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METHOD OF APPLICATION OF PREOPERATIVE CHEMORADIO THERAPY IN THE TREATMENT OF PATIENTS WITH RESECTABLE COLON CANCER

Treatment of patients with colon cancer in 2 and 3 stages of the disease, which involves surgery and adjuvant chemotherapy is accompanied by a 9% recurrence and distant metastases in 20% of cases. Therefore, a logical approach to improving long-term results of treatment is the use of chemoradiation therapy component in the preoperative phase of the colon cancer.

Objective: to study the effectiveness of neoadjuvant chemoradiotherapy with 5 – fluorouracil and external gamma-therapy to improve long-term results of treatment in patients with resectable colon cancer.

Materials and methods.

Diagnosis and treatment were performed according to the clinical protocol to provide medical care of the colon cancer. Diagnosis of the disease exhibited under histological examination of biopsy material tumor volume distribution process for TNM system.

Results of the study.

A new treatment for patients with resectable cancer of the colon, which is based on the application as a means of introduction of neoadjuvant 5- fluorouracil and radiation therapy followed by surgical

treatment and, if indicated, holding adjuvant chemotherapy.

Tested the combination of 5-fluorouracil and g- therapy in the neoadjuvant regime had a direct effect devitalizuyuchu (4-5 pathomorphosis medical degree) and thus caused irreversible changes in tissue presented G1 and G2 adenocarcinoma (4 degree – to 34,87±7.27% and 5 degree – in 11,63±4,89%); of 25,58±6,65% of patients with highly differentiated form of adenocarcinoma with 3 degree chemoradiation influence.

Survival rates of patients receiving preoperative chemoradiotherapy in cases of G1–G2 adenocarcinoma was 85,71±5,92%. In patients who had no preoperative treatment, respectively, survival rate was 72,22 ± 7,47%. Preoperative use of neoadjuvant chemoradiation and radical surgery and, if indicated, adjuvant treatment in patients with resectable cancer of the colon with the degree distribution of T3-4N0M0 increased 5- year survival rate (D 13,33%; p < 0.05) compared with the group of patients with similar distribution, which was conducted only surgical treatment and adjuvant chemotherapy if indicated.