G R dig
Grand Round digestif
Vendredi 6 - Samedi 7 mars 2020
Salons NEWORK
Port de Javel Haut – PARIS 15ème

# Radiothérapie de contact :
## « revival » pour la préservation rectale?

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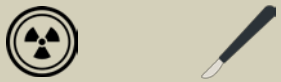
# Contexte

TME
ou
CRT + TME



Survie globale
65-95%

Métastases
10-35%

Contrôle local
5-10%

Toxicité
20-40%

# Préservation rectale

| Series | Treatment | cCR | LR | M+ | OS |
|---|---|---|---|---|---|
| **Habr-Gama 2004/2014**  <br>Follow-up 60m<br>N=183 – 5y | 50.4-54Gy/5-FU | 49% | 31% | 13.5% | 91% |

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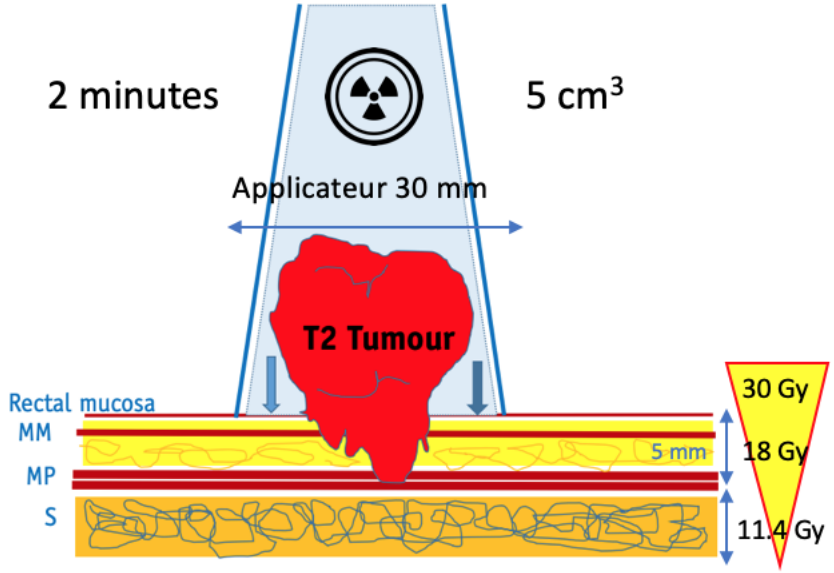
| **Smith 2012/2019**<br>Follow-up 43m<br>N=113 – 5y | 45-54Gy/5FU | 11% | 21% | 8% | 73% |
| **Appelt 2015/2019**<br>Follow-up 60m<br>N=51 – 5y | SIB 60-50Gy/UFT<br>+brachy boost 5Gy | 78% | 30.9% | 17.5% | 85% |
| **Martens 2016**<br>Follow-up 41.1m<br>N=100 – 3y | 50,4Gy/5FU (95%)<br>25Gy+/-CAPOX (5%) | 17% | 15% | 5% | 96.6% |
| **Renehan 2016**<br>Follow-up 33m<br>N=129 – 3y | 45Gy/5FU | 12% | 38% | 5% | 96% |
| **IWWD 2018**<br>Follow-up 39.6m<br>N=880 – 2/3y | CRT+/-BrachyT | NC | 25.2% | 8.1% | 84.7% |

