

The Value of Endoscopy as a Predictive Factor when Evaluating the Clinical Response to Neoadjuvant Chemoradiotherapy for Patients with Rectal Cancer

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Abstract

Introduction: Standard treatment rectal cancer according to numerous international guidelines recommends neoadjuvant chemoradiotherapy (nCRT). Literature data suggests that a better response to nCRT (greater tumour regression) leads to improved overall survival rates (OS) and disease-free survival rates (DFS). Tumour response to nCRT can be assessed either through clinical or pathological examination. The clinical tumour response is evaluated via a digital rectal examination, endoscopy (with or without ultrasound) and DWI-MRI. Our goal was to see if, when evaluating the clinical response to neoadjuvant chemoradiotherapy we can rely on the endoscopic findings and if it could have a predictive value for the overall outcomes.

Method: A retrospective study was performed on 43 patients that were treated for rectal cancer in our clinic following neoadjuvant chemoradiotherapy. We divided the patients into two groups regarding the endoscopy grading.

Results: Patients with a better response (endoscopy good grade) had a better disease free survival rate and lower recurrence rate compared to patients with a endoscopy low grade (86,5% vs 56,6%) and (10,34% vs 42,85%).

Conclusion: Endoscopy could be a useful tool in appreciating the tumour response to nCRT, and further research is needed in determining the best method for evaluating clinical response to neoadjuvant therapy in patients with rectal cancer.

Key words: rectal cancer, neoadjuvant, chemoradiotherapy, endoscopy