

Locoregional Recurrence patterns in colon cancer surgery

Prof. Aviram Nissan

Dr. Ron Shapiro

Alma Kamar

Surgery C, Sheba Medical Center

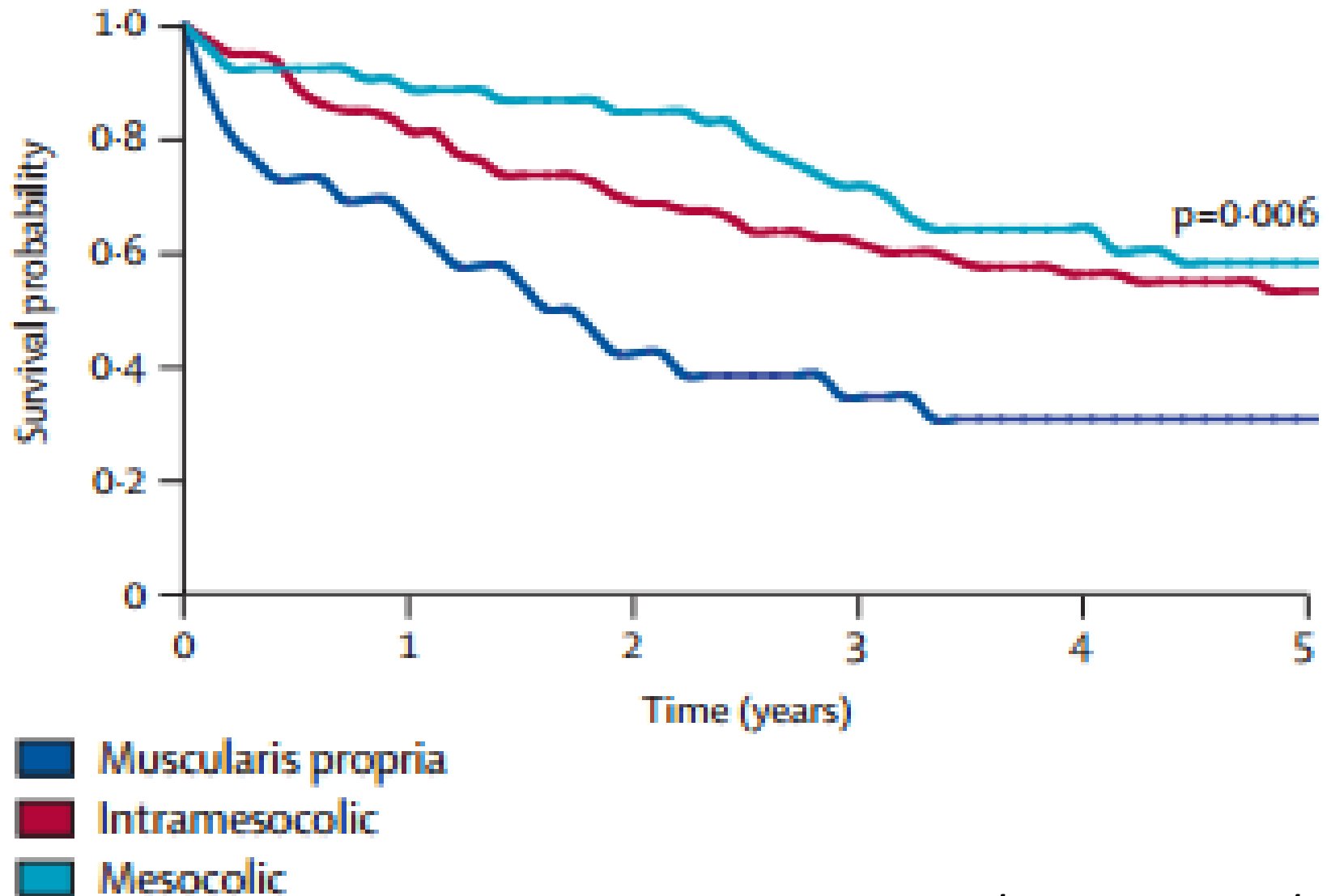
Background

- Colon Cancer is a surgical curable disease
- Survival of 90% for localized disease

