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THE IMPORTANCE OF TUMOUR MORPHOLOGY IN PREDICTING CHEMORADIOTHERAPY (C-RT) RESPONSES FOR RECTAL CANCERS

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Background: Organ preservation has remained the sine qua-non for satisfactory therapeutic outcomes. Neoadjuvant C-RT improves long term survival, prevents local recurrences and can occasionally control and even cure rectal cancers. Our study shows the significance of tumour morphology for predicting C-RT responses and treatment planning.

Material & Methods: In a prospective study from Jan' 2011 to Dec' 2015, 50 consecutive patients (45-80 yrs) with mid and low rectal adenocarcinomas (3-10 cms from the anal verge) were clinically staged as T2,3 N1,2 M0. They were morphologically grouped as proliferative N=40 and stricturous N=10, based on clinical, endoscopic and imaging studies. Treatment consisted of neoadjuvant C-RT (T. Capecitabine 850-1000 mg/m2 twice daily with concurrent RT 45-56 Gy). Therapeutic responses were evaluated at 3 weeks only by a digital rectal examination (DRE) or an endoscopy and at 8 weeks with a DRE, endoscopy with biopsy and imaging studies. On basis of this, the outcome of therapy was defined as complete response (CR), partial response (PR) or no response (NR) (Table). Patients with CR were closely followed up every 3-4 months; an endoscopy with biopsy was done twice a year. Those with PR, NR or recurrence underwent an anterior resection or an abdominoperineal resection. All patients were followed up for a mean of 23.8 months (8-55 months).

Results: In Proliferative lesions, CR=17(42.5%) PR=23(57.5%), NR=0 and in stricturous lesions CR=0, PR=2(20%), NR=8(80%). In patients with proliferative tumours, 4/17 (23.5%) complete responders had local recurrence within 18.2 months (7-36 months). 13/17 (76.4%) have remained disease free till date.

Conclusion: We believe tumour morphology is important for treatment planning. Proliferative lesions which are vascular usually responded well to C-RT, whereas stricturous lesions which are fibrotic, with reduced vascularity responded poorly. Hence, C-RT in proliferative lesions should be given to shrink the tumour, to facilitate surgery or even as a definitive treatment. Patients with stricturous lesions should be subjected to surgery per primum. We have similar experiences with cancers of the esophagus.

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