

Variations in the definition and perceived importance of positive resection margins in patients with colorectal cancer: a survey study

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BACKGROUND

Microscopically positive resection margins (R1) have a well-recognized association with poorer outcomes in patients with colorectal cancer.

However, different definitions of positive margins have been proposed and it is currently unclear to what extent these definitions used in everyday clinical practice differ both within and between nations.

This study sought to investigate variations in the definition of positive margins in colorectal cancer and the importance of margin status in clinical decision making.

METHODS

A 14-point survey was developed and addressed to all members of the multidisciplinary team.

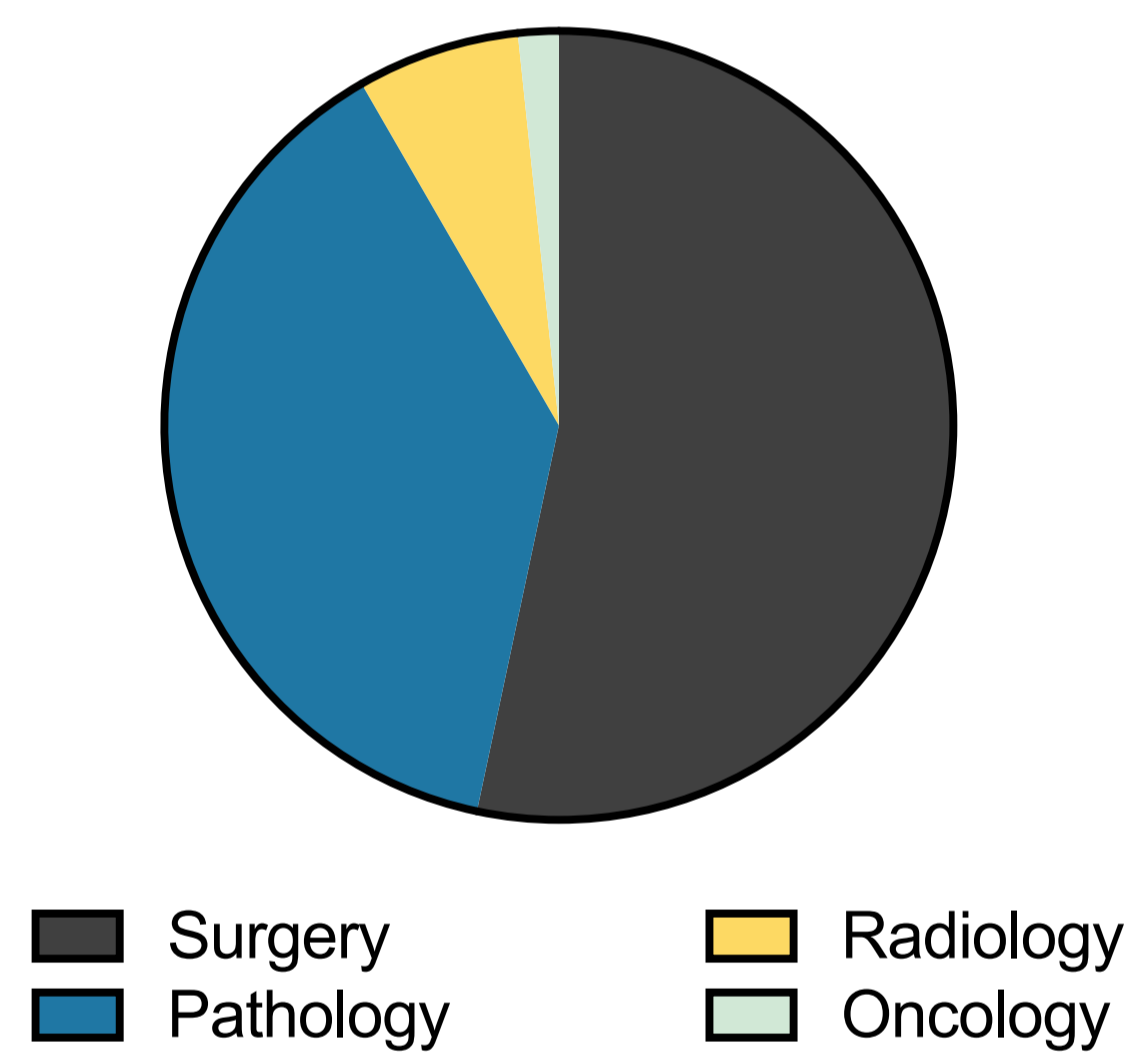
The survey was split into 3 themes:

