

Outcomes of Recurrent Rectal Cancer After Transanal Excision

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Outcomes of Recurrent Rectal Cancer after Transanal Excision

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INTRODUCTION:

- Colorectal cancer is the second leading cause of cancer-related deaths and third most common cancer in the US.
- Radical surgery is associated with significant morbidity (7-68%) and mortality (0-6.5%) and often results in a temporary or a permanent ostomy.
- Transanal excision (TAE) avoids the major morbidity of radical procedures.
- TAE is associated with higher rates of local and distant recurrence.
- Successful surgical salvage of patients with T1 rectal cancer could be achieved in 50- 93 % of patients with 5 yr survival rates being around 50%.

OBJECTIVES:

- To study salvage rates and survival following surgical salvage in patients who recurred after having TAE of T1 rectal cancer.

METHODS:

- Retrospective chart review of patients who underwent salvage surgery from March 1990- March 2008 for locally recurrent T1 rectal cancer following TAE.
- All patients underwent primary local excision at our institution.
- Preoperative workup included colonoscopy, biopsy, transrectal ultrasound and CT of abdomen and pelvis.
- Follow up - 3 months for first two years, then 6 months for the next 3 years and then annually thereafter.
- Evaluation performed by serial CEA measurements, digital rectal examination and proctoscopy in their follow ups with selective use of transrectal ultrasound and CT scans.

RESULTS:

- Median number of months between the first operation and the recurrence was 41 months (3-120 months).
- 14 deemed eligible for surgical salvage.
- 10 underwent APR, while 4 underwent repeat TAE.
- Median survival after 1st operation was 70.3 months (22-162 months) following first surgery.
- Disease-free survival after salvage surgery was 52.9% (9/17), with a median follow-up of 68 months from the original surgery.
- Disease-specific mortality was 47% (8/17), with a median survival of 72 months (22-156 months) from the original surgery.
- Median length of follow up for all patients was 68 months (22-186 months).
- 5 yr survival in the recurrence group was 11/16 (68.75%).
- 11/17(64.7%) received chemotherapy and 10/17(58.8%) received radiation.

	Initial Op	Salvage Surgery	Age First Op	Recurrence (months)	2nd Recurrence (months)	Survival (months)	Postop Stage Resected Salvage Specimen	LFU (months)
1	TA	TA	70	38		162	T3	162
2	TA	TEM	67.5	19.7			T3	66
3	TA	APR	63.1	37	61-lung	88	T3N0	88
4	TEM	APR	72.6	11	19-liver		T3N1	36
5	TA	TA	57.3	120				123
6	TEM	APR	73.8	9	42-lung	72	TONO	72
7	TEM	APR	48.1	49			T3N0	68
8	TA	APR	63.5	58			T3N0	70
9	TA	Diverting ostomy	82.4	51		52		52
10	TA	APR	71.9	6			T3N0	186
11	TA	TA	71.2	3		54.2	T1	54.2
12	TA		81.4	49-lung		70.3		70.3
13	TEM	APR	70.2	33		55		55
14	TA	APR	69.2	114	156-liver	156	T3N0	156
15	TA	APR	71.2	5	12-liver	22	T3N1	22
16	TA	APR	46.5	38		57	T3N1	57
17	TA		73.8	41		72		72

TA - Transanal, TEM - Transanal endoscopic microsurgery, APR - Abdomino-perineal resection, op-operation, LFU - Last Follow Up.

DISCUSSION:

- 94% of recurrences in our series were local.
- 87.5% of patients with local recurrence were able to undergo salvage surgery with R0 margins.
- As evidenced in our series and also in the published literature the recurrence rate after TAE of T1 rectal cancer is around 20%.
- Most of the patients can be successfully salvaged resulting in a more than 50% survival.
- Overall, 12.8% (10/78) of patients in our series underwent APR.

STRENGTHS:

- Long study period-18 years.
- Long follow-up.

LIMITATIONS:

- Single institution.
- Retrospective data.
- No uniformity on chemo-radiation.

CONCLUSIONS:

- TAE for T1 rectal cancer carries a higher risk of recurrence.
- Of the local recurrences, 87.5% underwent R0 resection at the time of salvage and had a 5 yr survival of 68.75%.
- Long-term surveillance is encouraged, as recurrence can be seen even after 10 years from initial treatment.
- TAE can be considered for T1 rectal tumor with reasonable outcomes.

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