



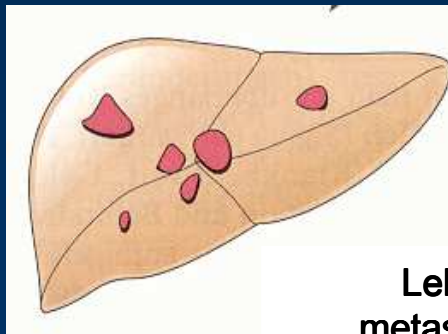
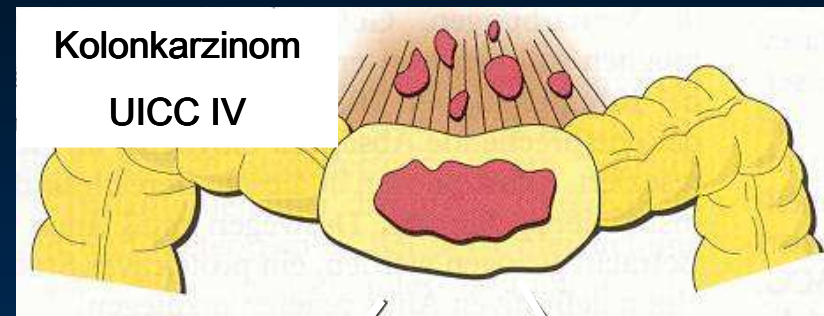
UniversitätsKlinikum Heidelberg

**SYNCHRONOUS**

# Chirurgische Therapie

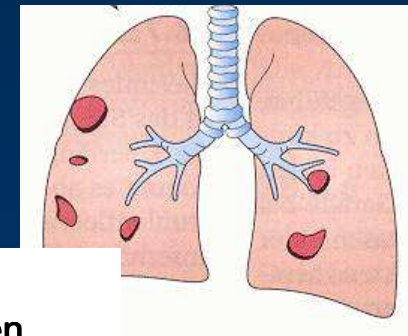
Prof. Dr. Moritz Koch  
Chirurgische Universitätsklinik Heidelberg

