

English Abstract Session

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[E3] English Abstract Session 3 Colorectal Surgery 2

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[E3-3] Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

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Background: This study aims to identify patient-specific factors associated with the number of ELNs retrieved in CC patients undergoing hemicolectomy and to explore the potential for establishing a minimum ELNs threshold based on patient characteristics.

Methods: We retrospectively analyzed data on patients with stage I-III CC from two sources: the Chinese Multi-Institutional Registry (N=10,367; 2010-2018) and the Surveillance, Epidemiology, and End Results (SEER) database (N=121,216; 2010-2018). We employed logistic regression modelling on the data to identify patient-specific factors associated with the number of ELNs. Subsequently, eight distinct patient cohorts were constructed within the Chinese and SEER datasets. The relationship between ELNs and overall survival (OS) was assessed continuously using restricted cubic spline (RCS) curves. Additionally, Kaplan-Meier curves were generated to estimate 5-year OS within each patient cohort.

Results: A median ELNs count of 16 (IQR: 12 - 22) and 15 (IQR: 12 - 20) was reported in the SEER and Chinese cohorts, respectively; age, tumour size, and location emerged as the specific factors influencing ELN numbers. Notably, across all eight cohorts established within the SEER database, the minimum number of ELNs required for optimal survival exceeded the current recommendation of 12, ranging from 14 - 17. Furthermore, exceeding the minimum ELNs threshold in each cohort was associated with significantly improved OS in both databases.

Conclusion: The present study reported heterogeneity in the minimum number of ELNs required across different patient cohorts undergoing hemicolectomy for CC. Further research is warranted to validate these observations and establish tailored recommendations.