

LOCAL EXCISION AFTER RADIOCHEMOTHERAPY FOR RECTAL CANCER

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Background. It has been suggested that patients with a mid-low rectal cancer, treated with preoperative radiochemotherapy (pCRT) and with a major clinical response after the pCRT, may spare the conventional radical surgery and undergo a transanal local excision (LE).

Purpose. Principal aim of this study was to evaluate the local recurrence rate of rectal cancer patients who underwent LE after pCRT. Secondary end-points were the overall (OS) and disease-free survival (DFS). **Patients and methods.** Consecutive patients, who underwent EL after a pCRT from 1996 to 2012 at the 2nd Surgical Clinic (University of Padua), were considered. Demographic, clinical and outcome data were collected. Local excision was electively indicated in patients with negative node at imaging and a small ulcer/scar at proctoscopy 6 weeks after the completion of neoadjuvant therapy. After the LE, patients with ypT>1 and/or TRG>2 and/or margin involved and/or linfovacular invasion were suggested to undergo a subsequent radical surgery, otherwise patients were followed-up. Survival curves were obtained using the Kaplan-Meier method.

Results. Among 108 patients who underwent LE during the study period, 29 (median age 68 years, F/M:10/19) received neoadjuvant therapy. Indication for LE were: elective (n=23), palliation (n=3) and refusal to perform radical surgery (n=3). Based in histopathology 20 patients fulfilled the criteria for follow-up only, while 9 patients had characteristics that required a subsequent radical surgery (ypT>1, n = 6, TRG >2, n = 7, infiltrating margins, n=2). Only 4 of these patients agreed to undergo radical surgery. Recurrences were calculated on 28 patients R0. At a median follow-up of 34 months (range:1-82), 4 (14.2%) patients had recurrences: local only (n=1), local and distant(n=1), distant only (n=2). One patient died for disease progression, 2 for a second primary tumor, 1 is alive with disease and 25 are alive and disease-free. The estimated 5-yr OS and DFS was 85% and 86%, respectively. **Conclusions.** Local excision seems a good option in patients with a clinical major response after pCRT. However the concordance between clinical and pathological response after pCRT should be improved. In conclusion, the long-term outcomes after preoperative radiochemotherapy and local excision are encouraging and warrant a population based, multicentre controlled study with strictly defined entry criteria.

