10:15-11:30 5ª MESA. CÁNCER RECTAL M0

Moderadores: *Cristina Grávalos (Hospital Universitario 12 de Octubre, Madrid. España)*
Mª José Safont (Hospital General Universitario, Valencia. España)

10:15-11:30 **COMITÉ DE TUMORES: Simulando un comité de tumores con 3 casos:**

1) Paciente varón de 63 años, ECOG 1, adenocarcinoma de recto bajo T3c, CRM+, N1 con invasión vascular extramural (EMVI+).
2) Paciente mujer de 68 años, ECOG 1, adenocarcinoma de recto medio T3b, CRM estrecho (0,5 mm), N2, bien diferenciado.
3) Paciente varón de 76 años, ECOG 1, adenocarcinoma de recto medio T3a, CRM claro (>1 mm), N1, EMVI-, moderadamente diferenciado.

CIRUGÍA: Luis García Flórez (Hospital Universitario Central de Asturias, Oviedo. España)

ONCOLOGÍA MÉDICA: Encarna González Flores (Hospital Universitario Virgen de las Nieves, Granada. España)

ONCOLOGÍA RADIOTERÁPICA: Carmen Rubio (HM Sanchinarro, Madrid. España)

RADIOLOGÍA: Alicia Mesa (Hospital Universitario Central de Asturias, Oviedo. España)

XXXIII SIMPOSIO INTERNACIONAL / INTERNATIONAL SYMPOSIUM
11 - 12 DE DICIEMBRE DE 2025
OVIEDO

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

Rectal cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

2017

R. Glynne-Jones[1], L. Wyrwicz[2], E. Tiret[3,4], G. Brown[5], C. Rödel[6], A. Cervantes[7] & D. Arnold[8], on behalf of the ESMO Guidelines Committee*

