

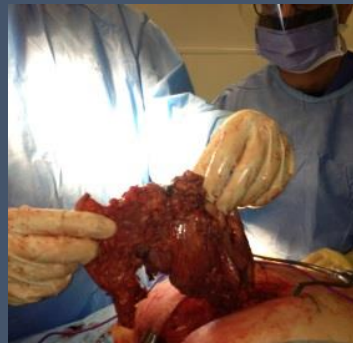
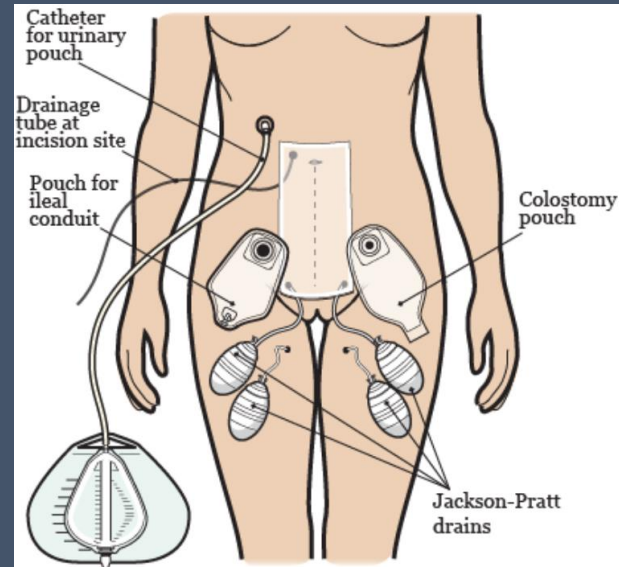


Locally Advanced / Recurrent Rectal Cancer

Des Winter

St Vincent's University







Leeds Teaching Hospital – **UK**
 St Thomas London – **UK**
 University Of Edinburgh – **UK**
 Newcastle Hospital - **UK**
 University Hospital Bologna – **Italy**
 University Eindhoven – **Netherlands**
 Netherlands Cancer Instituion
 University MC Rotterdam – **Netherlands**
 VU Medical Center – **Netherlands**
 Erasmus Medical Center - **Nethrlands**
 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 Syndey– **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



