VIII CURSO MULTIDISCIPLINAR **NACIONAL** E **INTERNACIONAL** DE
CÁNCER COLORRECTAL
del Hospital General Universitario Gregorio Marañón
17 de **abril 2026**

Early Rectal Cancer:

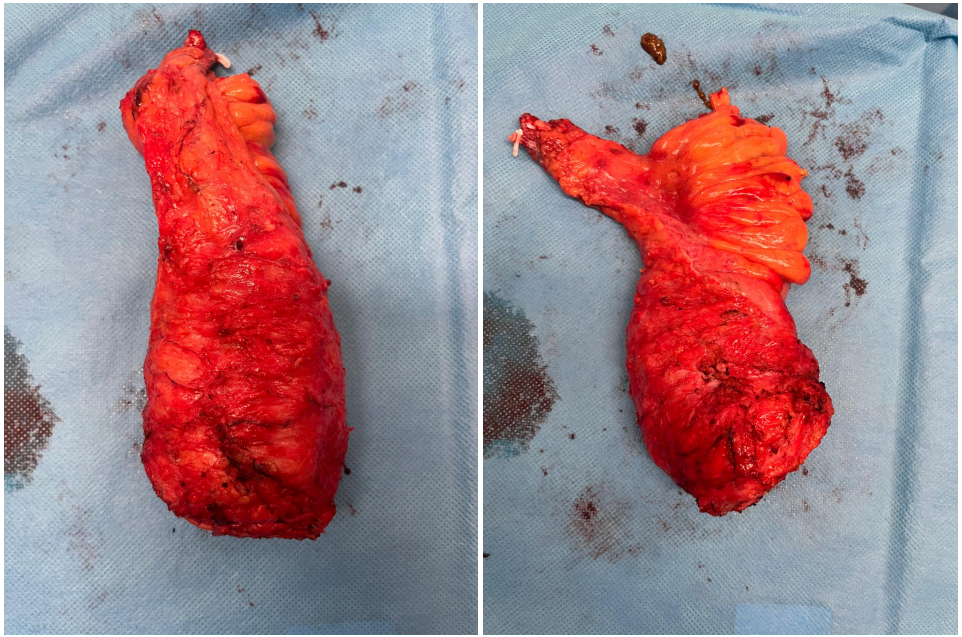
Nuevos paradigmas en el tratamiento curativo

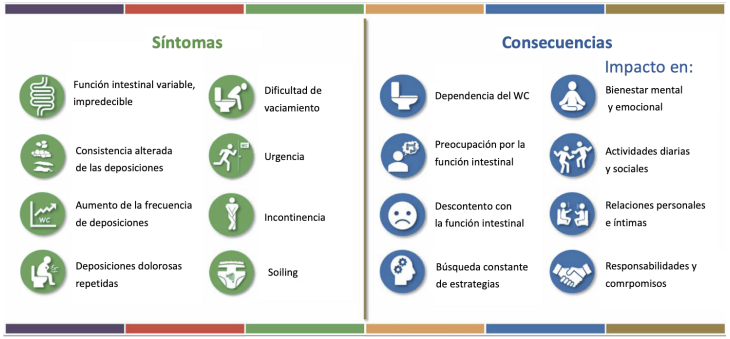
Unidad Coloproctología
Gregorio Marañón

Ann Surg Oncol (2011) 18:1899–1906
DOI 10.1245/s10434-011-1571-0

The Impact of the Introduction of Total Mesorectal Excision on Local Recurrence Rate and Survival in Rectal Cancer: Long-Term Results

Characteristic	Total ($n = 171$)	Group 1 (conventional) ($n = 53$)	Group 2 (TME) ($n = 118$)	P (group 1 vs. group 2)
Recurrence				
Local recurrence, total n (%)	18 (10.5)	11 (20.8)	7 (5.9)	0.003
Local recurrence, only n (%)	8 (4.7)	6 (11.3)	2 (1.7)	0.006