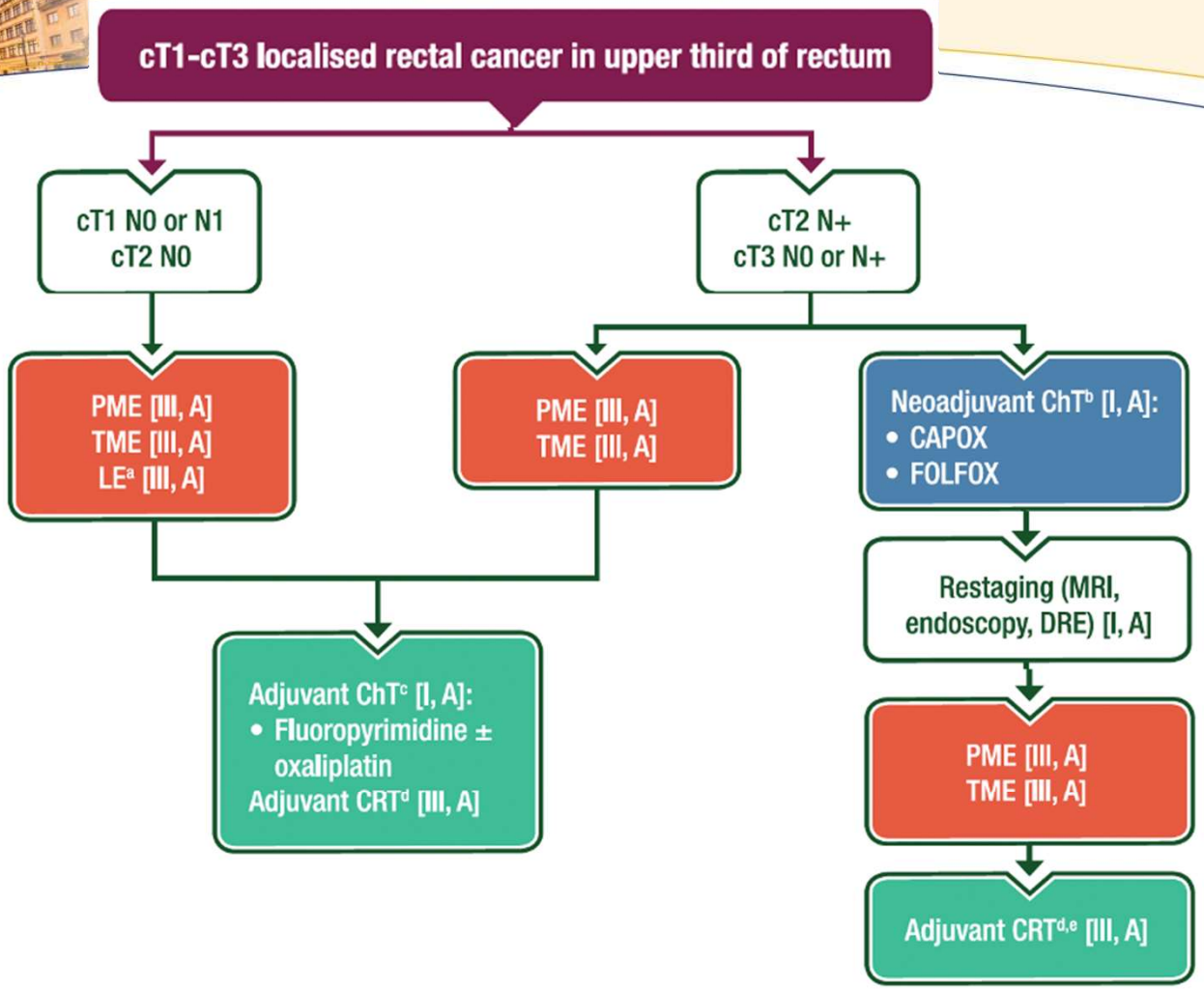
SPECIAL ARTICLE

Volume 36, Issue 9p1007-1024. September 2025

