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Evaluation of Tumor Size Following Neoadjuvant Treatment in Recurrent Cecal Cancer

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Abstract

Objective: Recurrent cecal cancers pose significant therapeutic challenges due to prior treatment history, anatomical constraints, and risk of progression. In selected patients, neoadjuvant systemic therapy may be considered to reduce tumor burden, enhance surgical resectability, and improve oncologic outcomes. This study aimed to evaluate tumor size changes following neoadjuvant systemic therapy in patients with recurrent cecal cancer.

Materials and methods: To this study, patients with confirmed recurrent cecal adenocarcinoma who underwent neoadjuvant therapy and had both baseline and follow-up imaging data were reviewed. All patients had recurrent cecal cancer and received neoadjuvant therapy with available imaging scans before and after neoadjuvant therapy. Tumor size measurements were extracted from imaging reports and/or direct image review. Comparative analysis has been conducted to assess response. Clinical decision-making following neoadjuvant treatment was based on multidisciplinary evaluation.

Results: Patients had undergone prior management for primary cecal cancer. Upon recurrence, neoadjuvant therapy was initiated as part of individualized salvage treatment. Tumor size changes were analyzed using imaging before and after neoadjuvant therapy. As a result, tumor shrinkage was observed after neoadjuvant treatment.

Conclusion: Multidisciplinary approach should be prioritized for management of recurrent cecal cancers. While our findings might indicate benefit of neoadjuvant treatment in the setting of recurrent cecal cancer, further studies are needed to shed light on this critical issue.

Keywords: Cecal Cancer; Recurrence; Neoadjuvant Therapy; Tumor Size; Treatment Response

Abbreviations: SBRT: Stereotactic Body Radiotherapy; IGRT: Image-Guided Radiotherapy; ART: Adaptive Radiotherapy

Introduction

Cecal cancers represent a subset of colorectal malignancies often diagnosed at earlier stages, but recurrence-particularly locoregional or peritoneal-remains a clinical concern in patients with prior surgery or chemotherapy [1–7]. Management of recurrent disease is more complex, requiring individualized strategies and input from a multidisciplinary team.

For recurrent cecal cancers, neoadjuvant systemic therapy may be considered to:

- Reduce tumor volume,
- Downstage disease,
- Facilitate complete surgical resection
- And improve local control.

In selected patients, systemic therapy could be a key component of salvage treatment. From the perspective of radiation oncology, advances in radiotherapy, including adaptive radiotherapy (ART), image-guided radiotherapy (IGRT) and several other accomplishments have enabled a more nuanced approach to recurrent gastrointestinal malignancies as well as several other cancers [8-106]. This study investigates tumor size changes in patients with recurrent cecal cancers who underwent neoadjuvant therapy.

Materials and Methods

To this study, patients with confirmed recurrent cecal adenocarcinoma who underwent neoadjuvant therapy and had both baseline and follow-up imaging data were reviewed. All patients had recurrent cecal cancer and received neoadjuvant therapy with available imaging scans before and after neoadjuvant therapy. Tumor size measurements were extracted from imaging reports and/or direct image review. Comparative analysis has been conducted to assess response. Clinical decision-making following neoadjuvant treatment was based on multidisciplinary evaluation.

Results

Patients were selected based on availability of imaging and treatment data. All had undergone prior management for primary cecal cancer. Upon recurrence, neoadjuvant therapy was initiated as part of individualized salvage treatment. Tumor size changes were analyzed using imaging before and after neoadjuvant therapy. As a result, tumor shrinkage was observed after neoadjuvant treatment. These findings were used in decision making for further management and subsequent treatment strategy.

Discussion

Cecal cancers, a subset of colorectal malignancies, are often diagnosed at earlier stages; however, recurrence-particularly in the locoregional or peritoneal regions-remains a significant clinical challenge in patients previously treated with surgery or chemotherapy [1-7]. The management of recurrent disease is inherently more complex and necessitates personalized treatment strategies developed through multidisciplinary collaboration. In appropriately selected cases, neoadjuvant systemic therapy may play a critical role by reducing tumor burden, downstaging the disease, enhancing the feasibility of complete surgical resection, and improving local disease control.

As a potential cornerstone of salvage treatment, systemic therapy can significantly influence outcomes. From a radiation oncology standpoint, recent advancements-such as adaptive radiotherapy (ART), image-guided radiotherapy (IGRT), and other state-of-the-art modalities-have enabled more refined and individualized approaches for managing recurrent gastrointestinal and other malignancies [8-100]. This study aims to evaluate tumor size changes following neoadjuvant therapy in patients with recurrent cecal cancer. For this study, we retrospectively reviewed patients with confirmed recurrent cecal adenocarcinoma who received neoadjuvant therapy and had accessible imaging data both before and after treatment.

All patients met inclusion criteria based on the availability of baseline and follow-up scans. Tumor sizes were obtained from radiology reports and/or through direct evaluation of imaging studies. A comparative analysis was performed to assess treatment response. Subsequent clinical decisions were guided by multidisciplinary team discussions and individualized patient assessments. Patients were selected based on the availability of both imaging and treatment records. All individuals had previously undergone treatment for primary cecal cancer. Following disease recurrence, neoadjuvant therapy was administered as part of a personalized salvage treatment approach. Tumor size changes were assessed through comparative analysis of pre- and post-treatment imaging. Reduction in tumor size was observed in response to neoadjuvant therapy.

These results informed multidisciplinary discussions and played a key role in shaping subsequent management strategies. Management of recurrent colorectal cancer, particularly in the cecum, presents unique challenges due to prior treatment exposure and the anatomical complexity of the right colon and peritoneal space. While surgery remains the cornerstone of treatment for localized recurrence, neoadjuvant systemic therapy is increasingly considered in cases of bulky or marginally resectable disease. Our analysis demonstrated that selected patients with recurrent cecal cancer may benefit from neoadjuvant treatment administered prior to further therapy. Tumor shrinkage on imaging scans may provide valuable insight into treatment sensitivity and may help identify candidates for successful further management.

Modern radiation oncology technologies, including IGRT, IMRT, stereotactic RT, and ART, have expanded salvage options for recurrent GI malignancies, as well as for many other indications [8-106]. Sophisticated imaging techniques and advanced treatment planning strategies allow precise targeting of residual disease after neoadjuvant therapy, potentially reducing toxicity of management whilst maintaining local control. Multidisciplinary approach should be prioritized for management of recurrent cecal cancers. While our findings might indicate benefit of neoadjuvant treatment in the setting of recurrent cecal cancer, further studies are needed to shed light on this critical issue.

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