

# **SURVEILLANCE OF TEM RESECTED LESIONS: ARE WE BEING DILIGENT ENOUGH?**

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## **GENERAL SURGERY**

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**BACKGROUND:** Transanal endoscopic microsurgery (TEM) is widely used for excision of rectal adenomas and select early rectal adenocarcinomas. Limited recommendations exist for post-operative surveillance after TEM. The purpose of this study was to determine the surveillance regimens and patterns of recurrence among patients who undergo TEM at a tertiary care hospital.

**METHODS:** A retrospective chart review was performed on all patients who underwent TEM surgery at the VG hospital before June 2017. Data was collected on patient demographics, tumour factors, procedure, follow-up and outcomes.

**RESULTS:** We identified 114 patients that underwent TEM. The final diagnosis included 78 adenomas and 36 adenocarcinomas. The most commonly recommended endoscopic surveillance strategy was flexible sigmoidoscopy every 6 months for 2 years. The majority of patients with post-operative data available met this endoscopic surveillance recommendation. The median time to endoscopic follow up was 7.3 months for adenoma patients and 8.2 months for adenocarcinoma patients. Recurrences occurred in 4 adenoma patients (5%) and all were found on either the first endoscopic follow-up visit or within one year of TEM surgery. Recurrences occurred in 4 adenocarcinoma patients (11%), and all were found between 10.7 and 38.5 months post TEM. Two of the 4 patients were salvaged with radical resection; the other two were inoperable and received palliative treatment.

**CONCLUSION:** This data highlights the fact that recurrences post TEM surgery for benign and malignant rectal lesions can occur early or late and patients need to be diligently and frequently surveilled.