Annual meeting of the PelvEx Collaborative

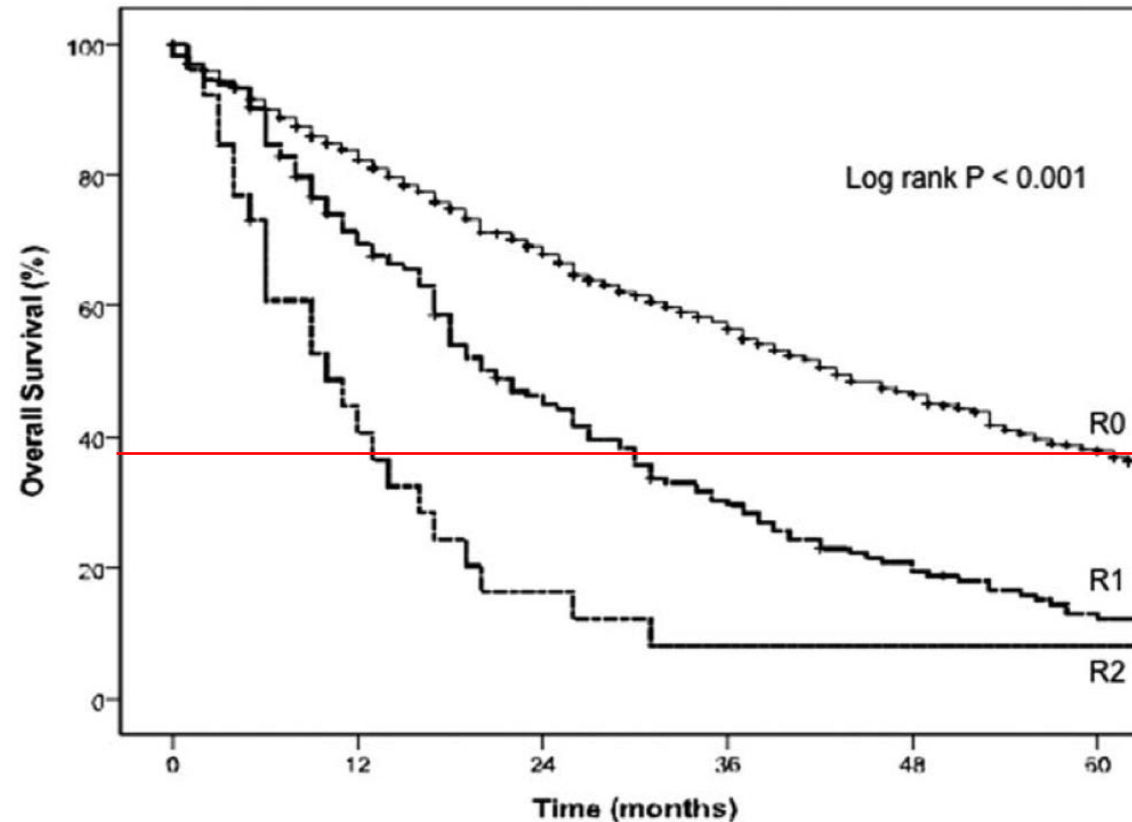


Amsterdam, Thursday 31 June – Friday 1 July 2022

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

Results from an International Collaboration

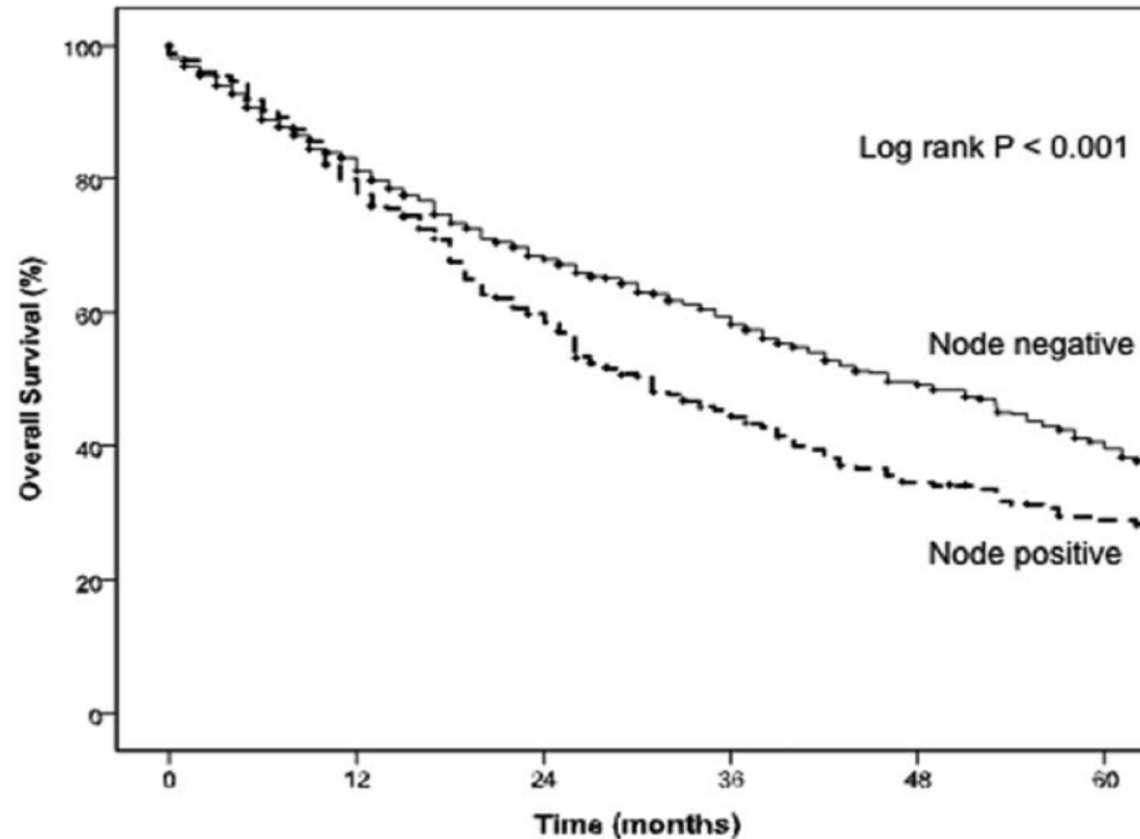
The PelvEx Collaborative



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

