

Individual Research Project Presentations Day 9th June 2025, Kent and Medway Medical School.

Rectal Cancer Treatment and its Effect on Quality of Life - A Systematic Review.

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Abstract

Background: Colorectal cancers (CRC) are the 4th commonest cancer in the UK, with approximately a third affecting the rectum. The management of rectal cancer is dependent on the stage and grade of the disease and may involve a combination of medical and surgical interventions such as radiotherapy, chemotherapy and surgical excision. Immunotherapy in rectal cancer management is relatively novel and could play an important role in combination therapies. This systematic review evaluated the different rectal cancer treatments and their effects on quality of life (QOL).

Methods: For this systematic review, a mixed approach using both quantitative and qualitative research was adopted, and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were used. The databases used to search for the literature included Scopus AI, MEDLINE, EMBASE and PubMed. Eligibility criteria included articles published in the last 5 years, journals with an impact factor >3 that were peer-reviewed, available in the English language with study participants aged 18 years or older. The identified literature was then checked for duplicates using Zotero before being quality assessed, with risk of bias also quantified.

Results: Out of 657 articles identified using the defined search criteria, a total of 14 papers were included in this review. This consisted of 6 RCTs, 5 cohort studies, 1 questionnaire study, 1 phase II study and 1 cross-sectional study. The differences between the short and long-term consequences of treatment were modality dependent. For example, fatigue and nausea were more common in those who had chemotherapy, and the symptoms of radiation proctitis, such as bleeding, were more common in those who had neoadjuvant radiation therapy. The surgical preference for many patients was sphincter preservation surgery, which had benefits such as being able to return to normal bowel functioning without a stoma. However, some patients had better outcomes with a long-term stoma, including reduced rates of low anterior resection syndrome, such as faecal incontinence. The published literature had little information on the psychological impact of the physical symptoms and their effects on the well-being of patients.

Conclusions: This review highlighted the impact of rectal cancer treatments, demonstrating the breadth of information available on the physical consequences, with fatigue and bowel symptoms being prominent. There was, however, a lack of detail around the psychological impacts of rectal

cancer treatments, which needs to be addressed. The addition of real-life case scenarios may be useful for informed decision-making by giving patients a better idea of likely outcomes following treatment. The need for psychological support may be implicated in the future management of rectal cancers.

Keywords: Rectal cancer | Quality of Life | Total neoadjuvant treatment | Sphincter preservation |

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