

Giuditta Chiloiro

The rectal cancer journey: what have we not to forget?



**Modern Radiation Oncology.  
Innovation in personalised  
oncology: back to the future**

**33° RESIDENTIAL COURSE**

**9 | 10 | 11 October 2023**

# History of rectal cancer



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Rectal cancer has been a recognized disease for millennia.

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It was considered incurable until the 18th century, when **Giuseppe Morgagni** proposed the first techniques to remove the rectum.

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Jacques LisFranc performed the **first successful excision** of a rectal tumor in 1826.

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# History of rectal cancer surgery

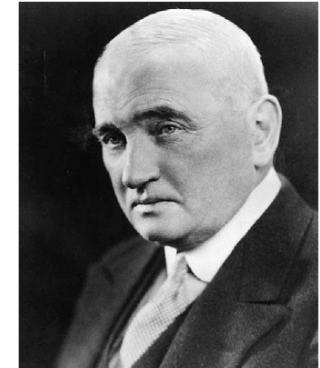
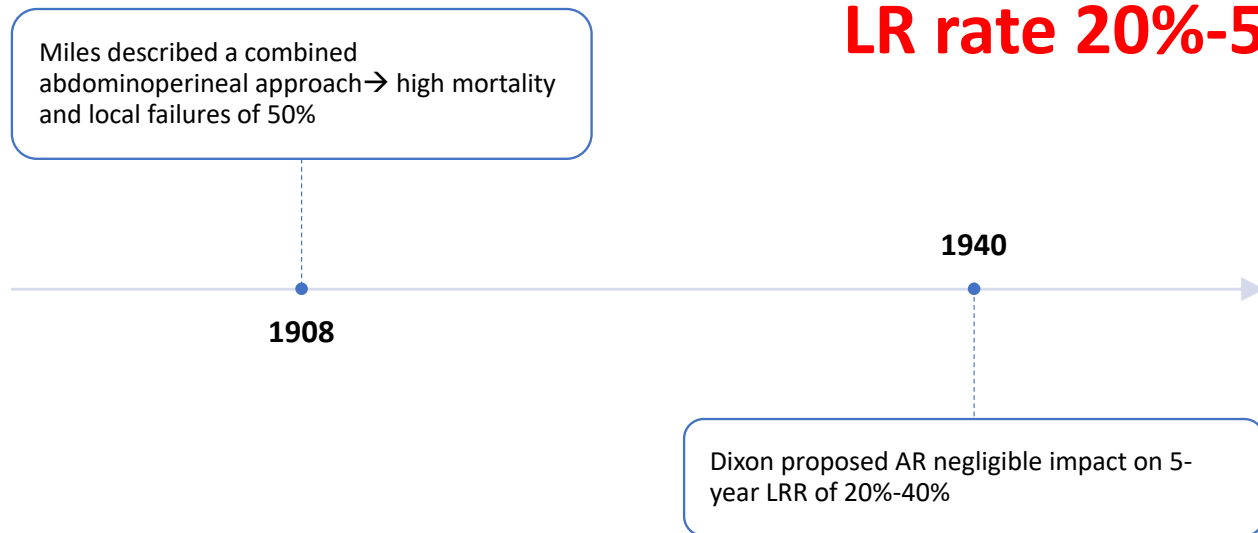
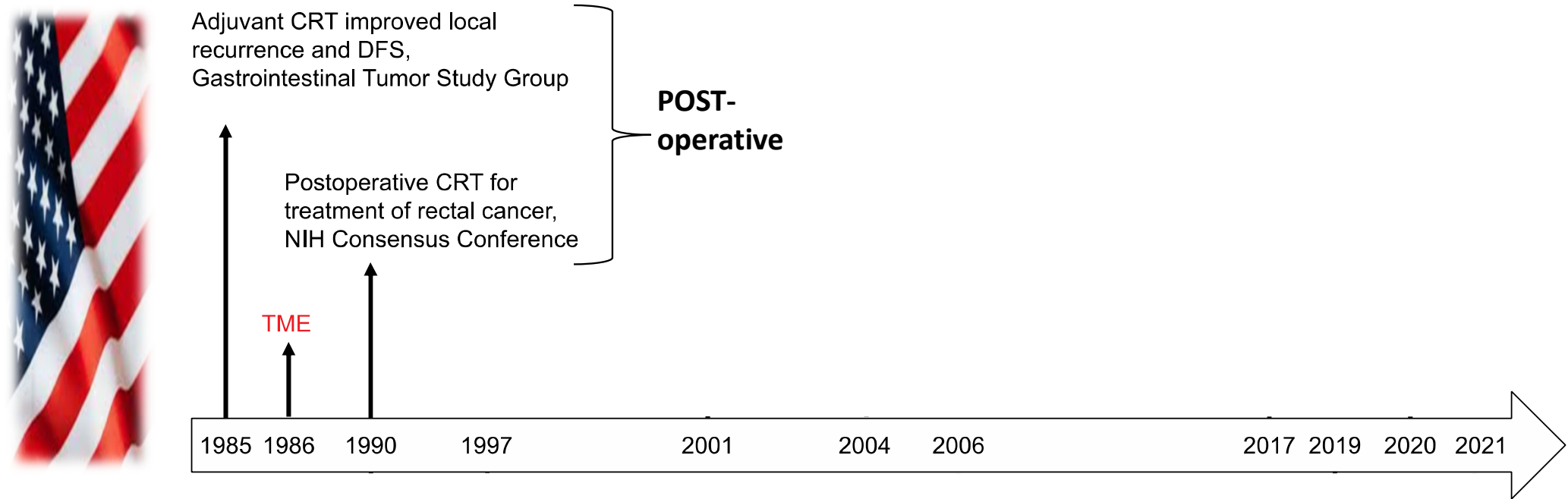


Image 3. Sir William Ernest Miles [9].



# Pioneer POSToperative RT



# Pioneer POSToperative RT

Local Control  
Overall Survival

| Trial   | Randomization  | Local control | DFS | OS  |
|---|--|---------------|-----|-----|
| <b>National Surgical Adjuvant Breast and Bowel Project (NSABP) R-01 trial</b><br><i>J Natl Cancer Inst 1988</i> | <b>S → adj CT vs S → adj CRT vs S → adj RT vs S alone</b>                        | yes           | no  | no  |
| <b>Gastrointestinal Study Group (GITSG) 7175 trial</b><br><i>GITSG group N.Engl.J. Med - 1985</i>               | <b>S → adj CT vs S → adj CRT vs S → adj CRT+ 5FU CT vs S → adj RT vs S alone</b> | yes           | yes | yes |
| <b>North Central Cancer Treatment Group (NCCTG) 794751</b><br><i>N Engl J Med 324:709-715, 1991</i>             | <b>S → adj CRT vs S → adj RT vs S alone</b>                                      | yes           | yes | yes |

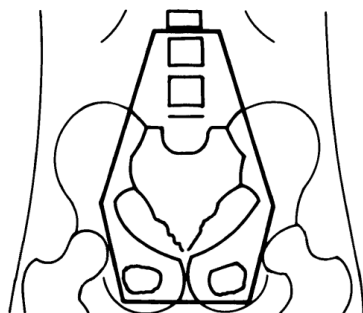
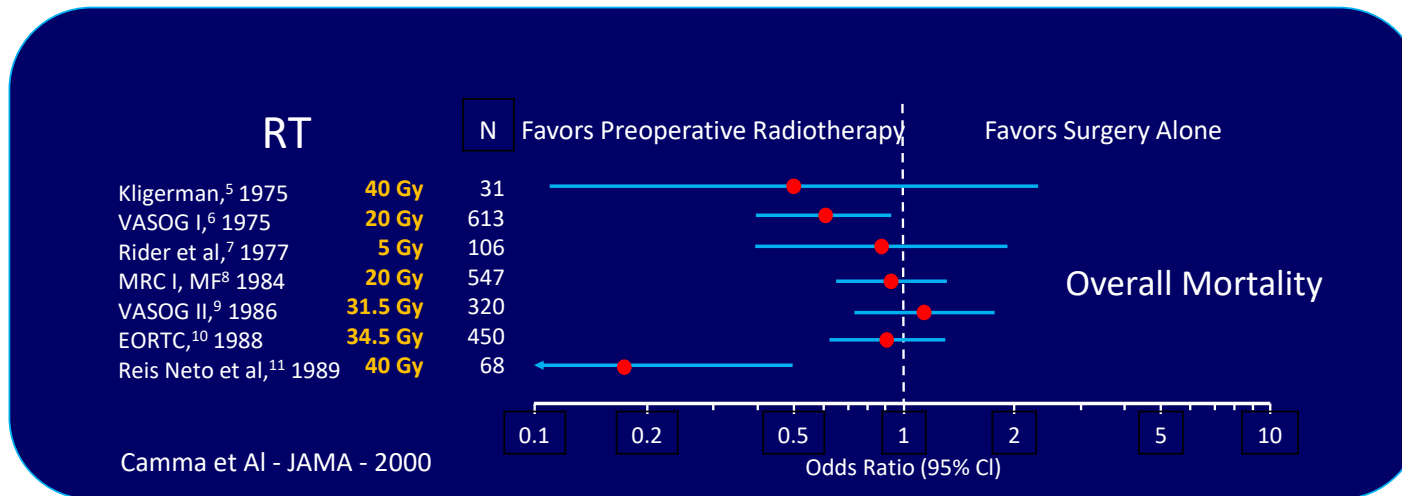
# Pioneer POSToperative RT

Local Control

LR rate 30%

| Trial   | Randomization  | Local control     | DFS       | OS        |
|---|--|-------------------|-----------|-----------|
| <b>National Surgical Adjuvant Breast and Bowel Project (NSABP) R-01 trial</b><br><i>J Natl Cancer Inst 1988</i> | <b>S → adj CT vs S → adj CRT vs S → adj RT vs S alone</b>                        | Adj CRT<br>Adj RT | <b>no</b> | <b>no</b> |
| <b>Gastrointestinal Study Group (GITSG) 7175 trial</b><br><i>GITSG group- N.Engl.J. Med - 1985</i>              | <b>S → adj CT vs S → adj CRT vs S → adj CRT+ 5FU CT vs S → adj RT vs S alone</b> | Adj CRT<br>Adj RT | Adj CRT   | Adj CRT   |
| <b>North Central Cancer Treatment Group (NCCTG) 794751</b><br><i>N Engl J Med 324:709-715, 1991</i>             | <b>S → adj CRT vs S → adj RT vs S alone</b>                                      | Adj CRT           | Adj CRT   | Adj CRT   |

# Pioneer PREoperative RT



2.3 Gy /die  
34.5 total dose

+ 5FU

Boulis-Wassif et al- Cancer - 1984

3.12 Gy twice/week  
37.4 total dose

+ 5FU & MTX

Hempel Sparso et al - Cancer - 1984





## Take home messages

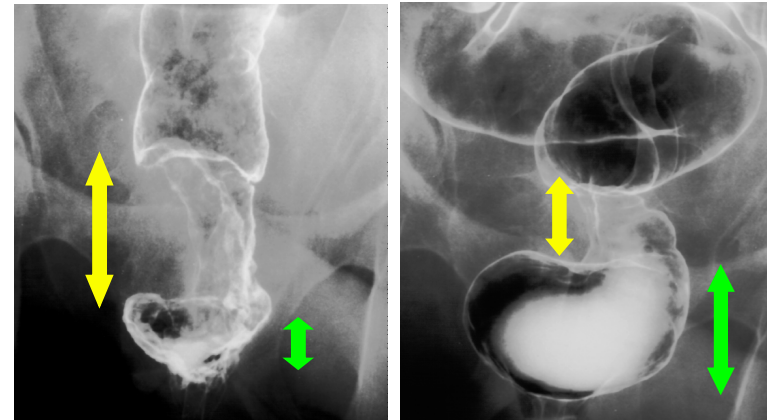
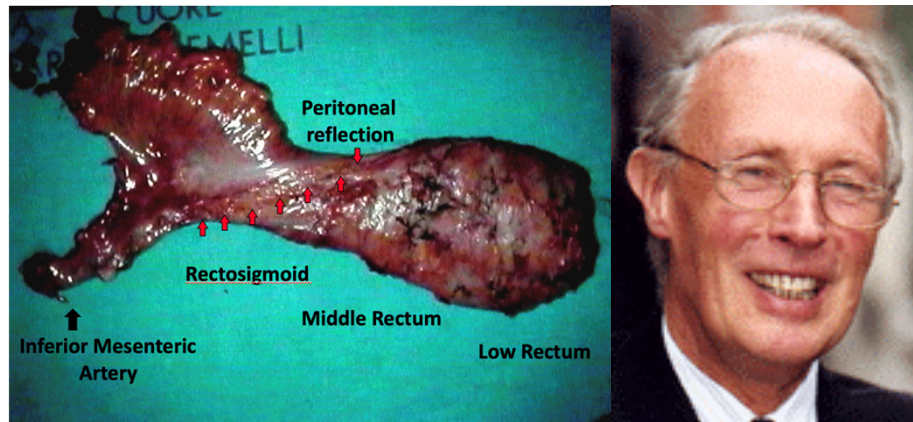
### Pioneer RT

- **RT in rectal cancer** not so common
- **Post-operative RT** preferred
- **Intermediate pre-operative doses** evaluated
- **Large fields + intensive concomitant chemotherapy** to be avoided

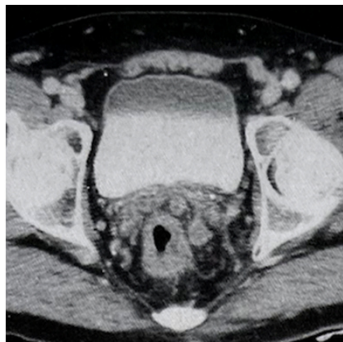
**LR rate 30%**



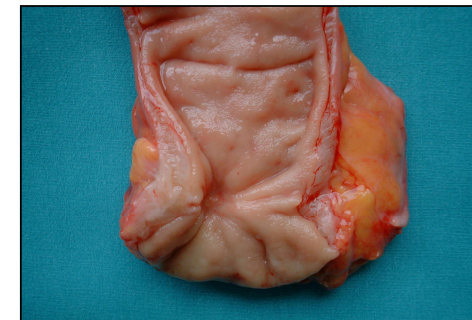
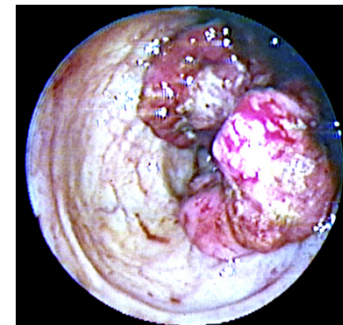
# 90' Standardization



