https://doi.org/10.33878/2073-7556-2025-24-2-84-85

Editorial's comment to the article

"Immediate Results of Preoperative Chemo-targeting Therapy in Patients with Rectal Cancer" by the authors: Aleksey Yu. Dobrodeev, Anna S. Tarasova, Sergey G. Afanasyev, Dmitry N. Kostromitsky, Anastasia A. Ponomareva, Natalia N. Babyshkina, Tatyana A. Dronova, Irina V. Larionova, Natalia V. Yunusova

The standard of treatment for locally advanced cancer of the low and middle rectum is currently neoadjuvant chemoradiotherapy (CRT) or total neoadjuvant therapy (TNT). Systemic chemotherapy is used as a preoperative treatment for locally advanced upper cancer [1]. However, the role and significance of targeted therapy in the preoperative treatment of localized colorectal cancer have not been specified. There are publications in foreign literature evaluating the effectiveness of non-adjuvant CRT with the addition of chemo-targeting therapy in comparison with standard preoperative CRT and TNT for patients with locally advanced rectal cancer of the low rectum. These studies have demonstrated the effectiveness of this approach, which consists in a higher frequency of complete tumor responses, a higher frequency of sphincter-sparing resections, and an increase in overall survival [2–4]. At the same time, the results of chemo-targeting therapy in the treatment of patients with locally advanced cancer of the upper rectum, where this approach can potentially improve treatment outcomes, are not presented in the domestic and foreign literature. From this point of view, the article by Dobrodeev A.Y. et al., is of some scientific interest. In a sample of 22 patients with adenocarcinoma of the upper rectum, the authors demonstrated the safety of using 6 courses of neoadjuvant therapy with the addition of cetuximab. More than 90% of patients completed neoadjuvant treatment, while 77% showed tumor shrinkage to one degree or another, and 13% showed complete pathomorphological regression. The results obtained demonstrate the safety of this approach, and despite the presence of 10% of patients who were unable to complete neoadjuvant therapy, this did not affect the timing and quality of surgical treatment. Despite the relative safety of chemo-targeted therapy, we would like to warn the authors and other researchers against overestimating the indications for this type of treatment. In the vast majority of patients with tumor localization in the upper rectum, radical surgery can be performed without prior treatment, and the administration of neoadjuvant chemotherapy with targeted drugs can be accompanied by serious toxic reactions of grade 3 or higher, which can lead to a delay in surgical treatment. Thus, among the 22 patients included in the study, only in one case the tumor had stage T4b, all patients had no more than 3 affected regional lymph nodes, there is no information about the status of the lateral edge of resection and extramural venous invasion, which not only raises the question of the validity of prescribing preoperative chemo-targeted therapy, but also casts doubt on the conclusions about the effectiveness of such approach used in patients with locally advanced forms of rectal cancer. Given the results obtained, one cannot disagree with the authors about the expediency of the

chosen strategy and the need for such studies. However, the editorial board recommends limiting the inclusion of only patients with locally advanced colorectal cancer in future studies. Conducting randomized trials with strict selection criteria for patients undergoing preoperative treatment will allow evaluating the effectiveness of neoadjuvant chemo-targeted therapy in this category of patients.

REFERENCES

1. Fedyanin M.Yu., Gladkov O.A., Gordeev S.S., et al. Cancer of the colon, rectosigmoid junction and rectum. RUSSCO practical recommendations, part 1.1. *Malignant tumors*. 2024;14(3s2):263–322.
2. Dewdney A, Cunningham D, Tabernero J, et al. Multicenter randomized phase II clinical trial comparing neoadjuvant oxaliplatin, capecitabine, and preoperative radiotherapy with or without cetuximab followed by total mesorectal excision in patients with high-risk rectal cancer (EXPERT-C). *J Clin Oncol*. 2012;30(14):1620–1627.
3. Liu C, Zhong C, Liu H, et al. Modified FOLFOX6 with Cetuximab versus with Radiotherapy in Neoadjuvant Treatment of Locally Advanced Rectal Cancer: A Single-Center, Prospective, Randomized Controlled Trial. *Biol Pharm Bull*. 2024;47(10):1675–1681.
4. Velenik V, Ocvirk J, Oblak I, et al. A phase II study of cetuximab, capecitabine and radiotherapy in neoadjuvant treatment of patients with locally advanced resectable rectal cancer. *Eur J Surg Oncol. J Eur Soc Surg Oncol*. 2010;36(3):244–250.