Keyhole Bowel Cancer Surgery Shown Safe And Effective

Laparoscopic or keyhole surgery is a safe, effective way of removing bowel tumours and should be offered to all patients undergoing surgery for colorectal cancer, state researchers from the University of Leeds.

Patients who have laparoscopic surgery spend less time in the hospital and recover more quickly from the operation. Now long-term follow-up data has confirmed that this way of doing surgery does not make patients with colorectal cancer more vulnerable to the disease returning, as some had feared. And overall survival rates for keyhole surgery are just the same as those for conventional, open surgery, researchers concluded after tracking the progress of patients for five years.

The results are the latest from the CLASICC trial - a multicentre study funded by the Medical Research Council that involved around 400 patients with colon cancer and another 400 with rectal cancer. The trial drew on patients from 27 hospitals across the UK, and unlike other head-to-head assessments of these two surgical techniques, included a detailed analysis of all tissue samples that were removed to assess the quality of surgery.

Initial results from the study, published previously, showed that keyhole surgery was as safe as open surgery for colorectal cancer and that in the short term the cancer was no more likely to return. These findings contributed to the decision by the UK National Institute of Clinical Excellence (NICE) and European regulators to back the use of laparoscopic techniques by surgeons for the treatment of colon and bowel cancers.

However, some surgeons were concerned that the minimally invasive technique would not be as good at removing all cancer cells from tissue around the tumour and that after a few years, the cancer would simply come back. This risk was thought to be highest for patients with rectal cancer.

These latest findings show that this is not the case and that in the hands of an experienced surgeon, the chance of colorectal cancer recurring does not depend on the surgical method. Also, the overall survival rate of patients with colorectal cancer is not affected by the type of surgery they have. Full details are published in the November issue of the *British Journal of Surgery*.

"There is still a body of surgeons who are sceptical about laparoscopic colorectal cancer surgery and particularly laparoscopic rectal surgery. These long-term follow-up results should now help to convince any remaining sceptics that the minimally invasive technique is safe and effective for most patients with colorectal cancer,"

said David Jayne, Senior Lecturer in Surgery at the University of Leeds and lead author of the paper. "Patients too should be reassured that any short-term gains from minimally invasive surgery have not been at the expense of compromised long-term outcomes," he said.

"We must, however, continue to strive for surgical excellence through audit of both types of surgery and by exploration of new techniques, such as robotic surgery," said Professor Phil Quirke, Yorkshire Cancer Research Centenary Professor of Pathology at the University of Leeds, and co-author of the paper.

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