## Standardized Surgery

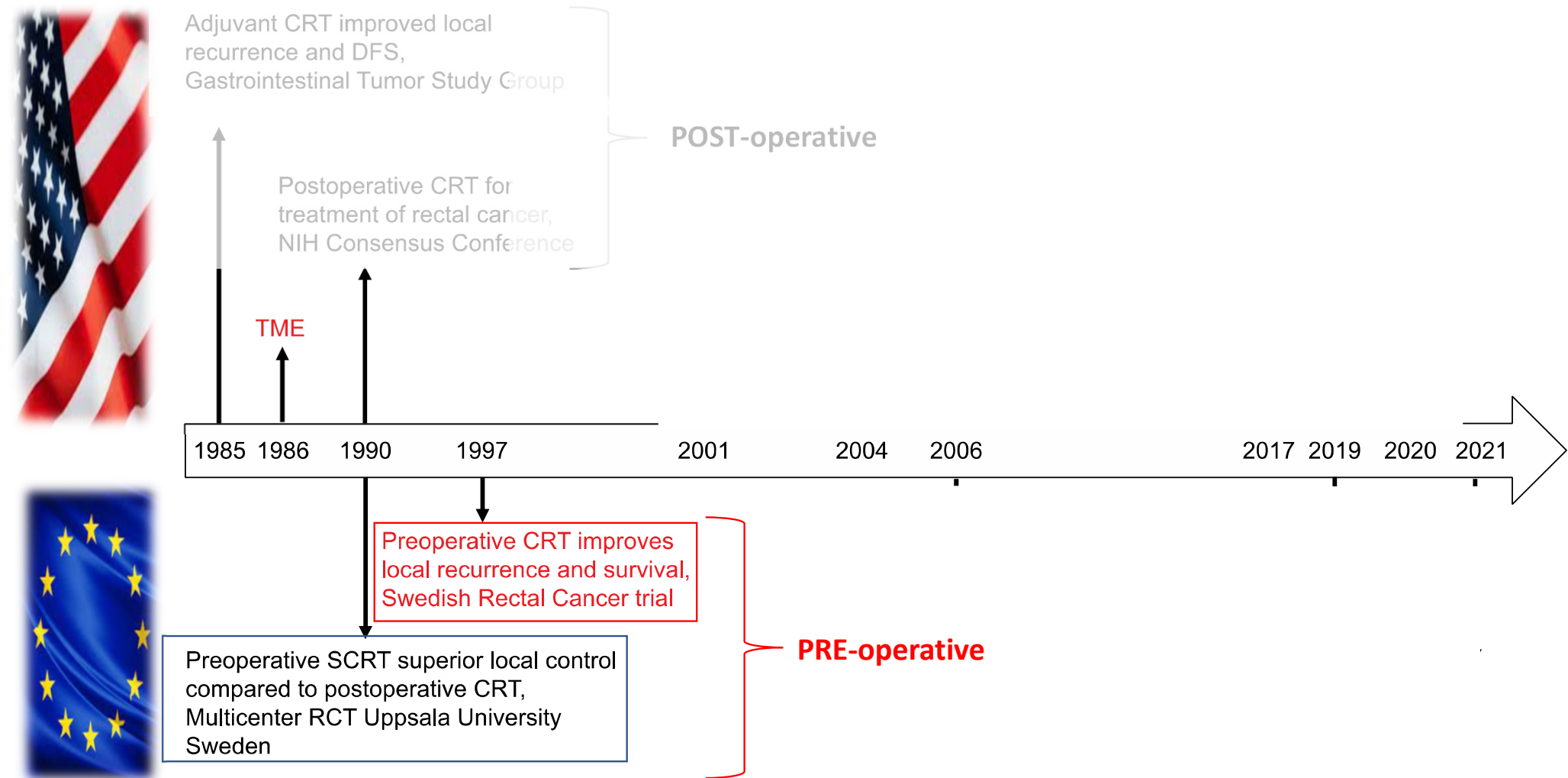


## Standardized Staging



## Tumor Response

# 1° generation: PREoperative RT

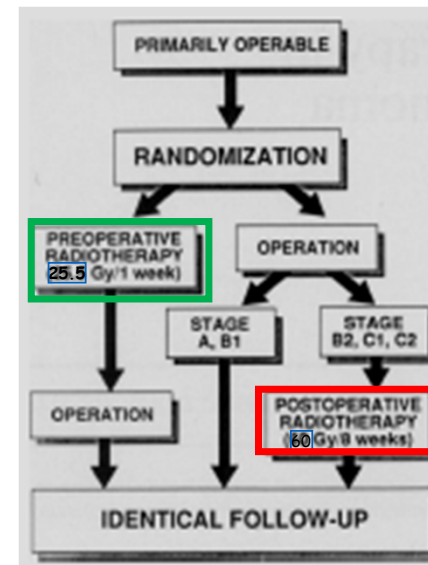


# PREoperative RT

## Theoretical benefits of neoadjuvant RT:

- tumors with intact vasculature
- less risk of surgical tumor seeding
- increased frequency of sphincter-sparing surgery

## Pre-RT > Post-RT



UPPSALA Trial **471** Pts

| Survival   |      | Local control |      |
|------------|------|---------------|------|
| Pre - Post | 5y % | Pre - Post    | 5y % |
| 42 - 38    | ns   | 86 - 77       | 0.02 |

Pahlman L et al. Ann Surg 1990

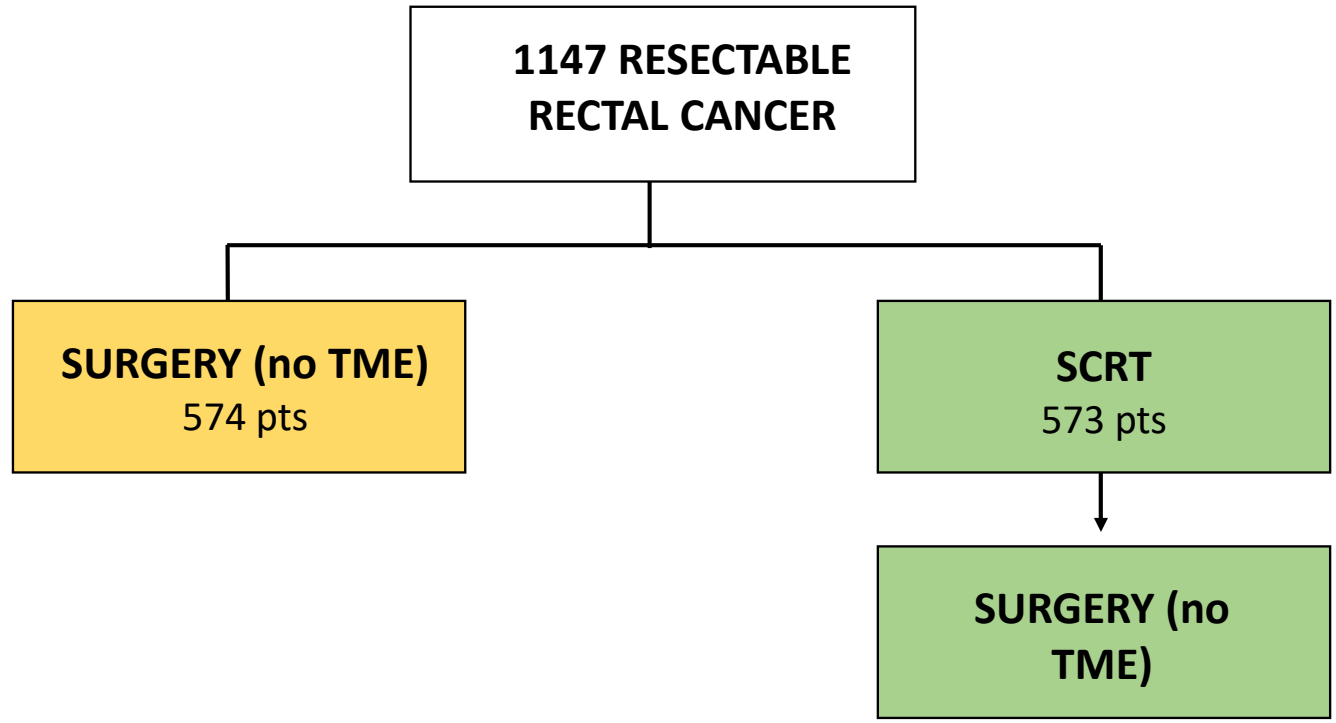
# 1° generation: PREoperative RT

| Trial  | Randomization                      | Local control | DFS | OS           | Toxicity |
|--|------------------------------------|---------------|-----|--------------|----------|
| <b>Swedish trial</b><br><i>Swedish Rectal cancer Trial NEJM 1997</i>       | <b>5x5 → S</b><br>vs S alone       | yes           | yes | yes          | ↑        |
| <b>Dutch trial</b><br><i>Kapiteijn E NEJM 2001</i>                         | <b>5x5 → S</b><br>vs S alone       | yes           | no  | no           | ↑        |
| <b>British trial</b><br>MRC-CR07<br><i>Sebag-Montefiore D. Lancet 2009</i> | <b>5x5 → S</b><br>vs S alone       | yes           | yes | no           | ↑        |
| <b>German trial</b><br>CAO-ARO-AIO-94<br><i>Sauer R. NEJM 2004</i>         | <b>Preop CRT</b><br>vs post-op CRT | yes           | no  | no           | ↓        |
| <b>French trial</b><br>FFCD<br><i>Gérard JP et al JCO 2006</i>             | <b>Preop CRT</b><br>vs preop RT    | yes           | no  | no           | ↑        |
| <b>EORTC trial</b><br><i>Bosset JF et al NEJM 2006</i>                     | <b>Preop CRT</b><br>vs preop RT    | yes           | no  | no           | ↑        |
| <b>Scandinavian trial</b><br><i>Braendengen M JCO 2008</i>                 | <b>Preop CRT</b><br>vs preop RT    | yes           | -   | Yes<br>(CSS) | ↑        |

# Before TME

## Swedish trial

1147 RC patients  
Primary end-points: local recurrence; overall survival



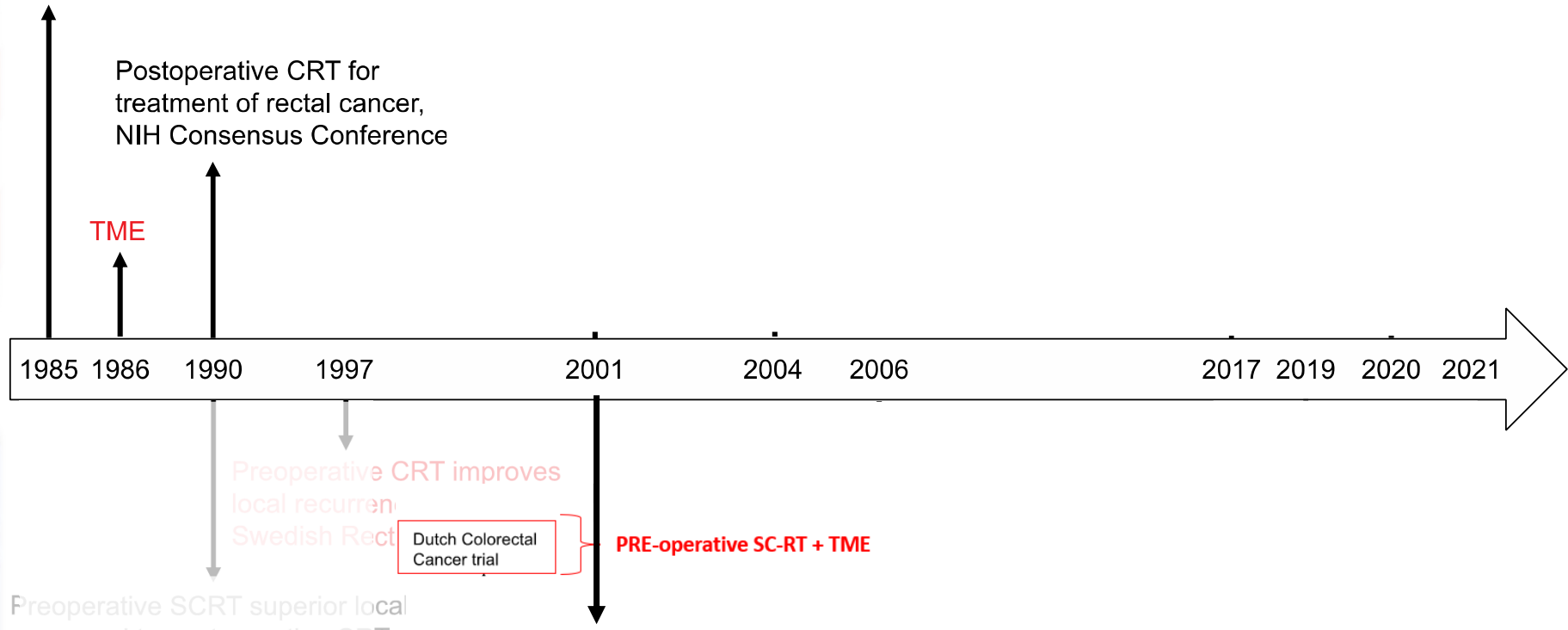
Cedermark B, et al. *N Engl J Med* 1997



Adjuvant CRT improved local recurrence and DFS, Gastrointestinal Tumor Study Group



Preoperative SCRT superior local compared to postoperative CRT, Multicenter RCT Uppsala University, Sweden



