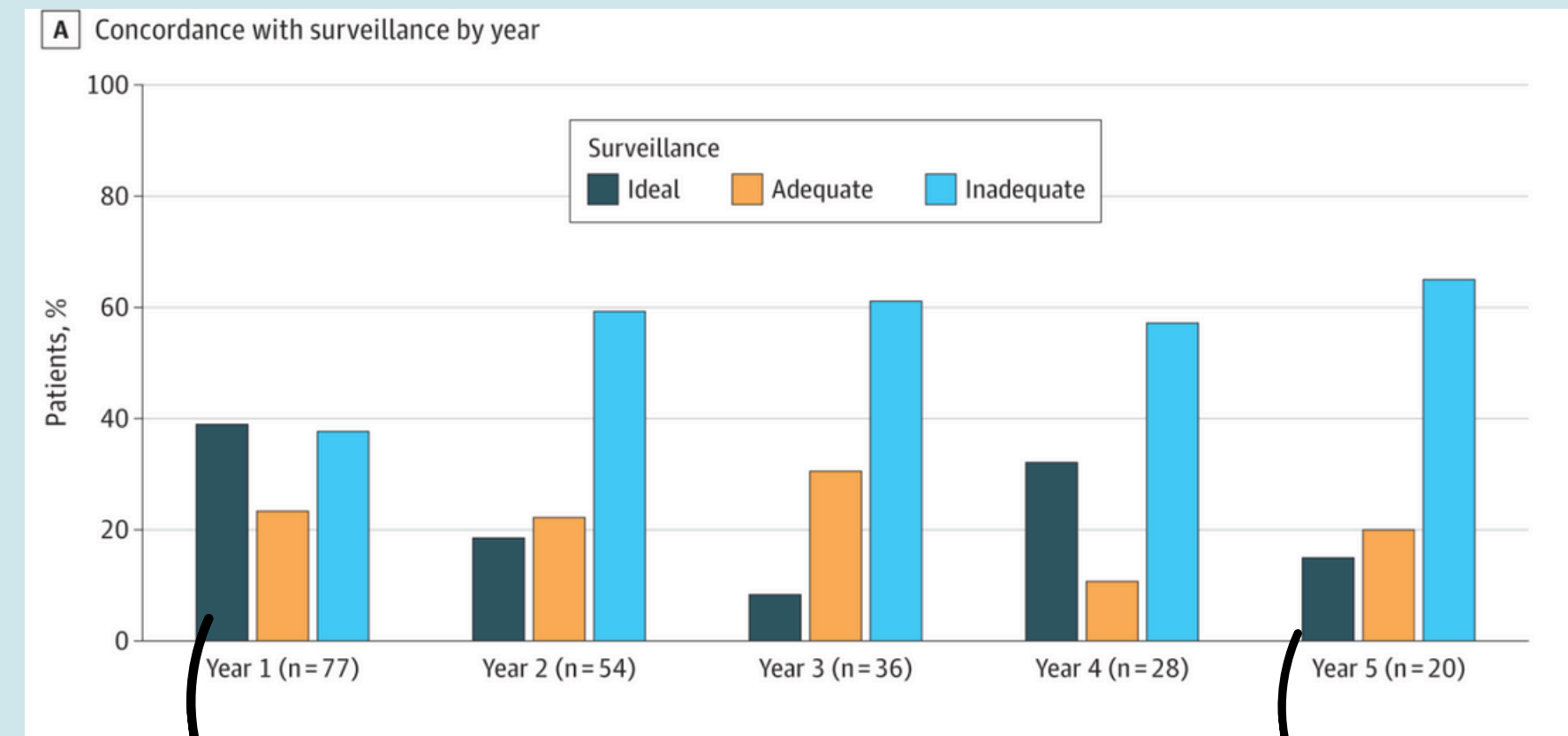
- ✓ Consultas **3/3 meses por 2 anos** e depois de 6/6 meses até 5 anos
- ✓ Reto flexível **3/3 meses por 2 anos** e depois de 6/6 meses até 5 anos
- ✓ **CEA 3/3 meses por 2 anos** e depois de 6/6 meses até 5 anos
- ✓ **RNM de 6/6 meses** por 3 anos
- ✓ TC T/A 6/6 meses por 5 anos
- ✓ Colono com 1 ano, depois depende do resultado, 3 anos se normal

Original Investigation | Oncology

## Challenges of Surveillance in Implementing Nonoperative Management for Rectal Cancer

Bailey K. Hilty Chu, MD<sup>1</sup>; Anthony Loria, MD, MSCI<sup>1</sup>; Totadri Dhimal, MD<sup>1</sup>; [et al](#)

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