



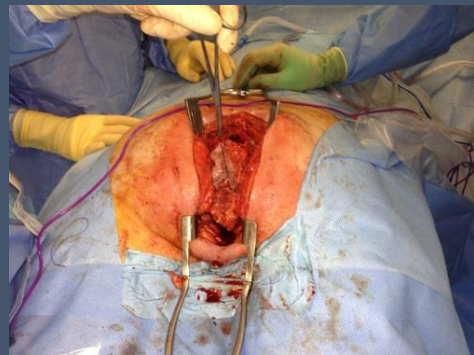
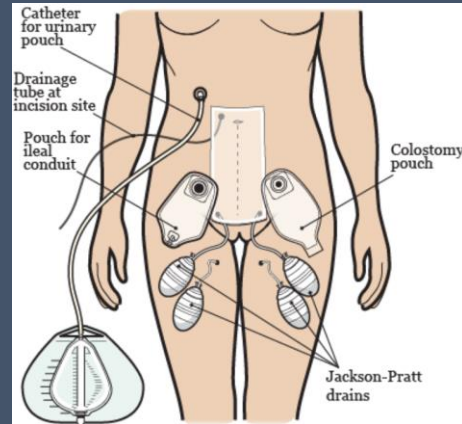
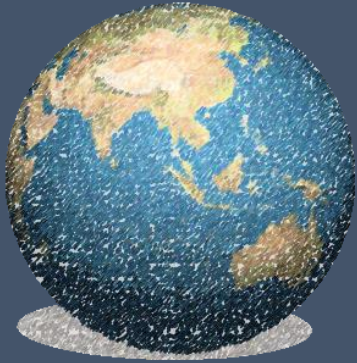
Locally Advanced / Recurrent Rectal Cancer

Des Winter



St Vincent's University
Hospital
Dublin, Ireland





Pelvic exenteration with partial sacrectomy and VRAM reconstruction for recurrence

The PelvEx Collaborative Meeting

***Royal College of Surgeons Dublin
1st & 2nd June 2018***



Local Facilitators: Michael Kelly & Des Winter

Annual meeting of the PelvEx Collaborative



Amsterdam, Thursday 31 June – Friday 1 July 2022



Europe:

St Vincent's Dublin - Ireland
 Royal Marsden – UK
 Royal Devon & Exeter – UK
 Singleton Swansea – UK
 Addenbrooks Hospital – UK
 St Mark's London – UK
 Leeds Teaching Hospital – UK
 St Thomas London – UK
 University Of Edinburgh – UK
 Newcastle Hospital - UK
 University Hospital Bologna – Italy
 University Eindhoven – Netherlands
 Netherlands Cancer Institute
 University MC Rotterdam – Netherlands
 VU Medical Center – Netherlands
 Erasmus Medical Center - Netherlands
 Radboud Medical Center - Netherlands
 University Erlangen – Germany
 Heidelberg University - Germany
 University Hospital Madrid – Spain
 Karolinska Institute – Sweden
 Skane University Hospital - Sweden
 Aarhus University Hospital – Denmark
 Bordeaux University Hospital – France

Asia:

National Cancer Hospital – Japan
 Queen Mary - Hong Kong
 SingHealth Duke NUS - Singapore

Australia/ New Zealand:

Royal Alfred Sydney – Australia
 Peter MacCallum – Australia
 Royal Adelaide Hospital - Australia
 Christchurch Hospital – New Zealand

North America:

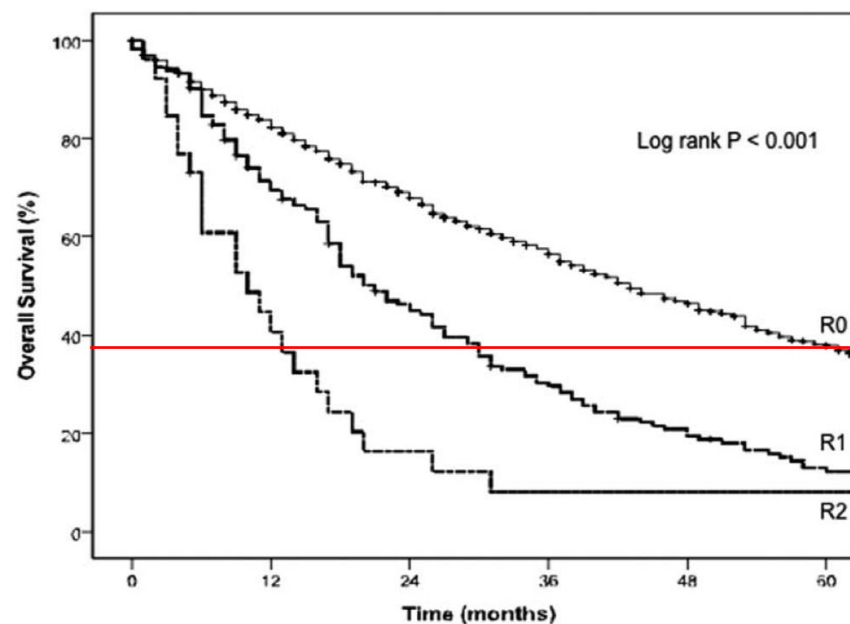
Cleveland Clinic
 University Hospital Cleveland
 Mayo Clinic
 MSKCC
 MD Anderson
 Columbia University Hospital
Duke University



