

English Abstract Session

📅 2025年11月14日(金) 8:30 ~ 9:20 🏢 第10会場

[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-1]

The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jin Zhu Zhang¹, Yaru Niu¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-2]

Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

[E1-3]

A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma¹, Xuan Guan¹, Jin Zhu Zhang¹, Yaru Niu¹, Yihang Shi¹, Baohong Yang², Haiyi Liu², Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E1-4]

Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jin Zhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-5]

Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang¹, Ming Yin Shen^{1,2}, Tzu Liang Chen^{1,2} (1. Department of Surgery, China Medical University HsinChu Hospital, 2. China Medical University)

[E1-6]

Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

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[E1-1] The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang¹, Yaru Niu¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Purpose: In colon cancer patients with tumor-associated inflammatory adhesions (TAIA), the preoperative clinical staging is cT4b, but postoperative pathology reveals that the tumor has not invaded surrounding organs (non-pT4b). We aimed to investigate the impact of TAIA on prognosis and treatment strategies for colon cancer patients.

Methods: Colon cancer patients from the Surveillance, Epidemiology, and End Results (SEER) database (2010 to 2019) and Chinese multicenter cohort were included to compare survival differences between the TAIA and non-TAIA groups. A Cox proportional hazards model was used to evaluate independent risk factors for survival in colon cancer patients. Additionally, we analyzed the impact of adjuvant chemotherapy on survival in TAIA patients.

Results: A total of 112,659 colon cancer patients from the SEER database and 881 colon cancer patients from the Chinese database were included in this study. After propensity score matching (PSM), both cohorts found that patients in the TAIA group exhibited worse overall survival ($P < 0.05$) and cancer-specific survival ($P < 0.05$). Additionally, the Cox multivariate proportional hazards model identified TAIA as an independent risk factor for cancer-specific survival in colon cancer patients (SEER: HR 1.45, 95% CI: 1.40 to 1.50, $P < 0.001$; China: HR 1.54, 95% CI: 1.130 to 2.102, $P = 0.006$). Subsequently, 36,496 TAIA patients from the SEER database and 229 TAIA patients from a Chinese multicenter database were independently divided into adjuvant chemotherapy and control groups. After PSM, both databases indicated better survival in the adjuvant chemotherapy group.

Conclusion: Colon cancer patients with TAIA have a poorer prognosis. Adjuvant chemotherapy can improve the prognosis of TAIA patients.

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[E1-2] Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

Background:

Laparoscopic anterior resection (LAR) is widely accepted as a standard treatment for colorectal cancer. However, data on its short-term outcomes in elderly patients treated at district hospitals remain limited. This study aims to evaluate the short-term surgical outcomes of LAR in elderly patients at a 200-bed district hospital.

Methods:

A retrospective review was conducted of patients aged 65 years and older who underwent LAR at Takua Pa Hospital, Phang Nga, Thailand. Data collected included patient demographics, length of hospital stay, postoperative complications, conversion to open surgery, and 30-day readmission rates.

Results:

A total of 41 elderly patients were included. The mean length of hospital stay was 12.1 days. The postoperative complication rate was 22%, while the conversion rate to open surgery was 12.2%. The 30-day readmission rate was 7.3%. Most complications were minor and managed conservatively.

Conclusions:

Laparoscopic anterior resection in elderly patients can be performed safely in a medium-sized district hospital, with acceptable rates of complications and readmissions. These findings support the feasibility and safety of minimally invasive colorectal surgery for elderly patients in community hospital settings.

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[E1-3] A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma¹, Xuan Guan¹, Jinzhu Zhang¹, Yaru Niu¹, Yihang Shi¹, Baohong Yang², Haiyi Liu², Xishan Wang¹
 (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2. Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

Objective

This study aims to develop a nomogram model to predict the probability of retrieving 12 LNs postoperatively in rectal cancer (RC) patients.

Methods

Patients collected from Shanxi Cancer Hospital between 2015 and 2020 were retrospectively analyzed. Continuous variables were converted into categorical variables. Chi-square tests were used to identify key factors influencing 12 LNs detected. Significant variables were incorporated into a nomogram model. The model's discrimination ability was evaluated based on the receiver operating characteristic (ROC) curve, while model calibration was assessed using calibration plots. The clinical utility of the model was determined using decision curve analysis (DCA).

Results

A total of 2,724 RC patients were included, 1,906 cases were assigned to the training dataset, while 818 were assigned to the in-validation dataset. Chi-square analysis identified age, T stage, N stage, tumor size, CEA, CA19-9, hemoglobin, and PLT as significant factors associated with 12 LN retrieval. The nomogram indicated that T stage, N stage, and tumor size contributed most significantly. The AUCs of the model were 0.669 for the training and 0.689 for the in-validation dataset. The calibration plots showed good agreement between the predicted probabilities and actual outcomes. The DCA curves demonstrated a favorable net benefit across a wide range of threshold probabilities.

