

직장암의 진단 및 치료 진단 및 치료

Recent Advances in the Diagnosis and Treatment for Rectal Cancer

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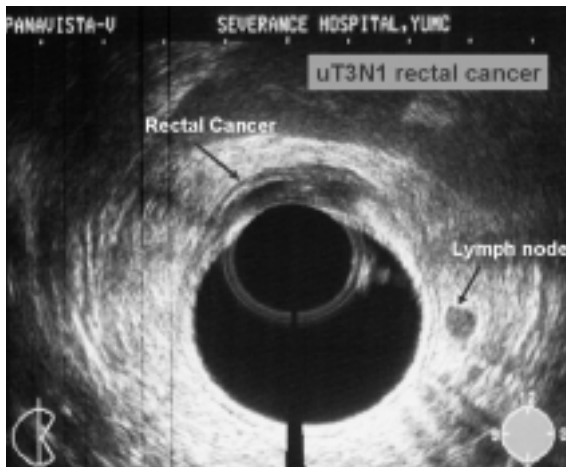
Abstract

Optimal surgical treatment of rectal cancer is important to control local disease and preserve voiding and sexual function with a good quality of life. Anal sphincter preservation is a challenging issue in distal rectal cancer. Preoperative combined multimodality treatment might increase the rate of anal sphincter preservation. Postoperative adjuvant therapy with chemoradiation in stage II and III seems to increase survival rates and decrease local failure. To achieve the best oncologic and functional outcomes, the extent and type of surgery must be chosen based upon accurate preoperative staging of rectal cancer. Early cancer can be managed with minimal invasive surgery, however, neoadjuvant chemoradiation therapy on patients with locally advanced rectal cancer can improve resectability and oncologic outcomes. The rate of local failure is markedly decreased with the development of sharp pelvic dissection and the concept of total mesorectal excision. Total mesorectal excision is to remove rectal cancer and surrounding mesorectum completely without interruption of the rectal proper fascia. Optimized surgical technique and adjuvant chemoradiation can guarantee a promising oncologic outcomes ; however, difficulties of management of patients with local or systemic failure still remain.

Keywords : Rectal Cancer; Optimal surgical treatment; Multimodality treatment

: ; ;

가
가 가
.
가
가
가
.
가
.
가
(Total
mesorectal excision)
(Multimodality
treatment) 가
2



1. (T3 : 7.5 MHz)

가 ,
.
.
85~90%,
60~70% (1, 2)(1).
, ,
(rectal proper fascia),

(MRI)

MRI

MRI

가 . , 가 가

1. 가 가?

•

가 . (3, 4).

MRI

CT

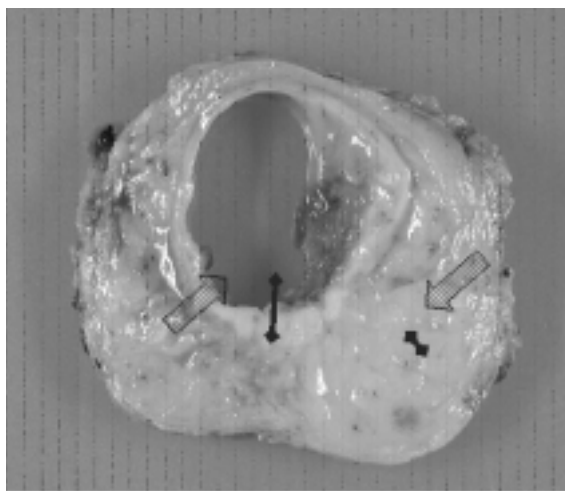
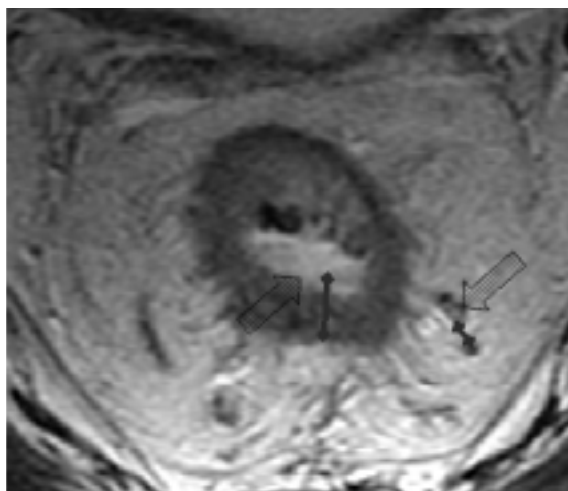
. 가

2.

가 가?

. 가

가



) MRI :
) :

2. MRI

가

가

(5, 6)

(7~9).

가

가

가

(2).

