LOCAL EXCISION IN THE TREATMENT OF T2-3 RECTAL CANCER AFTER NEOADJUVANT THERAPY

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Introduction

Local excision (LE) of advanced rectal cancers with curative intent remains a debatable issue. Several studies have described that LE is safe and effective for patients with low risk rectal carcinoma cT2N0 after chemoradiotherapy (CRT) with downstaging tumor and cT3N0 with complete clinical response (cCR) after CRT. The aim of this study is to assess the surgical and long-term oncological outcomes of LE for the treatment in T2-3 rectal cancer after CRT.

Methods and procedures

A retrospective review of a prospective database of patients with T2-3 rectal cancer that underwent LE after CRT from October 2010 to September 2020. This study was on 78 patients with mid and low rectal cancer, 21 patients with T2 downstaging and downsizing tumor and 57 patients with T2-3 cCR. in a tertiary referral university-affiliated center specializing in laparoscopic and endoscopic surgery. All resections were carried out by a team of dedicated colorectal surgery and standard protocol was used for all pre-and-post-operative care.

Results:

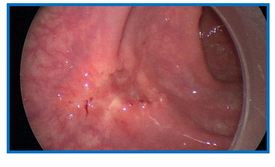






Table 1. Patient, tumor characteristics, stage and surgical outcomes

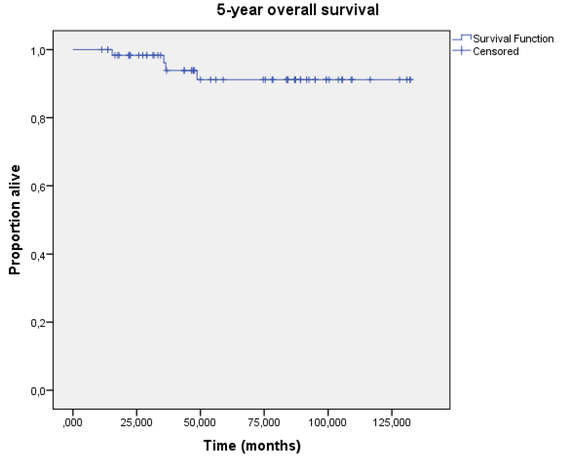
Women : Men	45: 33
Age (years) median (range)	62 (32–93)
Lesion size (cm) median (range)	2,6 (1-4)
Lesion distance from anal verge (cm) median (range)	7,3 (4-10)
Tumor stage cT2 cT3	 26 (33,3%) 52 (66,7%)
Total operative time (min) median (range)	176 (90–360)
Hospital stay (hours) median (range)	21 (18 h-4 days)

Table 2. Tumor localization and morbidity

Tumor Localization	N (%)
Posterior	30 (38,5%)
Anterior	13 (16,7%)
Left lateral	10 (12,8%)
Right lateral	8 (10,3%)
Two wall	11 (14,1%)
Three wall	5 (6,4%)
Circular	1 (1,3%)
Morbidity	**7 (9%)**
Clavien Dindo Grade I	3 (3,8%)
Clavien Dindo Grade II	1 (1,3%)
Clavien Dindo Grade IIIa	3 (3,8%)

Table 3. Oncological outcomes

Final histology findings (cCR group)	N (%)
ypT0 were followed up	32 (41%)
ypT1 were followed up	7 (9%)
ypT2 were performed radical salvage surgery	6 (7,7%)
ypT3 were performed radical salvage surgery	7 (9%)
Local recurrences	**N (%)**
T2 without cCR group	2/21 (9,5%)
T2-3 cCR group with ypT0 and ypT1	1/44 (2,3%)
5-year survival	**(%)**
5-year overall survival	**91,2%**
5-year disease-free survival	**92,3%**



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Conclusion: Our experience has shown that performing LE to treat T2-3N0 rectal cancer with cCR after CRT, appears to be an oncologically safe and effective procedure.