



Intervallo ( $\leq 8$  settimane vs  $> 8$  settimane) fra Radio-Chemioterapia neoadiuvante e Chirurgia nel tumore del retto: due gruppi a confronto in una revisione monoistituzionale di 120 pazienti.

Belgioia L, Bacigalupo A, Chiola I, Scabini S, Romairone E, Murialdo R, Ballestrero A, Vagge S, Milanese L, Corvò R  
IRCCS AOU San Martino-IST, Genova

# Background:

## META-ANALYSIS

### Increasing the Interval Between Neoadjuvant Chemoradiotherapy and Surgery in Rectal Cancer *A Meta-Analysis of Published Studies*

*Fausto Petrelli, MD,\* Giovanni Sgroi, MD,† Enrico Sarti, MD,‡ and Sandro Barni, MD\**

**Conclusions:** A longer waiting interval (more than the classical 6–8 weeks) from the end of preoperative CRT increases the rate of pCR by 6% in rectal cancer, with similar outcomes and complication rates. These results should be validated prospectively in a randomized trial.

- Traditional tumor response to CT/RT -> predictor of improved survival
- pCR as surrogate of outcomes



Improved outcomes

# Timing of Surgery After Long-Course Neoadjuvant Chemoradiotherapy for Rectal Cancer: A Systematic Review of the Literature

Jake D. Foster, M.R.C.S.<sup>1</sup> • Emma L. Jones, M.Sc.<sup>1</sup> • Stephen Falk, M.D.(Res).<sup>2</sup>  
Edwin J. Cooper, F.R.C.Path.<sup>3</sup> • Nader K. Francis, Ph.D.<sup>4</sup>

This review demonstrates that there is insufficient quality evidence to support surgeons when considering the optimal time to perform resection following CRT for advanced rectal cancer. There may be benefits of extending this interval beyond 6 to 8 weeks, such as increased rates of tumor downstaging and complete pathological response. However, there are limited data showing that this leads to improvements in clinical outcomes or survival.

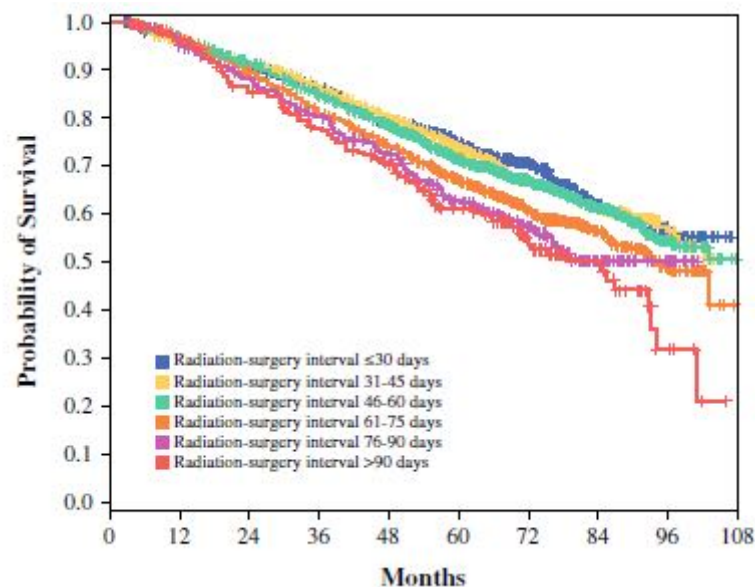
## Optimal Timing of Surgical Resection After Radiation in Locally Advanced Rectal Adenocarcinoma: An Analysis of the National Cancer Database

Ciara R. Huntington, MD<sup>1</sup>, Danielle Boselli, MS<sup>2</sup>, James Symanowski, PhD<sup>2</sup>, Joshua S. Hill, MD, MS<sup>3</sup>, Anthony Crimaldi, MD<sup>4</sup>, and Jonathan C. Salo, MD<sup>3</sup>

