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Watch and See Policy

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Abstract

Based on demographic studies conducted in Saudi Arabia, colorectal cancer is highly prevalent in this region. Regardless the great risk of post-surgical and chemoradiotherapy recurrence, advances in the medical field together with the programmed as well as the mandatory strict follow up and surveillance programs followed, this allowed patients to experience better prognosis together with reducing morbidity and mortality rates. In this case we can point off the importance of watch and see policy in the treatment of rectal cancer. Some patients tend to show an excellent response to CRTh, with disappearance of the rectal tumor. In these cases, we do follow them up strictly every three months with MRI pelvis and sigmoidoscopy. However, during follow up some of watch and see policy have recurrence.

Keywords: ***Colorectal cancer; MRI; Chemotherapy***

1. Introduction

Colorectal cancer is the most common cancer among Saudi men and the third most common cancer in women in this region [1].

Great factors contribute to the management criteria set for the treatment of rectal cancer, some of which include the tumor stage and grade, lymph node metastases involvement, patients age, as well as other underlying comorbidities. However, surgery together followed by intensive follow up protocol to detect early stage recurrence and avoid metastatic spread remains the gold standard procedure for rectal cancer treatment [2]. Typical watch and see policy treatment course includes radiotherapy combined with chemotherapy which is known as neoadjuvant therapy followed by a period of closely monitoring whether the tumor will regress or not. Usually watch and see treatment plan is set for elderly patients in which undergoing a surgery would negatively impact the patient's wellbeing, or it could be applied for patients in which rectal cancer is detected in an early stage.

2. Case Presentation

A 70 years old, gentleman, with a past history of diabetes mellitus, hypertension and vulvar heart disease on warfarin for 8 years. He was completely investigated and diagnosed to have rectal cancer, 17 cm from the anal verge, which is moderate differentiated adenocarcinoma in April 2018. Upon investigating the patient sigmoidoscopy showed no masses up to 18 cm from the anal verge in 2018. Imaging showed picture of complete response with stable bone metastasis.

The patient had neoadjuvant CRTh. All investigations post RTh revealed complete response and disappearance of the rectal mass, as shown in the FIG. 1 below:

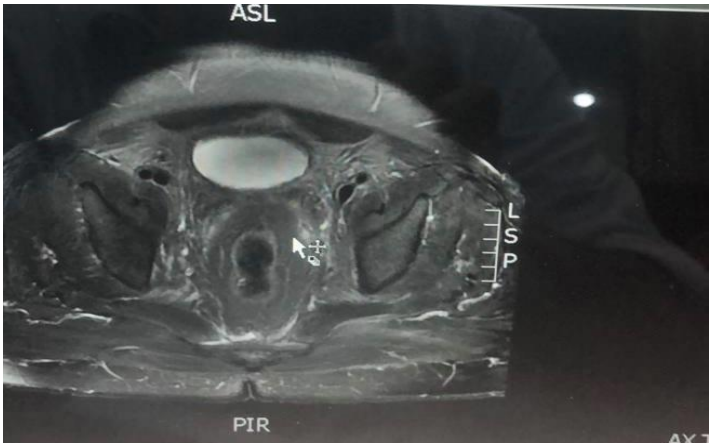

FIG. 1. **All investigations post RTh revealed complete response and disappearance of the rectal mass.**

The patient was kept under watch and see policy, under strict observation, with 3-months follow-up, MRI and scope. In the beginning of 2018 after neoadjuvant therapy, scope was done 3 months later, in October 2018, reveling erythema of the mucosa without any mass presence, random biopsy taken showed only reactive hyperemic mucosa without malignancy.

The last MRI in January 2020 showed a rectal mass, almost 18 cm from the anal verge. Scope done in February 2020 with biopsy showed adenocarcinoma (FIG. 2 & 3).

