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Original article

Results of Short Term Radiotherapy Followed by Radical Surgery for Rectal Cancer: A Long-Term Unicenter Observational Study[☆]

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A B S T R A C T

Introduction: Short-term radiotherapy (STR) for rectal cancer (RC) has rarely been used in Spain. The aim of the present study is to describe oncological results after RTC and surgery for RC.

Methods: This is a retrospective analysis of a consecutive series of patients treated with STR and surgery for RC (1999–2012). Epidemiological data, staging, complications of STR, STR-surgery interval, surgical approach, rate of anastomotic/perineal wound dehiscence, and pathological data (regression degree and staging) were collected. Global survival, disease free survival, local recurrence rate and incidence of toxicity, response and complications of combined treatment are reported.

Results: Of 1229 patients treated, 209 patients received STR and surgery. The median follow-up was 6.2 years. Mean age was 68 years and 66% of the patients were men. A total of 88% were cT3-4 and 44% cN+17 (8.1%) patients had resectable synchronous metastases. Acute and chronic toxicity due to STR was <5%. In 75% of the cases the STR-surgery interval was <15 days, and in 9% >4 weeks. Seven patients (3.3%) presented complete response. Nine (4.3%) patients presented a local recurrence rate. Global survival at 5, 10 and 15 years was 67.8%, 49.2% and 37.5%, respectively. Disease free survival at 5, 10 and 15 years was 66.1%, 47.1% and 33%, respectively.

Conclusions: The results compare favorably with multicentric historical series. STR offers certain advantages that could be increased by increasing the STR-surgery interval and/or interspersed with sequential chemotherapy.

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Resultados de la radioterapia de ciclo corto seguida de cirugía radical en el cáncer de recto: estudio unicéntrico y observacional a largo plazo

RESUMEN

Palabras clave:

Cáncer de recto

Radioterapia corta

Resultados a largo plazo

Introducción: La radioterapia preoperatoria corta (RTC) para el tratamiento del cáncer de recto (CR) ha sido poco utilizada en España. El objetivo del presente trabajo es describir los resultados oncológicos tras tratamiento con RTC y cirugía por CR.

Métodos: Estudio retrospectivo que incluye una serie consecutiva de pacientes tratados por CR (1999-2012). Se recogieron datos epidemiológicos, estadificación, complicaciones de la RTC, intervalo RTC-cirugía, abordaje quirúrgico, tasa de dehiscencia de anastomosis o herida perineal e histológicos (grado de regresión y estadificación). Se analizan la supervivencia global, supervivencia libre de enfermedad, tasa de recurrencia local e incidencia de toxicidad, respuesta y complicaciones del tratamiento combinado con RTC y cirugía.

Resultados: De 1.229 pacientes tratados, 209 pacientes recibieron RTC y cirugía. La mediana de seguimiento fue de 6,2 años. La edad media fue de 68 años y el 66% fueron hombres. El 88% eran cT3-4 y el 44% cN+. Un total de 17 pacientes (8,1%) tenían metástasis síncronas resecables. La toxicidad aguda y crónica por RTC fue inferior al 5%. En el 75% de los pacientes el intervalo RTC-cirugía fue inferior a 15 días y en el 9%, superior a 4 semanas. Fueron 7 los pacientes (3,3%) que presentaron respuesta completa. La mediana de supervivencia fue de casi 10 años. Nueve (4,3%) pacientes presentaron una recurrencia local. La supervivencia global a 5, 10 y 15 años fue del 67,8, 49,2 y 37,5%, respectivamente. La supervivencia libre de enfermedad a 5, 10 y 15 años fue del 66,1; 47,1 y 33%, respectivamente.

Conclusiones: Los resultados se comparan favorablemente con las series históricas multicéntricas. La RTC ofrece ciertas ventajas que pueden ampliarse incrementando el intervalo RTC-cirugía o si se intercala con quimioterapia secuencial.

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Introduction

The preferred strategy for treating rectal cancer is currently a multidisciplinary approach that may include a combination of surgery, radiotherapy (RTx) and chemotherapy (CTx).¹ Variability in surgical technique, a well-documented phenomenon, significantly affects the outcome of rectal cancer, particularly local recurrence rates. The implementation of circumferential total mesorectal excision (TME) has reduced the rates of pelvic relapse; furthermore, several multicenter trials in the late 1990s and early 21st century have demonstrated that preoperative RTx further reduces local recurrence rates, even in patients with TME.^{2,3}

The biological effect of RTx, as well as the risk of acute or late-onset adverse effects, is related to dose, target volume, fractionation, beam energy or portal arrangements used for its administration. This means that RTx can be used for several purposes in the context of rectal cancer treatment.

There are 2 main ways of using RTx for resectable rectal cancer: short RTx (SRTx) and long-term chemoradiotherapy (CRTx). SRTx administers 25 Gy in an accelerated and hypofractionated manner of 5G in 5 days (following a linear quadratic formula, this regimen equals a dose of 42 Gy administered in 21 fractions of 2 Gy⁴). With CRTx, 50.4 Gy are administered, hyperfractionated into 1.8 Gy in 28 sessions, concurrently with radiosensitizing CTx.

Both approaches have evolved in parallel: SRTx was developed mainly in Scandinavia, the Netherlands and Great

Britain, while CRTx was implemented in the United States and in central and southern Europe, especially after the German study CAO/ARO/AIO-94.⁵ There are 2 randomized clinical trials comparing SRTx with CRTx^{6,7} and, although with certain nuances, none showed significant differences in terms of the frequency of local recurrence, metastasis or survival.

There is little information available about the use and results of SRTx in Spain, where CRTx is mostly used.

The main objective of the present study is to retrospectively analyze the overall survival (OS) and disease-free (DFS) survival as well as the gross and actuarial rates of locoregional recurrence and long-term metastasis in a single-center series of patients with rectal cancer treated with SRTx and radical surgery. The rate and type of acute and chronic complications of SRTx, degree of regression or tumor response to SRTx and rates of perineal wound or anastomotic dehiscence are the secondary objectives.

Methods

Ours is an observational study that follows the STROBE recommendations.

We retrospectively analyzed data entered prospectively into a SRTx-specific database designed and maintained by the hospital's Radiotherapy Department from the period between 1 January 1999 and 31 December 2012. These data were complemented with other data obtained retrospectively from the hospital tumor registry and from the registry of the

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