6397 pts

RT– surgery interval > 60days:

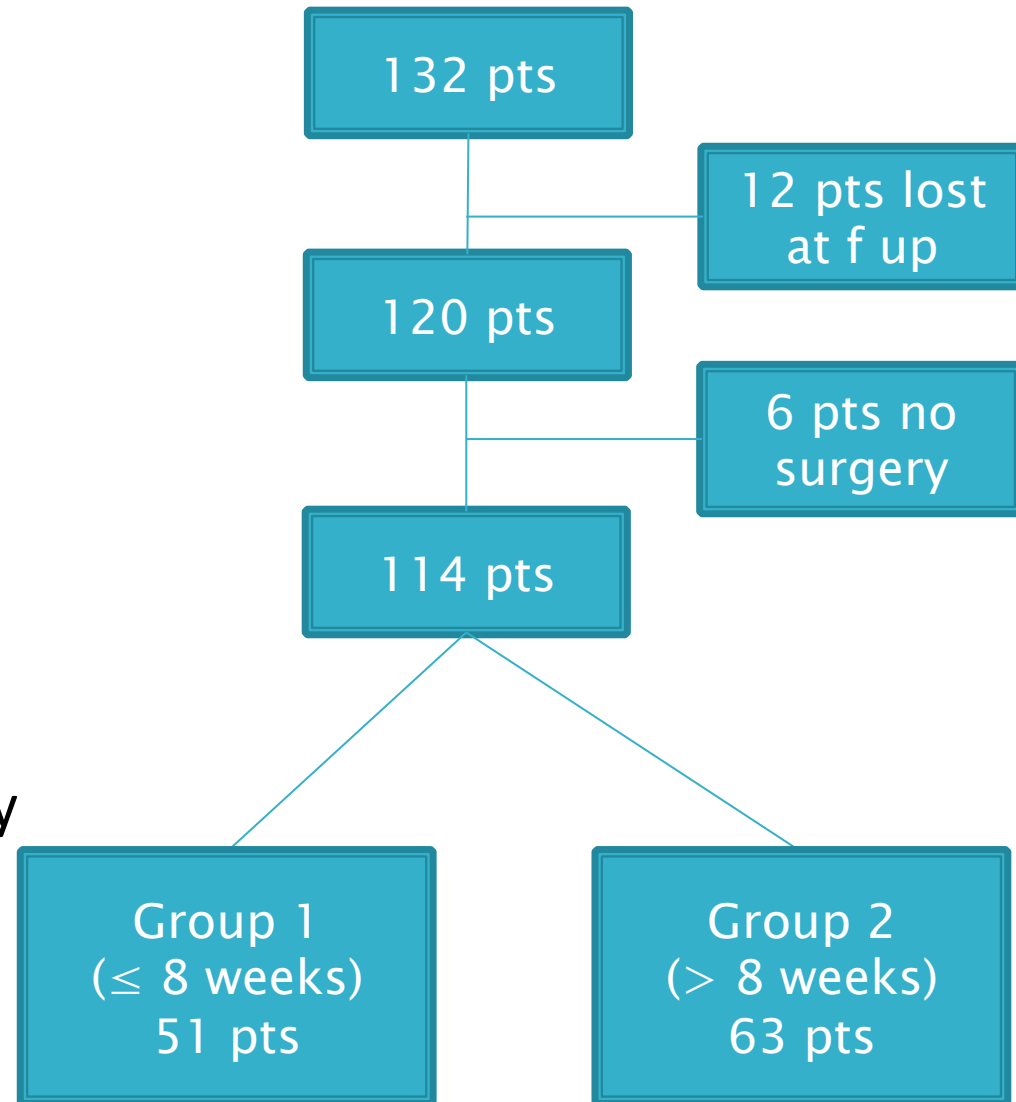
- ↑ pCR
- ↓ OS



**CONCLUSIONS:** Delay of surgery for rectal cancer beyond 60 days after the completion of neoadjuvant therapy should be done with caution

