Tumor Downstaging and Sphincter Preservation with Preoperative Chemoradiation in Locally advanced rectal cancer: The M. D. Anderson Cancer Center Experience

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Background
Nutritional support has long been known as an important part of multimodality treatment of head and neck cancer. Radiation therapy, chemotherapy, and surgery may increase the nutrient requirement and, at the same time, interfere with the patient’s ability to eat. Malnutrition is associated with higher cancer treatment-related morbidity and mortality. The prospective study from the Netherlands assessed the correlation of nutritional status with long-term outcome of patients with locally advanced head and neck cancers.

Methods
Sixty-four patients with stage T2-T4 histologically proven squamous cell carcinomas of head and neck were included in the study. Of those, 44 patients had previously untreated tumors. Twenty-eight patients underwent a total laryngectomy (removal of the larynx) and 36 patients underwent a composite resection of the primary tumor in the oral cavity or pharynx. Nutritional assessment prior to surgery included determination of the percentage of weight loss during the 6 months before treatment, the percentage of ideal body weight, serum albumin, total lymphocyte count, nutritional index, and bioelectrical impedance analysis. Minimum follow-up was 3 years.

Results
Overall survival was 55%, 47% for men and 76% for women. Statistical comparisons tests revealed no difference between men and women in terms of tumor stage and surgical procedure. However, other prognostic factors, such as performance status, comorbidities, and history of smoking were not addressed. None of the investigated nutritional parameters correlated with survival. Males with more advanced nodal disease who had preoperative weight loss >5% had poorer survival.

Discussion
Nutritional parameters investigated in this study did not correlate with survival. Males with advanced nodal disease who had preoperative weight loss of >5% appeared to have a poor outcome. The difference in survival between men and women may be secondary to other prognostic factors, which were not addressed in the article.