Pan London Early Rectal Cancer Meeting
1st November 2018

Avoiding major surgery and improving quality of life in patients with early rectal cancer

Local excision: patient selection

Chris Cunningham
Oxford University Hospitals NHS Foundation Trust
Local excision for early rectal cancer

When to consider local excision?
The MDT says "No" to organ preservation

Guidance on Cancer Services

Improving Outcomes in Colorectal Cancers

Manual Update

Particular MDTs should be identified which have, and can further develop, expertise in the management of early rectal cancer. Patients with T1 tumours, who might benefit from local excision, should be referred to these teams. Rectal endosonography should be available to assess such tumours.

NICE 2004
Awareness of the opportunity

Implementing early rectal cancer multidisciplinary teams in secondary care

Shared learning database

- Multi-agency and Multidisciplinary

Publication:

Access to all treatment modalities
- ESD
- TEM/TAMIS
- Radiotherapy

Capacity to counsel patients and provide infrastructure for surveillance

An ethos that explores organ preservation
Early rectal cancer MDT

- Access to all treatment modalities
- ESD
- TEM/TAMIS
- Radiotherapy

Capacity to counsel patients and provide infrastructure for surveillance

An ethos that explores organ preservation

Is the lesion suitable for local excision?

What is the treatment aim?

Is the patient suitable for organ-preservation?

Is the tumour suitable for LE?

Size, position, morphology

Staging and risk of LN disease

Impact of LE
Careful assessment of lesion

Concern over cancer risk

Is the tumour suitable for LE?

Size, position, morphology

Staging and risk of LN disease

Impact of LE
Impact of LE on Subsequent radical surgery
Committing patients to APER

Committing patients to Exenteration
Peritoneal breach

Is the patient suitable for organ preservation?

organ preservation?
Selection for local excision

- Increasing risk of recurrence
- Increasing age or comorbidity

Best for radical surgery
Best for local excision

Oxford Colorectal
Selection for local excision

- Best for radical surgery
- Best for local excision

Increasing risk of recurrence

Increasing age or comorbidity

Oxford Colorectal
Selection for local excision

- Increasing risk of recurrence
- Increasing age or comorbidity

Best for radical surgery
Best for local excision
Selection for local excision

Increasing risk of recurrence

Increasing age or comorbidity

Best for radical surgery

Best for local excision

Oxford Colorectal
Selection for local excision

- Best for local excision
- Increasing risk of recurrence
- Increasing age or comorbidity
- Best for radical surgery
Selection for local excision

- Increasing risk of recurrence
- Increasing age or comorbidity

Best for local excision
Best for radical surgery

Oxford Colorectal
Selection for local excision

Increasing risk of recurrence

Increasing age or comorbidity

Best for radical surgery

Patient preference for organ-preservation

Best for local excision

Oxford Colorectal
Patient preference for radical surgery

Selection for local excision

Increasing risk of recurrence

Increasing age or comorbidity

Best for radical surgery

Best for local excision

Oxford Colorectal
Selection for local excision

Technical criteria for local excision...is it sensible?
- Endoscopic assessment and imaging

Is it appropriate for the patient?
- Is it for diagnosis or part of a treatment strategy?
- Expectations and understanding of risk of recurrence and surveillance
- Expectations and understanding of risks of radical surgery
- Patient preference