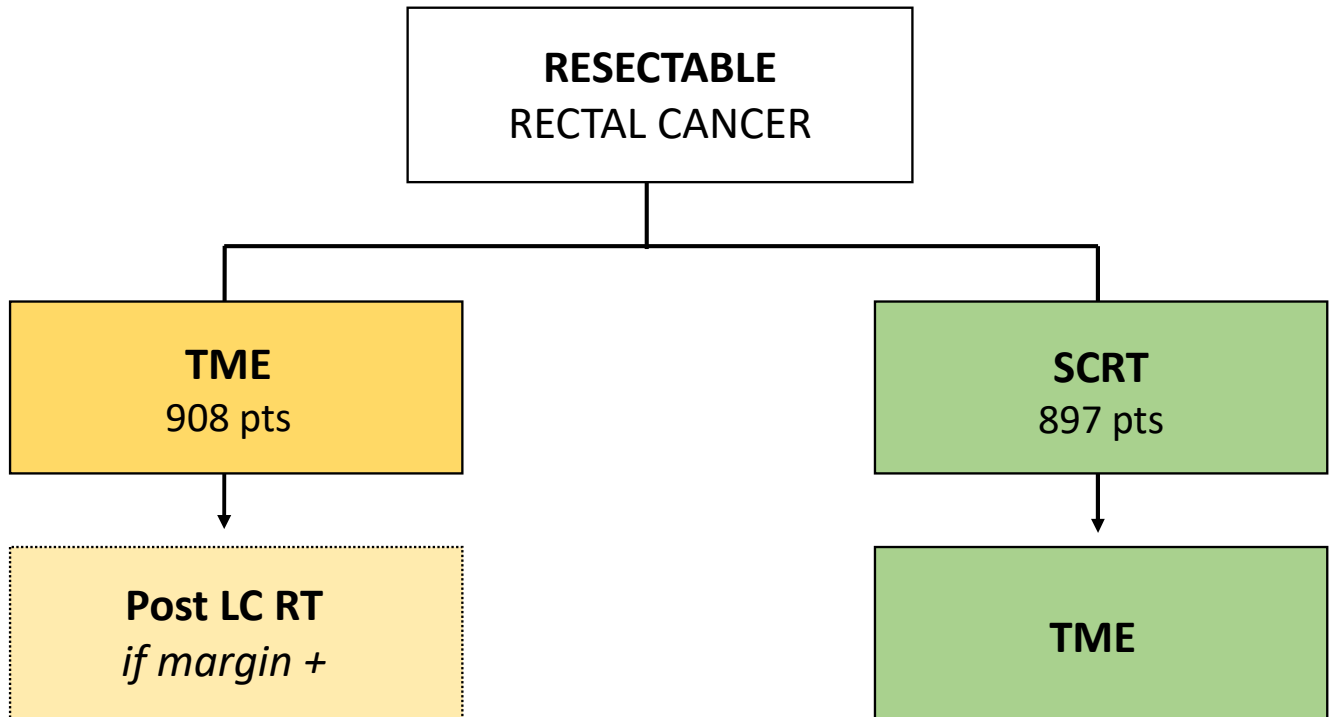
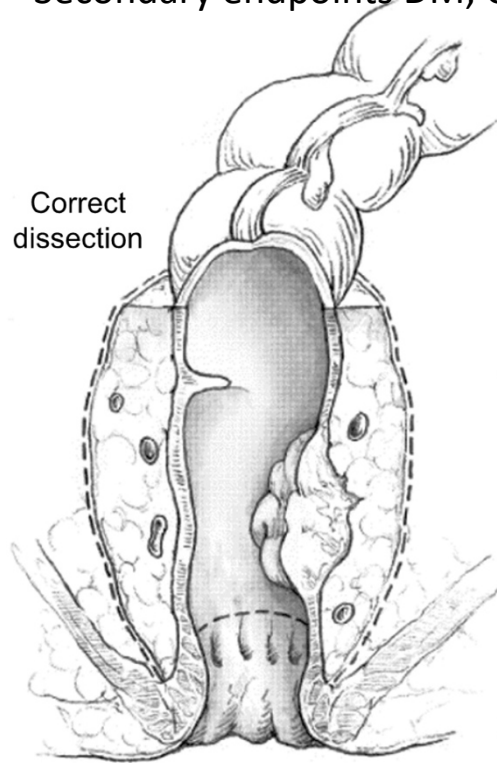
# With TME

1805 RC pts

All STAGES

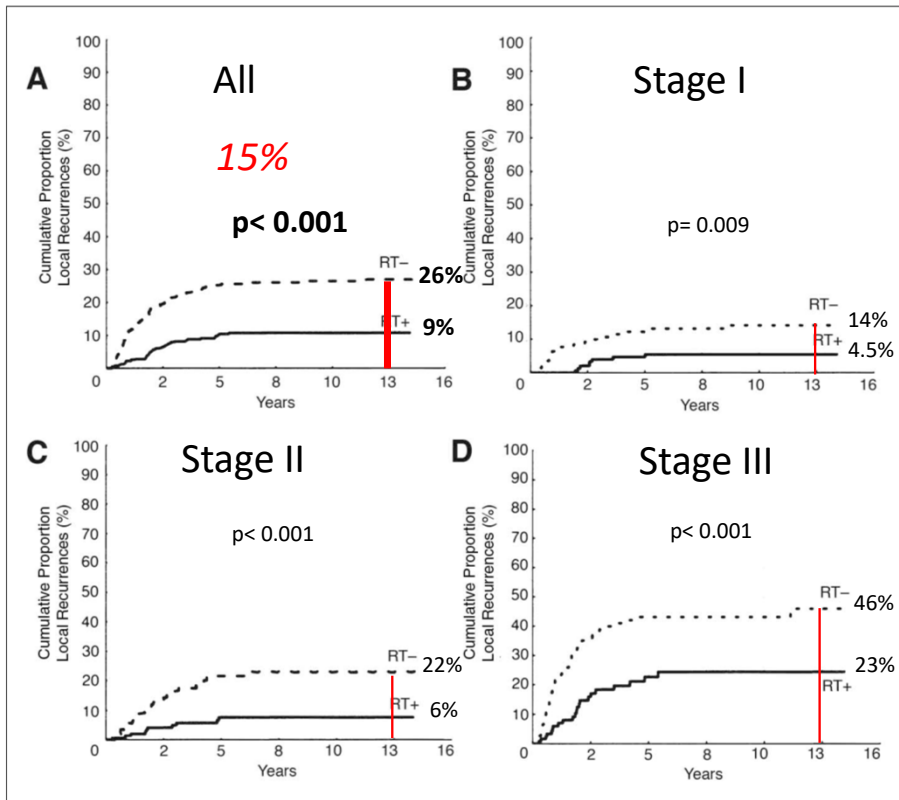
Primary endpoint LC

Secondary endpoints DM, OS, CSS

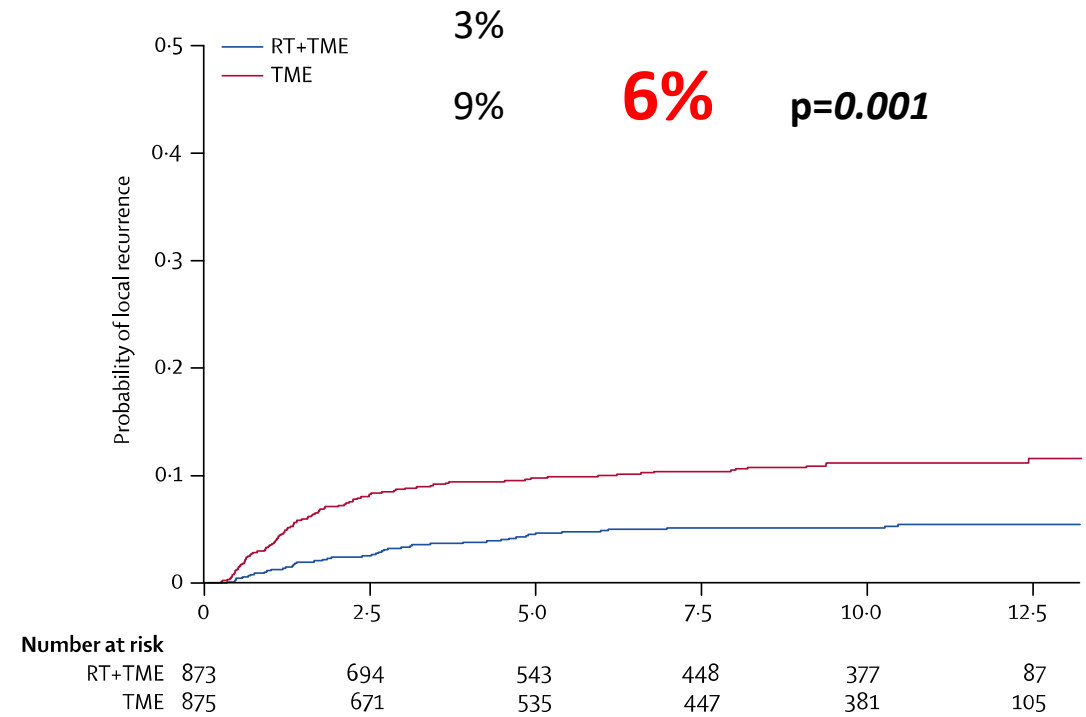


# Local control

## NO TME



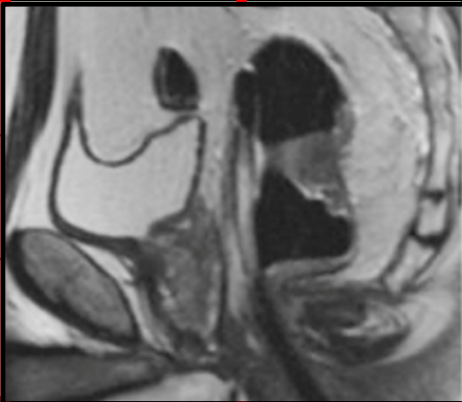
## TME





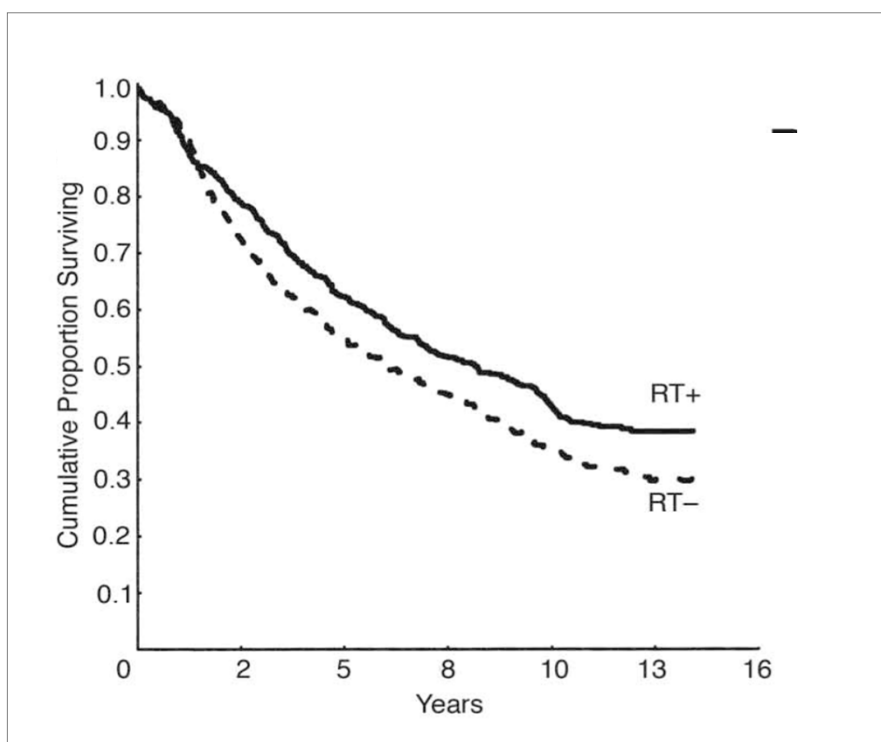
# 1° generation: PREoperative RT

## Local Control

| Trial  | Randomization                      | Local control   | DFS       | OS                  | Toxicity   |
|--|------------------------------------|---|-----------|---------------------|--|
| <b>Swedish trial</b><br><i>Swedish Rectal cancer Trial NEJM 1997</i>       | <b>5x5 → S</b><br>vs S alone       |  |           |                     | <b>T1-T3 resectable</b><br><b>NO DOWNSTAGING</b> |
| <b>Dutch trial</b><br><i>Kapiteijn E NEJM 2001</i>                         | <b>5x5 → S</b><br>vs S alone       |   |           |                     |  |
| <b>British trial</b><br>MRC-CR07<br><i>Sebag-Montefiore D. Lancet 2009</i> | <b>5x5 → S</b><br>vs S alone       |   |           |                     |  |
| <b>German trial</b><br>CAO-ARO-AIO-94<br><i>Sauer R. NEJM 2004</i>         | <b>Preop CRT</b><br>vs post-op CRT | <b>yes</b>  | <b>no</b> | <b>no</b>           | ↓  |
| <b>French trial</b><br>FFCD<br><i>Gérard JP et al JCO 2006</i>             | <b>Preop CRT</b><br>vs preop RT    | <b>yes</b>  | <b>no</b> | <b>no</b>           | ↑  |
| <b>EORTC trial</b><br><i>Bosset JF et al NEJM 2006</i>                     | <b>Preop CRT</b><br>vs preop RT    | <b>yes</b>  | <b>no</b> | <b>no</b>           | ↑  |
| <b>Scandinavian trial</b><br><i>Braendengen M JCO 2008</i>                 | <b>Preop CRT</b><br>vs preop RT    | <b>yes</b>  | -         | <b>Yes</b><br>(CSS) | ↑  |