- The respondent's specialty and grade
- Pathological definition of R1 margins at their institution
- The role of R1 margins in determining use of adjuvant therapy

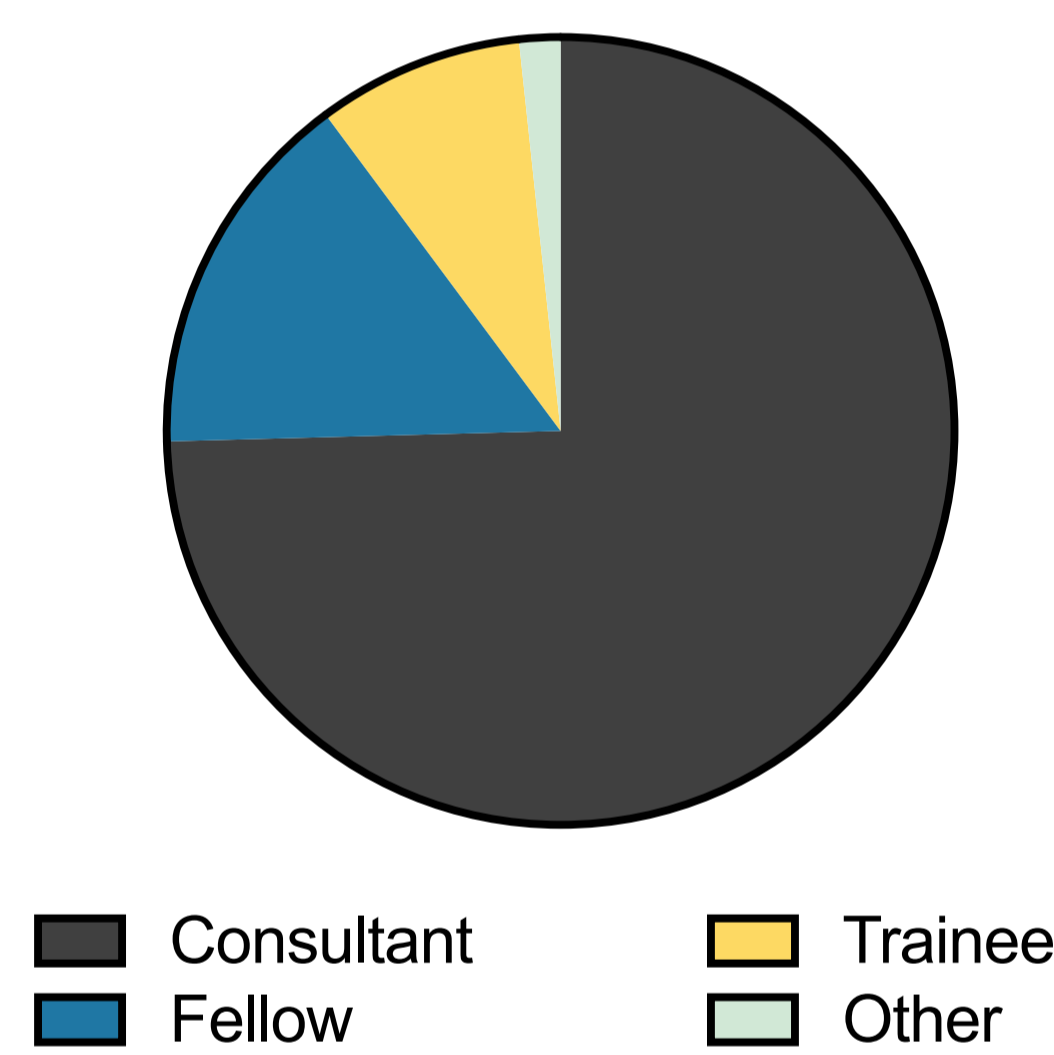
The survey was distributed on social media and in ESSO's monthly newsletter.

