

Κοδηγωκτολογία

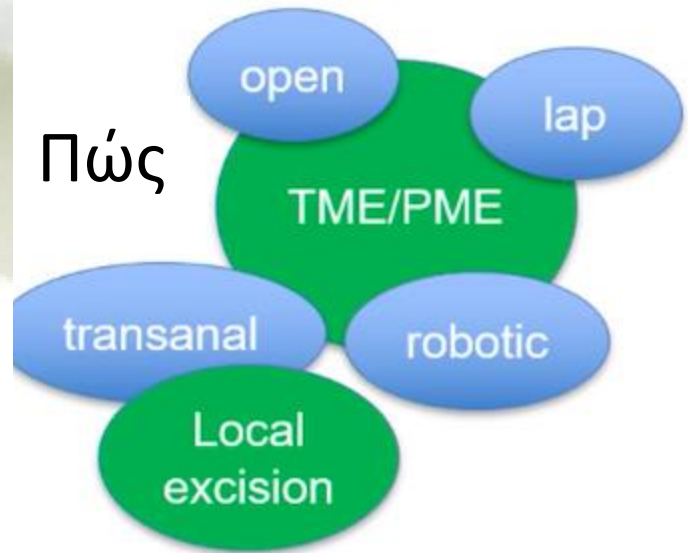
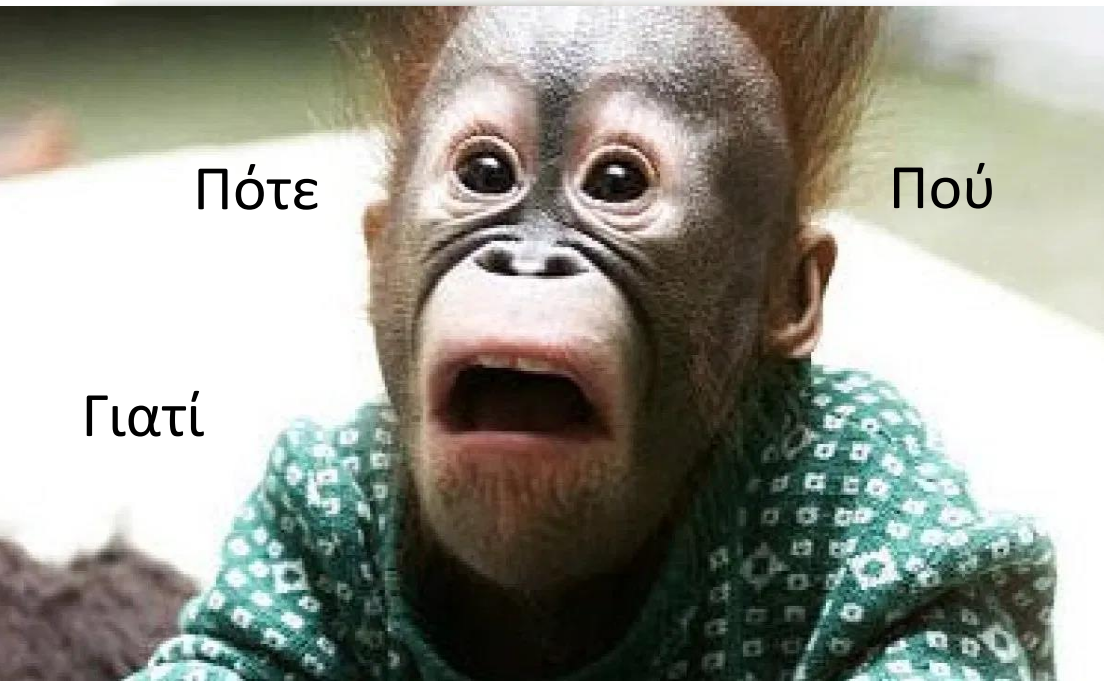
Τεκμηριωμένη γνώση -
εξατομικευμένη προσέγγιση

“LESS IS MORE, MORE OR LESS”

«Διαπρωκτική ελάχιστα επεμβατική χειρουργική -
TAMIS σε συνδυασμό με ακτινοθεραπεία για την
αντιμετώπιση T2 & T3 καρκίνου του ορθού»

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Καθηγητής Χειρουργικής ΕΚΠΑ
Αρεταίειο Νοσοκομείο

Επιλογή απόφασης στη χειρουργική του ορθού



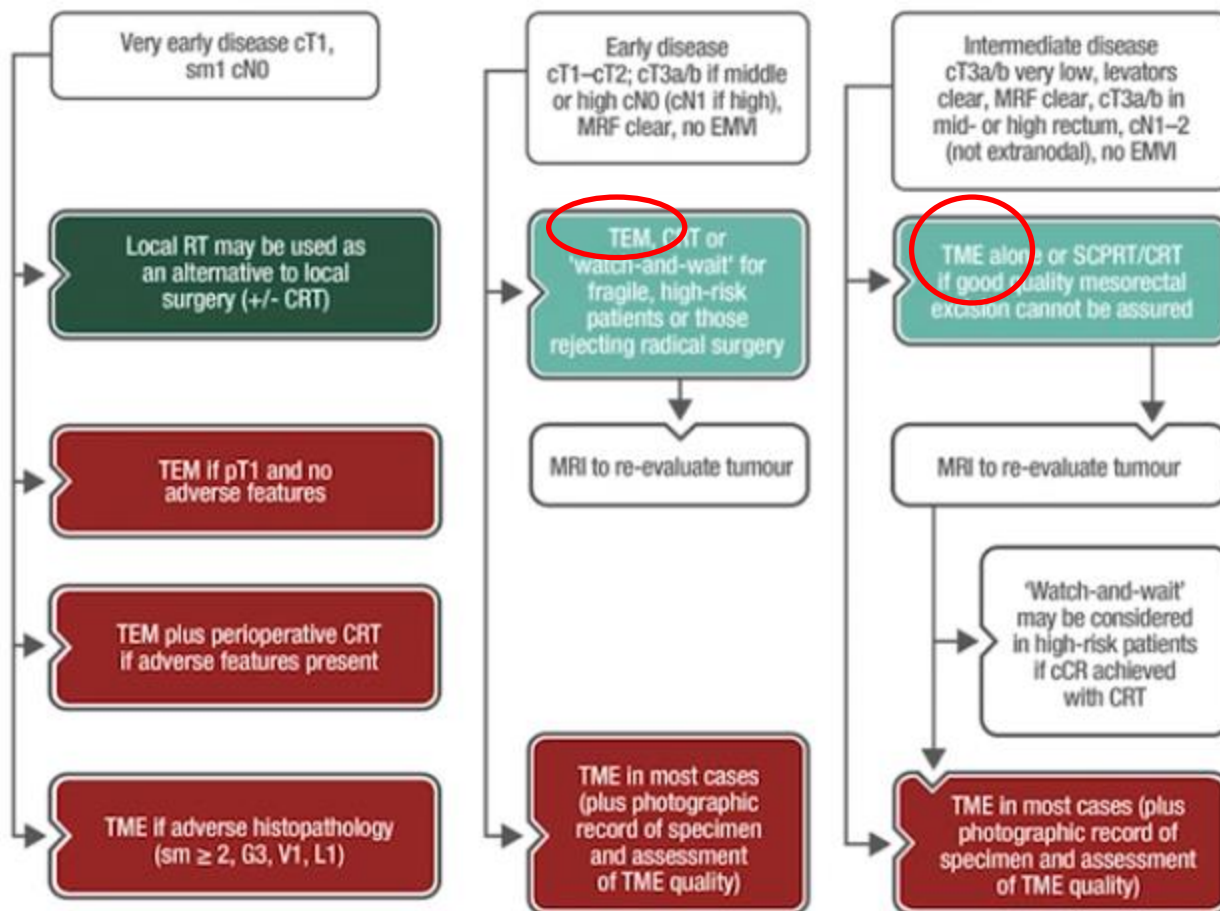
Επιρροές στη χειρουργική του ορθού



CLINICAL PRACTICE GUIDELINES

Treatment recommendations

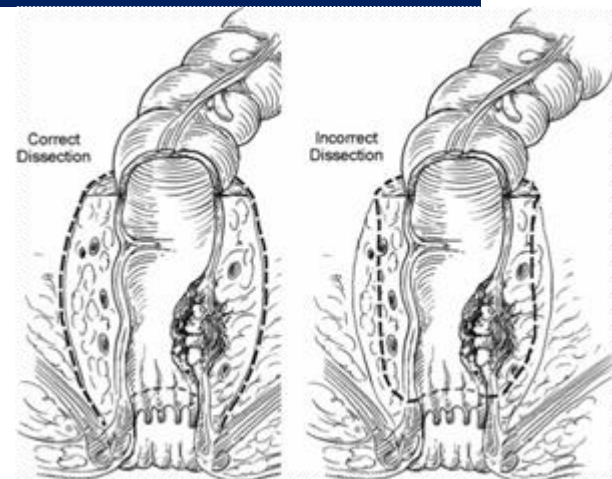
Very early, early and intermediate disease



Εισαγωγή

- TME “gold standard”
Θεραπείας του καρκίνου του ορθού
-Τοπική υποτροπή 4%

(Sauer et al, 2004; van Gijn et al, 2011; Bosset et al, 2014)

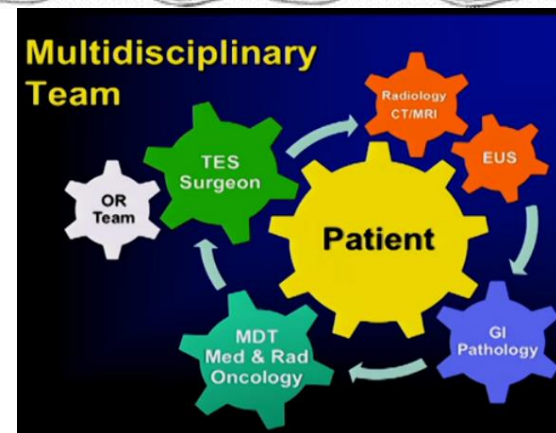


- Καρκίνος ορθού →
Multidisciplinary treatment

- Εισαγωγικές θεραπείες



καλύτερος έλεγχος νόσου, ελεύθερο
νόσου διάστημα και υποτροπή



Εισαγωγή

- **Χειρουργική ορθού ΤΜΕ**

- Υψηλή νοσηρότητα

- Διατήρηση σφιγκτήρων - ΚΠΕ

- Στομία (προσωρινή - μόνιμη)

- Μακροχρόνιες επιπλοκές

- Σύνδρομο πρόσθιας εκτομής LARS

- Ουρολογικές δυσλειτουργίες

- Σεξουαλικές δυσλειτουργίες

Dutch TME-trial, (20% μόνιμη, 60% προσωρινή)
19 % δεν έκλεισαν τη στομία
APR: 40 % προβλήματα περινεϊκού τραύματος
66% προβλήματα στομίας

**Challenging
Surgery**

20-50%

Εισαγωγή

- **Ριζική Χειρουργική για στάδιο I και στάδιο II ορθικού καρκίνου, αναμένεται να έχει πολύ καλά μακροχρόνια αποτελέσματα.**

- 4,5% 5-ετή τοπική υποτροπή.

