



## Original article

# Treatment of Colorectal Cancer with Unresectable Metastasis with Chemotherapy Without Primary Tumour Resection: Analysis of Tumour-related Complications<sup>☆,☆☆</sup>

Marta Cáceres,<sup>a</sup> Marta Pascual,<sup>a,d</sup> Sandra Alonso,<sup>a,d</sup> Clara Montagut,<sup>b,d</sup> Manel Gallén,<sup>b,d</sup> Ricard Courtier,<sup>a</sup> M. José Gil,<sup>a</sup> Luis Grande,<sup>a,d</sup> Montserrat Andreu,<sup>c,d</sup> Miguel Pera<sup>a,d,\*</sup>

<sup>a</sup>Unidad de Cirugía Colorrectal, Unidad Funcional de Cáncer Colorrectal, Hospital del Mar, Barcelona, Spain

<sup>b</sup>Servicio de Oncología, Unidad Funcional de Cáncer Colorrectal, Hospital del Mar, Barcelona, Spain

<sup>c</sup>Servicio de Digestivo, Unidad Funcional de Cáncer Colorrectal, Hospital del Mar, Barcelona, Spain

<sup>d</sup>Institut Hospital del Mar d'Investigacions Mèdiques (IMIM), Barcelona, Spain

## ARTICLE INFO

## Article history:

Received 24 December 2012

Accepted 22 April 2013

Available online 20 February 2014

## Keywords:

Colorectal cancer

Unresectable metastases

Chemotherapy

Palliative surgery

## A B S T R A C T

**Introduction:** Although the conventional treatment of patients with stage IV colorectal cancer involves resection of the primary tumour followed by chemotherapy, several studies suggest that in patients with few symptoms the first and only treatment should be chemotherapy. The objective of this study is to analyse the complications related to the primary tumour in a series of patients with unresectable metastatic colorectal cancer treated with chemotherapy without surgery.

**Materials and methods:** Retrospective descriptive study. The study included all patients with unresectable metastatic colorectal cancer treated with chemotherapy without resection of the primary tumour (January 2007–February 2011).

**Results:** The mean age of the 61 patients analysed was 67±13 years and the performance status was 0–1 in 53 (87%). Twenty (33%) patients developed complications during follow-up. The most common complication was intestinal obstruction in 15 (25%) patients followed by perforation. Complications required surgery in 6 (10%) cases. We did not find differences in patient characteristics between those who had a complication and those without, although the complication rate in patients with a colonic stent (53%) was twice that of other patients (26%).

**Conclusions:** Chemotherapy without surgery is a good option in most patients with unresectable metastatic colorectal cancer. However, although the percentage of patients requiring surgery is low, the total number of complications related to the primary tumour is not negligible. Studies are needed to identify those patients in whom a prophylactic colectomy could be indicated.

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<sup>☆</sup> Please cite this article as: Cáceres M, Pascual M, Alonso S, Montagut C, Gallén M, Courtier R, et al. Tratamiento del cáncer colorrectal con metástasis irresecables con quimioterapia sin resección del primario: análisis de las complicaciones relacionadas con el tumor. Cir Esp. 2014;92:30–37.

<sup>☆☆</sup> Given as an oral presentation at the XV Meeting of the Spanish Coloproctology Association, 4–6 May, 2011, Zaragoza.

\* Corresponding author.

E-mail address: mpera@parcdesalutmar.cat (M. Pera).

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## Tratamiento del cáncer colorrectal con metástasis irresecables con quimioterapia sin resección del primario: análisis de las complicaciones relacionadas con el tumor

### R E S U M E N

#### Palabras clave:

Cáncer colorrectal  
Metástasis irresecables  
Quimioterapia  
Cirugía paliativa

**Introducción:** Aunque el tratamiento convencional de los pacientes con cáncer colorrectal en estadio IV ha consistido en la resección del tumor primario seguida de quimioterapia, varios estudios defienden que en pacientes poco sintomáticos el primer y único tratamiento debe ser quimioterapia. El objetivo es analizar las complicaciones relacionadas con el tumor primario en una serie consecutiva de pacientes con cáncer colorrectal y metástasis irresecables tratados con quimioterapia sin cirugía.

