



European Society of Coloproctology (ESCP)

Annual Meeting

Vienna, September 26-28, 2012

We would be pleased to welcome you at
the Ethicon Endo-Surgery symposium:

Recent evidence for the benefits of laparoscopy in colonic and rectal resections: review of the LAFA and COLOR II trials

Time: Friday, September 28, 13:15 - 14:30

Location: Conference Room LEHAR

Speakers:

Prof. Dr. Willem A. Bemelman

University of Amsterdam, Academic Medical Center
Amsterdam, Netherlands

Prof. Dr. H. Jaap Bonjer

VU University Medical Center
Amsterdam, Netherlands

Chairman:

Mr. Michael C. Parker BSc, MS, FRCS

Fawkham Manor Hospital,
Kent, United Kingdom



**Ethicon
Endo-Surgery**
Colorectal



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Laparoscopy represents a significant advance in the surgical management of colorectal cancer. Whilst laparoscopic surgery is associated with equivalent clinical long-term outcomes compared to conventional open surgery, it has significantly improved short-term outcomes such as post-operative pain and complications, patient recovery and length of hospital stay.*

COLOR II trial

Although laparoscopic surgery in patients with rectal cancer has been proven feasible and safe, sufficient evidence demonstrating oncological safety is not yet available.

Thirty hospitals across eight countries in Europe, North America and Asia collaborated in the COLOR II trial, from 2004 until closure of accrual in 2010. More than 1100 patients with rectal cancer were randomized to either open or laparoscopic surgery.

Short-term outcomes analysis has revealed that the radicality of laparoscopic resections was not inferior to that of open surgery. Bowel function restored earlier and hospital stay was shorter after laparoscopic surgery. Morbidity and mortality rates were similar. Long term data including local recurrence rates at three years after index surgery will be available by the end of 2013.

Lafa trial

Alongside the introduction of laparoscopic surgery, the implementation of fast track care has focused on faster patient recovery.

The objective of the Lafa trial was to investigate which perioperative treatment, i.e. laparoscopic or open surgery combined with fast track (FT) or standard care, is the optimal approach for patients undergoing segmental resection for colon cancer.

In a 9-center trial, patients eligible for segmental colectomy were randomized to laparoscopic or open colectomy, and to FT or standard care, resulting in 4 treatment groups. Primary outcome was total peri-operative hospital stay (THS). Four hundred patients were required to find a minimum difference of 1 day in hospital stay. Regression analysis showed that laparoscopy was the only independent predictive factor to reduce hospital stay and morbidity. We concluded that the most optimal peri-operative treatment for patients requiring segmental colectomy for colon cancer is laparoscopic resection embedded in a FT program.

*Based on clinical literature, reviewed and summarized in BR228.2, Evidence Summary Laparoscopic Surgery for Colorectal Cancer, 2011, Ethicon Endo-Surgery (Europe) GmbH



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