- 90% 5-ετή ελεύθερη νόσου επιβίωση (DFS).

- Νοσηρότητα υψηλή (30-68%).

- Θνητότητα 2-5%.

6μήνες 2.0%–4.6% για νέους
9.0%–13.4% >75 years

Delphi method, 224 CSSANZ members, 72 respondents (32%)

Clinical factors	Open	Laparoscopic	Robotic	taTME	TEMS/TAMIS
Female, BMI < 30	13 (21.3)	41 (65.1)	8 (47.1)	3 (11.1)	6 (17.6)
Male, BMI < 30	19 (31.1)	27 (42.9)	8 (47.1)	12 (44.4)	6 (17.6)
Female, BMI ≥ 30	18 (29.5)	29 (46)	11 (64.7)	12 (44.4)	5 (14.7)
Male, BMI ≥ 30	26 (42.6)	15 (23.8)	10 (58.8)	15 (55.6)	5 (14.7)
Anterior location and extra-peritoneal	24 (39.3)	17 (27)	9 (52.9)	12 (44.4)	4 (11.8)
Posterior/lateral location and extra-peritoneal	16 (26.2)	24 (38.1)	10 (58.8)	9 (33.3)	2 (5.9)
APR	23 (37.7)	34 (54)	11 (64.7)	1 (3.7)	1 (2.9)
T1, < 3 cm	13 (21.3)	25 (39.7)	8 (47.1)	7 (25.9)	14 (41.2)
T1, ≥ 3 cm	14 (23)	31 (49.2)	10 (58.8)	8 (29.6)	4 (11.8)
T2, < 3 cm	17 (27.9)	29 (46)	10 (58.8)	11 (40.7)	1 (2.9)
T2, ≥ 3 cm	13 (21.3)	30 (47.6)	9 (52.9)	9 (33.3)	1 (2.9)
T3 and negative CRM	20 (32.8)	28 (44.4)	10 (58.8)	11 (40.7)	1 (2.9)
T3 or 4 and positive CRM	48 (80.3)	7 (11.1)	6 (35.3)	3 (11.1)	1 (2.9)
Total surgeon preference for each technique	61	63	17	27	34

Bell, SW et al. Surgical techniques in the management of rectal cancer: a modified Delphi method by colorectal surgeons in Australia and New Zealand. *Tech Coloproctol* 2019;23:743-9

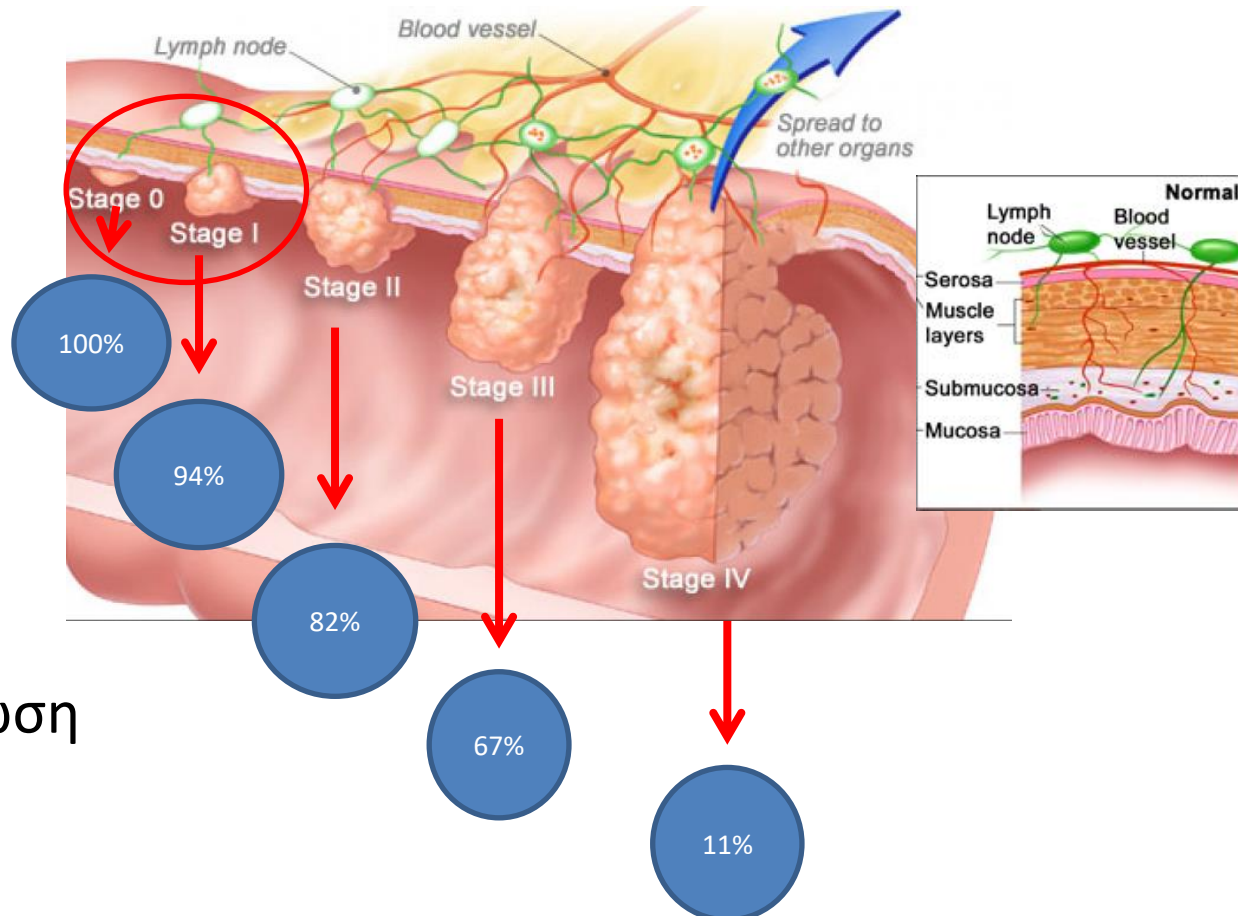
Εισαγωγή

Είναι απαραίτητη η ριζική χειρουργική σε όλα τα στάδια;

Τοπική εκτομή σε ιδανικές συνθήκες

αν.....

- Ξέραμε ότι δεν υπάρχει νόσος στους λεμφαδένες
- και τεχνικά μπορεί να γίνει πλήρης εκτομή,
- τότε το χειρουργείο αυτό θα ήταν θεραπευτικό.



5 ετής επιβίωση

Λεμφαδενική προσβολή

- T1: 0-12%
- T2: 12-28%
- T3: 36-79%

+ lymph node invasion
 sm1: 1-3%
 sm2: 8%
 sm3: 23%

	< 1 cm	1-3cm	3-5cm	>5cm
T1sm1				
with lymphatic invasion				
T1sm2/3				
with lymphatic invasion				
T2				
with lymphatic invasion				

Κίνδυνος τοπικής υποτροπής

<5%

5%-19%

>20%

A predictive model for local recurrence after transanal

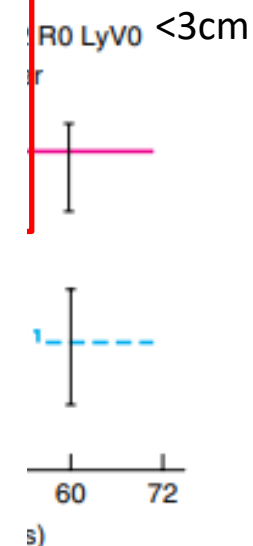
endosc

S. P. Bach

Local recurrence-free survival

Depth of invasion	Lymphatic invasion	Maximum tumour diameter (cm)					
		≤ 1	1.1–2	2.1–3	3.1–4	4.1–5	≥ 5.1
pT1 sm1	No	3.0	3.6	4.4	5.4	6.6	8.1
	Yes	5.2	6.4	7.7	9.4	11.4	13.7
pT1 sm2–3	No	10.5	12.7	15.3	18.5	22.1	26.4
	Yes	17.8	21.4	25.5	30.3	35.7	41.8
pT2	No	9.8	11.9	14.3	17.3	20.7	24.7
	Yes	16.7	20.0	23.9	28.5	33.7	39.5
pT3	No	19.7	23.6	28.0	33.2	39.0	45.4
	Yes	32.2	37.9	44.1	51.0	58.3	65.7

280–290



Co

Patient selection for TEM is frequently governed by fitness for radical surgery rather than suitable tumour biology. TEM can produce long-term outcomes similar to those published for radical total mesorectal excision surgery if applied to a select group of biologically favourable tumours. Conversion to radical surgery based on adverse TEM histopathology appears safe for p T1 and p T2 lesions.

