LINEAR ENDO-ULTRASONOGRAPHIC ASSESSMENT OF TUMOR FIXATION TO THE MUSCULARIS PROPRIA LAYER – A STRONG SIGNAL OF T2 RECTAL CANCER

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A single-center pilot study found that impaired tumor shiftability on linear endoscopic ultrasound predicted T2+ stage rectal cancer with 94.4% sensitivity and 97.9% specificity, substantially outperforming conventional advanced endoscopic imaging.

KEY POINTS

- In 66 patients assessed for shiftability during linear endoscopic ultrasound, impaired shiftability (fixed movement of tumor and muscularis propria layer) identified T2+ rectal cancer with sensitivity 94.4%, specificity 97.9%, false-negative rate 4.2%, and false-positive rate 5.6%.
- Advanced endoscopic imaging for T2+ staging showed substantially lower performance with sensitivity 61.3%, specificity 86.7%, false-negative rate 18.8%, and false-positive rate 29.6%.
- No optical feature or static ultrasonographic feature improved prediction beyond shiftability testing in multivariate analysis.
- The authors state this pilot study's promising results deserve further appraisal in other centers, as current imaging methods including MRI and radial endoscopic ultrasound often overstate stage and lack reliability for excluding deep infiltration.

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