Surgical and Survival Outcomes Following Pelvic Exenteration for Locally Advanced Primary Rectal Cancer

Results from an International Collaboration

The PelvEx Collaborative

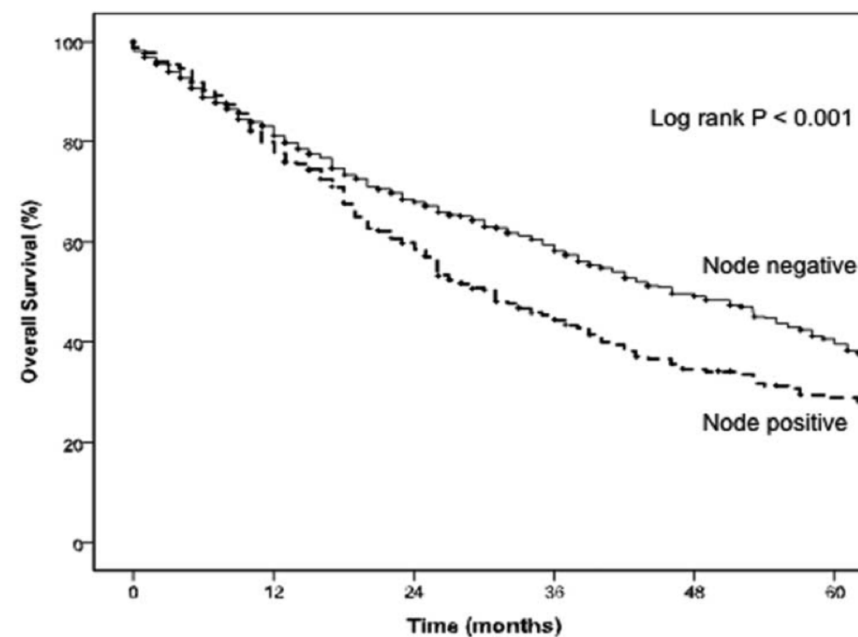


80% have R0 resection

Surgical and Survival Outcomes Following Pelvic Exenteration for Locally Advanced Primary Rectal Cancer

Results from an International Collaboration

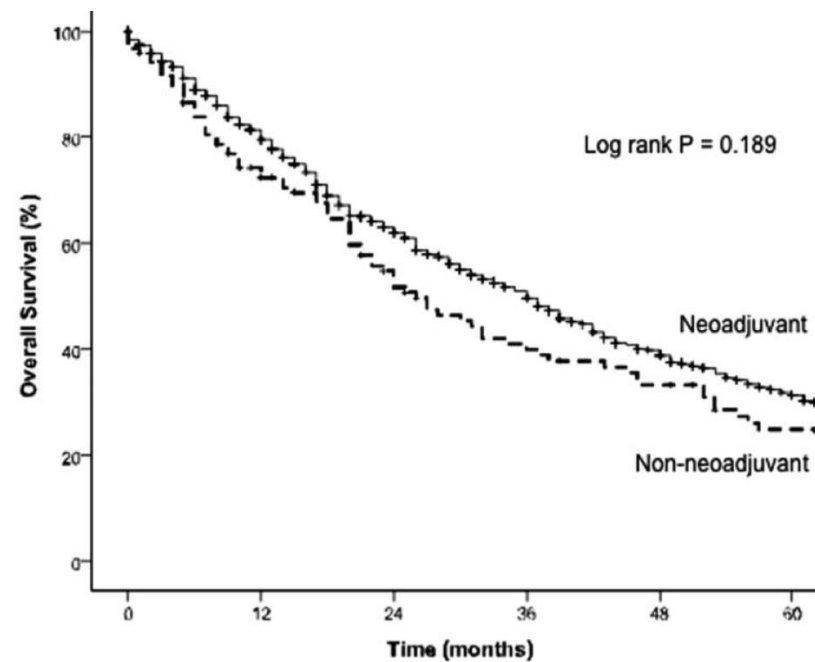
The PelvEx Collaborative



Surgical and Survival Outcomes Following Pelvic Exenteration for Locally Advanced Primary Rectal Cancer