Results from an International Collaboration

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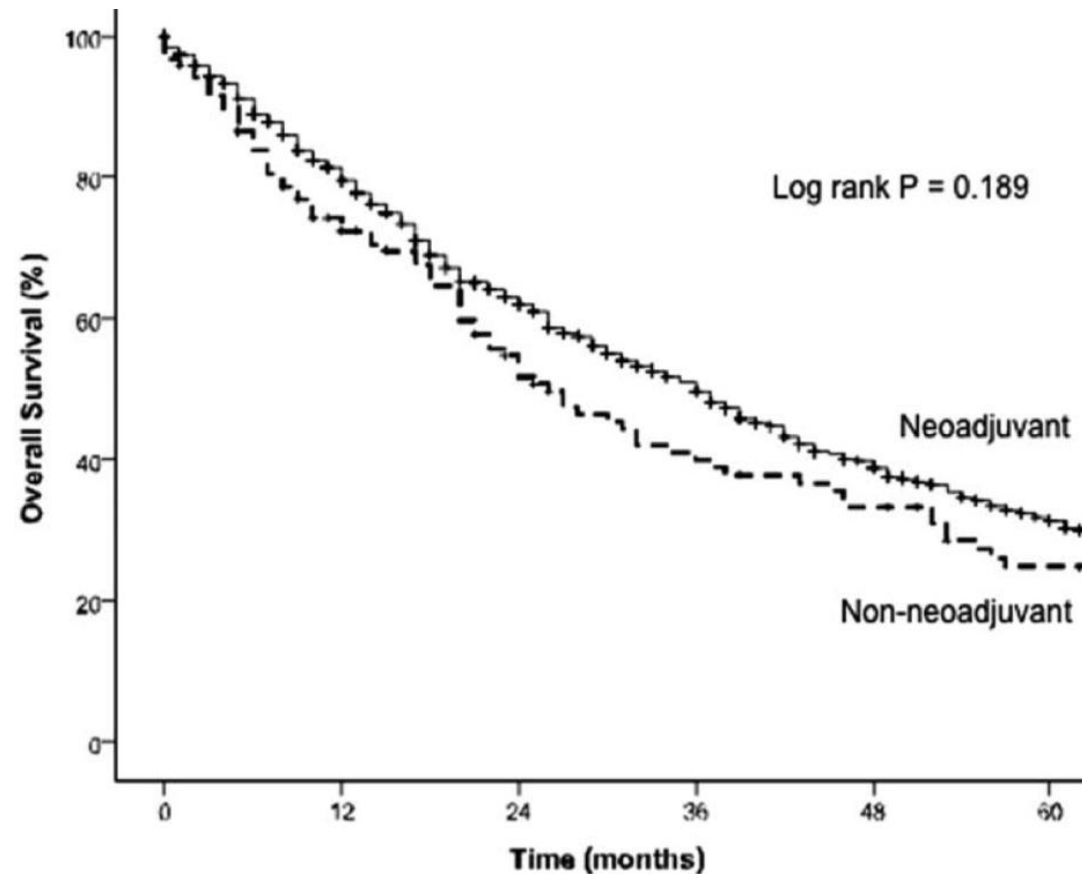


Table 1. Baseline characteristics of the study population

		Neoadjuvant therapy		p-value	Odds Ratio ^a
		Yes	No		
Age in years (Mean(Std Dev))		61.1(12.4)	64.7(12.8)	0.002 ^b	
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)		