TEM/TAMIS Αποτελέσματα

✓ Selected cases (T1)

- παρόμοια τοπική υποτροπή με
sm1/sm2 0-5%
sm3 10-12%

Χαμηλή θνητότητα <0,5%
Χαμηλή νοσηρότητα 3-12%
Διατήρηση οργάνου

✓ Non randomized control trials/individual case series έδειξαν σημαντική **αύξηση στην τοπική υποτροπή** συγκρινόμενα με ριζική χειρουργική

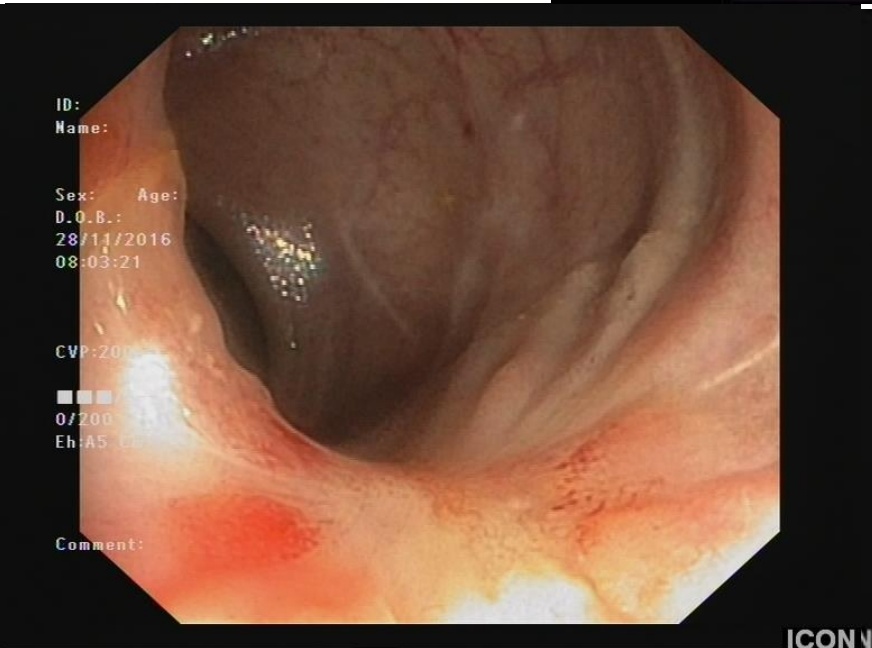
Local recurrence	Local excision	TAMIS
Memorial Sloan Kettering Cancer Center	13,2%	2,7%
Minnessota	18%	0%

Mellgren A et al Dis Colon Rectum 2000
Nash GM et al Dis Colon Rectum 2009

Isha Ann Emhoff et al Digest Endoscopy 2013

72ετών γυναίκα
Αίμα από ορθό
MRI: T2N0, CT –
Αρνήθηκε TME
TAMIS: T2N1
Αρνήθηκε TME
RX-CHEMOTX (XELOX)
4γ F/U

T.Theodosopoulos MD, PhD
Aretaieion Hospital



TAMIS για T2-T3

- Local excision for early rectal cancer
- Cancer and Leukemia Group B (CALGB) 8984
- Not based on an intention to treat

	7 years	Local recurrence	Disease free survival	OS
T1	Local excision	8%	75%	
T2	Local excision + Chemo-RDT	18%	64%	

Meta-analysis of oncological outcomes after local excision of pT1-2 rectal cancer requiring adjuvant (chemo)radiotherapy or completion surgery

W. A. A. Borstlap, T. J. Coeymans, P. J. Tanis, C. A. M. Marijnen, C. Cunnin
Tuyman

14 μελέτες 404 ασθενείς με CRT
7 μελέτες 150 ασθενείς TME

Table 1 Baseline characteristics

Reference	n	Modality	T1	T2	T3	RT	Indication for adjuvant therapy
Sun <i>et al.</i> ¹⁴	28	TEM	T1: 6 of 30 T2: 24 of 30			RT: 50-4/28 Gy	LR: 5% pT1 14.3 % pT2(11%–21%) CRT 12.6 % 51/ 405
Ramirez <i>et al.</i> ¹⁵	19	TME					pT1 high-risk (G3–4/L1/V1/R0) pT2 low-risk (G1–2 + L0 + V0 + R0)
Morino <i>et al.</i> ²¹	51	TAE/transsphenoidal trans				+ 50-4/28 Gy	pT2: patients who refused radical surgery All pT2
Greenberg <i>et al.</i> ¹⁶	12						pT2 with clear resection margins
Duek <i>et al.</i> ³²	19					5-4 Gy (7)	pT1 high-risk (G3–4/L1/V1/R1)
Min <i>et al.</i> ¹⁷	15	LE	T1: 4			+ 45/25 + 5-4 Gy (12)	All pT2
Gopaul <i>et al.</i> ²⁴						RT: 45/25 Gy (10 of 19 patients with	pT1–2, based on physician preference
Stipa <i>et al.</i> ²⁵							n.r.
Mendenhall <i>et al.</i> ²³							pT1 high-risk (G3–4/Rx/R1/perineural invasion)

TAMIS: 5-year OS 61- 80 %
5-year DFS 75 - 100 %
5-year DSS 75-100%

TME: 5-year OS (2) 79% & 100%
DFS 94% & 86 % 5 - 10 y

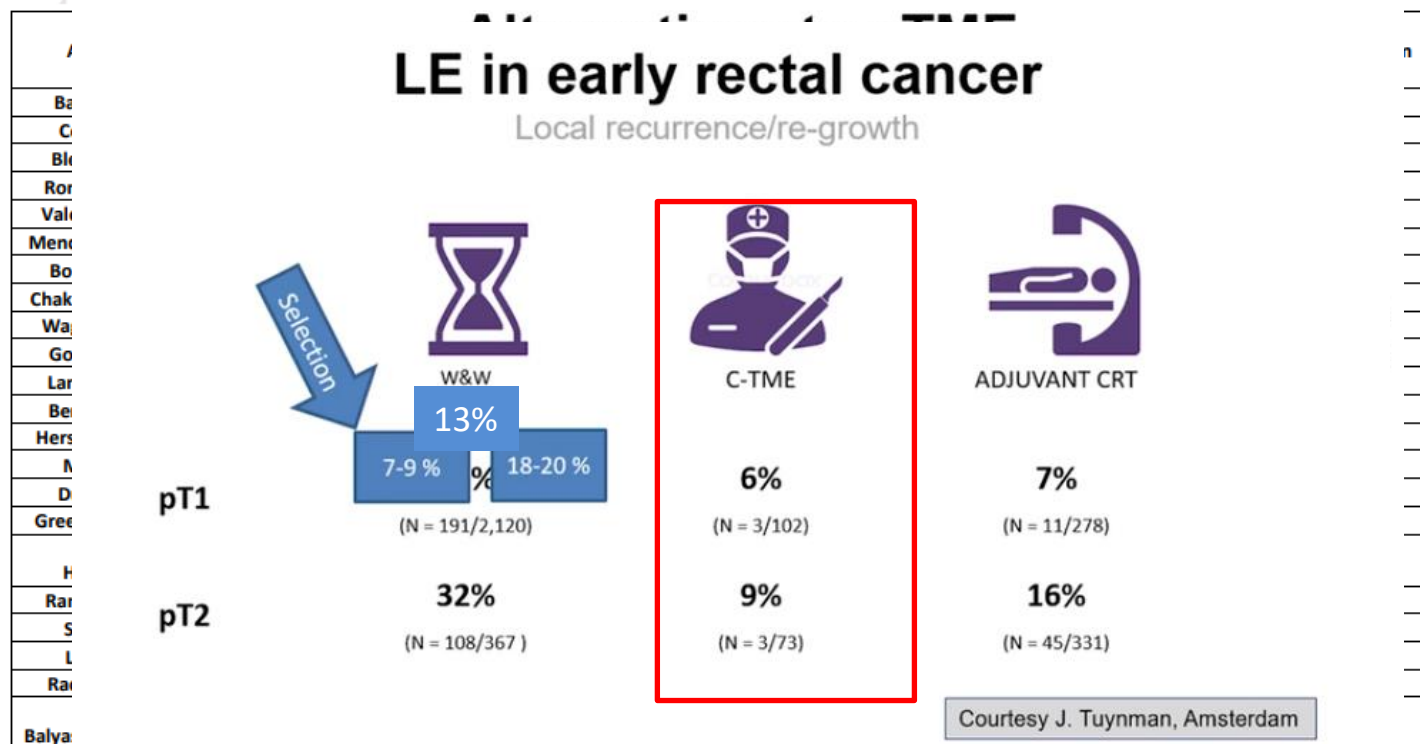
Coco <i>et al.</i> ³¹	15	TAE	T2: 15	RT: 44-6/25 Gy	T2 with clear resection margins
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Values in parentheses are *ranges and †number of patients. ‡Values for the total population. TAE, transanal excision; RT, radiotherapy; n.r., not reported.

Systematic Review

A systematic review of local excision followed by adjuvant therapy in early rectal cancer: are pT1 tumours the limit?

J. E. Cutting , S. E. Hallam, M. G. Thomas, D. E. Messenger



Borstlap WA et al. Meta-analysis of oncological outcomes after local excision of pT1-2 rectal cancer requiring adjuvant (chemo)radiotherapy or completion surgery. *BJS* 2016 Aug;103(9):1105-16.