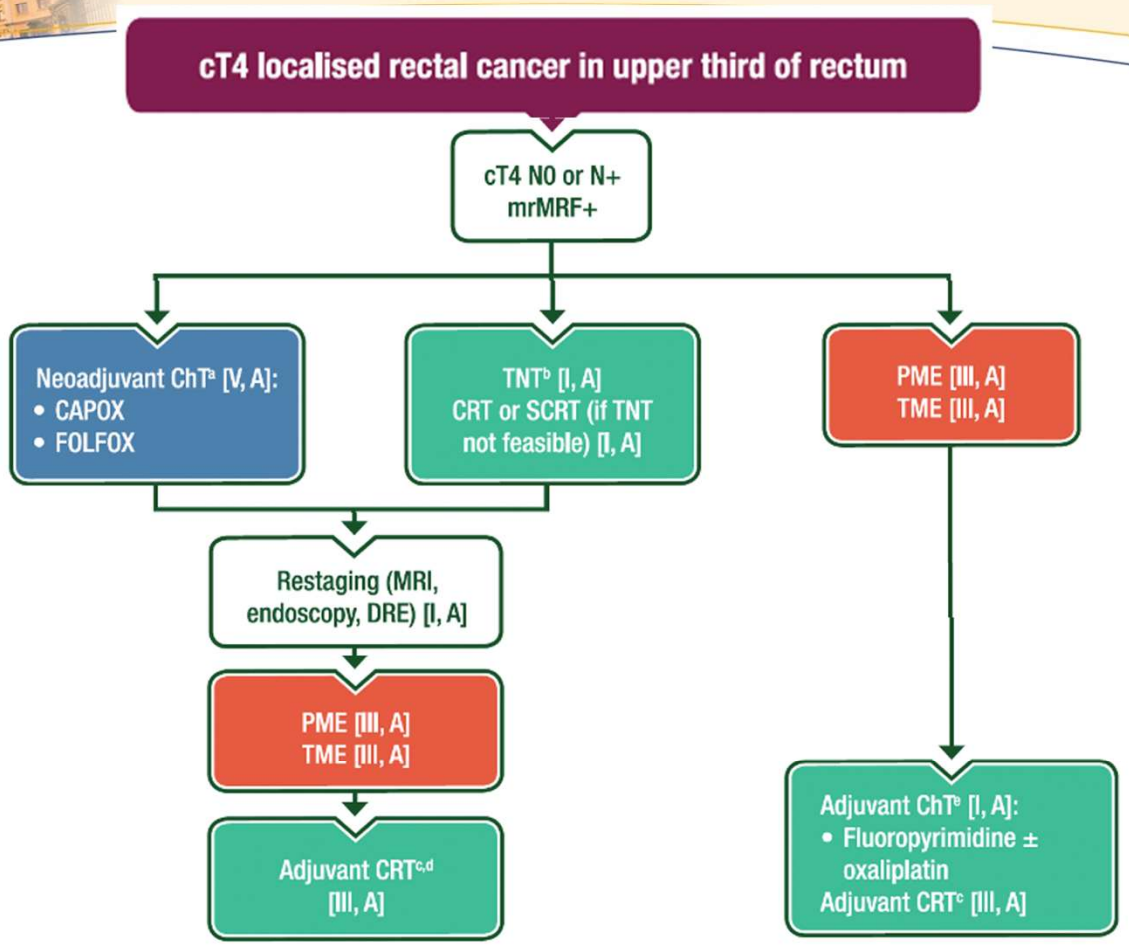
Localised rectal cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up☆