# Studienkollektiv



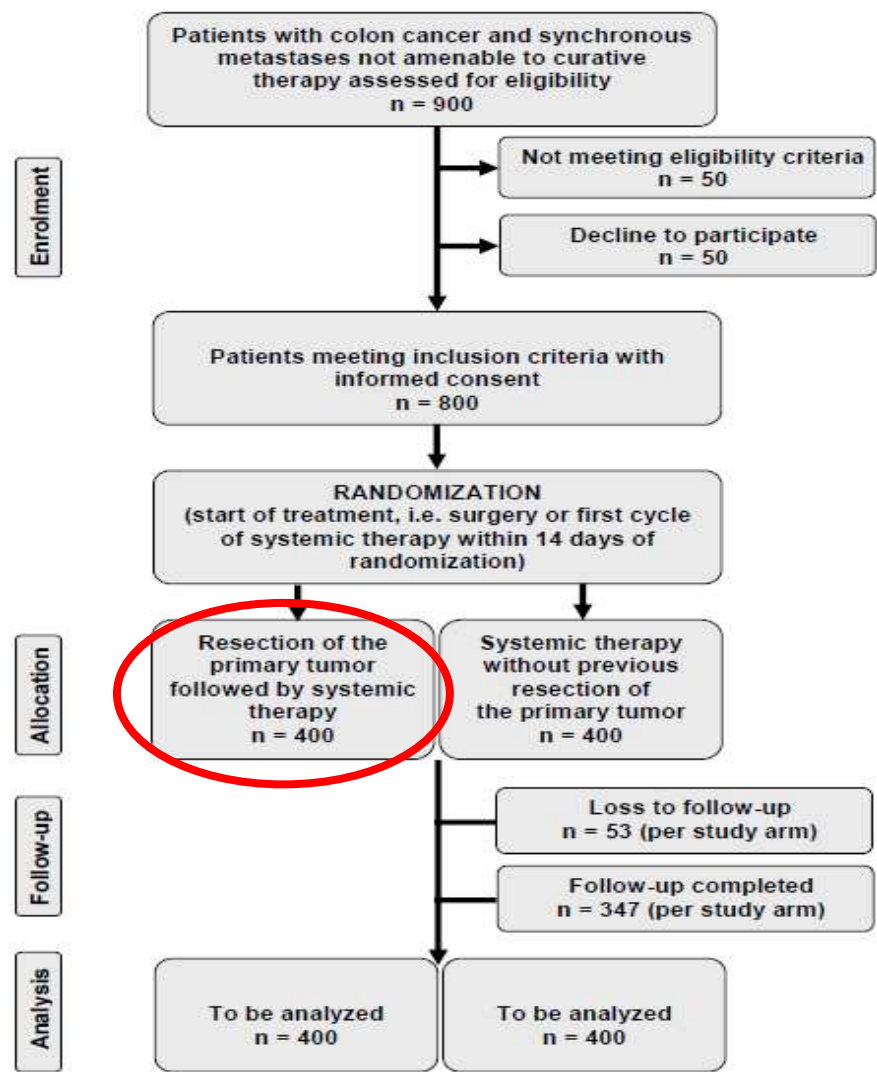
Leber-  
metastasen

- synchron
- nicht resektabel

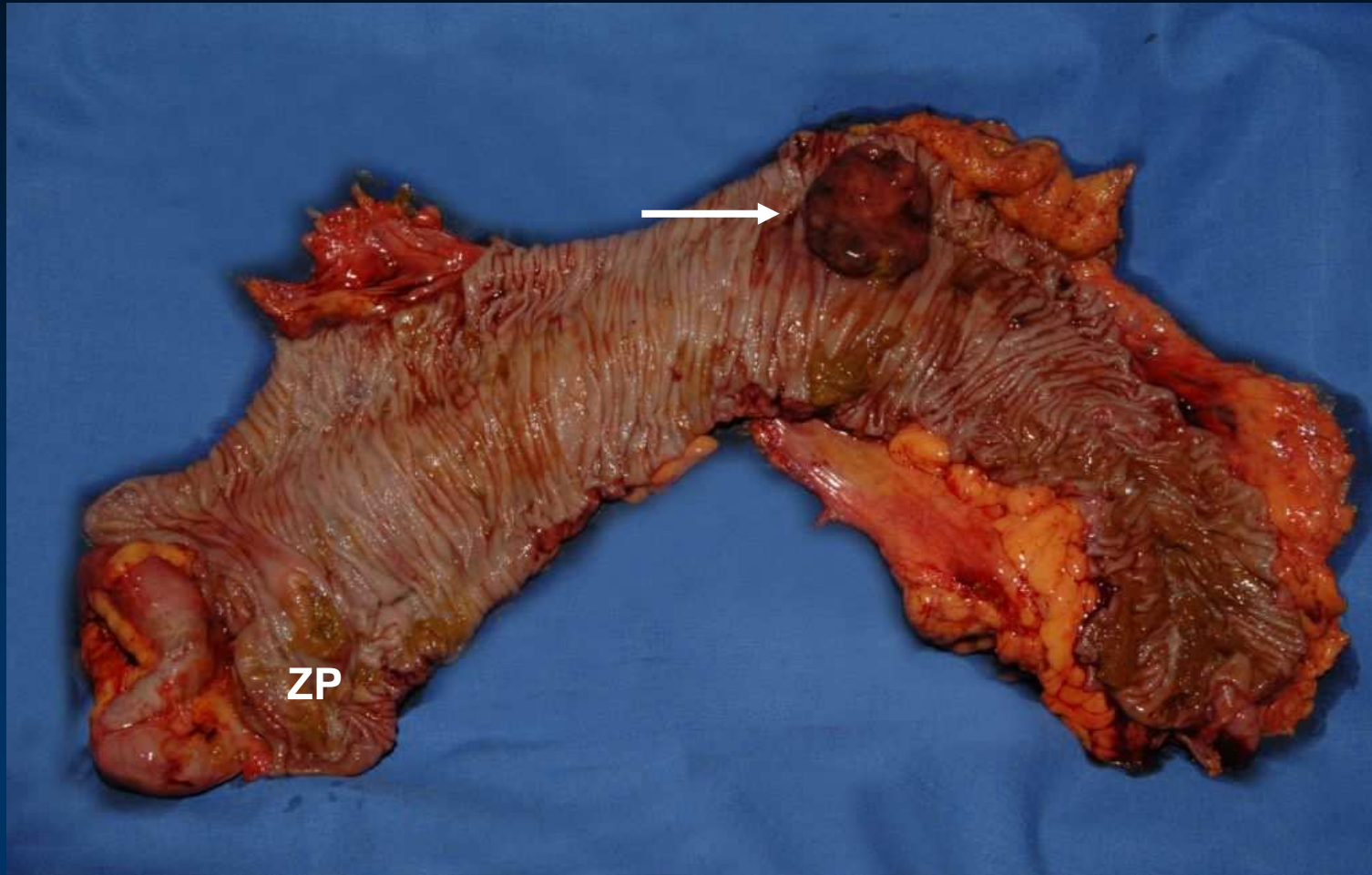