Table 2 - Summary of Adjuvant Therapies and Patient Outcomes

Lower CI	10.0	4.0
Upper CI	15.5	9.7

804 ασθενείς Τοπική εκτομή T1-3 + CRT

TAMIS για T2-T3 με adjuvant RCT

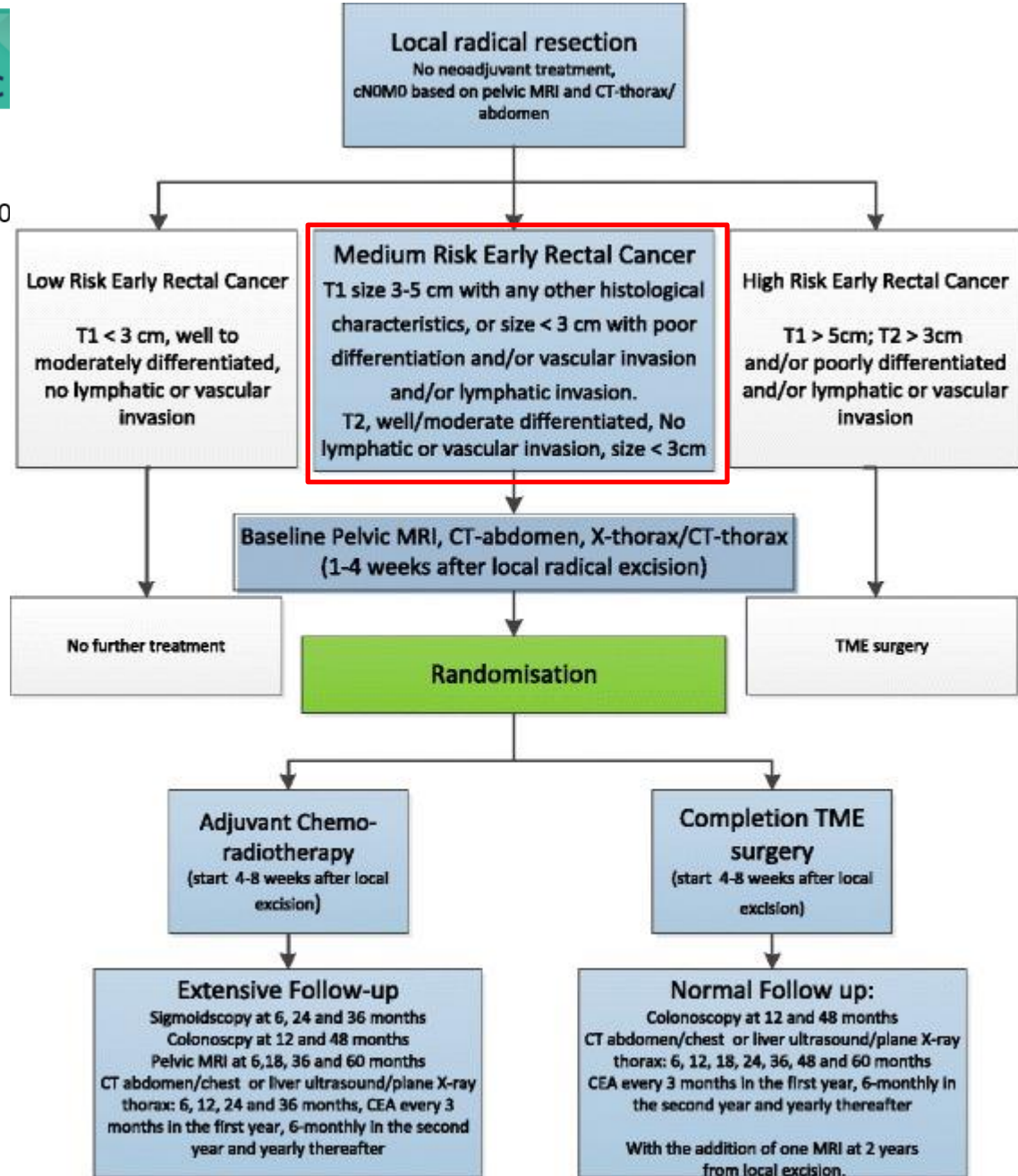
Τα ογκολογικά αποτελέσματα είναι κατώτερα από TME αλλά καλύτερα από TAMIS χωρίς CRT

A multi-centred randomised trial of radical surgery versus adjuvant chemoradiotherapy after local excision for early rectal cancer

W. A. A. Borstlap, P. J. Tanis, [...], and J. B. Tuynman

TESAR TRIAL

VUmc Cancer Center Amsterdam



>T2

- local excision alone —→ treatment intent
- Postoperative CT-RDT - Local recurrence 0-45%
- Preoperative CT-RDT:

	Local recurrence	Systematic recurrence
Complete response	0%	4%
ypT1	2%	7%
ypT2	7%	7%
ypT3 (no response)	21%	12%

Neoadjuvant CRT

- organ (rectum)-preservation strategies σαν θεραπευτική προσέγγιση σε ανταπόκριση σε neoadjuvant CRT (Kennelly et al, 2012; Lezoche et al, 2012; Shaikh et al, 2015; Verseveld et al, 2015; Garcia-Aguilar et al, 2015b)
- Πλήρης ανταπόκριση :10–30%  Παρακολούθηση
τοπική εκτομή
- Μερική ανταπόκριση 54% to 75%  TME

Neoadjuvant CRT

- > 6–8 weeks ή/και radiotherapy boost ή/και induction ή consolidation chemotherapy

αυξάνουν την ανταπόκριση (Sun Myint et al, 2007; Gerard et al, 2008; Fernandez-Martos et al, 2010; Sloothaak et al, 2013; GarciaAguilar et al, 2015a).

Βάθος διήθησης, λεμφαγγειακή διήθηση, περινευρική διήθηση, διαφοροποίηση, όρια εκτομής αυξάνουν την τοπική υποτροπή

- ypT0-1: LN 3% (1-10%)

ypT2 >20%

ypT3 >33% (Smith et al, 2010, Martin et al, 2012).



Check for updates

Surgical decision making

Watch and Wait?

Long-term imaging characteristics of clinical complete responders during watch-and-wait for rectal cancer—an evaluation of over 1500 MRIs

Doenja M. J. Lambregts¹ • Monique Maas¹ • Thierry N. Boellaard¹ • Andrea Delli Pizzi² • Marit E. van der Sande^{3,4} • Britt J. P. Hupkens^{4,5} • Max J. Lahaye¹ • Frans C. H. Bakers⁶ • Geerard L. Beets^{3,4} • Regina G. H. Beets-Tan^{1,4}

Received: 3 April 2019 / Revised: 24 June 2019 / Accepted: 26 July 2019

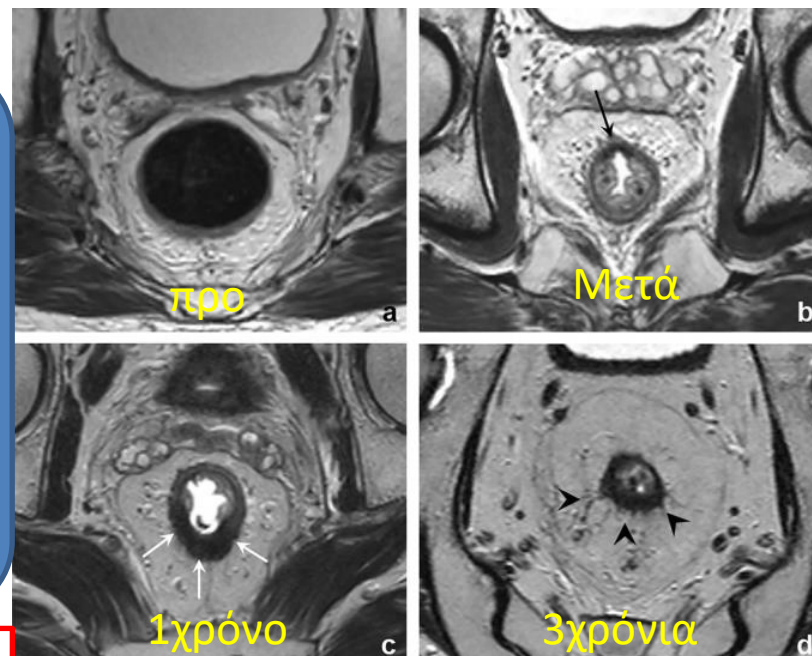
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Journal of Clinical Oncology®

Magnetic Resonance Imaging–Detected Tumor Response for Locally Advanced Rectal Cancer: Survival Outcomes: MERCURY Experience

Uday B. Patel, Fiona Taylor, Lennart Blomqvist, Christopher George, Hywel E. Tekkis, Philip Quirke, David Sebag-Montefiore, Brendan Moran, Richard Heald, Nicola Bees, Ian Swift, Kjell Pennert, Gina Brown

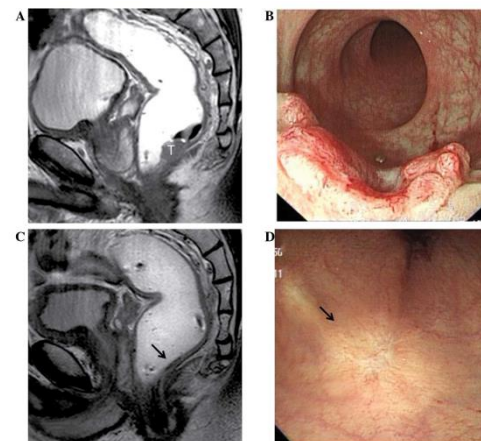
Ο μεγαλύτερος
προγνωστικός
δείκτης είναι η
απάντηση στη
CRT



- TRG1 Complete
- TRG2
- TRG 3 50-50 Tumor=scar
- TRG4
- TRG5 όχι αλλαγή πρόοδος

72%/ γpT 76% 64%/84% 6%

27%/ γpT 39% 31%/38% 27%



Complete Response after Neoadjuvant Therapy in Rectal Cancer: To Operate or Not to Operate?

Dedemadi G. · Wexner S.D.

Author	Year	pCR n	Lymph node involvement, %
Hiotis et al. [5]	2002	27	15
Read et al. [46]	2004	42	2
Bedrosian et al. [47]	2004	41	5
Bujko et al. [48]	2005	21	5
Tulchinsky et al. [7]	2008	16	6
Habr-Gama [13]	2006	24	0
Kim and Wong [21]	2000	45	2
Hughes et al. [15]	2010	23	17
Coco et al. [49]	2007	56	2
Guillem et al. [50]	2008	37	3
Berho et al. [51]	2009	49	14
Kundel et al. [35]	2010	37	3
Pastor et al. [23]	2011	31	3

0-17%

Table 3. Local recurrence in patients with rectal cancer undergoing local excision after pathological T0 following neoadjuvant chemoradiation

Author	Year	Patients with pT0	Local recurrence n (%)	Median follow-up months
Schell et al. [52]	2002	8	0	48 (18–105)
Ruo et al. [53]	2002	3	0	29 (2–89)
Hershman et al. [54]	2003	7	0	33 (3–120)
Bonnen et al. [55]	2004	14	0	42 (5–109)
Stipa et al. [56]	2004	7	0	37 (18–118)
Caricato et al. [57]	2006	3	0	47
Borschitz et al. [58]	2008	1	0	24 (12–79)
Nair et al. [59]	2008	19	1 (5)	64 (6–153)
Huh et al. [60]	2008	4	0	91 (50–127)
Callender et al. [36]	2010	47	10.6	63 (9–178)
Kundel et al. [35]	2010	14	0	48 (5–123)
Belluco et al. [61]	2011	42	2 (4.8)	55.4
Lezoche et al. [62]	2011	24	0	97 (55–139)

0-10%

Σκοπός της διατήρησης του ορθού είναι να έχουμε παρόμοια ογκολογικά αποτελέσματα διατηρώντας καλή ποιότητα ζωής και λειτουργικότητα

(Allaix et al, 2011; Garcia-Aguilar et al 2015b; Pucciarelli et al, 2016).