Multivariable Analysis

Variables in the Equation

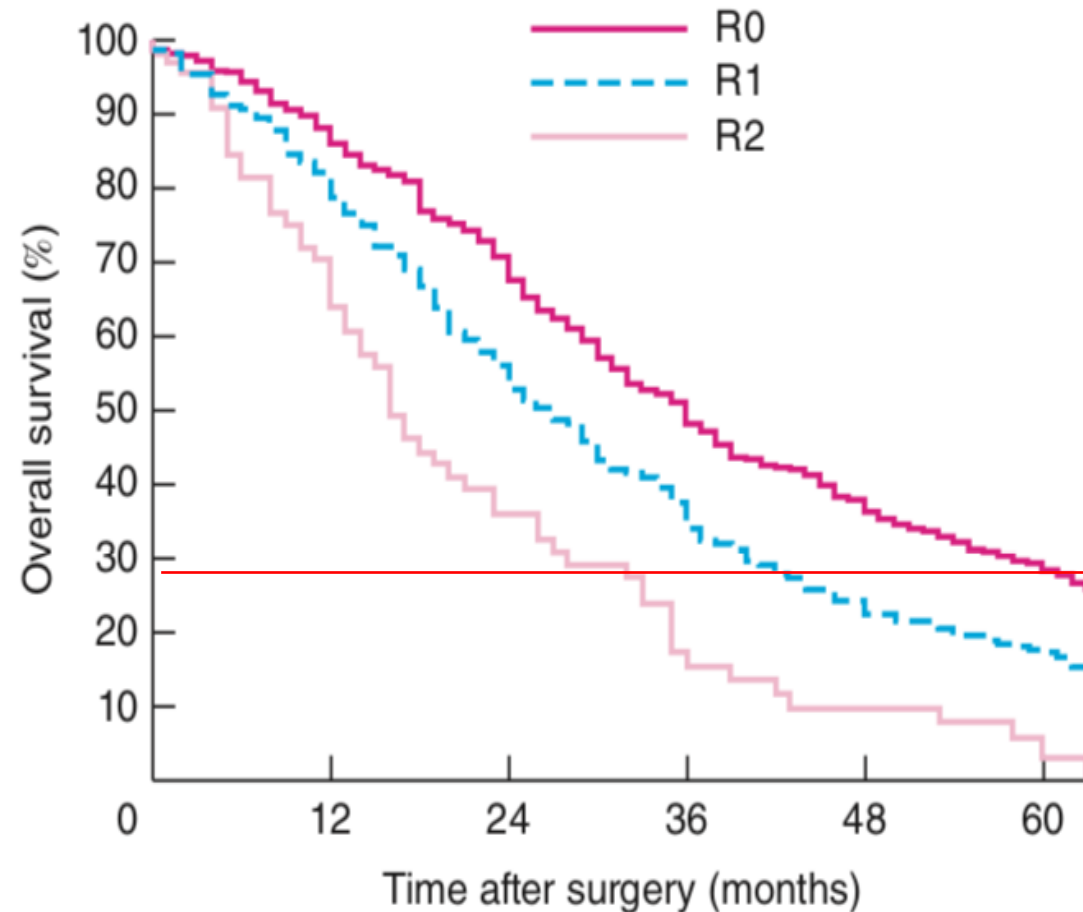
	B	SE	Wald	df	Sig.	Exp(B)	95.0% CI for Exp(B)	
							Lower	Upper
Age	.007	.004	3.546	1	.060	1.007	1.000	1.014
HistologyMargins			45.642	2	.000			
HistologyMargins(1)	.585	.115	25.890	1	.000	1.795	1.433	2.250
HistologyMargins(2)	1.131	.231	24.016	1	.000	3.099	1.971	4.872
Nodespositiveyesorno	.240	.093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

NODAL STATUS (p=0.009)

MARGIN STATUS (p<0.001)

