

Department of surgery

Rectal cancer - clinical complete response after chemo-radiotherapy

This information sheet is for patients considering chemo-radiotherapy prior to surgery for rectal cancer, and patients who have completed chemo-radiotherapy and found to have a clinical complete response for follow-up scans and investigations.

What is clinical complete response?

In patients with rectal cancer treated with chemo-radiotherapy and followed for at least 3 months, there is a 10% to 15% chance that the rectal tumour completely disappears and is not visible on the scan or on the 'camera test', known as flexible sigmoidoscopy.

What does this mean for me?

You now have the option to go on 'active surveillance' - also called 'watch and wait' – as an alternative to proceeding with major surgery. You will be offered an intensive follow-up program of regular scans and examinations of the rectum by flexible sigmoidoscopy.

Can I still have the surgery if I choose to?

If you are still interested in going ahead with surgery at this time, this can be discussed with your consultant and key worker, the clinical nurse specialist, who can discuss the nature and potential risks of surgery.

What follow-up will I have if I choose active surveillance?

In the first year, you will undergo pelvic MR scans and flexible sigmoidoscopies every 3 months. After this you will have MR scans every 6 months in year 2 and year 3, and flexible sigmoidoscopy examinations until year 5. The MR scans and flexible sigmoidoscopies are used to check for tumour regrowth in and around the rectum.

Like patients with rectal cancer who require surgery, you will have monthly CT scans every 6 months in the first two years, and annually thereafter until year 5. The CT scan is used to check for tumour spread outside the pelvis and the bowel.

What are the risks of active surveillance?

Recent studies have shown that two-thirds of patients with complete clinical response of the rectal tumour after chemo-radiotherapy will have no regrowth of the tumour in the rectum by 3 years and can avoid major surgery. This means that a third of patients who are thought to have a clinical complete response will develop tumour regrowth during their follow up.



What happens if tumour regrowth occurs?

In the event of tumour regrowth, it may still be appropriate to undergo surgical intervention. Should this be the case, your consultant will have a detailed discussion with you about the operation. Recent studies show that when tumour regrowth occurs, you are very likely to be suitable for curative surgery.

Is there a risk of developing spread of disease to other areas?

All patients with rectal cancer are at risk of spread of cancer to other areas of the body (metastasis), of 10% to 15% over 3 years. Recent studies have shown that this rate is the same for patients with a clinical complete response, following chemoradiotherapy, on active surveillance as those who have had surgery. The risk of metastasis can occur even if there is no tumour regrowth in the rectum. Therefore all patients who have had treatment for rectal cancer routinely have surveillance CT scans as part of follow-up to try and detect areas of metastasis.

Other follow-up investigations

All patients who have had treatment for colorectal cancer are offered a telescopic examination of the whole large bowel (known as a colonoscopy) at 1 year and 5 years after treatment, and then 5 yearly thereafter. This is to ensure that no new tumours are forming elsewhere in the large bowel.

What signs/symptoms should I be aware of in future?

You will be followed up regularly by your consultant in clinic; however, you are advised to watch out for the following signs and symptoms:

- rectal bleeding
- lower abdominal pain
- tiredness
- change of bowel habit (increased frequency and urgency)
- a feeling of incomplete emptying of the bowel
- unintended weight loss

If you have any concerns or further questions, please contact your specialist nurse:

- Rebecca Halstead - **07766 780952** or **0161 918 7096**
- Amanda Coop - **07824 373785** or **0161 918 2097**
- Rachel Connolly - **07785 125629** or **0161 918 7859**
- Lisa Wardlow - **07826 892213** or **0161 918 7183**

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

