

AB022. SOH22ABS174. A fundamental change emerging in locally advanced rectal cancer management: a case report

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Background: Total neoadjuvant therapy (TNT) is an emerging standard of care for locally advanced rectal cancer (LARC). Herein, we report a case of complete pathological response following TNT in a LARC with local bladder invasion.

Methods: We report the case of a 35-year-old male who presented with painless PR bleeding. He was otherwise fit and well with no family history of colorectal cancer. Sigmoidoscopy identified a LARC in the upper rectum. MR staging T4BN2Mx with local bladder invasion.

Results: The patient underwent a defunctioning ileostomy and completed FOLFIRINOX followed by chemoradiotherapy (Capecitabine 825 mg/m² twice daily, five days per week during radiotherapy). Repeat imaging 6 weeks post TNT demonstrated excellent response with extensive fibrotic change on the peritoneal reflection, bladder dome and internal iliac vessels. The patient proceeded to an ultra-low non-restorative anterior resection with JJ stent insertion and partial cystectomy, obturator nodal bloc dissection and bladder repair with right ureteric reimplantation. He had an uncomplicated postoperative recovery. Postoperative histology demonstrated complete pathological response and an R0 resection. The patient proceeded to completion chemotherapy.

Conclusions: TNT is now a potential standard for LARC in patients eligible. This paradigm shift in practice comes with high levels of evidence from two randomized phase III trials within the past 18 months (RAPIDO and PRODIGE-23). These demonstrate better short- and long-term outcomes. A significant improvement in complete pathological response rates reported with TNT is reflected in our patient's operative outcome.

Keywords: Locally advanced; rectal cancer; total neoadjuvant therapy (TNT); complete pathological response; anterior resection

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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