R.-D. Hofheinz[1], E. Fokas[2], L. Benhaim[3], T. J. Price[4], D. Arnold[5], R. Beets-Tan[6], M. G. Guren[7], G. A. P. Hospers[8], S. Lonardi[9], I. D. Nagtegaal[10], R. O. Perez[11], A. Cervantes[12,13] & E. Martinelli[14], on behalf of the ESMO Guidelines Committee*

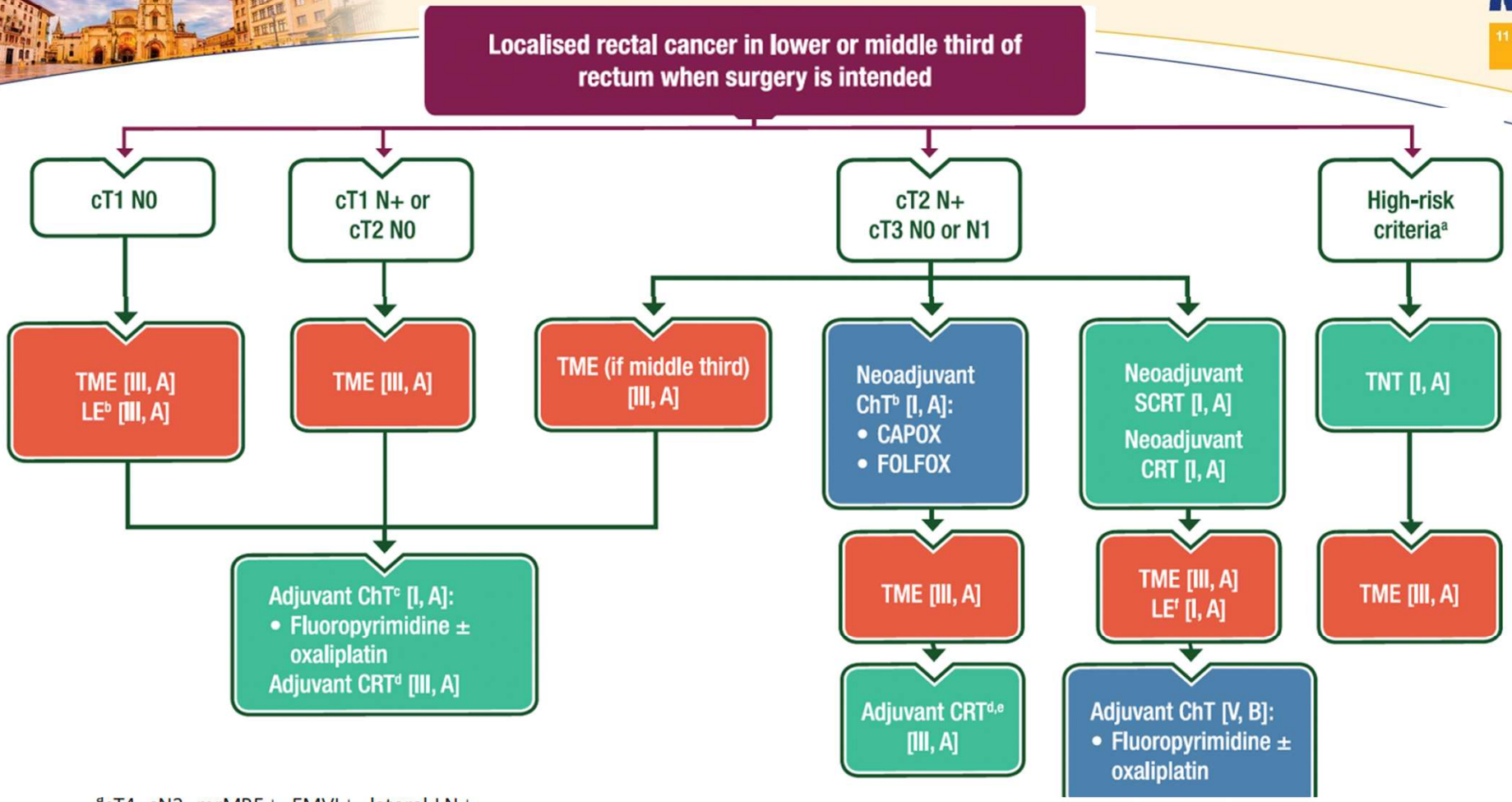
TTD



[a]For low-ris
[b]Salvage RT is recommended in case of intolerance to, or progression on, neoadjuvant ChT [I, A].
[c]Only following PME or TME alone, according to clinical risk assessment.
[d]Only in case of CRM positivity, pT4b, pN2 with extracapsular spread close to the MRF or poor-quality TME in patients who did not receive preoperative RT.
[e]Adjuvant ChT may be considered, but its clinical value is not proven [V, C].



[a]Salvage RT is recommended in case of intolerance to, or progression on, neoadjuvant ChT [I, A].
[b]In case of high-risk criteria (cT4, cN2, mrMRF+, EMVI+, lateral LN+).
[c]Only in case of CRM positivity, pT4b, pN2 with extracapsular spread close to the MRF or poor-quality TME in patients who did not receive preoperative RT.
[d]Adjuvant ChT may be considered, but its clinical value is not proven [V, C].
[e]Only following PME or TME alone, according to clinical risk assessment.



[a]cT4, cN2, mrMRF+, EMVI+, lateral LN+.
[b]Salvage RT is recommended in case of intolerance to, or progression on, neoadjuvant ChT [I, A].
[c]Following TME alone, according to clinical risk assessment.
[d]Only in case of CRM positivity, pT4b, pN2 with extracapsular spread close to the MRF or poor-quality TME in patients who did not receive preoperative RT.
[e]Adjuvant ChT may be considered, but its clinical value is not proven [V, C].
[f]Patients with baseline cT2 or cT3a N0 tumours.

[a]cT4, cN2, mrMRF+, EMVI+, lateral LN+.
[b]cT2-cT3b N0-1 tumours <5 cm.
[c]Upfront CRT followed by consolidation ChT can be recommended to increase the likelihood of cCR [I, B].
[d]Patients with baseline cT2 or cT3a N0 with a near cCR.
[e]On a case-by-case basis after fluoropyrimidine-based CRT in patients with initial cN+ disease.

