The Christie

Greater Manchester locally recurrent rectal cancer referral and treatment pathway

Version 2 – For consultation only

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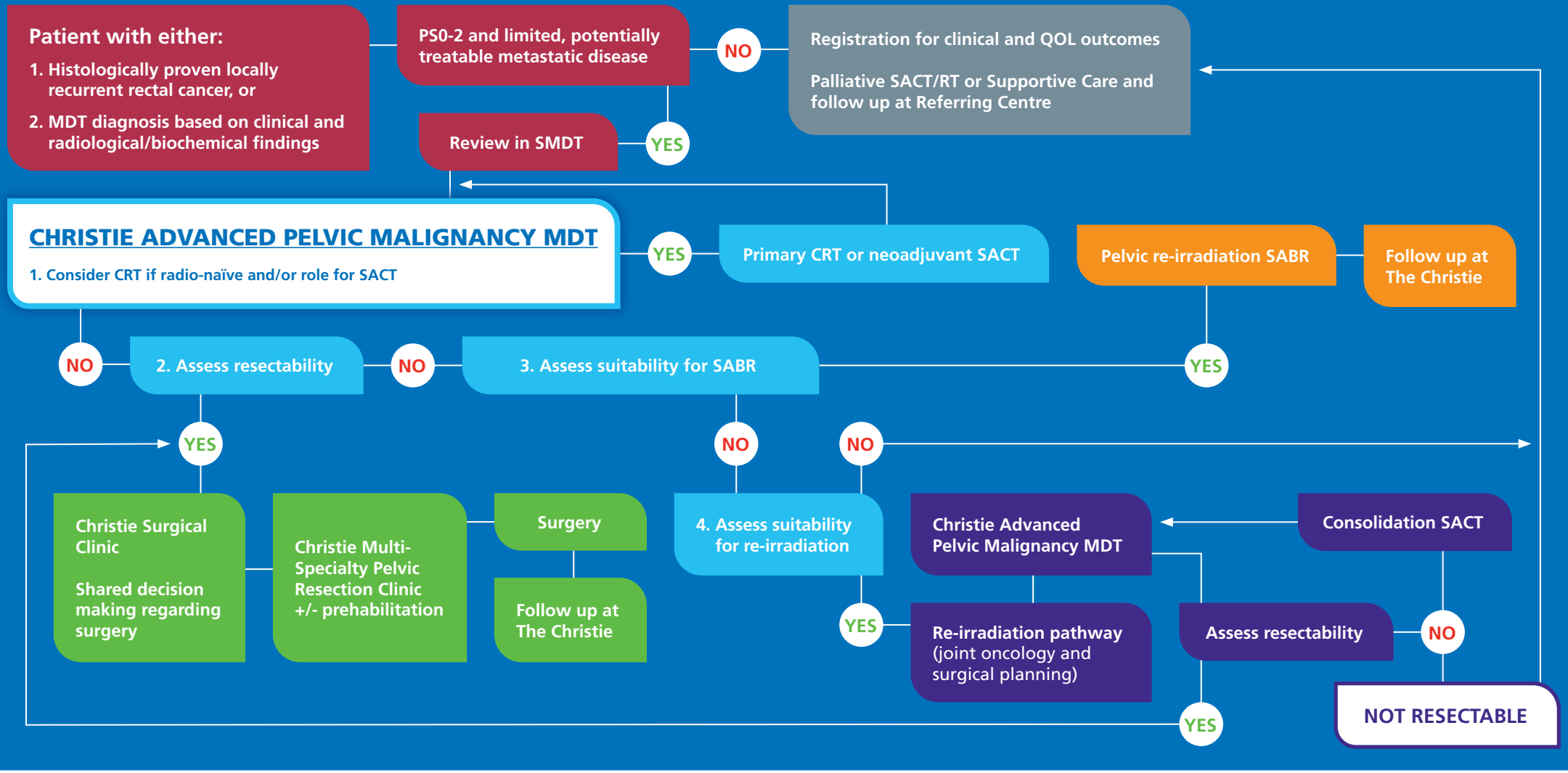
Multimodal treatment of locally recurrent rectal cancer

NHS
The Christie
NHS Foundation Trust



Pathway Key

- Referral pathway
- MDT pathway
- Surgical pathway
- SABR pathway
- Re-irradiation pathway
- Palliative pathway

Please send all referrals to
the-christie.cpocreferrals@nhs.net

Explanatory Notes

Background

Approximately 2000 patients undergo resection of colorectal cancer in Greater Manchester (GM) each year. Those with rectal cancer will constitute approximately 31% (620) of these patients. Rates of local recurrence are best estimated at 13%, giving a total annual incidence of recurrent rectal cancer across GM of 81 patients. The Christie also invites referrals from outside of this geographical region.

