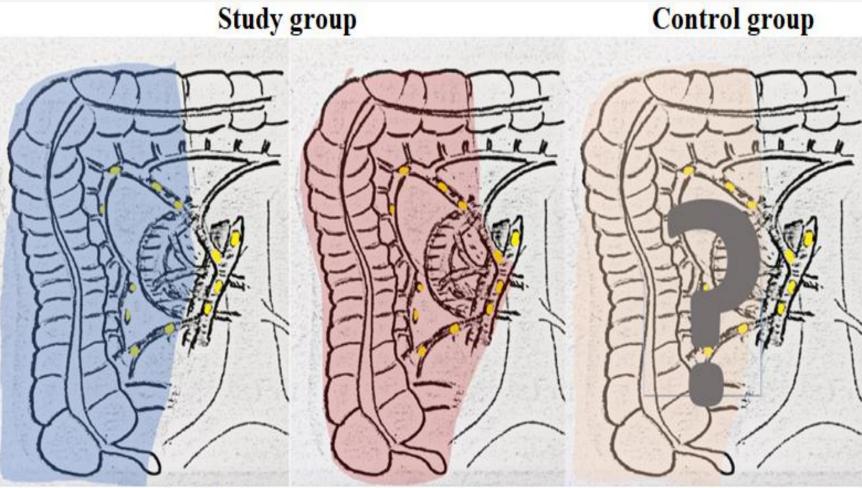
Clinical outcome of right-sided hemicolectomies for colon cancer

A retrospective study comparing patients operated at HUH and HDH from 2012-2016

INTRODUCTION



Laparoscopic CME

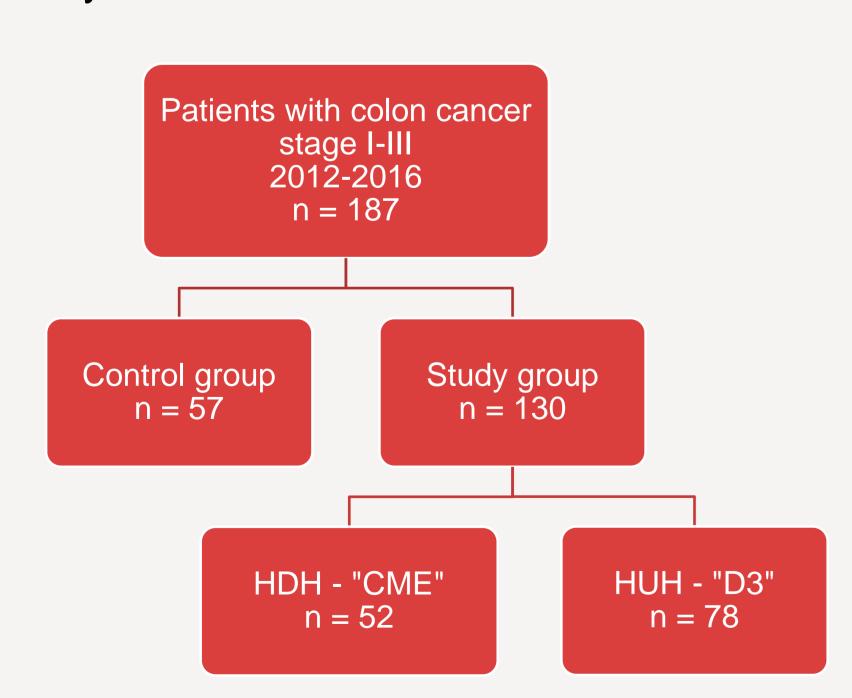
Open D3

The focus on surgical techniques involving extended lymphadenectomy for right-sided colon cancer has increased and is associated with better outcome.

In the period 2012-2016, a study was initiated at Haukeland University Hospital on open D3 surgeries, while Haraldsplass Deaconess Hospital aimed on laparoscopic complete mesocolic excision (CME).

This project aims to describe and compare patient characteristics, complications, recurrence and survival.

