

How I stage rectal cancer properly

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Presentation

Colorectal

Digestive Oncology

Endoscopy

Histopathology

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The speaker presents a new MRI-based staging approach for early rectal cancer that measures preserved muscularis propria thickness rather than distinguishing T1 versus T2, aiming to increase identification of patients suitable for organ-preserving local excision and reduce unnecessary major surgery and radiotherapy.

KEY POINTS

- The speaker reports that when preoperative treatment is given for T1/T2 tumors, only about a quarter of patients benefit while three quarters suffer harm from functional impairment due to unnecessary radiotherapy, with many not receiving stoma reversal.
- A pilot study with 12 Dutch radiologists showed that accuracy in identifying lesions suitable for local excision increased from 29% before training to over 80% after two 2-hour training sessions.
- The speaker's proposed staging method involves measuring the depth of preserved muscularis propria on MRI rather than attempting to classify tumors as T1 versus T2, stating that tumors with three millimeters of full muscularis propria preservation are suitable for local excision.
- MRI can detect macroscopic discontinuous extramural vascular invasion beyond the endoluminal surface that ultrasound and endoscopy cannot visualize, which the speaker states is critical because such invasion can cause recurrence despite successful local excision.
- The speaker launched the preserve trial, a UK cluster randomization study at 27 centers, to test whether training radiologists in this staging method changes practice and increases organ preservation in early rectal cancer patients.
- The speaker states that the majority of enlarged lymph nodes are not malignant and that lymph nodes should only be called malignant when there is convincing evidence of capsular breach or extranodal tumor deposits.

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