

INTRODUCTION

- taTME has been advocated as a technique to facilitate difficulties of the TME dissection for rectal cancer.
- The Norwegian Moratorium on taTME has raised questions regarding unusual rates and patterns of cancer spread and recurrence.
- We hypothesize that taTME can be performed safely without undue cancer risk in carefully selected rectal cancer patients when procedures are properly performed.
- We analyze our experience to examine taTME oncologic outcomes.

METHODS

- Population: 90 consecutive patients who underwent curative taTME resections between 2012-2019.
- Preoperative, intraoperative and postoperative data was collected.
- Primary endpoints:
 - Local recurrence
 - Time to recurrence
 - Unicentric vs multicentric recurrence
 - Metastatic rates
 - Survival data

RESULTS

Sex (M/F)		
Male	64	(71%)
Female	26	(29%)
Mean Age (range)		
59.2 (26-84)		
Mean BMI (range)		
27.5 (16.3-42.9)		
Average size of the tumor, cm (range)		
4.4 (1-10)		
Position of the tumor (%)		
Anterior	37	
Posterior	21	
Lateral	30	
Circumferential	12	
Pretreatment staging (n)		
T1	1	
T2	16	
T3	72	
T4	1	
Neoadjuvant chemoradiation (%)		
97.8		

Table 1 – Patient demographics and characteristics

- No positive circumferential or distal margins.**
- No perioperative mortalities.
- Post-operative morbidity: 11.1%.
- No urethral injuries.
- No purse-string failure.**
- Average follow-up: 25.9 months (0.2-89 months).