Conclusion

The nomogram model can effectively predict 12 LNs retrieving in RC patients. It also provides a valuable tool for preoperative risk stratification and personalized clinical decision-making.

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[E1-4] Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jinzhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Abstract

Background: Rectal cancer often metastasizes to bilateral lateral pelvic lymph nodes (LPLNs). While radical resection with lateral lymph node dissection (LLND) is standard for suspected metastasis, traditional piecemeal resection risks tumor dissemination. Natural orifice specimen extraction surgery (NOSES) enhances recovery by avoiding abdominal incisions. This first report combines robotic-assisted NOSES with en bloc resection for rectal cancer and bilateral LLND.

Methods: A 31-year-old male with mid-rectal adenocarcinoma and bilateral LPLN enlargement (8mm) underwent robotic en bloc tumor resection with bilateral LLND. Using a modified lithotomy position, retroperitoneal access was established at the left iliac bifurcation. Bilateral LLND and total mesorectal excision preserved specimen integrity. Transanal extraction followed intersphincteric resection, enabling direct anastomosis.

Results: Successful 391-minute procedure with 100mL blood loss. Bilateral internal/external iliac and obturator nodes were dissected without abdominal incisions/stomas. Discharge occurred on postoperative day 10. Pathology confirmed pT3N0M0 adenocarcinoma. Four-year follow-up showed no recurrence/metastasis, with preserved urinary/defecatory function.

Conclusion: Robotic NOSES with en bloc resection demonstrates safety and feasibility for locally advanced rectal cancer with bilateral LPLN metastasis. This technique combines oncologic radicality (minimizing tumor spread risk) and functional preservation, while transanal extraction optimizes recovery. The 4-year recurrence-free survival supports its dual benefits, offering a minimally invasive paradigm for complex cases. Multicenter validation and protocol standardization are warranted.

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[E1-5] Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang¹, Ming Yin Shen^{1,2}, Tzu Liang Chen^{1,2} (1.Department of Surgery, China Medical University HsinChu Hospital, 2.China Medical University)

Background Anastomotic leakage in rectal surgery can lead to increased morbidity, mortality, and a higher rate of local tumor recurrence. Many risk factors, such as blood supply, tension, and patient comorbidities, have been identified as contributing to the risk of leakage. Several studies have noted that the numbers of staplers used during rectal transection is an independent risk factor for anastomotic leakage. Here, we present our experience with single stapler anastomosis in minimal invasive rectal surgery.

Method After completing the dissection of rectum, the transection point was selected. One purse-string suture was made proximal to transection point to close the rectum. The transection was done with scissors. We made another hand-sewn purse-string suture at rectum stump in laparoscopic or robotic platform. The anastomosis was completed with single staple circular stapler.

Result From November 2022 to April 2025, we've performed 28 single stapler anastomosis. 18(64.3%) male and 10(35.7%) female patients. The mean age was 59.3(38-80) years old. 4 patients had received pre-operative radiotherapy. 3(10.7%) patients received laparoscopic surgery and 25(89.3%) had robotic surgery. 7(25%) patients received natural orifice specimen extraction surgery. 3 patients had protective stoma diversion. The mean anastomosis height was 5.25(2-8) cm from anal verge. There were 4(14.3%) patients experienced post-operative complications. One post-operative ileus, one acute urinary retention, one intraabdominal infection, and one patient had anastomosis leakage. The overall leakage rate was 3.6%. The mean length of stay was 6(3-20) days.

Conclusion Our result showed single stapler anastomosis in rectal surgery is a feasible and promising method in minimal invasive surgery.

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[E1-6] Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

Rectal cancer is a global disease, and surgical resection is the most effective method for its treatment. Total mesorectal excision as the gold standard surgery for rectal cancer was first proposed by professor Heald in 1982, and it significantly reduced the probability of tumour recurrence after surgery. However, some studies have shown that sexual and urinary functions, which are considered closely related to the pelvic autonomic nerves, deteriorate to varying degrees after surgery. Division of the Denonvilliers' fascia can damage the inferior hypogastric plexus and efferent pathways. However, the method of protecting the Denonvilliers' fascia and ensuring the integrity of total mesorectal excision is a difficult point. Especially in some patients receiving neoadjuvant radiotherapy and chemotherapy, the anatomical layer is not very clear. Laparoscopic surgery allows for better visualization of autonomic nerves, and therefore, more precise dissection and preservation. There are different surgical approaches to protect the Denonvilliers' fascia. This video demonstrates in a 56-year old man with low rectal cancer, laparoscopic radical rectal resection after preoperative neoadjuvant chemoradiotherapy. We incise the peritoneum 1 cm above the peritoneal reflection, and then cut it about 0.5 cm from the cranial side after complete exposure of the Denonvilliers' fascia. This approach ensures the integrity of anterior proper fascia of rectum and protects most of the nerves in the Denonvilliers' fascia. The patient was followed-up for 2 years. Sexual and urinary function did not decrease significantly, and the tumour did not recur.