Results from an International Collaboration

The PelvEx Collaborative



78% had neoadjuvant therapy

Morbidity 37% Mortality 1.8%

		Neoadjuvant therapy		p-value	Odds Ratio*
		Yes	No		
Age in years (Mean(Std Dev))		61.1(12.4)	64.7(12.8)	0.002 ^t	
Gender					
Male	618	89.8	10.2		
Female	390	86.9	13.1	0.123 ^c	
Death at 30 days					
Yes	19	78.9	21.1		
No	1118	88.8	11.2	0.260 ^f	
Complications at 30 days					
Yes	442	91.6	8.4		
No	695	86.8	13.2	0.012 ^c	1.67(1.12-2.50)
Readmission within 30 days					
Yes	90	94.4	5.6		
No	1047	88.2	11.8	0.071 ^c	
Inpatient at 30 days					
Yes	171	84.8	15.2		
No	966	89.3	10.7	0.084 ^c	
Surgical re-intervention					
Yes	98	87.8	12.2		
No	1039	88.7	11.3	0.769 ^c	
Radiological re-intervention					
Yes	74	90.5	9.5		
No	1063	88.5	11.5	0.597 ^c	
		Median (IQR)	Median (IDR)		
Hospital length of stay (days)	1018	16(12)	16(18)	0.402 ^m	
Time to recurrence (months)	329	14(22)	15(13)	0.864 ^m	

*Unadjusted Odds Ratio, c = chi squared test, t = student's t-test, m=mann-whitney u test, f = fishers exact test

Multivariable Analysis

Variables in the Equation

	B	SE	Wald	df	Sig.	Exp(B)	95.0% CI for Exp(B)	
							Lower	Upper
Age	.007	.004	3.546	1	.060	1.007	1.000	1.014
HistologyMargins			45.642	2	.000			
HistologyMargins(1)	.585	.115	25.890	1	.000	1.795	1.433	2.250
HistologyMargins(2)	1.131	.231	24.016	1	.000	3.099	1.971	4.872
Nodespositiveyesorno	.240	.093	6.734	1	.009	1.272	1.061	1.525

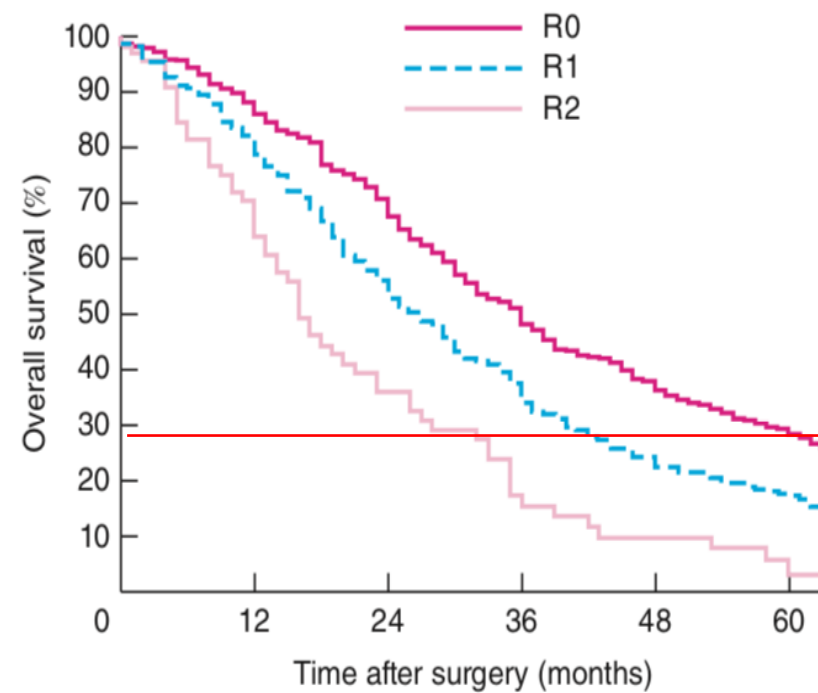
MARGIN STATUS (p<0.001)

NODAL STATUS (p=0.009)

Original article

Factors affecting outcomes following pelvic exenteration for locally recurrent rectal cancer

