diagnosis is mandatory for all pancreatic mass, as its treatment and prognosis differs from adenocarcinoma. Radiotherapy may be effective.

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Adjuvant treatment in locally advanced gastric cancer: A monoinstitutional experience

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Introduction. In localised gastric cancer, surgery remains the cornerstone of treatment. Nevertheless the dismal outcome has led to a large debate regarding the role of adjuvant treatment in addition to surgery. The aim of the study was to evaluate the outcome of adjuvant RCT in terms of local control and survival for locally advanced gastric cancer in our institution.
Materials. Between April-2001 and March-2012, 71 patients with locally advanced gastric cancer were treated with adjuvant chemo-radiotherapy regimen. Median age was 66 (38–81) years. Location tumours were: cardias 9.9%, body-fundus 36.6% and antro-pylorus 53.5%. 91.5% of patients received adjuvant bolus fluoropyrimidine-based chemotherapy previous to concomitant treatment; 7% received other QT and 1.4% none. 3DCRT radiotherapy was used, delivered dose was 45–50.4 Gy (1.8 Gy/day) in 93% of cases; 7% of cases did not received treatment. Concomitant chemotherapy regimes used were 66.2% continuous fluoropyrimidine-based chemotherapy, 29.6% bolus fluoropyrimidine-based chemotherapy and 1.4% PFL; 2.8% of cases none. Pathologic stage was 11.3% IB, 23.9% IIA; 25.4% IIB, 18.3% IIIA, 21.1% IIIB. Surgery was performed in 100% of patients (total gastrectomy was 23.9%; partial gastrectomy was 73.2% and 2.8% others).
Results. Median follow-up was 37, 5 months (7-98). 5-year actuarial overall survival (OS) was 60%; 5-year disease-free survival (DFS) was 57%, and 5-year local progression free survival (LPFS) was 59%. Medium DFS was 61.53 months (95% CI: 51.7–71.35) and medium OS was 66.07 months (95% CI: 56.73-75.42). Grade 3-4 toxicity: 7% diarrhea; 7% mucositis, 9.8% anemia; 1.4% neutropenia; 2.8% nauseas; 2.8% vomits; 2.8% asthenia, 2.8% anorexia and 1.4% hand-foot syndrome.
Conclusions. Prognosis of gastric cancer remains dismal, high relapse rates indicate the need for adjuvant therapy as an integral part of treatment. Our results confirm that adjuvant RCT is feasible approach for gastric cancer, offering good outcomes in-field tumour control, low toxicity profile and overall survival.

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Capecitabine and preoperative radiotherapy in local advanced rectal cancer

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Introduction. For the majority of patients with stages II and III rectal cancer is recommended combined-modality therapy consisting of radiation therapy, chemotherapy and surgery. Preoperative radiotherapy combined with oral capecitabine is considered as the standard treatment in this situation.
Objective. The purpose of this study is to evaluate the results obtained with preoperative chemoradiotherapy using capecitabine in terms of downstaging, distal and local recurrence and survival.
Method. Between January 2005 and December 2011, 117 patients with histological diagnosis of rectal adenocarcinoma stages II-III were treated with preoperative 3D radiotherapy (50.4 Gy) combined with capecitabine 825 mg/m^2/12 h daily during the complete course of radiation. Surgery was performed 6–8 weeks after the end of combined treatment. Staging workup in all patients consisted in colonoscopy, endorectal ultrasound, pelvic MRI and PET-CT. Most of the patients were men and the mean age of the series was 62 years. Clinical Staging TN was as follows: T2 (6%), T3 (71%), T4 (23%), N0 (38%), N1 (42%), N2 (20%). Surgical procedures using total mesorectal excision were: low anterior resection (60%) and abdominoperineal resection (38%). The mean follow-up of the series was four years.
Result. The rate of pathologic complete response obtained in this series was 22%. Tumor downstaging was observed in 66%, node downstaging in 50.5% and TN downstaging in 34%. With a mean follow-up of more than four years the rate of local recurrence observed was 5% and distance recurrence of 22%. The mean survival at four years was 88% and the disease free survival at four years was 70%.