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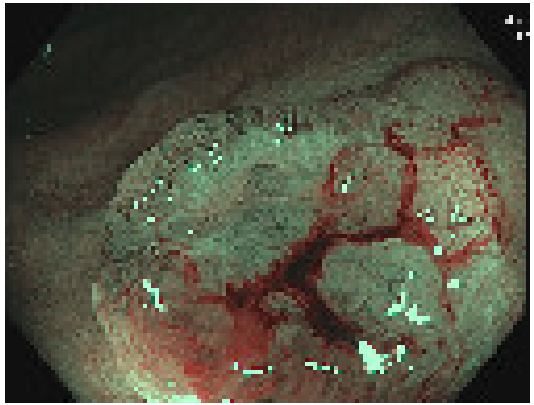

T1 12% N+

T2 18% N+

	Sin LVI ni pobre diferenciación	Con pobre diferenciación sola	Con LVI sola	Con ambos
T1	9.3%	17.3%	34.7%	45.0%
T2	11.7%	25.3%	47.3%	41.5%

Journal of Gastrointestinal Surgery (2021) 25:1029–1035

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DIAGNOSTICO → TRATAMIENTO

- Endoscopia
- Anatomía Patológica
- Cirugía Colorrectal
- Radiología

- Oncología
- Radioterapia
- Cirugía Colorrectal

COMITÉ DE PÓLIPOS ⟷ **COMITÉ DE TUMORES**

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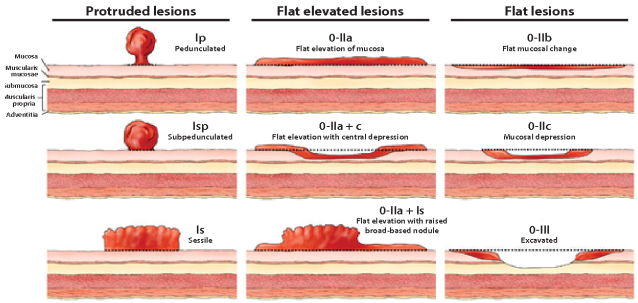
Endoscopico

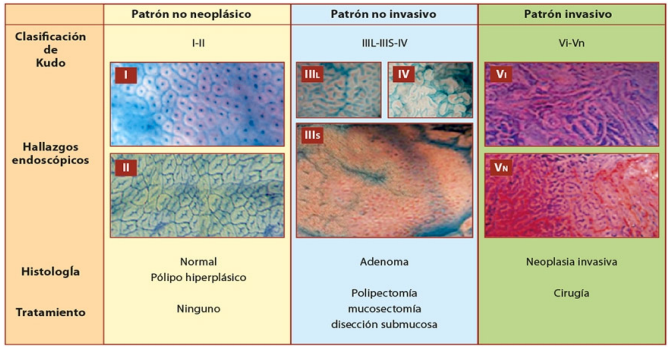
Morfológico: Paris



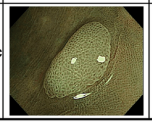
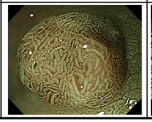
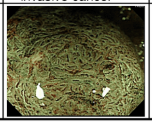
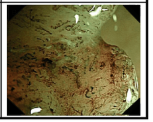
Técnicas de imagen avanzada:

- Cromoendoscopia
- NBI
- Magnificación endoscópica

Clasificación de Kudo



Clasificación NICE/JNET

	Type 1	Type 2A	Type 2B	Type 3
Vessel pattern	• Invisible *1	• Regular caliber • Regular distribution (meshed/spiral pattern) *2	• Variable caliber • Irregular distribution	• Loose vessel areas • Interruption of thick vessels
Surface pattern	• Regular dark or white spots • Similar to surrounding normal mucosa	• Regular (tubular/branched/ papillary)	• Irregular or obscure	• Amorphous areas
Most likely histology	Hyperplastic polyp/ Sessile serrated polyp	Low grade intramucosal neoplasia	High grade intramucosal neoplasia/ Shallow submucosal invasive cancer *3	Deep submucosal invasive cancer
Endoscopic image				

