

Up close and personal with a rectal cancer

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Presentation

Colorectal

Digestive Oncology

Surgery

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The speaker presented a case of locally advanced rectal cancer with sphincter invasion treated with total neoadjuvant therapy based on the PRODIGE 23 protocol, achieving moderate pathological response and highlighting the role of individualized adjuvant decision-making.

KEY POINTS

- The case involved a 55-year-old man with cT4b N1a locally advanced lower rectal cancer invading the mesorectal fascia, prostate, seminal vesicle, and left levator ani, with extramural vascular invasion and mesorectal tumor deposits.
- The speaker recommended PRODIGE 23-based total neoadjuvant therapy, which in the trial showed patients had a 30% lower risk of disease recurrence and death at 3 years compared to standard chemoradiotherapy, with complete pathological response rates of roughly 30% versus 12%.
- The patient received FOLFIRINOX induction chemotherapy for 5 cycles (last cycle cancelled due to viral infection and liver cytolysis), followed by long-course chemoradiotherapy, then abdominoperineal resection with partial prostatectomy 8 weeks later.
- Final pathology showed ypT3 N1a disease with 1 positive lymph node out of 16, perineural invasion, and moderate tumor regression grade, with evidence of complete response in one metastatic lymph node.
- The speaker indicated that adjuvant chemotherapy decisions should involve individual discussion with the patient rather than applying a mandatory protocol to all cases.

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