

## TREATMENT RESULTS OF RECTAL ADENOCARCINOMA AFTER CURATIVE SURGERY AND RECURRENT DISEASE AFTER SALVAGE TREATMENT

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**Purpose** : This study was to analyze the treatment results of our patients with rectal adenocarcinoma receiving curative surgery  $\pm$  radiotherapy and discuss the role of salvage treatment for recurrence.

**Materials and Methods** : A total of 90 patients with rectal adenocarcinoma who received radiotherapy from 1980 to 1995 were registered at Department of Radiation Oncology, Taichung Veteran General Hospital. The patients who were found to have extrapelvic extension at operation, palliative surgery at diagnosis, and incomplete data were excluded. Sixty patients were analyzable. All these 60 patients received potentially curative surgery at diagnosis. Adjuvant therapy with radiotherapy or chemotherapy was mainly decided by the surgeon. Recurrence of tumor was documented by physical examination, imaging studies such as CT scan or MRI, colonoscopy, CEA, or sonography. The salvage treatment of recurrent tumor included reoperation with curative or palliative intent, radiotherapy alone or with chemotherapy. Analysis of survival was calculated from the date of operation using Kaplan-Meier method.

**Results** : Of these 60 patients 2- and 5-year overall survival rate were 63% and 33%, respectively. Overall recurrence rate was 88%. The mean loco-regional recurrence time was 26 months vs. 21 months for distant metastasis. Only 5 patients with isolated pelvic recurrence can be salvaged by reoperation with curative intent. The patients with recurrent cancer receiving palliative surgery survived at a median of 6 months. Seven patients with recurrent disease were salvaged with radiotherapy only. The patients with salvage surgery survived at a median of 16 months after diagnosis of recurrence vs. 8.5 months for patients with salvage radiotherapy only. Clinical variables such as age, gender, stage, tumor location, and tumor size had no statistically significant impact on survival.

**Conclusion** : There was substantially high recurrence rate for patients with even potentially curative resection of primary rectal adenocarcinoma. A minority of patients with isolated local recurrence can be salvaged by aggressive reoperation with a relatively long survival.

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Key words: Rectal adenocarcinoma, Curative surgery, Salvage treatment