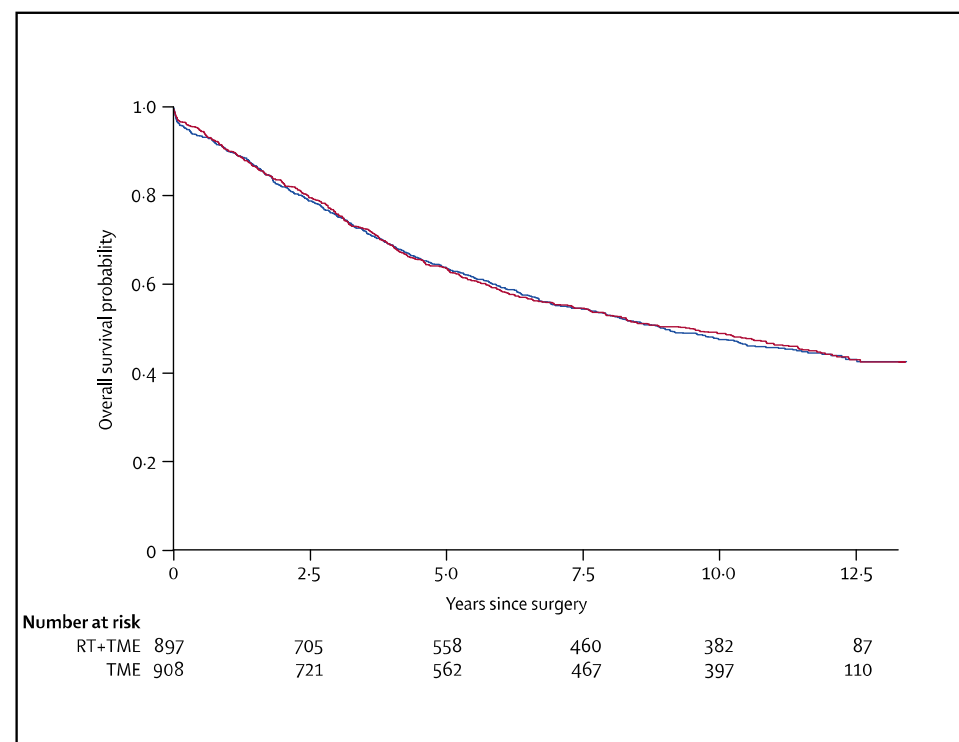
# Overall Survival

## NO TME



**Overall Survival gain 48% → 58% 10%**  
**p=0.004**

## TME



**OS → NO gain in all patients**

# 1° generation: PREoperative RT

| Trial  | Randomization                      | Local control | DFS | OS           | Toxicity |
|--|------------------------------------|---------------|-----|--------------|----------|
| <b>Swedish trial</b><br><i>Swedish Rectal cancer Trial NEJM 1997</i>       | <b>5x5 → S</b><br>vs S alone       | yes           | yes | yes          | ↑        |
| <b>Dutch trial</b><br><i>Kapiteijn E NEJM 2001</i>                         | <b>5x5 → S</b><br>vs S alone       | yes           | no  | no           | ↑        |
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| <b>French trial</b><br>FFCD<br><i>Gérard JP et al JCO 2006</i>             | <b>Preop CRT</b><br>vs preop RT    | yes           | no  | no           | ↑        |
| <b>EORTC trial</b><br><i>Bosset JF et al NEJM 2006</i>                     | <b>Preop CRT</b><br>vs preop RT    | yes           | no  | no           | ↑        |
| <b>Scandinavian trial</b><br><i>Braendengen M JCO 2008</i>                 | <b>Preop CRT</b><br>vs preop RT    | yes           | -   | Yes<br>(CSS) | ↑        |



Adjuvant CRT improved local recurrence and DFS, Gastrointestinal Tumor Study Group



Preoperative SCRT superior local compared to postoperative CRT, Multicenter RCT Uppsala University Sweden



Preoperative local re Swedish

Dutch Colorectal Cancer trial

PRE-operative SC-RT + TME

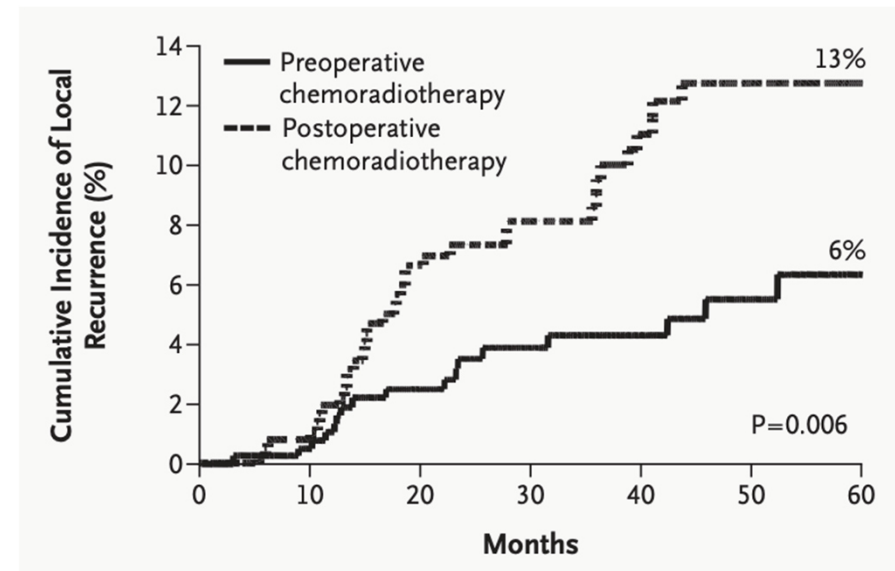
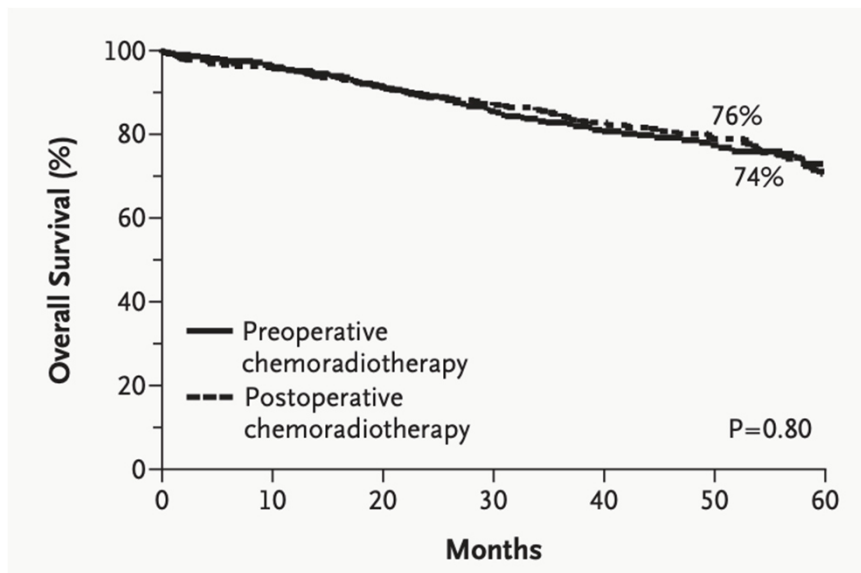
Preoperative CRT superior to postoperative CRT for locoregional control, German Rectal Cancer trial

PRE-operative LC-CRT

# 1° generation: PREoperative RT


## CAO/ARO/AIO-94

### Pre-ChemoRT > Post-ChemoRT



# 1° generation: PREoperative RT

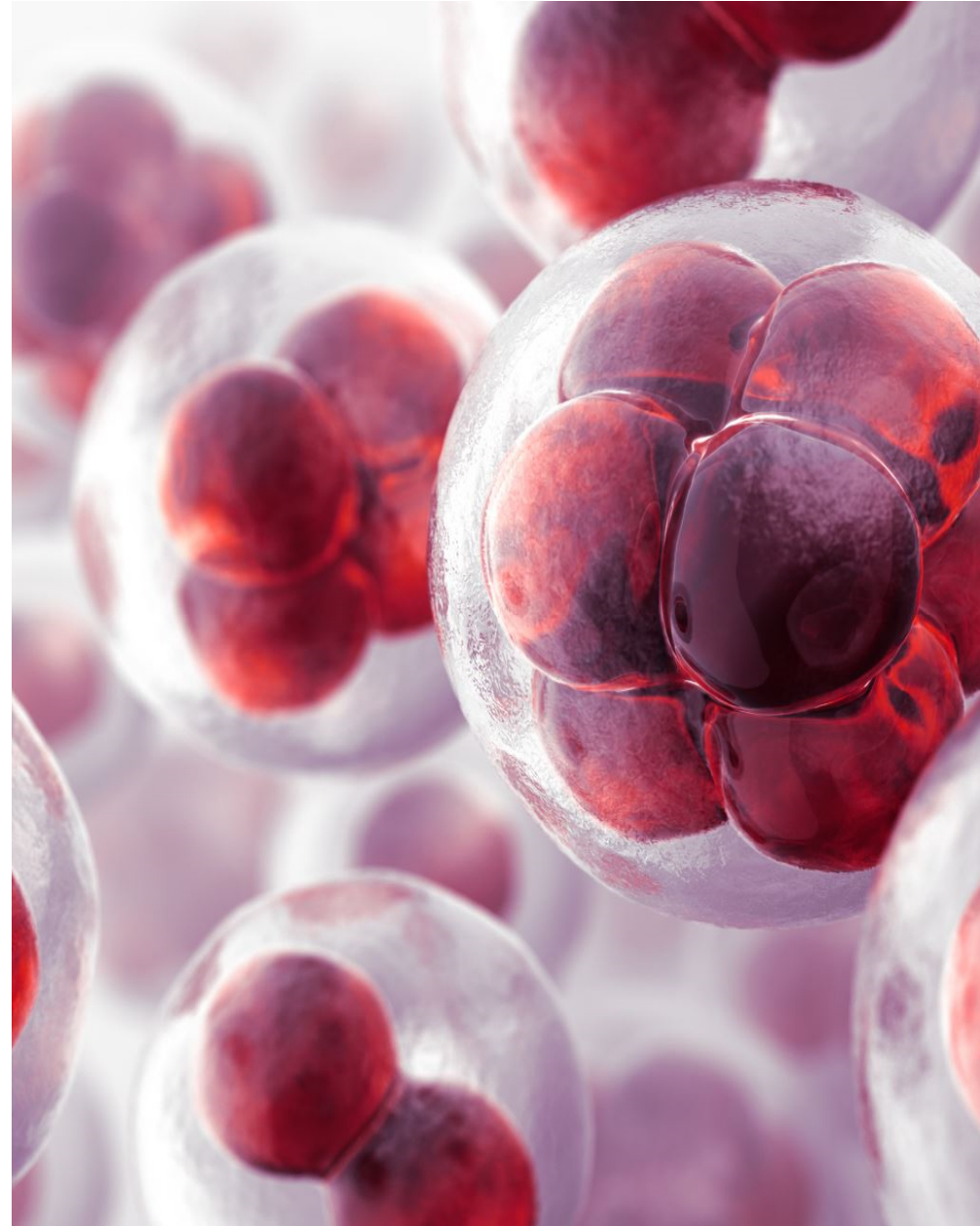
Local Control

| Trial  | Randomization               | Local control  | DFS | OS  | Toxicity                        |
|--|-----------------------------|--|-----|-----|---------------------------------|
| <b>Swedish trial</b><br><i>Swedish Rectal cancer Trial NEJM 1997</i>       | 5x5 → S<br>vs S alone       | yes  | yes | yes | ↑                               |
| <b>Dutch trial</b><br><i>Kapiteijn E NEJM 2001</i>                         | 5x5 → S<br>vs S alone       | yes  | no  | no  | ↑                               |
| <b>British trial</b><br>MRC-CR07<br><i>Sebag-Montefiore D. Lancet 2009</i> | 5x5 → S<br>vs S alone       | yes  | yes | no  | ↑                               |
| <b>German trial</b><br>CAO-ARO-AIO-94<br><i>Sauer R. NEJM 2004</i>         | Preop CRT<br>vs post-op CRT |  |     |     | <p>T3-T4</p> <p>DOWNSTAGING</p> |
| <b>French trial</b><br>FFCD<br><i>Gérard JP et al JCO 2006</i>             | Preop CRT<br>vs preop RT    |  |     |     |                                 |
| <b>EORTC trial</b><br><i>Bosset JF et al NEJM 2006</i>                     | Preop CRT<br>vs preop RT    |  |     |     |                                 |
| <b>Scandinavian trial</b><br><i>Braendengen M JCO 2008</i>                 | Preop CRT<br>vs preop RT    |  |     |     |                                 |
|  |                             |  |     |     |                                 |

# Take home messages

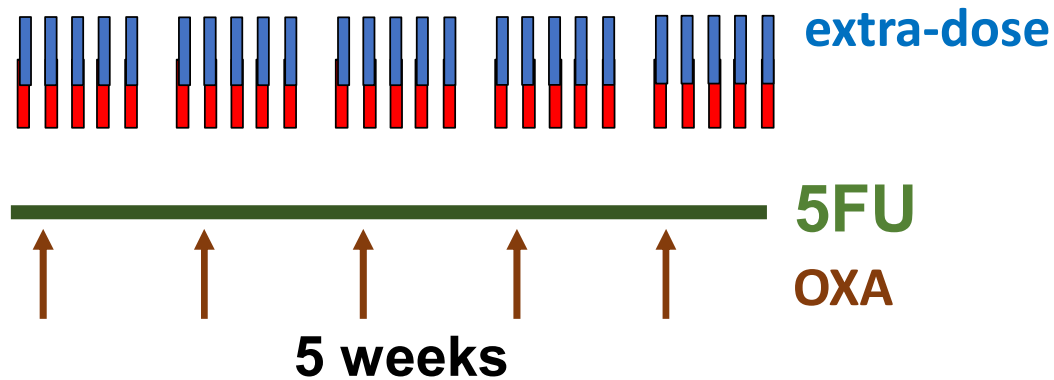
## 1° generation RT

- **Preop Short Course RT:**
  - Improves LC and OS if NO TME
  - No downstaging
- **Preop ChemoRT: LR rate 3-5%**
  - Improves LC
  - Downstaging
  - **Tumor response** as a broad spectrum of rectal cancer disease