# Radiothérapie de contact

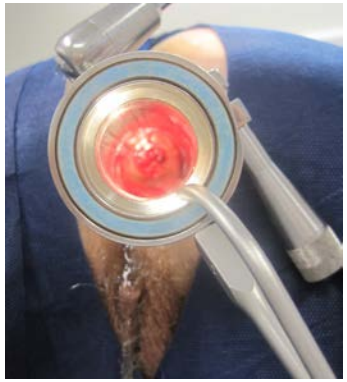
INTRACAVITARY IRRADIATION OF EARLY RECTAL CANCER FOR CURE

*A Series of 186 Cases*

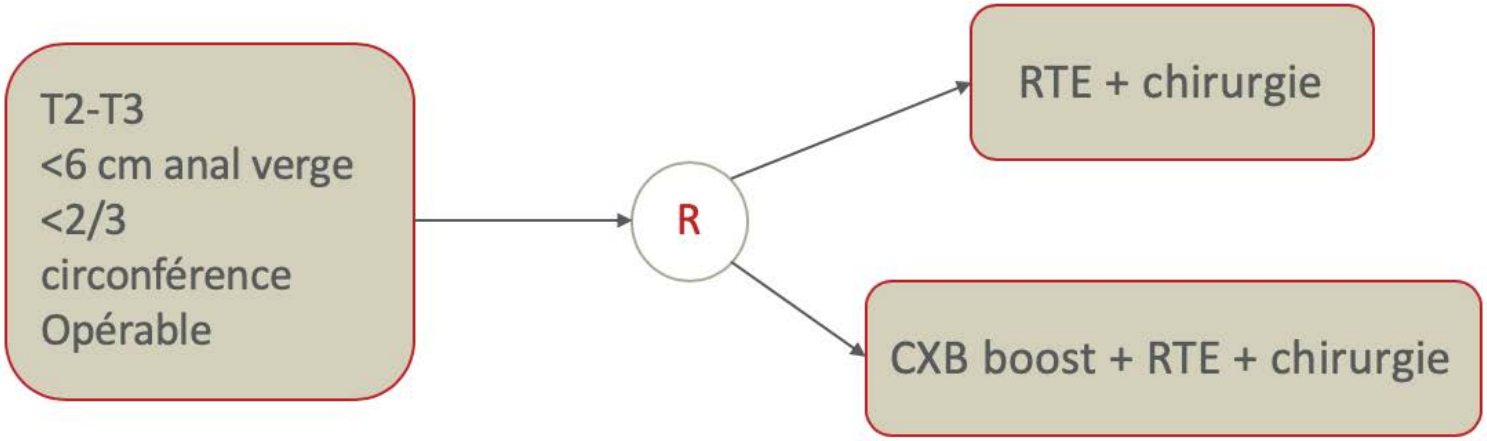
JEAN PAPILLON, MD







# Lyon R96-02 Randomized Trial




Objectif principal : préservation sphinctérienne

J1 → 35 Gy
J8 → 30 Gy
J21 → 20 Gy

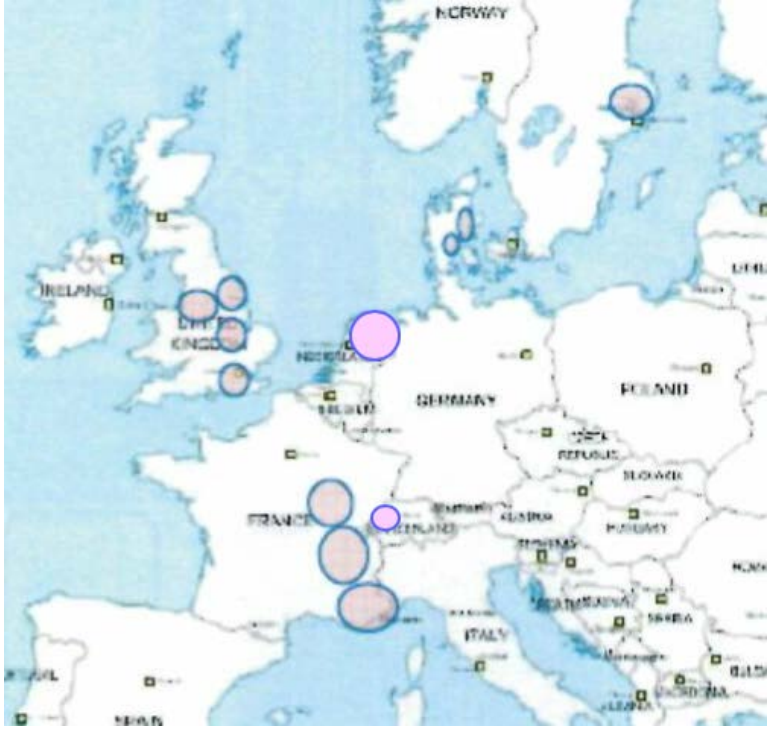
| N = 88 | RTE (N=43) | CXB + RTE (N=45) |
|---|---|---|
| Préservation sphinctérienne | 44% | **76%** |
| cCR | 2% | **24%** |
| Préservation organe | 0 | 22% |