**Material y métodos:** Estudio descriptivo retrospectivo. Se ha incluido a todos los pacientes con cáncer colorrectal y metástasis irresecables en los que se decidió realizar quimioterapia sin resección del tumor primario durante el periodo enero 2007-febrero 2011.

**Resultados:** La edad media de los 61 pacientes analizados era de  $67 \pm 13$  años. Veinte (33%) pacientes presentaron alguna complicación durante el seguimiento. La complicación más frecuente fue la obstrucción intestinal en 15 (25%) seguida de la perforación. Las complicaciones precisaron cirugía en 6 (10%). No hemos encontrado diferencias estadísticamente significativas en las características de los pacientes entre aquellos que presentaron una complicación y los que no, aunque el porcentaje de complicaciones entre los portadores de prótesis colónica (53%) dobló el del resto de pacientes (26%).

**Conclusiones:** La quimioterapia sin cirugía es una buena opción en la mayoría de los pacientes con cáncer colorrectal y metástasis irresecables. Sin embargo, aunque el porcentaje de pacientes que precisan cirugía es bajo, el número de complicaciones relacionadas con el tumor primario no es despreciable. Se necesitan estudios que permitan identificar a aquellos pacientes en los que estaría indicada una colectomía profiláctica.

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## Introduction

Considering both sexes, cancer of the colon and rectum has the highest incidence of any malignant tumour, with more than 25 500 new cases annually in Spain, and the second highest mortality with some 14 000 persons dying each year as a result.<sup>1</sup> Approximately 20% are diagnosed at stage IV; hepatic metastases are the most frequent, followed by pulmonary metastases. The metastases are unresectable in over 80% of these patients, thus ruling out surgery with curative intent.<sup>2,3</sup> While some patients present symptoms related to the primary tumour (lower GI bleeding, anaemia, intestinal obstruction or abdominal pain), others barely have any symptoms or are completely asymptomatic.

The surgical treatment of patients with colorectal cancer (CRC) in stage IV is controversial. For many years, the treatment strategy consisted of resection of the primary tumour, independently of the presence or absence of symptoms, followed by chemotherapy.<sup>4,5</sup> The goal of the surgery was to avoid possible complications of the colonic neoplasm such as perforation, obstruction or haemorrhage and, according to some authors, increase survival.<sup>6,7</sup> However, it has been suggested that in patients with few symptoms or those who are asymptomatic, the first and only treatment ought to be systemic chemotherapy.<sup>8,9</sup> In patients with stenosing neoplasms, chemotherapy could be combined with placement of an endoscopic stent. This new treatment proposal is based on several motives: the impossibility of

offering surgery with curative intent, the need to offer early systemic treatment, the morbidity associated with resection of the colon, and the delay in initiating chemotherapy treatment, especially if complications appear.<sup>8-12</sup> In addition, the immunosuppressed state induced following any surgical intervention is said to activate growth factors that could stimulate neoplastic growth.<sup>9,13</sup>

In addition, the use in recent years of new chemotherapeutic drugs such as irinotecan and oxaliplatin in combination with monoclonal antibodies such as cetuximab or bevacizumab has made it possible to obtain response rates of 50% and increase mean survival in these patients up to 20 months in prospective clinical trials.<sup>14,15</sup> This increased survival could be associated with a higher number of complications related to the unresected primary tumour in patients who were initially asymptomatic; this heightens the controversy over which is the best treatment option in these cases.

The Functional CRC Unit of the Hospital del Mar decided in 2007 that stage IV patients with unresectable metastases who were asymptomatic or had few symptoms, would be treated with chemotherapy without resection of the primary tumour. The goal of this study is to analyse the complications related to the intact primary tumour in these patients.

## Materials and Methods

A descriptive, retrospective study on a prospectively maintained database that includes all patients diagnosed and treated

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