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Summary

FOR ELDERLY PATIENTS WITH T1 COLORECTAL CANCERS TREATED BY ENDOSCOPIC RESECTION, ARE ADDITIONAL SURGERIES WITH LYMPH NODE DISSECTION NECESSARY?

Yuki Miyata

UEG Week Copenhagen 2023 | Poster

Colorectal

October 15, 2023

In a retrospective study of 1461 T1 colorectal carcinoma patients, overall survival after endoscopic resection alone was significantly shorter than after surgery with nodal dissection in patients ≤75 years, but no significant survival difference was observed in patients >75 years.

KEY POINTS

- Among 1461 T1 colorectal carcinoma patients followed for a mean of 77.1 months, overall survival was significantly shorter in the endoscopic resection alone group compared to the surgical resection group ($p<0.01$).
- In patients ≤75 years old, overall survival was significantly shorter with endoscopic resection alone ($p<0.01$), while in patients >75 years old, no significant difference in overall survival was found between treatment groups ($p=0.08$).
- The authors suggest that for elderly patients with T1 colorectal carcinomas, the indication for additional surgical resection with nodal dissection after endoscopic resection might be carefully considered.
- Current criteria for additional surgery are based only on lymph node metastasis risk without consideration of prognosis, and it is unclear whether the same criteria should apply to elderly versus non-elderly patients.

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