

Intensified Loco-regional treatment of rectal cancer

Pursuing R-0 in difficult cases

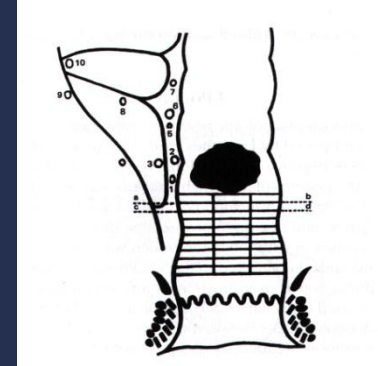
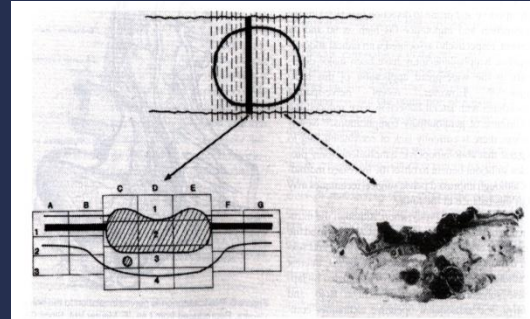
**Philippe Rouanet
Montpellier Cancer Institute
FRANCE**

Disclosure

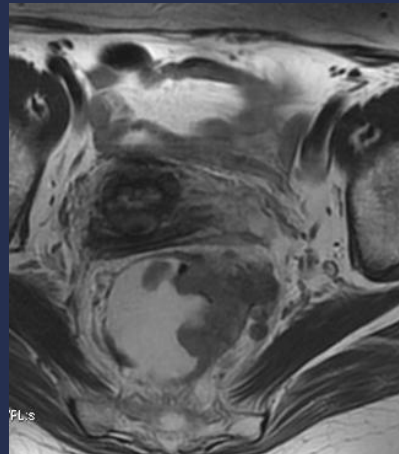
No conflict of interests

Definition

- R0



- Difficult cases



Case 1

70 y-o W / ASA 2 / BMI 26

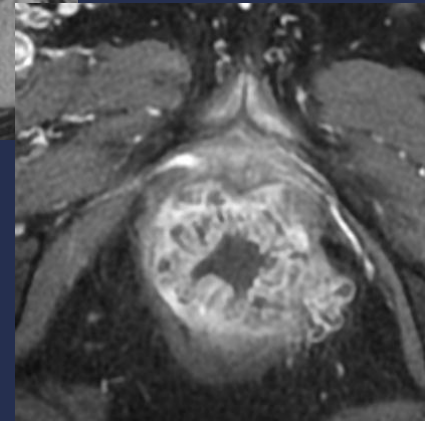
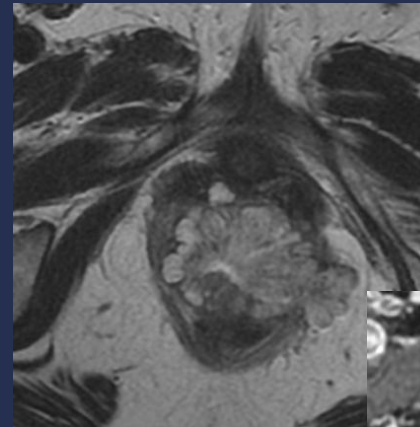
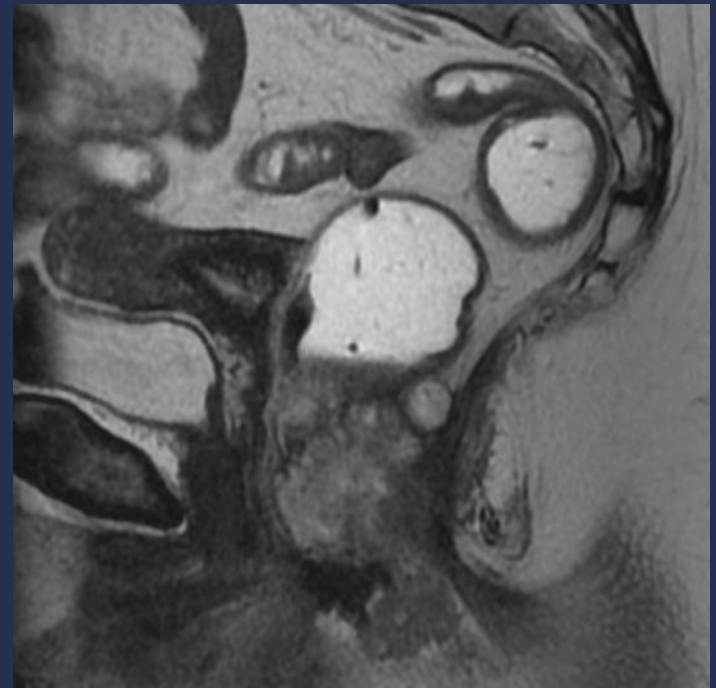
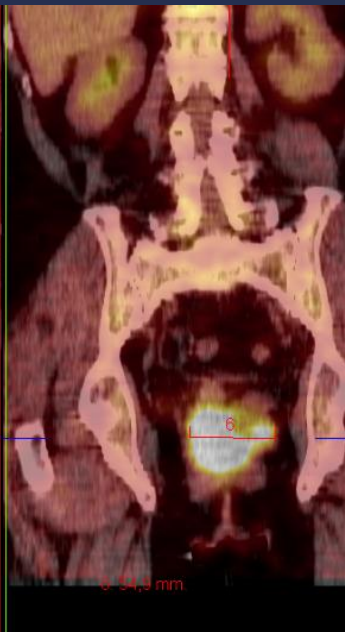
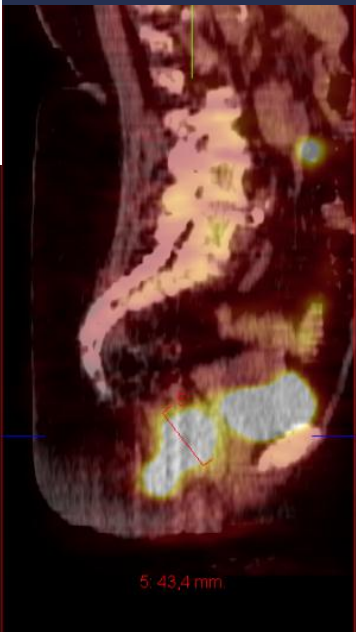
Low rectal carcinoma

