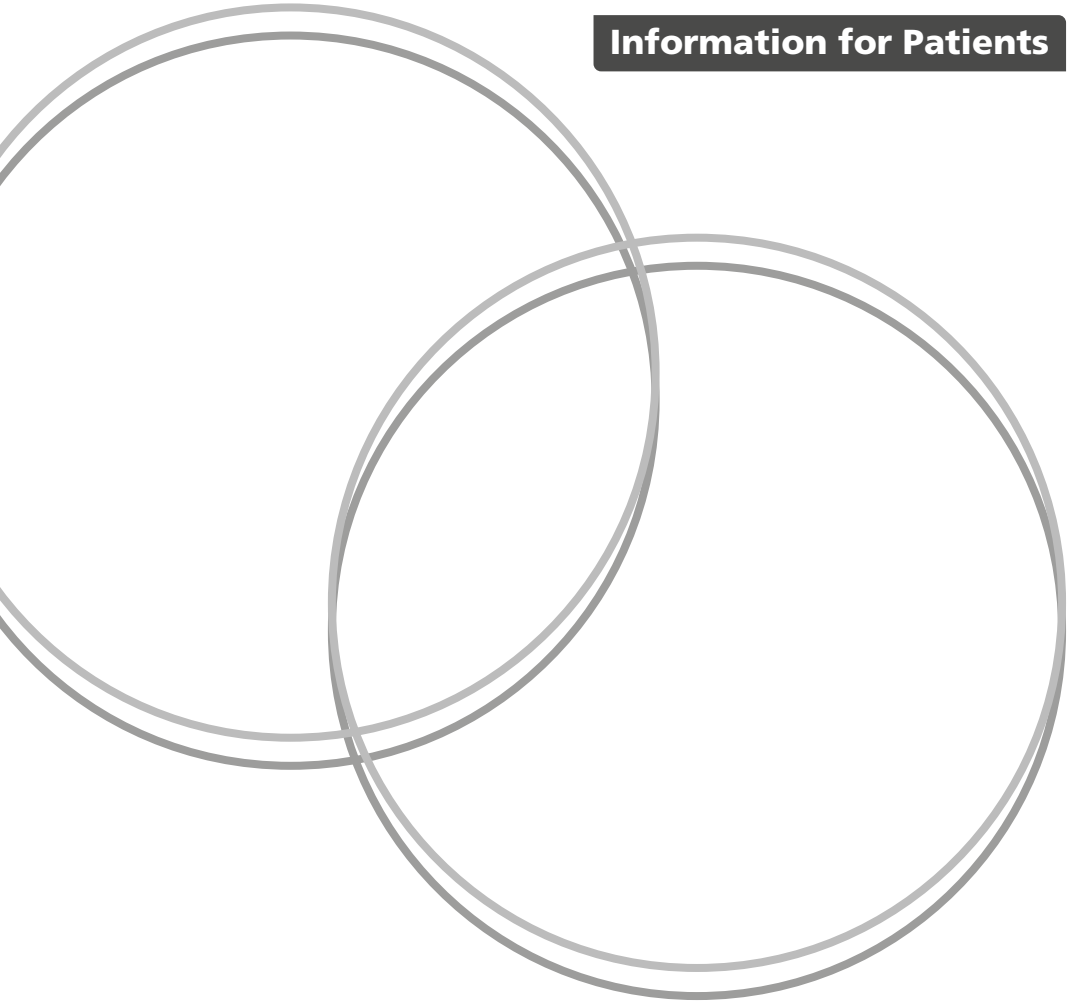
Oxford University Hospitals
NHS Foundation Trust

Complete clinical response after chemoradiotherapy for rectal cancer

Information for Patients



Your doctor has given you this leaflet because you have had a ‘complete clinical response’ following chemoradiotherapy for rectal cancer. This leaflet will explain what this means and the next steps in your treatment.

What is a ‘complete clinical response’?

