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RISK FACTORS FOR HIGH RISK METACHRONOUS LESIONS DURING FOLLOW-UP AFTER COLORECTAL CANCER RESECTION

Gomes C, Pinho R, Sousa M, Rodrigues J, Silva JC, Afecto E, Correia J, Carvalho J
Serviço de Gastrenterologia e Hepatologia do Centro Hospitalar Vila Nova de Gaia/Espinho

CENTRO HOSPITALAR VILA NOVA DE GAIA|ESPINHO

SERVIÇO DE GASTRENTEROLOGIA E HEPATOLOGIA

BACKGROUND

A ***high quality perioperative colonoscopy*** **(HQPC)** before surgery or within 6 months following colorectal cancer (CRC) resection is recommended. The ESGE recommends post-surgery endoscopic surveillance 1 year after intent-to-cure CRC resection. The two main targets of endoscopic surveillance are early diagnosis of metachronous lesions and/or intraluminal recurrence of the index cancer. Few studies have shown low to no risk of early CRC in multiple cohorts with the systematic use of perioperative colonoscopy. Data on the risk factors for ***high rish metachronous lesions*** **(HRML)** are limited and often conflicting. Our aims are to evaluate the impact of a HQPC in the presence of HRML after CRC resection and determine risk factors for HRML during follow-up.

METHODS

Retrospective analysis of patients submitted to curative resection of CRC in our center, included in the RORENO database from January 2014 to March 2018, who had at least one endoscopic surveillance. HQPC was considered in the presence of a complete colonoscopy with fair or good bowel cleansing. Time to HRML was estimated using Kaplan–Meier survival analysis and defined as time elapsed from CRC resection until the presence of HRML.

RESULTS

Table 1. Study Characteristics

Total of patients (n)	**195**
Males (%)	61,5%
Age (years-old)	66.8 ± 10,6
Follow-up (time)	2 years and 9 months

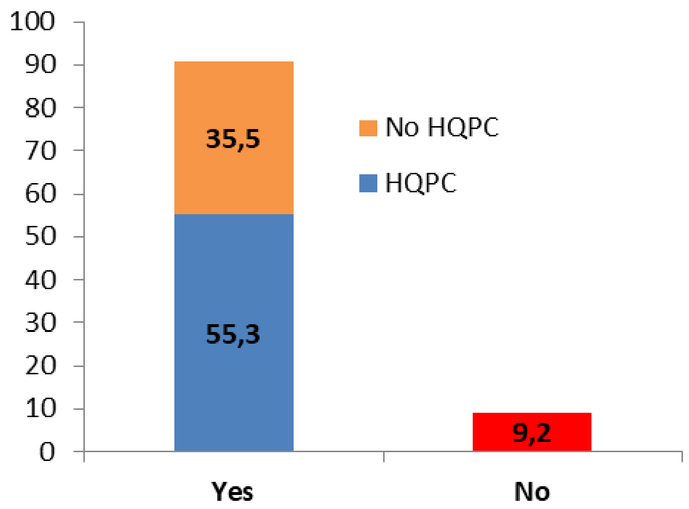

Figure 1. % of patients performing a perioperative colonoscopy.

After 1 year of follow-up, 6.5% had HRML and by the end of follow-up HRML were identified in 76.9% (figure 2A). Time to HRML was similar between patients' with or without a HQPC (figure 2B).

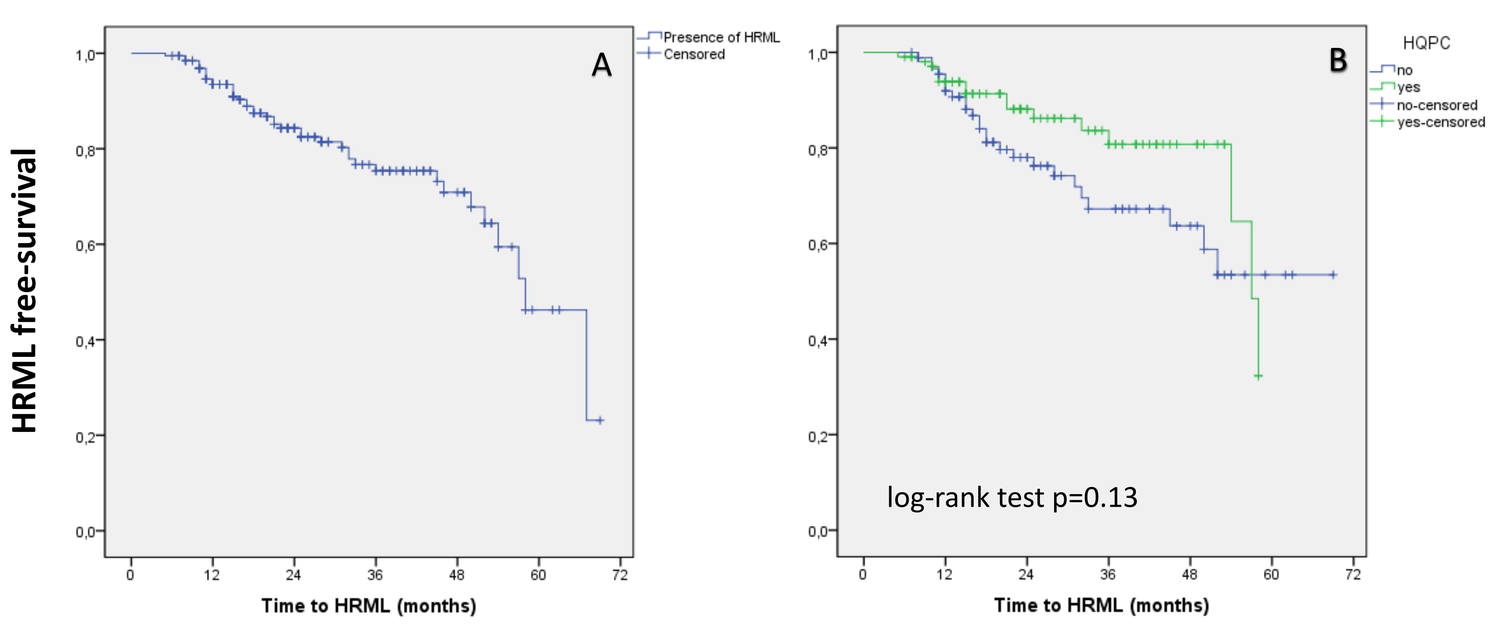

Figure 2. A- Time to the presence of HRML; B- Time to the presence of HRML according to the existence of a previous HQPC.

Despite patients without HQPC had more HRML during follow-up, after adjusting for confounders, only being male and having an incomplete perioperative colonoscopy influenced HRML during follow-up. (table 2)

Table 2. Risk factors for HRML during follow-up

Variable	HRML	No HRML	Univariate analysis (p value)	Multivariate analysis (p value, OR)
Male patients	26,7%	12,0%	0,01	**0,03 (OR: 2.9)**
No radiotherapy	22,7%	0,0%	0,04	>0,05
No HQPC	27,5%	15,4%	**0,04**	>0,05
Incomplete perioperative colonoscopy	30,4%	14%	0,01	**0,03 (OR: 5)**

CONCLUSIONS

In our sample, almost all patients (90.8%) with CRC performed a perioperative colonoscopy, although only 53.3% with HQPC criteria. In our study, a complete perioperative colonoscopy influenced the presence of HRML during follow-up, especially in male patients.

REFERENCES

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