TECHNOLOGY

Rectal cancer: when surgery on the bowel can be avoided

18 November 2026 · 4 min read

If the tumour has disappeared completely after chemotherapy and radiotherapy, surgery on the rectum can sometimes be avoided. We explain how active surveillance works, who it suits and why it demands discipline.

The classic treatment for rectal cancer is radiotherapy and chemotherapy followed by surgery to remove part of the bowel. Surgery works, but it comes at a price: often a temporary or permanent stoma, and problems with bowel control, passing urine and sexual function.

Over the last decade a different approach has become established in oncology: “watch and wait”, or active surveillance. It is offered to patients whose tumour has disappeared completely after preoperative treatment.

How it works

First, the patient receives total neoadjuvant therapy, meaning the entire course of radiotherapy and chemotherapy is given before any surgery. They are then examined thoroughly: high-resolution MRI of the pelvis, endoscopy and PET-CT.

If no tumour can be seen either on the scans or during endoscopy, this is called a complete clinical response. It is achieved by about 20% of patients. In that situation surgery on the rectum can be omitted and replaced by regular, very thorough monitoring.

Why surveillance does not mean “doing nothing”

According to an international registry and the OPRA trial, in about a quarter of patients the tumour in the rectum starts growing again within two years. Another 8–30% develop distant metastases. That is why

surveillance has to be strict: an examination and a CEA tumour marker test every 3 months, a CT scan every six months, and regular pelvic MRI and endoscopy. A missed appointment costs more here than in routine follow-up after surgery.

The good news: if the tumour comes back and is spotted in time, it can still be operated on.

A clinical case

Surgeons at the National Cancer Institute in Kyiv have described a case that shows clearly why such a strict schedule is needed.

A 54-year-old man was found to have stage II rectal cancer during a screening colonoscopy. He had a course of radiotherapy combined with a chemotherapy drug, followed by eight cycles of chemotherapy. Nine months after the start of treatment, tests showed a complete clinical response: only a scar on MRI, and a whitish scar with no tumour on endoscopy. The patient was placed under active surveillance.

Three months later, a routine CT scan picked up a single 15 mm lesion in the liver, and the CEA tumour marker had risen. The multidisciplinary team decided to continue surveillance of the bowel and to remove the liver metastasis.

The operation was performed laparoscopically through four small incisions: one segment of the liver was removed together with the metastasis. Blood loss was 200 ml, there were no complications, and the patient went home on the sixth day. Histology confirmed that the tumour had been removed completely with clear margins. The patient was then advised to have chemotherapy and to continue surveillance.

The rectum was preserved, and the metastasis was found while it was still small and solitary, precisely because the check-ups were done on time.

Who active surveillance is suitable for

- patients with a complete clinical response confirmed by MRI and endoscopy

- those who are prepared to keep to a tight schedule of examinations for years
- on the decision of a multidisciplinary team, not as a choice made on your own.

It is not a refusal of treatment but a different form of it, one that preserves the organ and quality of life without losing control of the disease. The case described above is a single one, and the authors stress that larger series of patients are needed before firm conclusions can be drawn.

How not to miss rectal cancer

In the case described, the tumour was found at an early stage during a screening colonoscopy. Blood in the stool, a change in your usual bowel habits, a feeling of incomplete emptying, or anaemia with no obvious cause are all reasons to see a proctologist and have a colonoscopy. You can book an appointment by phone using the numbers in the contacts section.

Sources

- Burlaka A., Mykytyuk A., Bezverkhnyi V., Sorokin B., Makhmudov D., Skyba V. Surgical management of metachronous liver metastasis after watch-and-wait strategy in rectal cancer patients with complete response: a case report. Experimental Oncology. 2026;48(1):59–65. doi.org/10.15407/exp-oncology.2026.01.059 (CC BY-NC-ND 4.0)

This article is for information only and does not replace a consultation with a doctor. The treatment approach is decided by a doctor after an in-person examination and assessment.