Toxicité comparable

Gérard JP. JCO. 2004

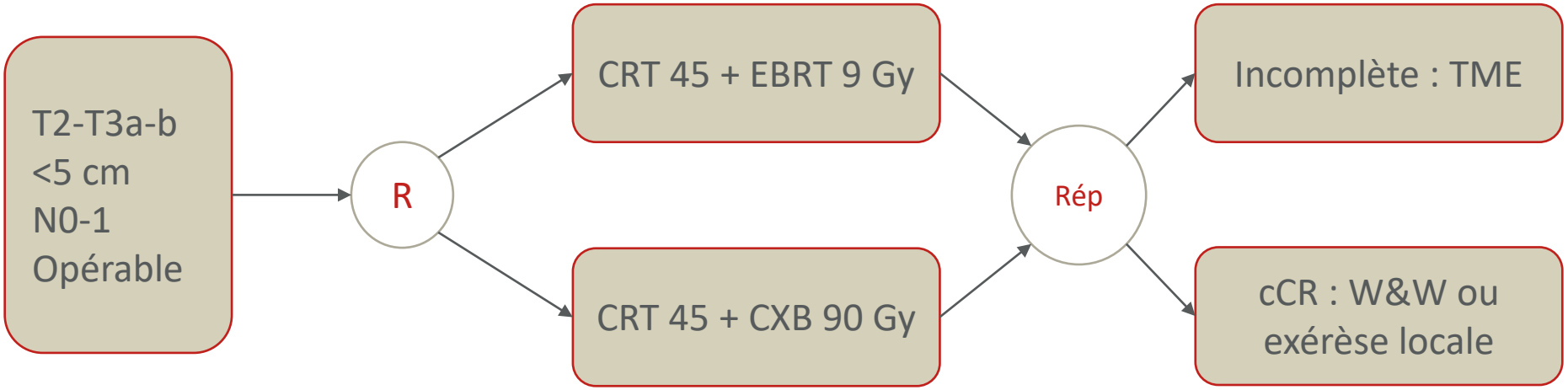
# 12 centres en Europe

Toxicité :
Rectorragie G3 <10%
LARS good >65-80%
Fonction ano-rectale satisfaisante 92%

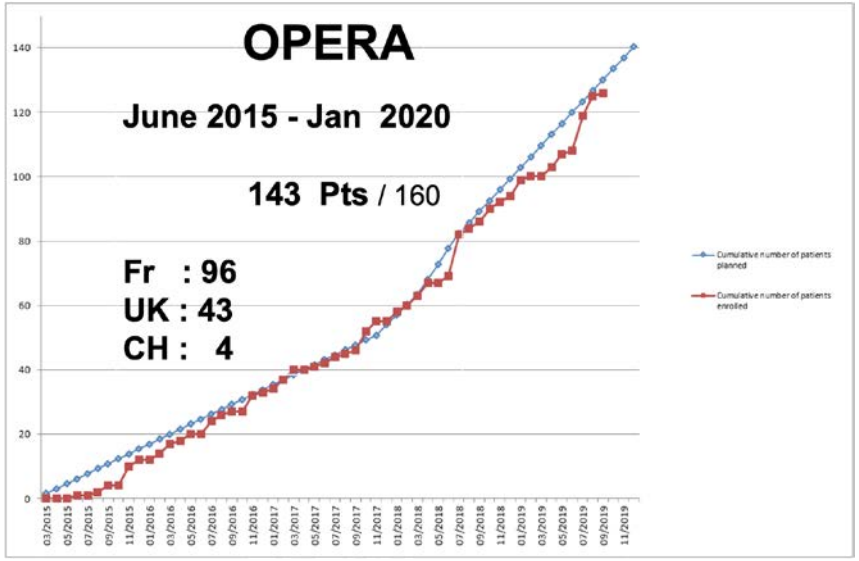



| | Patients | T2/T3 | cCR | LR | OP |
|---|---|---|---|---|---|
| **Myint 2017** Follow-up 60m | 200 | 89/90 | 72% | 11% | 62% |
| **Dhadda 2017** Follow-up 60m | 43 | 26/17 | 90% | 15% | 89% |
| **Gerard 2019** Follow-up 60m | 74 | 46/28 | 94% | 11% | 94% |
| **Total** | 317 | 161/135 | 85% | 12% | 81% |