Lungen-  
metastasen

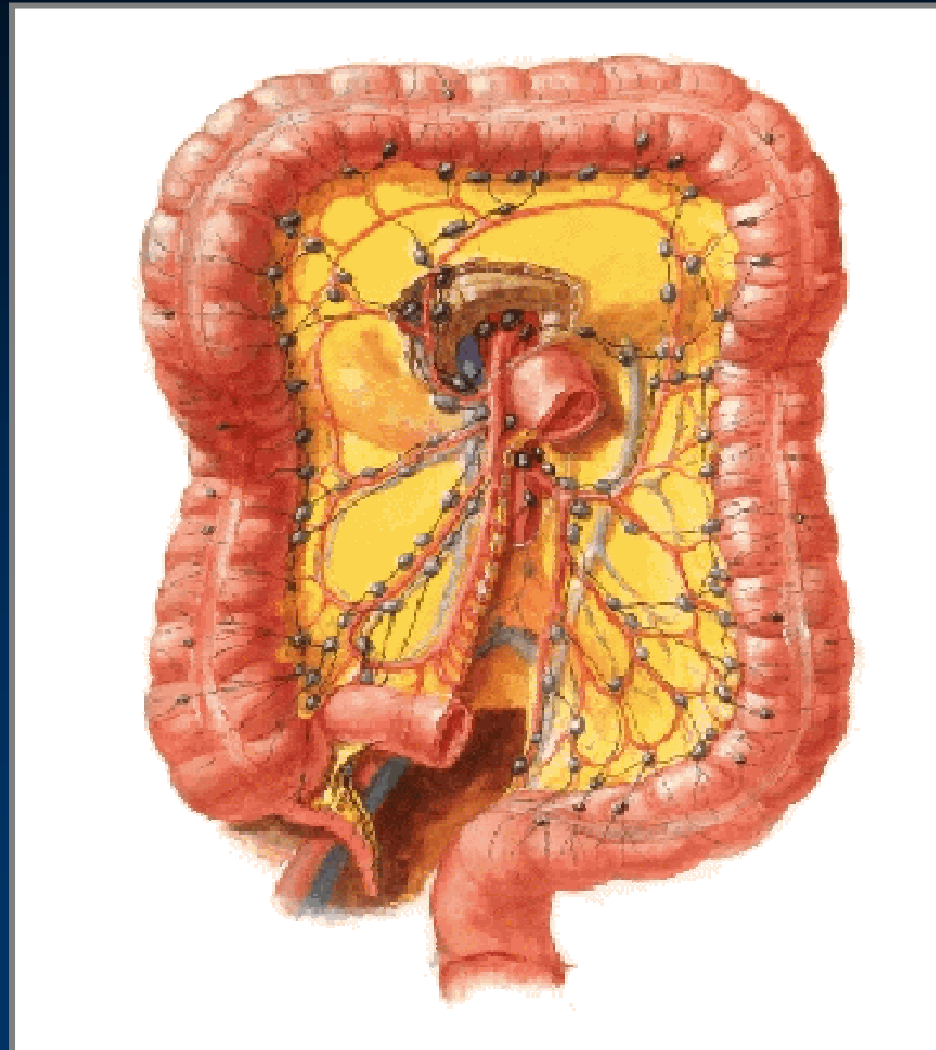
# Studienablauf



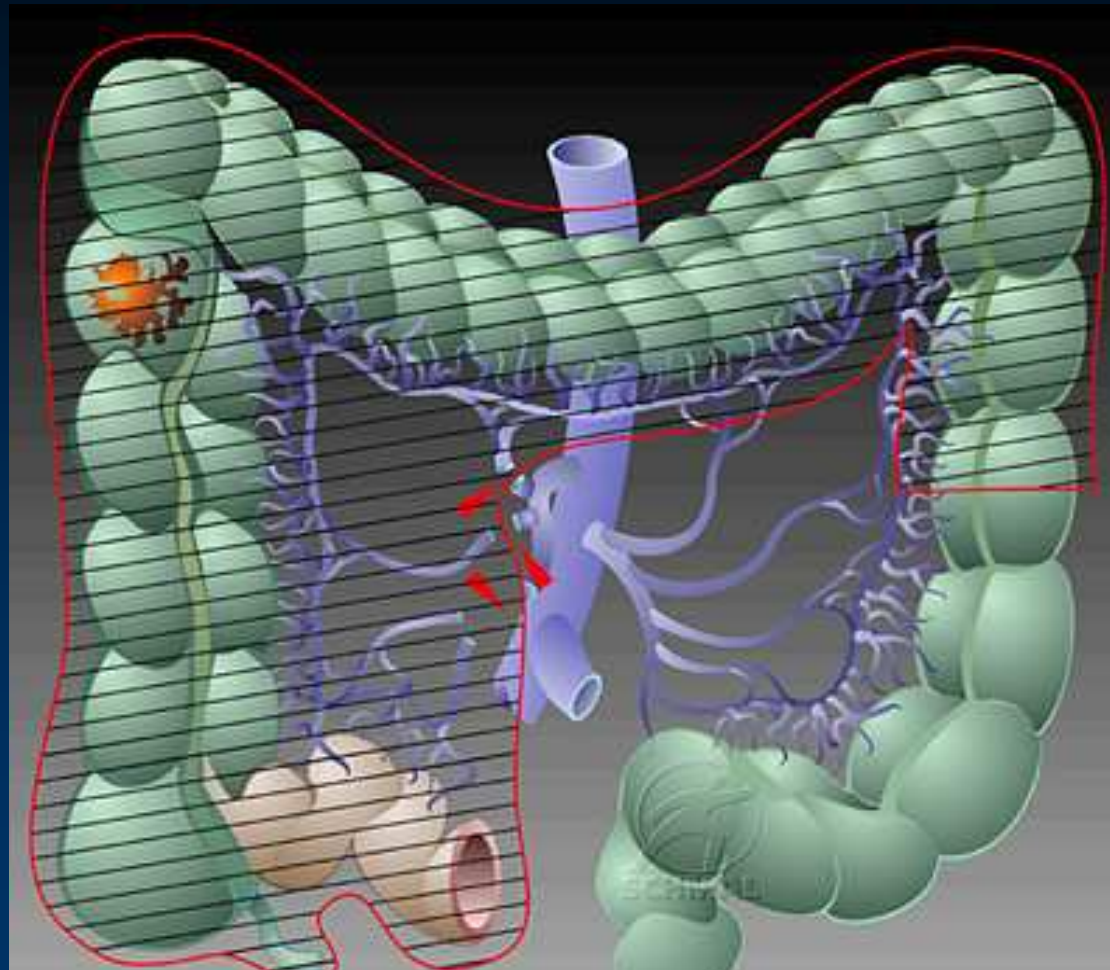
