Preop Radiation Slowed Rectal Cancer Recovery

BY DOUG BRUNK
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Patients with primary rectal cancer who undergo short-term preoperative radiotherapy before total mesorectal excision experienced more sexual dysfunction and slower recovery than patients who did not undergo radiotherapy, results from a large, multicenter, randomized trial have shown.

But overall health-related quality of life (HRQL) measures did not differ significantly between the two treatment groups.

"Our study is the first prospective randomized study addressing both HRQL and sexual functioning," wrote the investigators, led by Corrie Marijnen, M.D., of the department of clinical oncology at Leiden University Medical Center, the Netherlands.

The investigators randomized 990 rectal cancer patients to receive preoperative radiotherapy (PRT) followed by standard total mesorectal excision (TME) or TME alone. Patients in the PRT arm received a total dose of 25 Gy in five fractions over 5-7 days (J. Clin. Oncol. 2005;23:1847-58).

All patients filled out HRQL surveys before treatment and at 3, 6, 12, 18, and 24 months postoperatively. The survey consisted of a measure of overall perceived health from the Rotterdam Symptom Checklist, as well as questions about cancer symptoms, voiding and defecation problems, and sexual function.

No significant differences were observed between the two treatment groups in terms of overall perceived health. The only HRQL measure that was significantly different between the two groups was activity level at 3 months, which was worse for those who received PRT.

"However, compared with baseline, PRT-positive patients did worse at 3 months for both [visual analogue] score and physical symptom scale, whereas this was not the case for PRT-negative patients," Dr. Marijnen and his associates wrote. "From 6 months onward this difference no longer existed, suggesting it takes PRT-positive patients longer to recuperate from surgery."

In terms of sexual functioning, significantly more men and women in the PRT arm reported a significant decline in sexual activity postoperatively, compared with those who did not undergo PRT.

For males, postoperative ejaculation problems were significantly more pronounced in those who received PRT. "Irradiated men show a decrease in erectile function for up to 2 years, suggesting late radiation damage to the small vessels," the investigators wrote.

For females, vaginal dryness and pain during intercourse worsened in both treatment arms, but there were no significant differences between the two groups.

"We therefore conclude that short-term PRT does lead to a significant deterioration in sexual functioning, but this is not reflected in worse valuation of HRQL," they said. "An explanation for this might be the fact that patients consider sexual functioning least important for their HRQL." ■

Abdominal Repair Wards Off Rectal Prolapse Recurrence

BY MITCHEL L. ZOLER
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PHILADELPHIA — Treatment of rectal prolapse by abdominal repair led to a significantly lower rate of recurrence compared with perineal repair, in a review of 78 patients at a single center.

Although this finding is limited by the possibility of selection bias, the results "suggest that abdominal repair is preferable if a patient's risk profile permits this approach," Scott R. Steele, M.D., said at the annual meeting of the American Society of Colon and Rectal Surgeons.

He and his associates reviewed the case records of 78 patients who underwent surgical repair for recurrent rectal prolapse at the University of Minnesota, Minneapolis, from June 1987 to March 2003. This group was drawn from 685 patients who, during this period, had an operative repair for full-thickness, external rectal prolapse.

In the group with a recurrent defect, 51 underwent a perineal procedure (average age 72), and 27 had an abdominal repair (average age 59). Patients in the two repair groups did not have a statistically significant difference in their average American Society of Anesthesiology risk class.

Seventy of the patients were women, and the average age for all patients in this subgroup was 66 years. The mean follow-up time was 9 months (range 1-82 months).

Among the 51 patients who underwent a perineal repair, 19 patients (37%) had a second recurrence. In contrast, among the 27 patients who had an abdominal repair, 4 (15%) had a second recurrence, reported Dr. Steele, a colon and rectal surgeon at the university.

Among the 23 patients in this group with a second recurrence (their third episode of prolapse overall), 6 had another perineal repair (3 of those had a subsequent recurrence), and 12 had an abdominal repair (1 of those had another recurrence).

Overall in this series, 57 patients had perineal repairs, with 22 (39%) having a recurrence. Among the 39 patients overall who had abdominal repairs, 5 had recurrences (13%). In this analysis of all prolapse repairs done for recurrent defects, the difference between the two methods was statistically significant, Dr. Steele said.

Adverse events were similar in the two repair groups. None of the patients died. ■