# Material and methods:

- ▶ Retrospective analysis
- ▶ March 2006- March 2013
- ▶ Locally advanced rectal cancer -> neoadjuvant CT/RT
- ▶ 2 groups -> time to surgery



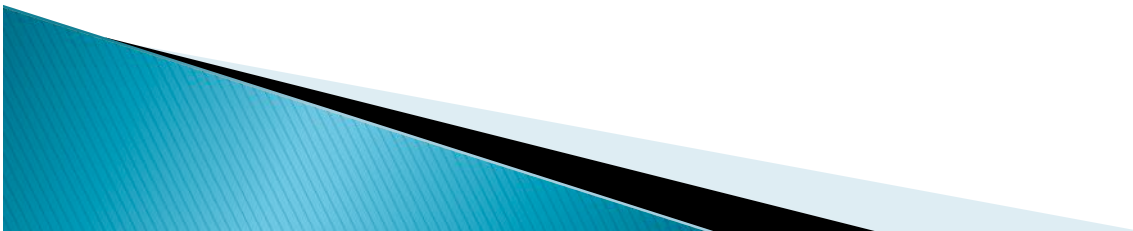
# Endpoints:

## Primary:

- Pathological complete response

## Secondary:

- Disease free survival (DFS)
- Overall survival (OS)



# Patients characteristics:

	Group 1	Group 2
<b><u>Gender</u></b>		
M:F	30:21	44:19
<b>Median Age (range)</b>	73 (40-92)	70 (43-87)
<b>Pre treatment T</b>		
2	4	6
3	43	56
4	4	1
<b>Pre treatment N</b>		
0	13	15
1	35	47
2	3	1
<b>Pre treatment stage</b>		
II	13	14
III	37	48
IV	1	1

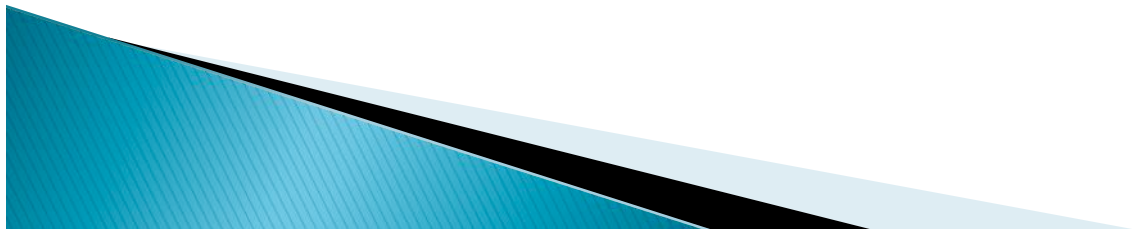
# Patients characteristics:

	Group 1	Group 2
Radiotherapy		
50,4 Gy/28 fx	45	62
25 Gy/5 fx	6	1
Chemotherapy		
Yes	42	59
<u>Surgical procedure</u>		
-Anterior resection	39	51
-Miles	9	3
-Video Laparoscopic resection	3	6
N° examined lymph nodes	12	11



