ASO Author Reflections: Identifying Rectal Cancer Patients Suitable for Watch-and-Wait

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PAST

Implementing the watch-and-wait (WW) approach for rectal cancer patients who respond well to neoadjuvant therapy is oncologically safe and can preserve the patient's quality of life that often is sacrificed by total mesorectal excision (TME).^{1,2} However, the data of WW on patient survival are limited to retrospective studies³ because a prospective randomized trial comparing TME with WW is not feasible.

PRESENT

A retrospective study at a comprehensive cancer center analyzed the rates for WW use among five expert colorectal surgeons and investigated the association of WW with organ preservation rates and disease-free survival.⁴ The management by WW versus immediate TME for patients treated with neoadjuvant therapy varied significantly among the surgeons ($p < 0.0001$). The long-term organ preservation rates also varied from 7 to 39% among the treating surgeons, with higher rates noted for surgeons who offered WW more frequently. Disease-free survival was similar ($p = 0.2$).

FUTURE

The study findings suggest that wide adoption of WW is associated with increased organ preservation without compromising oncologic outcomes. Rectal cancer patients who

respond well to neoadjuvant therapy can be offered WW to achieve organ preservation, which has positive implications for quality of life.² Additional research to maximize response rates and improve diagnostic tools to better identify responders may provide more confidence for the surgeon to offer WW.

DECLARATIONS

CONFLICT OF INTEREST Julio Garcia-Aguilar: Ethicon J&J Consultant; daVinci Intuitive - Consultant/Stock.

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