

PROGNOSIS OF LOW-RISK PT1 CRC LOCALLY RESECTED EN BLOC AND IN PIECEMEAL - COMPARATIVE STUDY WITH TWO INTERNATIONAL COHORTS: EPIT1 CONSORTIUM AND DUTCH T1 GROUP

Maria Daca Alvarez

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Poster

Colorectal

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Piecemeal resection of low-risk pT1 colorectal cancers was associated with lower 5-year metastasis-free survival compared to en bloc resection even after completion surgery in a European multicenter cohort study.

KEY POINTS

- Among 3918 patients with low-risk pT1 colorectal cancers (no poor differentiation or lymphovascular invasion), adjusted 5-year metastasis-free survival was 94.6% for piecemeal resection versus 97.4% for en bloc resection ($p=0.001$).
- Piecemeal resected lesions followed by completion surgery showed higher endoluminal recurrence (10.8% vs 1.6%, $p<0.001$) and distant metastasis rates (3.4% vs 1.9%, $p=0.04$) compared to en bloc resection with surveillance alone.
- Within the piecemeal group, completion surgery did not significantly improve 5-year metastasis-free survival compared to surveillance alone (93.7% vs 96.3%, $p=0.08$).
- Piecemeal resected lesions were larger (mean 28.04 mm vs 18.93 mm), more often rectal (34.7% vs 26.5%), and less frequently pedunculated (34.6% vs 57.9%) compared to en bloc resected lesions.
- The authors attribute worse outcomes in piecemeal resection to suboptimal histological risk stratification in fragmented and cauterized specimens; this study is relevant for endoscopists and surgeons managing pT1 colorectal cancers.

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