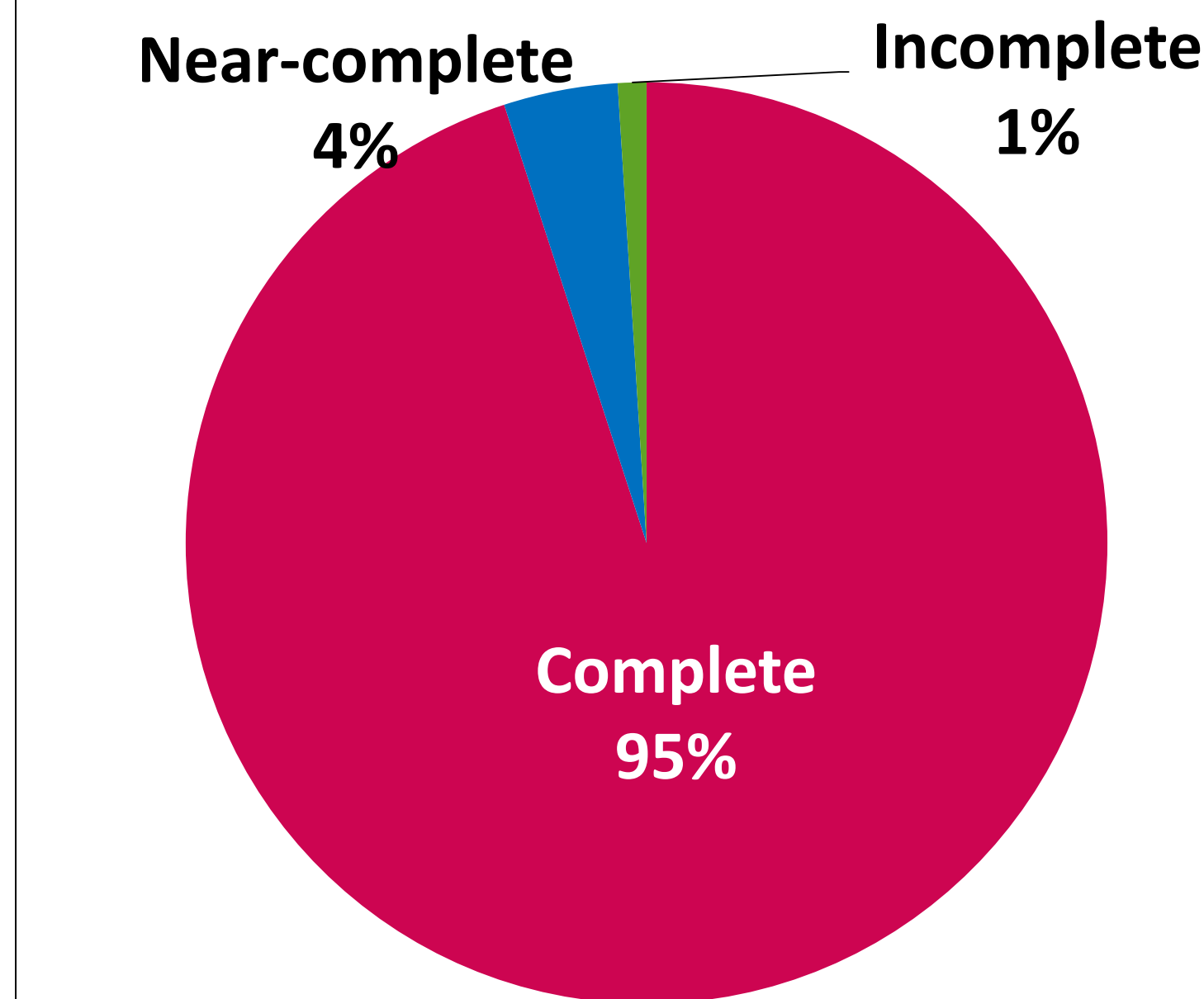


Figure 1 – TME quality assessment

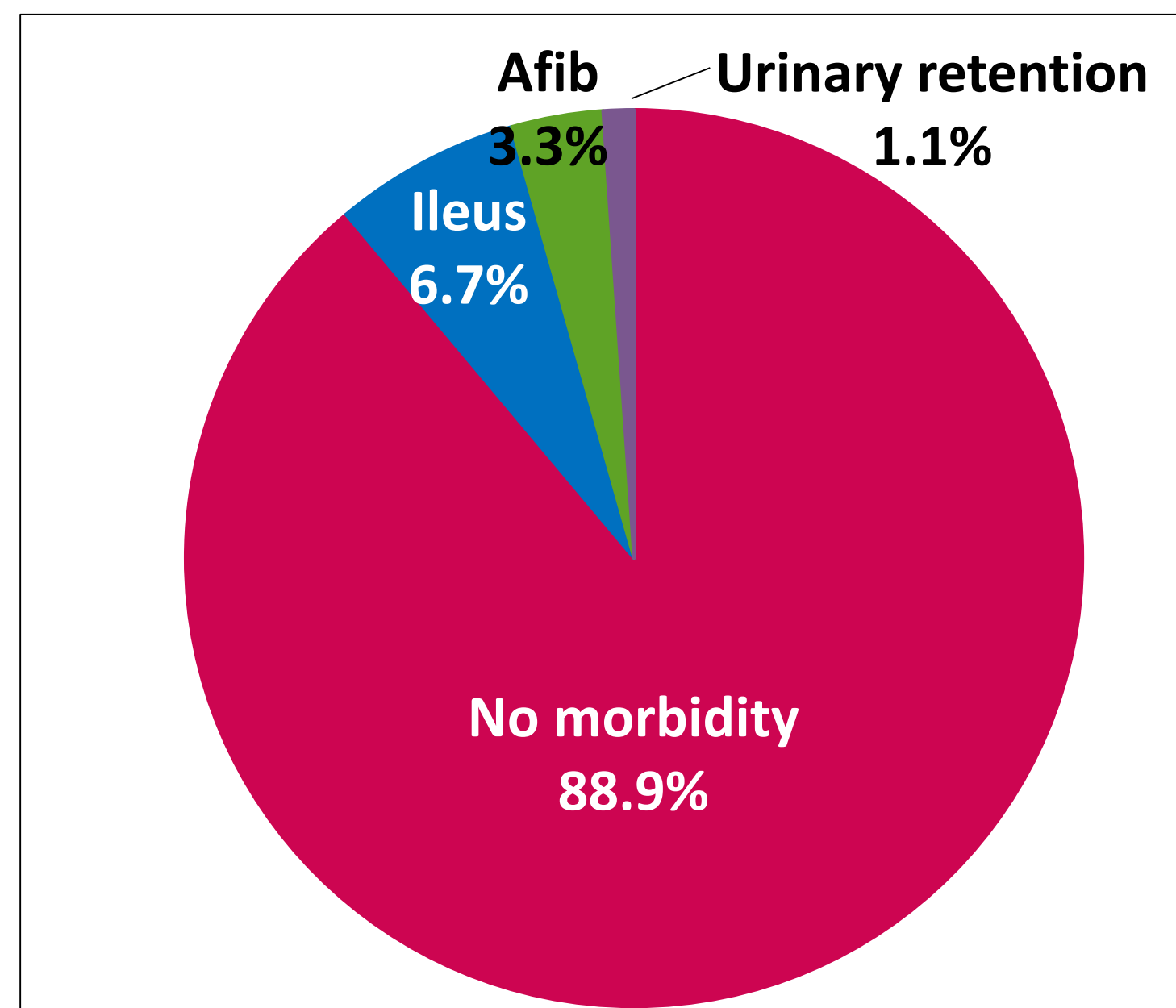


Figure 2 – Post-operative morbidity

RESULTS

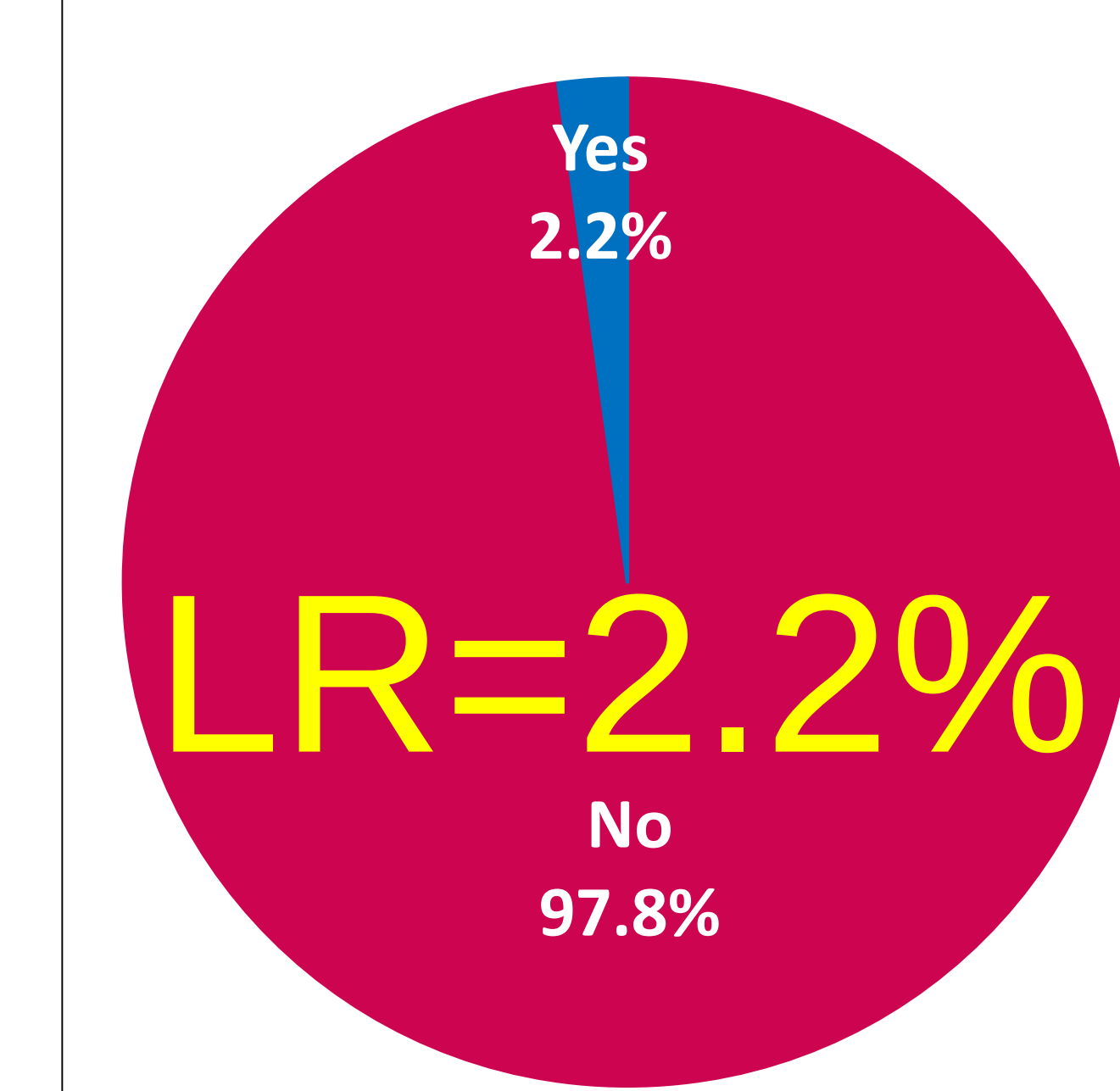


Figure 3 – Local recurrence rate

- Both recurrences were unicentric in nature at 8 and 55 months.
- There were no multicentric recurrences.
- 5-year survival is 88.9%.