# OPERA Randomized Trial




Objectif principal : préservation rectale à 3 ans



# Take home message

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- Préservation rectale est devenue une option (NCCN ; ESMO)
- Radiothérapie de contact :

| | CRT seule | CRT + Boost CXB |
|---|---|---|
| cCR | 45% | 85% |
| LR | 30% | 15% |

- Technique sûre (uniquement la cible ; petit volume ; précision)
- Résultats phase III en attente…

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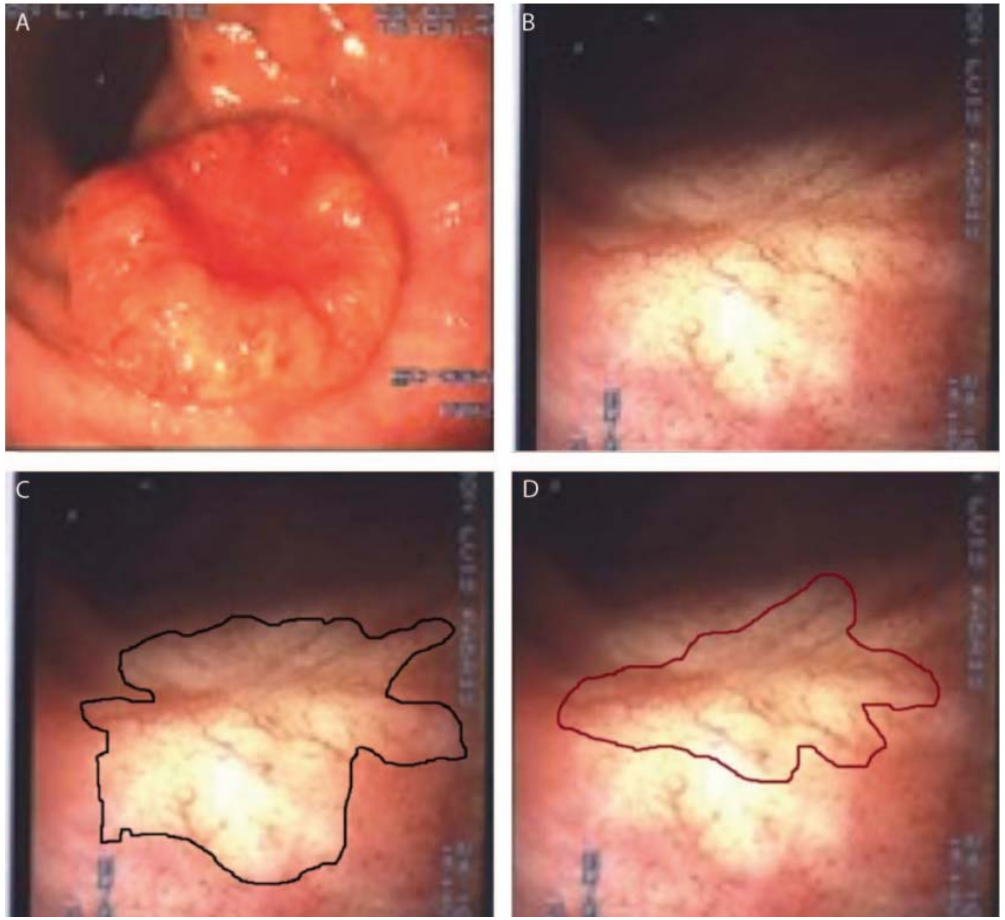
# Merci pour votre attention

