

Colorectal (Pelvic) and Urological Surgery

Introduction

The Colorectal (Pelvic) Surgery Division mainly focuses on oncological and functional results, and QOL in patients with colorectal cancer and pelvic malignancies. As a result, many clinical studies are proceeding. Some are listed below.

Research Activities and Clinical Trials

- 1) A prospective randomized trial for the extension of indication for Lap-Op (JCOG0404 CRC Surg-LAP vs. Oper): the criteria of inclusion for this trial include (1) T3 and T4 tumors located at C, A, and S in the colon and Rs rectum, (2) N0-2, (3) M0 and (4) Max. tumor size ≤ 8 cm. Thirty-five patients in this division have been registered. This study is currently in progress
- 2) Intersphincteric resection study (ISR Study) (53). APR has been the standard surgery for very low rectal cancer located within 5 cm of the anal verge. However, permanent colostomy seriously reduces QOL. This study was designed to evaluate the feasibility and oncological and functional outcomes of ISR for very low rectal cancer. Curability with ISR was verified histologically, and acceptable oncological and functional outcomes were obtained by using ISR in patients with very low rectal cancer. However, information on potential functional adverse effects after ISR needs to be provided preoperatively. This study is ongoing. 26 patients have been registered.
- 3) Bladder-sparing surgery for locally advanced rectal cancer involving the prostate and/or seminal vesicles: Total pelvic exenteration (TPE) is the standard procedure in patients with locally advanced rectal cancer involving the prostate and seminal vesicles. This study aims to evaluate the feasibility of bladder-sparing surgery as an alternative to TPE. This procedure has been performed in 12 patients. This operation permits conservative surgery in selected patients with advanced rectal cancer involving the prostate and/or seminal vesicles without compromising local control. QOL in these patients appears to be improved. This study also is ongoing.
- 4) A prospective randomized trial for the feasibility and effect of lateral node dissection in low rectal cancer - (Total) Mesorectal Excision (ME) vs. Lateral Node Dissection with preservation of autonomic nerves (D3 with nerve-sparing) [JCOG0212 CRC Surg.]]. This study aims to evaluate the feasibility and effects of lateral node dissection in patients with advanced low rectal cancer (T3, T4) without lateral node metastasis. Thirty-one patients have been registered intraoperatively. This study is currently in progress.
- 5) Bilateral sural nerve graft during radical retropubic prostatectomy (RRP) was performed to preserve urinary continence and sexual function in patients with prostate cancer. The sural nerve graft was done after neurovascular bundle resection. Eleven patients received sural nerve interposition and were followed up over one year. One of 11 men had return of spontaneous erectile activity. PSA failure was not observed in any of the patients.

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