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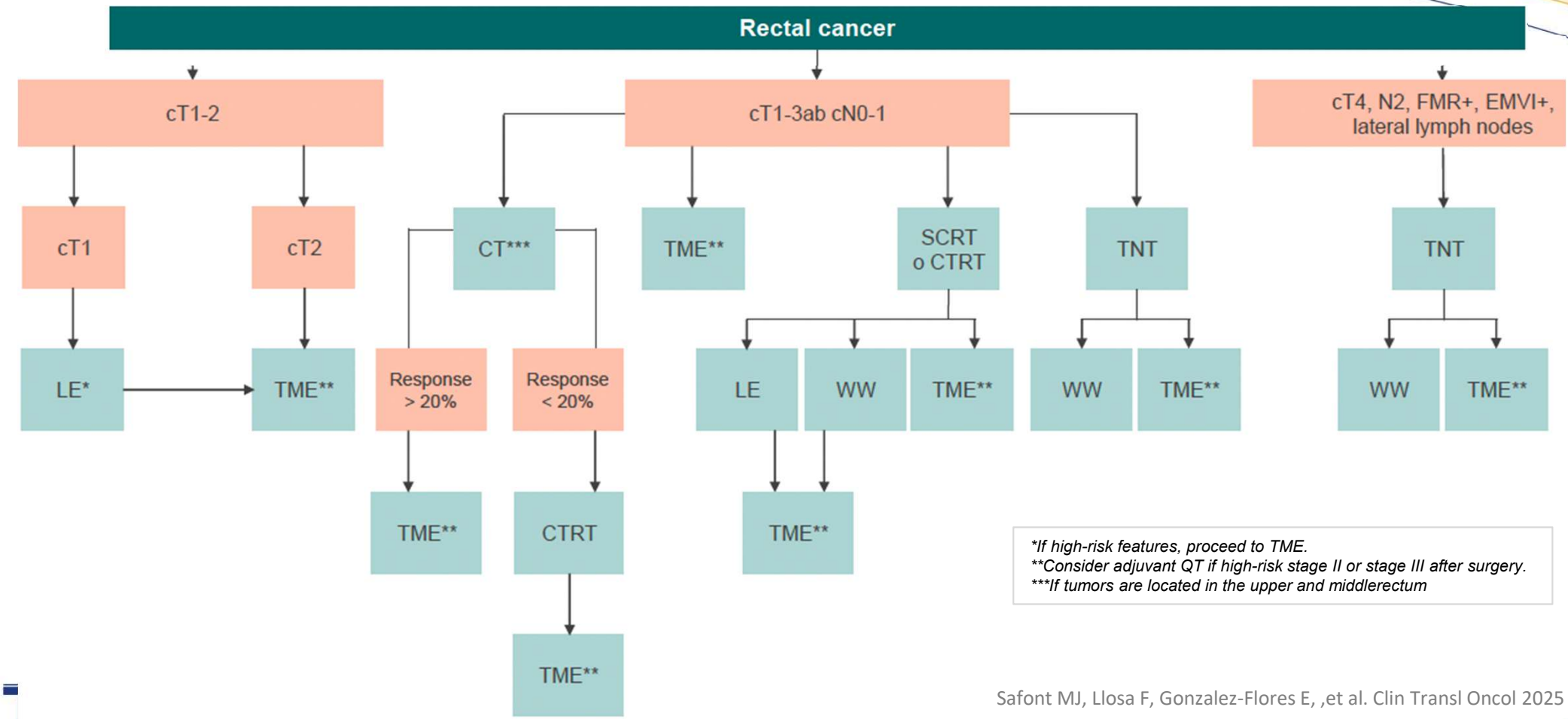
SEOM-GEMCAD-TTD CLINICAL GUIDELINES FOR LOCALIZED RECTAL CANCER 2025



*If high-risk features, proceed to TME.
**Consider adjuvant QT if high-risk stage II or stage III after surgery.
***If tumors are located in the upper and middlerectum

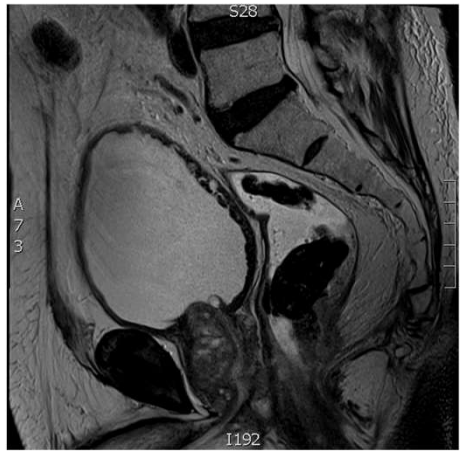
Safont MJ, Llosa F, Gonzalez-Flores E, ,et al. Clin Transl Oncol 2025

