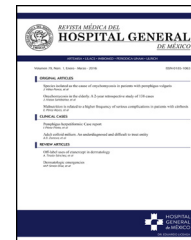




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ORIGINAL ARTICLE

Complete pathological response after neoadjuvant therapy in patients with rectal adenocarcinoma

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Received 1 May 2017; accepted 15 June 2017

KEYWORDS

Rectal cancer;
Neoadjuvant
chemotherapy;
Radiotherapy

Abstract

Background: Colorectal cancer is the fourth most common cancer and the second leading cause of death from cancer in the United States. Preoperative neoadjuvant therapy (chemotherapy and radiotherapy) is the gold standard in the management of rectal cancer before surgical resection. The literature includes reports of absence of neoplastic cells after neoadjuvant therapy. There are no reports on complete pathological response to this type of therapy in Mexico.

Objectives: Determine the percentage of patients with rectal adenocarcinoma with complete pathological response after neoadjuvant therapy. All patients were treated in a colorectal surgery department of a tertiary care hospital.

Materials and methods: A total of 64 patients with rectal adenocarcinoma diagnosed by biopsy were treated from January 2010 to December 2015. Demographic data, tumour localisation, pathological report, TNM stage, neoadjuvant therapy, surgical procedure and postoperative pathological report were collected from patient records.

Results: Mean patient age was 52.8 years (range of 26–73); 31 were women and 33 men. Twenty-seven patients (27) were stage II and 27 stage III. The preoperative biopsy results were classified as: well differentiated (10); moderately differentiated (48); and poorly differentiated/undifferentiated adenocarcinoma (6). Twenty patients received neoadjuvant therapy (31.2%). In these, 2 tumours were localised in the upper third of the rectum, 6 in the middle third, and 12 in the lower third. Six patients underwent abdominoperineal resection, 10 total mesorectal excision, and four posterior pelvic exenteration. Six patients undergoing neoadjuvant therapy had a complete pathological response.

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<http://dx.doi.org/10.1016/j.hgmx.2017.06.001>

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PALABRAS CLAVE

Cáncer rectal;
Quimioterapia
neoadyuvante;
Radioterapia

Conclusions: The percentage of patients with a complete pathological response is similar to that in other literature reports. More evidence is needed to define good prognosis factors in patients who might not require surgery after neoadjuvant therapy.

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Respuesta patológica completa posterior a neoadyuvancia en pacientes con adenocarcinoma de recto

Resumen Antecedentes El cáncer colorrectal es el cuarto tipo más frecuente de cáncer y la segunda causa de muerte por cáncer en Estados Unidos.

El tratamiento neoadyuvante preoperatorio (quimioterapia y radioterapia) es el estándar de oro en el manejo de cáncer de recto, previo a una cirugía resectiva. En la literatura se reporta ausencia de células neoplásicas posterior a neoadyuvancia. En México no se tienen reportes sobre la respuesta patológica completa posterior a neoadyuvancia en cáncer de recto.

Objetivo: Reportar el porcentaje de pacientes que presentó respuesta patológica completa posterior a neoadyuvancia por adenocarcinoma de recto, tratados en un servicio especializado de tercer nivel.

Materiales y Métodos: Se incluyeron 64 pacientes con biopsia de adenocarcinoma de recto atendidos de enero del 2010 a diciembre del 2015. Se obtuvieron de los expedientes los datos demográficos, localización del tumor, resultado histopatológico, estadio TNM, esquema de neoadyuvancia, cirugía realizada y diagnóstico histopatológico posquirúrgico.

Resultados: La edad media de los pacientes fue de 52.8 años (rango 26 a 73); 31 fueron mujeres, 33 hombres. 27 se encontraban en estadio II y 27 en estadio III. La biopsia preoperatoria se clasificó como adenocarcinoma bien diferenciado (10), moderadamente diferenciado (48) y mal diferenciado/indiferenciado (6). Veinte pacientes recibieron neoadyuvancia (31.2%). De los pacientes que recibieron neoadyuvancia dos tumores se encontraban en tercio superior, seis en tercio medio y 12 tercio inferior. En seis casos se realizó resección abdominoperineal, en 10 escisión total de mesorrecto (ETM) y cuatro exenteración pélvica posterior. De los pacientes con neoadyuvancia, en 6 (30%) no se encontró tumor en la pieza quirúrgica.

Conclusiones: El porcentaje de pacientes con respuesta patológica completa es similar al reportado en la literatura. Falta definir factores de buen pronóstico para conocer que pacientes se beneficiarían de una conducta de observación sin llegar a un tratamiento quirúrgico.

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Introduction

Colorectal cancer is the fourth most common cause of cancer and the second leading cause of death from cancer in the United States. It is estimated that 39,220 new cases occurred in 2016 (23,110 men and 16,110 women). In the same period, it is estimated that 49,190 people died from this disease. Despite these alarming figures, the incidence dropped from 60.5 per 100,000 people to 46.4 per 100,000 people between 1976 and 2005 (3% per year in 2003–2012).¹

Since the early 2000 studies by Ralf Sauer, adjuvant therapy has shown a lower recurrence after surgery, compared with surgery without the therapy.² Andrade et al. have also shown an increase in disease-free survival in patients treated with neoadjuvant therapy.³

Neoadjuvant therapy is indicated in stage II (T3–4, N0) or stage III (Nx) patients. Although patients with T3N0 and good prognostic factors can be operated on and subsequently

receive chemotherapy, it has been shown that up to 22% of these patients with T3N0, staged with endorectal ultrasound or magnetic resonance imaging (MRI), have metastatic lymph nodes in the surgical specimen. Therefore, it is recommended that these patients be treated with neoadjuvant therapy.¹ Total mesorectal excision (TME) still plays a fundamental role in patients who undergo surgery.^{4–6}

Dr Haber-Gama from Brazil initiated the “watch and wait” protocol, i.e., monitoring and holding off on surgery, and waiting for the natural progression of patients with rectal cancer who received neoadjuvant therapy. In the initial data reported by this group, 67 (39%) of the 173 patients treated with radiation doses of 50.4–54 Gy—with a concomitant 5-FU regimen—had a clinically evaluated complete pathological response. Of these patients, 9 (13%) underwent a surgical procedure, while 58 (87%) were closely monitored. Their mean follow-up was 65 months and the 5-year disease-free survival was 96%, compared with 72% of patients who

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