Greater Manchester &
Cheshire Cancer Network

NSSG/MDT Agreed Guidelines for the Management of Rectal Cancer (Measure 11-1C-111d) and Assessment Protocol and Referral Guidelines for Early Rectal Cancer (Measures 11-1A-206D & 11-1C-117d)

All patients with rectal cancer should be assessed radiologically with a magnetic resonance imaging (MRI) scan of the pelvis for local staging and a computer tomography (CT) scan of the pelvis, abdomen and chest to assess distant spread.

Those patients thought to have a T1 rectal tumour on the MRI scan should be considered for local resection. Local resection is a resection procedure intended to achieve complete local removal of the malignant disease from the primary site, but which does not involve the resection of the full circumference of the bowel and removal of a complete segment.

Currently the most accurate modality for staging T1 rectal lesions is endoluminal ultrasound scanning and it is agreed that these lesions should be referred to units with an endosonography service.

Patients with the radiological and clinical parameters of T1 lesions should therefore be assessed by units with expertise in rectal endosonography. Patients who are suitable for local resection (T1 lesions <3cm, moderately or well differentiated and sm1 or sm2) should be referred to an MDT specialised in local resection or TEMS. A TEMS service for the network is provided by Manchester Royal Infirmary. The following surgeons carry out the TEMS procedure in the network:

Royal Bolton Hospital NHS Foundation Trust
Mr J Hobbiss

Central Manchester University Hospitals NHS Foundation Trust
Mr J Hill
Mr F Curran

Wrightington, Wigan & Leigh NHS Foundation Trust
Mr M Paraoan

Patients with T1 sm2/3 or T2 lesions managed by local resection should be considered, if fit, for definitive surgery and/or adjunctive radiotherapy. External beam radiotherapy or brachytherapy (provided at Clatterbridge hospital) may be appropriate.

It is accepted that on occasion incidental T1 lesions will be found in polyps that were assessed to be benign and that have been removed endoscopically by flexible sigmoidoscopy and colonoscopy or by open transanal excision. These patients should be discussed in local MDTs and their treatment managed appropriately.

Date Agreed by Colorectal CSG: 14 Sept 2011
Review Date: June 2012