WD mucinous carcinoma

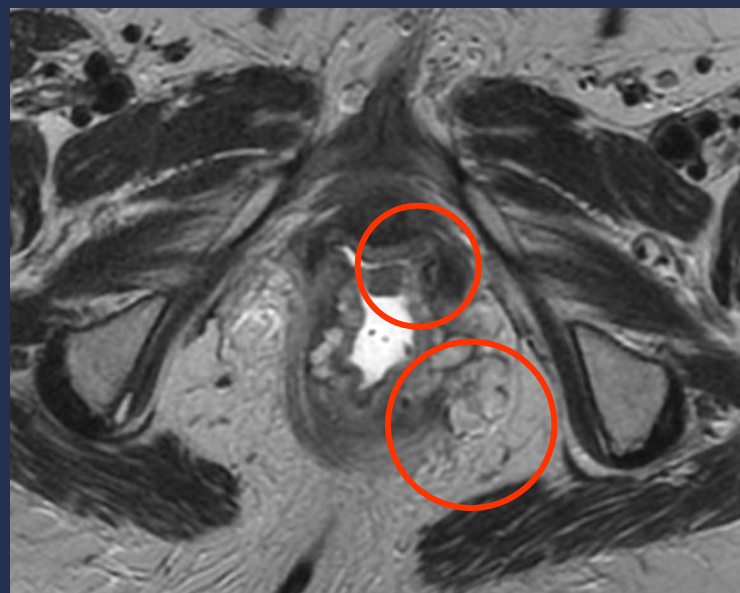
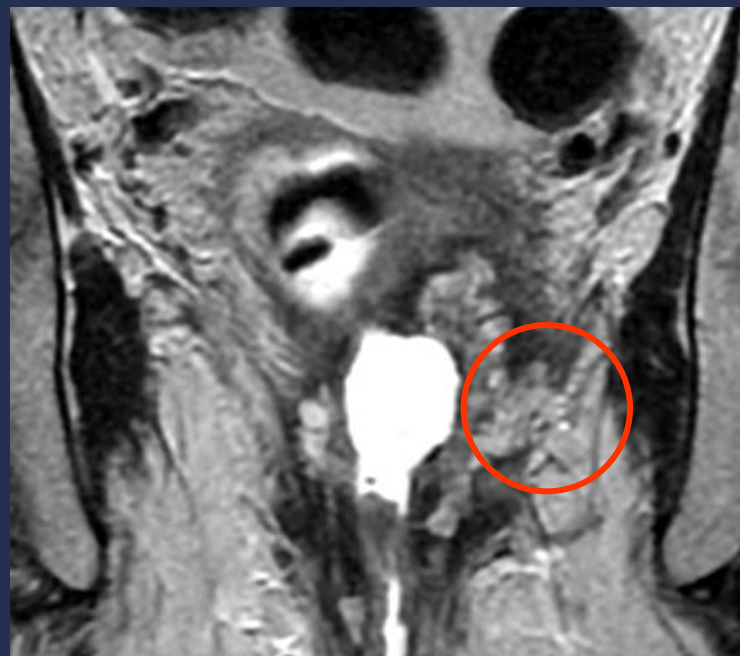
T4b vagina N1 M0

CEA: 3

RCT Cap50



Pre operative MRI
2 months later
Weak tumoral response



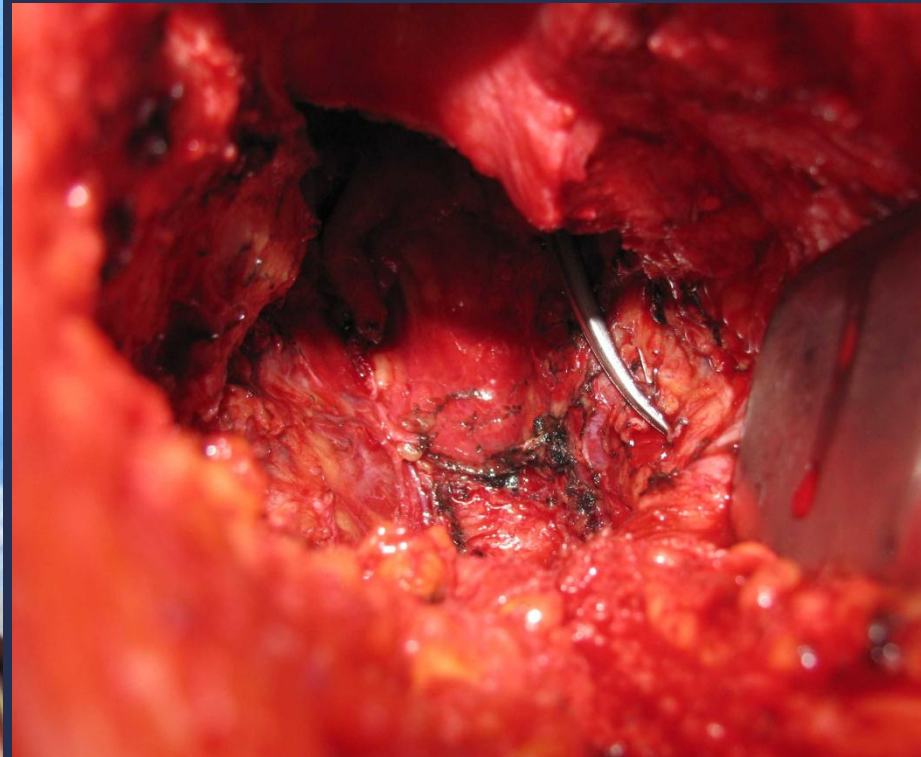
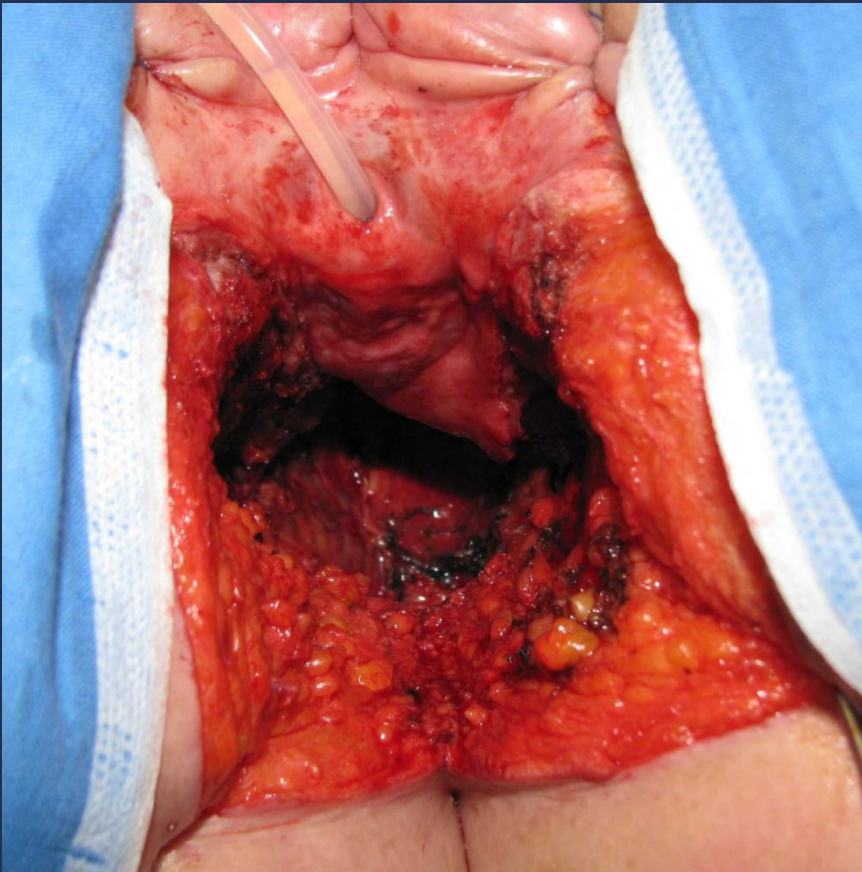
Operative strategy : APR

Which resection ?

