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Summary

Panel discussion: Early colorectal cancer

UEG Week Berlin 2025 | Presentation

Colorectal | Digestive Oncology | Endoscopy | Surgery

October 7, 2025

Panel discussion explored de-escalation and organ-preserving strategies in early rectal cancer, with debate over the role of lymph node dissection and the feasibility of local excision plus chemoradiation for T2-T3 tumors.

KEY POINTS

- The speaker argued that lymph node metastases in rectal cancer, like in melanoma and breast cancer, may be risk stratifiers rather than causes of distant metastasis and that removing lymph nodes might not prevent recurrence.
- The TOTEM study from Spain was cited as showing local surgical excision coupled with chemoradiation is as good as surgery for T2-T3 rectal cancers, though functional outcomes and quality of life remain concerns.
- The Star Trek study presented at ASCO reported 80% organ preservation in approximately 350 patients treated with neoadjuvant chemoradiotherapy followed by local excision.
- A meta-analysis of 2082 T1 high-risk rectal cancer patients treated with local resection showed 5% recurrence, 3.5% distant metastasis, and 2.5% cancer-related mortality overall.
- The speaker stated that all recurrences in the TEASER study were salvageable with surgery, emphasizing that success depends on timing of detection and quality of surveillance.
- Panelists agreed that since survival differences between approaches may be small, future research should prioritize functional outcomes and quality of life.

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