Analiza rezultatov kirurškega zdravljenja bolnikov napotenih na varnostno resekcijo iz konzilija SVIT (2014–2020): predlog raziskave

Analysis of the results of surgical treatment of patients referred for safety resection from the SVIT council (2014–2020): research proposal

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IZVLEČEK

Programi za zgodnje odkrivanje raka na debelem črevesu in danki, kot je naš program SVIT nam spreminjajo prezentirane stadije ob prvem kontaktu s kirurgom. Vse več je pacientov z začetnimi stadiji bolezni, kot tudi zapletenih odločitev kako zdraviti paciente po endoskopski odstranitvi maligniziranih polipov, oziroma sprememb z začetnim stadijem in nejasnim patohistološkim izvidom. Tako se je klinični T1 stadij kolorektalnega raka ob preventivnih programih povečal na skoraj 30 %. V Programu SVIT so takšni pacienti predstavljeni SVIT konziliju, ki predlaga nadaljnje zdravljenje. Ob vse večji izkušenosti in endoskopski spretnosti je vedno več resekcij večjih in sumljivih polipov. Taki polipi so pogostokrat odstranjeni po delih in če niso odstranjeni z endo-

ABSTRACT

Programs for early detection of cancer of the colon and rectum, such as our SVIT program, change the presented stages at the first contact with the surgeon. There are more and more patients with the initial stages of the disease, as well as complex decisions on how to treat patients after endoscopic removal of malignant polyps, or changes with the initial stage and unclear pathohistological outcome. Thus, the clinical T1 stage of colorectal cancer increased to almost 30%. In the SVIT Program, such patients are presented to the SVIT Council, which proposes further treatment. With increasing experience and endoscopic skills, there are more and more resections of larger and more suspicious polyps. Such polyps are often removed in parts, and if they are not removed by endoscopic mu-

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skopsko sluznično resekcijo, patolog težko opredeli robove in posledično oceni radikalnost odstranitve. Ob tem za dokončno oceno radikalnosti manjka stadij bezgavk, kar je pomemben del ocene, ki pri endoskopski odstranitvi vedno manjka.

Dilema, ali ob nejasnem stadiju pacienti potrebujejo še varnostno resekcijo ali je dovolj onkološko spremljanje, se je pojavila že pred leti. Kirurški rezultati operativnega zdravljenja se izboljšujejo, enako tudi delež laparoskopskih posegov, ki omogoča hitrejše okrevanje pacientov. Danes samo kirurška resekcija lahko ponudi oceno stadija odstranjenih bezgavk. Žal je vsako kirurško zdravljenje združeno z možnostjo zapletov in tudi s trajnimi posledicami, ki lahko pri bolnikih s spremembo v danki pomenijo tudi trajno stomo. Znana so nekatera tveganja, ki lahko vodijo k zgodnjemu razsoju (negativen vertikalni rob, submukozna invazija, limfovaskularna invazija, slaba diferenciacija, pečatnocelični ali mukozni tip).

V protokolu retrospektivne študije, ki bo zajemala operirane paciente po odstranitvi malignega polipa oziroma začetnega malignoma debelega črevesa in danke, bodo poleg vseh podatkov iz informacijske baze SVIT vključeni vsi posegi, vsi pooperativni zapleti kot tudi patohistološki izvid odstranjenega preparata. Analizirana bo tudi komorbidnost pacientov. Ob tem se bo spremljal čas od endoskopske resekcije do operativnega zdravljenja. Pregledali se bodo operativni zapisniki operacij in se ocenilo ali je šlo za radikalno mezokolično ali mezorektalno resekcijo s tipom anastomoze. Zbrani bodo tudi pacienti, ki so dobili zaščitno stomo ob posegu. V protokolu bo pomemben del patohistološki izvid, kjer se bo ocenil ostanek tumorja, ocena obsežnosti limfadenektomije, zbrali pa se bodo tudi podatki glede izgube krvi, trajanja hospitalizacije in zaplete. Vsi zapleti bodo klasificirani po Clavien-Dindo klasifikaciji ob čemer se bo stopnja II ali višja smatrala za velik zaplet. Analizirani bodo tudi podatki sledenja, vključno s kemoterapijo, če je bila izvedena.

V študiji naj bi sodelovali vsi kirurški oddelki, kjer so se opravljale varnostne resekcije po mnenju kon-

cosal resection, the pathologist finds it difficult to identify the edges and consequently assess the radicality of the removal. At the same time, the lymph node stage is missing for the final assessment of the staging, which is an important part of the assessment.

The dilemma of whether patients still need a safety resection at an unclear stage or whether oncological monitoring is sufficient arose years ago. Results of surgical treatment are improving, as is the proportion of laparoscopic procedures, which enables faster recovery of patients. Today, only surgical resection can offer an assessment of the stage of the lymph nodes removed. Unfortunately, any surgical treatment is associated with the possibility of complications and also with lasting consequences, which can also mean a permanent stoma in patients with a malignant polyp located in the rectum.

In the protocol of the retrospective study, which will include operated patients after removal of a malignant polyp or initial malignancy of the colon and rectum between 2014 and 2020, in addition to all data from the SVIT database, all procedures, all postoperative complications and pathohistological findings of the removed specimen will be included. Patient comorbidity will also be analyzed. At the same time, the time from endoscopic resection to surgical treatment will be monitored. The operative records of the surgeries will be reviewed to assess whether radical mesocolic or mesorectal resection with an anastomosis type has been performed. Patients who received a protective stoma during the procedure will also be collected. An important part of the protocol will be the pathohistological report, where the rest of the tumor will be assessed, the width of the lymphadenectomy will be assessed, and data on blood loss, duration of hospitalization and complications will be collected. All complications will be classified according to the Clavien-Dindo classification, with stage II or higher being considered a major complication. Tracking data, including chemotherapy if performed, will also be analyzed.

According to the SVIT council, all surgical departments where safety resections were performed were

zilija SVIT. Z dobrim sodelovanjem lahko pripravimo referenčno analizo, ki nam bo osvetlila dileme, ki se pojavljajo pri zdravljenju začetnega raka debelega črevesa in danke. Verjamemo v odlično sodelovanje.

supposed to participate in the study. With good collaboration, we can prepare a reference analysis that will shed light on the dilemmas that arise in the treatment of initial colon and rectal cancer. We believe in great collaboration.