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Summary

RECURRENCE AFTER R0 ENDOSCOPIC SUBMUCOSAL DISSECTION FOR HIGH-RISK T1 COLORECTAL CANCER: TUMOR LOCATION OUTWEIGHS HISTOLOGICAL RISK FACTORS

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After R0 endoscopic submucosal dissection of high-risk T1 colorectal cancer, recurrence was uncommon overall (10.7% cumulative incidence) but strongly dependent on tumor location, with rectal lesions showing five-fold higher recurrence than colonic lesions.

KEY POINTS

- In a multicenter cohort of 490 patients with T1 colorectal cancer and unfavorable histology treated by R0 ESD, 30 patients (6.3%) developed recurrence after median follow-up of 29 months, with cancer-specific mortality of only 1.9%.
- Recurrence was markedly higher in rectal lesions (10.4%) compared to colonic lesions (1.8%), with rectal cancers showing predominantly locoregional recurrence (60%) while all colonic recurrences were distant (100%).
- Tumor location (colon vs rectum, sHR 0.40, 95% CI 0.19-0.86, p=0.02) and perineural invasion (sHR 9.51, 95% CI 2.81-32.24, p=0.001) were the only independent predictors of recurrence in multivariable analysis.
- Classical histological criteria including lymphovascular invasion (sHR 1.15, p=0.74) were not predictive of recurrence.
- Completion surgery showed no significant impact on recurrence risk compared to surveillance (sHR 1.52, 95% CI 0.69-3.33, p=0.29) in this observational cohort.
- In sensitivity analysis excluding perineural invasion cases, tumor location remained the sole independent predictor (sHR 0.22, 95% CI 0.07-0.64, p=0.006) with recurrence at 8.4%.

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