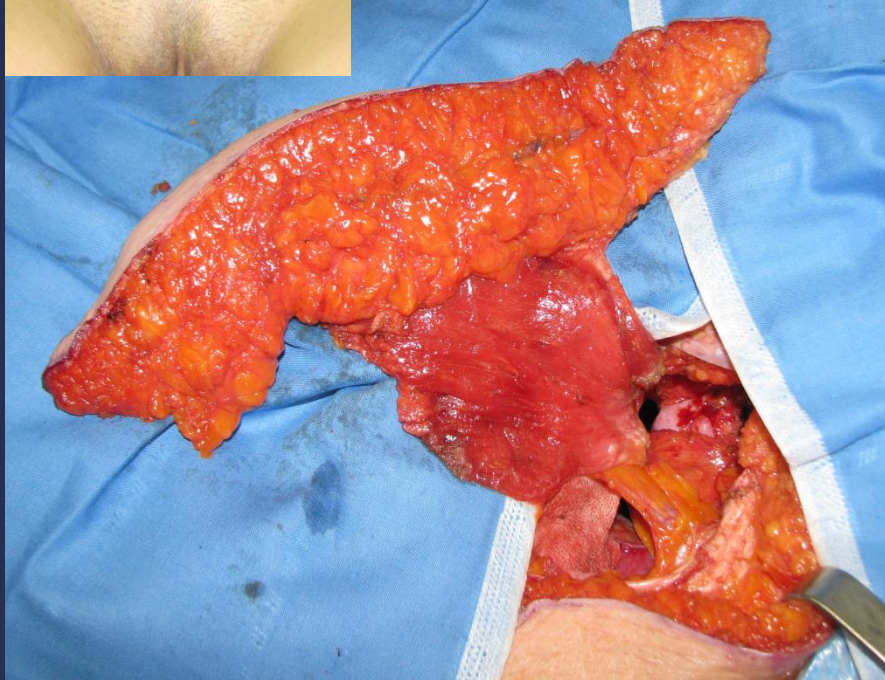
Which coverage ?

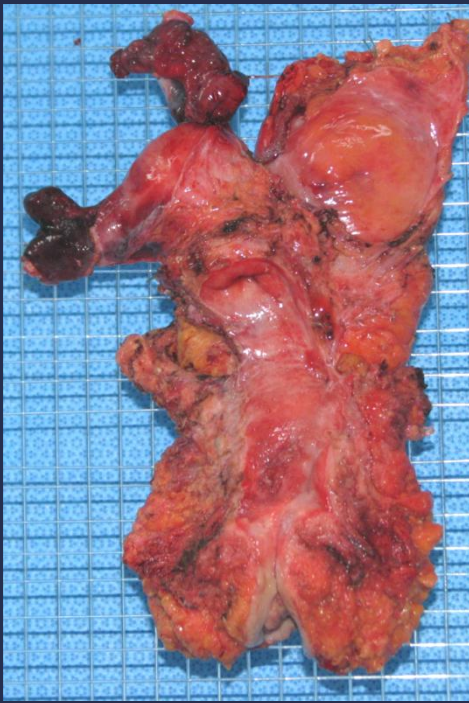


Posterior pelvectomy Extra Levator APR



VRAM coverage



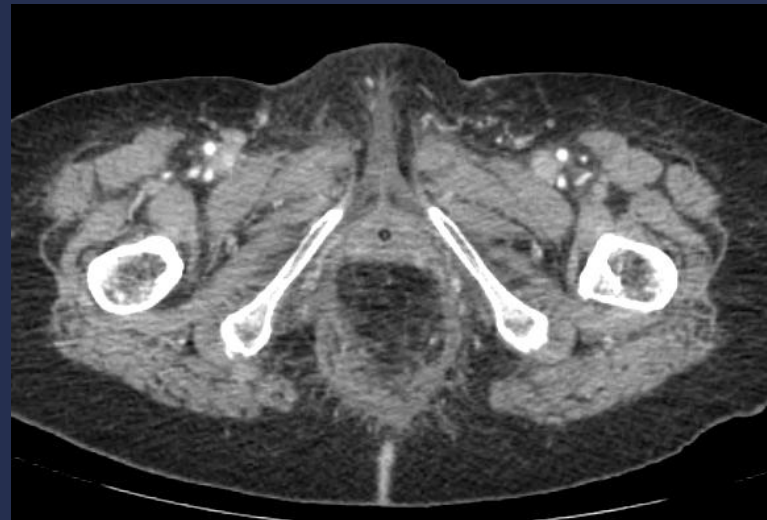
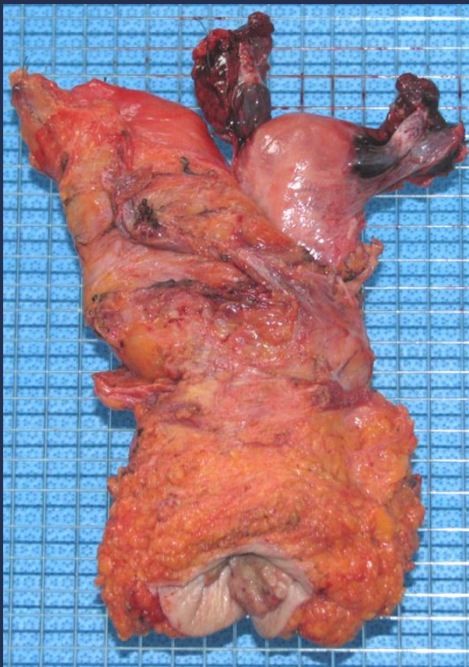