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Radiológico

RMN

MRI cT1–2 rectal cancer staging accuracy: a population-based study

R. Detering[1], S. E. van Oostendorp[3], V. M. Meyer[7], S. van Dieren[2], A. C. R. K. Bos[9], J. W. T. Dekker[11], O. Reerink[8], J. H. T. M. van Waesberghe[4], C. A. M. Marijnen[5], L. M. G. Moons[10], R. G. H. Beets-Tan[6], R. Hompes[1], H. L. van Westreenen[7], P. J. Tanis[1] and J. B. Tuynman[3], on behalf of the Dutch ColoRectal Audit Group*

BJS 2020; **107**: 1372–1382

Table 6 Diagnostic accuracy of clinical staging of combined T and N category by MRI alone

	pT1 N0	pT2 N0	pT1–2 N1	Total
cT1 N0	253	87	47	387
cT2 N0	484	1312	289	2085
cT1–2 N1	97	279	177	553
Total	834	1678	513	3025*

ECO

Diagnostic accuracy of 1,000 endorectal ultrasounds before transanal endoscopic microsurgery for rectal neoplastic lesions

Alberto Arezzo[1] · Giovanni Distefano[1] · Carlo A. Ammirati[1] · Michele Barbiero[1] · Mario Morino[1]

Surgical Endoscopy
https://doi.org/10.1007/s00464-026-12694-9

Table 3 Diagnostic performance of endorectal ultrasound (EUS) for distinguishing non-invasive from invasive rectal lesions ($n = 883$)

	Histology: ≤ pT1	Histology: ≥ pT2	Total
EUS 0 (non-invasive)	TN = 439	FN = 29	468
EUS 1–3 (invasive)	FP = 325	TP = 90	415
Total	764	119	883
Metric			Value (%)
Sensitivity			75.6
Specificity			57.5
Positive predictive value (PPV)			21.7
Negative predictive value (NPV)			93.8
Overall accuracy			59.9
LR +			1.78
LR-			0.42
DOR			4.19

TP True positive, *FP* False positive

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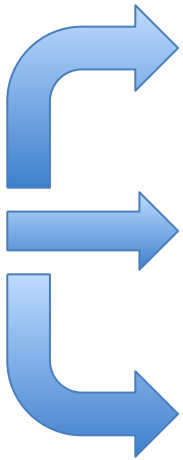
Preservación de órgano



Escisión local

Escisión local + tratamiento oncológico

Tratamiento oncológico

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Escisión Local

RESEARCH ARTICLE PLOS ONE | DOI:10.1371/journal.pone.0141427 October 27, 2015

Comparison of Transanal Endoscopic Microsurgery and Total Mesorectal Excision in the Treatment of T1 Rectal Cancer: A Meta-Analysis

Jun-Yang Lu, Guo-Le Lin*, Hui-Zhong Qiu, Yi Xiao, Bin Wu, Jiao-Lin Zhou

Department of General Surgery, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China 100730

N 860; 1ECA + 6 EC

	TEM	TME	OR (IC95%)	p
Recurrencia local	Mayor	Menor	4,62 (2,03–10,53)	0,0003
Mtx a distancia	Similar	Similar	0,74 (0,32–1,72)	0,49
S. global	Similar	Similar	0,87 (0,55–1,38)	0,55
S libre de enfermedad	Similar	Similar	1,12 (0,31–4,12)	0,86

