

## **Radiation therapy in recurrent rectal cancer**

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Local recurrence(LR) is an evidence of recurrent disease within the pelvis after a surgical resection, including recurrence at the site of anastomosis and perineal wound. LR of rectal cancer represents a local manifestation of a disseminated disease. However, more than 50% of LR cases of rectal cancer occur as isolated deposits, and many patients (up to 30–50%) are reported to die without evidence of distant metastases. LR in the bowel anastomosis alone is a rare occurrence (approximately 10%). Management of locally recurrent rectal cancer is a significant challenge. The choice of therapy depends upon prior therapy and the local extent of the recurrence. Since some of these patients have local recurrence alone without systemic spread of disease, local modalities such as surgery with or without radiation therapy (RT) may permit successful salvage. Clinical studies have reported that certain patients with localized recurrence of cancer in the pelvis can undergo surgical removal of disease and be cured in approximately 10 to 20% of circumstances. For patients who have not received prior RT, combined modality therapy rather than surgery alone is recommended. The efficacy of preoperative combined modality therapy for locally recurrent rectal cancer in previously unirradiated patients is supported by data from several trials and a randomized trial of chemoradiotherapy versus preoperative RT alone. Given preoperatively, it may downstage a tumor (i.e. reduce size and infiltration) so that resection can be carried out. The rate of

resectability following such an approach is 39 to 65 percent. For previously irradiated patients, pelvic reirradiation is feasible in selected patients and may permit surgical salvage and long-term survival. Local reirradiation alone may provide palliation, but has not been associated with long-term survival. The dose of RT for reirradiation in this setting should be limited to 30 to 39 Gy. The goals of treatment for locally recurrent rectal cancer are palliation of symptoms, a good quality of life, and, if possible, cure. Five-year survival rates between 21% and 34% have been reported in several studies and are shown to be influenced by different variables related to the patient characteristic and treatment options.