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The Influence of Endoscopic Resection to the Recurrence after Additional Surgery for High Risk T1 (S) Rectal Cancer

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Conclusions

There was no difference in recurrence rate between patients who underwent endoscopic resection prior to surgery and those undergoing endoscopic resection after surgery.

Background and Aims

Endoscopic resection (ER) of high risk T1 (S) rectal cancer (CRC) with high risk features following endoscopic resection (ER) is controversial. However, only a few studies have reported the influence of ER on recurrence rate after surgery particularly for patients with high risk T1 CRC. This study was designed to evaluate the outcomes of patients including recurrence rate after endoscopic resection, followed by additional (second) surgery.

Methods

We retrospectively analyzed 100 patients who underwent ER followed by additional surgery with the following criteria: 1. High risk T1 (S) rectal cancer (CRC) with high risk features (lymphovascular invasion, deep submucosal invasion, etc.). 2. Patients who underwent ER followed by additional surgery.

	ER-SS (n=62)	Surgery (n=38)	p-value
Age (mean ± SD)	62.3 ± 10.5	63.1 ± 11.0	0.41
Sex (male/female)	27.5 / 34.5	22.3 / 15.7	0.0001
Depth of invasion (mm)	85 (52.5%)	114 (34.2%)	<0.0001
Number of lymph nodes	77 (47.5%)	218 (65.8%)	0.0001
Number of lymph nodes with metastasis	56 (34.8%)	123 (31.4%)	0.80
Number of lymph nodes with vascular invasion	60 (37.8%)	137 (34.9%)	0.86
Number of lymph nodes with perineural invasion	46 (28.4%)	132 (33.7%)	0.10
Time to surgery (month)	2.4 ± 1.5	0.8 ± 1.0	<0.0001
Recurrence rate (%)	149 (24.0%)	100 (26.3%)	>0.05
Number of patients with recurrence	22 (7.4%)	83 (21.7%)	>0.05

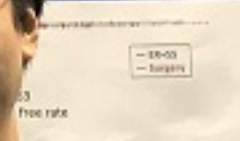


Fig. 3 Kaplan-Meier estimate of Overall Survival and Disease Free Survival. OS and DFS showed no differences between two groups.

	Univariate	g-value	OR's ratio	95% C.I.	g-value
Colon Reum	872 (88.7%)	4 (1.3%)	0.0001	ref	0.0001
Rectum	145 (12.3%)	11 (7.6%)	0.0001	6.36	(3.3-12.0)
ER-SS	388 (62.3%)	9 (2.3%)	0.0001	ref	0.0001
Surgery	145 (37.7%)	12 (8.3%)	0.0001	4.33	(2.3-8.0)
ER-SS	405 (65.2%)	12 (3.0%)	0.0001	ref	0.0001
Surgery	115 (29.8%)	5 (4.3%)	0.0001	1.70	(0.8-3.2)
ER-SS	115 (18.7%)	4 (3.5%)	0.388	ref	0.990
Surgery	115 (30.3%)	11 (9.6%)	0.0001	3.05	(1.8-5.2)

Risk factor for recurrence

Univariate and Multivariate analysis revealed location of the lesion (rectum), depth of invasion, and lymphovascular invasion was independent risk factor of recurrence.



Fig. 4 Risk factor for recurrence. Univariate and Multivariate analysis revealed location of the lesion (rectum), depth of invasion, and lymphovascular invasion was independent risk factor of recurrence.

ER-SS group showed lower recurrence rate (2.5-3.3%), lymph node resection made it possible to perform primary surgery despite a time lag (2.4 vs 0.8 mean months) prior to second surgery for lesions because of a recurrence risk.

