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Summary

Patient with incomplete endoscopic resection of T1 colon cancer

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Colorectal | Digestive Oncology | Education & Training | Endoscopy

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The rising incidence of T1 colorectal cancer detected through screening presents management challenges, particularly when 60-64% are not recognised endoscopically and undergo piecemeal resection with uncertain margins.

KEY POINTS

- The speaker stated that 60 to 64 percent of stage 1 colorectal cancers are not recognised endoscopically as cancer, leading to piecemeal EMR and suboptimal R1 or RX resections.
- Biopsy surveillance of the resection scar has less than 30 percent sensitivity for detecting residual cancer and does not address lymph node involvement.
- Completion surgery carries significant morbidity and mortality, yet the speaker reported the risk of lymph node involvement may be only 2.2 percent based on nomograms, meaning 98 of 100 patients would undergo unnecessary surgery.
- Full-thickness resection is presented as an alternative, with the speaker stating up to 8 percent require surgery due to risk factors or upstaging, 2 to 3 percent due to complications, 90 percent technical success in the colon, and observational data suggesting similar survival to surgery.
- Ongoing randomised trials (SCAR trial comparing FTR to surgery, and the LOCAL prospective study in the Netherlands) are expected to provide higher-quality evidence in several years.
- The speaker emphasised that after training and awareness programs in the Netherlands, early cancer recognition has improved and fewer cases are now missed compared to ten years ago.

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