

CHAPTER 19

Experience of our Group

We carry out for this work, an update of our experience of the last 20 years, from January 2001 to December 2020.

During this period, we treated 1,370 colorectal cancers, 733 of the colon and 637 of the rectum, to which we will refer. Of these rectal tumors, 293 were classified as high and 344 as low, 363 were operated on without previous treatment and the remaining 274 (99 high and 175 low) were indicated neoadjuvant treatment after discussion in the IDT.

Of the directly operated patients, 28 received postoperative RT for various reasons, but it should be noted that this occurred in only 2 in the last 10 years.

In the 274 patients who received neoadjuvant therapy, various regimens were used, but in the vast majority, 262 cases, long-course CRT was chosen. Five patients received only ChT for contraindication to pelvic irradiation and seven received a short-course RT regimen.

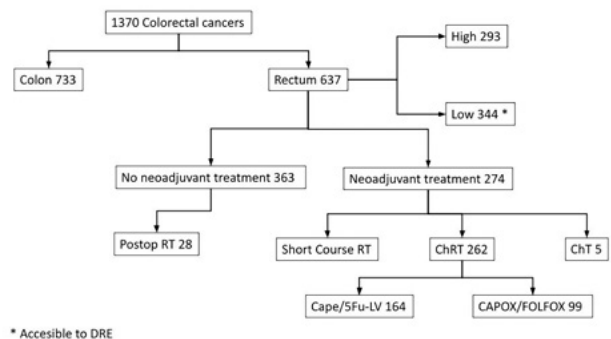
The CRT regimens were as follows: in 132 cases the classic 5-FU / LV regimen was used, in 31 cases oxaliplatin was associated with 5-FU (FOLFOX), in 32 cases capecitabine was used instead of 5-FU and in 68 cases Oxaliplatin was added to this fluoropyrimidine (CAPOX). In addition, oxaliplatin was used in some patients treated exclusively with ChT and also in other patients who received a short-term RT regimen, resulting in a total of 105 patients who received this drug and 164 who did not (Fig. 27).

Regarding toxicity, 3 patients had to suspend treatment due to severe toxicity, and one of them died.

Staging was performed by clinical examination, CT, ERUS (only used in 13 early tumors) and HR-MRI. This study is considered essential in our IDT, however, it was not always possible to count on it because our patients come from different places and are of limited resources. In spite of this, it was possible to access an HR-MRI of acceptable quality in 187 patients, staged as T2 in 39 cases, T3 in 92 and T4 in 56.

The surgical procedures performed were the following:

- 212 TME procedures with low, ultralow and intersphincteric anastomoses.
- 41 APR.
- 8 TAE (conventional or TAMIS).
- 1 Hartmann's procedure.
- 4 colostomies, as the only procedure for unresectable



* Accesible to DRE

Figure 27: Personal experience. Population.

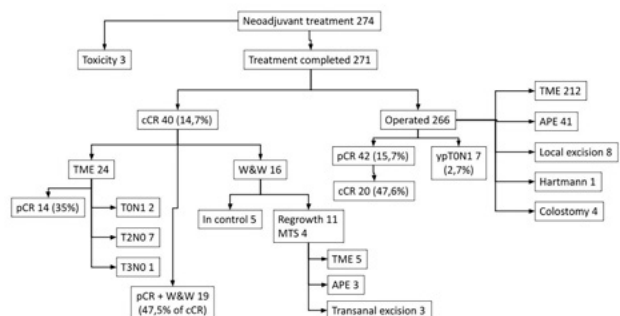


Figure 28: Personal experience. Results.

tumors.

Five patients were not operated on and continue in control complying the NOT protocol.

Of the 271 patients who completed neoadjuvant treatment, 40 (14.7%) achieved cCR, however, these were not always confirmed. Of these 40 patients, 24 underwent surgery and the remaining 16 entered the NOT protocol. All operated patients underwent TME and the histopathology reported pCR in only 14 (35%). The remaining 10 were classified as ypT0N1 in 2 cases, ypT2N0 in 7 cases, and T3N0 in 1 case.

Among the 16 patients included in the NOT protocol, 5 remained under control and 11 were operated on for local regrowth. These procedures, included in the previous list, are the following: 5 TME with anastomosis, 3 APR and 3 TAE. Of the 16 patients, 4 (25%) also had metastatic relapses, 2 in the liver, another 2 in the lung, and 1 of

the latter also in the brain.

If the 5 control cases are added to the 14 ypT0N0, it can be said that cCR was confirmed in 47.5% of the cases.

On the other hand, of the 266 operated on patients, 42 (15.7%) had pCR. Only 20 (47.6%) of them were conside-

red cCR. There were also 7 cases in which the pathological examination did not show residual tumor in the rectal wall but lymph node metastases were found in the mesorectum (ypT0N1). This represents 2.7% of 254 TEM cases and 14.3% of 49 ypT0 tumors (Fig. 28).