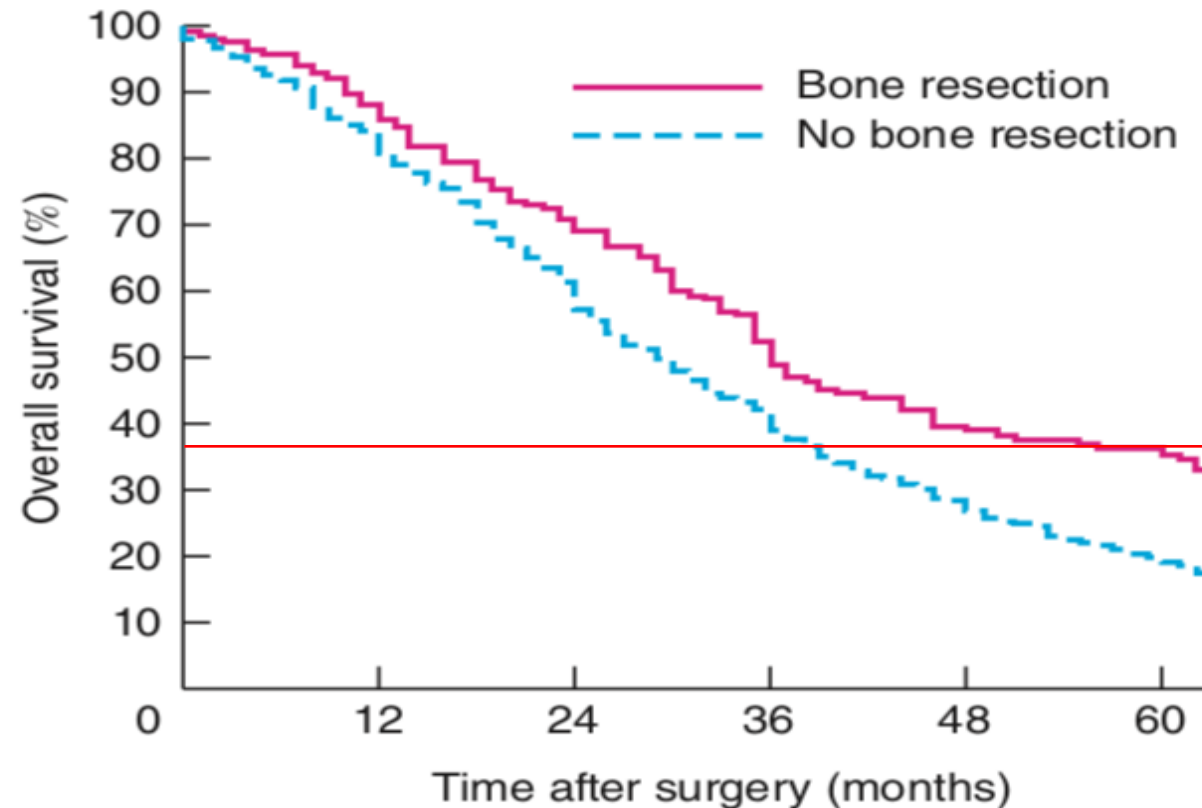
Factors affecting outcomes following pelvic exenteration for locally recurrent rectal cancer

