

Patient with an early rectal cancer detected by FIT-screening

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Presentation

Colorectal

Digestive Oncology

Education & Training

Endoscopy

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The speaker presented an organ-preserving approach to early rectal cancer management, comparing local excision techniques and discussing risk stratification to avoid radical surgery in selected patients.

KEY POINTS

- For a 59-year-old woman with a 50mm rectal polyp 4cm above the dentate line showing pT1 SM2 cancer with poor differentiation, the speaker performed intermuscular dissection achieving R0 resection and discussed active surveillance as an option.
- The speaker stated that neoadjuvant chemoradiotherapy can achieve organ preservation in 70% of cases with short-course radiotherapy and 95% for lesions under 3cm in the OPERA trial, though long-term functional outcomes include persistent Major LARS and sexual/bladder dysfunction.
- Intermuscular dissection was reported to have higher R0 rates for deep submucosal invasive cancers than ESD (which drops to 47-70% R0 with deep invasion), with Major LARS under 5% and complications limited mainly to pain and postprocedural bleeding in the speaker's experience.
- The speaker stated that TAMIS has approximately 30% intraluminal recurrence and 18-20% cancer recurrence in Dutch studies, which may relate to triangulation and suturing technique.
- The speaker emphasized that distant metastasis, not lymph node metastasis, determines mortality in T1 colorectal cancer, and only 40% of distant metastases lead to death, framing the incremental risk of surveillance as 1% for submucosal invasion.
- The speaker advocated for involving patients in treatment decisions and combining PRESERVE MRI criteria with optical diagnosis for better selection of local excision candidates, noting that R0 rates reach 80% for T2 lesions when muscularis propria is preserved over 1mm.

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