# 2° generation: INTEnsification Trials

## Long Course



Total dose 45-50 Gy —————→ 55-60 Gy on the tumor

Daily dose: 2 Gy —————→ 2.2-2.4 Gy on the tumor




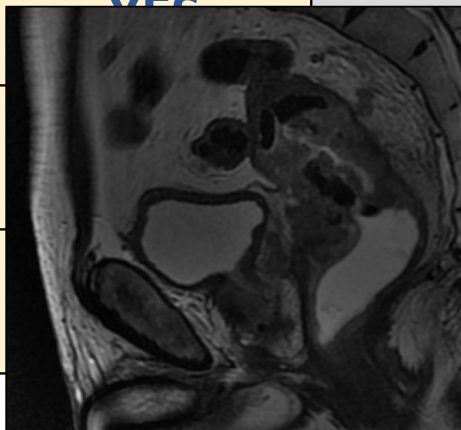
# 2° generation: INTEnsification Trials

Tumor  
Response

| Trial  | Randomization                         | pCR                  | Toxicity | Compliance |
|--|---------------------------------------|----------------------|----------|------------|
| <b>ACCORD 12</b><br><i>Gérard JP. JCO 2010</i>           | <b>RTCT OXA-5FU-HD</b><br>vs RTCT 5FU | <b>25%</b><br>vs 11% | ↑        | ↓          |
| <b>NSABP R04</b><br><i>O'Connell M. JCO 2014</i>         | <b>RTCT OXA-5FU-HD</b><br>vs RTCT 5FU | <b>20%</b><br>vs 18% | ↑        | ↓          |
| <b>STAR 01</b><br><i>Aschele C. JCO 2011</i>             | <b>RTCT OXA-5FU</b><br>vs RTCT 5FU    | <b>16%</b><br>vs 16% | ↑        | ↓          |
| <b>CAO-ARO-AIO 04</b><br><i>Rödel C. Lancet Onc 2012</i> | <b>RTCT OXA -5FU</b><br>vs RTCT 5FU   | <b>17%</b><br>vs 13% | =        | =          |
| <b>INTERACT</b><br><i>Valentini V. R&amp;O 2019</i>      | <b>RTCT OXA-5FU</b><br>vs RTCT 5FU HD | <b>26%</b><br>vs 26% | ↑        | =          |
| <b>PETACC-6</b><br><i>Schmoll HJ. JCO 2020</i>           | <b>RTCT OXA -5FU</b><br>vs RTCT 5FU   | <b>14%</b><br>vs 11% | ↑        | ↓          |

# 2° generation: INTEnsification Trials

Tumor  
Response

| Trial  | Randomization                                | pCR  | Toxicity | Compliance  |
|--|--|--|----------|---|
| <b>ACCORD 12</b><br><i>Gérard JP. JCO 2010</i>           | <b>RTCT OXA-5FU-HD</b><br>vs RTCT 5FU        |   |          | <b>T3-T4</b><br><b>Low Tumor</b><br><b>DOWNSTAGING</b>                    |
| <b>NSABP R04</b><br><i>O'Connell M. JCO 2014</i>         | <b>RTCT OXA-5FU-HD</b><br>vs RTCT 5FU        |  |          |   |
| <b>STAR 01</b><br><i>Aschele C. JCO 2011</i>             | <b>RTCT OXA-5FU</b><br>vs RTCT 5FU           |  |          |   |
| <b>CAO-ARO-AIO 04</b><br><i>Rödel C. Lancet Onc 2012</i> | <b>RTCT OXA -5FU</b><br>vs RTCT 5FU          | <b>YES</b>   |          |   |
| <b>INTERACT</b><br><i>Valentini V. R&amp;O 2019</i>      | <b>RTCT OXA-5FU</b><br>vs RTCT 5FU <b>HD</b> |  |          | <b>T3-T4</b><br><b>HR</b><br>(MRF+, mucinous, EMVI)<br><b>DOWNSTAGING</b> |
| <b>PETACC-6</b><br><i>Schmoll HJ. JCO 2020</i>           | <b>RTCT OXA -5FU</b><br>vs RTCT 5FU          |  |          |   |

# 2° generation: INTEnsification Trials

Tumor  
Response

| Trial  | Randomization                         | pCR | Toxicity | Compliance |
|--|---------------------------------------|-----|----------|------------|
| <b>ACCORD 12</b><br><i>Gérard JP. JCO 2010</i>           | <b>RTCT OXA-5FU-HD</b><br>vs RTCT 5FU | NO  | ↑        | ↓          |
| <b>NSABP R04</b><br><i>O'Connell M. JCO 2014</i>         | <b>RTCT OXA-5FU-HD</b><br>vs RTCT 5FU | NO  | ↑        | ↓          |
| <b>STAR 01</b><br><i>Aschele C. JCO 2011</i>             | <b>RTCT OXA-5FU</b><br>vs RTCT 5FU    | NO  | ↑        | ↓          |
| <b>CAO-ARO-AIO 04</b><br><i>Rödel C. Lancet Onc 2012</i> | <b>RTCT OXA -5FU</b><br>vs RTCT 5FU   | YES | =        | =          |
| <b>INTERACT</b><br><i>Valentini V. R&amp;O 2019</i>      | <b>RTCT OXA-5FU</b><br>vs RTCT 5FU HD | NO  | ↑        | =          |
| <b>PETACC-6</b><br><i>Schmoll HJ. JCO 2020</i>           | <b>RTCT OXA -5FU</b><br>vs RTCT 5FU   | NO  | ↑        | ↓          |

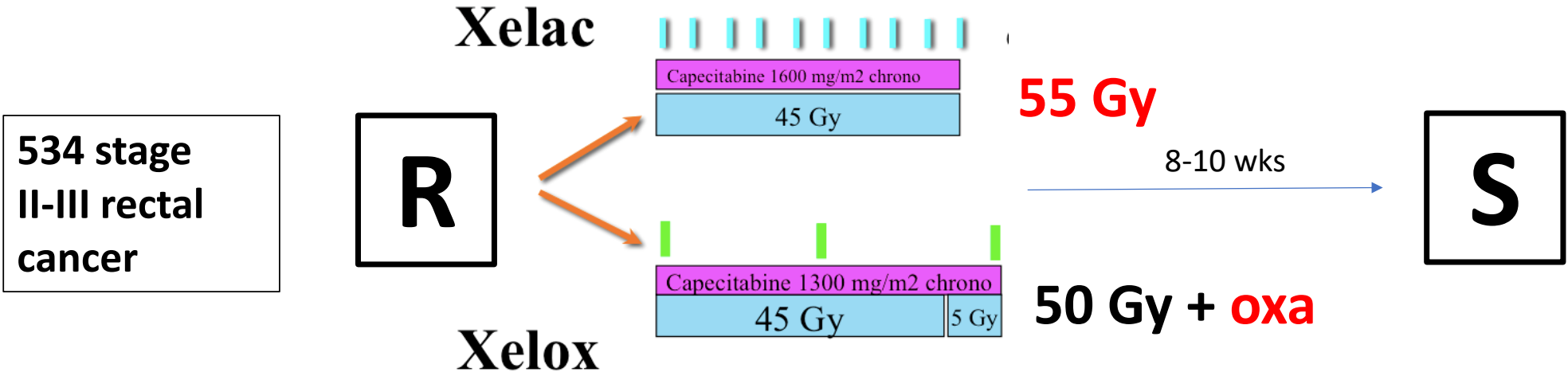
# RT Dose INTEnsification Trials

## INTERACT ITALIAN TRIAL



Original Article

The INTERACT Trial: Long-term results of a randomised trial on preoperative capecitabine-based radiochemotherapy intensified by concomitant boost or oxaliplatin, for cT2 (distal)–cT3 rectal cancer



# RT Dose INTEnsification Trials

## INTERACT ITALIAN TRIAL

### Tumor Response

|        | XELAC | XELOX | p     |
|--------|-------|-------|-------|
| TRG1   | 32.3% | 32.9% | ns    |
| TRG1-2 | 61%   | 52.3% | 0.039 |
| pCR    | 26%   | 26%   | ns    |

### Acute toxicity

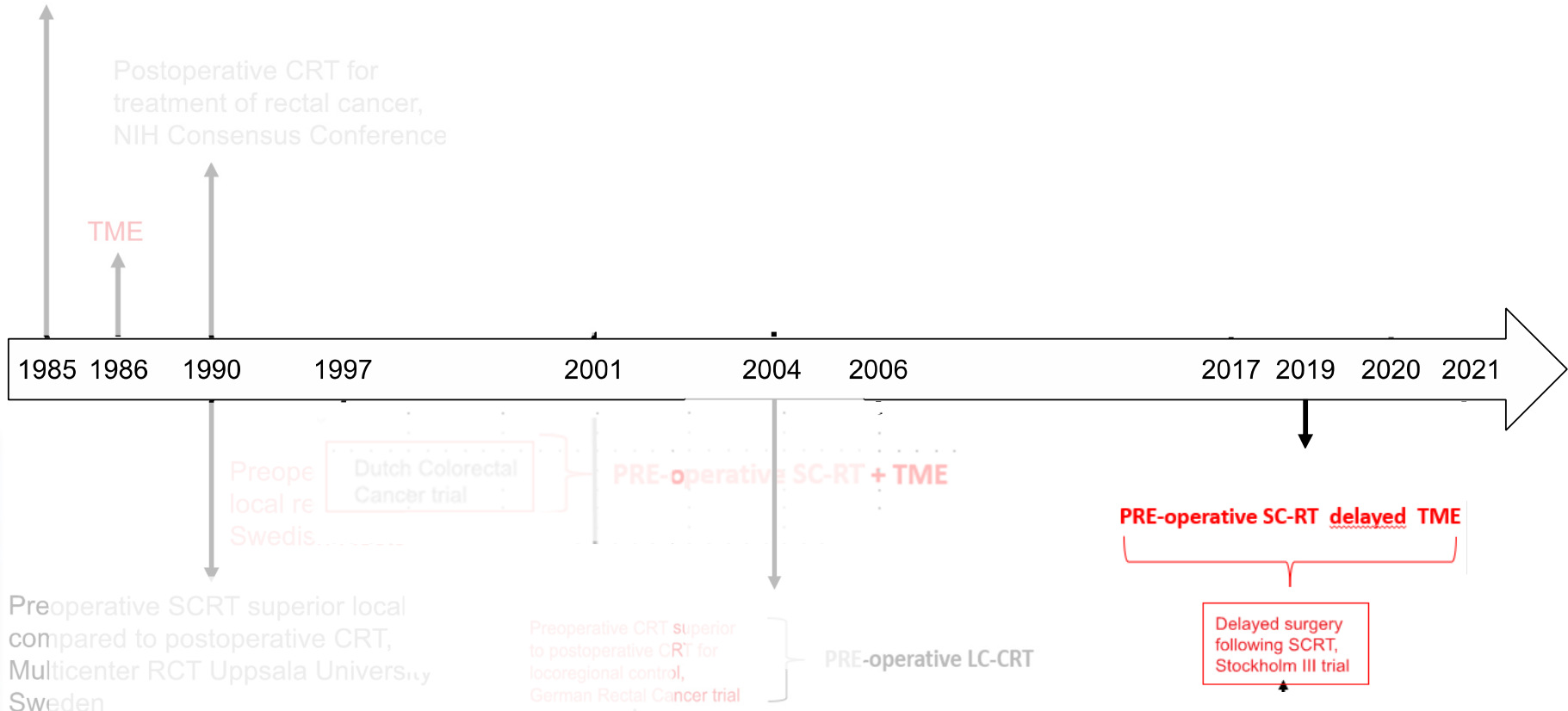
| Toxicity | XELAC | XELOX | p     |
|----------|-------|-------|-------|
| Hemat    | 8.7%  | 18%   | 0.011 |
| GI       | 16.9% | 10.2% | 0.054 |
| Neuro    | 1.7%  | 21%   | 0.001 |



Adjuvant CRT improved local recurrence and DFS, Gastrointestinal Tumor Study Group



Preoperative SCRT superior local compared to postoperative CRT, Multicenter RCT Uppsala University Sweden



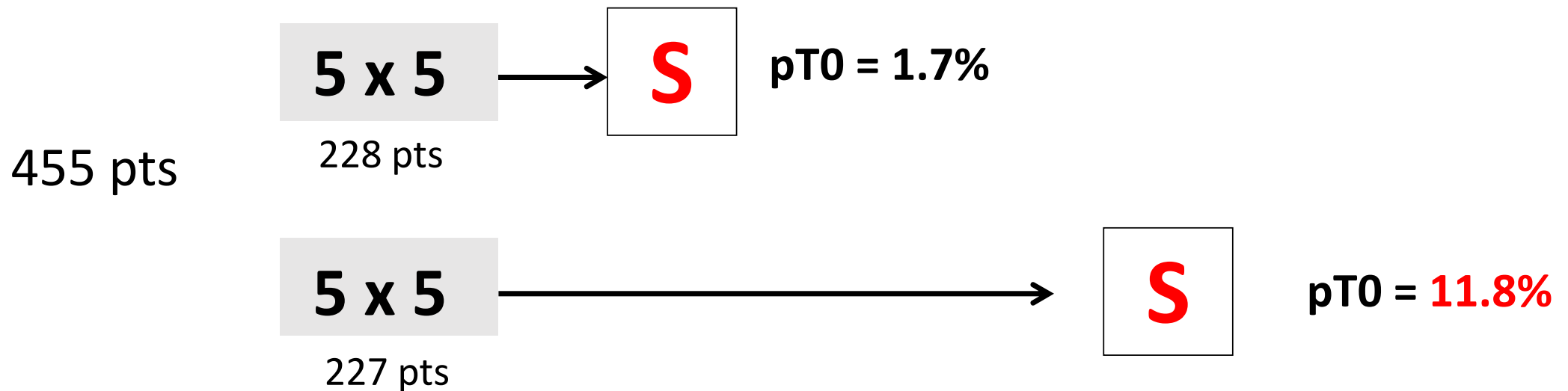
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# Optimal fractionation of preoperative radiotherapy and timing to surgery for rectal cancer (Stockholm III): a multicentre, randomised, non-blinded, phase 3, non-inferiority trial

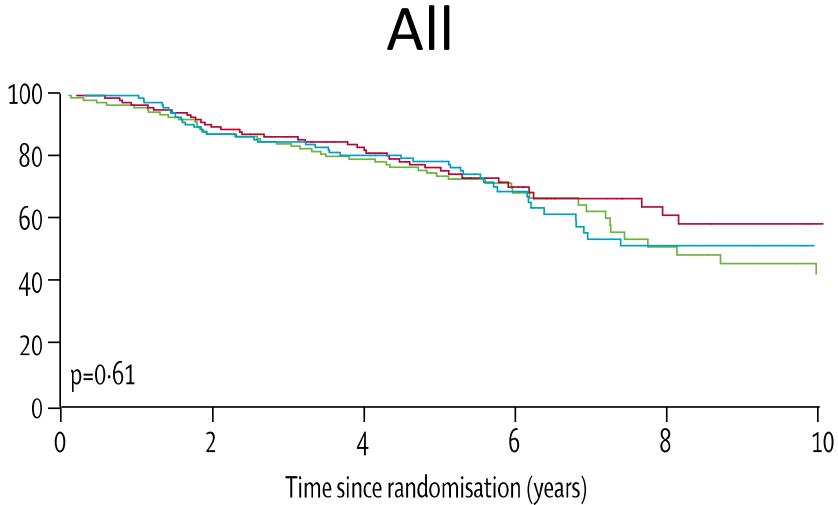


Johan Erlandsson, Torbjörn Holm, David Pettersson, Åke Berglund, Björn Cedermark, Calin Radu, Hemming Johansson, Mikael Machado, Fredrik Hjern, Olof Hallböök, Ingvar Syk, Bengt Glimelius, Anna Martling

