A Comparison of Provincial Clinical Practice Guidelines for Rectal Cancer

Zuhaib M. Mir, David Yu, Shaila J. Merchant, Christopher M. Booth, Sunil V. Patel

Background

The understanding and management of Rectal Cancer has evolved dramatically over the last 30 years, requiring a multidisciplinary and multimodality approach. Within this quickly-changing landscape, clinical practice guidelines act as evidence-based and accessible resources for practitioners, based on systematic reviews of literature and consensus from experts.

Objectives

1. To compare the quality of provincial clinical practice guidelines for the management of Rectal Cancer.
2. To identify discordance and areas of controversy between provincial clinical practice guidelines.

Methods

- Provincial clinical practice guidelines were obtained from the various provincial cancer care organizations
- Recommendations for staging, treatment, and surveillance of stage I/II/III disease were extracted in duplicate
- The quality of each guideline was rated using the Appraisal of Guidelines for Research & Evaluation II (AGREE-II) instrument

Province	Guideline?	Year
British Columbia	Yes	2012
Alberta	Yes	2013/2014
Saskatchewan	Yes	2011
Manitoba	Yes	2015
Ontario	Yes	2014/2016
Quebec	Yes	2016
Nova Scotia	Yes	2016
Newfoundland & Labrador	No	–
New Brunswick	No	–
Prince Edward Island	No	–

Table 1. Guideline availability by province.

Results

- Clinical practice guidelines were obtained for 7 of the 10 provinces; the remainder either do not exist or are not readily available
- Key areas of discordance in recommendations include:
 - MRI vs. ERUS for staging
 - CXR vs. Chest CT for staging and surveillance
 - Neoadjuvant therapy for stage II/III disease
 - Adjuvant chemotherapy protocols (*data not shown*)

Province	Loco-regional Staging	Chest Staging
British Columbia	No preference	CXR preferred
Saskatchewan	No preference	CT preferred
Manitoba	MRI for stenotic tumours ERUS for small or Low tumors	CXR or CT
Ontario	MRI preferred ERUS for low tumours	CT preferred
Alberta	MRI preferred	CT Preferred
Quebec	MRI preferred	CT Preferred
Nova Scotia	MRI preferred	CT Preferred

Table 3. Imaging recommendations for staging.

Figure 1. Preliminary AGREE-II ratings of each guideline.

Province	Stage I	Stage II & III
British Columbia	–	SC for non-fixed, upper 2/3 location LC for fixed or predicted +CRM
Alberta	–	SC for “amenable to resection” LC for “not amenable to resection”
Saskatchewan	For select T ₂ N ₀ and low Tumors	LC standard
Manitoba	–	SC preferred LC for down-staging, sphincter preservation
Ontario	–	LC Preferred
Quebec	For sphincter preservation	No specific recommendations but states that majority use LC
Nova Scotia	–	LC preferred

Table 2: Neoadjuvant therapy recommendations by stage.

SC = Short Course Radiotherapy; LC = Long Course Chemo-radiotherapy;
CRM = Circumferential Radial Margin

Conclusions

- There are several discrepancies between the provincial clinical practice guidelines
- There is also variable quality of the available guidelines
- Provincial bodies should consider a common set of clinical practice guidelines for all Canadian rectal cancer patients