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Habr Gama: Watch and Wait Approach to Rectal Cancer – A Case Report

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Introduction

Colon cancer is the second leading cause of cancer-related deaths worldwide. In 2020, more than 1.9 million new cases of colorectal cancer and more than 930 000 deaths due to colorectal cancer were estimated to have occurred worldwide . Dr. Angelita Habr-Gama first put forth the "watch and wait" strategy in Brazil in 2009 for conservative management of carcinoma rectum. Imaging, endoscopy, and close surveillance physical examinations are performed on patients with complete clinical response to neoadjuvant chemoradiation. Here, we go over how rectal cancer is managed, how the "watch and wait" strategy came to be, and its results.

Materials & Methods

73 Year old female , known case of Type 2 Diabetes Mellitus , Systemic Hypertension , status post right breast conservation surgery , chemoradiation for early carcinoma right breast presented with complaints of difficulty in passing stools , bleeding per rectum and mucus discharge per rectum . She was evaluated detail including physical examination , colonoscopy , tumour marker , MRI and diagnosed to be locally advanced carcinoma rectum .

Patient started on neoadjuvant chemoradiation (5 Fluorouracil + Leucoverine + 50.4 cGy) over period of 28 fractions . After completing neoadjuvant chemoradiation , patient reassessed after 8 weeks via digital rectal examination , colonoscopy examination , tumour marker ,MRI and restaged to be complete clinical response . Patient enrolled to Watch and Wait Regimen as per Habr- Gama Protocol . Patient followed up as per Habr-Gama follow up guidelines and periodic evaluations still undergoing for evaluation of chance of recurrence .

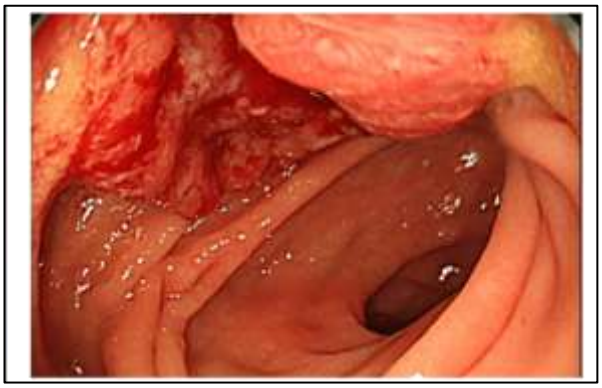

Fig 1 : Colonoscopy image of ulceroproliferative lesion of rectum

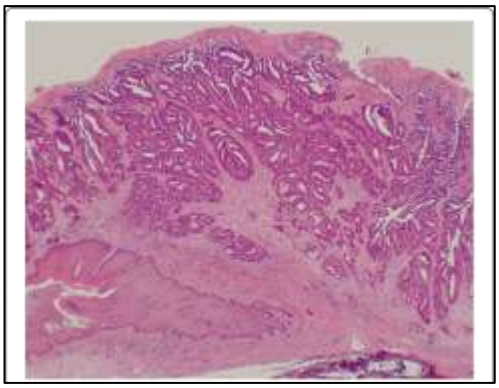

Fig 2 : Histopathology Image of Moderately differentiated Adenocarcinoma Rectum

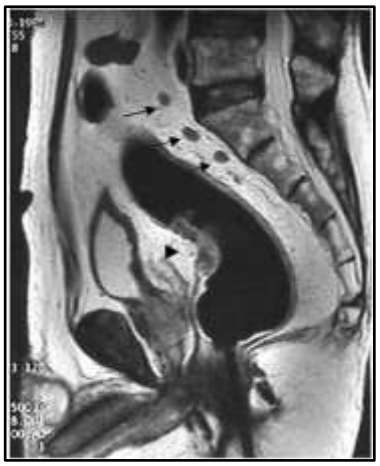

Fig 3 : Magnetic Resonance Imaging showing rectal growth with lymph node enlargement

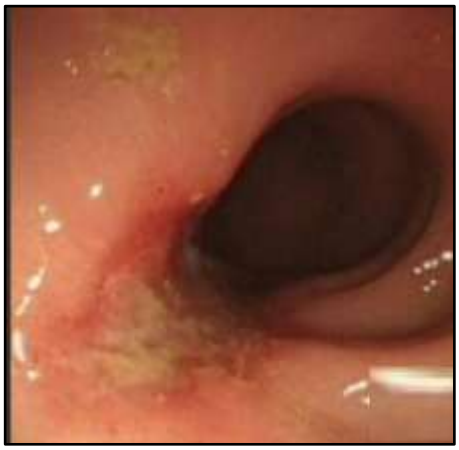

Fig 4 : Post Chemoradiation Colonoscopy showing complete Clinical Response (cCR)

Discussion

The last few decades have seen an increase in the complexity of managing rectal cancer. The widespread use of neoadjuvant therapies has introduced a new variable, tumor response, which may dramatically change the ultimate surgical decision from radical surgery to local excision, transanal endoscopic microsurgery (TEM), or even no surgery at all. A precise estimate of the clinical response following neoadjuvant chemoradiation is essential for determining whether an organ-preserving approach is practical for a given patient. The diagnostic methods used to assess clinical response include imaging modalities, endoscopy, tumour markers and digital rectal examination. Management of these highly selected patients without immediate radical surgery and strict surveillance (‘‘Watch & Wait’’) may provide an interesting alternative avoiding significant morbidity and mortality associated with radical surgery without compromising oncological outcomes. Still patient selected for Habr - Gama Watch and Wait regimen should be followed up strictly as advised above and any suspicious local recurrence should be evaluated in detail . Still controversies exist in this regard . Patients with initial complete clinical response that subsequently develop local regrowth appear to be at higher risk for the development of distant metastases compared to patients with near-complete pathological response. This seems to be particularly more pronounced when transmural disease is present at the time of salvage.

Conclusions

When neoadjuvant therapy is used to achieve a complete clinical response in patients with locally advanced rectal cancer, there are evident short-term benefits to forgoing surgery, primarily decreased morbidity and improved quality of life.

But there are still a lot of unanswered questions, such as:

- How long and how intense should clinical, radiological, and pathological follow-up be?
- Should neoadjuvant therapy be intensified depending on the initial clinical stage?
- Is it necessary to find ways to accurately diagnose the most patients with complete clinical response?