Κανείς δε θα ήθελε να επιβάλλει σε ασθενή ΚΠΕ ή ΧΠΕ αν ήξερε..... ότι δε θα αφαιρέσει..... ούτε ένα καρκινικό κύτταρο...

TEM/TAMIS Αποτελέσματα

Lezoche E Br J Surg 2012

- Prospective randomized trial comparing: neoadjuvant treatment and TEM vs TME
- 50 ασθενείς
- 9,6 έτη f/u

	TEM	TME
Local recurrence	5,7%	2,8%
Cancer Related Survival	89%	94%
Disease free survival	94%	94%



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Help Desk: <http://www.wjgnet.com/esps/helpdesk.aspx>
DOI: 10.3748/wjg.v20.i28.9556

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RETROSPECTIVE STUDY

Treatment of rectal cancer by transanal endoscopic microsurgery: Experience with 425 patients

Mario Guerrieri, Rosaria Gesuita, Roberto Ghiselli, Giovanni Lezoche, Andrea Budassi, Maddalena Baldarelli

425 cancers NOMO

- 120 T1
- 185 T2 All T2 & T3 neo-adjuvant radiotherapy
- 120 T3

Survival

- T1 100% (Follow-up 82/12)
- T2 93% (Follow-up 53/12)
- T3 89% (Follow-up 70/12)

Local Recurrence

- 4.7% for T1, 12% for T2, 13% for T3

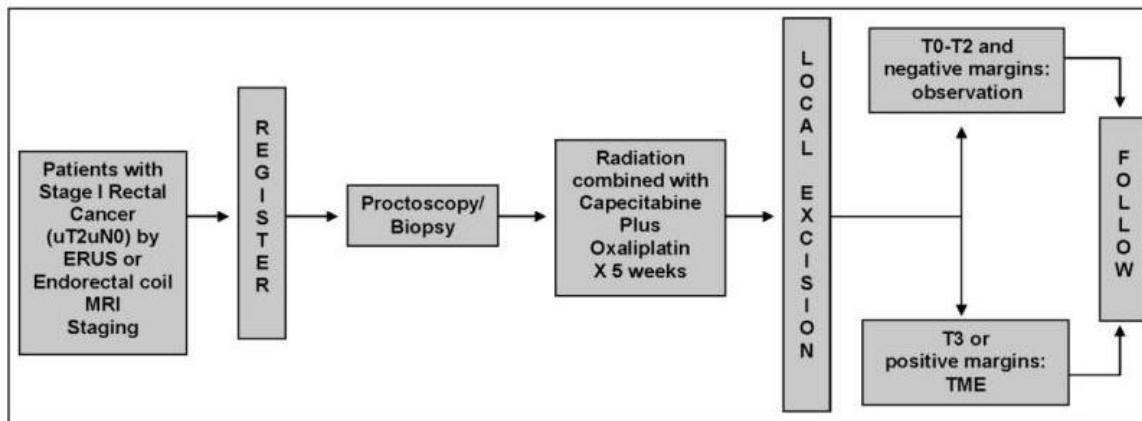


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Ann Surg Oncol. 2012 February ; 19(2): 384–391. doi:10.1245/s10434-011-1933-7.

A Phase II Trial of Neoadjuvant Chemoradiation and Local Excision for T2N0 Rectal Cancer: Preliminary Results of the ACOSOG Z6041 Trial

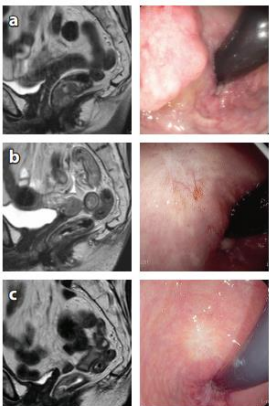
Julio Garcia-Aguilar, MD, PhD^{1,*}, Qian Shi, PhD², Charles R. Thomas Jr., MD³, Emily Chan, MD, PhD⁴, Peter Cataldo, MD⁵, Jorge Marcet, MD⁶, David Medich, MD⁷, Alessio Pigazzi, MD¹, Samuel Oommen, MD⁸, and Mitchell C. Posner, MD⁹



79 pts,

38 (49%) ypT0
11 (14%) ypT1
24 (31%) ypT2
3 (4%) ypT3
1 (1%) ypTx

- 8/ 79 10% υποτροπή: (6%) DM-(4%) LR
- F/U 56 μήνες: (91%) διατήρηση ορθού
- 3-year DFS 88%
- 3- year OS 96%



Management of Rectal Cancer Without Radical Resection

Annual Review of Medicine

Vol. 68:169-182 (Volume publication date January 2017)

First published online as a Review in Advance on September 9, 2016

<https://doi.org/10.1146/annurev-med-062915-021419>

Geerard L. Beets,¹ Nuno F. Figueiredo,² and Regina G.H. Beets-Tan³

Table 1 Series on chemoradiation and local excision

References	Number of patients	Height (cm) ^a	Treatment	ypT0/ypT1 (%)	Unfavorable path features ^b	Complications of TEM	Follow-up (months)	Local failure	Salvaged after local failure	Systemic recurrence	DFS ^c	OS ^c	Stoma-free survival ^c
10	237	Unknown	45-52Gy + 5FU	25/21	Unknown	Unknown	24-55	7%	Unknown	7%	Unknown	Unknown	Unknown
11	44	<8	50Gy + 5FU	Unknown	Unknown	Unknown	64	9%	Unknown	11%	92% 5yr	81% 5yr	Unknown
12	50	<6	50Gy + 5FU	28/24	48%	14%	115	8%	Unknown	4%	89%	72%	Unknown
13	63	<11	45-56Gy + 5FU	67/2	27%	27%	36	2%	2/2	5%	91% 3yr	91% 3yr	90% 3yr
14	15	<10	50Gy + 5FU	27/20	53%	Unknown	38	0	Unknown	7%	91% 3yr	73% 3yr	Unknown
15	53	<7	50-54Gy + 5FU	17/17	68%	Unknown	36	8%	8/9	Unknown	Unknown	Unknown	Unknown
16	79	<8	50-54Gy + Cap (+ Oxaliplatin)	49/14	35%	26%	56	4%	2	6%	88% 3yr	95% 3yr	94%
17	47	<10	50Gy + Cap	45/19	36%	28%	17	9%	3/4	Unknown	Unknown	Unknown	Unknown
18	14	<12	5x5Gy	Unknown	Unknown	50%	10	7%	Unknown	Unknown	Unknown	Unknown	Unknown
19	15	<10	50Gy + Cap	60/7	Unknown	Unknown	41	20%	3/3	13%	Unknown	Unknown	87%

ypT0 - ypT1: LF : 0–6%,

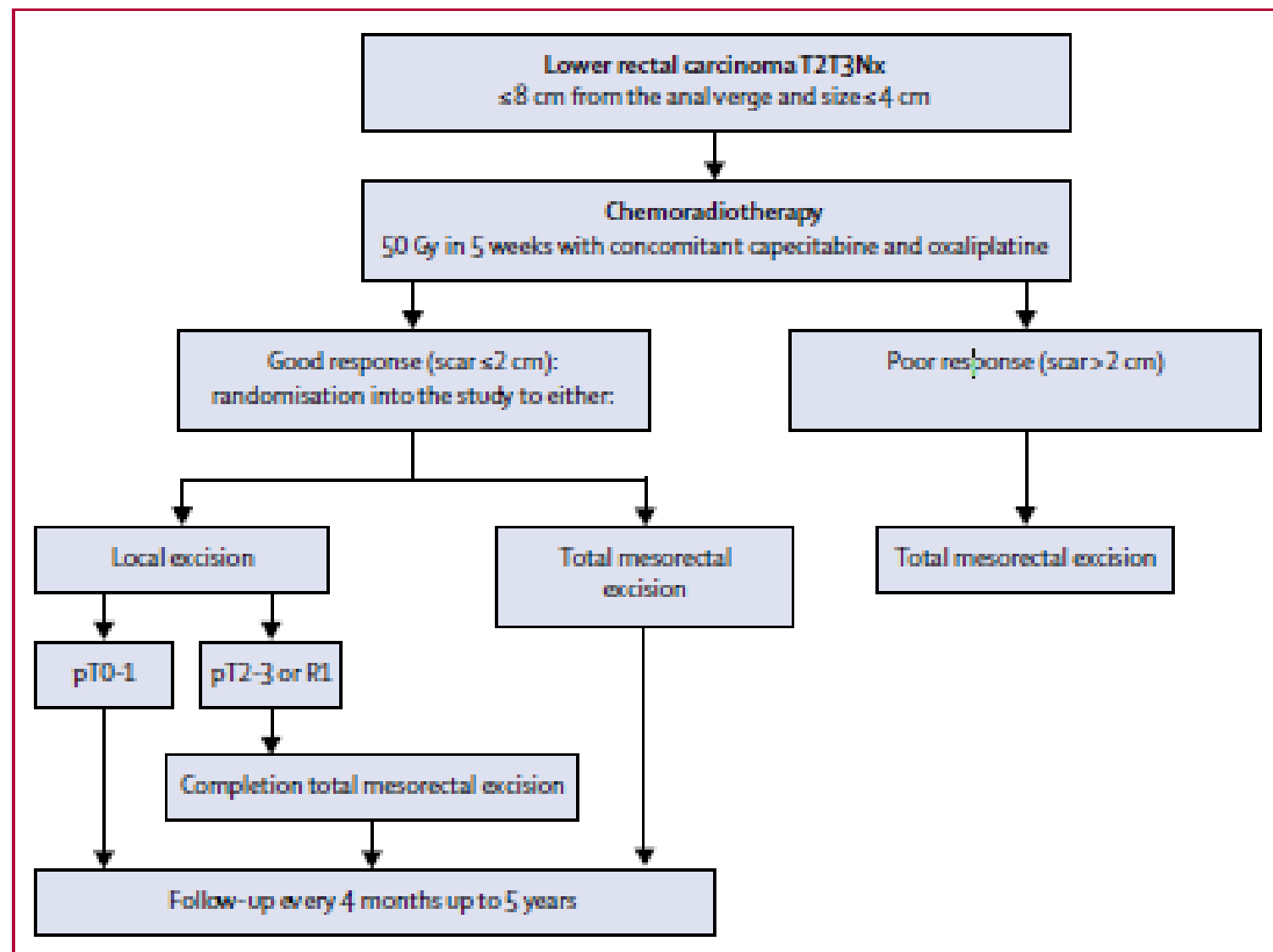
ypT2 LF: 6–20%

50% διάσωση ορθού (91% ACOSOG trial)

