

Meeting abstract

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Preoperative radiotherapy "short course" in rectal cancer in elder patient: low impact on tumor regression

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from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A25 doi:10.1186/1471-2318-9-S1-A25

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A25>

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Background

The aim of the study was to evaluate the impact of preoperative radiotherapy on tumor regression by an assessment of Tumor Regression Grade (TRG) in patients with rectal cancer treated with preoperative short course radiotherapy and then operated on after a medium interval of 30 days.

Materials and methods

From July 2002 to September 2008 31 patients were enrolled: 16 women aged between 65 and 77 (average age 71 years) and 15 males aged between 69 and 85 (average age 77 years) with rectal cancer.

All patients underwent endorectal ultrasound and MRI pre-and post-radiotherapy treatment. Included patients had rectal cancer T2N0 within 5 cm from the anal margin or patients with cancer of the medium rectum T3 N0 or patients with cancer T3N1/T4 deserving preoperative treatment but not fit for a combined chemo-radiotherapy due to co-morbidities.

All patients underwent a short cycle of radiotherapy 5 × 5 Gy (25 fractions) and then were operated after restaging.

Results

Postradiotherapy complications occurred only in 6 patients (19%): local pain (1), tenesmus (1), erythema (2), actinic proctite (2). The medium time between radiotherapy and surgery was almost 30 days. The post-operative mortality was 6% (2 patients): in both cases the exitus was due to heart failure. Pathological examination showed: 1 T3N2G2; 2 T3N1G2; 4 T3N0G2; 3 T2N2G2; 6 T2N0G2; 1 T1N1G2; 10 T1N0G2; 2 T2N1G2; 1 T2N1G1; 1 T0N0G2. Downstaging of the primary tumor occurred in 79.3% of cases. Average examined lymph nodes number was 42 (range 18–66). TRG analysis showed: 1 TRG 5 (3%); 12 TRG 4 (39%); 9 TRG 3 29%; 8 TRG 2 (26%); 1 TRG 1 (3%).

The 10 N+ patients underwent adjuvant chemotherapy.

At a median follow-up of 38 months (range 2–74) there were: 2 local recurrences (1 treated with abdominal-perineal resection), 1 lung metastases, 1 liver metastases, 1 brain metastases. Three of them are undergoing second-line chemotherapy. Four patients have died so far (2 post-operatively, 2 spread disease).

Conclusion

Short radiotherapy followed by a long interval (30 days) and surgery produces a high rate of downstaging but has a low impact on tumor regression.

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