The PelvEx Collaborative*



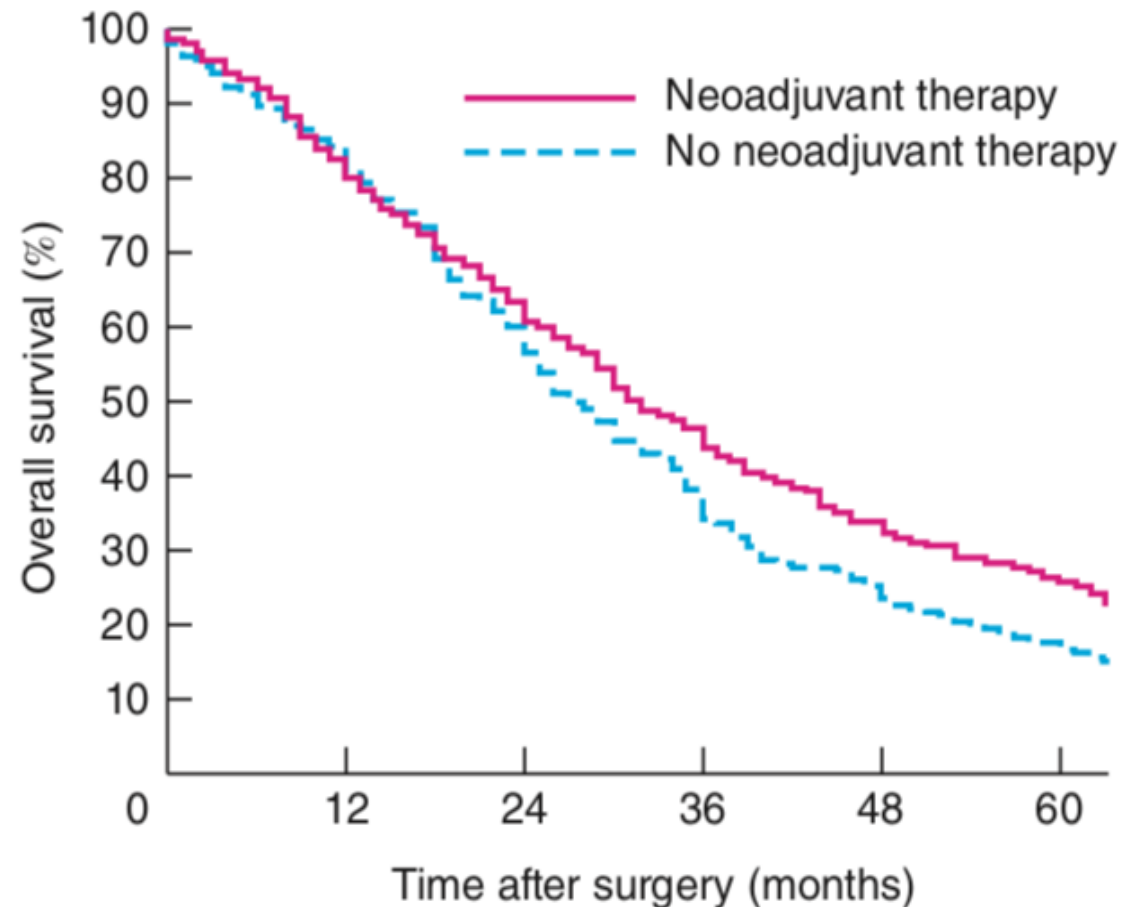
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Recurrent rectal cancer

	Total Number	Neoadjuvant therapy		p-value	Odds Ratio [*]
		Yes	No		
		Median(IQR)	Median(IQR)		
Age in years	1122	62.3(10.8)	61.7(11.3)	p=0.428 ^t	
		%	%		
Gender					
Male	718	54.0	46.0		
Female	411	55.0	45.0	p=0.758 ^c	
Death at 30 days					
Yes	19	52.6	47.4		
No	1110	54.4	45.6	p=0.877 ^c	
Complications at 30 days					
Yes	375	61.3	38.7		
No	754	50.9	49.1	p<0.001 ^c	1.53(1.19-1.97)
Readmission within 30 days					
Yes	44	72.7	27.3		
No	1085	53.6	46.4	p=0.013 ^c	2.33(1.18-4.52)
Inpatient at 30 days					
Yes	179	53.1	46.9		
No	858	54.4	45.6	p=0.740 ^c	
Surgical re-intervention					
Yes	85	62.4	37.6	p=0.125 ^c	
No	1044	53.7	46.3		
Radiological re-intervention					
Yes	55	70.9	29.1		
No	1074	53.5	46.5	p=0.012 ^c	2.12(1.17-3.83)
		Median (IQR)	Median (IQR)		
Hospital length of stay (days)	877	15(15)	15(18)	p=0.712 ^m	
Time to recurrence (months)	267	12(13)	10(11)	p=0.045 ^m	

* Unadjusted Odds Ratio. c = chi squared test. t = student's t-test. m = mann-whitney u test

Univariable Analysis

Neoadjuvant therapy
($p=0.008$)

Nodal Status ($p=0.014$)

Margin Status ($p<0.001$)

Bone Resection ($p<0.001$)

Multivariable Analysis

Variables in the Equation								
	B	SE	Wald	df	Sig.	Exp(B)	95.0% CI for Exp(B)	
							Lower	Upper
Neoadjuvant	.155	.138	1.267	1	.260	1.168	.892	1.529
HistologyMargins			30.928	2	.000			
HistologyMargins(1)	.250	.141	3.139	1	.076	1.284	.974	1.693
HistologyMargins(2)	1.577	.286	30.478	1	.000	4.842	2.766	8.477
BoneResection	.295	.150	3.863	1	.049	1.343	1.001	1.803
Nodespositiveyesno	.225	.161	1.941	1	.164	1.252	.913	1.718