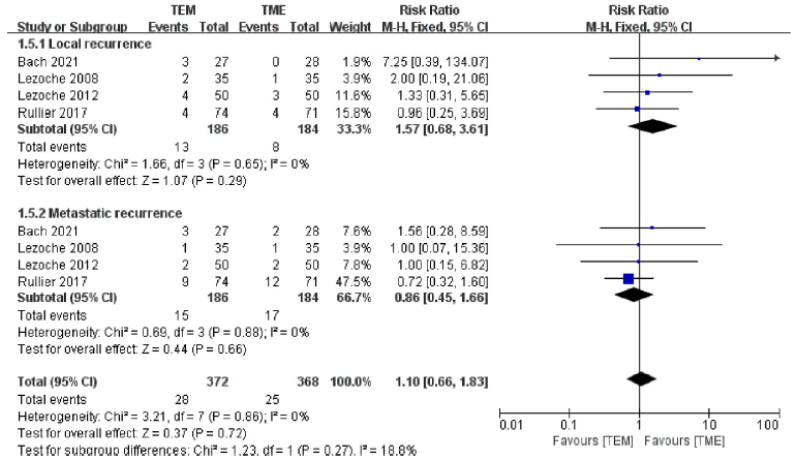
Research article

Comparison of local excision and total mesorectal excision for rectal cancer: Systematic review and meta-analysis of randomised controlled trial

Zan Meng [a], Zehong Liu [b,*]

Heliyon 10 (2024) e30027

N 545; 5 ECA



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Escisión Local

Oncological outcome after local treatment for early stage rectal cancer

Caroline D. M. Witjes[1] · Abhilashaben S. Patel[1] · Aniruddh Shenoy[1] · Stephen Boyce[1] · James E. East[2,3] · Christopher Cunningham[1]

Surgical Endoscopy (2022) 36:489–497

N 112; T1, Seguimiento > 5 años

Desenlace	Polipectomía (EMR/ESD) N 30	TEM/TAMIS N 67	Cirugía mayor (TME) N 15	p
Supervivencia global a 5 años	96%	90%	88%	0,89
Supervivencia cáncer-específica a 5 años	96%	96%	100%	0,74

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Factores Histológicos

Histopathological risk factors for lymph node metastases in T1 colorectal cancer: meta-analysis

A. L. Ebbehøj*, L. N. Jørgensen, P.-M. Krarup and H. G. Smith

BJS, 2021, **108**, 769–776

N 10181; T1, 60 EO

Factor histológico	Definición	OR para metástasis ganglionares
Invasión linfovascular	Invasión de vasos linfáticos o sanguíneos	7.42
Tumor budding alto	≥10 brotes en 0.785 mm² (frente invasivo)	4.00
Grado histológico alto (G3)	Pobremente diferenciado	3.75
Invasión submucosa profunda	≥1000 µm o sm2-sm3	3.53 (≥1000 µm) / 2.12 (sm2-3)

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Factores Histológicos

ORIGINAL ARTICLE

Check for updates

Lymph Node Positivity in T1/T2 Rectal Cancer: a Word of Caution in an Era of Increased Incidence and Changing Biology for Rectal Cancer

Adam C. Fields[1] · Pamela Lu[1] · Frances Hu[1] · Sameer Hirji[1] · Jennifer Irani[1] · Ronald Bleday[1] · Nelya Melnitchouk[1] · Joel E. Goldberg[1]

Journal of Gastrointestinal Surgery (2021) 25:1029–1035

	pT1 ($N=2056$)	pT2 ($N=2671$)
Total patients with positive lymph nodes	250/2056 (12.2%)	482/2671 (18.0%)
No poor differentiation or lymphovascular invasion	80/863 (9.3%)	127/1089 (11.7%)
Poor differentiation	28/162 (17.3%)	67/265 (25.3%)
Lymphovascular invasion	58/167 (34.7%)	115/243 (47.3%)
Poor differentiation and lymphovascular invasion	9/20 (45.0%)	17/41 (41.5%)

T1 Tumor Predictors	Hazard Ratio	95% Confidence Interval	*P* Value
Age	0.98	0.97–0.99	0.01
Sex	1.13	0.77–1.64	0.53
Poor differentiation	1.15	0.94–1.40	0.18
Lymphovascular invasion	4.75	3.17–7.11	< 0.001
Tumor size	1.00	0.99–1.00	0.32
T2 tumor predictors			
Age	0.98	0.97–0.99	< 0.001
Sex	1.10	0.82–1.47	0.54
Poor differentiation	1.09	0.99–1.00	0.25
Lymphovascular invasion	6.20	4.53–8.51	< 0.001
Tumor size	1.00	0.99–1.00	0.63

Factores Histológicos

Which prognostic factors for recurrence after transanal endoscopic microsurgery for early rectal cancer?

