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Long-term results of the cylindrical (extralevator) abdominoperineal resections for low rectal cancer

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Introduction & Aim: Abdomino-Perineal Resection (APR) is the gold standard for surgical treatment of low rectal cancer at present, even though the rate of sphincter-preserving surgeries increases every year and the role of combined cancer treatment for this localization increases. Conventional procedure suggested by K Miles has an important disadvantage-high rate of positive Circumferential Resection Margin (CRM). These disappointing results led to the search for ways to improve them and T Holm proposed a modification of the traditional operation and introduced the practice of extralevator or cylindrical APR. The essence of this procedure is a wide transection of the levator muscles near the sites of their attachment to the pelvic walls, thus creating an additional layer of tissues, which significantly reduces the frequency of +CRM and local recurrence. This study aimed to assess the long-term results of surgical treatment of patients with low rectal cancer.

Method: In the period from 2011 to 2014 were performed 72 cylindrical APR, the comparison group consisted of 40 patients who underwent conventional operation in the period from 2009 to 2011. The tumor stage (pT2-4bN0-3M0) in the groups did not differ and patients with synchronous distant metastasis were excluded from the study. The groups also did not differ in severity of somatic (ASA), oncological status (ECOG) and demographic characteristics. Post-operative mortality in the groups was not recorded. Some parts of patients from both groups underwent neoadjuvant treatment (CT/CRT)-50% in the tAPR group and 61% in the cAPR group, $p=0.4$. In the tAPR group, the rate of +CRM was 20%, in the cAPR group -2.7%, $p=0.001$. All patients were observed and examined according to the protocol for monitoring CRC. The median follow-up was 52 ± 3 months, the number-controlled patients was 98.2% (110 patients out of 112).

Result: In the long term, the rate of local recurrences, 3-year overall, 3-year disease-free and cancer-specific survival were assessed. In the tAPR group, the frequency of local recurrence was 25% (10 patients), in cAPR-1.4% (1 patient), $p=0.002$. Nine patients underwent repeated interventions (relapse removal), 2 patients underwent adjuvant treatment. Only one patient developed a local recurrence after CRT. The 3-year overall survival rate in the groups did not differ and amounted to 80% in the tAPR group and 86% in the cAPR group, $p=0.4$. Three-year disease-free survival in the tAPR was-65%, in the cAPR-83.3%, $p=0.03$. Three-year cancer specific survival in the tAPR group was 70%, in cAPR-84.7%, $p=0.03$.

Conclusion: Cylindrical APR becoming the standard for surgical treatment of low rectal cancer, improving both the immediate (reducing the rate of the positive CRM) and the long-term oncologic outcomes (cancer-specific and disease-free survival). Chemoradiation execution before surgery is a factor in a favorable prognosis.

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