

ANASTOMOTIC LEAKAGE IS ASSOCIATED WITH WORSE SURVIVAL AND RECURRENCE AFTER COLORECTAL CANCER SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF 235,626 PATIENTS

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UEG Week Berlin 2025

Poster

Colorectal

October 7, 2025

Meta-analysis of 66 studies with 235,626 patients finds anastomotic leakage after colorectal cancer surgery is significantly associated with poorer survival outcomes and increased local recurrence risk.

KEY POINTS

- Anastomotic leakage was associated with worse overall survival, disease-free survival, and cancer-specific survival across all colorectal cancer types.
- For rectal cancer, anastomotic leakage increased the hazard ratio for overall survival to 1.45, for disease-free survival to 1.65, and for cancer-specific survival to 1.91.
- Anastomotic leakage was associated with significantly higher rates of local recurrence for rectal cancer (HR: 1.69) and colorectal cancer (HR: 3.80), but no significant impact was found on distant recurrence.
- Restricted mean survival time for overall survival was significantly shorter in patients with anastomotic leakage at 54.05 months compared to 114.56 months in patients without leakage.
- This comprehensive meta-analysis may inform surgical planning and postoperative monitoring strategies for colorectal cancer patients.

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