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New standard in locally advanced rectal cancer

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Abstract

In the following review we intend to ascertain the optimal neoadjuvant therapy in patients with locally advanced rectal cancer. In 2004, a study revealed that chemoradiotherapy (CRT) had better local control when performed preoperatively rather than postoperatively, thus neoadjuvant treatment was established as a standard treatment. Afterwards the Polish study and the Trans-Tasman Radiation Oncology Group (TROG) showed no statistically significant difference between concomitant CRT over 5 wk *vs* short-course radiotherapy (RT). Therefore, both were established as standard neoadjuvant treatments. Later, the Stockholm III study demonstrated that short-course RT had higher complete pathological response than long-course RT. It also showed that a delay between RT and surgery presented fewer complications. This opened a window of time to provide an early and effective systemic treatment to prevent distant metastases. Studies show that short-course RT plus oxaliplatin based

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Pre-operative short-course radiotherapy (RT) followed by chemotherapy should be the new standard of care for treating locally advanced rectal cancer, according to investigators who presented results of the phase 3 RAPIDO trial at the virtual 2020 ASCO Annual Meeting. “Local control in locally advanced rectal cancer has improved.

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The currently established standard of care for patients with locally advanced rectal cancer involves **preoperative (neoadjuvant) concurrent radiotherapy and infusional fluorouracil–based or oral capecitabine–based chemotherapy**, also known as chemoradiotherapy (CRT), followed by surgery. Surgery is often followed by adjuvant chemotherapy.

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