가 가

3~5 cm

가

(

),

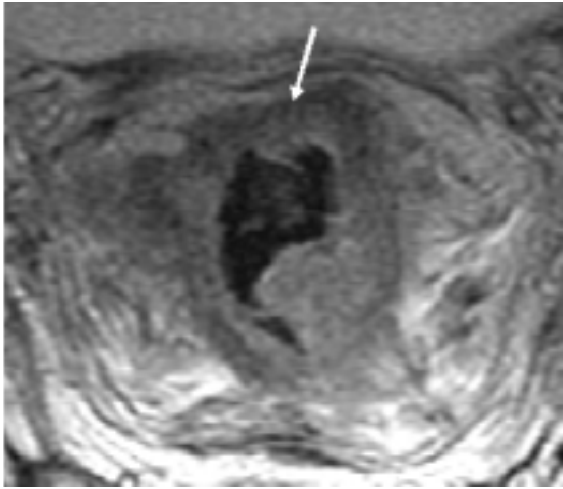
가

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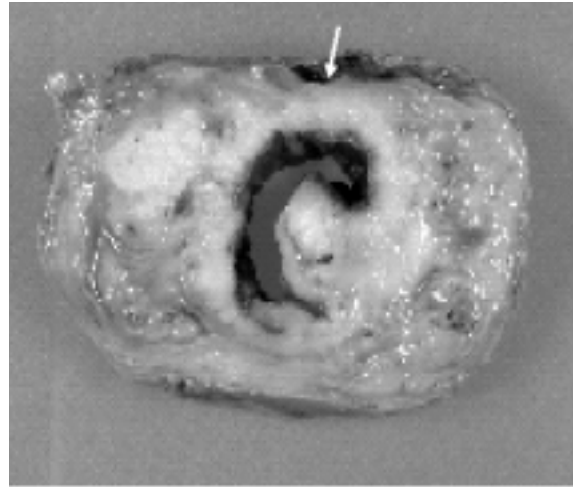
가

Heald(7)가

가 (3).



(0.4 cm)



3. 가 MRI

(11)

가

5

30%

가

가

가

(4 cm)

(10)

38

가

가

가

가

30

3 ,

1 가

가

gracilis muscle

gracilis muscle
(12).
10%
7.5~20%
가 5~10%
가
250 (15) 68
가
(13). 85.3%
5.5%, 가 22.6%
3. ? 60
가 가 5. ?
2
가
가
가
5 FU leucovorin 가
(14)
2 가
3
24 3 (9.7%) 4~7% 2 3 5 69~75%
(16~19)(1).
(20, 21)
4. ? 1989 1998
934 가
(45.9%), (41.6%)
가 가
288 가 30.8%
24 (24.0±20.8)

Group	stage %(n)	stage %(n)	Total %(n)	5 - year survival (stage &) %
MSKCC ‡	4(4/108)	10(15/146)	7(19/254)	69.6
NHH ‡	5(5/112)	3(3/92)	4(8/204)	61.6
NCC ‡	3(2/79)	12(18/154)	9(20/233)	75.3
Norway*	31(59/192)	39(68/174)	35(127/366)	43.7
CCCW*	24(45/190)	38(62/164)	30(107/354)	41.9

MSKCC : Memorial Sloan Ketterint

NCC : National Cancer Center

NHH : Noth Hamposhire Hosital

CCCW : Comprehensive Cancer Center West

‡: Total Mesorectal Excision

*: Conventional Surgery

‡: Extended Pelvic Lymph Node Dissection

	Upper (n=151)	Middle (n=331)	Lower (n=452)	Total (n=934)
Local*	6(3.9)	18(5.4)	39(8.6)	63(6.7)
Systemic ‡	28(18.5)	66(19.9)	93(20.5)	187(20.2)
Local + Systemic	8(5.2)	10(3.0)	20(4.4)	38(4.0)

Overall recurrence rate : 288/934(30.8%)

Mean time to recurrence after resection : 24.0 ± 20.8 months

*: P=0.003 ‡ P=0.52

). 6.7% 20% 30~40%

(2). 가 , 5 가

가

가

5 1 가 85%(Duke A, B1), 2

73%(Duke B2), 3 53.2%(Duke C2), 4

(Duke D) 9.6%

(22)

94

가

5

30.4%

가

가

가

3

1



Pre CCRT



Post CCRT

CCRT : Chemoradiation treatment

Arrow : , 가 .
4.

가 .

3.

Author	N	XRT (Gy)	Chemotherapy (regimen)	pCR (%)	RR (%)
Chen, et al	31	55	5 FU PVI	10	29
Minsky, et al	24	50.4	5 FU/L V bolus	13	
Chan, et al	54	40	5 FU/LV + MMC	4	45
Grann, et al	32	50.4	5 FU/LV	9	92
Janjan, et al	117	45	5 FU	27	61
YUMC*	73	50.4	5 FU/LV	11	67

*Read at the meeting of Korean Cancer Society, 2001
PVI : Protracted(continuous) venous infusion
LV : leucovorin
MMC : mitomycin C

7.

?

17 ~ 20%
60% 가 (23 ~ 25)(
3).
가
(4)

21 (35%), 15 (25.4%),
23 (39%) .

5
4 6 .
가 . 가
가 가 .

T N
가 가 .

MRI

(26).

가 50

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