Pathology

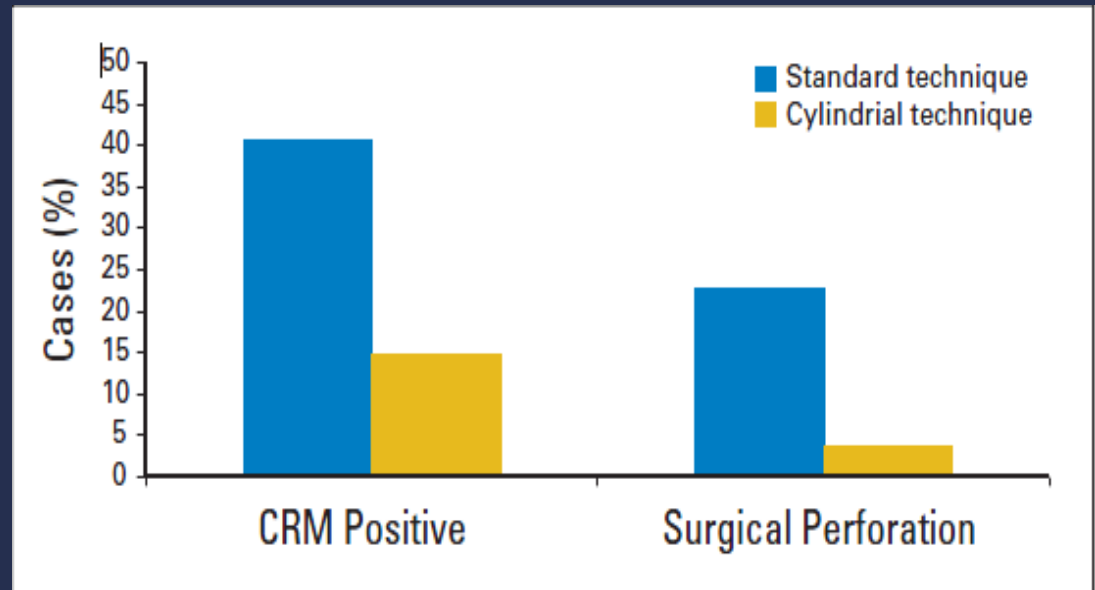
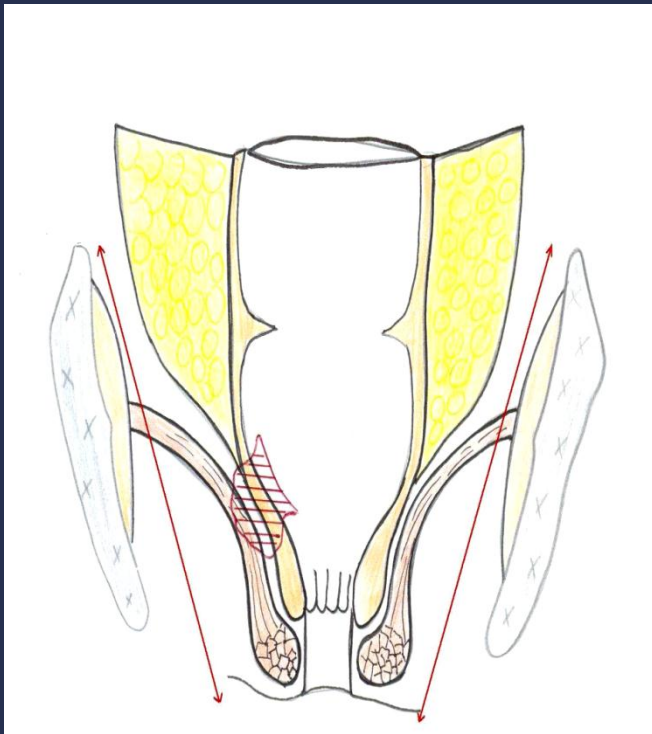
- . Moderately differentiated adenocarcinoma
- . ypT4
- . 20 N-
- . R0
- DM : 10 mm
- CRM: 4 mm

Follow-up

- . Simple post operative period
- . Hospital stay: 12 d



New APR is (Cylindrical) Extralevator

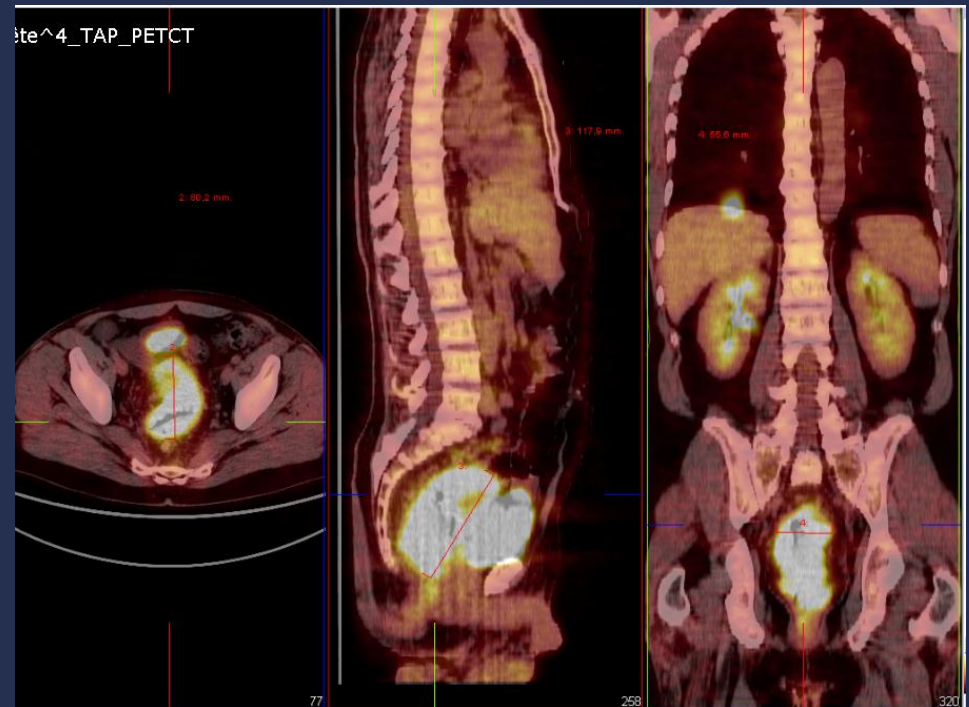
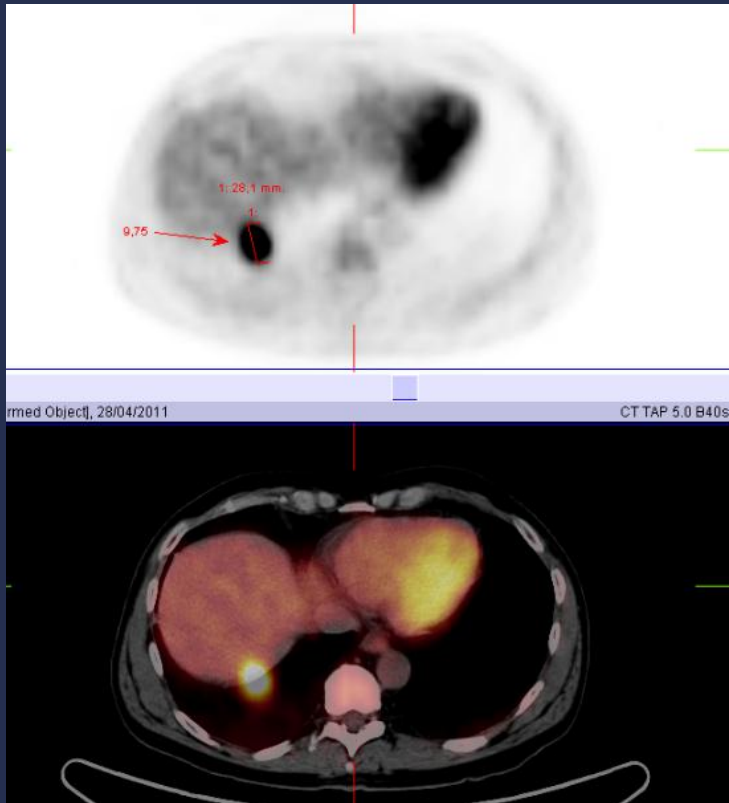


