



4th Evolving concepts in Complete Response to Neoadjuvant Therapy for Rectal Cancer 22nd March 2017

Convened by Prof Bill Heald and Mr Brendan Moran At Pelican Cancer Foundation, Basingstoke RG24 9NN

08.15 Registration

Aim of the meeting: Is the time right to actively look for a cCR. How does this manifest itself in clinical practice? What are the challenges in making those decisions? How to report cCR in a consistent and uniform manner

Chair: 08.30	Prof Bill Heald Welcome and introduction	Prof B Heald
08.45	The evolution and development of the concept	Prof A Habr-Gama
09.10 09.25	The patients view Questions	tbc
Chair	Geerard Beets	
Chair 09.35	Geerard Beets When not to operate – an oncologists perspective	Dr Carlos Cavarlho
		Dr Carlos Cavarlho Prof Phil Quirke
09.35	When not to operate – an oncologists perspective	

Chair: Brendan Moran

Update session

No introduction of the complete response concept - This will have been done by Angelita Habr-Gama Each speaker has 3 slides and 10 minutes

- Brief summary of main results from each unit (10 mins)
 - 1. What we call it all in our unit
 - 2. Neo-adjuvant CRT regime indications, dose, and protocol
 - 3. Timing of assessment after neo-adjuvant CRT and modalities used
 - 4. Number of patients under surveillance
 - 5. Surveillance protocol after cCR
 - 6. Outcomes
 - Re-growth rate
 - Recurrence rate
 - Salvage rate (and surgical outcomes)
 - DFS
- 10.45 Dr Phil Paty
- 10.55 Prof Anders Jakobsen
- 11.05 Prof Geerard Beets
- 11.15 Mr Rodrigo Perez
- 11.25 Prof Andrew Renehan
- 11.35 Prof Arthur Sun Myint
- 11.45 Dr Diana Tait
- 11.55 Discussion
- 12.15 **Consensus** and Voting background and agreement Mr Mit Dattani and Mr Brendan Moran

- 13.00 Lunch
- 13.45 Consent and informed consent where does complete response sit? Mr Rob Wheeler Discussion

Chair: Prof Anders Jakobson

- 14.10 Radiotherapy options for maximising response The more the better? Dr Oriol Pares A review of current radiotherapy options? Can we increase the dose? How safe is it? Any role for endoluminal boost? Newer technologies (IMRT)
- 14.25 A review of current neo-adjuvant CRT regimes Dr Mark Harrison How do we maximise response? Does systemic chemotherapy help? And should it be given before (induction or consolidation) or after a cCR? Is a change from recommended indications for neo-adjuvant treatment ever justified?
- 14.40 Discussion

Chair: Mr Nuno Figueiredo

14.50 Case study and voting

Mr Mit Dattani

Chair: Dr Phil Paty

- 15.20 How to evaluate response following CRT Prof Geerard Beets Define a cCR. The evidence for clinical, endoscopic and radiological assessment. Pitfalls in assessment. Equivocal cases how to decide?
- 15.35 The near complete response a new dilemma? Mr Rodrigo Perez When do you assess response to neo-adjuvant CRT? Waiting a bit more how long is long enough? What do we do with the "near" complete responders? Is a local excision oncologically safe and justified?
- 15.50 Discussion
- 16.00 Tea

Chair: Andrew Renehan

- 16.15 Persisting residual mucosal abnormalities and biopsies Dr Phil Paty What should we do with equivocal cases? Should we be worried about mucosal ulcers? The role of biopsies?
- 16.30 How to monitor a cCR is there such a thing as too much surveillance? Prof Gina Brown The optimal surveillance strategy RMH protocol. How to monitor response on MRI. The evidence for mrTRG grading. How useful is a PET-CT or DWI?
- 16.45 Discussion
- 17.00 Summary and take home messages