OS και DM : RCT όχι διαφορές

Organ preservation for rectal cancer (GRECCAR 2): a prospective, randomised, open-label, multicentre, phase 3 trial

Prof Eric Rullier, MD • Prof Philippe Rouanet, MD • Prof Jean-Jacques Tuech, MD • Alain Valverde, MD •



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T2T3 rectal carcinomas (≤ 4 cm),

75% good clinical response

(carcinoma ≤ 2 cm),

61% good pathological response (ypT0-1)

low risk of positive lymph nodes (100% ypN0)

46% διάσωση ορθού

ypT0, ypT1, ypT2, και ypT3

LN: 0, 0, 8%, και 40% pts T2-3

LN: 5%, 8%, 26% και 55% pts T3T4

Στους μη τυχαιοποιημένους 39% good pathological response (ypT0-1)

ACOSOG Z6041 phase 2 trial T2N0

4% local recurrence και 88% DFS.

GRECCAR2 5% local recurrence vs 3% TME

DFS 3 years vs ACOSOG Z6041 (78% vs 88%)

Η απόκριση εξαρτάται από το στάδιο

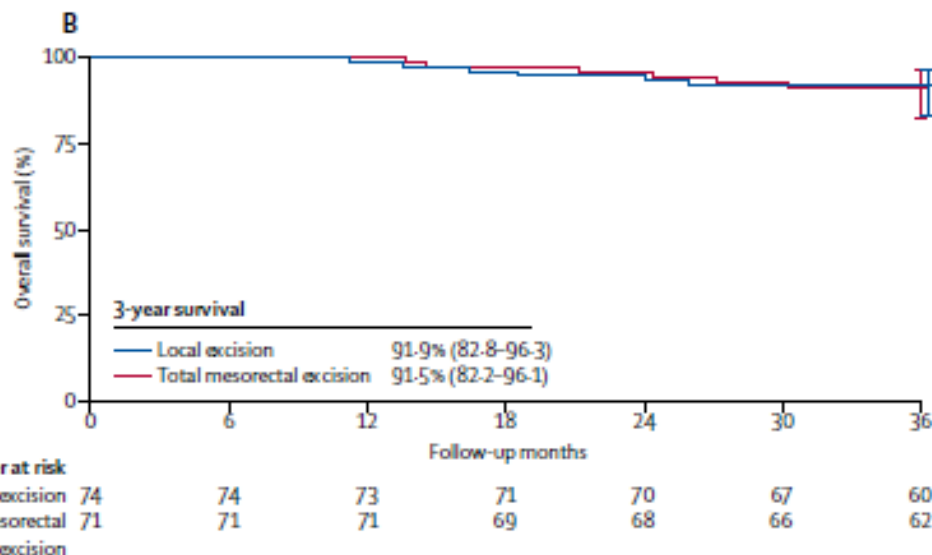
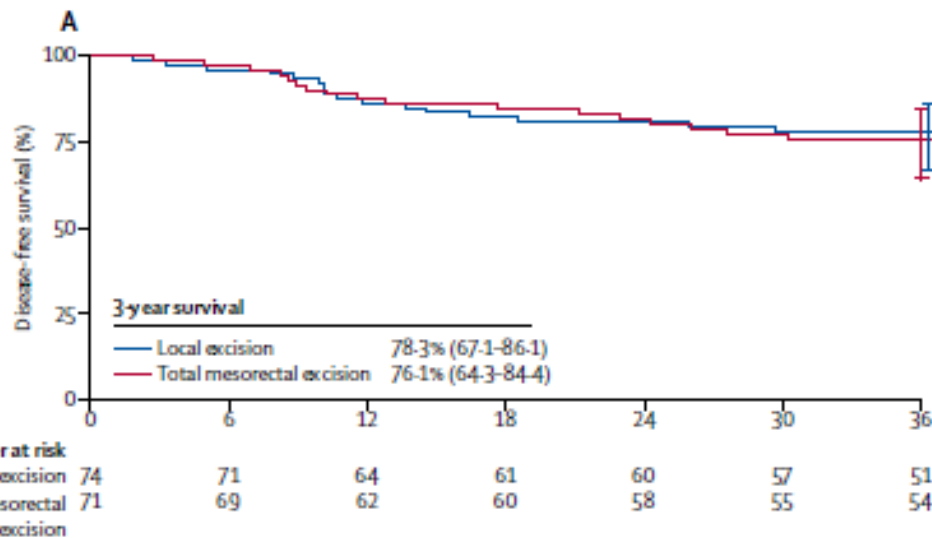
58% of T1,

28% of T2,

16% of T3,

12% of T4

→ ypT0.

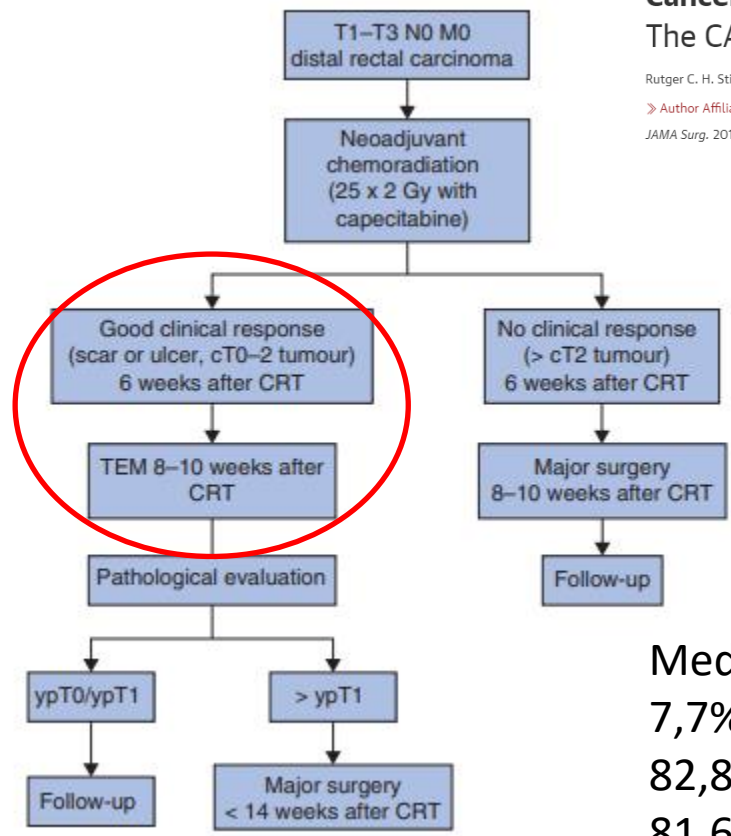


Μπορούμε να σώσουμε το ορθό;

Long-term Oncological and Functional Outcomes of Chemoradiotherapy Followed by Organ-Sparing Transanal Endoscopic Microsurgery for Distal Rectal Cancer

The CARTS Study

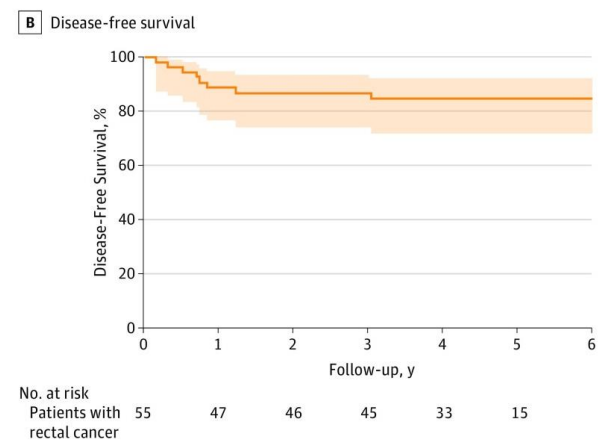
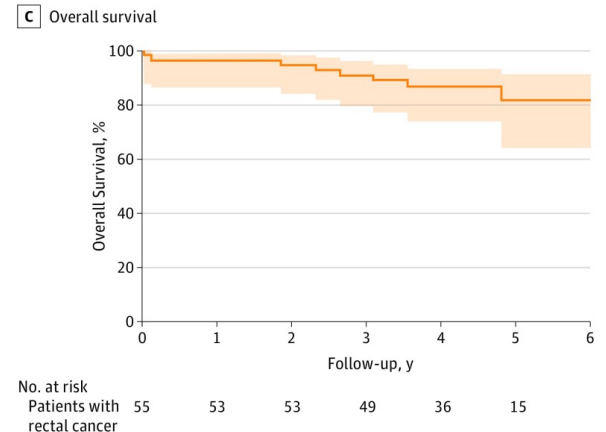
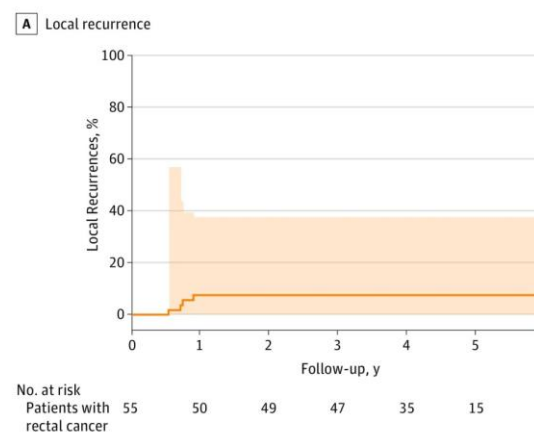
Rutger C. H. Stijns, MD¹; Eelco J. R. de Graaf, MD, PhD²; Cornelis J. A. Punt, MD, PhD³; [et al](#)
» Author Affiliations
JAMA Surg. 2019;154(1):47-54. doi:10.1001/jamasurg.2018.3752