After completing your course of chemoradiotherapy (radiotherapy combined with chemotherapy) your cancer has completely disappeared. This means that no evidence of cancer can be detected on scans (MRI and CT) or with a camera examination of the rectum (flexible sigmoidoscopy). This is called a ‘complete clinical response’ and is an indication of a very good result from the treatment.

What is the standard treatment after chemoradiotherapy for rectal cancer?

Surgery is the standard treatment after chemoradiotherapy for rectal cancer, regardless of whether you have been told that you have a complete response. Surgery usually takes place 8-12 weeks after completing chemoradiotherapy.

What does a complete clinical response mean for me?

For patients who have a complete clinical response to chemoradiotherapy we are offering the option of intensive surveillance, also called 'watch and wait', as an alternative to having major surgery. Research has shown that an intense watch and wait programme does not compromise outcomes and that surgery is avoided in the majority of cases.

However, you can still opt for surgery at this point and your consultant and specialist nurse will discuss this with you.

Please note that patients who do not have a complete clinical response need to have surgery.

What does intensive surveillance involve?

Intensive surveillance means that you will need to attend the hospital for regular appointments. You will need to have a pelvic MRI scan and a flexible sigmoidoscopy (camera test to examine the rectum) with your surgeon every 4 months for the first 2 years, then every 6 months for the next 3 years.

We know that there is about a 30% risk of local tumour regrowth and so regular surveillance and keeping appointments is crucial so that any signs of tumour regrowth are not missed.

We also would like you to have a CEA (tumour marker) blood test each time you come to the Endoscopy Department. Please ask for a blood card so that you can have this test while you are in hospital. This can also be done at your GP surgery if this is more convenient for you.

What other follow up investigations will you need?

Each year you will also have a CT scan which is used to check for tumour spread outside the rectum and pelvis (called metastases). This can occur even if there is no tumour regrowth in the rectum.

You will also need a colonoscopy (camera to check the large bowel above the rectum) to check that there are no new polyps or tumours in the rest of the bowel. This is will be done a year after treatment and then again at 5 years.

What happens if the tumour regrows?

If any signs of tumour regrowth are seen in and around the rectum, then you will be offered surgery if appropriate. This may not be the same operation as originally discussed with your surgeon.

If the CT shows metastases, then you may need chemotherapy.

Your consultant and specialist nurse will have a detailed discussion with you about the options.

What are the signs and symptoms of tumour regrowth?

You will be under very close observation with these tests because we aim to detect any tumour regrowth at an early stage before it causes symptoms. However, if you notice any of the following signs and symptoms please contact your specialist nurse:

- rectal bleeding
- change in bowel habit or feeling that you are not emptying your bowel completely
- low abdominal pain or discomfort
- tiredness
- weight loss.

It is essential that the surveillance programme is followed.

Your specialist nurse will send you a programme with dates of when to expect scan and endoscopy appointments. It is essential that you stick to this plan and don't miss any appointments. If you think that you are due an appointment and have not received a date for it then please contact us.

What are the risks of surgery for rectal cancer?

The standard surgery after chemoradiotherapy is major surgery. There are significant risks and complications associated with rectal cancer surgery. These include stroke, heart attack, blood clots, bleeding, infections, erratic/poor bowel function, leaking from the bowel join, temporary or permanent stoma, delayed wound healing, poor bladder function, hernias and a small risk of death.

Long-term poor sexual function is reported in about 1/3 of patients.

These risks and complications are particularly significant in the elderly.

If you are to have surgery a more detailed leaflet will be given to you when you meet the surgical team to discuss this.

If you have any concerns or questions, please contact the **colorectal nurse specialists**:

Tel: **01865 221 454**
(9am - 5pm, Monday to Friday)

Email: **colorectal.nursing@ouh.nhs.uk**

We will return your call or email by the end of the next working day.

Further Information

If you need an interpreter or would like this information leaflet in another format, such as Easy Read, large print, Braille, audio, electronically or another language, please speak to the department where you are being seen. You will find their contact details on your appointment letter.

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