# Définition cCR



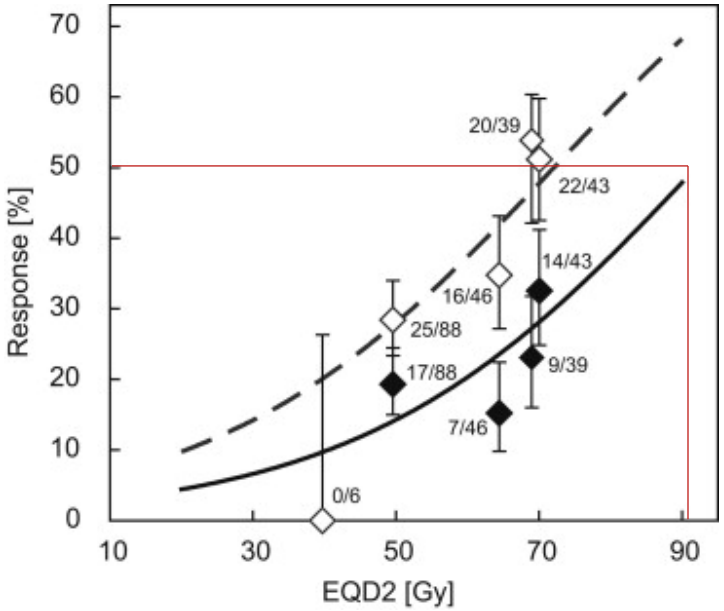

Habr-Gama A. Dis Colon Rectum. 2010

# W&W vs Local excision

- Récidive locale < 10%
- Résultats oncologiques identiques à la chirurgie radicale
- En cas de TME complémentaire, la morbidité et la toxicité sont multiplié par 2

- Préserve la fonction ano-rectale et la qualité de vie
- Chirurgie radicale nécessaire chez 1/3 des patients
- Chirurgie de rattrapage possible dans 90% des cas, mais 50% AAP

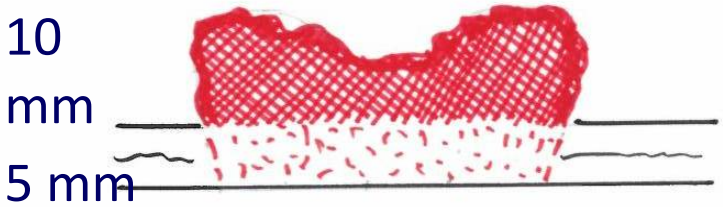
# Effet - Dose



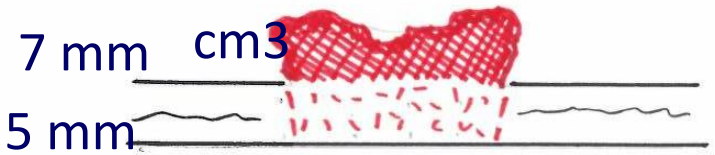

50% pCR
Dose = 92 Gy

Appelt AL. Int J Radiat Oncol Biol Phys. 2013

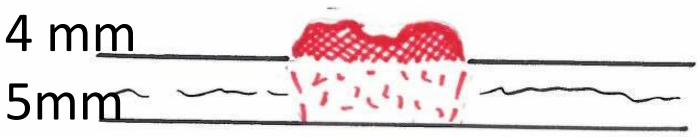
## Contact X ray Brachy




2,8 x 2,8 x 1,5 = 9,2 cm3




2.2X2.2X1.2 = 4.5 cm3




1.8X1.8X0.9 = 2.3 cm3

**D 1**

**35** (30) **Gy**

**D 14**

**30 Gy**

**D 28**

**25** (30) **Gy**

- **D1 – D 28 : 90 Gy / 3 Fr**

**-Mean Dose:9 Gy/F**

**(27 Gy / 3 fr)**

- **α/β :10 = 42 Gy EQD2**

- **+ 50 Gy (Cap 50)**

# EQD2 = 92 Gy

*A Appelt*

- Patients who refuse surgery and fulfil local treatment criteria (tumour < 3cm, G1/2, no LVI, cT1N0M0)
- Medically inoperable patients who fulfil local treatment criteria
- Patients with low risk pT1 SM2 tumours post local resection
- Patients with pT1 SM3 or pT2 tumours post local resection who are unfit for radical resection
- Medically unfit patients with tumours >3cm or more advanced tumours (cT2/3) who show a good response to initial external beam radiotherapy