Metastatic rectal cancer

By Prof.Dr. Mohamed Saad Ellebishy
Faculty of medicine Alexandria university

1) The percentage of patients with rectal cancer present with distant metastases

2) Despite considerable progress in the treatment of advanced colorectal cancer, the vast majority of stage IV patients are not curable by current treatment protocols.

Is that statement true???

3) Biology of metastatic disease: tumorigenesis → angiogenesis → Malignant invasion →
↓cell adhesion → detachment → vascular and lymphatic permeation

4) What do we need for initial staging evaluation?

5) Multidisciplinary evaluation:

A- its importance

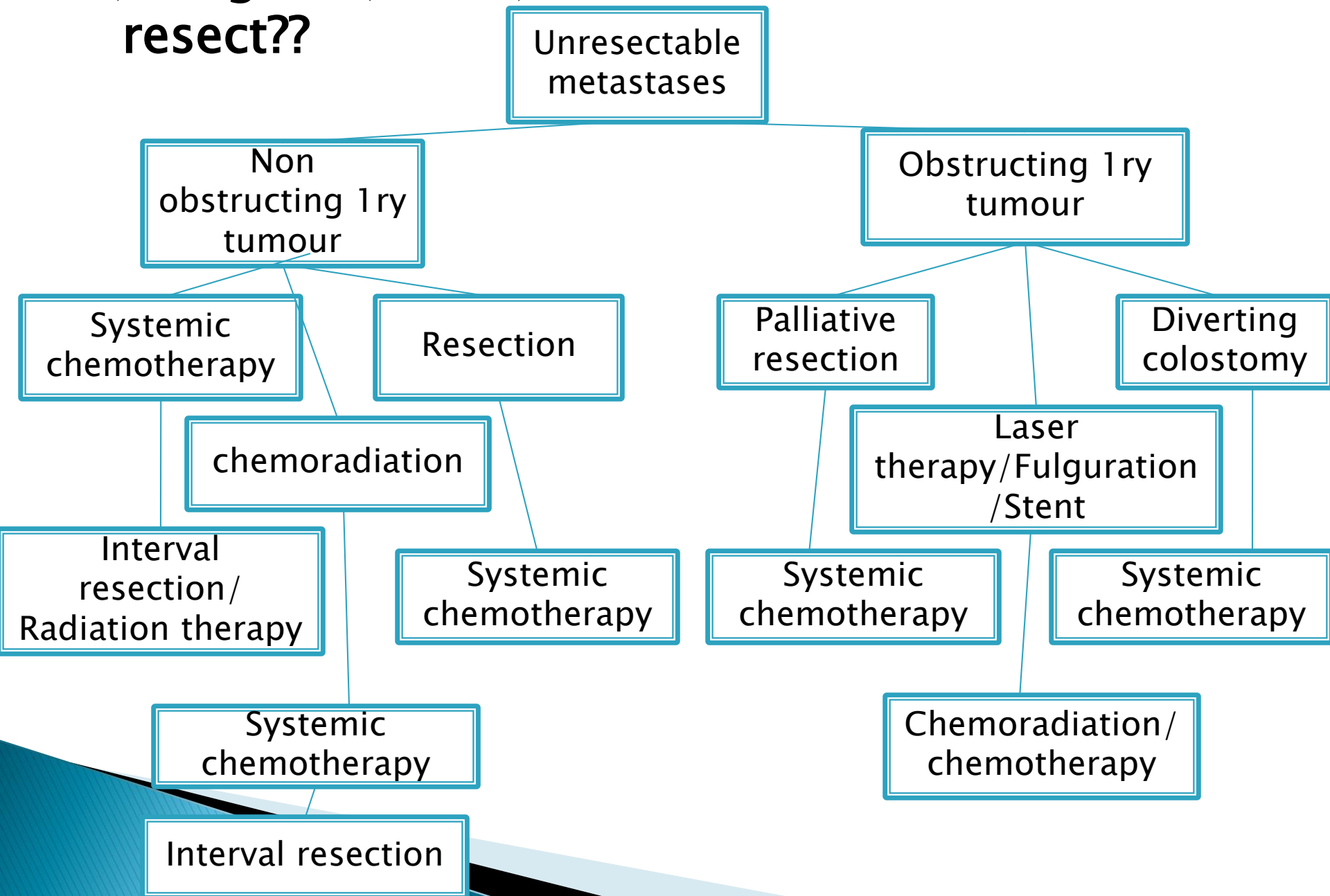
B- to what extent Is available in our institutes

6) Palliative management of the primary cancer:

- Laser
- Fulguration
- Stents

** Role of each*

7) Surgical (Rectal) : To resect or Not to resect??



8) Liver metastases:

*Diagnosis : Role of CT, MRI, PET, U/S, CT/PET

8) Liver metastases:

- Treatment option → availability
- Treatment option → Indication
- Treatment option → results (survival-qualtiy of life)

a) Chemotherapy
b) Biomarker target therapy
c) Hepatic arterial infusion
d) Resection

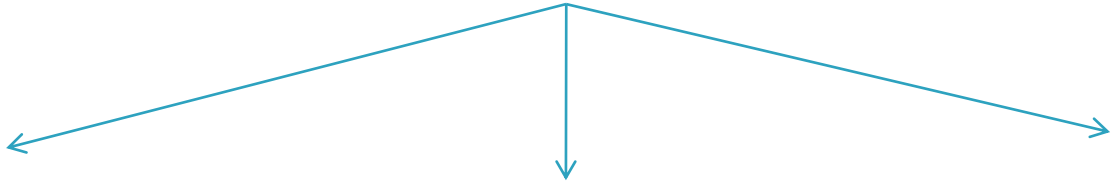
9) Lung metastases:

10% of patients with rectal cancer develop pulmonary metastases. The vast majority with metastatic rectal cancer to the lung have advanced disease and therefore treated with systemic chemotherapy or best supportive care.

To what extent this is true???

- 10% of patients who have isolated pulmonary metastases are candidates for pulmonary metastectomy ?

Metastasectomy



indications technique morbidity

&mortality

- **Factors affecting morbidity:** tumour biology
  ideal patient selection

- **Factors affecting outcome after surgery:**

a) Number & size
b) CEA
c) Incomplete resection
d) Free-disease interval (FDI)

- **Technique of lung metastasectomy**:

a) Thoracotomy
b) Contralateral thoracotomy
c) Video-assisted thoracoscopic surgery (VAIS)

- **Radiotherapy:**

Cyper knife (robotic assisted)

THANK YOU.