





Pelvic Exenteration For Primary And Recurrent Rectal Cancer

Des Winter



ST VINCENT'S UNIVERSITY HOSPITAL DUBLIN, IRELAND



PRINCIPLES

Assess and stage patient Be clear about treatment options

Clear margin if possible Down-stage if not

Exenterate only in appropriate circumstances

Follow patient and re-resect if appropriate

Good surgeons know when NOT to operate







Radiation ?

Cancer. 2002 Sep 1;95(5):1144-50.

Long-term results of reirradiation for patients with recurrent rectal carcinoma. <u>Mohiuddin M¹, Marks G, Marks J.</u>

Controversial and Lacking Consensus



Br J Surg. 2013 Jul;100(8):1009-14. doi: 10.1002/bjs.9192.

Consensus statement on the multidisciplinary management of patients with recurrent and primary rectal cancer beyond total mesorectal excision planes. Beyond TME Collaborative.



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 Hopsital - UK St Thomas London - UK St i nomas London – UN University Hospital Bologna – Italy University Eindhoven – Netherlands University MC Rotterdam – Netherlands VU Medical Center – Netherlands Radboud Medical Center - Netherlands Radoud Medical Center - Netnerianos University Erlangen – Germany Heidelberg University - Germany University General Hospital Madrid – Spain Karolina Institute – Sweden Skane University Hospital - Sweden Aarhus University Hospital – Denmark

<u>Asia:</u> National Cancer Hospital – **Japan** Queen Mary - **Hong Kong** Singapore General Hospital - **Singapore**

Australia/ New Zealand:

University of Sydney – Australia Peter MacCallum – Australia Christchurch Hospital – New Zealand

USA:

Cleveland Clinic - USA

	LARC	RRC
No. of patients	1,291	1,184
Median Age (IQR)	63 (17)	63 (14)
Median BMI (IQR)	24 (6)	25 (6)
Male Gender (%)	778 (60%)	752 (63%)
No. receiving Neoadjuvant Tx (%)	1,009 (78%)	578 (49%)
Median length of stay (IQR)	16 (14)	15 (16)
30-day Surgical Re-intervention rate (%)	111 (8.6%)	85 (7.2%)
30-day complication rates (%)	488 (37%)	380 (32%)
30-day mortality rates (%)	19 (1.5%)	21 (1.8%)
Median Time to RECURRENCE (IQR)	14 months (20)	12 months (14)
Median OVERALL SURVIVAL (IQR)	33 months (42)	30 months (35)

	LARC	RRC	
Mean Length of Surgery (mins) (STD)	433mins (184)	508mins (200	
Median No. RCC Units Transfused (IQR)	3 (4)	5 (7)	
RO	80%	55%	
R1	13%	31%	
R2	2.5%	7%	
Unknown	4.5%	7%	
Median Node Yield (IQR			
	14 (14)	6 (9)	

Locally advanced rectal cancer

Total		p-value		
Number	80	R1	82	
	%	%	%	
		1	1	
969	83.7	14.6	1.8	
120	75.8	15.8	8.3	<0.001
34	79.4	17.6	2.9	
134	84.3	13.4	2.2	
802	83.7	14.7	1.6	0.916
	Median (IQR)	Median (IQR)	Median (IQR)	
347	15(24)	12(17)	8(12)	0.053*
	Total Number 969 120 34 134 802 347	Total Number R0 % % 969 83.7 120 75.8 34 79.4 134 84.3 802 83.7 Median (IQR) 347 15(24)	Total Margin Status Number R0 R1 % % % 969 83.7 14.6 120 75.8 15.8 34 79.4 17.6 134 84.3 13.4 802 83.7 14.7 Median (IQR) Median (IQR) 347 15(24) 12(17)	Total Margin Status Number R0 R1 R2 % % % % 969 83.7 14.6 1.8 120 75.8 15.8 8.3 34 79.4 17.6 2.9 134 84.3 13.4 2.2 802 83.7 14.7 1.6 Median (IQR) Median (IQR) Median (IQR) 347 15(24) 12(17) 8(12)

