

LONG-TERM OUTCOMES OF TRANSANAL TOTAL MESORECTAL EXCISION FOR RECTAL CANCER

M. Labalde Martínez, A. Vivas Lopez, J. Ocaña Jimenez, O. García Villar, C. Nevado García, C. Narvaez Chavez, F. J. García Borda, E. Ferrero

Hospital Universitario 12 de Octubre, Madrid

INTRODUCTION: Transanal total mesorectal excision (TaTME) for rectal cancer offers a better vision of the dissection planes and facilitates the distal transection of the rectum. The aim of this study was to compare functional outcomes, local recurrence rate y 2-years overall survival and disease free survival rates of TaTME and laparoscopic total mesorectal excision (LPC TME).

MATERIAL AND METHODS: From December 2016 to October 2018, 50 patients (36 males and 14 females) with low rectal cancer and an age of 67 (55.7-75.2) years underwent TME (20 TaTME and 30 LPCTME).

RESULTS: Clinical features and quality indicators for rectal cancer surgery were similar in both groups. After a median follow-up of 35 (30-40) months, low anterior resection syndrome rate was 14% (15% vs 13%, $p=0.043$), fecal incontinence rate was 8% (15% vs 3%, $p=0.017$) and sexual dysfunction was 8% (15% vs 3%, $p=0.017$). Systemic recurrence rate was 10% (15% vs 6%, $p=0.377$). One patient presented local recurrence 2 years after TATME. 2-years overall survival rate was 98% (95% vs 100%, $p=0.400$) and 2-years disease free survival rate was 90 % (85% vs 93%, $p=0.377$).

CONCLUSION: Although 2-years overall survival and disease free survival rates were similar in TaTME and LPC TME group, functional outcomes were worse after TATME in our study.