

NCCN Abstract Template- 2014 NCCN Annual Conference General Poster Session*

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Topic Area: Colorectal Cancer

Title: Adjuvant Radiotherapy for Locally Advanced T4 Colon Cancer

Background:

The use of adjuvant radiotherapy for locally advanced colon cancer remains controversial. This study is a retrospective analysis on the use of adjuvant radiotherapy after resection for T4 colon cancer.

Methods:

Eligible patients included those with T4, N0-N2, M0-M1 colon cancer tumors adherent to adjacent structures. Patients with limited liver metastases amenable to local therapy via resection, radiofrequency ablation, chemoembolization or radioembolization were also eligible. Patients with non-hepatic distant metastases were ineligible. All patients underwent surgical resection. Close margin was considered to be less than 1 mm from resection margin. Patients subsequently received chemoradiation with 5-FU based chemotherapy followed by adjuvant chemotherapy. Dose of radiation ranged from 45–50.4 Gy.

Results:

Nineteen patients were included in this study. Median follow up time was 30 months (range: 4-111 months). The average age at diagnosis was 57 years old (range: 31-86 years old). Eleven patients were diagnosed T4N0M0, four patients were diagnosed T4N1M0, three patients were diagnosed T4N2M0, and one patient with T4N2M1. At the time of resection, ten patients had positive or close radial margins.

2- year and 5-year local relapse-free survival was 55%. All patients who suffered local recurrence also suffered metastatic recurrence. 2-year and 5-year metastatic relapse-free survival was 46% and 30% respectively. 2-year and 5-year overall survival was 93% and 80% respectively. All patients who developed local recurrence had positive radial margins at resection. Five out of six patients who developed metastatic recurrence had positive radial margins at resection. 5-year local relapse-free survival among patients with negative and positive margins was 100% and 0% respectively ($p<0.02$). 5-year metastatic relapse-free survival among patients with negative and close/positive margins at resection was 67% and 0% ($p<0.01$). All patients with negative radial margins were alive without disease status at last follow up despite having T4 colon cancer.

Conclusions:

Results were comparable to outcomes in the literature. Achieving negative margins was the most important prognostic factor in our study and reaffirms the importance of obtaining negative margins. The use of neoadjuvant chemoradiotherapy could be considered in these select patients. Further studies are warranted to further elaborate the benefits of adjuvant radiotherapy in T4 colon cancer.

Table (Optional):





