Comparison of Anal vs. Rectal Staging of **RECTAL** Squamous Cell Carcinoma

Patients with **RECTAL** Squamous Cell CA in SEER Database Staged (1988-2013):

- Endpoints: 5-year Disease-Specific Survival

**Staging Based on Size** (like Anal SCCA)
- Size More accurately predicts prognosis ($p<0.001$)

**Staging Based on Depth** of Invasion (like Rectal adenocarcinoma)
- $n=1,646$
- $n=1,327$
- No difference in survival among Stage II vs. III


Influence of Anastomotic Leak on Survival & Local Recurrence w/ #ColorectalCancer

Single institution: 1,122 pts with colorectal cancer undergoing surgery

- Leak rate: 8.4%
- 1:1 Propensity Score Matched Analysis (with no leak)

**No difference in:**
- DFS, OS, Local Recurrence

**Multivariate Analysis:**
- Age, +Lymph Nodes independent predictors of survival

MetaAnalysis of Current Treatment Strategies for Uncomplicated Diverticulitis

2,321 patients in 11 studies:

- Comparing Observation alone
- Vs.
- Antibiotic treatment

No difference in rates of:

- Emergency Surgery: 0.7% vs. 1.4% (p=0.1)
- Recurrence: 11% vs. 12% (p=0.3)

In RCTs only:

- Rate of Elective Surgery: 2.5% vs. 0.9% (p=0.04)
- Recurrence: 8 vs. 9%


Results of System-Wide Education/Monitoring After Ileostomy Surgery

100 patients with ileostomy surgery at 3 hospital system:

- Intensive Education & Monitoring Group vs. Usual Care

No difference in:

- Overall Readmission Rate: 20.4% vs. 19.6%
- Acute Renal Failure
- Cost of Care
- Patient Satisfaction

F/U Phone Call in: 90% vs. 72% (p<0.023)

Outpatient IV Fluids in: 25% vs. 6% (p=0.008)

Obstetric Anal Sphincter Injury: Medium to Long Term F/U

146 patients with extended F/U after Obstetric Sphincter Injury:
Mean 6.6 years
(range 1.7-11.9)

51% reported incontinence symptoms
16% with severe symptoms

3rd/4th degree tears associated with:
More Symptoms (58% vs. 44%)
Lower Resting & Max Squeeze Pressure


Robotic TAMIS for Excision of Rectal Neoplasia

58 patients with Robotic TAMIS:
T1/T2 Rectal Cancer (n=28)
Rectal polyp (n=18)
Carcinoid (n=11)
GIST (n=1)

98.3% with intact specimen
94.7% with negative margins

89.7% discharged POD #0
5.5% local recurrence rate at 11.5 mo mean F/U
All underwent successful salvage (radical surgery)

Hemorrhoid Disease Symptom Score

Symptom Score to Assess:
Pain, Itching, Bleeding, Sooting, Prolapse

Score Adequately Distinguished High (>4) vs. Low (<4) Symptom Load:

Pain/Itching had largest (significant) symptom contributions

295 pts with hemorrhoids
+ 128 patients with hemorrhoid surgery

Area Under Curve: 0.786


Brachytherapy vs. External Beam Radiation for T3 Rectal Cancer

mri T3 Rectal Cancers undergoing neoadjuvant radiation 2007-16:

Brachytherapy vs. External Beam (n=64)
(n=35)

18.6% vs. 17.1% (p=0.84)

T-stage downstaging in:

*59.4% vs. 28.6% *(p=0.003)

Complexity in Anorectal Surgery at an Academic Center

2,483 Anorectal procedures (71 different CPT codes):

- 39% of CPT codes consistently rated Routine
- 15% of CPT codes consistently rated Complex

Reviewed for Complexity:
e.g. “need for additional expertise beyond general surgery training”

Correlation between Charges and Complexity:
(interclass correlation coefficient 0.7)

> $553 cutoff for “Complex”
(sensitivity = 98%, specificity = 86%)


Persistent Fistula After Anorectal Abscess Drainage

1,970 patients with Anorectal Abscess Drainage Surgery at single center:

- Risk Factors for Developing Fistula:
  - Male Sex: O.R. 0.7 [0.5-0.9]
  - Crohn’s Disease: O.R. 2.5 [1.7-3.7]
  - Diabetes Mellitus: O.R. 0.5 [0.3-0.9]

- Protective Factors for Developing Fistula:

16.2% subsequently developed fistula-in-ano

Sahnan K et al. Dis Colon Rectum 2019;62(3):327-32
Female Gender Representation & Bias at the ASCRS / Tripartite 2017 Scientific Meeting

Women represent:
42% of New CRS Grads (vs. 19% of Diplomats)
38% of Trainees (vs. 19% of Practicing Surgeons)
10% of Department Chairs
7.3% of Full Professors
28% of invited speakers
28% of session moderators
31% of meeting attendees
Male Moderators
Less Likely to Formally Introduce Female Speaker


Resident’s Corner: Adjuvant Chemotherapy for Colon Cancer

Key points:
- Goals of Adjuvant Treatment:
  - Eliminate micrometastatic disease
  - Decrease recurrence rates
  - Increase likelihood of cure
- Backbone of therapy = fluoropyrimidines:
  - Addition of oxaliplatin
    - 5-FU + oxaliplatin superior to 5-FU alone
  - Bevacizumab
- Special considerations:
  - No data supporting adjuvant nintedanib or biologics
  - 3 vs. 6 months (15) CAPOX for 3 months have not been shown to be more advanced RMRG patients may benefit from stronger regimens
  - Currently no evidence to support use of douplet chemotherapy in age > 70

Hoehn RS, Smith JJ. Dis Colon Rectum 2018;62(3):274-78
Abdominal Surgery Impact Scale (ASIS): Measuring Recovery After #ColorectalSurgery

**Construct Validity**
- **ASIS higher** for patients with:
  - Less complications
  - Shorter length of stay
  - Quicker readiness for discharge

**ASIS not correlated with**:
- Physical status
- Need for stoma
- Gender

Expected trajectory only up to 2 weeks postop