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Gastroenterology 2020 - Non-metastatic rectal cancer: therapeutic and evolutionary aspects- Hanene Ben Salah- Professor at Sfax University School of Medicine, Tunisia

Trigui Rim, Manel Bahri, Hazem Ben Ameur, Rafik Mzali, Afef Khanfir, Jamel Daoud.

Sfax University School of Medicine, Tunisia

Abstract:

Aim of the study: To evaluate the therapeutic and evolutionary aspects of non-metastatic rectal cancer.

Methodology: Retrospective study including 45 patients treated for non-metastatic rectal cancer between 2010 and 2017. The median age was 59 years. The sex ratio was 1.36. The histological type was a Liberkhunian adenocarcinoma in 97.8% of cases. All the patients had an assessment of extension. The tumors were classified T3 in 84.4% of patients and T4 in 13.3% of patients. Lymph node status was N1, N2 or N3 in 82.2% of cases.

Results: Forty-two patients were treated by preoperative radio chemotherapy at a dose of 45 Gy in 25 fractions. Three patients had preoperative radiotherapy at a dose of 25 Gy in 5 fractions. The chemotherapy used was fufol, in 88.1% of cases. Sixteen (35.6%) patients had radical surgery and 53.3% had anterior resection.

Histopathological examination showed a complete response in 13.6% of cases. Lymph node involvement was noted in 32.6% of cases. The surgery was R0 in 84.8% of cases. Adjuvant chemotherapy was given in 46.7% of cases.

After an average follow-up of 36 months, 11.1% of patients had locoregional recurrence and 15.6% had metastatic progression. Overall survival was 80% at 3 years and 60% at 5 years.

Conclusion : Preoperative radiotherapy with or without chemotherapy provides for our patients with non metastatic rectal cancer survival rates close to those of the literature.

Biography : Hanene Ben Salah a professor of medicine, a specialist in radiotherapy in Habib Bourguiba Hospital in Sfax, Tunisia. She has published more than 20 papers.

Presenting author details
Full name: Hanene Ben Salah
Contact number: +201699608777
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Materials and methods: The MEDLINE, EMBASE and Cochrane Library databases, as well as meeting proceedings from the American Society of Clinical Oncology, were searched for reports of randomised controlled trials and meta-analyses comparing preoperative or postoperative therapy with surgery alone or other preoperative or postoperative therapy for stage II or III rectal cancer. The draft practice guideline and systematic reviews were distributed through a mailed survey to 129 health care providers in Ontario for review.

Results: Systematic reviews on preoperative and postoperative therapy for rectal cancer were developed. On the basis of the evidence contained in these reviews, the Gastrointestinal Cancer Disease Site Group drafted recommendations. Of the 33 practitioners who responded to the mailed survey, 97% agreed with the draft recommendations as stated, 88% agreed that the report should be approved as a practice guideline and 94% indicated that they were likely to use the guideline in their own practice.

Conclusions: Preoperative chemoradiotherapy is preferred, compared with standard fractionation preoperative radiotherapy alone, to decrease local recurrence. Preoperative chemoradiotherapy is also preferred, compared with a postoperative approach, to decrease local recurrence and adverse effects. For patients with relative contraindications to chemotherapy in the preoperative period, an acceptable alternative is preoperative radiotherapy alone followed by surgery. Patients with resected stage II or III rectal cancer who have not received preoperative radiotherapy should be offered postoperative therapy with concurrent chemoradiotherapy plus fluoropyrimidine-based chemotherapy.

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