CRT
85% TEM
47/55

Median f/u 53 months
7,7% LR (TEM)
82,8% 5- y OS
81,6% DFS

Baseline Characteristics of Included Patients	
Characteristic	Patients (N = 55)
Age, median (interquartile range), y	64 (39-82)
Male, No. (%)	30 (55)
Tumor size, median (interquartile range), cm	3.4 (3.0-5.0)
Clinical tumor category, No. (%)	
cT1	10 (18)
cT2	29 (53)
cT3	16 (29)
Clinical node category, No. (%)	
cN0	50 (91)
cN1	5 (9)
Distance to anal verge, median (interquartile range), cm	3.5 (2.0-6.0)





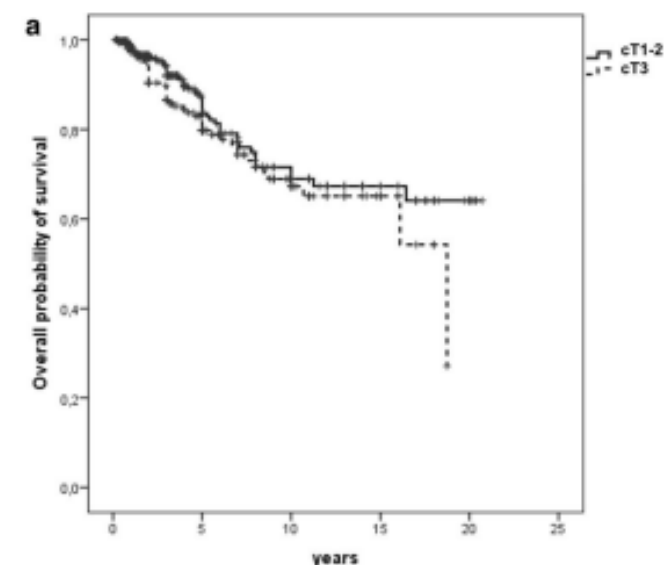
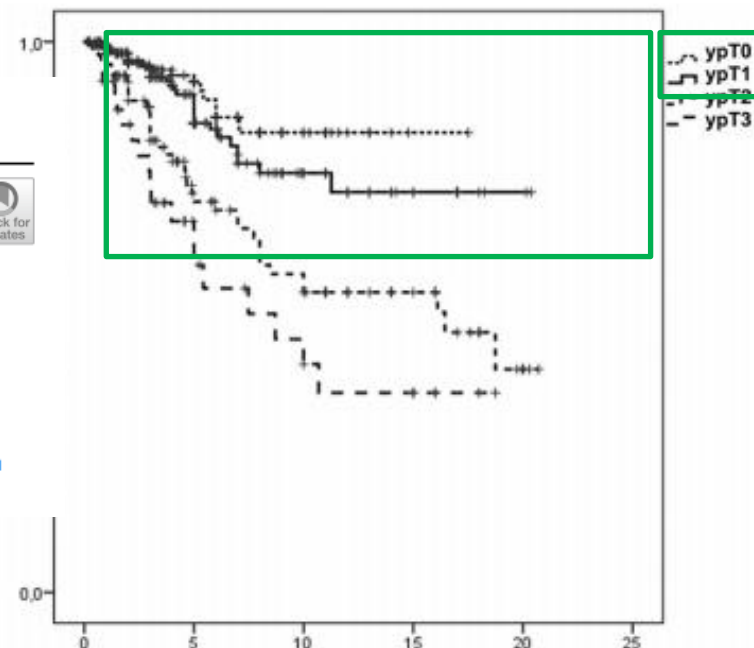
Individual participant data pooled-analysis of risk factors for recurrence after neoadjuvant radiotherapy and transanal local excision of rectal cancer: the PARTTLE study

A. Arezzo¹ · G. Lo Secco¹ · R. Passera² · L. Esposito¹ · M. Guerrieri³ · M. Ortenzi³ · K. Bujko⁴ · R. O. Perez⁵ · A. Habr-Gama⁵ · F. Stipa⁶ · M. Picchio⁶ · A. Restivo⁷ · L. Zorcolo⁷ · C. Coco⁸ · G. Rizzo⁸ · M. Mistrangelo¹ · M. Morino¹

Author	n	Local recurrence (%)	Systemic recurrence (%)	Overall survival (%)	Median follow-up (months) (range)
Coco 2013 [9]	22	1 (4.5)	2 (9)	19 (86.4)	99 (32–173)
Bujko 2013 [12]	89	13 (16.0) ^a	8 (9)	77 (86.5)	26.1 (2.4–85)
Guerrieri 2014 [7]	297	7 (2.4)	13 (4.4)	297 (100)	60.8 (12–243)
Stipa 2014 [8]	43	15 (34.9)	9 (20.9)	16 (37.2)	48 (3.7–252)
Perez 2014 [13]	23	3 (13)	6 (26.1)	20 (86.9)	44 (3–89)
Arezzo 2014 [10]	14	2 (14.2)	0	14 (100)	17.6 (1.6–55.5)
Restivo 2015 [11]	29	4 (13.8)	3 (10.3)	20 (69)	19.7 (3–214)
Total	517	45 (8.7)	41 (7.9)	463 (89.5)	38,8 (1.6–252)

^a8 patients had immediate conversion to radical surgery and were excluded from the calculation

Conclusions Local excision should be offered with caution after neoadjuvant chemoradiotherapy to selected patients with rectal cancers, who achieved a good response to neoadjuvant chemoradiotherapy.



No. at Risk (no. of events)

cT1-2	324	145	55	25	7
cT3	193	103	41	14	0

Keywords: rectal cancer; neoadjuvant therapy; chemotherapy; radiotherapy; local excision; organ preservation; watch and wait

Organ preservation with local excision or active surveillance following chemoradiotherapy for rectal cancer

B Creavin^{1,2}, E Ryan^{1,2}, ST Martin^{1,2}, A Hanly^{1,2}, PR O'Connell^{1,2,3}, K Sheahan^{1,2} and DC Winter^{*,1,2}



Table 1. Patient characteristics

Patient characteristics	Radical surgery (n = 302)	Organ preservation (n = 60)
Median age (range)	64 (27–90)	67 (46–87)
Gender		
Male: female	189: 113 (3:1)	45: 15 (2:1)
Clinical T stage (%)		
T1	0	2 (3.3%)
T2	36 (12%)	20 (33.3%)
T3	230 (76%)	38 (63.4%)
T4	36 (12%)	0
Clinical nodal stage (%)		
Positive	220 (72.8%)	35 (58.3%)
Negative	82 (27.2%)	25 (41.7%)
Pathological differentiation (%)		
Well/moderate	271 (89.7%)	60 (100%)
Poor	31 (10.3%)	0
Pathological T stage (%)		
ypT0	48 (15.9%)	26 (43.33%)*
ypT1	21 (6.9%)	4 (6.67%)
ypT2	72 (23.8%)	17 (28.33%)
ypT3	136 (45%)	15 (25%)
ypT4	25 (8.3%)	0
Pathological nodal stage (%)		
ypN0	198 (65.5%)	—
ypN1/ypN2	104 (34.5%)	—
Pathological tumour regression grade (TRG)		
TRG 1	48 (15.9%)	26 (52%)*
TRG 2	182 (60.3%)	24 (48%)
TRG 3	72 (23.8%)	0

*Ten patients entered into watch and wait programme – clinical complete responders.

Table 2. Patient outcomes

	TME (n = 302)	Watch and wait (n = 10)	Local excision (n = 35)	Salvage TME post local excision (n = 15)
Overall survival	85.6%	90%	94.3%	86.6%
Disease-free	78.2%	80%	80%	60%

F/U 45 μήνες: όχι στατιστικά σημαντικές διαφορές OS και DFS

Abbreviation: TME = total mesorectal excision.

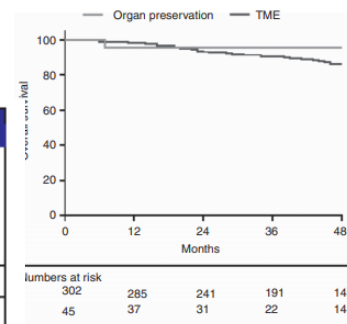


Figure 2. Kaplan-Meier estimates of overall survival for patients treated by organ-preservation techniques (n = 45) vs total mesorectal excision (n = 302), P = 0.414.