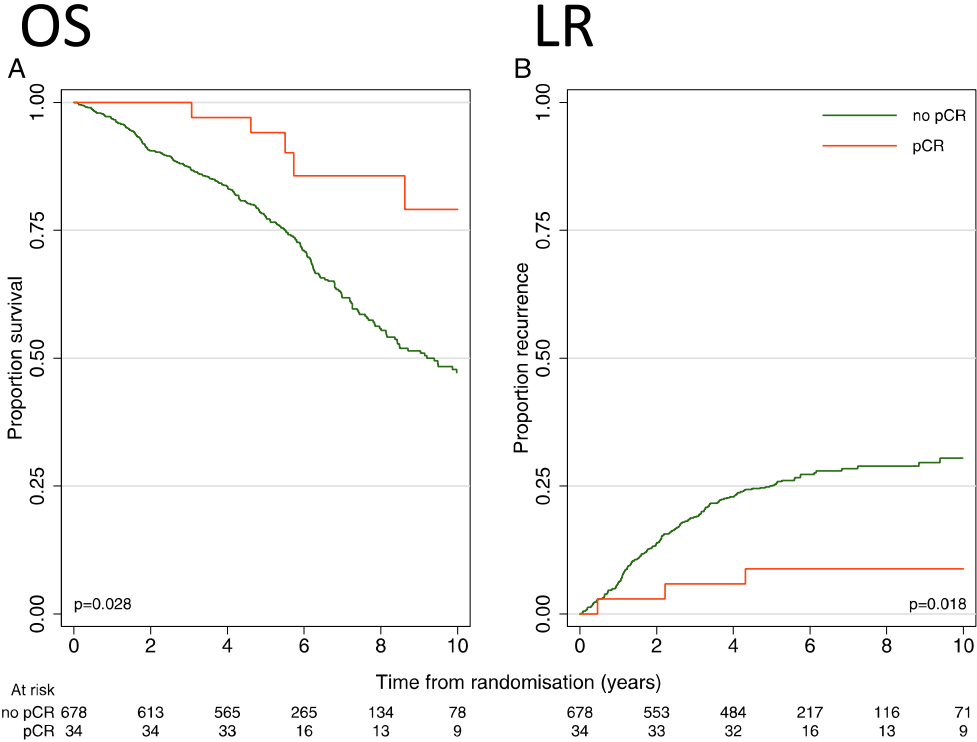
## Stockholm III RCT for operable rectal cancers



# SCRT and delayed Surgery: Overall Survival



**NO** difference



**Better OS** and **TR** in pts with pCR





ELSEVIER



Original Article

Timing to achieve the highest rate of pCR after preoperative radiochemotherapy in rectal cancer: a pooled analysis of 3085 patients from 7 randomized trials



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## Pooled analysis of RCT:

Accord 12/0405

EORTC 22921

FFCD 9203

CAO/ARO/AIO-94

CAO-ARO-AIO-04

INTERACT and TROG 01.04

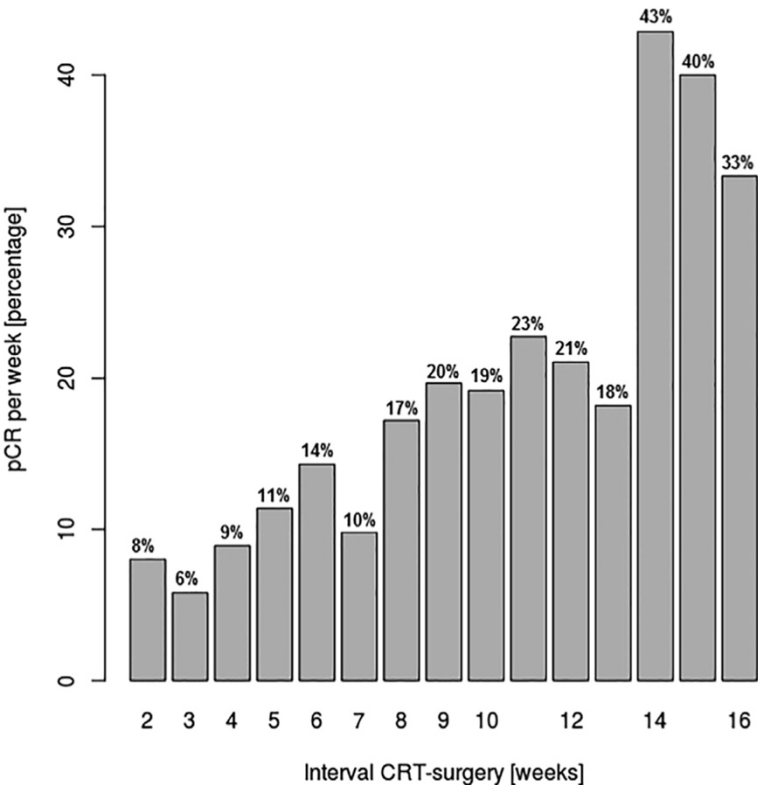
**3078 pts → pCR 440 (14%)**

**Median Surgery Time → 6 wks**

|            | Short Interval Group<br>≤ 6 wks (1953 pts) | Long Interval Group<br>>6 wks (1125 pts) | p-value     |
|------------|--|--|-------------|
| <b>pCR</b> | <b>11%</b>                                 | <b>19%</b>                               | <b>0.01</b> |

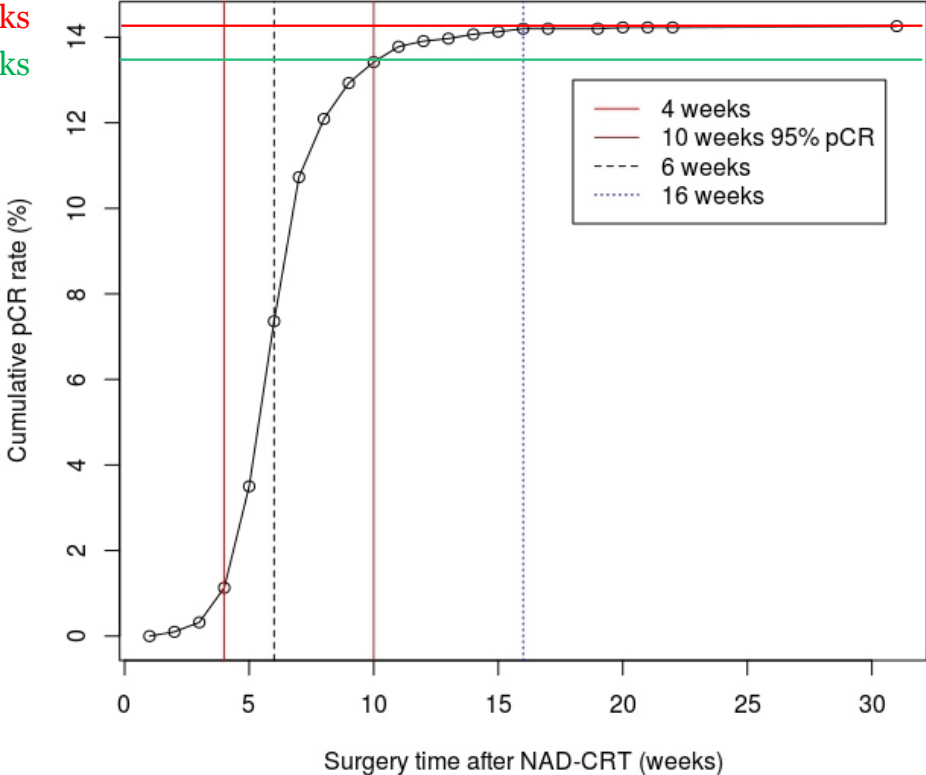
# The TIME effect

pCR distribution along the time



Plateau → 16 wks  
95% of pCR → 10 wks

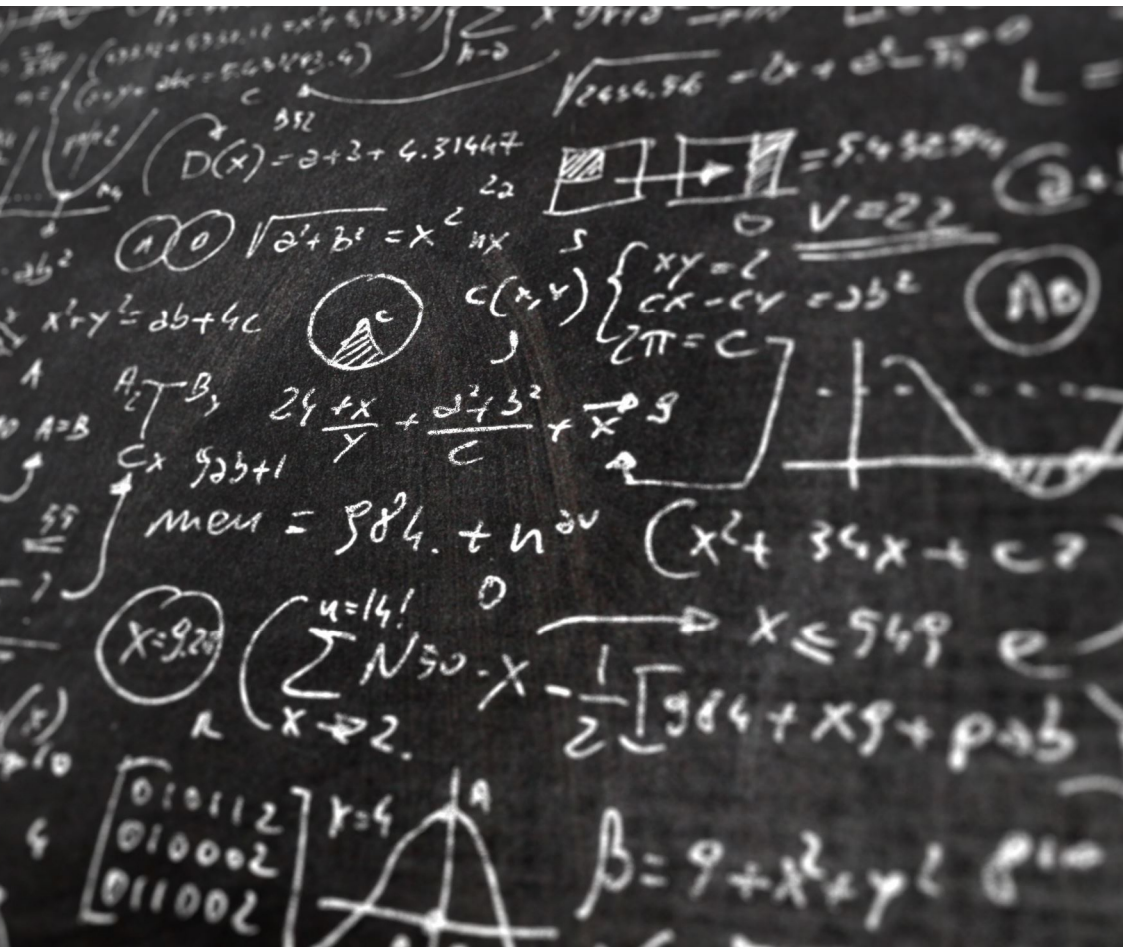
Cumulative pCR along time



# Take home messages

## 2° generation RT

- **Preop ChemoRT Intensification** improves downstaging and pCR
- **pCR rate of 25%**
- **Preop Short Course RT and Delay surgery** same LC, better tolerance and downstaging



Adjuvant CRT improved local recurrence and DFS, Gastrointestinal Tumor Study Group

Postoperative CRT for treatment of rectal cancer, NIH Consensus Conference

Dutch C  
Cancer I

TME



Preoperative CRT improves local recurrence and survival, Swedish Rectal Cancer trial

Preoperative SCRT superior local control compared to postoperative CRT, Multicenter RCT Uppsala University Sweden

**TNT-era**

Induction vs Consolidation TNT, German Group CAO/ARO/AIO-12

SCRT + transanal endoscopic microsurgery for low grade rectal cancer, Trec trial  
RAPIDO trial for HR RC  
SCRT + CT and TME



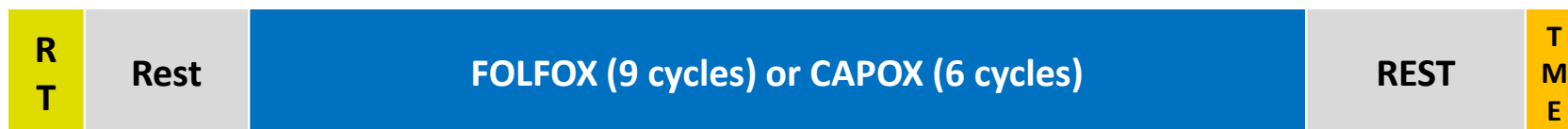
# Rationale for TNT

Earlier use of systemic therapy: **micrometastases**

Maximal downstaging: **better primary tumor local control**

# TNT: SCRT vs LCRT

RAPIDO trial



PRODIGE-23 trial



# 3° generation: Total Neoadjuvant Therapy

|                |               |              |
|----------------|---------------|--------------|
| RAPIDO         | 5x5 Gy + c-CT | Standard CRT |
| Polish-II      | 5x5 Gy + c-CT | Standard CRT |
| STELLAR        | 5x5 Gy + c-CT | Standard CRT |
| <hr/>          |               |              |
| PRODIGE-23     | i-CT + CRT    | Standard CRT |
| CAO/AIO/ARO-12 | i-CT + CRT    | CRT + c-CT   |
| OPRA           | i-CT + CRT    | CRT + c-CT   |

