Effects of preoperative radiochemotherapy with capecitabine for resectable locally advanced rectal cancer in elderly patients

Giampiero Ausili Cefaro, Domenico Genovesi, Annamaria Vinciguerra, Antonietta Augurio, Monica Di Tommaso, Rita Marchese, Valentina Borzillo, Lucia Tasciotti, Maria Taraborrelli, Paolo Innocenti, Giuseppe Colecchia, and Marta Di Nicola

1Radiation Oncology Department, and 2Surgery Department, G. d’Annunzio University, Chieti; 3Surgery Department, Santo Spirito Hospital, Pescara; 4Laboratory of Biostatistics, Department of Biomedical Science, G d’Annunzio University, Chieti, Italy

ABSTRACT

Aims and background. Rectal cancer is a common disease of elderly people. However, patients over 70 years of age are often not included in clinical trials. There is a lack of data concerning the use of radiochemotherapy with capecitabine in elderly patients. The aim of this study was to retrospectively evaluate the impact of preoperative radiochemotherapy with capecitabine on downstaging and sphincter preservation and to assess treatment compliance and toxicity in elderly patients.

Methods. Twenty-six patients with resectable locally advanced rectal cancer (stage II-III/TNM) aged ≥70 years received preoperative radiotherapy and concurrent oral capecitabine 825 mg/m² twice daily during the whole period of radiotherapy. Two patients who refused surgery after chemoradiation therapy were excluded from the analysis.

Results. Eighty-one percent of patients underwent anterior resection and 18.1% underwent abdominoperineal resection. Overall tumor downstaging, considering both T and N categories, was observed in 18/24 patients (75%). Treatment compliance was good and toxicity rates were similar to those of younger people.

Conclusions. Age is not a contraindication to any therapy and elderly patients who can tolerate radiochemotherapy should be treated like younger patients. Preoperative radiochemotherapy with capecitabine for patients aged ≥70 years has a good impact on tumor downstaging, increases the feasibility of sphincter-preserving surgery, and is also safe and well tolerated.

Key words: rectal cancer, elderly patients, preoperative radiochemotherapy, capecitabine.

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Correspondence to: Domenico Genovesi, MD, Radiation Oncology Department, G d'Annunzio University, SS Annunziata Hospital, Via dei Vestini, 66100, Chieti, Italy. Tel +39-0871-358244; fax +39-0871-357473; email d.genovesi@unich.it

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