

THE SURGICAL MANAGEMENT OF RECTAL CANCER: A COMPARISON OF TREATMENT METHODS AND OUTCOMES OVER TWO TIME PERIODS IN THE SAME GEOGRAPHIC REGION

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Background: Preoperative radiotherapy combined with total mesorectal excision (TME) has provided excellent local control in the treatment of rectal cancer. Ross et al previously studied the outcome of treatment of rectal cancer in our region from 1988-1998. More recently, preoperative radiotherapy has been applied far more liberally than in the past study and with more widespread adoption of TME, we felt it would be useful to compare current outcomes with those of the previous study of the same region. Consequently, a retrospective review of patients treated at our regional Cancer Center was performed from 1998 to 2004 and outcomes compared with the previous study carried out by Ross et al.

Methods: A retrospective review of 448 patients that were treated with definitive surgery for rectal cancer was conducted. Variables analyzed included gender, age, type of surgery, adjuvant strategy, and the level, stage, and grade of the tumour. Local recurrence and distant metastasis were recorded and overall survival was determined.

Results: The local recurrence rate for the 448 patients was 8.3% compared with 12.7% in the previous study. Patients treated with preoperative radiotherapy had a recurrence rate of 3.7%, compared with 8.5% for the post-operative group. The type of surgical therapy had no significant effect on local recurrence. There was no significant change in overall survival between the present study and Ross's study.

Conclusion: Local recurrence is second only to survival as a goal in the management of rectal cancer. Preoperative radiotherapy (especially short course radiotherapy) is used more frequently in our region and has resulted in a marked decrease in local recurrence rates compared to our previous retrospective review. There was no change in local recurrence seen in those patients treated with operative management alone. This study supports the use of preoperative radiotherapy in the management of rectal cancer.