Only negative margins and bony resection associated with improved survival

Margins, margins, margins

Neoadjuvant therapy increases postoperative complications

reserved for patients with threatened / compromised margins ?

induction chemotherapy may be a better strategy

2004

2015

Age

61

63

(p=0.24)

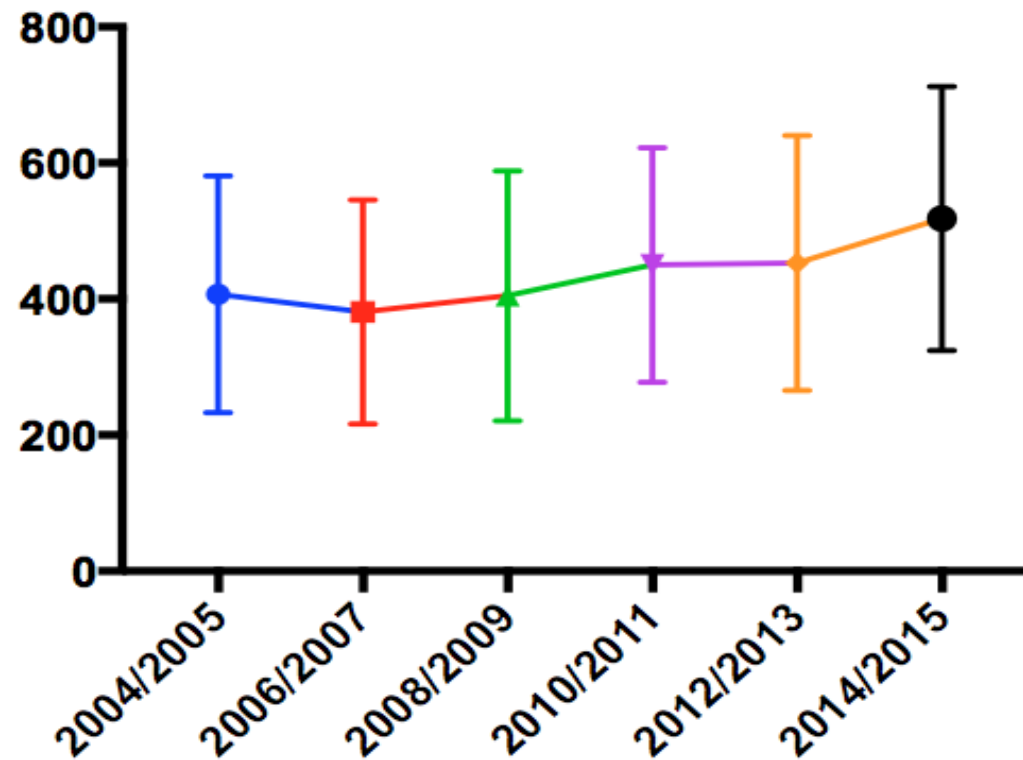
Bone resection

10%

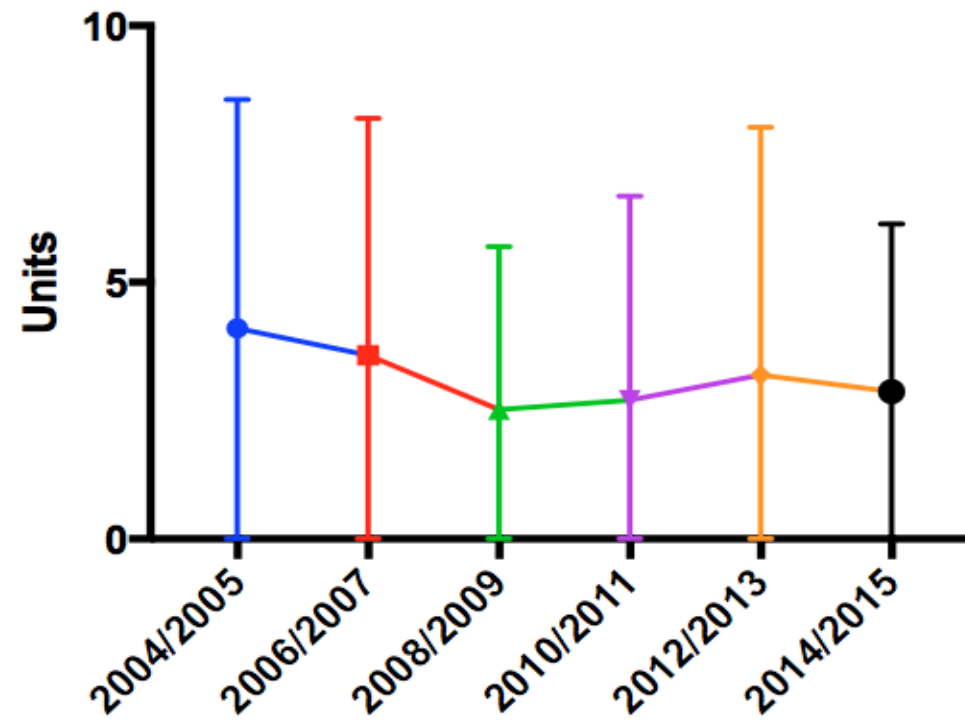
