



CONFERENCES



L.UCA.RRE Congress - Organ preservation for rectal cancer: no longer a lottery

25 November, Nice, France

Endorsed by ESTRO

Total mesorectal excision is the standard-of-care for locally advanced rectal cancer. For early (T2-T3a \leq 3cm) and intermediate (T3b-c $>$ 3.5cm) tumours, there is growing interest in organ preservation after neoadjuvant treatment and publications advocate such treatment to achieve a complete clinical response. Habr Gama in Sao Paulo was the first surgeon to recommend a watch-and-wait approach after cCR. The trial of organ preservation in early cT2-cT3 rectal adenocarcinoma (OPERA), the findings of which were recently published, was the first to give strong evidence of the benefit of radiation-dose escalation through the use of the papillon strategy (contact X-ray brachytherapy boost)(see image).

There are different neoadjuvant treatment approaches and only the performance of randomised trials can provide good evidence of the relative merit of these strategies.

The Lacassagne Université Côte d'Azur randomisation and rectal preservation (L.UCA.RRE) congress is a one day meeting at which the 10 ongoing phase-III trials that have organ preservation as their main end-point will be reported. It should be possible to understand the advantages and disadvantages of these different approaches: total neoadjuvant treatment through the use of induction or consolidation chemotherapy, local excision, radiation-dose escalation through the use of external beam radiotherapy or endocavitary techniques. A crucial point will be to discuss the best method by which to assess the clinical tumour response, which is a complex and time-dependent end-point.

We hope this meeting will help the participants to move from evidence to changes in clinical practice.

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