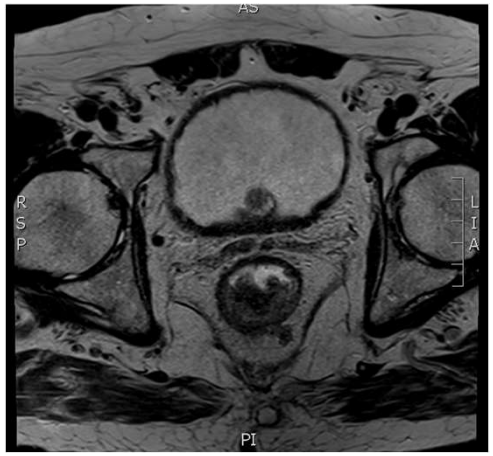
SIMULANDO UN COMITÉ DE TUMORES CON 3 CASOS

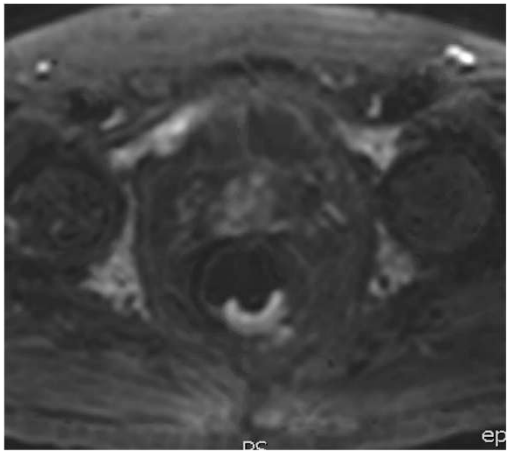
CASO 1

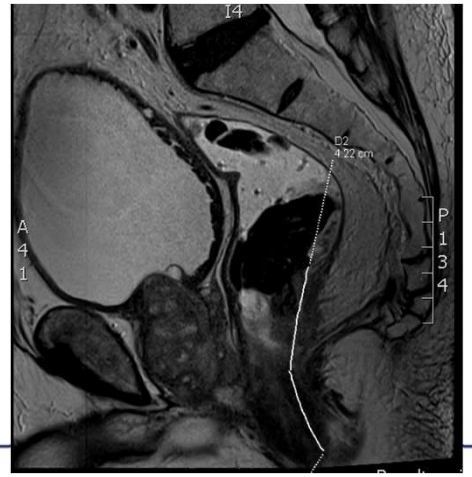
- Varón de 63 años, sin antecedentes personales de interés.
- ECOG 1
- Diagnosticado de adenocarcinoma de recto bajo, G1 , MSS
- RNM: T3c N1 con fascia mesorrectal LIBRE (FMR-) e invasión vascular extramural (EMVI+).

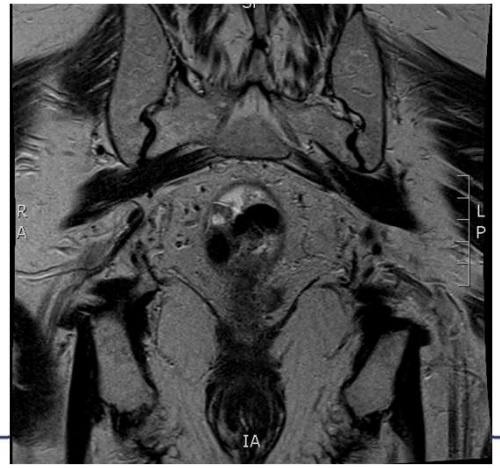
Varón 63 años , ADC de recto bajo G2, MSS, T3c, N1, FMR-, EMVI+

