RECTAL CANCER
WHEN NOT TO OPERATE

An International Consensus Meeting

Champalimaud Foundation • Lisbon, Portugal
14th - 15th February 2014

Organisation - Champalimaud Foundation
Bill Heald • Geerard Beets • Carlos Carvalho

Speakers

Julio Garcia-Aguilar - New York, USA
Geerard Beets - Maastricht, The Netherlands
Regina Beets-Tan - Maastricht, The Netherlands
Gina Brown - London, UK
Carlos Carvalho - Lisbon, Portugal
J. Filipe Cunha - Lisbon, Portugal
Chris Cunningham - Oxford, UK
Ian Daniels - Exeter, UK
Nuno Figueiredo - Lisbon, Portugal
Jean-Pierre Gerard - Nice, France
Robert Glynne-Jones - London, UK
Carlo Greco - Lisbon, Portugal
Angelita Habr-Gama - São Paulo, Brazil
Bill Heald - Basingstoke, UK
Werner Hohenberger - Erlangen, Germany
Philip Paty - New York, USA
Koen Peeters - Leiden, The Netherlands
Rodrigo Perez - São Paulo, Brazil
Philip Quirke - Leeds, UK
Philippe Rouanet - Montpellier, France
Inês Santiago - Lisbon, Portugal
Diana Tait - London, UK
Luzia Travado - Lisbon, Portugal
Vincenzo Valentini - Rome, Italy
Cornelis van de Velde - Leiden, The Netherlands
Dear Colleagues,

In a widely skeptical world it seems right that the “Complete Response” concept and the idea that further benefit can come from deferral of the operation should be examined by experts from around the world and take their proper place in cancer management.

To discuss current and future practices, and ultimately define new treatment options, we will be holding the 1st Champalimaud Foundation Rectal Cancer International Consensus Meeting on “The impact of the ‘Complete Response’ on rectal cancer management”.

It is, therefore, with great pleasure that we invite you to attend this meeting that will take place in Lisbon, Portugal, at the Champalimaud Centre for the Unknown. Join us, as we take one more step towards new perspectives in rectal cancer treatment.

Bill Heald, Geerard Beets and Carlos Carvalho
Scientific Programme
14th of February
Morning

7.30 am  Registration

8.15 am  Introduction and opening lecture
Title: Complete response - Triumph or tragedy?

8.45 am  Session 1
Title: The impact of the Complete Response (CR) concept around the world - Where have we all got to so far?
- How I started...
- Following so slowly, behind … why so few responded to this radical idea.
- Discussion

10.45 am  Break

11.00 am  Session 2
Title: Which rectal cancer patients are candidates for a Watch and Wait (W&W) strategy? When should we defer surgery?
- What are the clinical and molecular predictors of response?
- Should the (more) locally advanced cancers be excluded?
- “Good” tumours - surgery alone or chemoradiotherapy for the sake of CR – is that a question?
- Are (some) patients with synchronous metastases natural candidates for W&W?
- Discussion and vote
- What about the frail and older patients?
- What about the functional outcomes?
- Do we really include the patients’ priorities in the treatment decisions?
- Discussion and vote

13.30 pm - 15.00 pm Lunch
Scientific Programme
14th of February
Afternoon

15.00 pm Session 3
Title: Can we increase the response rate?
- What is the current treatment behind our W&W strategy?
- What is the best radiotherapy plan for a W&W strategy?
- How newer techniques can improve radiation delivery in rectal cancer?
- Which patients may benefit from contact radiotherapy?
- Can chemotherapy intensification increase the response?
- Discussion and vote

16.30 pm Break

16.45 pm Session 4
Title: How should we evaluate treatment response?
- What is the definition of a complete response?
- The finger - the importance of the "bioprobe"
- "Pitfalls" of imaging assessment
- “Pitfalls” of pathology evaluation: biopsy, local excision... or nothing?
- Clinical cases – and difficult decisions
- Discussion and vote

18.30 pm Invited (non-medical) lecture
8.30 am Session 5
Title: How to manage the “good responders”?
- What should be the optimal surveillance/follow-up protocol?
- Tumour Regression Grading (TRG): What is the prognostic impact of a “complete response”?
- What is the incidence and impact of late local recurrences and distant metastases? Is the published data strong enough? Yes or no?
- Discussion and vote

09.45 am Session 6
Title: How to manage “bad responders” and regrowths?
- Is local excision an acceptable option?
- Should we propose radical surgery in all cases?
- Can we change our choice of the operation according to response? Yes or no?
- Can more chemotherapy reduce distant metastases and increase survival?
- Discussion and vote

11.15 am Break

11.30 am Session 7
Title: Future perspectives in the conservative treatment of Rectal Cancer.
- Should we implement an International W&W Database (IWWD)?
- Are we ready for a “standard” multi-institutional W&W protocol?
- Current and future strategies in W&W – a set of principles to move forward?
- Discussion and vote
- Chairs conclusions - The future of W&W

13.00 pm Closing lecture
Title: The changing morphology of regression & re-growth. Molecular biology. What may enable us to predict the Complete Response?
Registration dates and fees

By 31st of December Early registration
By 31st of January Late registration
After 31st of January Subject to confirmation

Registration form available at www.fchampalimaud.org
Send to: com@fundacaochampalimaud.pt
Contact person: Teresa Fernandes

Registration fee
Physicians and other health professionals: € 50,00
Residents and students: € 25,00

Payment details
Please send proof of payment with your registration form.
We will be happy to confirm your participation on receipt of both documents.

Bank: Caixa Geral de Depósitos
Holder: Fundação Champalimaud
Currency: EUR
NIB: 0035 0396 00222218830 72
IBAN: PT50 0035 0396 00222218830 72
BIC SWIFT: CGDIPTPL
Reference: «RCICM14 + your name»

Venue
Champalimaud Centre for the Unknown
Av. de Brasília, 1400-038 Lisboa, Portugal
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www.fchampalimaud.org

Official language
English. No translation system available.

Travel and accommodation
Travel and hotel arrangements are the responsibility of the participants. Please consult the list of hotels with which the Champalimaud Foundation has an agreement to benefit from special conditions.