The PelvEx Collaborative*

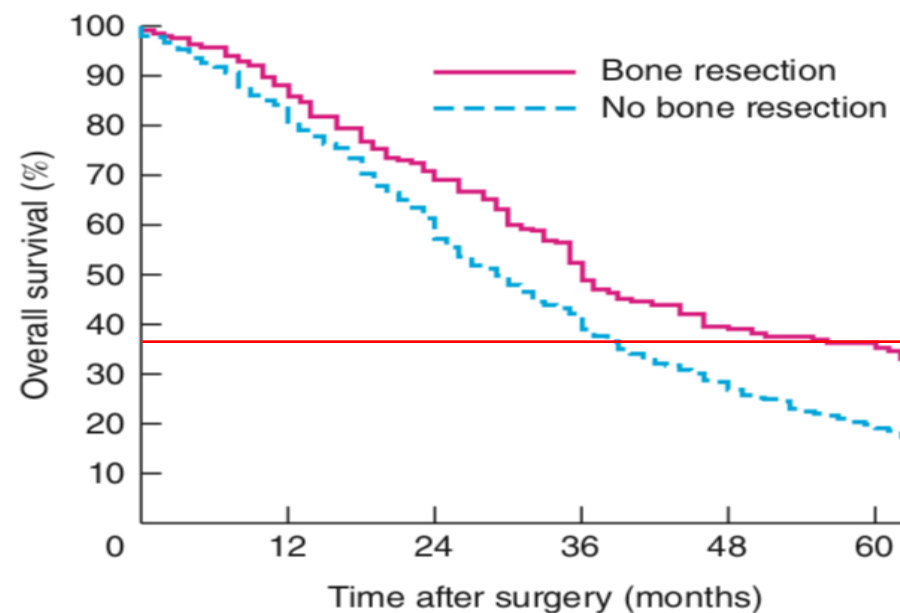


55% have R0 resection

Original article

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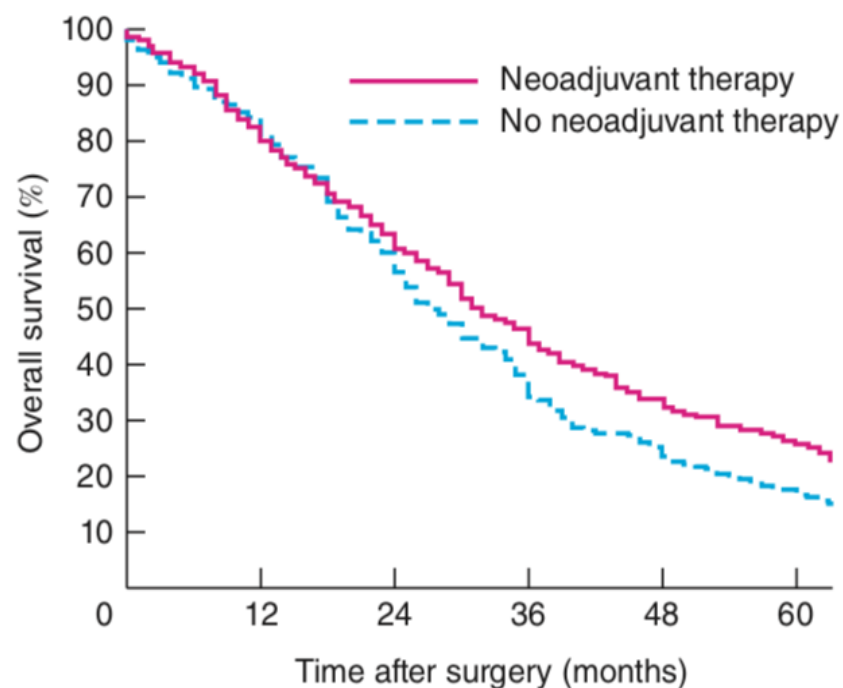


20% have Bony resection

Original article

Factors affecting outcomes following pelvic exenteration for locally recurrent rectal cancer

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51% had neoadjuvant tx

Univariable Analysis

Neoadjuvant therapy
($p=0.008$)

Nodal Status ($p=0.014$)

Margin Status ($p<0.001$)

Bone Resection ($p<0.001$)

