Adjuvant chemotherapy for rectal cancer

In a recently published review of randomised trials, we called into question the widely held view that patients with rectal cancer who are treated with preoperative chemoradiotherapy should routinely receive further postoperative adjuvant 5-fluorouracil (5-FU)-based chemotherapy [1]. The aim of this letter was to present additional relevant data that have only recently become available and were not shown in our article.

In our review, we cited the preliminary results of an Italian trial presented in abstract after a median follow-up of 25 months. This trial compared observation versus adjuvant chemotherapy (5-FU plus leucovorin) in 634 patients having tumour resection, all of whom had received prior preoperative chemoradiation. Currently, Cionini et al. [2] have reported long-term results in the abstract accepted for presentation in the 2010 European Society of Therapeutic Radiation Oncology Meeting. The overall survival at 10 years was 63% in the observation group and 63.4% in the adjuvant chemotherapy group. The corresponding figures for the incidence of distant metastases were 23.9% and 24.3%. These mature results confirm the findings of the EORTC 22921 trial [3].

Examining the results of the above trial, postoperative adjuvant chemotherapy did not demonstrate even a trend towards any improvement of outcome. These results strengthen the conclusion from our review that delivery of adjuvant chemotherapy in rectal cancer patients undergoing preoperative radio(chemo)therapy is not evidence based.

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disclosure

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references


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