MANAGEMENT AND SHORT TERM OUTCOMES OF MALIGNANT COLORECTAL POLyps IN THE NORTH OF ENGLAND

doi:10.1136/gutjnl-2012-302514.d.90

1M D Gill,* 2M D Rutter, 3S J Holtham. 1Northern Colorectal Cancer Audit Group, Northern England; 2University of Durham, Durham, UK; 3Department of General Surgery, Sunderland Royal Hospital, Sunderland, UK

Introduction Management of malignant colorectal polyps (MCPs) is contentious with no randomised controlled trials comparing endoscopic with surgical management. This study reviews the management and outcomes of MCPs across a UK region.

Methods Patients were identified using the NORCCAG (NORthern Colorectal Cancer Audit Group) database between April 2006 and July 2010. All histopathology reports and follow-up procedures were reviewed.

Results Of 386 patients identified, 165 (42.7%) had the polyp biopsied, 57 (9.6%) a piecemeal excision, 184 (47.7%) a polypectomy. All initial biopsies underwent surgical intervention. 103/221 initial local excisions (46.6%) had follow-up surgery of whom 79 (76.7%) had no residual cancer. Of the 118 managed endoscopically, none had residual cancer on follow-up endoscopy. The 21 (5.4%) Dukes’ C cancers were significantly associated with Kikuchi SM3/Haggitt 4 lesions ($\chi^2=10.85$, p=0.005) and lesions with an involved/unascertained excision margin ($\chi^2=7.44$, p=0.017). Predictive factors of finding residual tumour at surgery were Kikuchi SM3/Haggitt Level 4 ($\chi^2=17.07$, p<0.001), and any involved/unascertained excision margin ($\chi^2=20.45$, p<0.001). An excision margin >0 mm was significantly associated with finding no residual tumour ($\chi^2=25.21$, p<0.001).

Conclusion Endoscopic management of a subgroup of MCPs appears safe and effective. A clear resection margin (cRMR) is needed to avoid surgery. Advanced lesions (Kikuchi 3/Haggitt 4) have been shown to be operable and safe. The acceptability of surgeons to avoid surgery. Advanced lesions (Kikuchi 3/Haggitt 4) have been shown to be operable and safe. The acceptability of surgeons to avoid surgery. Advanced lesions (Kikuchi 3/Haggitt 4) have been shown to be operable and safe. The acceptability of surgeons to avoid surgery. Advanced lesions (Kikuchi 3/Haggitt 4) have been shown to be operable and safe.