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Original Article

Neoadjuvant radiotherapy in stage I cancer of the lower rectum



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ABSTRACT

Introduction: The mortality rate in low rectal cancer is related to pelvic and distant recurrence. For stage I tumors, local excision has been used increasingly, but recent studies show the need for caution with the use of this technique, as they do not consider the possibility of a positive node in stage I rectal tumors. Therefore, preoperative radiotherapy should be considered for early tumors, as an attempt to prevent recurrence.

Objective: Show the effectiveness of neoadjuvant radiotherapy in stage I cancer of the lower rectum of a cohort population.

Material and method: A cohort study in a prospective database was made with a total of 538 patients, of which were considered 75 patients with stage I lower rectal cancer. Preoperative radiotherapy was performed and patients were followed up for a minimum period of five years.

Results: Stage I/TI group had 27 patients. All of them presented complete response to the treatment and did not need to be operated. During the follow up time of five years, this group showed no recurrence rate. The stage I/TII group had 48 patients. During the follow up, 8 patients had to be operated due to suspicious lesion or scar. They were submitted to full total local excision. After evaluating the pathological specimen, none of them proved to be adenocarcinoma.

Conclusion: Preoperative radiation, not only reduced the local recurrence and mortality rate in lower rectal cancer, but also reduced the need for surgery in patients with stage I cancer.

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Terapia neoadjuvante para tumores de reto baixo estadio I

R E S U M O

Palavras-chave:

Neoplasias retais
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Introdução: O percentual de mortalidade em pacientes com câncer de reto baixo está relacionado a recorrências pélvica e remota. No caso de tumores no estágio I, a excisão local vem sendo utilizada cada vez mais; contudo, estudos recentemente publicados demonstraram a necessidade de se ter cautela com o uso dessa técnica, por não se levar em consideração a possibilidade de um nodo positivo em tumores de reto no estágio I. Portanto, a radioterapia pré-operatória é uma opção viável para os tumores em fase inicial, como uma tentativa de evitar recorrência.

Objetivo: Demonstrar a eficácia da radioterapia neoadjuvante em casos de câncer de reto baixo no estágio I em uma coorte da população.

Materiais e métodos: Foi realizado um estudo de coorte em um banco de dados prospectivo, com envolvimento, no total, de 538 pacientes, dos quais 75 foram considerados como tendo câncer de reto baixo no estágio I. No pré-operatório, os pacientes foram tratados com radioterapia e seguidos durante um período mínimo de 5 anos.

Resultados: O Grupo no estágio I/TI consistia em 27 pacientes. Todos obtiveram resposta completa ao tratamento e não houve necessidade de reoperação. Durante o período de 5 anos de seguimento, não houve recorrências nesse grupo. O grupo no estágio I/TII consistia em 48 pacientes. Durante o seguimento, 8 pacientes tiveram que ser operados, devido à suspeita de lesão, ou cicatriz. Para esses casos, optou-se por excisão local total completa. Após a avaliação dos espécimes patológicos, nenhum deles teve diagnóstico de adenocarcinoma. **Conclusão:** O uso da radiação pré-operatória não só diminuiu a recorrência local e o percentual de mortalidade em casos de câncer de reto baixo, mas também diminuiu a necessidade de cirurgia em pacientes com câncer no estágio I.

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Introduction

Preoperative radiotherapy in cancer of the lower rectum has been used since 1975.¹ However, during the last decade substantial progress has been made in treatment modalities. The surgical management currently includes a broad spectrum of operative procedures ranging from radical operations to innovative sphincter-preserving techniques; new and improved radiation techniques emerged (conformal radiotherapy, intra-operative radiotherapy) with or without combinations of chemotherapies.²⁻⁵ The mortality rate is related to pelvic and distant recurrence.⁶ Therefore, adequate surgical technique is mandatory in the treatment of the rectal cancer.^{6,7} Also critical is the role of prognostic factors such as the pathologic T (tumor) and N (nodal) classification, circumferential resection margin, and response to preoperative therapy.³ Nodes can be positive even in early tumors.⁸

For stage I rectal cancer, local excision has been used increasingly, but recent studies show the need for caution with the use of this technique, as they do not consider the possibility of a positive node in stage I rectal tumors.^{3,7,8}

Nowadays, appropriate staging plays an increasingly important role, because many treatment decisions must be based on preoperative staging.^{2,3}

Current guidelines advocate for neoadjuvant treatment for stage II and III tumors, once it has been proved that preoperative radiation reduces local recurrence risk and improve long-term survival.⁹⁻¹²

However, knowing that pre-operative radiotherapy is able to decrease, significantly, the number of undifferentiated cells; diminish the grade of tumor invasion in the rectal wall; reduce, statistically, the incidence of local recurrence and alter long-term survival rate leads to believe that neoadjuvant therapy should be used in early tumors as well, preventing a recurrence rate many times reported in stage I patients.¹

Objectives

Show the effectiveness of neoadjuvant radiotherapy in stage I cancer of the lower rectum of a cohort population.

Methods

A cohort study in a prospective database was made from 1978 to 2012, with a total of 538 patients with lower rectum cancer, of which were considered 75 patients with stage I cancer. These individuals were submitted to preoperative radiotherapy. They were 27 patients stage I/TI and 48 patients stage I/T2. All of them had lower rectum adenocarcinoma and were followed by a 5-year minimum.

There was no gender, race and age distinction.

Preoperative dosage of CEA, gamma GT, colonoscopy and abdominal ultrasound were performed in all the patients to stage the tumor. When available endorectal ultrasound was

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