

English Abstract Session

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[E3] English Abstract Session 3 Colorectal Surgery 2

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[E3-2] D3 LND improves the survival outcome in patients with cT2 colorectal cancer

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Background: The extent of lymphadenectomy in patients with cT2 colorectal cancer (CRC) remains controversial.

Methods: A total of 590 patients diagnosed with cT2 CRC underwent radical colorectal resection. According to the pathological type, patients were divided into the well-differentiated adenocarcinoma (WDA) group and the non-well-differentiated adenocarcinoma (nWDA) group. Each group was further divided into D3LND and D2LND groups according to the extent of lymph node dissection. The main outcomes were overall survival (OS), cancer-specific survival (CSS) and relapse free survival rate (RFS).

Results: Before PSM, there was a statistically significant difference across the cohort in OS and CSS ($p=0.001$ and 0.021) between D3 LND and D2 LND groups in the nWDA patients. The estimated hazard ratio (HR) was 3 (95% confidence interval (CI), 1.3-6.8, $p=0.0084$) for OS and 3.2 (95% CI, 1-10, $p=0.047$) for CSS in the D3 LND group. There was also a significant difference in OS ($p=0.007$) and in CSS (0.012) after matched, with an estimated HR for OS of 4 (95% CI, 1.2-14, $p=0.028$) and an estimated HR for CSS of 16 (95% CI, 1.2-220, $p=0.034$). For cT2 WDA, D2 LND had the same favorable prognosis as D3 LND before and after matching. Postoperative complications were independent risk factor for the prognosis of cT2 WDA CRC.

Conclusions:

D3 LND improves survival outcomes in cT2 colorectal cancer patients with non-well differentiated adenocarcinoma. For patients with well differentiated adenocarcinoma, D3 LND should be preferentially recommended in terms of reducing perioperative complications.