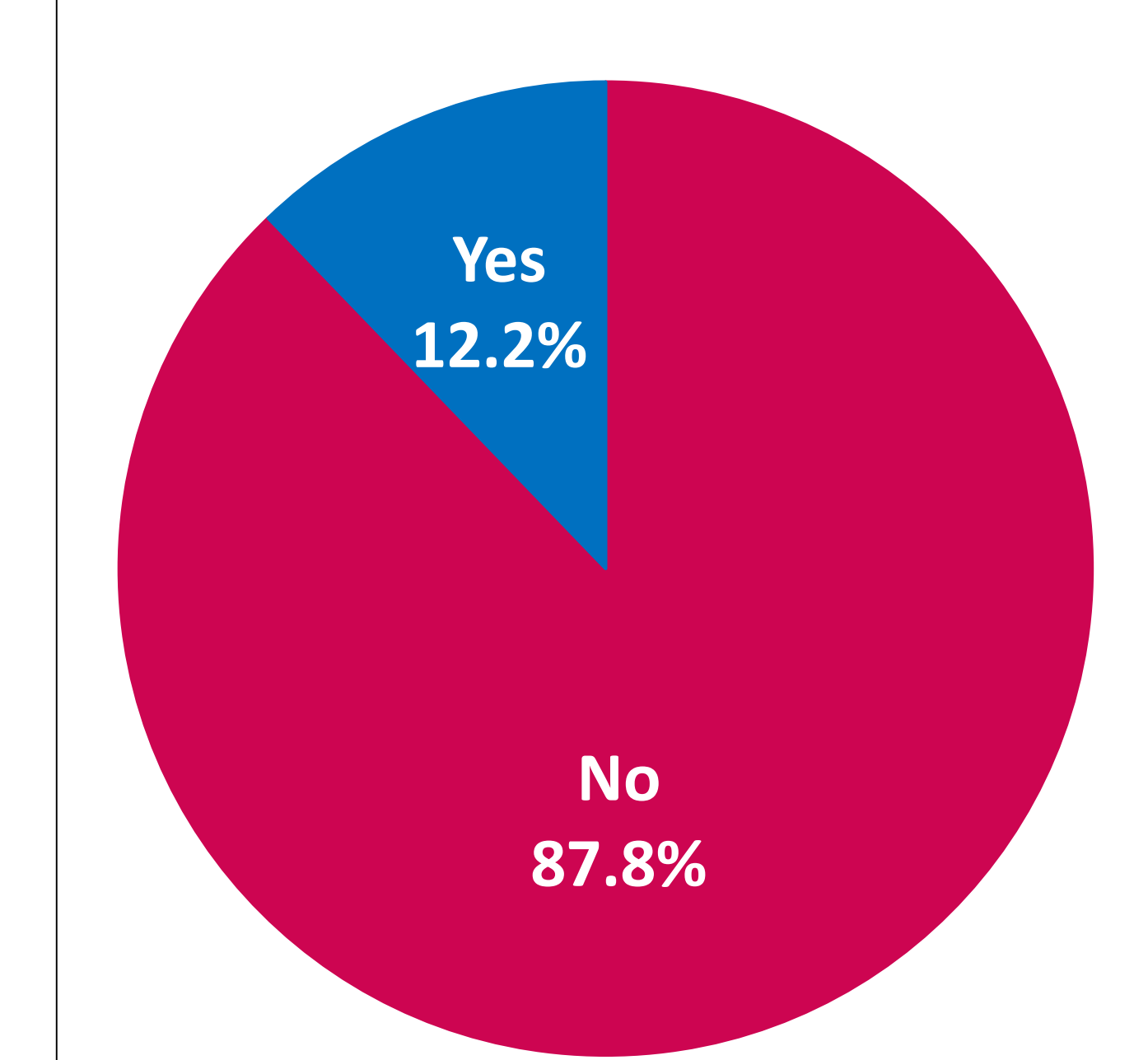


Figure 4 – Metastatic rate

CONCLUSION

- This study showed a low local recurrence rate with no multicentric recurrences and overall good oncologic outcomes with taTME for rectal cancer, contrasting with the Norwegian Moratorium.
- Likely causes of excellent results:
 - No purse string failures, complete exclusion of lumen from operative field.
 - Proper selection and utilization of neoadjuvant treatment.
 - Proper selection with utilization of taTME only in the distal rectum.
 - Proper surgical technique.
- These findings support the continued utilization of taTME surgery.