**INTRODUCTION OF RADIOCHEMOTHERAPY IN THE RECTAL CANCER**

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**Introduction:**

a) Make inoperable patients, operable after the radiochemotherapy.

b) Get a pathologic complete response (ypRC) at the maximum of the patients.

c) Decrease the rate of local recurrence and distant.

**Methods:**

We proposed this study over a period of 5 years, we have recruited patients with locally advanced rectal cancer, according to the TNM (T3, T4) whose age is between 18 and 70 years. We proposed 80 patients. (RT) is made at a dose of 45Gy in the pelvis by 4 beams with dosimetry. A boost is made to the tumor for a total dose of 50 Gy, with 18 MV at 2 Gy per session, five times per week. Chemotherapy is the FOLFOX4: All patients were assigned to surgeons for surgery (TME) of the cancer. The surgery (TME) was did at 4-8 weeks after the chemoradiotherapy.

**Results:**

(3.8%) had history of precancerous lesions: familial polyposis and ulcerative colitis. Rectal bleeding was found in 89% of patients. 70% of our patients had a low rectal cancer (which is the most common) The average time between symptoms and rectoscopy is 5.2 months. The average time between diagnosis and consultation radiotherapy was 61 days (2 months). The average time between diagnosis and treatment (RTCT) is 5 months. 98% of our patients are classes T3, T4 with 30% of T4. 78% N + , and only 21% N -. The RTCT was well tolerated by patients, no side effects Grade 4. 77 had surgery and only 3 patients did not have surgery. 55% of our patients had a conservative surgery. 41% had an abdominoperineal resection. The downstaging affects more than 60% of nodes and 45% of tumors. (63N+ before the RTCT, 23N+ after the RTCT). Only 1 patient was (T2) before the RTCT, 34 patients (T0 : 9, T1 : 3 T2 : 22) after the RTCT, and we have 12% complete pathological response. 61% of objective response. 2.7% had not a response to the RTCT. 34 patients had a partial response to the RTCT, the local recurrence rate is (4%). The average time of local recurrence was 12 months (6-21) relapse distance is 22.9%. The average time of relapse was 14 months away. Overall survival of our patients was 65.4%. The survival rate at 3 years is 81%. The survival rate at 5 years was 64%.

**Conclusion:**

Management of rectal cancer (like all other cancers) should be multidisciplinary through the Meetings Collaborative Multidisciplinary. Every patient should have a personalized treatment for all steps (radiochemotherapy, surgery, adjuvant chemotherapy).