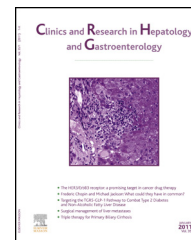




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ORIGINAL ARTICLE

Safety and efficacy of palliative systemic chemotherapy combined with colorectal self-expandable metallic stents in advanced colorectal cancer: A multicenter study



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KEYWORDS

Chemotherapy;
Colorectal cancer;

Summary

Purpose: Self-expandable metallic stent (SEMS) placement is an accepted palliative therapy for management of acute malignant bowel obstruction in advanced colorectal cancer. Nevertheless,

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Malignant large bowel obstruction;
Colonic stent

data are lacking on the effects of systemic chemotherapy combined with colorectal SEMs. The aim of this study was to investigate the safety and efficacy of palliative chemotherapy for advanced colorectal cancer combined with colorectal SEMs placement.

Patients and methods: This multicentre retrospective study included all consecutive advanced colorectal cancer patients who received first-line palliative chemotherapy combined with endoscopic stenting for colorectal cancer with obstruction. We analyzed the number of cycles and the type of combination used. The primary endpoint was overall survival. Secondary endpoints included progression-free survival, response rate, grade 3–4 toxicity and the outcomes of SEMs for malignant colorectal obstruction.

Results: A total of 38 patients were included. Among them, 25 patients received oxaliplatin and 5-fluorouracil combination chemotherapy. Objective response and stabilization occurred in 38 and 24% of patients, respectively. The median overall survival and progression-free survival from the start of chemotherapy were 18 and 5 months, respectively. The objective response rate and overall disease control rate were 38 and 62%, respectively. Toxicity was generally acceptable. Major complications related to stenting included perforation (8%), stent migration (5%), and reobstruction secondary to tumor ingrowths (13%).

Conclusions: Chemotherapy combined with colonic stenting as a first-line treatment seems to be a valid option in advanced colorectal cancer patients with malignant colorectal obstruction. © 2015 Elsevier Masson SAS. All rights reserved.

Introduction

Colorectal cancer is the third most common cancer worldwide and it remains a major public health problem [1]. In 8–29% of cases, colorectal cancer is revealed by colonic obstruction [2,3]. The optimal management of obstructive colorectal cancer remains controversial, especially for left-sided tumors [4–9]. Due to the high morbidity and mortality of emergency surgery in this situation, colonic stenting has been suggested as an alternative to surgery to treat the obstruction [10]. Self-expandable metallic stent (SEMS) placement avoids emergency surgery, reducing morbidity and mortality rates, and allows appropriate preoperative staging to evaluate whether patients are suitable for elective surgery or, conversely, for maintaining the stent as palliation therapy. In tertiary-care centers, SEMS placement achieves more than 90 to 95% technical and clinical success rates [11,12]. Approximately 35% of these obstructions occur in the context of advanced metastatic or unresectable disease [10]. In these patients, the colonic stent can serve as permanent palliation. The more rapid and less complicated recovery after SEMS implantation could benefit patients with advanced disease, as it allows chemotherapy to be administered earlier, thus improving patients' prognosis [13–20].

However, data are lacking on the use of chemotherapy following SEMS implantation for palliative relief of malignant obstruction in mCRC patients [21–27]. Chemotherapy may increase the risk of local complications such as stent migration resulting from tumor response, pericolic abscess secondary to neutropenia, or late perforation [27–29]. This multicenter study was therefore designed to investigate the safety and efficacy of palliative chemotherapy for advanced colorectal cancer combined with palliative colorectal SEMS placement.

Patients and methods

Patient selection

This multicentre retrospective study was conducted in six French hospitals. Each investigator enrolled all consecutive patients with advanced colorectal cancer who received systemic chemotherapy after SEMS placement for occlusive colorectal cancer between May 2001 and July 2007. Patient selection criteria were: histologically proven colorectal adenocarcinoma, first-line systemic palliative chemotherapy, SEMS placement for obstructing colorectal tumor prior to the start of systemic chemotherapy, no previous systemic palliative chemotherapy, and no history of malignancy other than colorectal cancer in the 5 years preceding the colorectal cancer diagnosis. Patients with resectable disease that required SEMS as a bridge to surgery were not included. After SEMS placement, palliative chemotherapy was administered to patients who exhibited relief of colorectal obstruction, agreed to palliative treatment, and had an acceptable performance status. The hospital records of each case were individually reviewed. The study was conducted using anonymized patient data, and therefore informed patient consent was not required for this cohort study. This study was accepted by our institutional review board and no Ethics Committee was needed for this work.

Stenting procedure

All included patients underwent colorectal SEMS placement under endoscopic guidance without any previous dilatation. Colorectal SEMS placement was performed by an experienced operator who has performed at least 20

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