METHODS



Information was retrieved from DIPS and analysed with SPSS.



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Variable Anaemia (n) ASA score (I-IV) Adjuvant chem. pT-stage (T1-T4)

Variable Total lymph nod (mean) **Clavien-Dindo** Transfusion (n)

Intensive care Length of stay (

 Table 1 and 2.
 Selected patient characteristics and outcome
 The control group had a significantly higher ASA score, while CME included more patients with diabetes and CV diseases. Postoperatively, the control group had significantly more CD IV and V complications, blood transfusions, ICU treatment, and longer hospital stay. No difference in the extent of lymphadenectomy.

Variable Recurrence cas **Recurrence** loc Local Liver Lung Lymph nodes Peritoneal ca **Treatment Recurrence CE**

At end-stage disease, 63% of the patients had lymph node metastasis and multiple recurrence locations.

	Table 1 Pat	ient characte	ristics		
	All patients	Control	Study	p-value	
	n=187	n=57	n=78		
	106 (57%)	33 (58%)	73 (56%)	0.825	
/)				0.036	
ı. (n)	60 (32%)	12 (21%)	48 (37%)	0.032	
4)				0.044	

	Table 2 Short-te	erm outcome	•		
	All patients	Control	Study groups	p-value	
	n=187	n=57	n=78		
de yield	35 (32, 18-93)	32 (29, 16-89)	36 (33, 18-93)	0.109	
I-V				0.030	
)	36 (19%)	17 (30%)	19 (15%)	0.013	
(n)	10 (5%)	8 (14%)	2 (1%)	0.001	
(days)	8 (6, 5-45)	10 (7, 7-45)	7 (5, 5-37)	0.025	

	Table 3	– Recurrenc	е	
	All patients	Control	Study	
	n=187 (%)	n=57 (%)	n=130 (%)	p-value
ses	27 (14)	7 (12)	20 (15)	0.578
cation				
	3 (11)	1 (14)	2 (10)	1 a
	13 (48)	4 (57)	9 (45)	0.678 ^a
	7 (26)	1 (14)	6 (30)	0.633 ^a
S	17 (63)	4 (57)	13 (65)	1 a
arcin.	10 (37)	2 (28)	8 (40)	0.678 ^a
				0.043
EA	24 (7, 13-289)	7 (6, 8-22)	30 (7, 20-279)	0.422

 Table 3. Selected recurrence characteristics.