# Kolonkarzinom



# Lymphabfluss

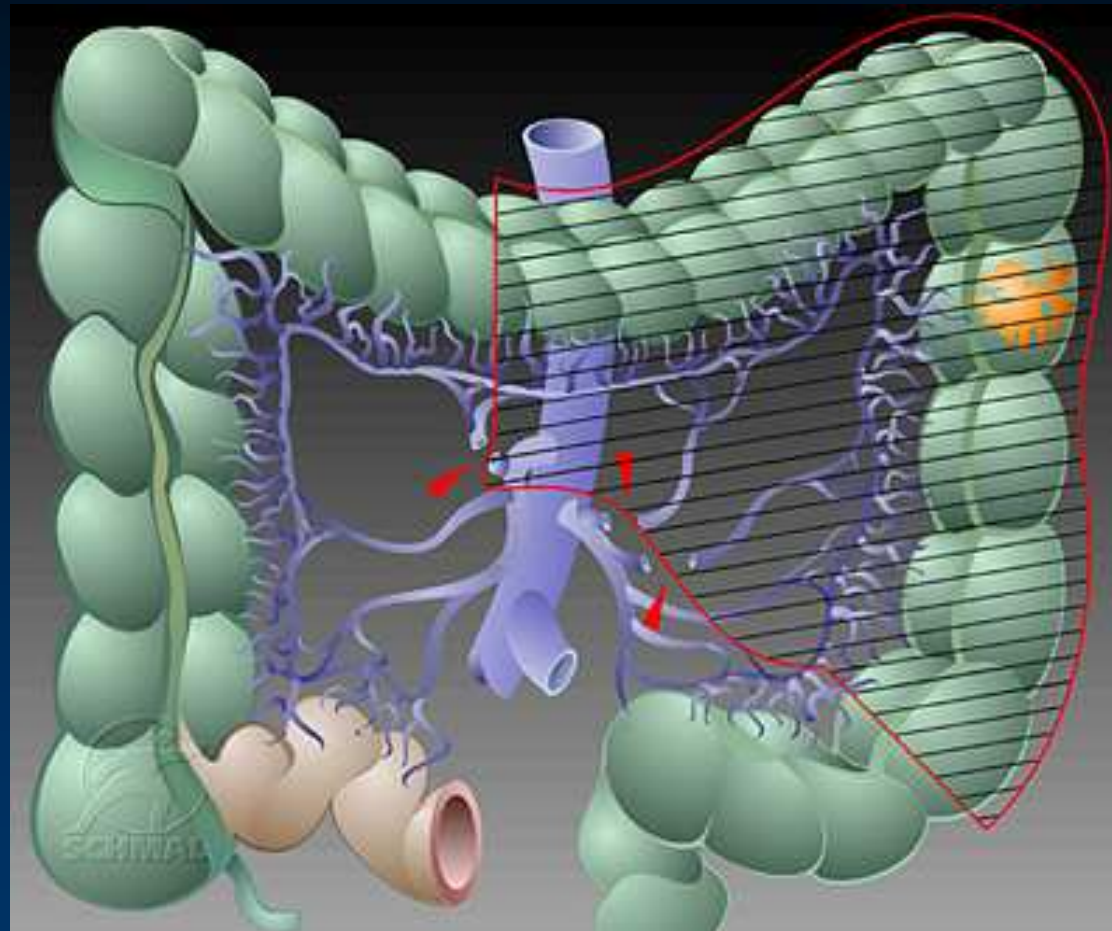


# Chirurgische Therapie



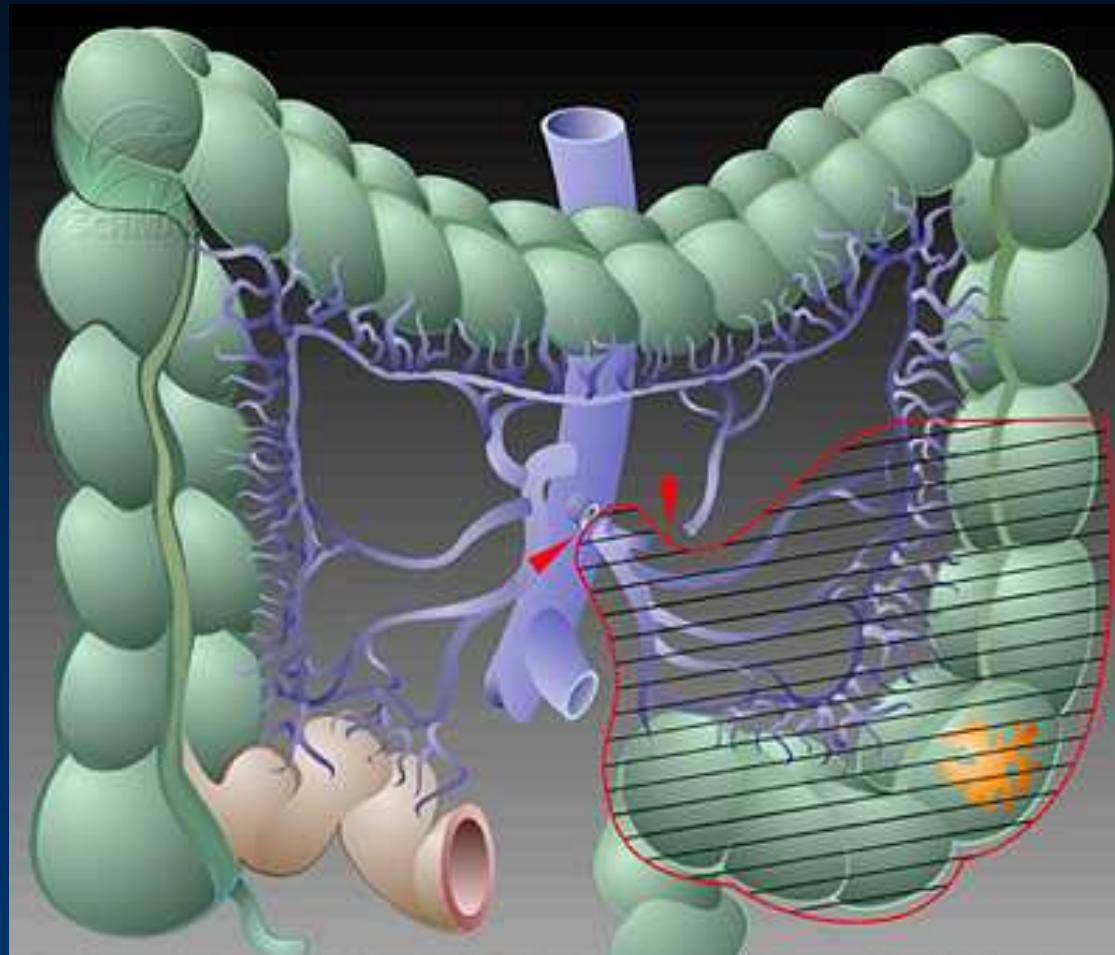
