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THE NEED FOR UP FRONT DEFUNCTIONING STOMA IN LOCALLY ADVANCED RECTAL CANCER PATIENTS RECEIVING NEO-ADJUVANT RADIOTHERAPY

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INTRODUCTION

Neo-adjuvant radiotherapy has been the standard approach for treatment of locally advanced rectal cancer patients. There has been real concern among clinicians of the development of intestinal obstruction during the radiotherapy. Consequently, clinicians would resort to up front defunctioning ileostomy or colostomy due to this complication.

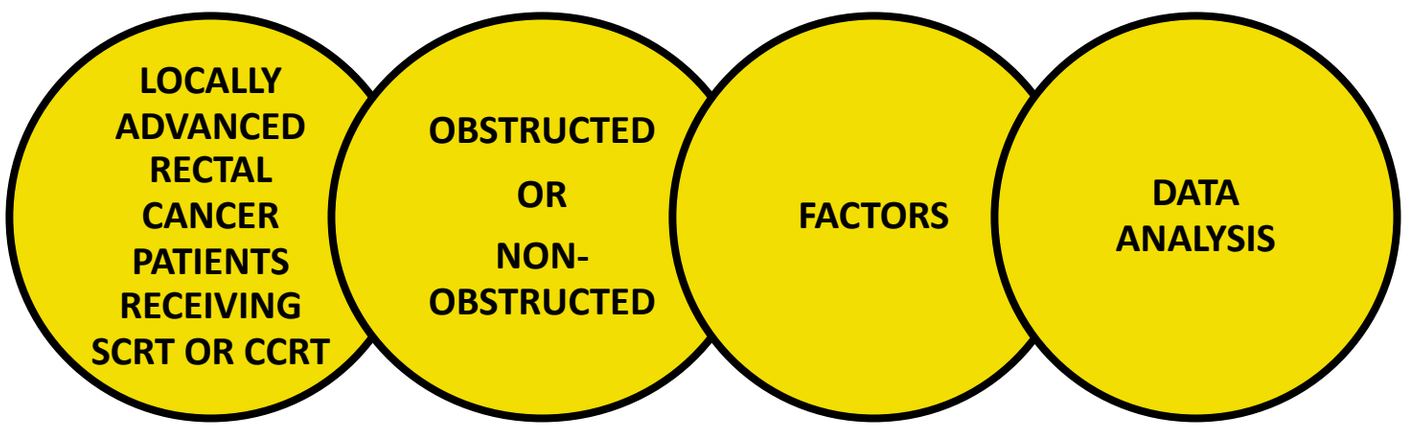
OBJECTIVES

To determine the factors that are associated with the development of intestinal obstruction in locally advanced rectal cancer patients receiving neo-adjuvant chemoradiotherapy treatment

To assess specific stoma related morbidities that are associated with defunctioning stoma creation in locally advanced rectal cancer patients

To determine if there is a delay in treatment initiation of pre-operative radiotherapy in patients that undergo a defunctioning stoma