Margins, margins, margins

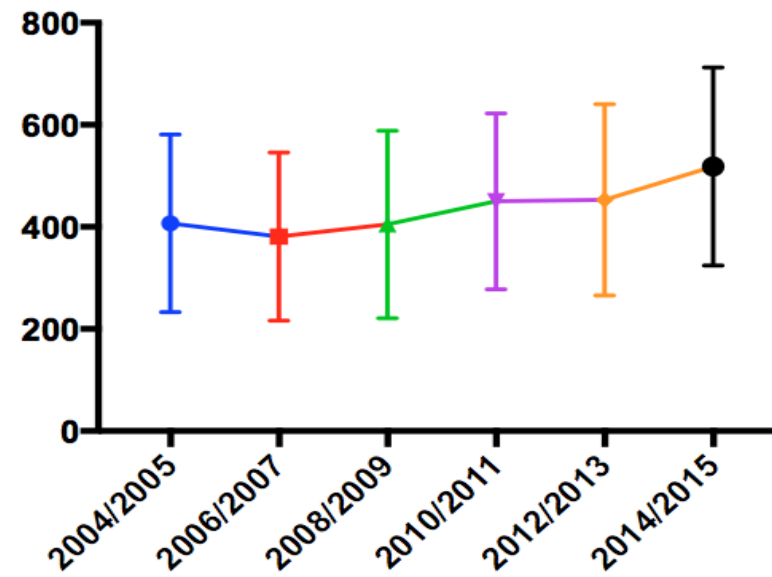
Neoadjuvant therapy increases postoperative complications

reserved for patients with threatened / compromised margins ?

induction chemotherapy may be a better strategy

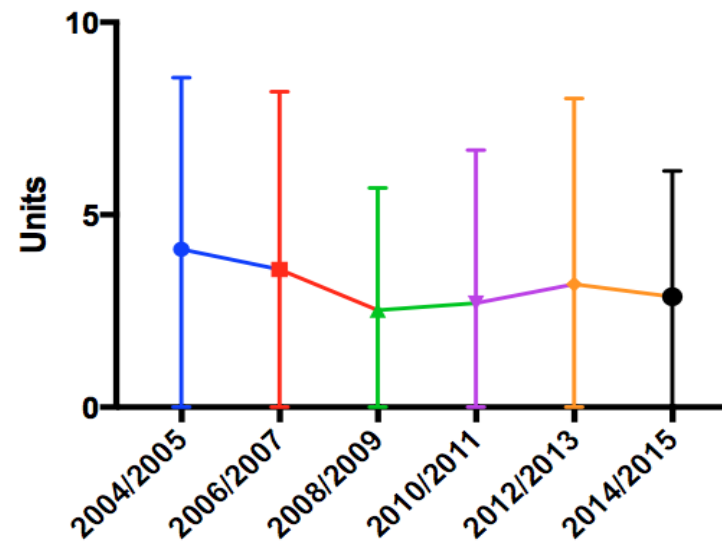
	<i>2004</i>	<i>2015</i>	
Age	61	63	($p=0.24$)
Bone resection	10%	20%	($p=0.01$)

Length of surgery (minutes)



**unpublished data*

Blood Transfusion Rates



**unpublished data*

Induction chemotherapy followed by chemoradiotherapy versus chemoradiotherapy alone as neoadjuvant treatment for locally recurrent rectal cancer: study protocol of a multicentre, open-label, parallel-arms, randomized controlled study (PelvEx II). BJS Open. 2021 May 7;5(3):zrab029

Flap and vascular reconstructions, robotics etc

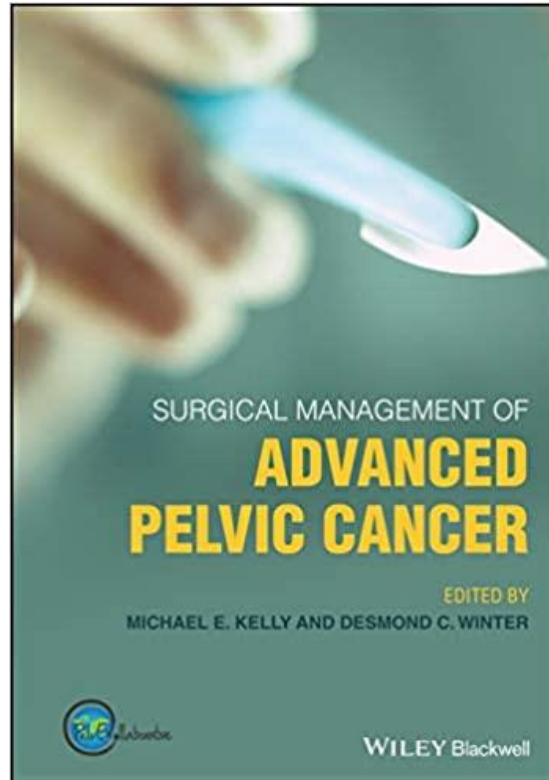
Patient entered experiences after exenteration and/or urinary diversion - self reported on-line

EORTC Patient Reported Outcomes Measure

Minimum Standards Guide

Courses.....





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