Erweiterte Hemikolektomie rechts

# Chirurgische Therapie



Erweiterte Hemikolektomie links

# Chirurgische Therapie



Sigmaresektion

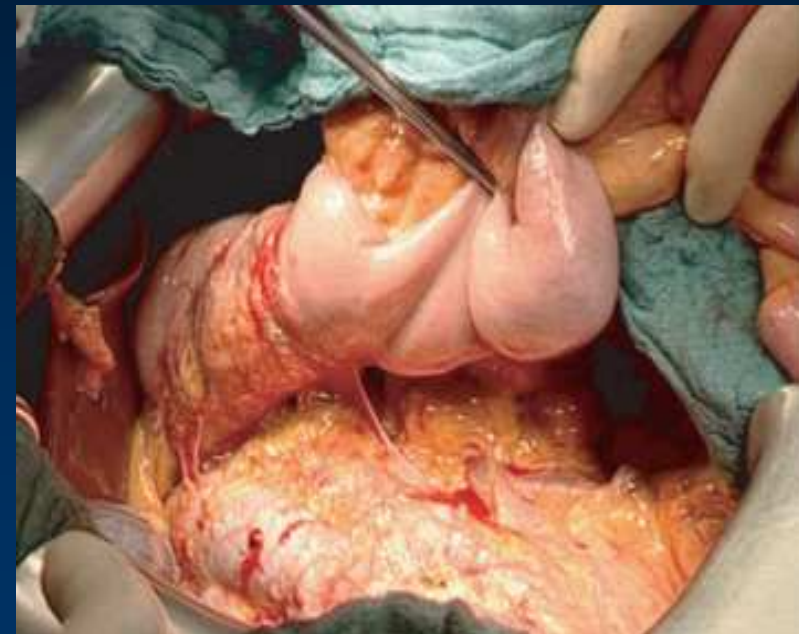
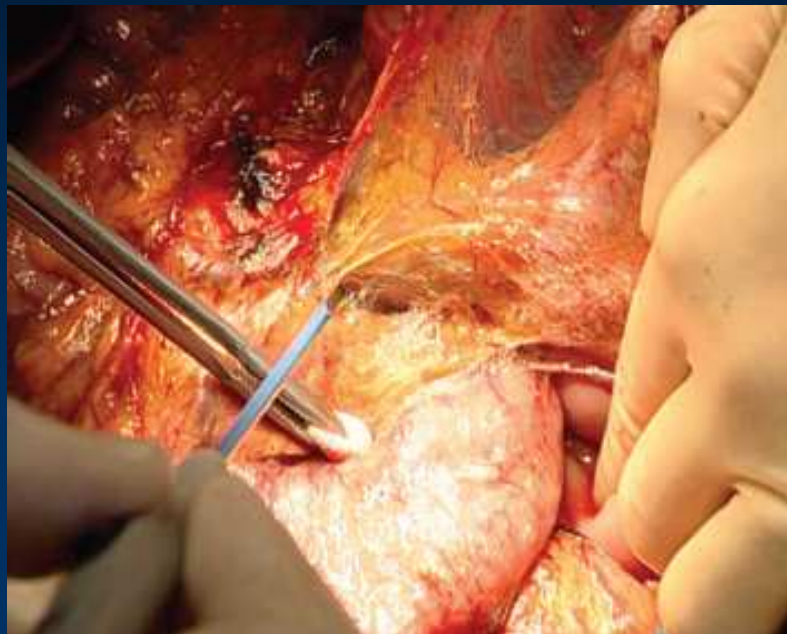


# Chirurgische Therapie



## Konzept der CME (complete mesocolic excision)

Bsp.: Hemikolektomie rechts

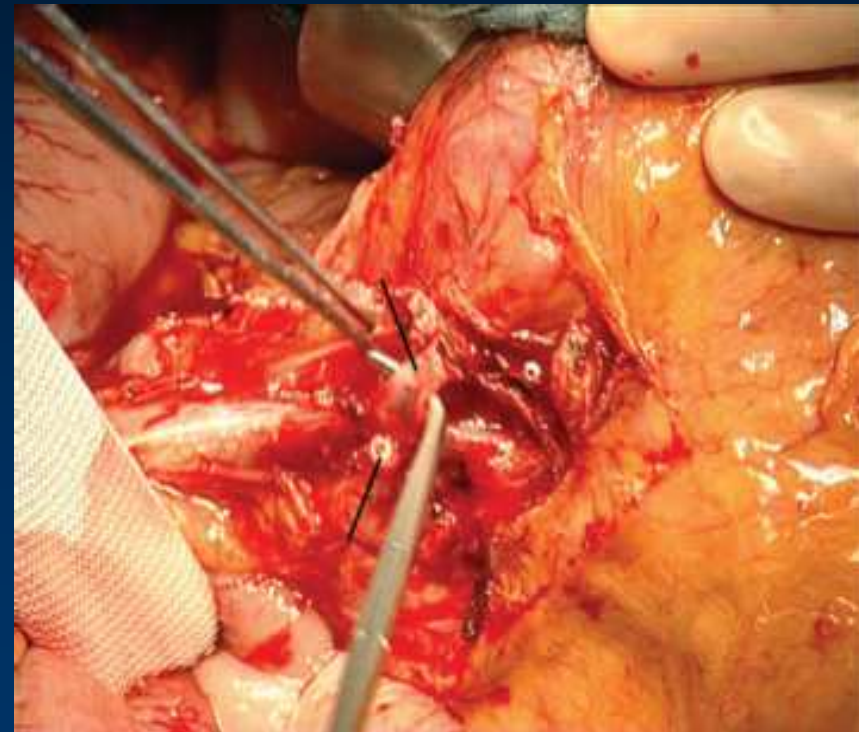
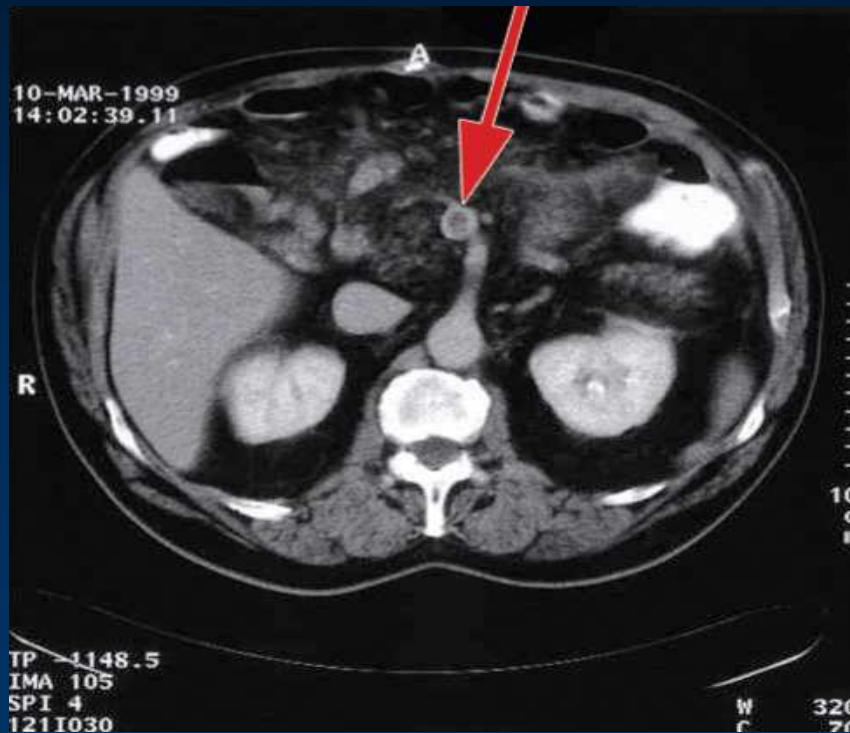