RESPONDENTS N = 120

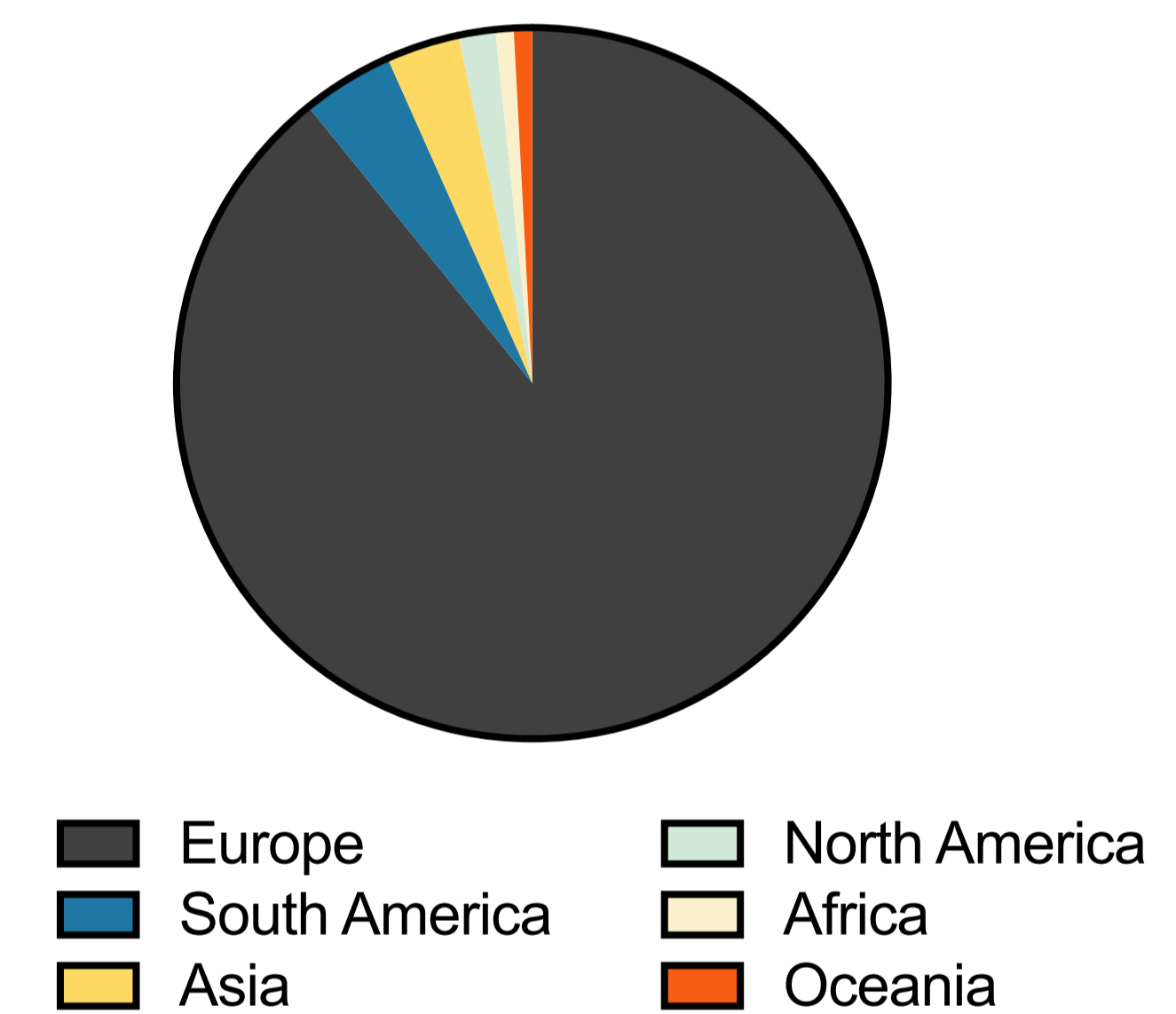
Specialty



Grade

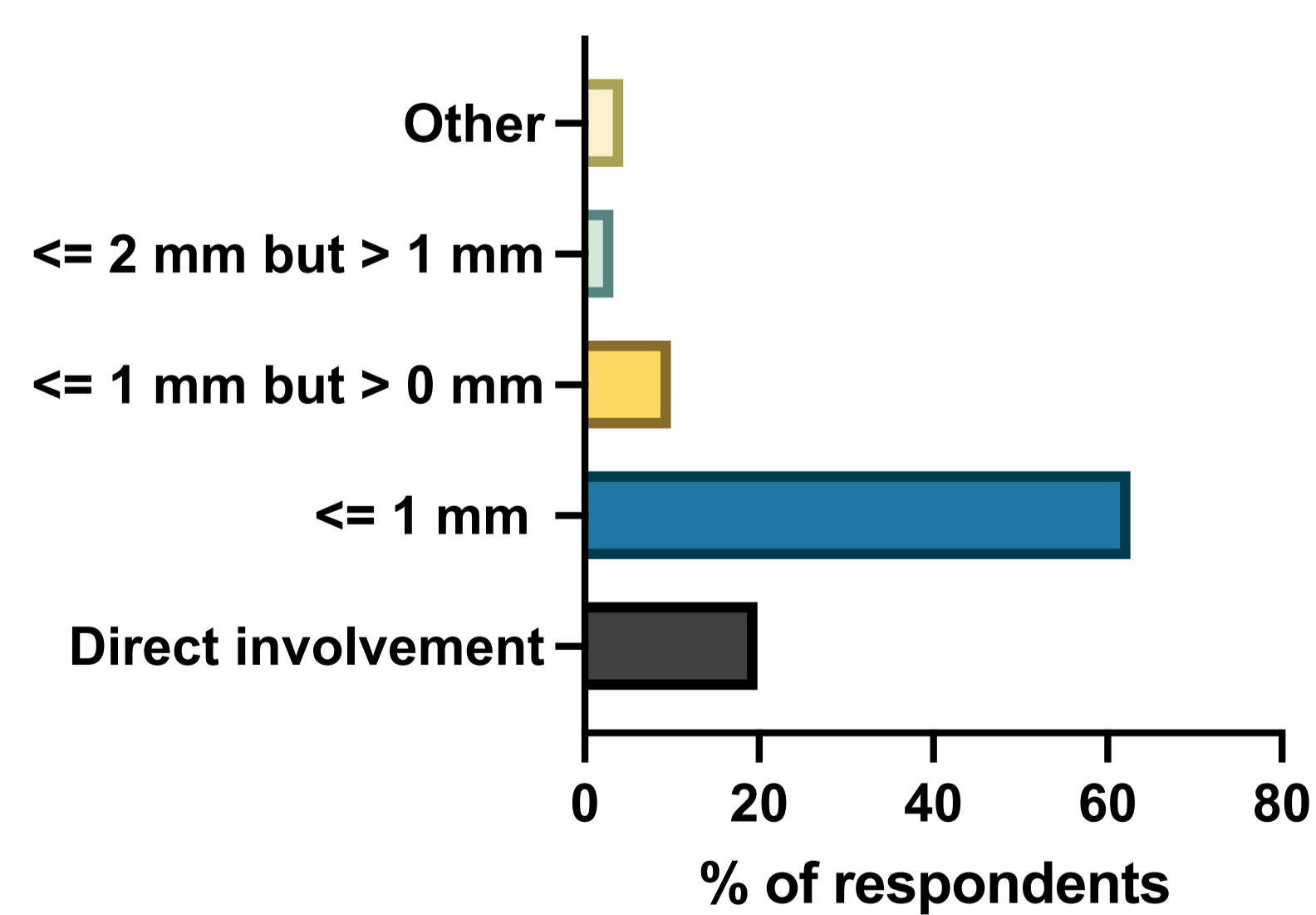


Location



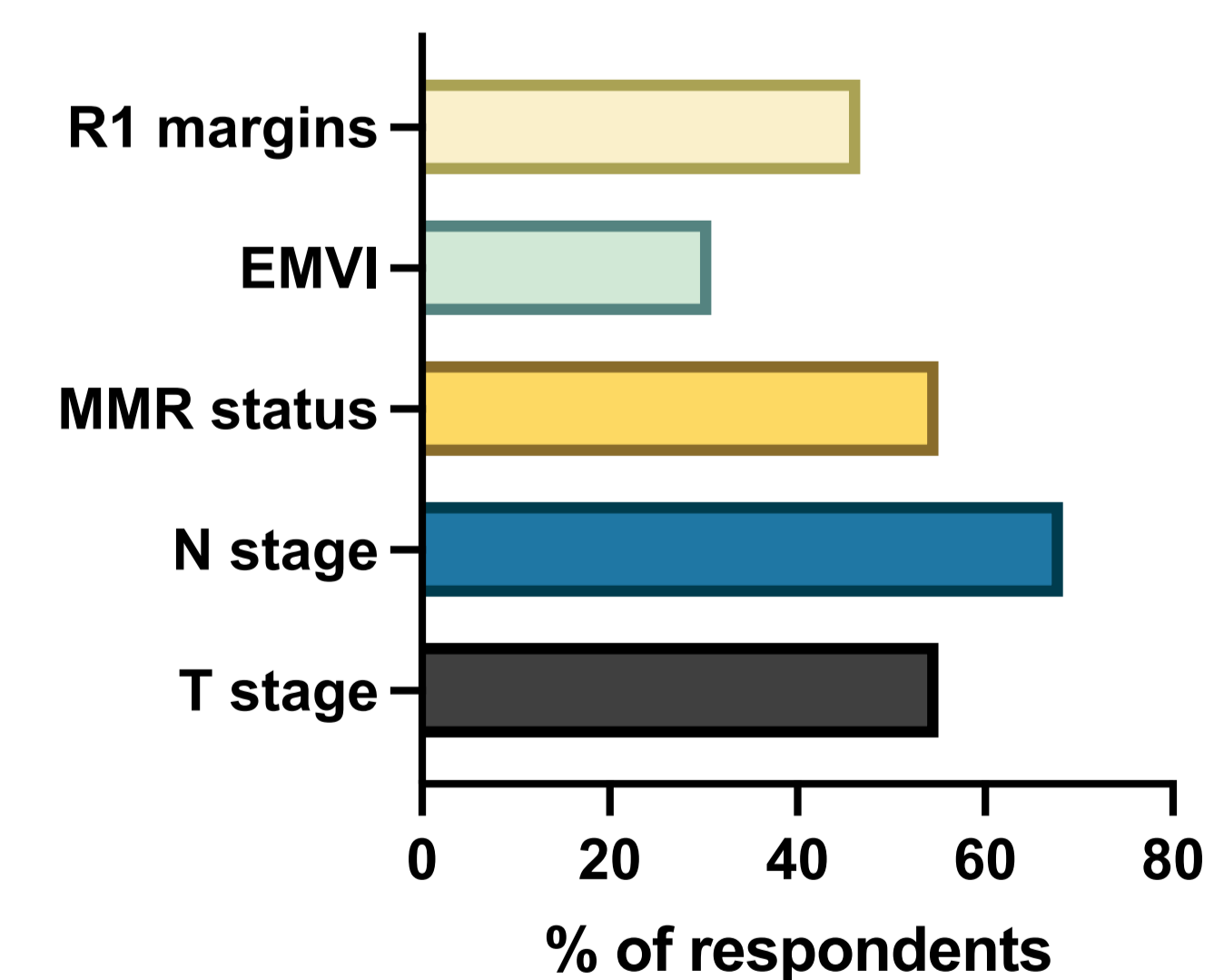
DEFINITION OF R1 MARGINS

How are microscopically positive resection margins defined at your institution?



CLINICAL IMPORTANCE OF R1 MARGINS

In patients with Stage III colorectal cancer, which pathological factors are used by your MDT to determine the type and duration of adjuvant chemotherapy?



Other notable findings

- Definitions of R1 margins varied more between surgeons than between other specialties
- MDT meetings not held in 6.8% of respondents' institutions
- Pathology reports not routinely reviewed in 23.9% of MDT meetings

CONCLUSIONS

The results of this survey suggest that significant variations in the definition and perceived clinical importance of positive margins in colorectal cancer exist. Development and acceptance of a uniform definition of positive margins is necessary and further work must be done to incorporate the presence of positive margins into decision making with regard to adjuvant chemotherapy.