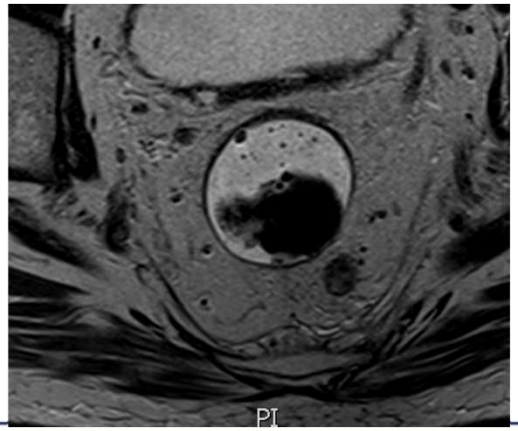








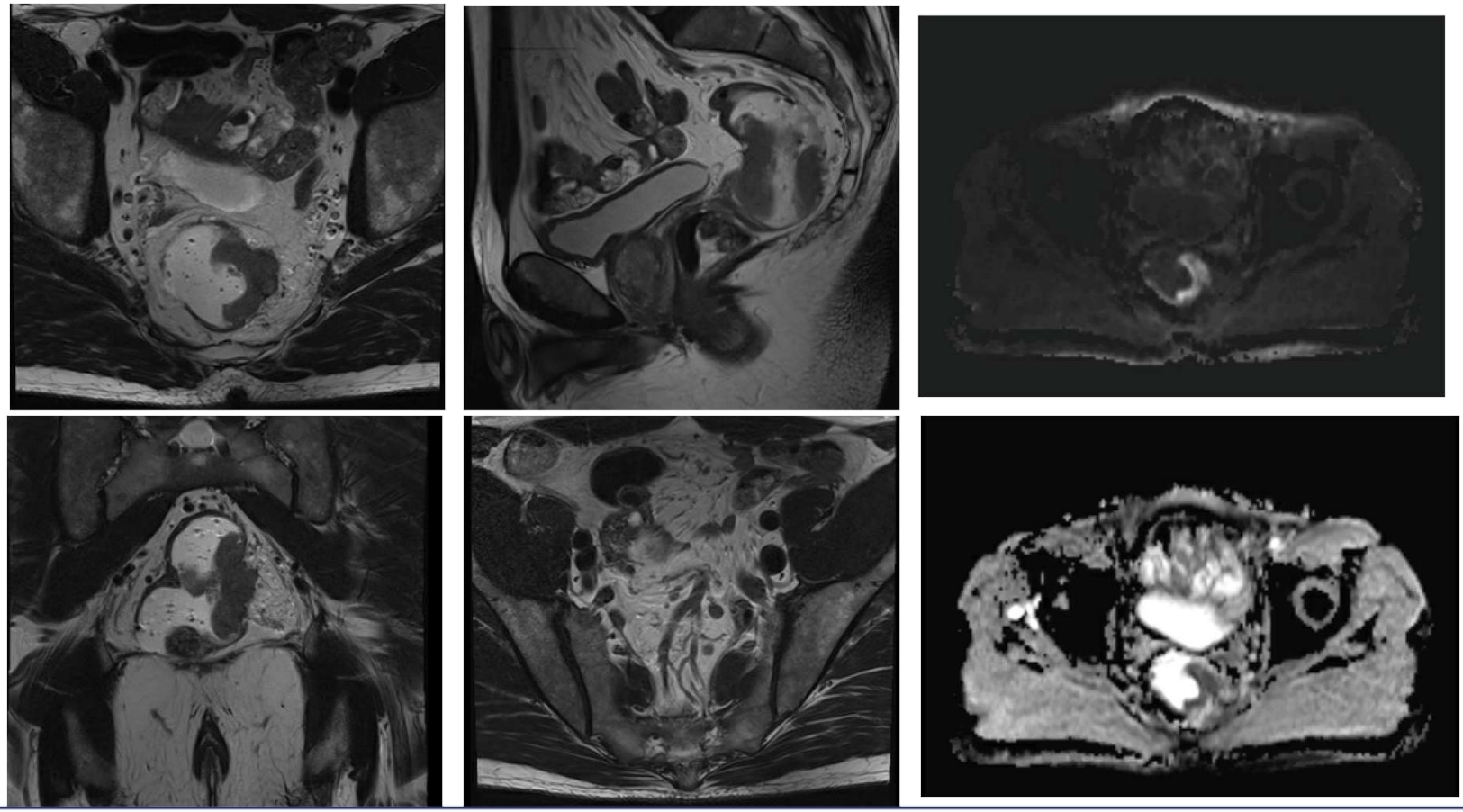




CASO 2

- Mujer de 68 años
- ECOG 1
- Diagnosticada de adenocarcinoma de recto medio, G1, MSS
- RNM: T3c N2, CRM estrecho (0,5 mm), EMVI-