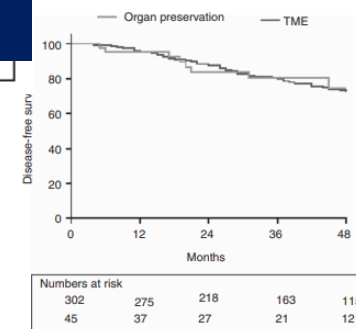


Figure 3. Kaplan-Meier estimates of disease-free survival for patients maintained by organ-preservation techniques (n = 45) vs total

Non-inferiority multicenter prospective randomized controlled study of rectal cancer T₂–T_{3s} (superficial) N₀, M₀ undergoing neoadjuvant treatment and local excision (TEM) vs total mesorectal excision (TME)

X. Serra-Aracil¹ · C. Pericay² · T. Golda³ · L. Mora¹ · E. Targarona⁴ · S. Delgado⁵ · A. Reina⁶ · F. Vallribera⁷ · J. M. Enriquez-Navascues⁸ · S. Serra-Pla¹ · J. C. Garcia-Pacheco¹ · On behalf of TAU-TEM study group

FCS (BIOPSY /ERUS/MRI/CT)

ADK ≤10 cm from anal verge
superficial T2-T3-N0
Lesion ≤ 4cm diameter
ASA < III
No metastasis

INFORMED CONSENT
RANDOMIZATION

EORTC QLQ C-30/CR38
Karnofsky

SURGERY GROUP

SURGERY (TME)

6 months post-surgery
EORTC QLQ C-30/CR38, Karnofsky

FOLLOW-UP

1st, 2nd year: CEA, CA 19.9 /4 months.
FCS total + CT+ chest X-ray/annual

CRT TEM GROUP

CHEMORADIOTHERAPY

7th WEEK
Assessment of response
MRI

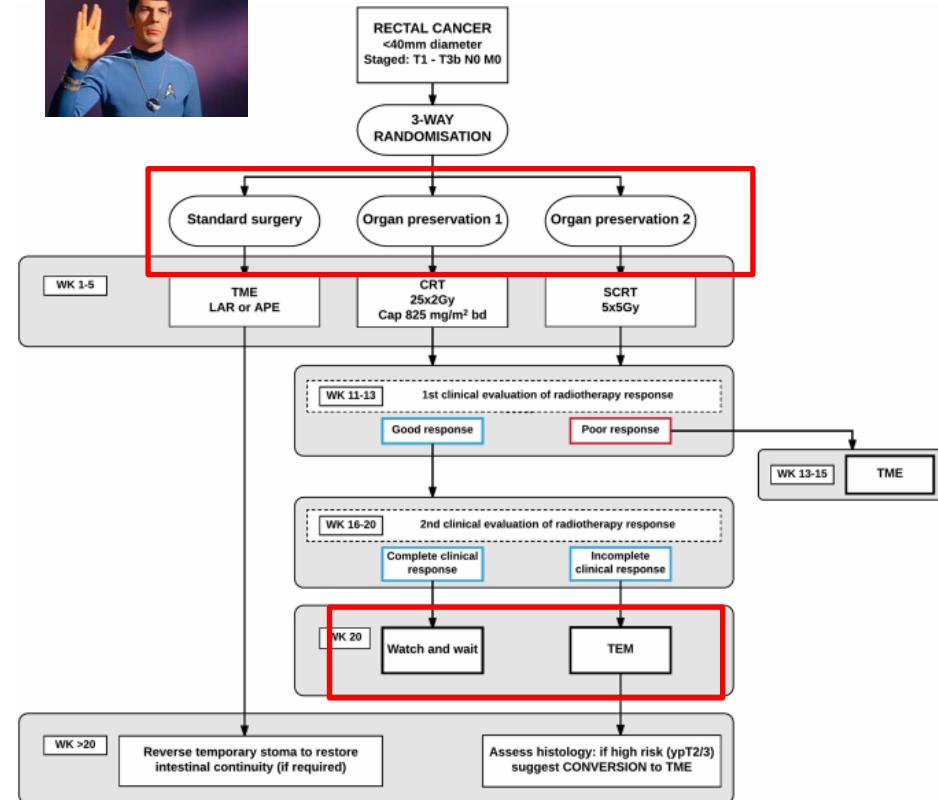
EORTC QLQ C-30/CR38, Karnofsky

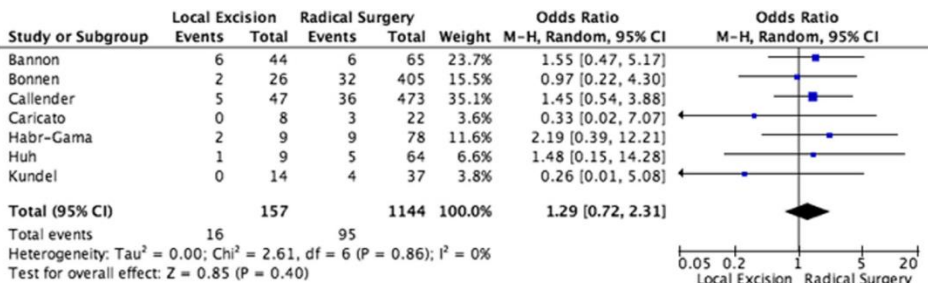
8th WEEK: **TEM**

In the case of criteria for abandoning protocol:
TME

Can we Save the rectum by watchful waiting or TransAnal microsurgery following (chemo) Radiotherapy versus Total mesorectal excision for early REctal Cancer (STAR-TREC study)? protocol for a multicentre, randomised feasibility study

Anouk J M Rombouts,¹ Issam Al-Najami,² Natalie L Abbott,³ Ane Appelt,^{4,5} Gunnar Baatrup,² Simon Bach,⁶ Aneel Bhangu,⁶ Karen-Lise Garm Spindler,^{7,8} Richard Gray,⁹ Kelly Handley,¹⁰ Manjinder Kaur,¹¹ Ellen Kerkhof,¹² Camilla Jensenius Kronborg,¹³ Laura Magill,¹¹ Corrie A M Marijnen,¹² Iris D Nagtegaal,¹⁴ Lars Nyvang,¹⁵ Femke P Peters,¹² Per Pfeiffer,¹⁶ Cornelis Punt,¹⁷ Philip Quirke,¹⁸ David Sebag-Montefiore,¹⁹ Mark Teo,^{19,20} Nick West,¹⁸ and Johannes H W de Wilt¹, for STAR-TREC Collaborative Group



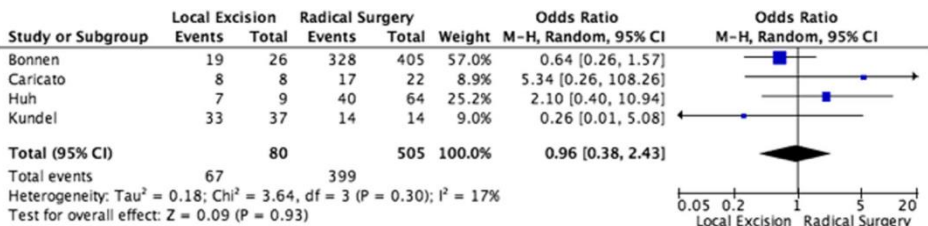
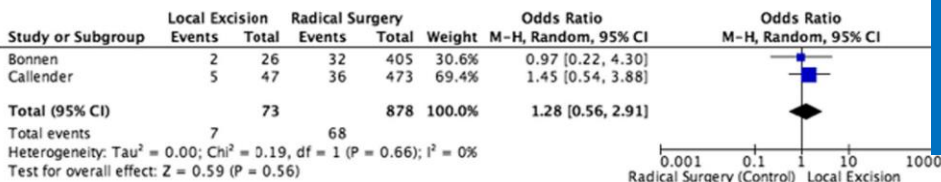


Oncological outcomes of local excision compared with radical surgery after neoadjuvant chemoradiotherapy for rectal cancer: a systematic review and meta-analysis

Irshad Shaikh · Alan Askari · Suzana Ourû ·
Janindra Warusavitarne · Thanos Athanasiou ·
Omar Faiz

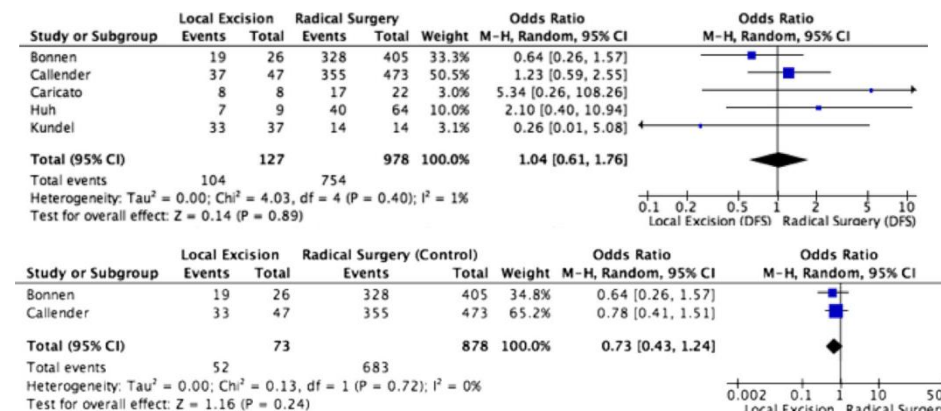
Local recurrence

- RCT(Lezoche) 8 % LE vs 6 % RS .
- 10.1 % LE / 8.0 % RS .
- T3 ns local recurrence LE 9.5 % and RS 7.7 %.



Overall survival

- 585 patients (LE, n=80; RS, n=505).
- 10- year OS LE 83.5 % / 79.0 % RS



DFS

- 1,105 patients (LE, n=127; RS, n=978).
- Όχι διαφορές DFS μεταξύ RS και LE
- Subgroup analysis >T3 ns DFS

Συμπεράσματα

Για ασθενείς >T1 , η τοπική εκτομή ακολουθούμενη με adjuvant θεραπεία, περιορίζεται σε ασθενείς ακατάλληλους για TME, η που αρνούνται χειρουργική επέμβαση

TAMIS μετά Neoadjuvant Ακτινοχημειοθεραπεία, φαίνεται να έχει παρόμοια αποτελέσματα με TME, σε ypT0,ypT1-2N0 όσον αφορά την τοπική υποτροπή και την επιβίωση

TESAR/TAU-TEM//STAR-TREC studies

Ο κίνδυνος τοπικής και συστηματικής υποτροπής στον καρκίνο του ορθού είναι πολυπαραγοντικός και επηρεάζεται από συγκεκριμένους παράγοντες , η αναγνώρισή και η ποσοτικοποίησή τους, μπορεί να βοηθάει τους χειρουργούς να αξιοποιήσουν με τον καλύτερο τρόπο τη στρατηγική τους και τους ασθενείς τους να κατανοήσουν τους κινδύνους πριν δώσουν τη συγκατάθεση.

Rectal cancer surgery has focussed on local recurrence and cancer survival. Will patient choice drive the options in the future?

Felix Aigner



Ευχαριστώ πολύ