Alberto Arezzo[1] · Carlo Alberto Ammirati[1] · Giovanni Distefano[1] · Michele Barbiero[1] · Francesca Sbuelz[1] · Roberto Passera[2] · Mario Morino

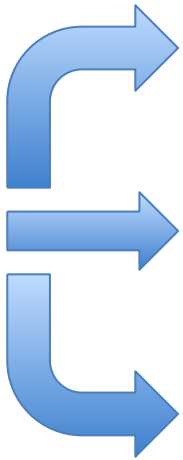
Surgical Endoscopy
https://doi.org/10.1007/s00464-026-12632-9

N 128 TEM pared completa R0

Table 3 Disease-free survival (DFS)–univariate and multivariate Cox regression in pT1 cancers ($n = 128$)

Covariate	Univariate HR (95% CI)	Univariate p	Multivariate HR (95% CI)	Multivariate p
Age (≥ 71 vs ≤ 70 years)	0.65 (0.29–1.46)	0.294	–	–
Gender (F vs M)	0.77 (0.32–1.84)	0.555	–	–
Submucosal invasion (sm2–3 vs sm1)	7.91 (1.86–33.56)	0.005	5.51 (1.24–24.54)	0.025
Tumour budding (high vs low grade)	1.17 (0.40–3.42)	0.771	–	–
Lymphovascular invasion (yes vs no)	4.02 (1.73–9.34)	0.001	3.48 (1.48–8.18)	0.004
Perineural invasion (yes vs no)	1.25 (0.17–9.29)	0.825	–	–
Mucinous histotype (yes vs no)	5.24 (1.96–14.03)	< 0.001	–	–
Tumour grade (G3 vs G1–2)	5.84 (2.52–13.57)	< 0.001	3.59 (1.50–8.61)	0.004
Tumour diameter (> 3 cm vs ≤ 3 cm)	1.20 (0.53–2.72)	0.668	–	–

Factores Histológicos de mal pronóstico



TMEc

Observación

Tratamiento oncológico

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Escisión Local: EMTc

CURRENT STATUS REVIEWS

Completion Total Mesorectal Excision After Transanal Local Excision of Early Rectal Cancer: A Systematic Review and Meta-analysis

James N. R. Wyatt, M.B.Ch.B. (Hons)[1,2] • Simon G. Powell, M.B.B.S. (Hons)[1,2]
Kiran Altaf, M.B.B.S., F.R.C.S, Ph.D.[1] • Hannah E. Barrow, Ph.D.[1] • Joshua S. Alfred, M.B.B.S.[1]
Shakil Ahmed, Ph.D.[1]

Dis Colon Rectum 2022; 65: 628–640

Técnicamente más compleja

Operative time (min)

Study or subgroup	cTME Mean	cTME SD	cTME Total	pTME Mean	pTME SD	pTME Total	Weight	Std. Mean difference IV, fixed, 95% CI	Year
Piessen 2012[46]	305	88	14	279	59	25	15.2%	0.36 [−0.30, 1.02]	2012
Morino 2013[11]	206	4.429	17	188.1	12.6	34	18.5%	0.67 [0.08, 1.27]	2013
Dulskas 2019[32]	165	39.9	9	122	46.9	18	9.3%	0.93 [0.09, 1.78]	2018
Coton 2019[31]	315	87	41	275	58	41	34.1%	0.54 [0.09, 0.98]	2019
Clermonts 2020[30]	238	69.6	20	226	67	40	22.9%	0.17 [−0.36, 0.71]	2020
Total (95% CI)			**101**			**158**	**100.0%**	**0.49 [0.23, 0.75]**	

Heterogeneity: $\chi^2 = 2.93$, $df = 4$ ($p = 0.57$), $I^2 = 0\%$
Test for overall effect: $Z = 3.72$ ($p = 0.0002$)

Std. Mean difference IV, fixed, 95% CI

−2 −1 0 1 2
Favors (cTME) Favors (pTME)