20%

(p=0.01)

Length of surgery (minutes)



Blood Transfusion Rates



**unpublished data*

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

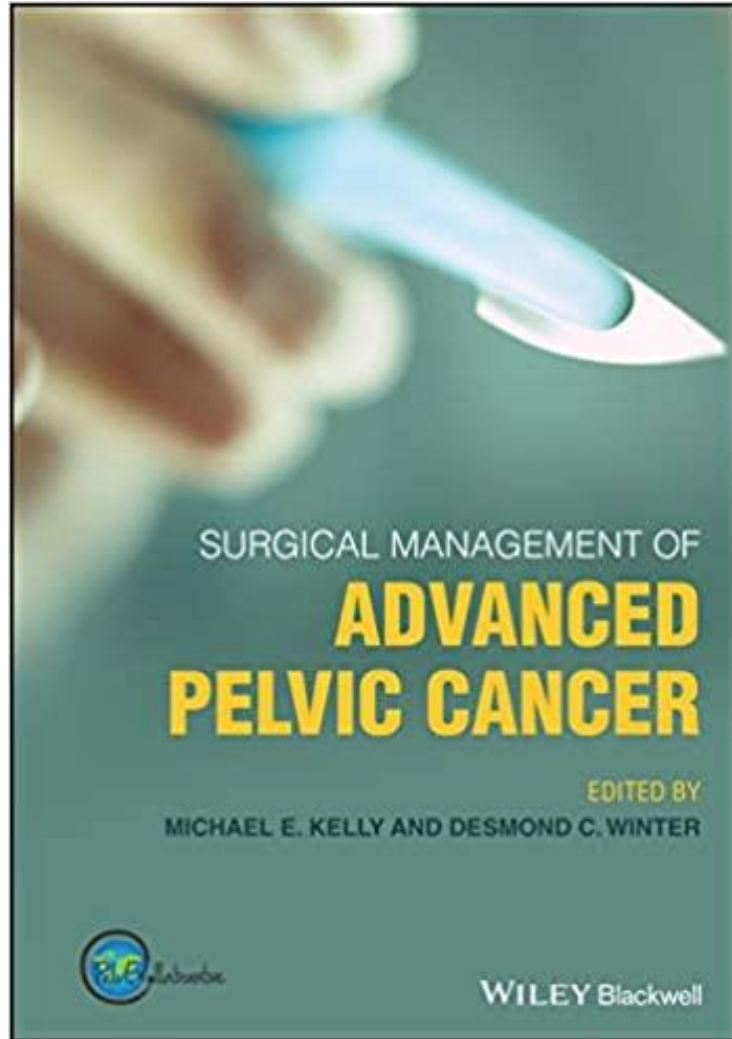
Flap and vascular reconstructions, robotics etc

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

EORTC Patient Reported Outcomes Measure

Minimum Standards Guide





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