CRM+	36 to 12%
Intra operative perforation	13 to 0%

Torbjorn H a al. J Clin Oncol 2008

Case 2

51 y-o
T4 Prostate N1 M1



OMS:0 - BMI: 26 - CEA: 1.1

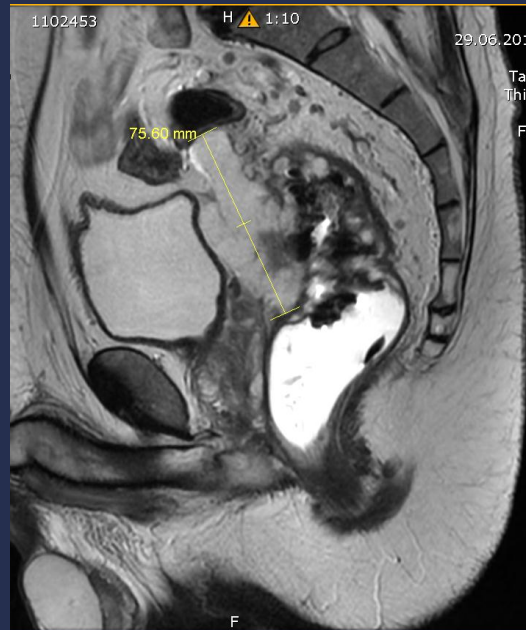
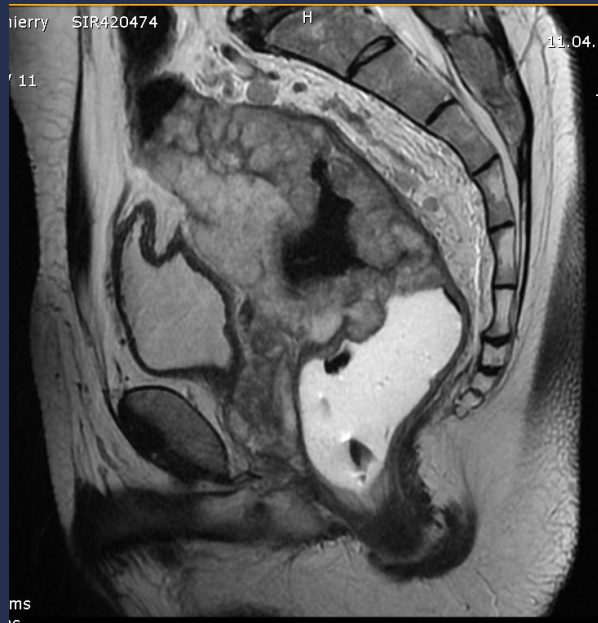
T4 Prostate M1



> 4 Folfirinox

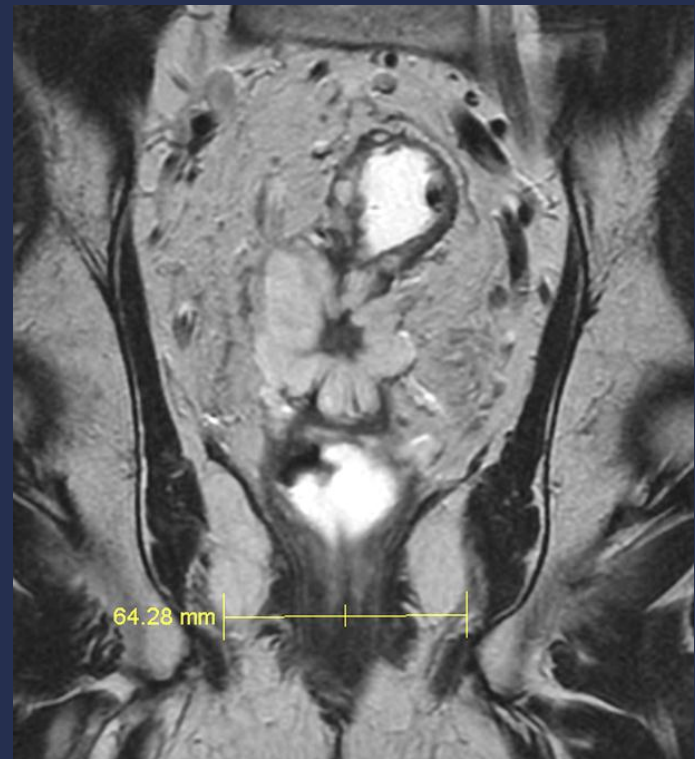
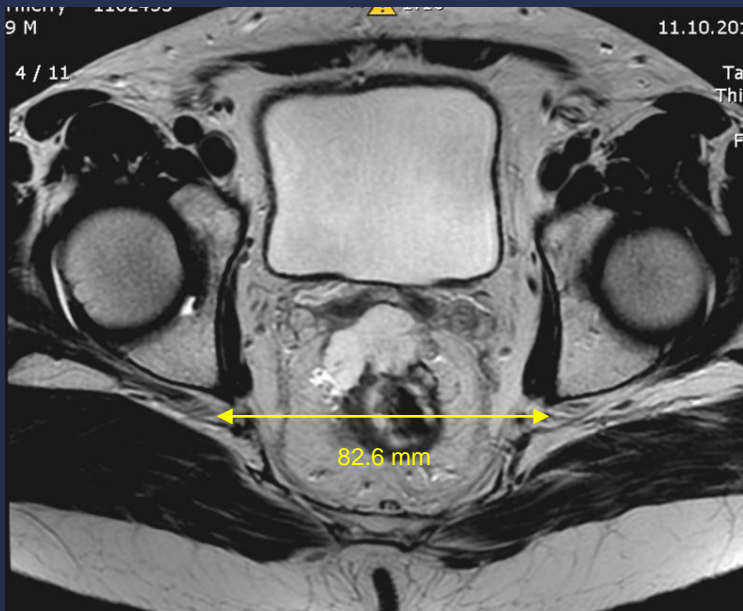
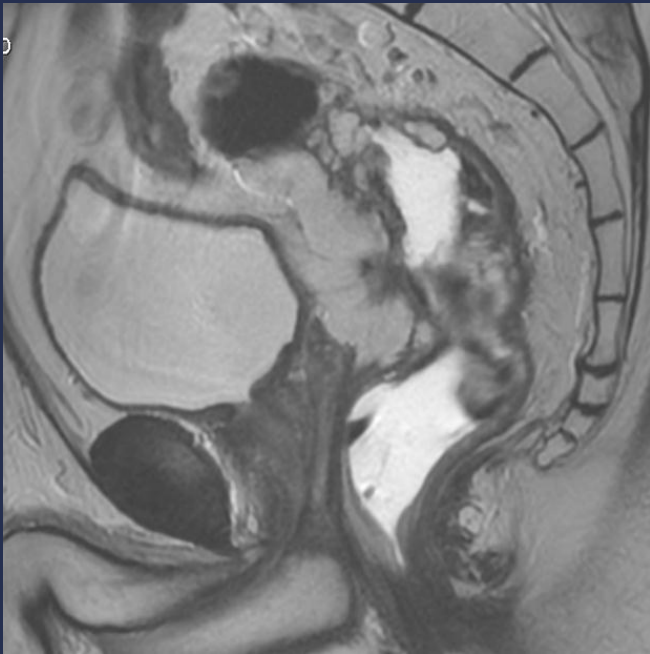


> RCT Capox 50

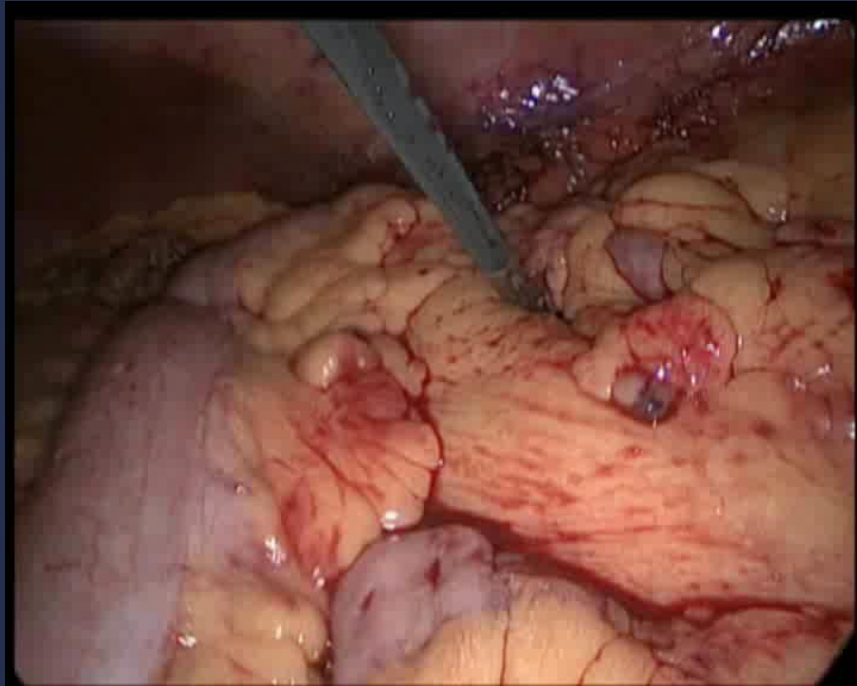


Surgical challenge for a R0 resection :