Conversion-to-open rate

Study or Subgroup	cTME Events	cTME Total	pTME Events	pTME Total	Weight	Risk ratio M-H, fixed, 95% CI	Year
Morino 2013[11]	1	17	2	34	16.7%	1.00 [0.10, 10.27]	2013
Coton 2019[31]	1	20	1	40	8.3%	2.00 [0.13, 30.34]	2019
Clermonts 2020[30]	3	41	2	41	25.0%	1.50 [0.26, 8.51]	2020
Levic 2021[43]	4	60	6	120	50.0%	1.33 [0.39, 4.55]	2021
Total (95% CI)		**138**		**235**	**100.0%**	**1.38 [0.58, 3.28]**	
Total events	9		11				

Heterogeneity: $\chi^2 = 0.16$, $df = 3$ ($p = 0.98$), $I^2 = 0\%$
Test for overall effect: $Z = 0.72$ ($p = 0.47$)

Risk ratio M-H, fixed, 95% CI

0.01 0.1 1 10 100
Favors cTME Favors pTME

Intraoperative blood loss (mL)

Study or subgroup	cTME Mean	cTME SD	cTME Total	pTME Mean	pTME SD	pTME Total	Weight	Risk ratio M-H, fixed, 95% CI	Year
Morino 2013[11]	328.1	643.9	17	163.4	92.8	34	17.3%	0.43 [−0.16, 1.02]	2013
Clermonts 2020[30]	137	248.4	20	158.33	259	40	20.8%	−0.08 [−0.62, 0.45]	2020
Levic 2021[43]	579	1,079	60	349	463	120	61.8%	0.31 [0.00, 0.63]	2021
Total (95% CI)			**97**			**194**	**100.0%**	**0.25 [0.01, 0.50]**	

Heterogeneity: $\chi^2 = 2.00$, $df = 2$ ($p = 0.37$), $I^2 = 0\%$
Test for overall effect: $Z = 2.02$ ($p = 0.04$)

Risk ratio M-H, fixed, 95% CI

−1 −0.5 0 0.5 1
Favors (cTME) Favors (pTME)

30-day mortality rate

Study or subgroup	cTME Events	cTME Total	pTME Events	pTME Total	Weight	Risk ratio M-H, fixed, 95% CI	Year
Piessen 2012[46]	0	14	0	25		Not estimate	2012
Levic 2021[43]	2	25	0	25	14.2%	5.00 [0.25, 99.16]	2013
Morino 2013[11]	0	17	0	34		Not estimate	2018
Dulskas 2019[32]	0	9	0	18		Not estimate	2018
Coton 2019[31]	0	41	0	41		Not estimate	2019
Clermonts 2020[30]	0	20	1	40	28.9%	0.65 [0.03, 15.30]	2020
Levic 2021[43]	1	60	120	120	56.9%	0.67 [0.07, 6.27]	2021
Total (95% CI)		**186**		**303**	**100.0%**	**1.28 [0.31, 5.22]**	
Total events	3		4				

Heterogeneity: $\chi^2 = 1.30$, $df = 2$ ($p = 0.52$), $I^2 = 0\%$
Test for overall effect: $Z = 0.34$ ($p = 0.73$)

Risk ratio M-H, fixed, 95% CI

0.01 0.1 1 10 100
Favors cTME Favors pTME

Escisión Local: EMTc

CURRENT STATUS REVIEWS

Completion Total Mesorectal Excision After Transanal Local Excision of Early Rectal Cancer: A Systematic Review and Meta-analysis

