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Achievement of pathologic complete response of patients with locally advanced rectal adenocarcinoma: A five-year single institution experience in Cebu, Philippines

Dawn Lynn Guardiario

Philippine College of Physicians, Philippines

Background: The current standard of treatment for locally advanced rectal carcinoma is neo-adjuvant chemoradiation followed by surgery. However, there is a limited data available on the histopathologic resultant tumor response in the Philippines. This study reports the achievement of pathologic Complete Response (pCR) of neoadjuvant chemoradiation in patients with locally advanced rectal cancer in a tertiary institution in Cebu, Philippines.

Method: This is a retrospective cohort study of 25 adult Filipino patients diagnosed with locally advanced rectal carcinoma who underwent neoadjuvant chemoradiation followed by surgery at a tertiary hospital in Cebu, Philippines from January 2013 to December 2017.

Results: Median age at diagnosis was 63 years old with majority (68%) of patients were males. Seventy-two percent presented with hematochezia while 18% had altered bowel habits. Forty-four percent of the tumors were located at the proximal rectum, 32% were at the distal and 24% were at the middle. All patients had CT scan of the pelvis as the pre-chemoradiation imaging and they had stage III (T3N1M0) at diagnosis. All patients received neoadjuvant chemotherapy with Capecitabine and completed the neoadjuvant radiotherapy with total dose of 50.4 Gy for 30-35 sessions in an average of four to five weeks. 88% of the patients had low anterior resection, 8% had abdominoperineal resection and 4% had proctectomy. In this study, 24% of patients (6 of 25) achieved a pathologic complete response to neoadjuvant chemoradiation therapy.

Conclusion: Adult Filipino patients with locally advanced rectal carcinoma treated with neoadjuvant chemoradiation therapy in a tertiary hospital in Cebu, Philippines were able to achieve a pathologic complete response that is comparable with internationally published data.

drdawnguardiario@gmail.com

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