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ASO Visual Abstract: Evaluation of National Surgical Practice for Lateral Lymph Nodes in Rectal Cancer in an Untrained Setting

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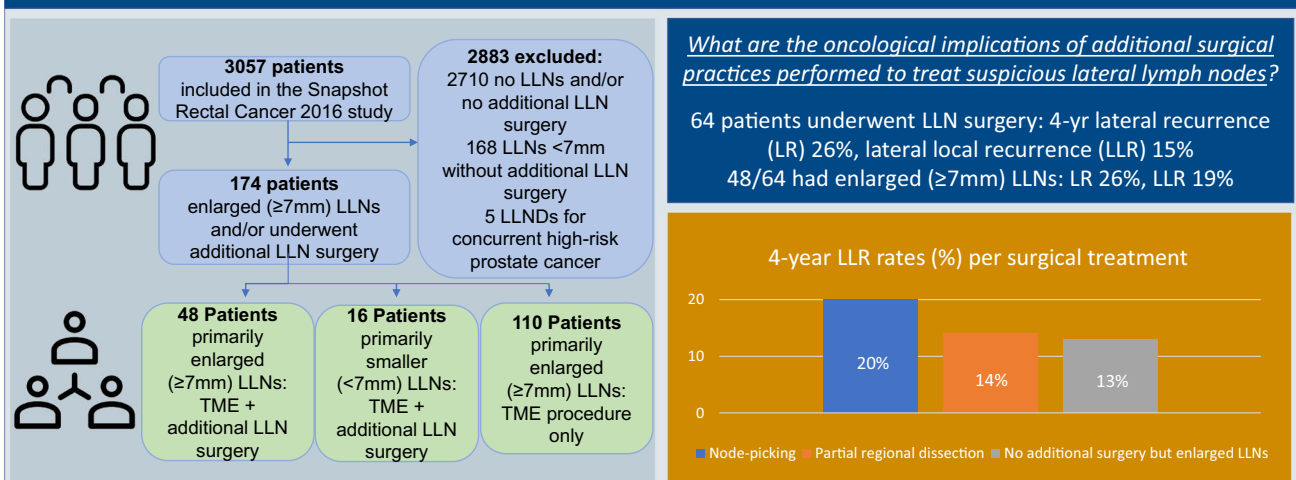
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This cross-sectional retrospective study of 3057 patients from 69 Dutch hospitals (<https://doi.org/10.1245/s10434-023-13460-0>) examined how and when lateral lymph nodes (LLNs) were treated with additional surgical techniques. These techniques included 'node-picking,' the individual removal of a LLN and 'partial regional node dissection' (PRND) in which a certain compartment is removed. In total, 64 patients (2%) were treated with additional LLN surgery, and this cohort resulted in 4-year local recurrence (LR) and lateral local recurrence (LLR) rates of 26% and 15%, respectively. A total of 48 patients (75%) had enlarged

(≥ 7 mm) LLNs, with a 4-year LLR rate of 19%. Forty of these patients were treated with node-picking (4-year LLR 20%), and 8 via PRND (4-year LLR 14%). Multivariable analysis showed no significant difference between the 48 patients with enlarged LLNs who underwent additional LLN surgery versus 110 patients with enlarged LLNs who did not. These data insinuate that approximately one-third of patients with enlarged LLNs also undergo additional LLN surgical treatment, but these surgical techniques did not result in satisfactory long-term recurrence rates. Outcomes of LLN surgery after adequate training needs further research.

Evaluation of National Surgical Practice for Lateral Lymph Nodes (LLNs) in Rectal Cancer in an Untrained Setting



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Visual Abstract by @TaniaSluckin @MirandaKusters for @AnnSurgOncol

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