



UNIVERSITY OF LEEDS

This is a repository copy of *High-dose chemoradiotherapy and watchful waiting for distal rectal cancer: a prospective observational study*.

White Rose Research Online URL for this paper:  
<http://eprints.whiterose.ac.uk/112618/>

Version: Accepted Version

---

**Article:**

Appelt, AL [orcid.org/0000-0003-2792-9218](http://orcid.org/0000-0003-2792-9218), Pløen, J, Harling, H et al. (6 more authors) (2015) High-dose chemoradiotherapy and watchful waiting for distal rectal cancer: a prospective observational study. *The Lancet Oncology*, 16 (8). pp. 919-927. ISSN 1470-2045

[https://doi.org/10.1016/S1470-2045\(15\)00120-5](https://doi.org/10.1016/S1470-2045(15)00120-5)

---

© 2015. Licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International <http://creativecommons.org/licenses/by-nc-nd/4.0/>

**Reuse**

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.



[eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk)  
<https://eprints.whiterose.ac.uk/>

**Table 2**

	Early surgery after incomplete response (7 patients)	Surgery at local recurrence (9 patients)
Type		
- APR	6 (86%)	9 (100%)
- Other	1 (14%)	0 (0%)
Resection margin		
- R0	7 (100%)	9 (100%)
Pathological evaluation		
- pT (0 / 1 / 2 / 3)	2 / 2 / 2 / 1	0 / 2 / 3 / 4
- pN (0 / 1)	6 / 1	9 / 0
- TRG (1 / 2 / 3 / 4)	2 / 0 / 4 / 1	-
Complications		
- Infection	1 (14%)	2 (22%)
- Wound infection	1 (14%)	1 (11%)
- Delayed healing	1 (14%)	3 (33%)
- Pelvic abscess	0 (0%)	0 (0%)
- Bleeding	0 (0%)	0 (0%)
- Blood transfusion	0 (0%)	0 (0%)
Days admitted to hospital (median, IQR)	9 (8 – 9)	10 (8 – 11)

**Table 2: Details of early and salvage surgery.**

APR: Abdominoperineal resection. TRG: Tumour regression grade. IQR: Inter-quartile range. One patient in the observation group had a TEM (transanal endoscopic microsurgery) done due to high grade dysplasia, and later a transanal excision showing carcinoma, followed by a full APR. Data for the above refers to the APR procedure. TRG assessment is only well-defined for evaluation of primary tumour regression at surgery shortly after chemoradiotherapy, not for tumour re-growths in a previously treated volume; hence TRG is not reported for patients with local recurrence.