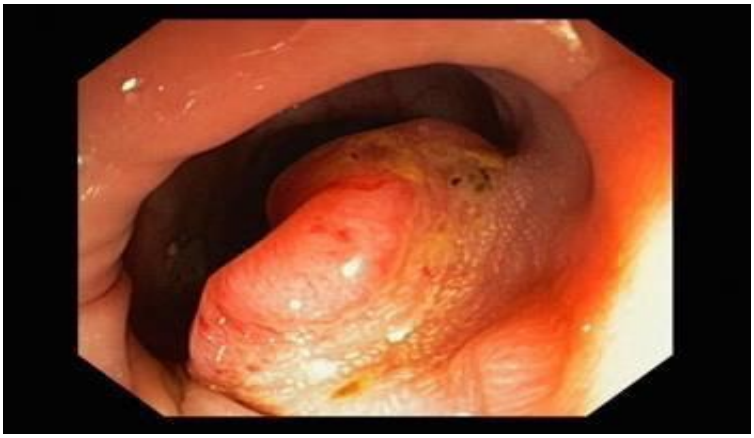

FIG. 2. **Colonoscopy done in January 2020 after MRI and revealed rectal mass, DX is adenocarcinoma.**

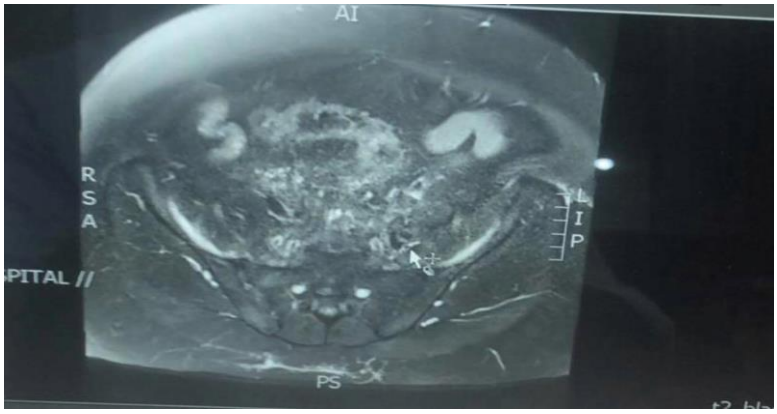

FIG. 3. **In the above MRI, MRI pelvis on 26/1/2020 showing upper rectal mass recurrence.**

The decision was to stop the watch and see policy and take the patient for OR after full clinical and radiological staging. CT CAP showed no distal metastasis.

3. Discussion

Neoadjuvant chemo and radiotherapy treatment plan were set at first place in order to avoid the negative morbidities following a surgical procedure that may include bowel or urinary dysfunction. It should always be taken into consideration that a patient could experience recurrence after both a complete surgical resection or after a strict watch and see policy procedure, this is greatly impacted by whether the surgeon has removed all cancerous cells or still some cells are left postoperatively, also the patient's immune response, as wells as other underlying comorbidities such as diabetes or inflammatory diseases could also contribute to the clinical treatment outcome. It is well known that neoadjuvant treatment method for rectal cancer patients is not highly favored, yet surgeons choose to set the watch and see strategy as a treatment method when there is no lymph node metastasis in which patients have planned frequent clinical visits undergoing endoscopy, CEA marker level test, MRI every three months [3].

This method was followed in our case however because of the last MRI findings that showed a presence of a mass, watch and see method was directly stopped and surgical intervention was done, this surgical intervention is lifesaving since it improves the survival rate when other non-surgical manipulations fail. The patient had smooth postoperative course and was discharged with OPD follow up.

Watch and wait policy is a good and a worthy way for rectal cancer patients in which we could avoid a major surgical procedure, which may lead to a permeant stoma which negatively affects the patient lifestyle, on the other hand we should keep a strict observation on these cases, by scheduling frequent clinical visits, do radiological examinations, and scopes in a short interval between each clinical visit so that we should not miss any chance of recurrence.

We should always explain to the patient the procedure followed so that its fully clear and understood by the patient in order to achieve patient's compliance and explain the benefit and risk outcomes, and the surgeon's decisions should be taken into consideration.

4. Conclusion

There are some cases of rectal cancer, in which patients respond completely for the neoadjuvant CRTh, ending with tumor disappearance. These patients must be kept under strict clinical observation, with 3-months follow-up by MRS pelvis and scoping with biopsy. There are some patients, with under watch and see policy continue without masses. But on the other hand, there are some patients who tend to show mass regrowth, these patients should undergo salvage surgery to save the patient and avoid mortality.

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