

Vancouver Rectal Cancer Course
UBC Rectal Cancer Update:
The Last 5 cm – Distal TME and Beyond
October 25, Vancouver

Clinical Fixation (cT4): CRT + TME vs. En Bloc Resection/Exenteration

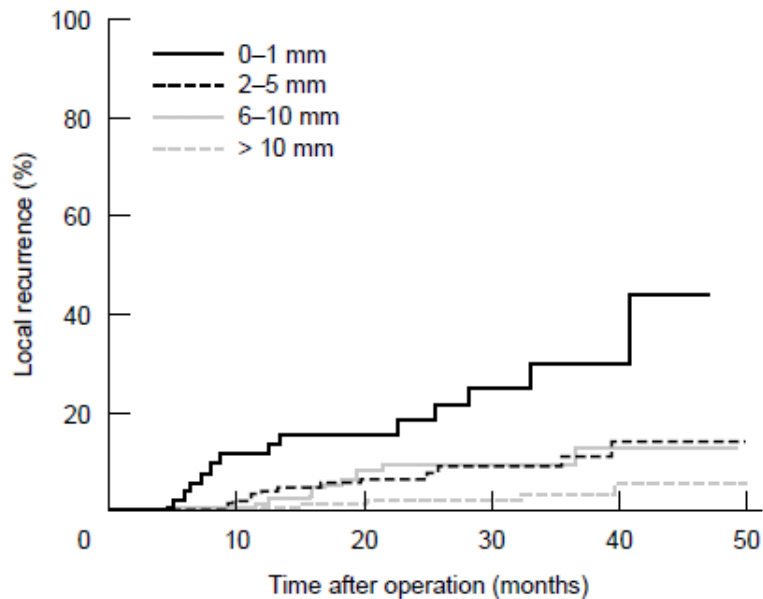
Terry Phang vs. Takayuki Akasu

Takayuki Akasu, M.D.

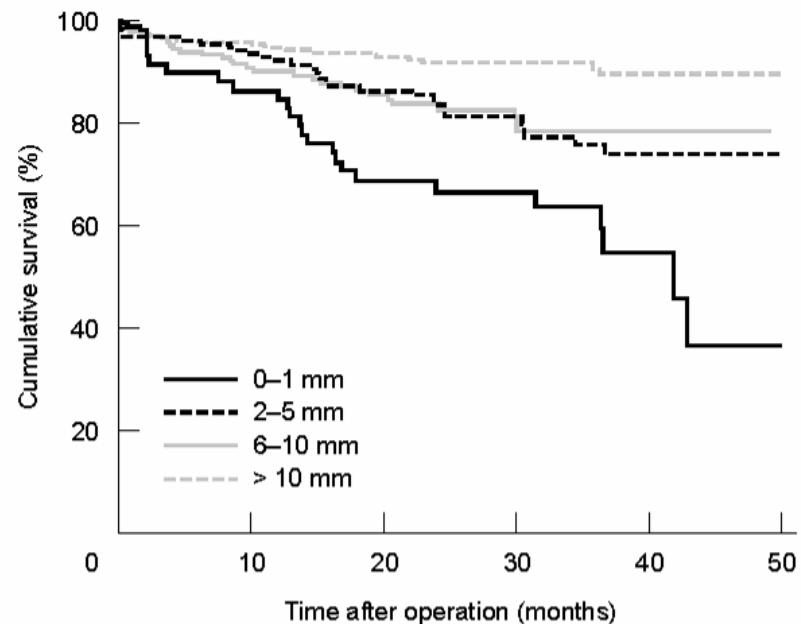
No Conflict of Interest

CRM and Local Recurrence

Wibe BJS 2002



| No. at risk | 0 | 10 | 20 | 30 | 40 | 50 |
|-------------|-----|-----|-----|-----|----|----|
| 0-1 mm | 65 | 51 | 41 | 29 | 14 | 7 |
| 2-5 mm | 170 | 152 | 107 | 64 | 34 | 7 |
| 6-10 mm | 168 | 157 | 110 | 73 | 35 | 20 |
| > 10 mm | 283 | 271 | 204 | 136 | 70 | 23 |



| No. at risk | 0 | 10 | 20 | 30 | 40 | 50 |
|-------------|-----|-----|-----|-----|----|----|
| 0-1 mm | 65 | 57 | 42 | 32 | 16 | 8 |
| 2-5 mm | 170 | 155 | 112 | 67 | 37 | 9 |
| 6-10 mm | 168 | 158 | 115 | 75 | 36 | 20 |
| > 10 mm | 283 | 272 | 205 | 136 | 72 | 24 |

Short-Course Radiotherapy

- **Marijnen (JCO 2001)**
 - **Short-course RT with 5 X 5 Gy does not lead to downstaging**
- **Marijnen (IJROBP 2003)**
 - **Short-course RT cannot compensate for microscopically irradical resections**

Long-Course CRT

- **Chau (JCO 2006)**
 - n = 67
 - T4, high risk T3, N2
 - 54 Gy + capecitabine + oxaliplatin
 - Response rate 97%
 - pCR 24%
 - T4 → pT0-3 13/13 = 100%
- **Hospers (Ann Surg Oncol 2007)**
 - T4, high risk T3
 - 50.4 Gy + capecitabine + oxaliplatin
 - pCR 10%
 - T3-4 → pT0-2 7/21 = 33%

Present

TME + combined resection \geq 2-10 mm + CRT

Near Future

RCT

**TME + combined resection \geq 2-10 mm + CRT
versus TME + CRT**

Future

TME + CRT

Prostate

Slight invasion → TME + partial rx \geq 2 mm

Massive invasion → Exenteration

Vagina

Slight invasion → TME + partial rx \geq 2 mm

Massive invasion → TME + partial rx \geq 2 mm