# **BMC Geriatrics**



Meeting abstract

### **Open Access**

## Loco-regional relapses from rectal cancer

L Izzo, D Pietrasanta, S Trombetta and A Bolognese\*

Address: "P. Valdoni" Surgery Department, Policlinico Umberto I University Hospital, Rome, Italy \* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery Terni, Italy. 4-6 December 2008

Published: I April 2009

BMC Geriatrics 2009, 9(Suppl 1):A1 doi:10.1186/1471-2318-9-S1-A1

This abstract is available from: http://www.biomedcentral.com/1471-2318/9/S1/A1 © 2009 Izzo et al: licensee BioMed Central Ltd.

#### **Background**

Loco-regional relapses (LRRs) from rectal cancer still represent a major issue in colo-rectal surgery. With the introduction of Total Mesorectal Excision (TME), LRR incidence after curative resection for rectal cancer dramatically decreased from 20–40% of cases to 2–12%. Several factors are involved in predicting LRRs, the most important of these being Dukes stage. When no treatment is performed, median survival for these patients is about 8 months.

In 50% of cases LRRs are confined to the pelvis; so, the recurrent tumour can be amenable to potentially curative surgical removal, with minimal mortality and a 5 year survival rate around 20–40%. Surgery is not recommended for patients with unresectable metastases and/or infiltration of sciatic nerve, sacrum above S2–S3, and pelvic bones.

We hereby report our personal experience with management of LRRs from rectal cancer.

#### Materials and methods

We retrospectively reviewed the clinical records of 289 rectal cancer patients, treated with curative resection between 1998 and 2007. Patients were divided in two groups: A (206 patients), younger than 74 y.o.; and B (83 patients), older than 75 years old. A total of 31 patients (10.7%) developed a LRR: 24 patients of group A (11.6%) and 7 of group B (8.4%). We also included in the study 11 patients (8 in group A, 3 in group B) treated elsewhere for the primary; we thus managed in total 42 LRR patients (26 males, 16 females; mean age 64 y.). LRR was anastomotic

in 37.1% of cases, central-pelvic in 31.4%, presacral in 25.7% and perineal in 5.7%. In 88.5% of patients a R0 resection had been achieved at former surgery. Mean DFS was 13.4 months.

We focused on the 35 patients assessed as metastases-free at the time of the first surgery.

#### Results

Surgical management with curative intention was possible for 23 patients (65.7%), 17 of which in group A, and consisted either of exeresis of the recurrent neoplasm (10 cases), re-resection (7 cases) or Miles operation (6 cases). In18 of these patients (15 of group A) a R0 resection was achieved. Postoperative morbidity was 42.8%; perioperative mortality was 7.1%. 3 years – OS was 28%, but it was 60% for R0 patients.

#### **Conclusion**

In selected patients, especially if younger than 75, LRRs may be amenable to a multimodal approach that, in a relevant rate of cases, can lead to a potentially curative R0 resection; for the other cases a palliative management is possible, to improve overall survival and quality of life.