



# Distal Superficial Cancer Pro Local Excision

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# Radical Resection



- Major laparotomy
- Prolonged recovery in hospital and on discharge
- Multiple potential complications
- Risk of anastomotic leak and subsequent reoperation with stoma
- Compromised rectal function
- Permanent colostomy for low rectal cancer



But Doctor... You told me  
my cancer was early!

And that operation sounds  
painful!

And I don't want to be impotent!

And I don't want a colostomy!

And I've had 3 heart attacks!

And I have my own business  
and I can't be off work that long!

ISN'T THERE ANOTHER



# Local Excision To The Rescue!

- Only a day or two in hospital
- Minimal complications
- No change in function
- Go back home the same day or at most 1-2 days in hospital
- Go back to work almost right away





# Results of Transanal Excision

Local Recurrence Rates After Local Excision Alone and Local Excision with Adjuvant Radiochemotherapy for T1 and T2 Rectal Cancers

Study	Year	No. of Patients	T1 Tumor		T2 Tumor	
			LE	LE + RT	LE	LE + RT
Chakravarti <i>et al.</i> <sup>53</sup>	1999	47	11	0	67	15
Taylor <i>et al.</i> <sup>35</sup>	1998	34	24	50	50	11
Varma <i>et al.</i> <sup>5</sup>	1999	23	5	0	46	0
Lamont <i>et al.</i> <sup>63</sup>	2000	48	23	0	0	20
Gopaul <i>et al.</i> <sup>2</sup>	2004	64	11	25	36	9
Paty <i>et al.</i> <sup>37</sup>	2002	125	15	15	30	25

LE = local excision alone; LE + RT = local excision with adjuvant radiochemotherapy.

Data are percentages unless otherwise indicated.



# Transanal Endoscopic Microsurgery (TEM)



Reference	Procedure (n)	Tumour	Follow-up	LR	Other survival outcome	Operative outcomes
[12] Winde (1996)* Level II	TEM (24) AR (26)	50 T1 (G1/2)	TEM 40.9 AR 45.8	4.1% (1/24) TEM 0% (1/26) AR <i>P</i> = NS	Mets: TEM 0% <i>vs</i> AR 3.8% (1/26) No difference in 5 year survival (96% each group)	TEM had less complications, decreased 20.8% (5/24) <i>vs</i> 34.5% (9/26), mean operative time (103 min <i>vs</i> 149 min; <i>P</i> < 0.05), decreased blood loss (143 ml <i>vs</i> 745 ml; <i>P</i> < 0.001) decreased daily analgesia requirement ( <i>P</i> < 0.0001) and LOS (5.7 days <i>vs</i> 15.4 days; <i>P</i> < 0.001)
[13] Lezoche (2005)* Level II	TEM (20) LR (20)	40 T2NO G <sub>1/2</sub>	56 (44–67)	TEM 5% (1/20) LapR 5% (1/20)	Recurrence/metastases probability at 77.6 months: 10% (TEM) <i>vs</i> 12% (LapR) Survival probability at 77.6 months: 95% (TEM) <i>vs</i> 83% (LapR)	TEM associated with decrease operating time (95 min <i>vs</i> 170 min; <i>P</i> < 0.001), decreased blood loss (50 ml <i>vs</i> 200 ml; <i>P</i> < 0.001) analgesic use (2% <i>vs</i> 20%; <i>P</i> < 0.001) and LOS (4.5 days <i>vs</i> 7.5 days; <i>P</i> < 0.001).



# Careful Patient Selection



- Small tumours
- Low tumours
- Well-differentiated
- No LVPI
- No nodal disease on preop staging



# Local Excision

- Good option for patients who have significant PMHx and are at high risk for laparotomy and potential complications
- An option for patients who are adamantly refusing a colostomy
- An option for patients concerned about compromising genitourinary function
- **A 20% recurrence rate means an 80% chance of being disease-free!**