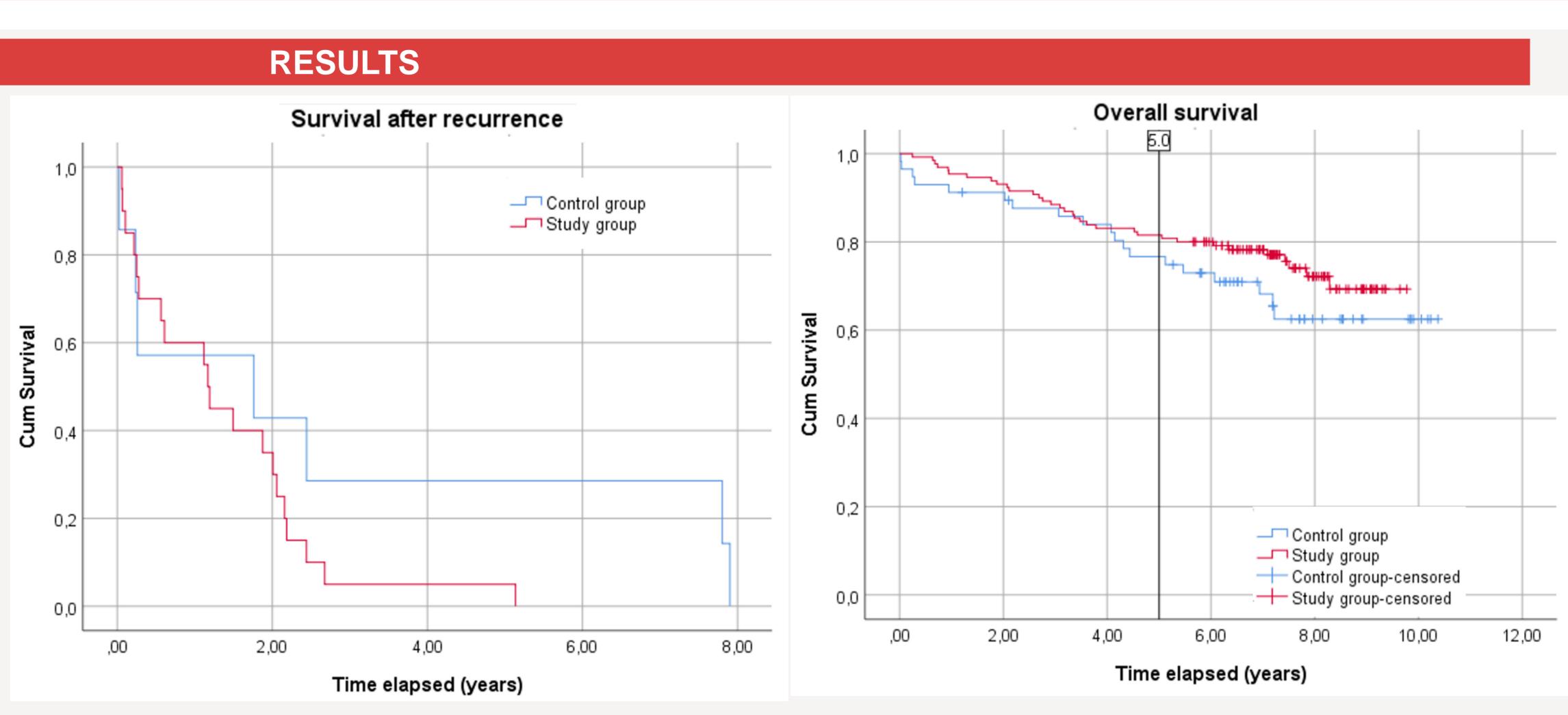


Figure 1. Survival after recurrence Most patients (20%) were diagnosed with recurrence within two years postoperatively. Median survival time after recurrence diagnosis was 1.76 vs 1.18 years for the control and study group. None survived 10 years.

	Simple Unadjusted			Multiple					
Variables				Fully adjusted		Final model			
	OR	95% CI	p-value	OR	95% CI	p-value	OR	95% CI	p-value
Adj. chemotherapy	0.17	(0.08, 0.40)	0.001	0.30	(0.10, 0.87)	0.027	0.32	(0,11, 0.89)	0.030
Pos. LN	1.30	(1.15, 1.47)	0.001	1.21	(1.07, 1.38)	0.003	1.21	(1.07, 1.36)	0.002
Non-muc. adenocarcinoma	0.12	(0.02, 0.73)	0.022	0.07	(0.04, 1.27)	0.072	0.05	(0.01- 0.67)	0.024

Table 4. Selected variables from regression analysis for recurrence. Adj. chemotherapy and non-muc. adenocarcinoma shows lower risk of recurrence. Positive lymph node yield shows increased risk.

Figure 2. Ou
The 5-year s
study groups

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verall survival

survival rate was 76% vs 80% for control and s respectively (p = 0.240).

CONCLUSION

Patients operated for stage I-III right-sided colon cancer have a good long-term survival. Operation with extended lymphadenectomy seems to be safe. Oncological results for open and laparoscopic surgery are comparable. Patients operated outside the study protocol received the same extent of lymphadenectomy by means of number of removed lymph nodes. The long-term survival for this group is encouraging and surgery appears to also be justified in patients with a higher ASA score. Recurrence in right-sided cancer is often multifocal, has a poor prognosis and might be related to tumour biology.

ACKNOWLEDGEMENTS

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