



Non-Operative Treatment after Neo-Adjuvant Short Course Radiotherapy (The Tlalpan Regime) in a combined modality for Locally Advanced Rectal Cancer with risk factors at the Instituto Nacional de Cancerología (México)

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Background:

We previously described (Barcelona 2014), the pathologic complete response (pCR), after neo-adjuvant chemoradiotherapy (nACRT) in locally advanced rectal carcinoma, T3 or node-positive disease (LARC) with risk factors (low rectum tumors, higher clinical stages and serum CEA elevated). Here we report long-term results of non-surgical treatment in patients who rejected surgery after nACRT

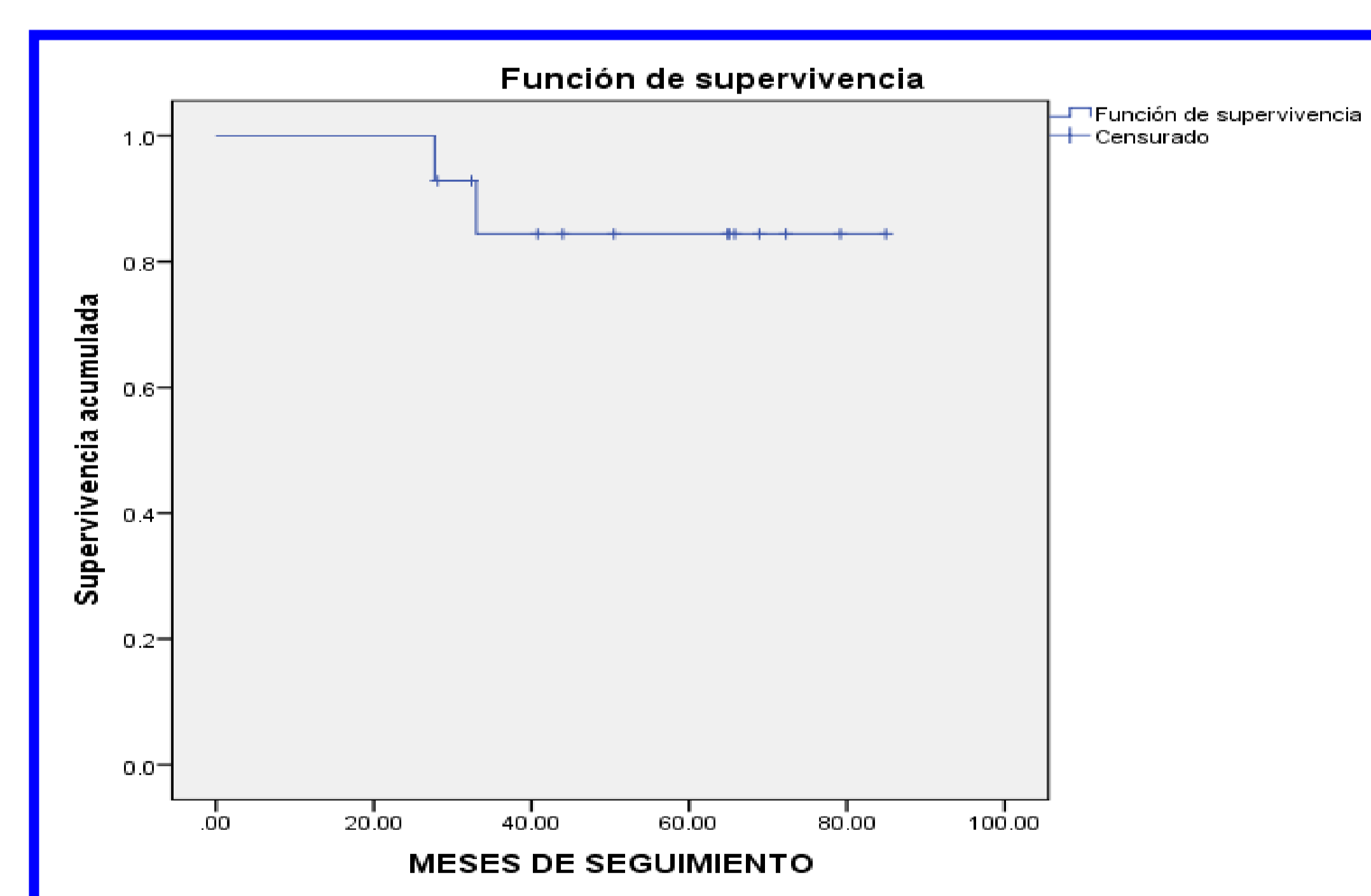
Methods:

From January 2005 to December 2009, patients with LARC were treated with preoperative concurrent chemoradiotherapy, consisting of 4500 cGy delivered in fractions of 300cGy per day, five days per week, in 3 weeks. The chemotherapy (CT) treatment was: fluorouracil in 29 patients (53.7%), capecitabine in 23 patients (42.6% , FOLFOX regimen in 1 patient (1.9%) and 1 patient (1.9%) without CT.

Results:

We identified 99 patients receiving the neo-adjuvant approach, after 8 weeks of rest and a control endoscopy, with negative biopsy, 54 patients (54.54%) accepted the surgery proposed with a final pCR in 18 patients (33.33%), and 45 patients in a well being status rejected the surgical treatment, we analyzed the patients who accepted the follow-up as proposed, with a total number of 14 patients (31.11%) the median age was 57.57 years (range 22-83), gender 6 female (42.9%) and 8 male (57.1%), tumor size 7.07 cm (range 4-14 cm), distance from anal verge 2.5 cm (range 0-5 cm), clinical stage according to AJCC 2002 were CS II, 4 patients (28.6%), CS III, 8 patients (57.1%), CS IV, 2 patients (14.3%). The median CEA for the patients was 38.84 ng/ML (1-334). The cCR (endoscopy + biopsy + computed tomography) was reached in 10 patients (71.42%), cPR in 3 patients (21.4%) and NS in 1 patient (7.1%). No toxicity grades III or IV was noted, with a median follow-up of 54.10 months (range 27.73-84.93), the median OS is not reached, and at 5 years, 85.7% of this patients are alive and colostomy free, with the first patient deceased at 27.7 months.

N=14	Percentage (%)
Median Age	57.57 years/old (range 22-83)
Gender	Male 57.1 (8/14) Female 42.9 (6/14)
Tumor size	7.07 cm (range 4-14 cm)
Distance from anal verge	2.05 cm (range 0-5 cm)
Clinical Stage	II 28.6 (n=4)
	III 57.1 (n=8)
	IV 14.3 (n=2)



Conclusions:

•As a retrospective study, it has several limitations. However, based in our clinical data, this non-conventional treatment using a short course of radiotherapy in a neo-adyvant approach for LARC, after obtaining some good responses, suggests a favorable outcome in some patients. Further studies are necessary to identify these patients who could benefit from this approach, avoiding a devastating surgery.