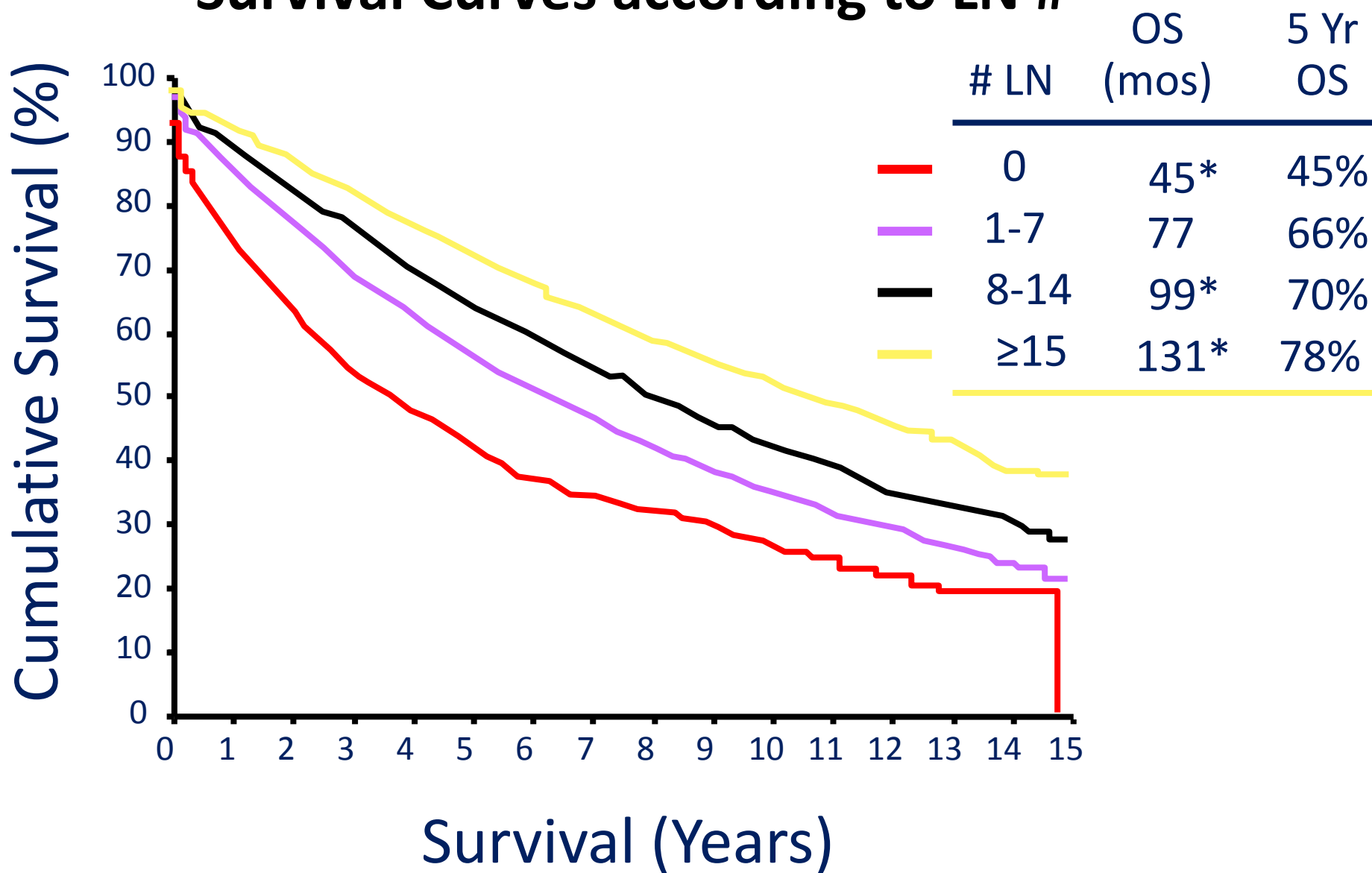
Based on data from SEER 18 2005-2011

- 15% will develop Peritoneal Metastases-
Cytoreductive Surgery and HIPEC

Survival curves according to the plane of mesocolic dissection



Survival Curves according to LN

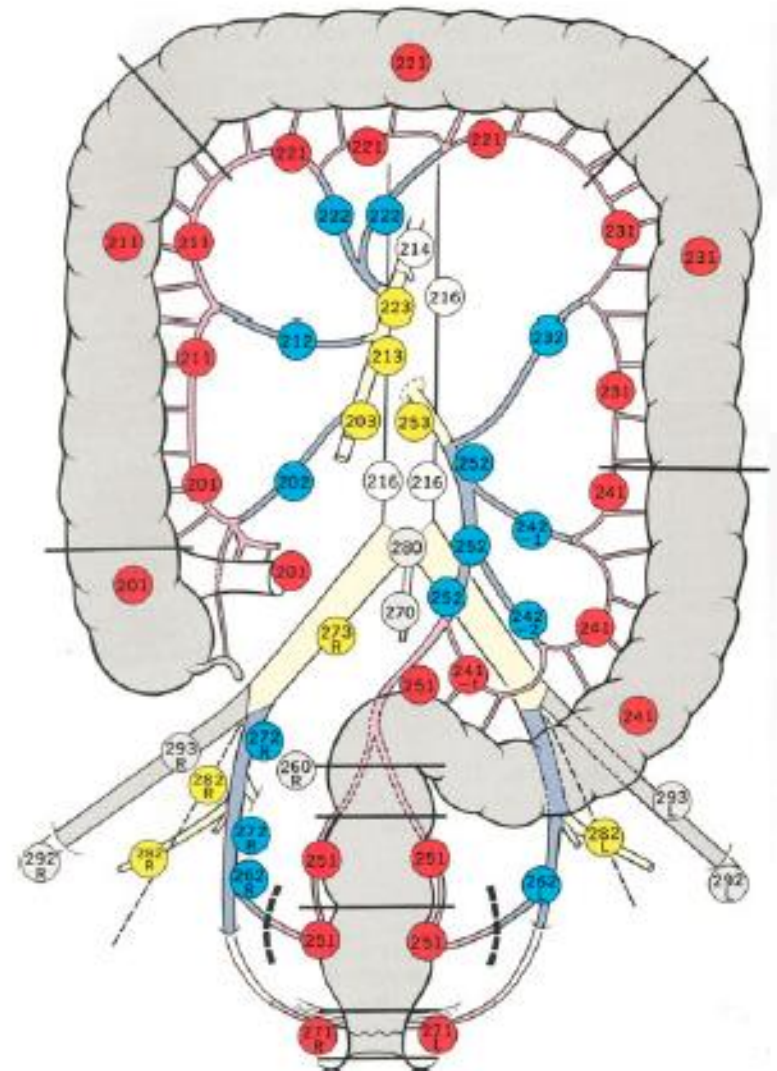


Japanese LN mapping for colorectal cancer

N1- Pericolous nodes

N2- Intermediate nodes

N3- Main nodes



Colon Cancer 4-Year DFS Rates

UICC-Stage	Standard surgery	Extended
I	90%	100%
II	78%	92%
III	67%	73%
all stages	76%	86%

Bertelsen et al. Lancet Oncol. 2015

Colon Cancer Local Recurrence

- 10y LR higher for right colectomy than left colectomy
14.7% vs. 5.2%

MRC CLASICC Trial. Br J Surg. 2013

- What is the explanation for the difference?
 - Inadequate lymphadenectomy?
 - Poor planes of mesenteric resection?
 - Tumor biology?

Aim

- To characterize locoregional recurrence patterns of colon cancers
 - Perianastomotic
 - Mesenteric/nodal
 - Retroperitoneal
 - Peritoneal

Bowne et al. Dis Colon Rectum 2005

- Compare right side recurrences to left side

Methods

- Patients will be identified from the HIPEC registry- 450 patients → 200 colon cancer
- Inclusion:
 - Primary colon cancer
 - curative surgery at presentation
- Exclusion:
 - Distant metastasis at presentation
 - Synchronous and metachronous tumors
 - Hereditary cancers

Data collected

- Demographics
- Primary tumor characteristics
- Adjuvant chemotherapy
- Time interval from primary surgery to recurrence
- Recurrence patterns
 1. Perianastomotic
 2. Mesenteric/nodal
 3. Retroperitoneal
 4. Peritoneal
- Survival outcomes