

Clinical and Paraclinical Criteria of Patient Selection for the Non-operative Treatment in Completely Responsive Rectal Cancer (after Neoadjuvant Radiochemotherapy)

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Abstract

Introduction: Neoadjuvant radiotherapy is included in the treatment protocols for rectal tumors in stages $\frac{24}{12}$ T3. The use of neoadjuvant radiotherapy allowed the limit of surgical oncologic safety margin to decrease with 1-2 cm and the abdominoperineal resection to be able to be performed in tumors situated at 4 cm from the anal verge. This modification of the treatment strategy increased the use of low, ultra low and colo-anal anastomoses.

Goal: Through the analysis of these types of anastomoses and of the disadvantages of the abdominoperineal resection, we aimed at performing a study on the patients which responded completely to radiotherapy by taking into account the criteria of oncologic safety and the sparing of the patients from surgical complications.

Material and method: We performed a retrospective study on 171 patients with rectal cancer treated in the 1st Clinic of Surgery from the Bucharest Oncology Institute between October 2007 and December 2013.

Results: 141 patients received radiotherapy, out of which 9 responded completely. 5 of those 9 were not operated on and after variable clinical and paraclinical follow up (2-6 years), they did not present with local recurrence.

Conclusions: Not performing surgery in the patients with rectal cancer with a complete response to radiotherapy is a good solution and must be taken after a correct information of the patient about rectal surgery with the condition of strictly observing the selection criteria of the patients.

Key words: rectal cancer, neoadjuvant radiochemotherapy, post radiotherapy regression

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