The problem: Clinical Fixation

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Take- Home

No definitive test to determine invasion of adjacent organ / structure

Accuracy of clinical staging

	DRE	CT	MR	ERUS
Accuracy[1]	65%	--	94%	69%
Accuracy[2]	--	73%	82%	87%
T-stage[2]	--	78%	86%	93%
N-stage[2]	--	52%	65%	71%

[1]Brown G et al. Br J Cancer 2004; 91: 23
[2]Kwok H et al. Int J Colorectal Dis 2000; 15: 9

Post-radiation accuracy

- Limited accuracy on CT, MR, ERUS, DRE
  - Post-radiation edema / fibrosis results in false positive margin prediction

MERCURY study, BMJ 2006

Personal observations

- MR provides best resolution of upper and mid rectal mesorectal planes
- ERUS provides best resolution of distal rectal relations anteriorly (prostate, vagina) and to the anal sphincter

Anterior clinical fixation - ERUS

- TME if ERUS anterior fat plane intact
- En bloc resection if ERUS absent anterior fat plane
  - Posterior vaginal wall
  - Cystoprostatectomy

Posterior clinical fixation - MR

- TME if MR posterior fat plane intact
- En bloc resection if MR absent posterior fat plane
  - En bloc resection coccyx, S4-5

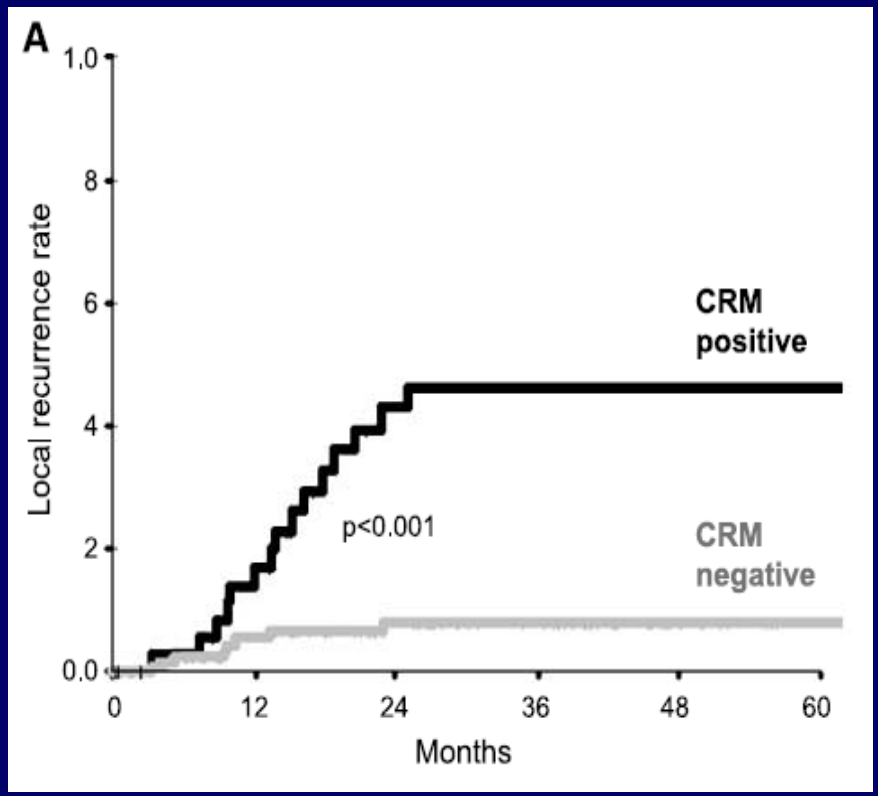
Levator fixation - ERUS

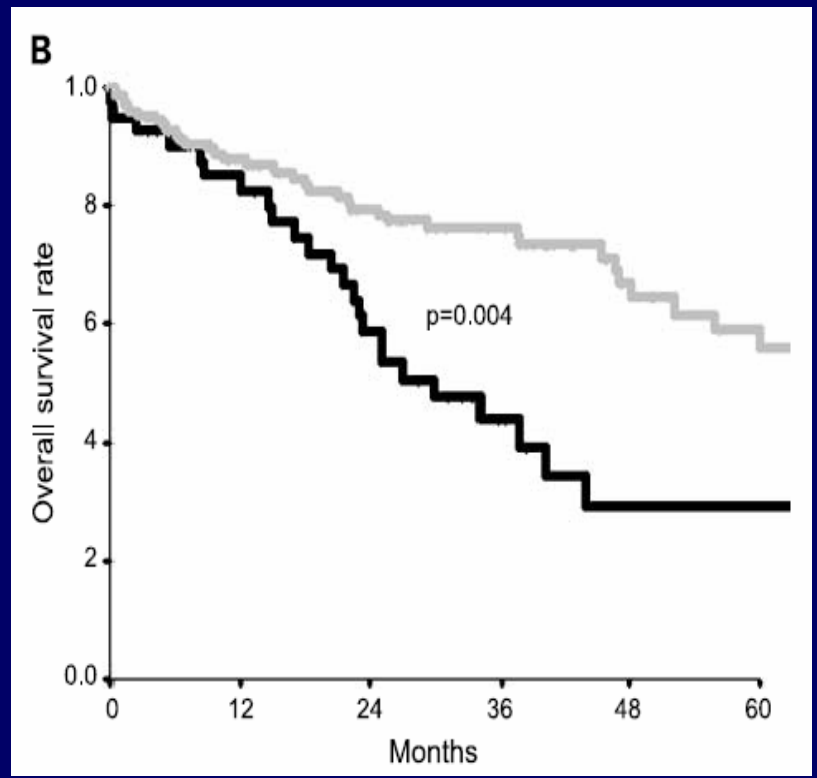
- TME if ERUS levator intact
  - ISR, APR
- En bloc resection if ERUS levator invasion
  - Extended APR / ASR

What is the consequence of “shaving” the tumour away from an adjacent organ?

Outcomes of R1 resection

Effect of R1 resection – Preop Chemoradiation, TME





Gosens, Clin Cancer Res 2007

Take - Home

- No definitive test to determine invasion of surrounding organ / structure
- En bloc resection unless MR / ERUS mesorectal planes intact