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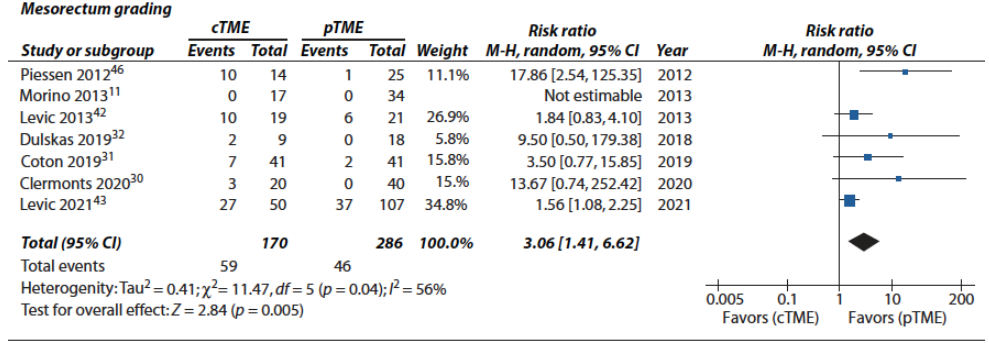
Kiran Altaf, M.B.B.S., F.R.C.S, Ph.D.[1] • Hannah E. Barrow, Ph.D.[1] • Joshua S. Alfred, M.B.B.S.[1]
Shakil Ahmed, Ph.D.[1]

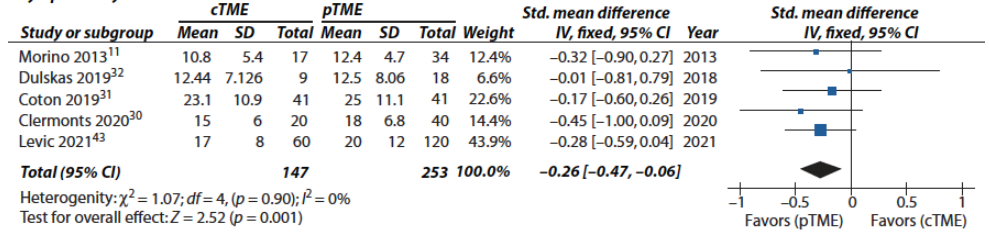
Dis Colon Rectum 2022; 65: 628–640

Espécimen peor calidad ≠ Resultado Oncológico

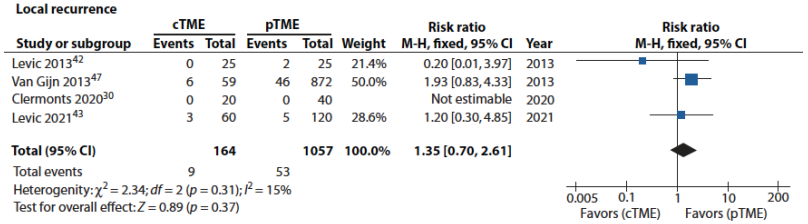
Mesorectum grading



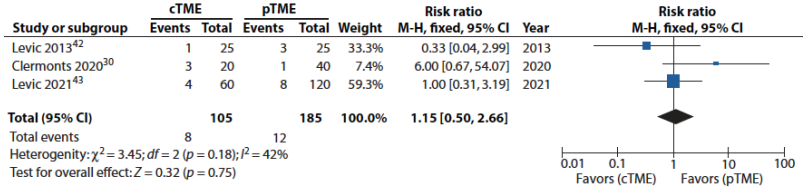
Lymph node yield



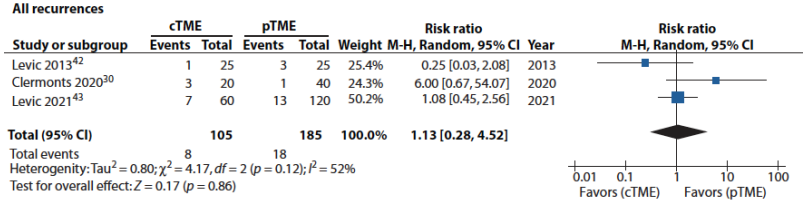
Local recurrence



Systemic recurrence



All recurrences



Escisión Local: Observación vs QRT

Systematic review

Local recurrence after local excision of early rectal cancer: a meta-analysis of completion TME, adjuvant (chemo)radiation, or no additional treatment

