Informativeness of clinical lymph node metastasis staging for patients undergoing curative intended surgery for colorectal cancer: A national multi-register study PRESENTER: Andreas Weinberger Rosen

## **INTRO:**

Lymph node involvement is a driving factor for longterm oncological outcomes for patients undergoing surgery for colorectal cancer. Multidetector computed tomography is used for clinical staging of size of lymph nodes is used as a surrogate of lymph node involvement in clinical staging. Increased lymph nodes sized is also associated with better survival, possible being a proxy for a strong antitumoral immune response.

### **METHODS**

Four national register were used to identify all patients undergoing curative intended, surgery for colorectal cancer in an elective setting, with available clinical and pathological lymph node staging and assessment of mismatch repair proteins. Patients were divided by clinical N catogory into NO or N1+ and compared to each other by the pathological N category. Numbers of covariates with a standarized difference of mean  $\geq 0.1$  were recorded. Recurrence, surival and recurrence free-survival were investigated with incidence rates at 3 years and with Cox proportinal Hazards and Kaplan Meier for 5 years.

### **RESULTS**

Outcome	HR (95%CI)	p-value					
cN1pN0 vs cN0pN0							
Overall survival	1.07 (0.794-1.43)	0.65					
Recurrence free		0.005					
survival	1.25 (1.027-1.516)	0.025					
Recurrence	1.37 (1.077-1735)	0.01					
cN0pN1 vs cN1pN1							
Overall survival	0.668 (0.522-0.848)	0.0011					
Recurrence free	/						
survival	0.69 (0.581-0.816)	0.00002					
Recurrence	0.676 (0.556-0.82)	0.00008					
Hazard ratios of the various outcomes							
	cN1pN0 vs cN0pN0	cN0pN1 vs cN1pN1					
Demographics	0/2	0/2					
Condition occurrence	26/513	20/513					
Procedure occurrence	21/576	21/576					
Measurement occurrence	11/276	10/276					
Observation occurrence	7/222	1/222					
Drug exposure	0/667	0/667					

Number of covariates with a standardized difference  $\geq |0.1|$ 

Number at risk cN1pN0 cN0pN0 2,708

**Divergence between clinical and** pathological N category is associated with long-term oncological outcomes – but not in the way we would suspect



3-year incidence rates of the various outcomes for patients with pN0 disease, stratified by MMR status.

	Persons	Deaths	Proportion per 1k persons	Time at risk (years)	Rate per 1k years
ically ect ed N0 ase	2896	103	35.57	6284	16.39
MMR	414	21	50.72	839	25.03
MMR	2394	77	32.16	5242	14.69
ically staged lisease	1516	50	32.98	3215	15.55
MMR	338	17	50.30	680	25.00
MMR	1129	32	28.34	2438	13.13
ically ect ed N1+ ase	1440	178	123.61	2972	59.89
MMR	200	21	105.00	394	53.30
MMR	1196	153	127.93	2499	61.22
ically staged ase	1051	83	78.97	2140	38.79
MMR	101	12	118.81	203	59.11
MMR	927	70	75.51	1893	36.98

	Persons	Deaths	Proportion per 1k persons	Time at risk (vears)	Rate per 1k years
ically ect ed N0 ase	2896	103	35.57	6284	16.39
MMR	414	21	50.72	839	25.03
MMR	2394	77	32.16	5242	14.69
ically staged lisease	1516	50	32.98	3215	15.55
MMR	338	17	50.30	680	25.00
MMR	1129	32	28.34	2438	13.13
ically ect ed N1+ ase	1440	178	123.61	2972	59.89
MMR	200	21	105.00	394	53.30
MMR	1196	153	127.93	2499	61.22
ically staged ase	1051	83	78.97	2140	38.79
MMR	101	12	118.81	203	59.11
MMR	927	70	75.51	1893	36.98
• • •		C . I .			

3-year incidence rates of the various outcomes for patients with pN1 disease, stratified by MMR status

# Andreas Weinberger Rosen, Ilze Ose, Andi Tsouchnika, Ismail Gögenur

