Trends in treatment recommendations for proximal rectal cancer from four NAPRC hospitals in a single healthcare system

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INTRODUCTION

Trends in the treatment of rectal cancer (RC) have changed significantly over recent decades with a shift toward total neoadjuvant therapy (TNT) for organ preservation and the reduction of local recurrence[1]. In addition, the introduction of Watch and Wait protocols has led to increased rates of organ preservation when patients achieve a complete clinical response to neoadjuvant therapy[2]. Despite these changes, treatment of proximal rectal cancer remains controversial regarding neoadjuvant therapy versus upfront surgery. To evaluate recent trends in proximal rectal cancer treatment, we analyzed data from four NAPRC approved hospitals within a single healthcare system.

OBJECTIVES

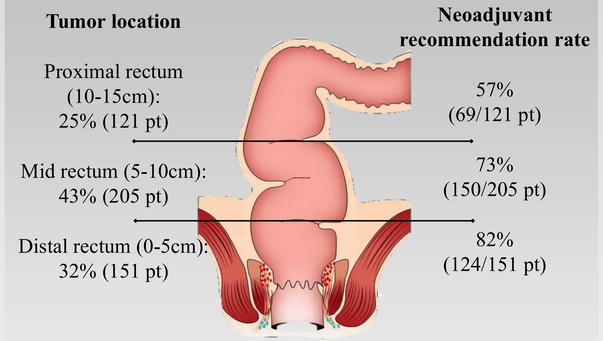
- Determine distribution of rectal cancer locations within our NAPRC population
- Stratify treatment recommendations by rectal cancer location
- Identify post-neoadjuvant effects on tumor and nodal stages

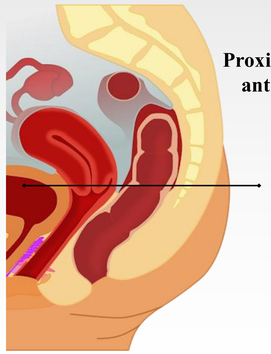
METHODS

Data from 4 hospitals' NAPRC accredited tumor boards (TB) from 2020-2025 was entered into a system-wide REDCap database and maintained prospectively. Recommendations from the initial TB presentation were analyzed, along with subsequent post-neoadjuvant TB recommendations and surgical outcomes data. Information including diagnostic imaging results, clinical staging, neoadjuvant therapy regimens, and surgical pathology were analyzed.

RESULTS

A total of 477 RC patients' data was reviewed; 121 (25.4%) had proximal rectal cancers. There were 68 males (56.2%) and 53 females (43.8%) with a mean age of 61.2 years. MRI determined tumor height from the anal verge averaged 12.3cm (SD = 1.8cm).





Proximal rectal tumor relation to anterior peritoneal reflection

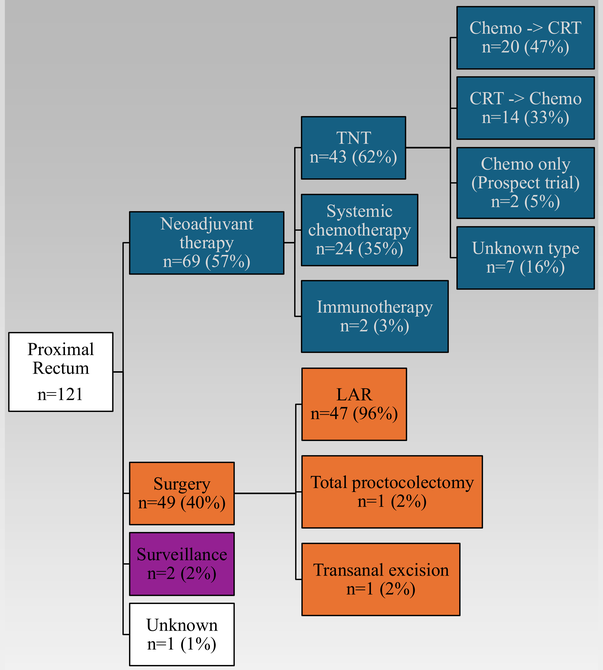
45% Above

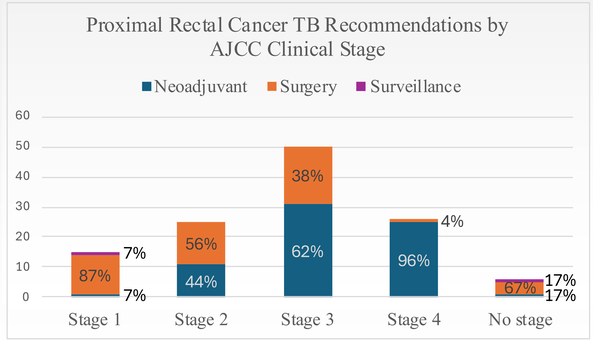
34% At or Straddles

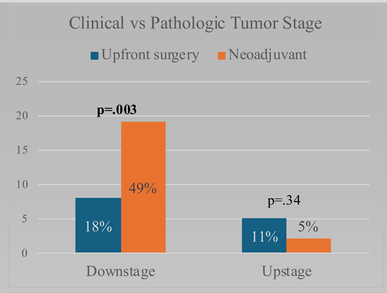
3% Below

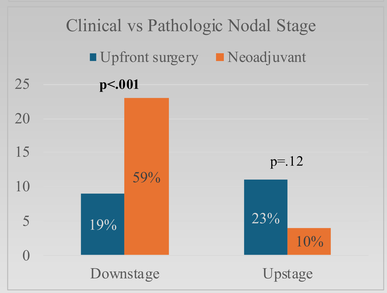
(18% Unknown)

Initial NAPRC TB Recommendations









CONCLUSIONS

The paradigm shift in rectal cancer treatment toward neoadjuvant therapy with TNT is more prevalent in middle and distal rectal cancer than proximal rectal cancer. Treatment of proximal rectal cancer with neoadjuvant therapy is associated with significant downstaging of tumor and nodal stage and is associated with less frequent upstaging. Compiling and analyzing data from multiple NAPRC multi-disciplinary tumor boards provides valuable insights into trends in rectal cancer treatment and can help to inform future treatment decisions.

REFERENCES

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