- Narrow pelvis
- Residual bulky tumor
- CRM prostate
 Seminal vesicle

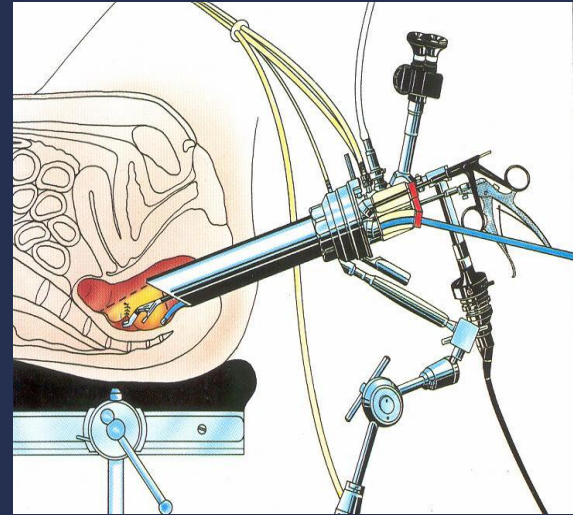


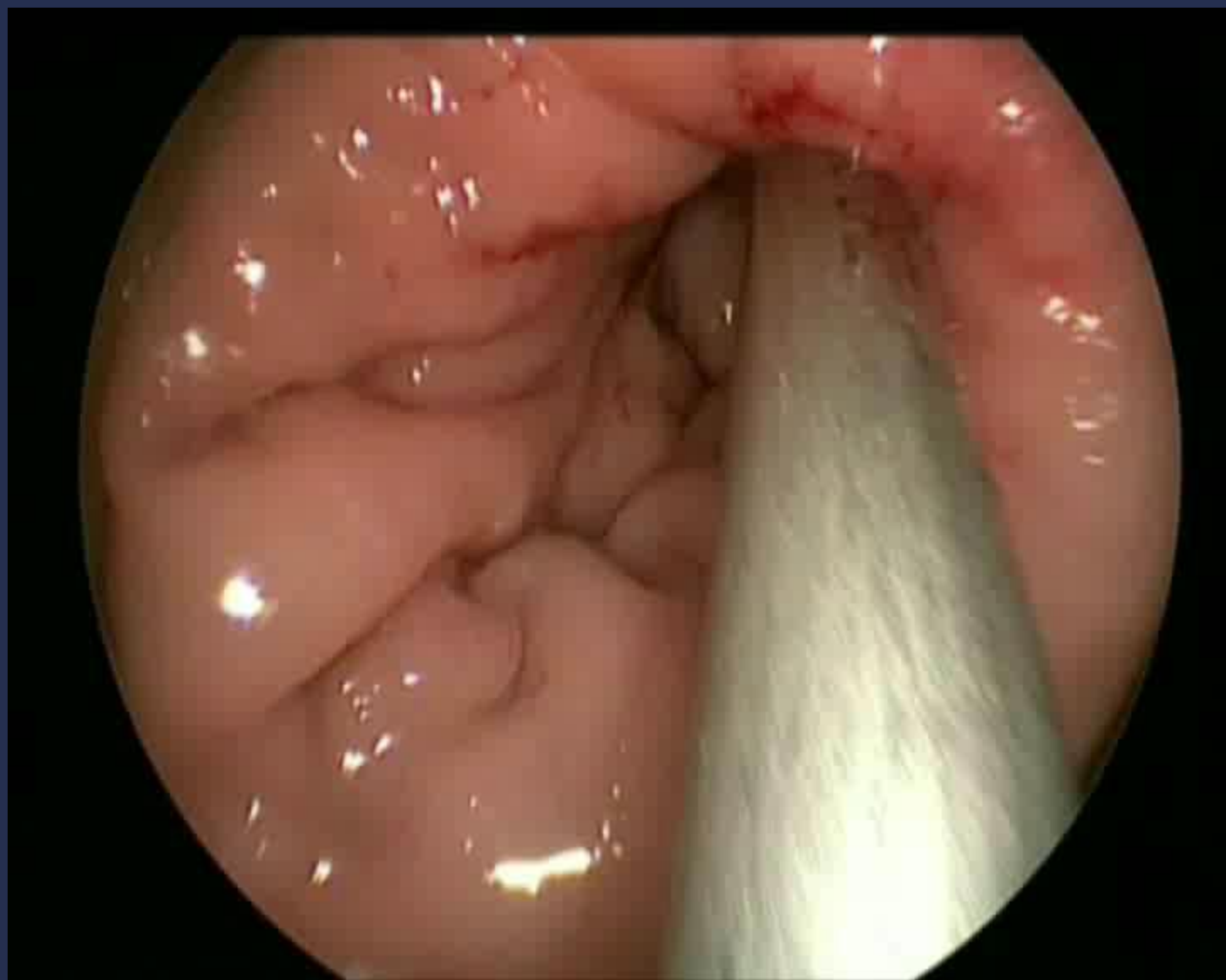
Laparoscopic abdominal dissection

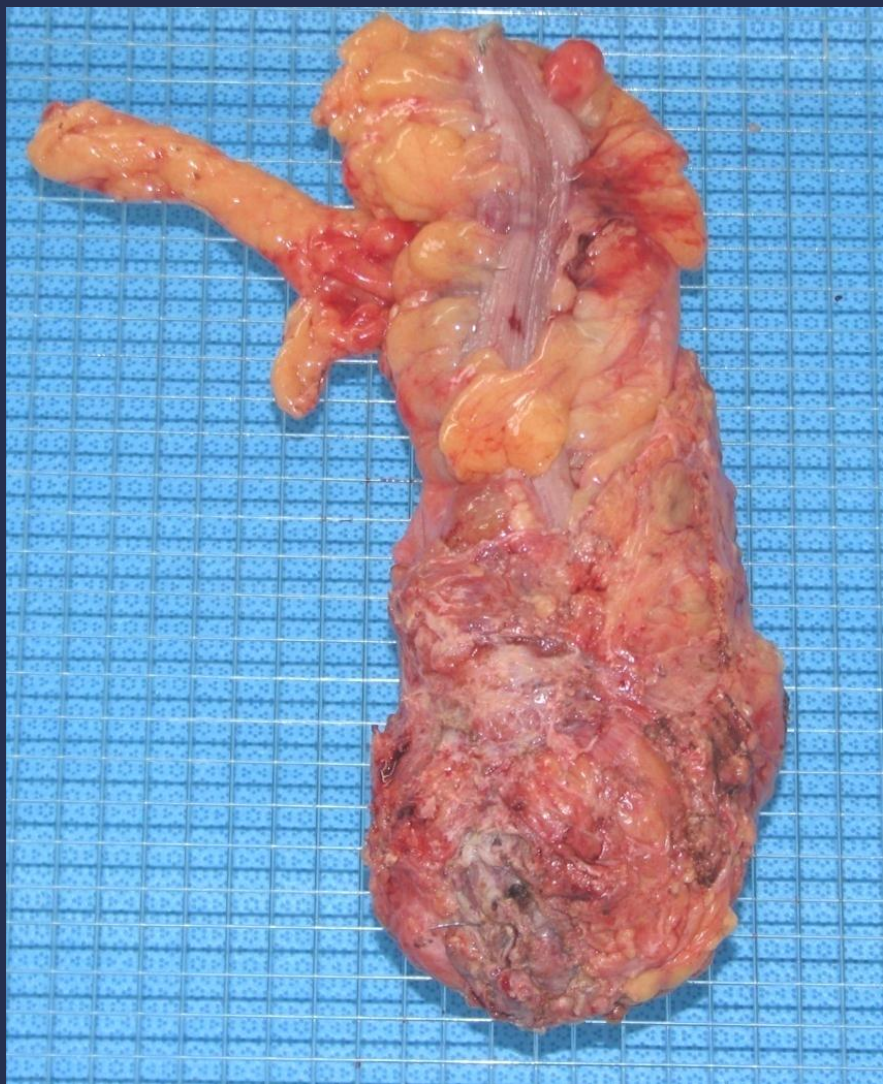


TAEP

Trans Anal Endoscopic Proctectomy

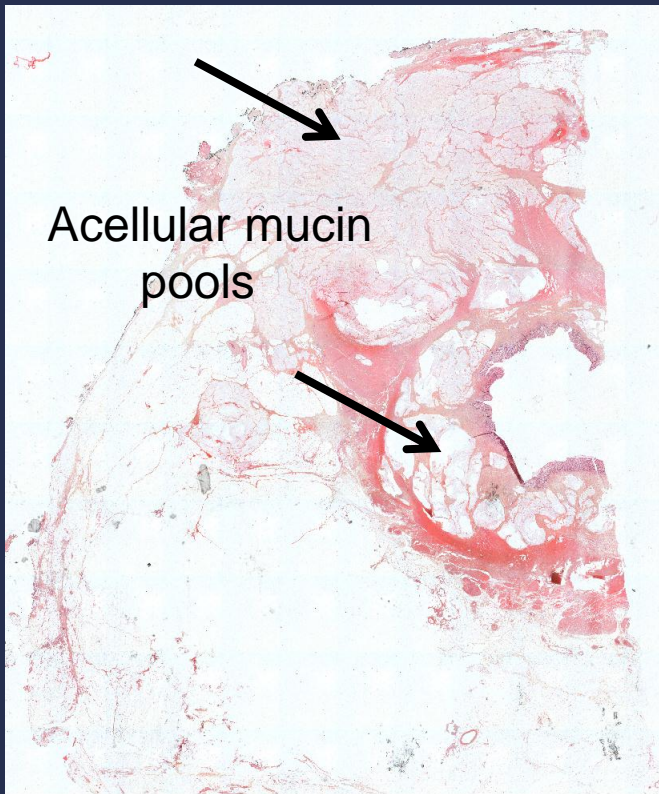
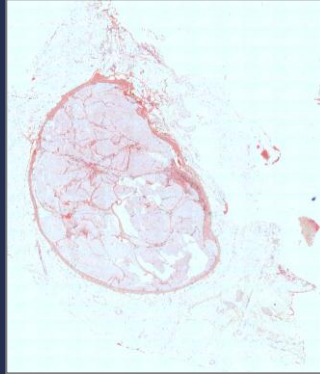








Sterilized lymph node
(colloid response)



Courtesy F.Bibeau

PATHOLOGY REPORT OF THE PROCTECTOMY