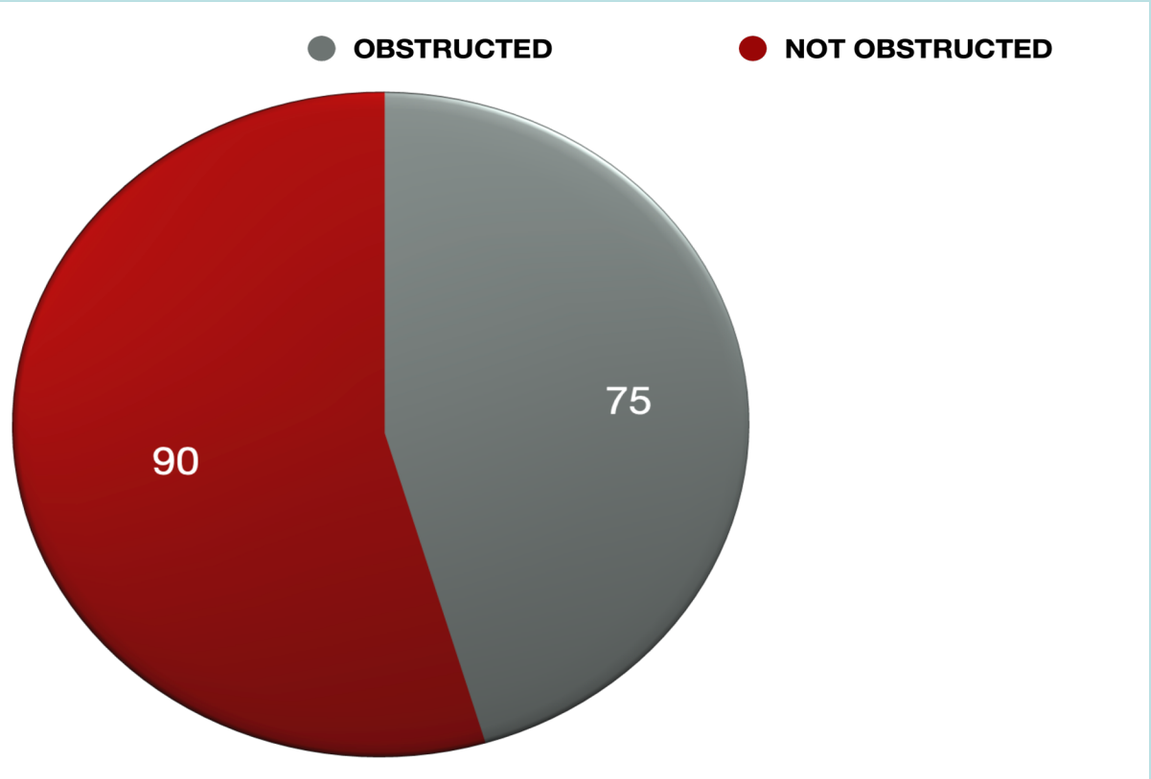
METHODOLOGY



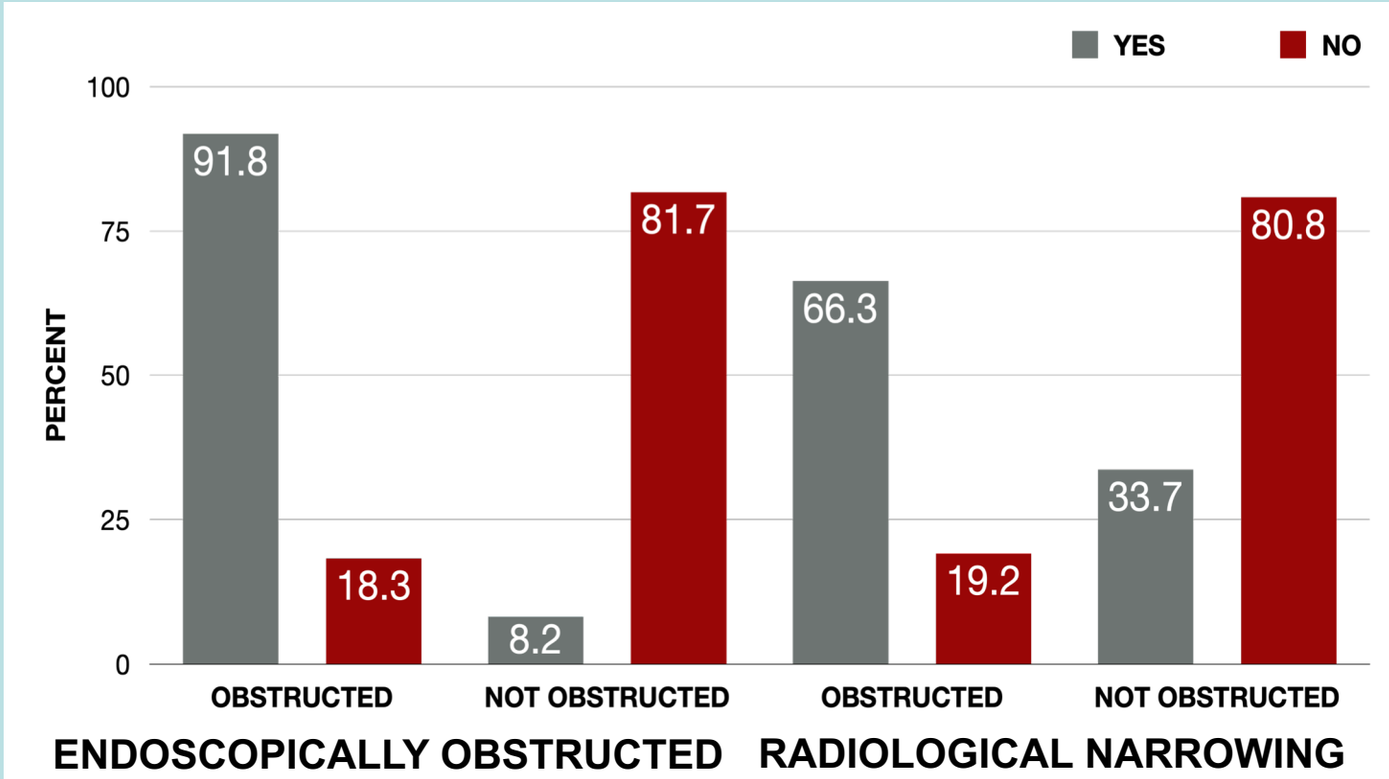
- Age (< 50 or ≥ 50)
- Endoscopic findings (obstructed or non-obstructed rectal tumors)
- Radiological features (presence of significant luminal narrowing), tumor length (<6cm or ≥ 6cm), distance from anal verge (< 5cm or ≥ 5cm)
- Pre- therapy CEA level (< 5 or ≥ 5)
- Tumour histology and grading

