Clinical Fixation (cT4): CRT + TME vs. En Bloc Resection/Exenteration

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Takayuki Akasu, M.D.

No Conflict of Interest
CRM and Local Recurrence

Wibe BJS 2002

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No. at risk

<table>
<thead>
<tr>
<th>Tumor Size</th>
<th>0–1 mm</th>
<th>2–5 mm</th>
<th>6–10 mm</th>
<th>&gt; 10 mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–1 mm</td>
<td>65</td>
<td>51</td>
<td>41</td>
<td>29</td>
</tr>
<tr>
<td>2–5 mm</td>
<td>170</td>
<td>152</td>
<td>107</td>
<td>64</td>
</tr>
<tr>
<td>6–10 mm</td>
<td>168</td>
<td>157</td>
<td>110</td>
<td>73</td>
</tr>
<tr>
<td>&gt; 10 mm</td>
<td>263</td>
<td>271</td>
<td>204</td>
<td>136</td>
</tr>
</tbody>
</table>

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Cumulative Survival (%)
Short-Course Radiotherapy

- Marijnen (JCO 2001)
  - Short-course RT with 5 X 5 Gy does not lead to downstaging
- Marijnen (IJROBP 2003)
  - Short-course RT cannot compensate for microscopically irradical resections
Long-Course CRT

• Chau (JCO 2006)
  – n = 67
  – T4, high risk T3, N2
  – 54 Gy + capecitabine + oxaliplatin
  – Response rate 97%
  – pCR 24%
  – T4 \rightarrow pT0-3 \ 13/13 = 100%

• Hospers (Ann Surg Oncol 2007)
  – T4, high risk T3
  – 50.4 Gy + capecitabine + oxaliplatin
  – pCR 10%
  – T3-4 \rightarrow pT0-2 \ 7/21 = 33%
Present
TME + combined resection $\geq 2$-10 mm + CRT

Near Future
RCT
TME + combined resection $\geq 2$-10 mm + CRT versus TME + CRT

Future
TME + CRT
Prostate

Slight invasion → TME + partial rx ≥ 2 mm
Massive invasion → Exenteration

Vagina

Slight invasion → TME + partial rx ≥ 2 mm
Massive invasion → TME + partial rx ≥ 2 mm