- . No residual tumor
 - . Complete sterilization as a total colloïd response
 - . 30 negatives nodes of which 22 colloïd response sterilized
 - . R0 resection
- => ypT0 N0 Mx R0

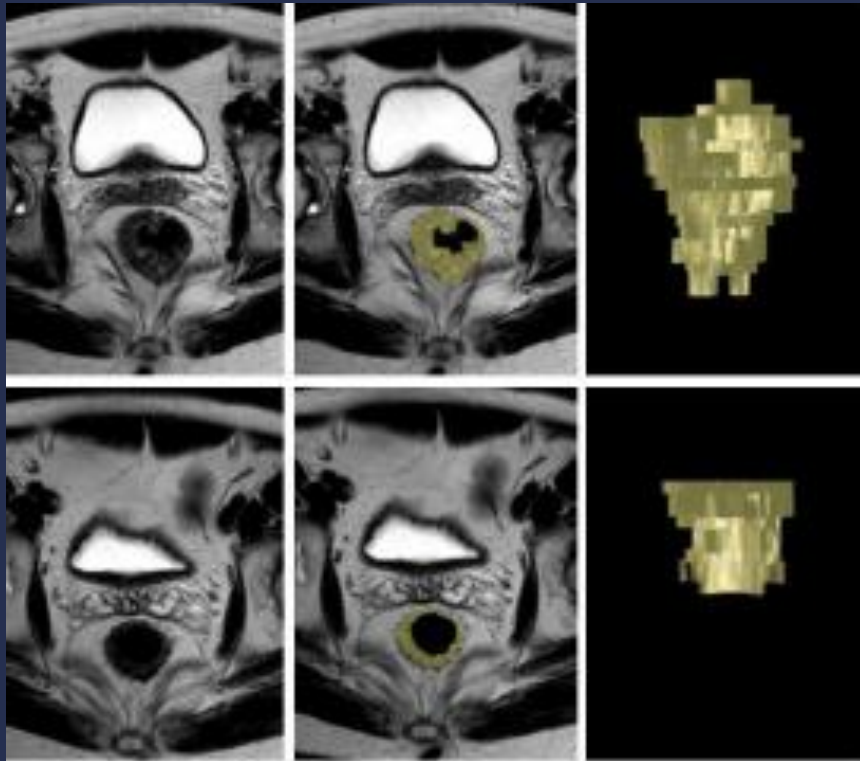
3 months later, the liver Met was removed during the stoma closure
Sterilized liver Met

TransAnal Endoscopic Proctectomy (TAEP): an innovative procedure for difficult resection of rectal tumours in men with narrow pelvis. P Rouanet & al. DCR in press