RESULTS

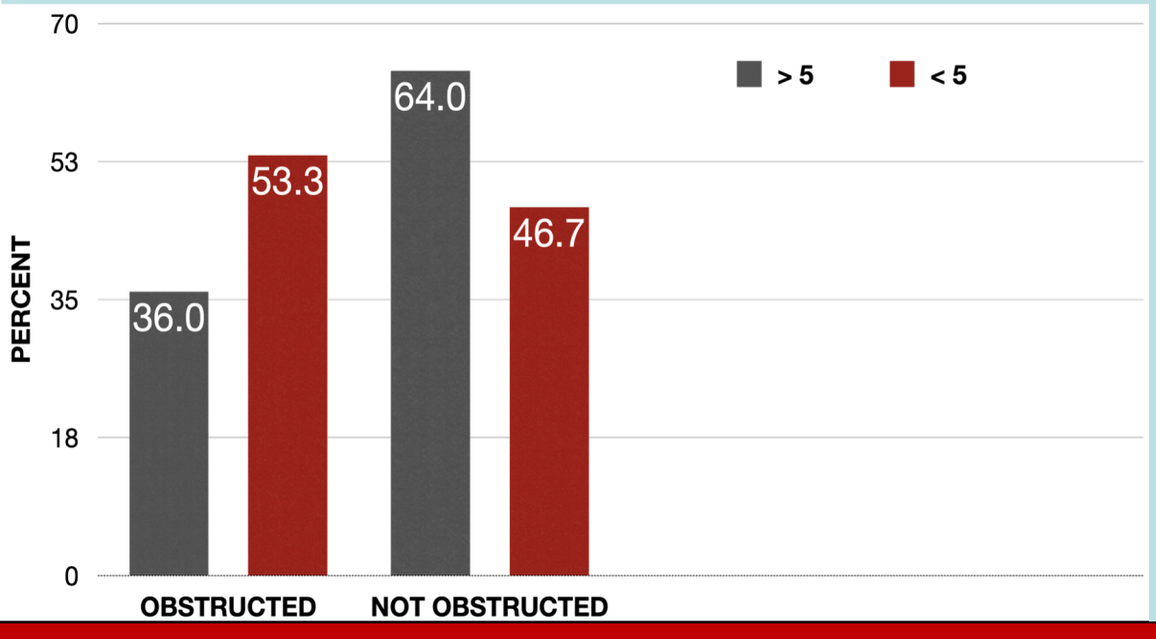
NUMBER OF OBSTRUCTED AND NON-OBSTRUCTED LOCALLY ADVANCED RECTAL CANCER PATIENTS



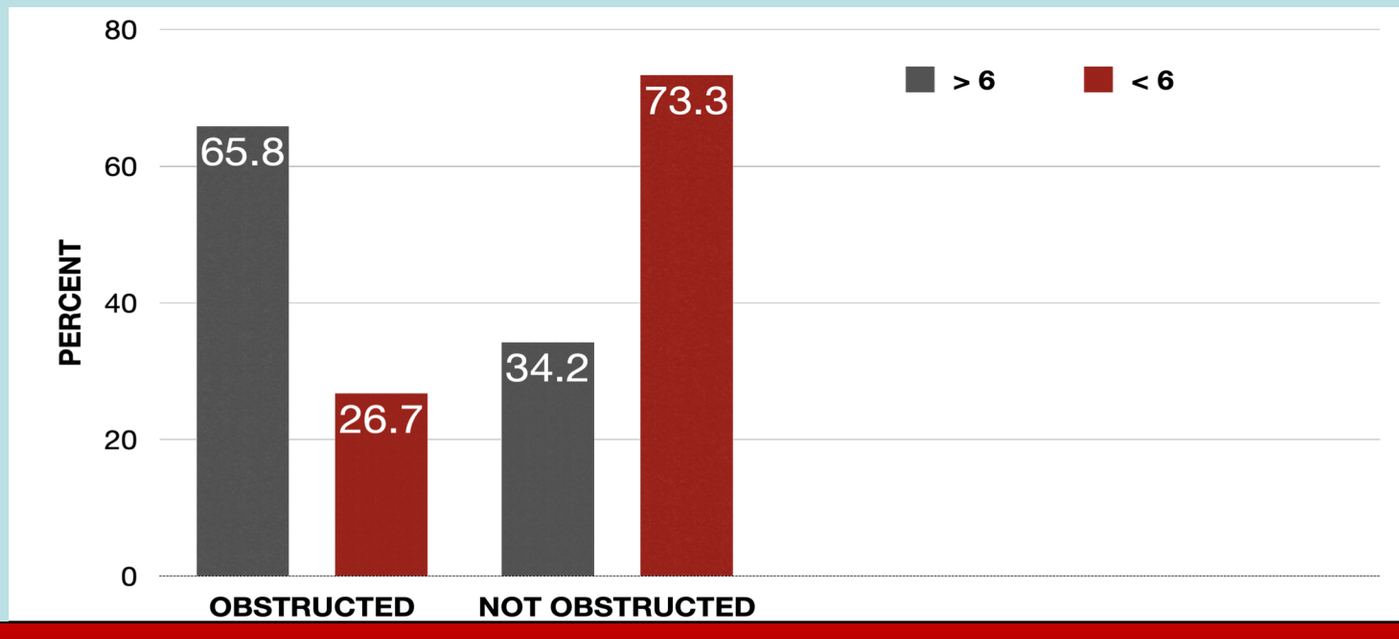
FEATURES OF ENDOSCOPIC OBSTRUCTION AND RADIOLOGICAL NARROWING



DISTANCE FROM AV



TUMOUR LENGTH



DISCUSSION

- Multivariate analysis of 165 patients showed independent factors that contribute to the likelihood of tumour obstruction were pre-treatment features of endoscopic obstruction (p = < 0.001; OR 39.5, 95% CI: 11.6 – 135.0) and radiological narrowing (p = 0.004; OR 4.4, 95% CI: 1.6 – 11.8), distance from AV < 5 cm (p = 0.008, OR 4.4, 95% CI: 1.5 – 13.4) as well as tumour length ≥ 6cm (p = 0.048, 0R 2.6, 95% CI: 1.0 -6.8).
- Only 13 patients (17.3%) developed stoma complications, of which only 2 resulted in delay of initiation of pre-operative radiotherapy.
- There is no difference between the time of initiation of neoadjuvant radiotherapy between the obstructed and non-obstructed group (p = 0.926).

CONCLUSION

A diversion stoma is mandatory in LARC patients with features of endoscopic obstruction while a selective approach should be used in performing diversion stoma in LARC patients with presence of features of radiological luminal narrowing, distance from AV < 5cm and tumour length ≥ 6cm.