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 5yr 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).
- 5yr survival in the recurrence group was 11/16 (68.75%).
- 11/17 (64.7%) received chemotherapy and 10/17 (58.8%) received radiation.

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 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 chemotherapy.

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 5yr 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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Table 1. Results

<table>
<thead>
<tr>
<th>Initial Op</th>
<th>Salvage Surgery</th>
<th>Age First Op (months)</th>
<th>Recurrence (months)</th>
<th>2nd Recurrence (months)</th>
<th>Survival (months)</th>
<th>Postop Stage</th>
<th>Resected Salvage Specimen</th>
<th>LFU (months)</th>
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Table 2. Characteristics

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<th>Characteristic</th>
<th>Average Age (months)</th>
<th>Range</th>
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<td>Resected tumor size</td>
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<td>Recurrence location</td>
<td>16 local (20.5%)</td>
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