S. E. van Oostendorp[1], L. J. H. Smits[1], Y. Vroom[1], R. Detering[2], M. W. Heymans[3], L. M. G. Moons[4], P. J. Tanis[2], E. J. R. de Graaf[5], C. Cunningham[6], Q. Denost[7], M. Kusters[1] and J. B. Tuynman[1]

BJS 2020; **107**: 1719–1730

N 4674; 64 estudios

Table 1 Weighted average local recurrence rates

	Local recurrence					
	NAT		cTME		aCRT	
	Proportion of patients	Weighted average (%)	Proportion of patients	Weighted average (%)	Proportion of patients	Weighted average (%)
pT1	268 of 3050	8·1 (6·6, 9·9)	5 of 180	2·8 (1·2, 6·5)	24 of 385	4·8 (2·3, 9·8)
Low risk	75 of 1019	6·7 (4·8, 9·3)	0 of 28*	0	0 of 1*	0
High risk	44 of 282	13·6 (8·0, 22·0)	5 of 123	4·1 (1·7, 9·4)	10 of 254	3·9 (2·0, 7·5)
pT2	136 of 545	28·9 (22·3, 36·4)	3 of 70	4 (1, 13)	66 of 444	14·7 (11·2, 19·0)

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QRT + Escisión local

Ensayo	Fase	Estadio	n	Neoadyuvancia	RL	SLE 5a	SG 5a	P. órgano
TAUTEM	III (RCT)	cT2-T3ab, N0	162	QRT curso largo + TEM vs TME	7,6% vs 6%	88,9% vs 88,9%	82,7% vs 85,2%	82,7%
GRECCAR 2	III (RCT)	cT2-3, N0-1	148	QRT curso largo → EL vs TME	6% vs 3%	75% vs 82%	89% vs 95%	~70%
ACOSOG Z6041	II	cT2, N0	79	QRT (capecitabina + oxaliplatino) + EL	4%	88,2%	90,3%	~95%
CARTS	II	cT1-3, N0	55	QRT curso largo + TEM	7,7%	81,6%	82,8%	~67%
TREC	II (RCT)	cT2, N0	55	RT curso corto + TEM vs TME	11% vs 0%	76% vs 85%	88%	~70%

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QRT + Escisión local

Transanal Endoscopic Microsurgery for Residual Rectal Cancer After Neoadjuvant Chemoradiation Therapy Is Associated With Significant Immediate Pain and Hospital Readmission Rates

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DISEASES OF THE COLON & RECTUM VOLUME 54: 5 (2011)

	Study group (neoadjuvant CRT), n (%)	*Control group (no CRT) , n (%)*	*P*
n	23	13	
Immediate grade I complication	12 (52)	2 (15)	.030
Immediate grade II/III complication	13 (56.5)	3 (23.1)	.054
Wound dehiscence	14 (60.9)	3 (23.1)	.032
Hospital readmission	10 (43.5)	1 (7)	.025
Late complication	1 (4)	2 (15)	.25

CRT = chemoradiation therapy.

Local excision to enhance organ preservation in rectal cancer after favorable response to total neoadjuvant therapy.

Authors: Aron Bercz, Roni Rosen, Matthew Drescher, Mithat Gonen, Jinru Shia, Makoto Nishimura, Paul Bernard B. Romesser, Christopher H. H. Crane, Leonard B. B. Saltz, Andrea Cercek, Rona Yaeger, Georgios Karagkounis, Iris H. H. Wei, Emmanouil Pappou, Garrett Michael M. Nash, Martin R. R. Weiser, Julio Garcia-Aguilar, Jesse Joshua Smith, Philip Paty

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KNOWLEDGE CONQUERS CANCER

30% R1 (8/27)

Resumen final

- La estadificación pretratamiento continúa siendo el eslabón débil a la hora de tomar decisiones
- La Escisión Local para T1 con factores histológicos favorables es oncológicamente segura
- Preservación de órgano en T1 con factores de mal pronóstico/T2

  - Comité Multidisciplinar
  - Paciente bien informado (Resultados oncológicos/Funcionales/Morbilidad)

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GRACIAS

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