Referrals

Please consider referring all patients with locally recurrent rectal cancer and satisfactory performance status (PS 0-2) with or without potentially treatable metastatic disease to the-christie.cpocreferrals@nhs.net. Please ensure that an up to date MRI pelvis and CT thorax/abdomen/pelvis (within 5 weeks of referral) has been undertaken. The Advanced Pelvic MDT (SMDT) will give consideration to oncological treatments (irradiation/re-irradiation/SABR/systemic anticancer therapy) and surgical resection. Patients not meeting these criteria (i.e. PS 3-4 or widespread metastatic disease) should be managed as per local MDT recommendation (see below).

The Pathway

The pathway has been designed to capture all patients with locally recurrent rectal cancer within GM. Those meeting the referral criteria will be reviewed in the Advanced Pelvic MDT.

MDT pathway

Prior to discussion, patients should have been staged with a CT thorax/abdomen/pelvis and an MRI of the pelvis within 5 weeks of referral. Mutation testing (RAS/BRAF and MSI/MMR) should be requested on all patients if not previously undertaken. PET scan may have been performed prior to referral, but if not will be arranged by the SMDT. The SMDT will sequentially consider the treatment options of: (chemo)radiotherapy (if radio-naïve), systemic anti-cancer therapy (if indicated, for example due to multi-focality or concurrent metastatic disease), suitability for surgery, suitability for pelvic re-irradiation SABR, and suitability for twice daily pelvic re-irradiation.

Surgical pathway

Patients who are thought to be suitable for surgery on the basis of a reasonable expectation of achieving R0 resection will be seen in a surgical clinic at The Christie to be counselled regarding their treatment options. Following this shared decision making, patients choosing to proceed with surgery will attend the multi-specialty pelvic clinic (and a parallel prehabilitation pathway if deemed appropriate) followed by surgery at The Christie.

Pelvic re-irradiation SABR pathway

If patients are not suitable for surgical resection (likely R1+) or elect not to proceed with surgery, they would next be considered for pelvic re-irradiation stereotactic ablative radiotherapy (SABR). Suitability criteria for SABR are: greater than 6 months duration from primary radiotherapy and fewer than 3 sites of disease with a maximum single site dimension of 6cm. Luminal recurrence is not suitable for SABR. Treatment is normally delivered as 30-45Gy in 5 fractions on alternate days.

Re-irradiation pathway

If patients are not suitable for surgery or SABR, they will be considered for twice daily pelvic re-irradiation. The re-irradiation pathway at The Christie consists of 40.8Gy in 34# delivered twice-daily for 3.5 weeks with concurrent oral capecitabine. Radiotherapy field planning will be undertaken in a multi-disciplinary fashion with a nominated member of the surgical team. Patients following the re-irradiation pathway at The Christie will be reviewed at 6 weeks post treatment in the Advanced Pelvic Malignancy MDT. At this time, patients may be considered for consolidation systemic anti-cancer therapy (SACT) and return for re-discussion following this. Otherwise patients will proceed to a surgical, or palliative/surveillance pathway dependent upon restaging investigations.

Palliative pathway

All patients identified at any stage from receipt of referral who are either not suitable for available treatments, decide not to pursue these treatments, or progress through these treatments will then follow a palliative pathway. This may include palliative radiotherapy or SACT. Whilst their ongoing treatment and follow-up will be undertaken locally, their clinical, oncological and quality of life outcomes will continue to be collated through copy correspondence in conjunction with The Christie ePROMS team.

Follow-up

Follow-up will be arranged at The Christie commencing at:

- Discharge following surgery
- Completion of SABR
- Completion of re-irradiation +/- consolidation SACT (if not progressing to surgery)

Modality	Baseline (Pre Treatment)	3 months	6 months	9 months	12 months	18 months	24 months	Annualy to Year 5
Clinical assessment	X	X	X	X	X	X	X	X
Bloods	X	X	X	X	X	X	X	X
CT TAP	X		X		X	X	X	X
MRI pelvis	X	X	X	X	X	X	X	X
CT PET	X	On relapse						
Endoscopy	(X)				X		X	X
ePROMS quality of life questionnaire	X	X	X	X	X	X	X	X

Prospective Audit and Research

This pathway and patient outcomes will be kept under continuous prospective audit by the clinical team in conjunction with the pathway and data managers at The Christie. Patients will also be offered the opportunity to be involved in qualifying trials and research studies.