

# Specialists make breakthrough for bowel cancer patients

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Specialists at The Christie and The University of Manchester have made a breakthrough which will spare patients with cancer of the lower bowel, rectal cancer, from major surgery.

A number of patients with rectal cancer will be able to avoid [surgery](#) without their treatment being undermined, according to a study from The Christie research team and published in the *Lancet Oncology*.

Until now, those patients diagnosed with rectal cancer would normally be given a combination of radiotherapy and chemotherapy for five weeks, after which they would undergo [major surgery](#).

Surgeons would normally operate on patients within 10 to 12 weeks of their completing a course of chemoradiotherapy.

But The Christie team, which joined forces with University of Manchester researchers for the study, has found a formula that can identify a number of patients who need not go under the knife.

Professor Andrew Renehan, who led the study at The Christie, said a series of tests would spare 15 per cent of patients with [rectal cancer](#) from having major surgery. After surgery, up to nearly half of these patients require a permanent colostomy, also known as a 'bag'. This can now be averted in many of these patients.

Professor Renehan said cancer specialists could identify patients by giving them a magnetic resonance scan and an endoscopy which allows clinicians to view the bowel.

The study was the largest of its type worldwide and involved participation from [patients](#) attending hospitals and cancer centres throughout the North West and North Wales.

Professor Renehan is Professor of Cancer Studies and Surgery at The University of Manchester and an honorary consultant at The Christie.

**More information:** Watch-and-wait approach versus surgical resection after chemoradiotherapy for patients with rectal cancer (the OnCoRe project): a propensity-score matched cohort analysis. DOI: [dx.doi.org/10.1016/S1470-2045\(15\)00467-2](https://doi.org/10.1016/S1470-2045(15)00467-2)

Provided by University of Manchester

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