Intensified Loco-regional treatment of rectal cancer

Pursuing R-0 in difficult cases

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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
Pathology
  . Moderately differentiated adenoK
  . ypT4
  . 20 N-
  . R0

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

DM : 10 mm
CRM: 4 mm
New APR is (Cylindrical) Extralevator

- CRM+:
  - Intra operative perforation: 36 to 12%
  - Surgical 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
Surgical challenge for a R0 resection:
- Narrow pelvis
- Residual bulky tumor
- CRM prostate
- Seminal vesicle
Laparoscopic abdominal dissection

TAEP
Trans Anal Endoscopic Proctectomy
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

Courtesy F.Bibeau

- 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.

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

Pre ttt volume: 70 cm³
Post ttt volume: 15 cm³
Locally Advanced RC: iT3c-d; iT4 M0

INDUCTION CHEMOTHERAPY
FOLFIRINOX x 4 regimen - 8 weeks

MRI INCLUSION

INDUCTION CHEMOTHERAPY
FAVOURABLE AND UNFAVOURABLE Response

VERY FAVOURABLE Response

RANDO

Immediate SURGERY
Experimental arm

Cap 50
Standard

SURGERY

Cap 60
Experimental arm

SURGERY

ADJUVANT CHEMOTHERAPY
At the investigator’s discretion

Standard

Greccar 4
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 techniqs: TAEP / ELAPR
  - New technology: Robotic
Thank you