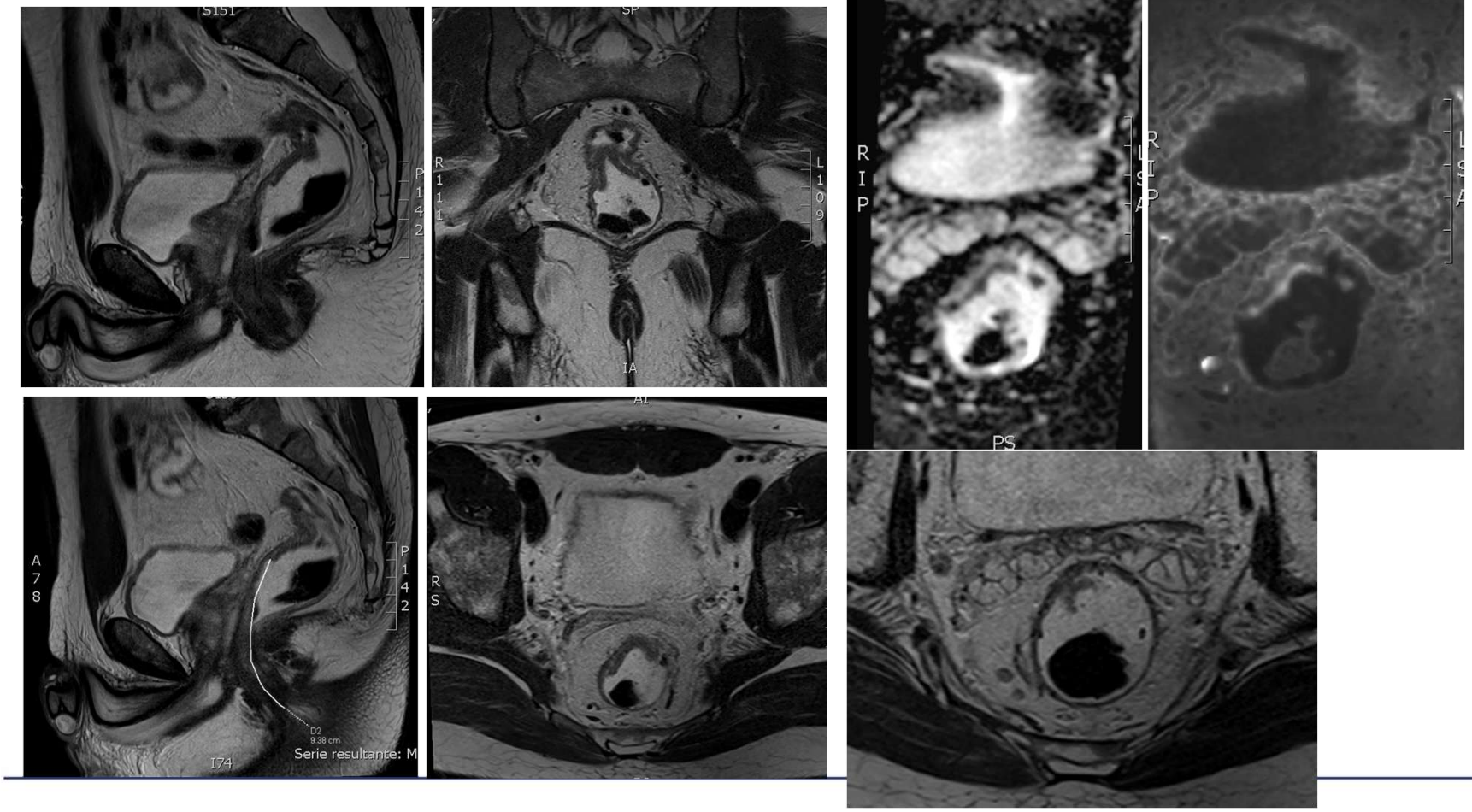
Mujer 68 años, ADC recto medio G1, MSS, T3c, N2, FMR +, EMVI-.



CASO 3

- Varón de 76 años,
- ECOG 1
- Diagnosticado de adenocarcinoma de recto medio, G2, MSS
- RNM T3a N1 CRM claro (>1 mm) y EMVI-

Varón 76 años, ADC recto medio, MSS, T3a, N1, FMR-, EMVI-



Muchas Gracias!