

The standard therapy for patients with clinically resectable rectal cancer is generally surgery. Tumor regression can be obtained by preoperative radio-chemotherapy that allows radical tumor resection with an increase in sphincter-saving procedures. The aim of this study was to evaluate the safety and efficacy of preoperative combined radiotherapy (RT) and chemotherapy (CT) in patients with T2 and T3 rectal cancer. Between September 1999 and December 2008, 58 patients with palpable rectal adenocarcinoma received preoperative radiotherapy by the 3-field technique to a total of 50.5 Gy (5 x 1.8 Gy/die for a total of 28 sessions) and chemotherapy with 5-fluorouracil by continuous intravenous infusion. Surgery, 19 resections according to Miles (32%) and 39 anterior resections (67%) with total mesorectal excision, was performed 6 weeks later. Alive and free disease 33 (57%), Alive with metastases 3 (5%), deceased 15 (26%) Loose 7 (12%). The histopathological examination showed total tumor regression in 12 patients (20%). Local response to preoperative RT/CT was highly satisfactory, allowing anal sphincter preservation with a low local recurrence rate. Optimization of the combined therapy could yield even more optimal results.

KEY WORDS: rectal cancer, preoperative chemo-radiation therapy, neoadjuvant therapy.