

OUTCOMES AND QUALITY OF LIFE IN PATIENTS AFFECTED BY ADVANCED RECTAL CANCER TREATED WITH NEOADJUVANT RADIO-CHEMOTHERAPY COMBINED WITH HYPERTHERMIA

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Background:

Aim of this study was to determine pathological response, resectability, recurrence rate, and quality of life (QoL) in patients affected by advanced rectal cancer treated with radio (RT)-chemotherapy(CT) combined with hyperthermia (HT).

Methods:

From June 2000 to April 2006, 105 patients were treated with radio (RT)-chemotherapy (CT) plus hyperthermia (HT); eleven were excluded from this analysis because of violations of protocol. Thirteen patients were lost at follow up. Five patients, after a CR by biopsy proven, refused surgery. Consequently, only 76 patients (67 in T3, and 9 in T4 stage) could be considered (50 males and 26 females with a median age of 60 years). Patients were treated by CT (200 mg/m² of 5-Fluoracil continuous infusion plus Oxaliplatin 45-60 mg/m² for one time/week) and RT (dose range 45-68 Gy, 5 fractions /week). HT was given once a week before radiotherapy. In 48 patients QoL was evaluated by SF12 questionnaire.

After 4-8 weeks a surgical approach was performed. The pathologic tumor response was defined according to the TNM staging method.

Results:

After neoadjuvant therapy in surgical specimen a complete response was found in 51.2% of patients (pT0 in 19.7%, pTmic in 31.5%, 57.8% by adding patients who refused surgery). Resectability was of 100%. Only in 15 patients (19.7%) a Miles approach was required, whereas in 56 (73.6%) neoadjuvant treatment allowed a conservative surgery. In 5 patients (6.1%) the surgical modality was unknown. No surgical related mortality was reported. Fourteen patients developed distant metastase with median follow up of 49 months. Five of these died for progression of disease, whereas 9 are living in CT. Eight patients died without other informations. No local relapses were registered. Only few rectal gastrointestinal (G1-G2) and urological (mild cystitis) side effects were reported.

Conclusions:

Hyperthermia seems to improve efficacy of radiochemotherapy. Our data suggest that combined therapy is well tolerated and effective in terms of pathological response, recurrence rate, and QoL.