# RAPIDO pCR

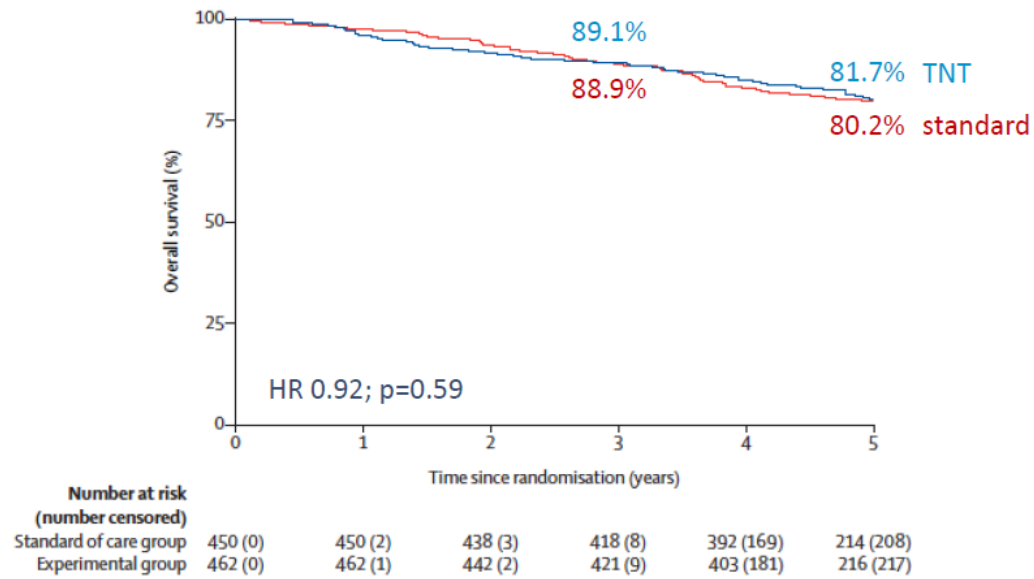
|     | <b>TNT</b> | <b>Standard</b> |
|-----|------------|-----------------|
| pCR | <b>28%</b> | 14%             |



# DFS

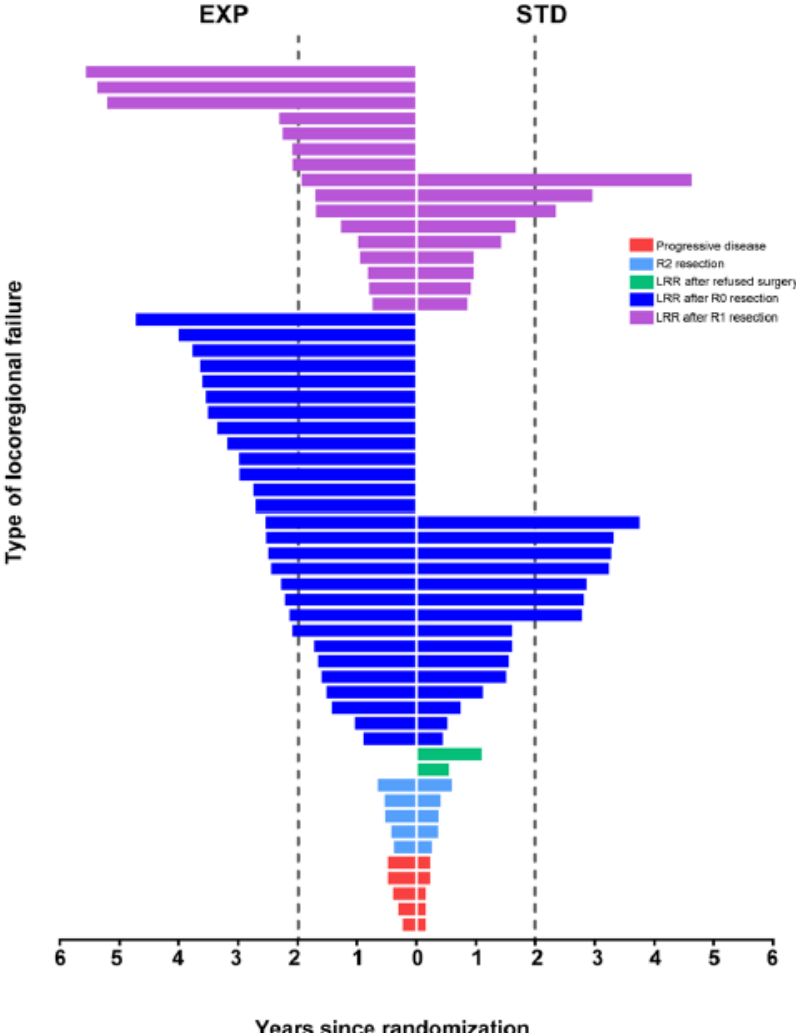
|                |               |              |               |
|----------------|---------------|--------------|---------------|
|                | 5x5 Gy + c-CT | Standard CRT | Best arm DFS  |
| RAPIDO         | 76%           | 70%          | 5x5 Gy + c-CT |
| Polish-II      | 53%           | 52%          | similar       |
| STELLAR        | 64%           | 62%          | similar       |
| <hr/>          |               |              |               |
|                | i-CT + CRT    | Standard CRT | Best arm DFS  |
| PRODIGE-23     | 76%           | 69%          | i-CT + CRT    |
| CAO/AIO/ARO-12 | 73%           | 73%          | similar       |
| OPRA           | 77%           | 78%          | similar       |

# RAPIDO trial: Outcomes



# RAPIDO trial: LR

12%



8%

More LR in the experimental arm



## Take home messages

### 3° Generation TNT

- Better DFS **3yDFS 76%**
- Decreased **5yDM ≈ 23%**
- Increased LR in SC RT **12%**
- Increased pCR



Adjuvant CRT improved local recurrence and DFS, Gastrointestinal Tumor Study Group

Postoperative CRT for treatment of rectal cancer, NIH Consensus Conference

Preoperative CRT superior to postoperative CRT for locoregional control, German Rectal Cancer trial

Dutch Colorectal Cancer trial

Delayed surgery following SCRT, Stockholm III trial

**FUTURE**

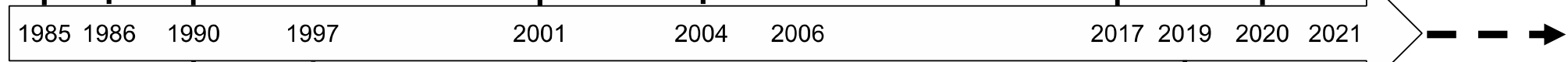
TME

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Induction vs Consolidation TNT, German Group CAO/ARO/AIO-12

SCRT + transanal endoscopic microsurgery for low grade rectal cancer, Trec trial  
RAPIDO trial for HR RC  
SCRT + CT and TME



1985

1986

1990

1997

2001

2004

2006

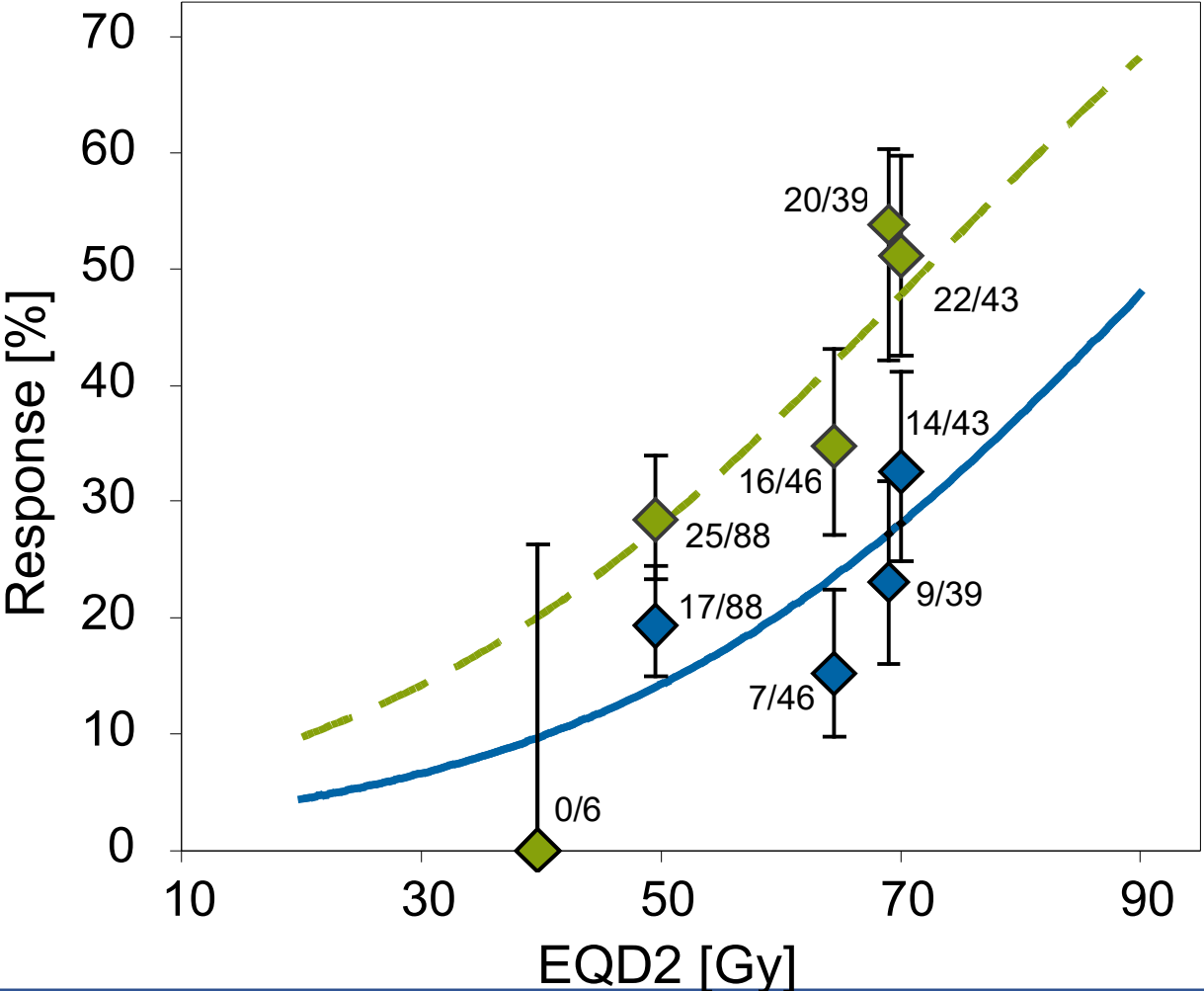
2017

2019

2020

2021

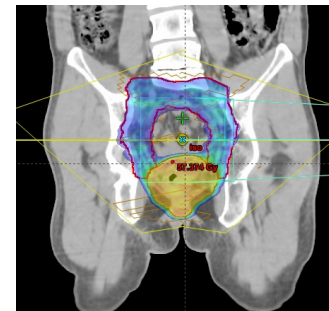
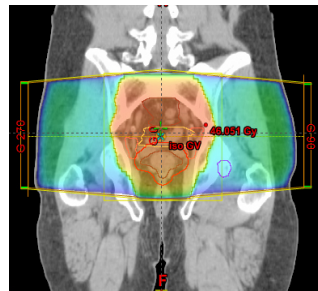
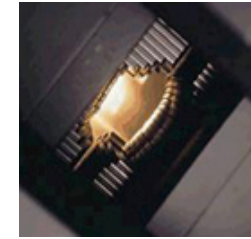
# DOSE



**Blue:** TRG1 (complete response)  
**Green:** TRG1-2 (major response)

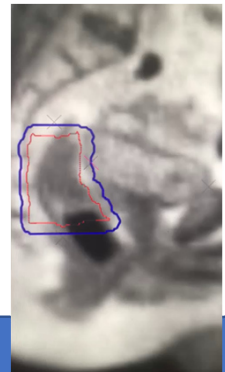
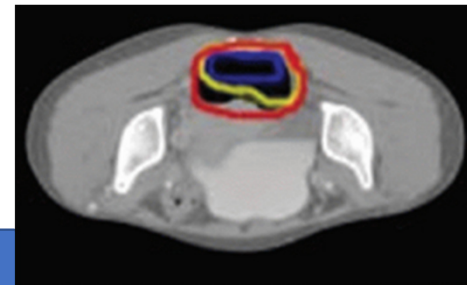
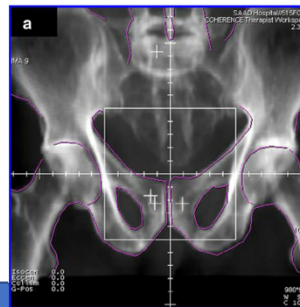
# What has changed in RT?