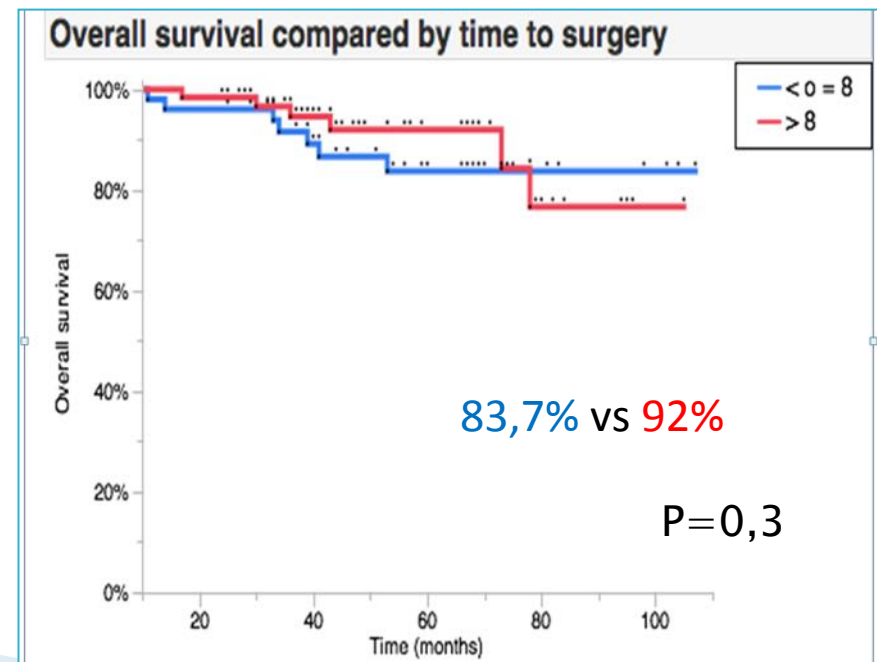
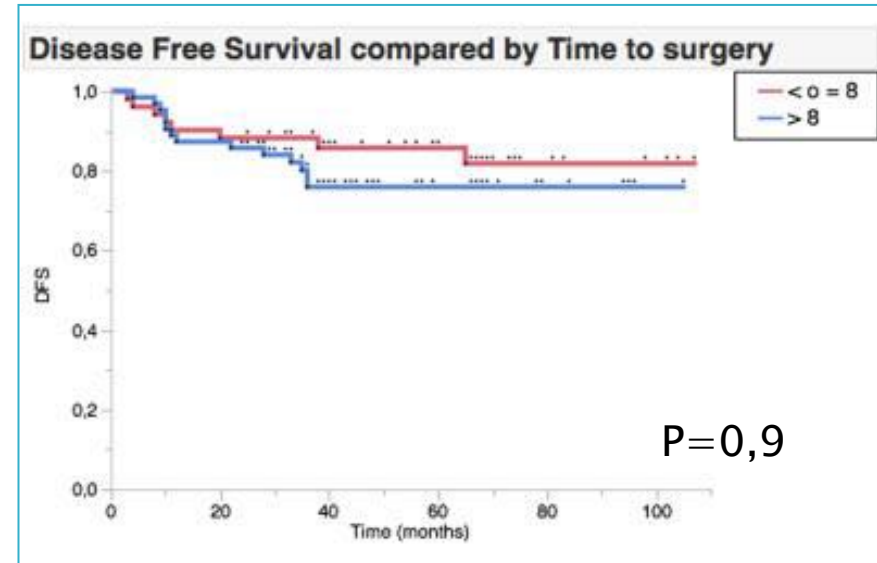
# Results:

	<b>Group 1 (51 pts)</b>	<b>Group 2 (63 pts)</b>
Follow up, months (range)	56 (11-107)	43 (17-105)
Interval RT-surgery median weeks	7 (1-8)	12 (9-17)
<b>R0 resection status</b>	48 (94%)	60 (95%)
<b>pCR</b>	7 (13,7%)	14 (22.2%)
<b>Major pathological response</b>	9 (17.6%)	19 (30.1%)
<b>CRM neg</b>	48 (94%)	60 (95%)



# Disease free survival:

	Group 1	Group 2
Local recurrence	3	4
Local and distant recurrence	1	1
Distant recurrence	4	9
DFS 5 yy	85,7%	75,9%



# Conclusions:

- ▶ No significant differences in terms of DFS and OS between the 2 groups
- ▶ Favour trend but not significant of pCR
- ▶ Necessary prospective trials



Thank you

