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Summary

HISTOLOGICAL RISK STRATIFICATION FOR LYMPH NODE METASTASIS IN PT2 RECTAL CANCER AFTER LOCAL EXCISION: A MULTICENTRE INTERNATIONAL STUDY

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UEG Week Berlin 2025 | Presentation

Colorectal | Digestive Oncology | Endoscopy | Histopathology

October 6, 2025

In pT2 rectal cancer after local excision, patients without histological risk factors had a lymph node metastasis rate of only 5.6%, suggesting that one-third of patients might avoid completion total mesorectal excision.

KEY POINTS

- Among 103 patients with pT2 rectal cancer treated by local excision, 35% had no histological risk factors (high-grade differentiation/mucinous subtype, lymphovascular invasion, tumour budding grade 2-3/poorly differentiated clusters grade 2-3, or perineural invasion), and this low-risk group had a lymph node metastasis rate of 5.6% (2/36 patients, OR 0.19, 95% CI 0.04-0.87, p=0.032).
- In the active surveillance group, no locoregional recurrences occurred among the 10 patients without risk factors during a median follow-up of 53 months.
- Small vessel invasion was a significant predictor of lymph node metastasis (LNM rate 34.4%, OR 4.3, p=0.004), while large vessel invasion was not statistically significant (LNM rate 14.3%, p=0.604).
- Tumour budding and/or poorly differentiated clusters grade 2-3 were strongly associated with lymph node metastasis (LNM rate 36.1%, OR 7.0, p<0.001).
- This multicenter retrospective study from seven international centers included patients treated between 2015 and 2025, with 74% undergoing completion total mesorectal excision and 26% opting for active surveillance with MRI follow-up for at least two years.

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