## MACHINES

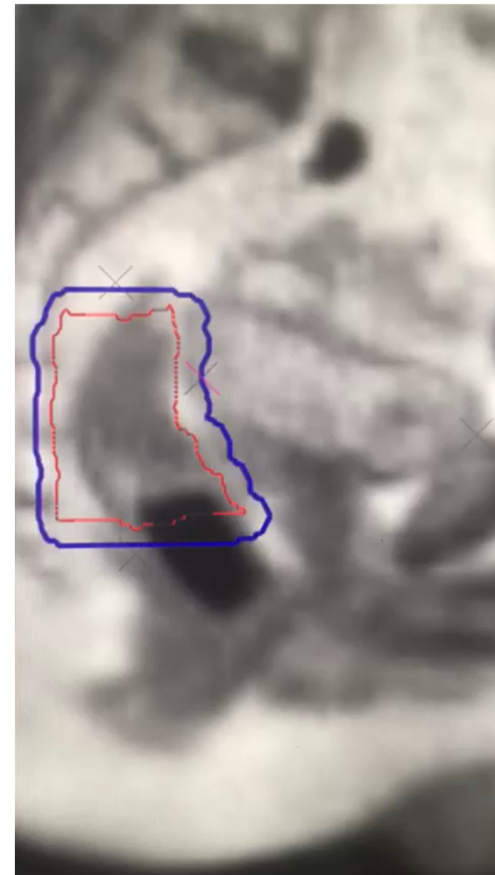
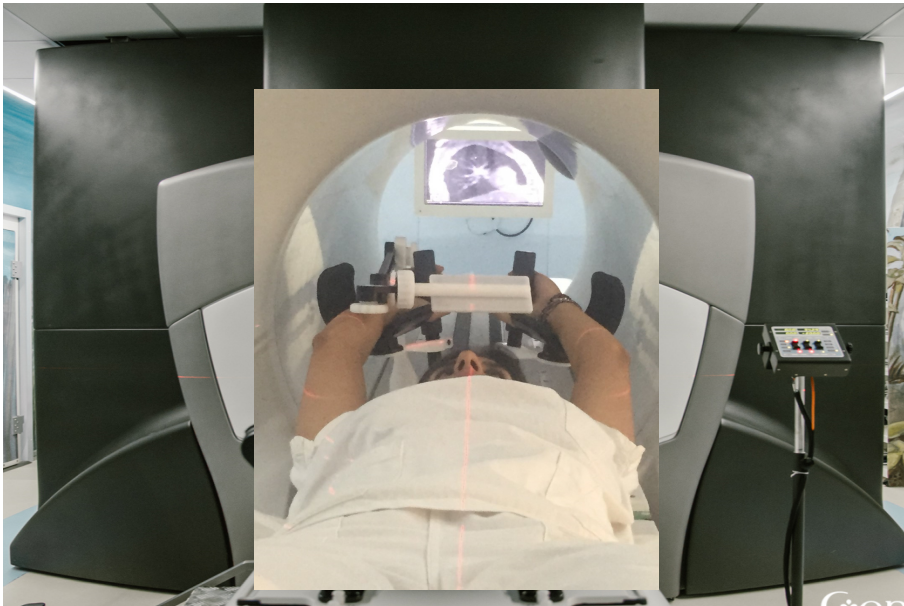


## TECHNIQUES

## IMAGING



# Target visualization: MRI-Guided RT

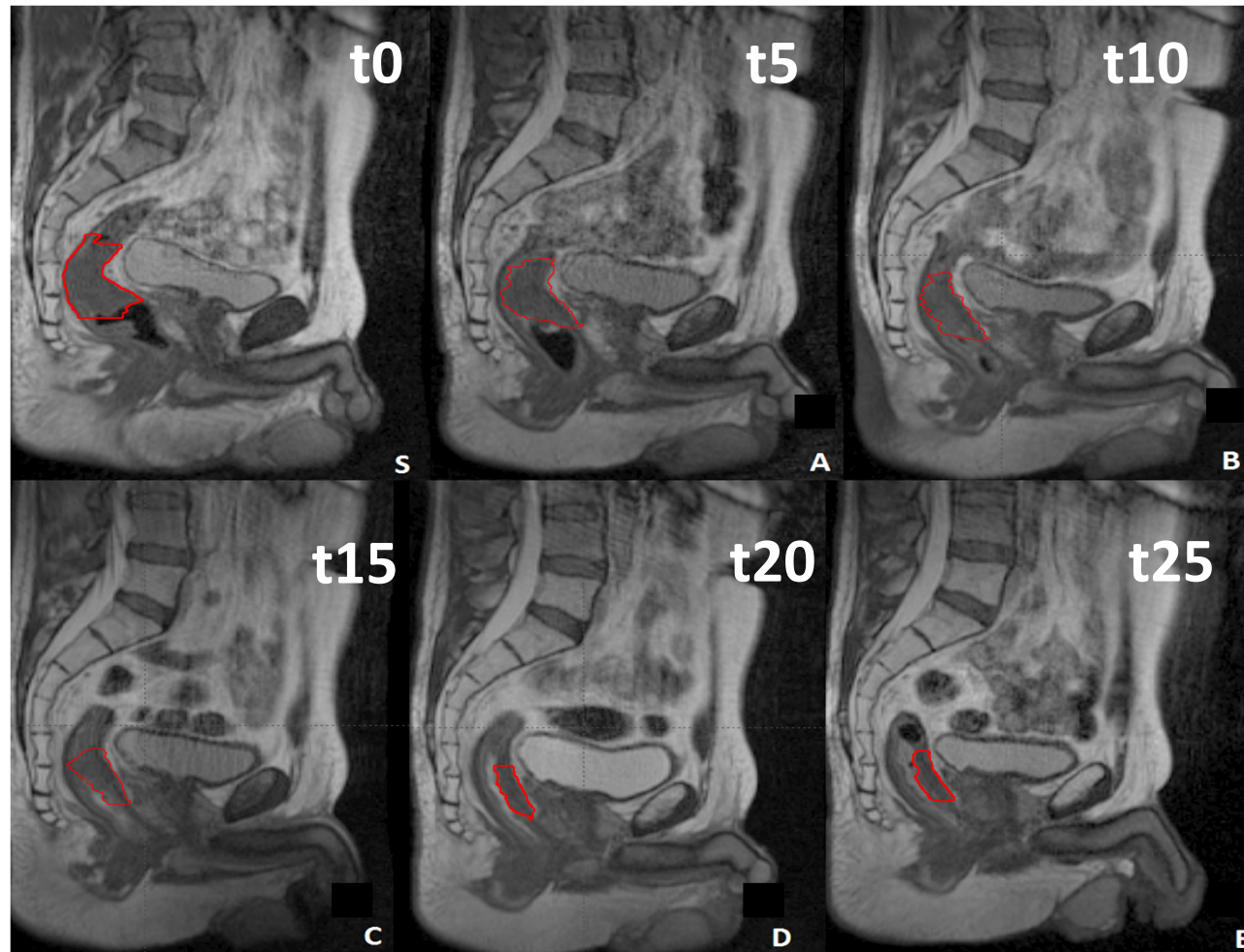


## **Direct TUMOR visualization:**

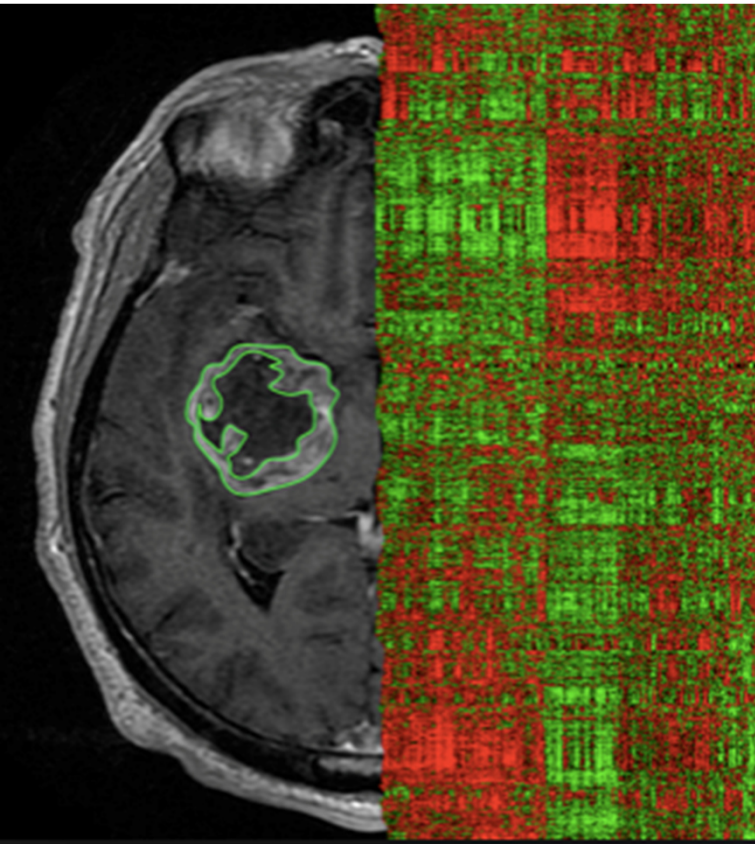
- During each fraction
- Throughout the treatment
- By doctor
- By patient
- Gated dose delivering



# Adaptive Radiation Therapy



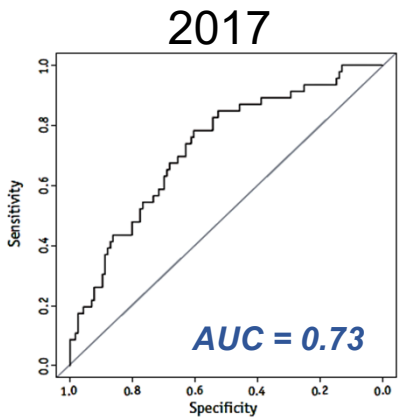
# Radiomics



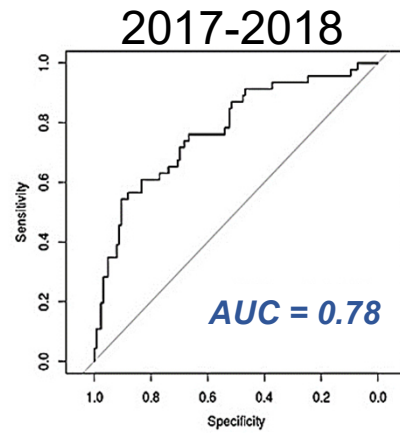
- Not invasive
- Repeatable
- Analyzes entire tumor volume
- Uses already available diagnostic and therapeutics images
- Cheap

# Delta volumes and radiomics for CR prediction

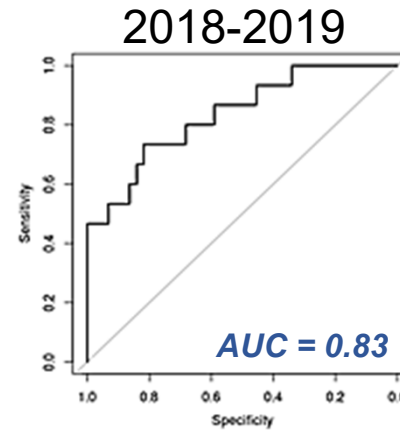
GEMELLI.ART published experiences



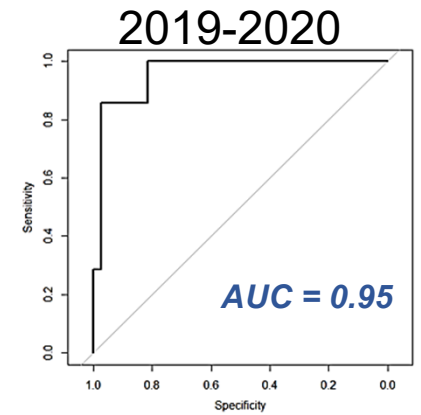
**1.5T MRI Radiomics**



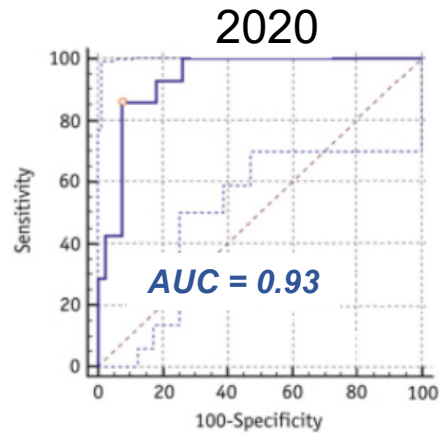
**Fractals Radiomics**



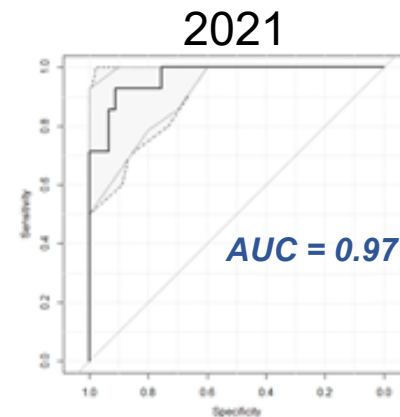
**1.5-3T MRI Radiomics**



**Delta Radiomics**



**Early regression index**



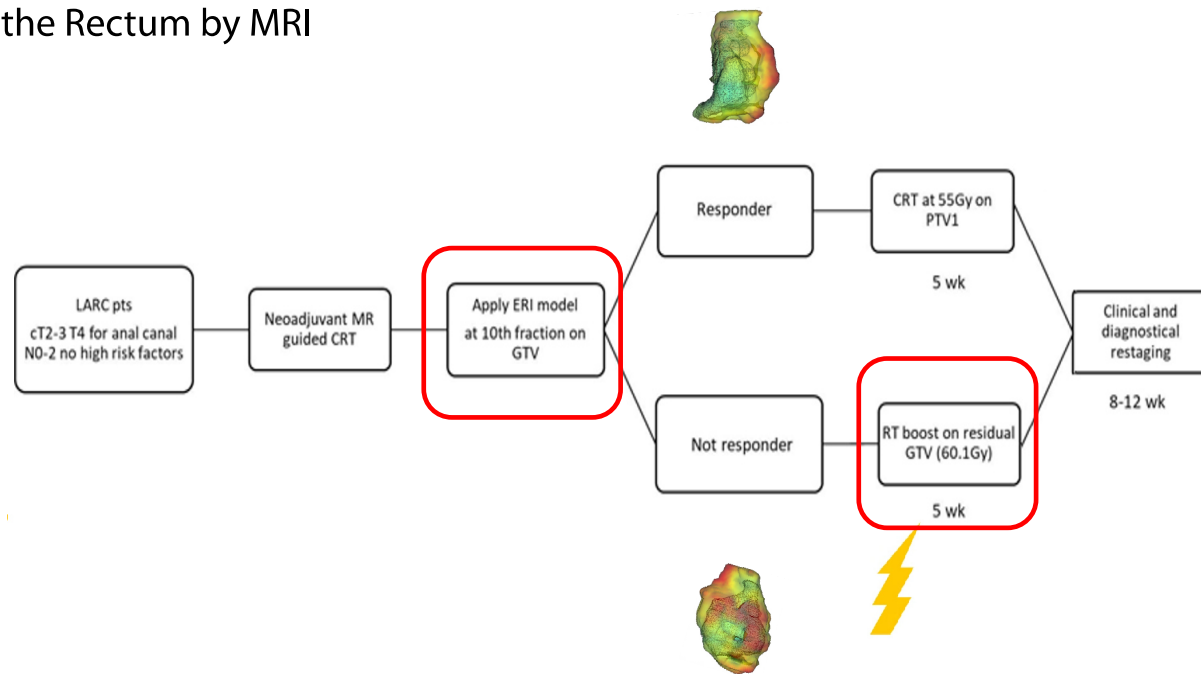
**Early regression index + Radiomics**

# Future: personalization

STUDY PROTOCOL

Open Access

THUNDER 2: Theragnostic Utilities  
for Neoplastic DisEases of the Rectum by MRI  
guided radiotherapy



# The rectal cancer journey: what have we not to forget?

## **RADIOTHERAPY**

- Alone → Local Control
- RT-CT → Tumor Response
- TNT → Distant Metastases

## **FUTURE**

- Treatment personalization
- Treatment modulation