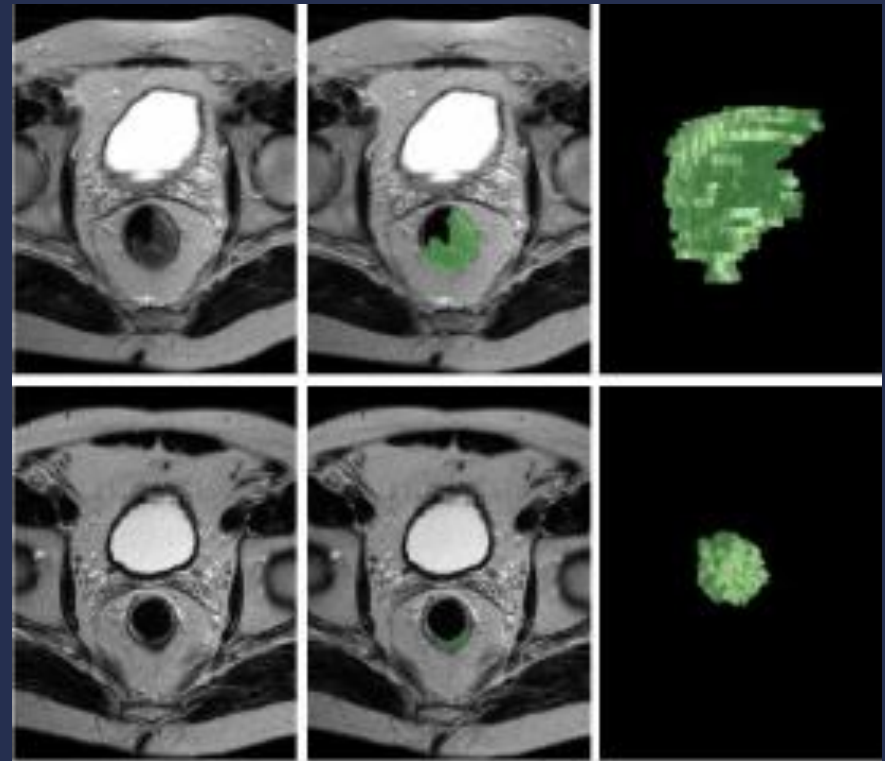
- **30 patients operated between 1/09 – 6/11**
- **Unfavourable selected cases:**
 - Men, narrow pelvis, high BMI,
 - Anterior rectal carcinoma, short predictive CRM, Local recurrence
 - That it to say: 26% of laparoscopic surgery for men
- **Standardized technique: TAEP and CAA**
- **100% mesorectal resection / 87% R0 / median CRM 7mm**
- **Conversion rate: 7% / Morbidity 30%**
- **FU: 18 months: 3 deaths due to K / 13 Mt ED / 1 LRR / 13 NED**
- **Stoma closure rate: 78% / median Wexner score: 11**

MR Volumetric Measurement of Low Rectal Cancer Helps Predict Tumor Response and Outcome after Combined Chemotherapy and Radiation Therapy.

Nougaret & al. Radiology. 2012



Pre ttt volume: 54 cm³
Post ttt volume: 45 cm³



Pre ttt volume: 70 cm³
Post ttt volume: 15 cm³

Greccar 4

Locally Advanced RC : iT3c-d ; iT4 M0

MRI INCLUSION

INDUCTION CHEMOTHERAPY

FOLFIRINOX x 4 regimen - 8 weeks

MRI EVALUATION

VERY FAVOURABLE Response

FAVOURABLE AND UNFAVOURABLE Response

RANDO

Immediate SURGERY
Experimental arm

Cap 50
Standard

RANDO

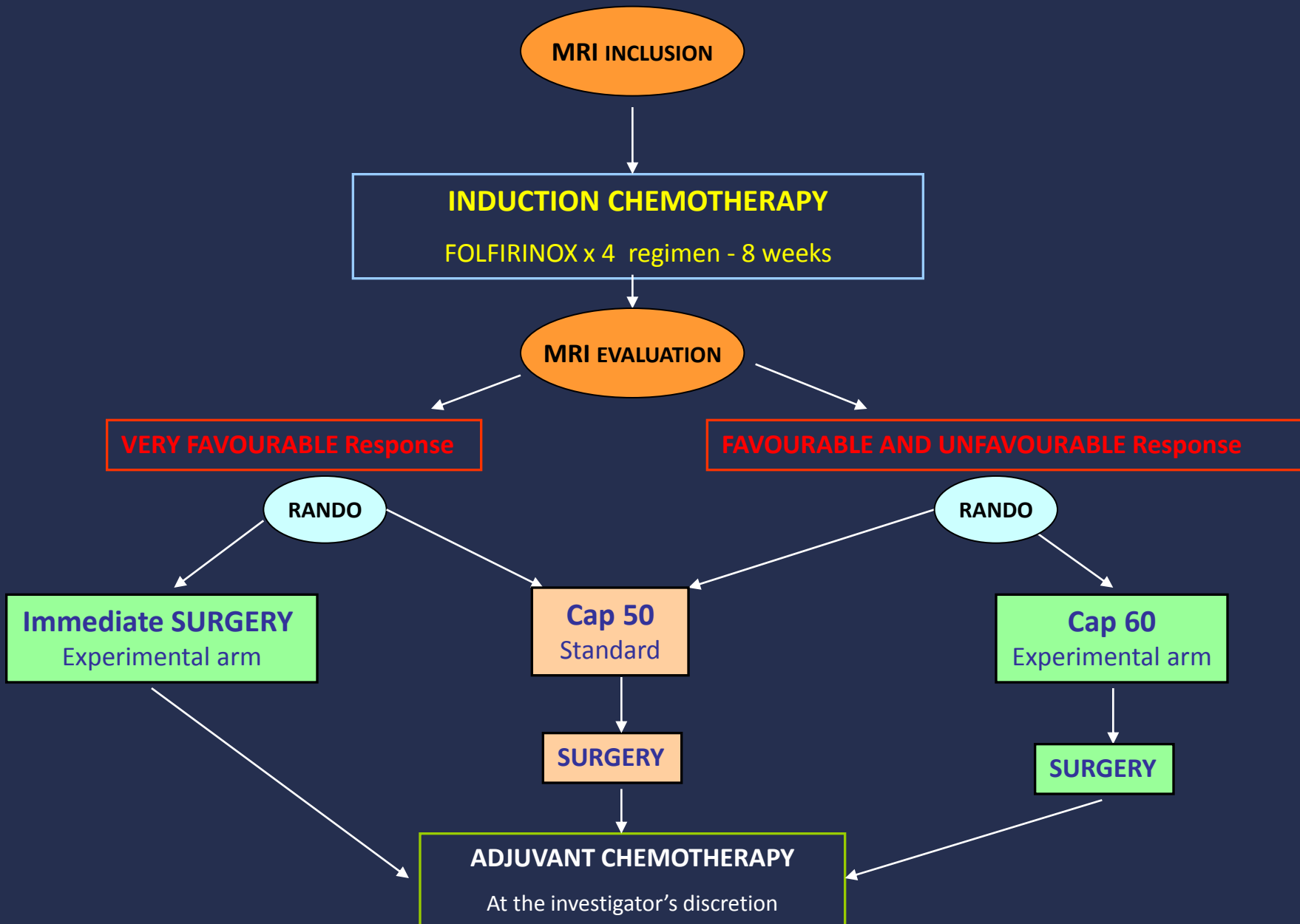
Cap 60
Experimental arm

SURGERY

SURGERY

ADJUVANT CHEMOTHERAPY

At the investigator's discretion



Pursuing R-0 in difficult cases

Tailor the rectal management of LARC

- **Pre operative treatment**
 - Biological aggressiveness of the tumor
 - Induction chemotherapy (Greccar 4)
 - Tumoral response
- **Surgical resection**
 - New techniques: TAEP / ELAPR
 - New technology: Robotic

Thank you

