Local vs. Radical Excision for 1-2 cm Rectal Neuroendocrine Tumors

National Cancer Database Analysis (2004-13):

Positive Margins: 8.23% vs. 0% p=0.04*

Hazard-Adjusted Survival: [0.85-6.70] p=0.10
Overall Survival: 94.2% vs. 87.2% p=0.08

Median F/U: 36 mo vs. 45 mo

N=47 Radical Excision


Resident’s Corner: Lynch Syndrome / HNPCC

Key points:
Test for MMR gene or proteins
Consider risk in deciding surgery
Schedule surveillance appropriately

“Weekend Effect” for Hospital Discharge After Elective #ColorectalSurgery

76,031 patients evaluated for weekday vs. weekend discharge after elective colorectal surgery:

- 27% Discharged on Weekend

Readmission Rate overall:
- 11.1% vs. 8.9%
- OR 0.78 [0.74-0.83]

Readmission Rate (if required home services):
- 8.9% vs. * 16.2%
- OR 1.39 [1.25-1.55]

*p<0.001


RCT: Normocaloric Low-Fiber Diet is Best The Day Before #Colonoscopy

276 patients:
- Clear Liquids vs. Normocaloric Low Fiber Diet + 4L PEG split dose prep prior to colonoscopy

Adequate Bowel Prep in:
- 89.1% vs. 95.7%

Low-Fiber Diet pts had:
- Less Hunger
- No difference in bloating/nausea

Chromoendoscopy to Detect/Predict Submucosal Invasion in Colorectal Neoplasia

123 large (>2cm) high risk polyps at single center:

- In predicting submucosal invasion:
  - 73.3% Sensitivity
  - 100% Specificity


Selecting Preop Chemoradiotherapy for RectalCancer: Are T/N stages all that matter?

5 pre-selected MRIs evaluated by 73 radiologists using synoptic report:

- Highest inter-rater reliability for: Distance to Mesorectal Fascia (Kappa = 0.59*)
- Lowest inter-rater reliability for: T-Stage (K = 0.38*)
  - Lymph Node Status (K = 0.41*)

Conclusion: This may be more reliable criterion for preop Tx

Risk Factors for Compromised #ColonCancer Resection: National Propensity-Matched Study

5,143 patients in Danish Colorectal Cancer Database 2010-2013

Risk Factors for Poor Resection (e.g. muscularis plane, R0/R1) Evaluated

14.2% had Poor Resection

Risk Factors for Poor Resection (multivariate):

T3/T4/Neoadjuvant CXRT

1,508 propensity matched patients:

Open Surgery associated with higher risk of poor resection (vs. lap)

O.R. 1.4 [1.1-1.8] p=0.02


What Every Colorectal Surgeon Should Know About New American Cancer Society Screening Guidelines

In 2018, the American Cancer Society Updated Screening for Colorectal Cancer Recommendation to:

American Cancer Society®

Start Screening at Age 45

However, the USPTF *in 2016 recommended:

U.S. Preventive Services Task Force

Start Screening at age 50

Decision to cover average risk screening age 45-50 is up to individual health plans

Peters WR et al. Dis Colon Rectum 2019;62
Abnormal Pouchogram Predicts Pouch Failure
(Even in Asymptomatic Patients)

- 262 patients with UC with pouchogram prior to ileostomy reversal:
  - Contrast Extravasation/Leak in: **10.3%**
    - (51.9% asymptomatic)

- 22% of those with leak went on to develop **pouch failure**

- Pre-IPAA serum albumin and Hb levels inversely correlated with leak:
  - Odds Ratio: **0.42-0.77**


Academic Hospitals Discharge Fewer Patients to Post-Acute Care Facilities after #ColorectalSurgery

- Michigan Surgical Quality Collaborative Dataset:
  - 9,603 patients (2012-15)
  - **11.5%** Discharged to Location other than home

- Low Utilizers of post-acute care:
  - Affiliation with Academic Medical School
  - **p=0.020**
  - O.R. = 4.94

- High Volume*
  - **p=0.028**
  - *Unadjusted for all hospital factors

### Pathogenic Germline Variants Among Patients with Advanced Colorectal Cancer Undergoing Genomic Profiling

- **1,000 patients with targeted exome sequencing of 202 gene panel (2012-15)**
- **Patients with pathologic variants diagnosed at:**
  - **Younger Age**
    - (age 45 vs. 52)
    - p=0.03
- **Variants in low/moderate penetrance genes for CRC:**
  - 46% (who otherwise would not have been tested based on pedigree)


### Endoscopic Findings in Monoallelic MUTYH Mutation Carriers

- **First degree relatives of bi-allelic MUTYH mutations (who carried monoallelic MUTYH mutation):**
  - 62 patients evaluated
- **52% had colorectal polyps at colonoscopy:**
  - 25% - adenomas only
  - 13% - hyperplastic only
  - 13% - SSA+adenomas
  - *None with >5 adenomas*
- **Upper GI evaluation:**
  - No duodenal adenomas; n=3 with fundic gland polyps

Ileal Pouch Excision: Lessons from 92 patients

Indications for Pouch Excision & Postop Outcomes in cohort of 92 patients (2004-present):
- Median time to excision: 7 years
- Etiology: Pelvic abscess / fistula / leak in 63%
- Perineal healing: 78% at 6 months (improved with non-infectious etiology)
- Crohn’s histology in: n=1 patient


Long-Term Outcomes After Neoadjuvant CXRT & Inter-sphincteric / Coloanal Anastomosis

147 patients with locally advanced low rectal tumors (2009-15):
- Median F/U: 34 months (Range: 8-94)
- 3 year DFS: 64.9% (ypT3 = 47.4% vs. ypT0-2 = 82%)
- Local Recurrence Rate: 11.7%

Park JS et al. Dis Colon Rectum 2019;62
## Prognostic Impact of Tumor-Infiltrating Lymphocytes in #ColorectalCancer: Systematic Review & Meta-analysis

<table>
<thead>
<tr>
<th>25 studies:</th>
<th>High CD3+, CD8+, FoxP3+, CD45R0+ densities:</th>
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<tbody>
<tr>
<td>4,718 patients with Primary Colorectal Cancer (CRC)</td>
<td>Associated with Improved Overall Survival</td>
</tr>
<tr>
<td>727 pts w/ locally advanced Rectal CA</td>
<td>Hazard Ratios: 0.63-0.88 (All p&lt;0.001)</td>
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<tr>
<td>418 pts w/ Metastatic CRC</td>
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High CD8+ levels predictive of:

- Tumor Regression Grade in Locally Advanced Rectal Cancer