e = chi squared test, k=kruskal-wallis test







		Wegatijuv	ant thusapy	p-value	Odds Batio	
Age in years (Mean(Std Dev))		94% 63.1(12.4)	No. 64.7(12.8)	0.002		
Genter						
Male	618	89.8	10.2		-	
Female	390	86.9	13.1	0.123	-	
Death at 30 days			1000		1	
Yes	19	78.9	21.1			
No	1118	88.8	11.2	0.260		
Complications at 30 days	1000	2010	0.00	and other	1	
Yes	442	91.6	8.4			
No	695	85.8	11.2	0.012	1.67[1.12-2.50	
Readminsion within 10 days						
Yes	90	94.4	5.6			
No	1047	88.2	11.8	0.071		
Inpatient at 30 days	122/	1000	00000	102000	N. V.	
Yes	171	84.8	15.2			
No	966	89.3	10.7	0.084		
Surgical re-intervention						
Yes	98	87.8	12.2		-	
No	1039	88.7	11.3	0.769"		
Badishigkat re-intervention	- COLO	and and a second	100	1	1	
Yes	74	90.5	9.5		1.	
No	1063	88.5	11.5	0.597		
		Median	Median			
Hospital length of stay (days)	1018	16(12)	16(18)	0.402"		
Time to recurrence (months)	129	14(22)	150131	0.864		

					,
	Total	Margin	Status		p-value
	Number	RO	R1	R2	
		%	%	%	
Neoadjuvant Therapy					
Yes	584	59.9	32.7	7.4	
No	482	56.4	34.6	8.9	p=0.439 ^c
	•				
Chemotherapy alone	59	49.2	35.6	15.3	
Radiotherapy alone	52	57.7	34.6	7.7	
Chemoradiotherapy	446	60.3	33.6	6.1	p=0.119 ^c
		Median	Median	Median	
		(IQR)	(IQR)	(IQR)	
Time to recurrence (months)	266	14(15)	10(12)	6(9)	p<0.001 ^k
a - chi counced text k-kouckel wallis te	*				







	Tetai	Nessadjares	ant therapy	p-wature	Odds Ratio
	Number	r Yes No		-101010-0	-12040.0011V.5
No. 11200011-0-2		Median(IQR)	Median()QR)		
Age in years	1122	62.3(10.8)	61.7(11.5)	p=0.428	
		56		1.0.0	
Gender		Co. Co.	- 55.S.		
Male	718	54.0	46.0	20.002.00	
Female	411	55.0	45.0	p=0.758	
Death at 30 days	1983	55 (10)	1992-97	0.4552.5	
Tes	29	52.6	47.4		
No	1110	54.4	45.6	p=0.877*	
Complications at 30 days				22	
Yes	475	61.3	28.7		
No	754	50.9	45.1	p<0.001	1.53(1.19-1.97
Readmission within 30 days				12. III.	1.22.2
Yes	44	72.7	27.5		
No	1085	53.6	46.4	g=0.013	2.53(1.18-4.52
Inpatient at 30 days					1. 22 5
Yes	179	53.1	46.9		
No	858	54.4	45.6	p=0.740	
Surgical re-intervention			1		
Yes	85	62,4	37,8	p=0.125"	
No	1044	53.7	66.3		
Radiological re-intervention			-		
Tes	55	70.9	29.1		
Ne	1074	53.5	46.5	p=0.012*	2.12[1.17-3.83
		Median (IGR)	Median (IQN)		
Hospital length of stay (days)	877	15(15)	15(18)	p+0.712"	
Time to recurrence [months]	267	12(135	10(11]	#=0.045**	

Recurrent rectal cancer

Margin status remains the most important determinant of cancer outcome

Neoadjuvant therapy improves margin status in locally advanced rectal cancer

improves overall survival in recurrent rectal cancer (modestly)

increases the risk of postoperative complications

should be reserved for patients with threatened / compromised margins

Volume and specialisation of centre may be factors in cancer outcomes

Type of reconstruction, quality of life, patient reported outcomes remain to be determined