# Chirurgische Therapie



## Konzept der CME (complete mesocolic excision)

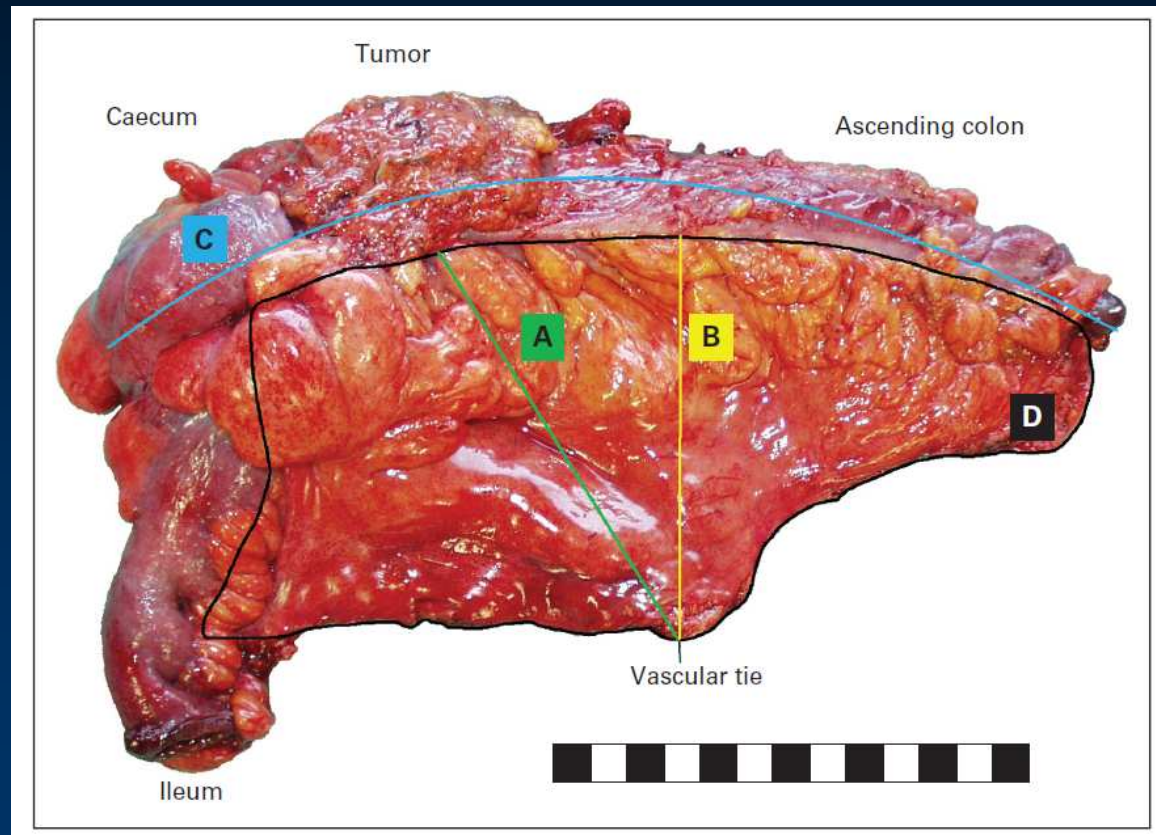
Bsp.: Hemikolektomie rechts



# Chirurgische Therapie



## Präparat nach CME



# Chirurgische Therapie



## CME versus Standard-Chirurgie

**Table 2.** Lymph Node Retrieval Data for Patients From Erlangen and Leeds

Parameter	Erlangen	Leeds	P
Median No. of lymph nodes retrieved	30	18	< .0001
IQR	23-39	12-24	
Positive nodes retrieved			
All patients			
Median	0	1	.241
IQR	0-2	0-3	
N1/2 patients			
Median	4	3	.923
IQR	1-6	1-6	
Negative nodes retrieved			
All patients			
Median	28	16	< .0001
IQR	21-38	10-22	
N1/2 patients			
Median	26	12	< .0001
IQR	18-33	5-17	
Lymph node ratio			
All patients			
Median	0	3	.110
IQR	0-6	0-29	
N1/2 patients			
Median	10	27	.019
IQR	4-24	8-53	

NOTE. Positive nodes are those containing histologic evidence of metastatic carcinoma. Negative nodes show no evidence of metastatic spread. Lymph node ratio is the percentage of lymph nodes retrieved that contain metastatic carcinoma. Abbreviation: IQR, interquartile range.



# Laparoskopische Resektion

Long-term results of laparoscopic colorectal cancer resection  
(Review)

Kuhry E, Schwenk W, Gaupset R, Romild U, Bonjer HJ

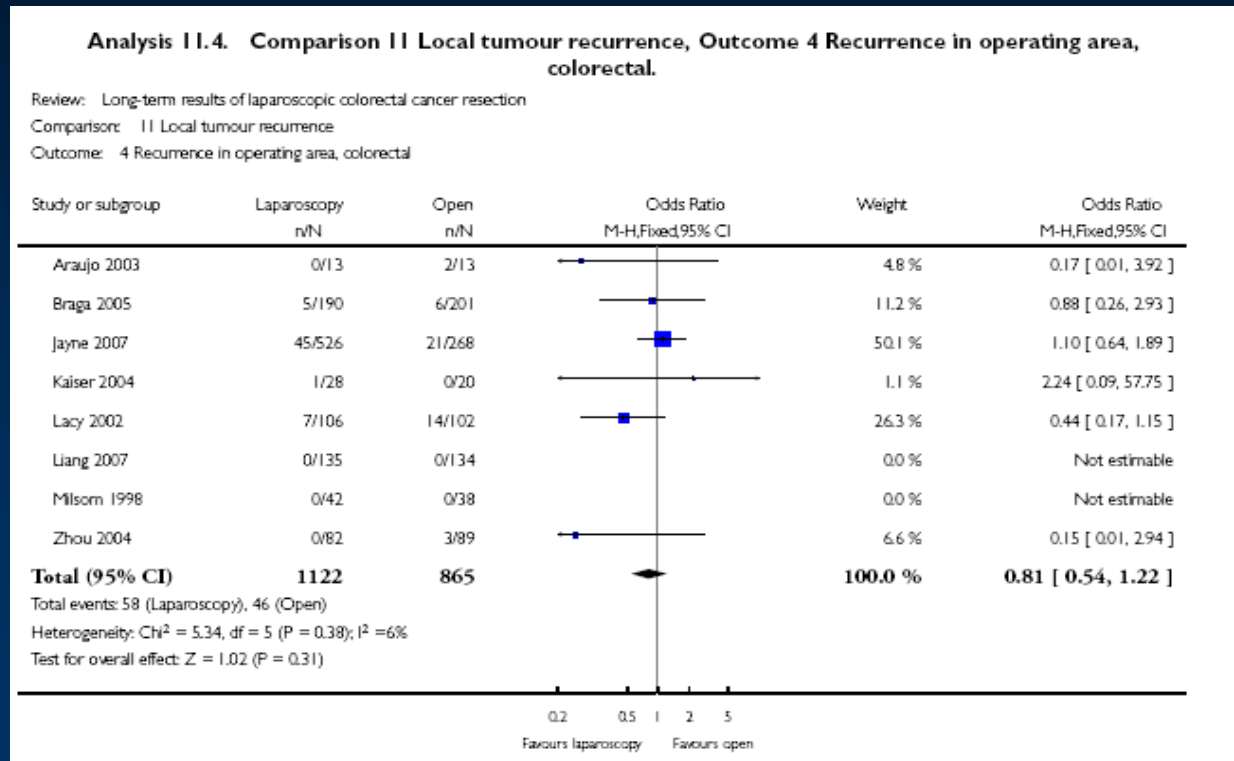


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COLLABORATION®**

**3346 Patienten, 12 RCTs**

# Laparoskopische Resektion

## Lokalrezidivrate

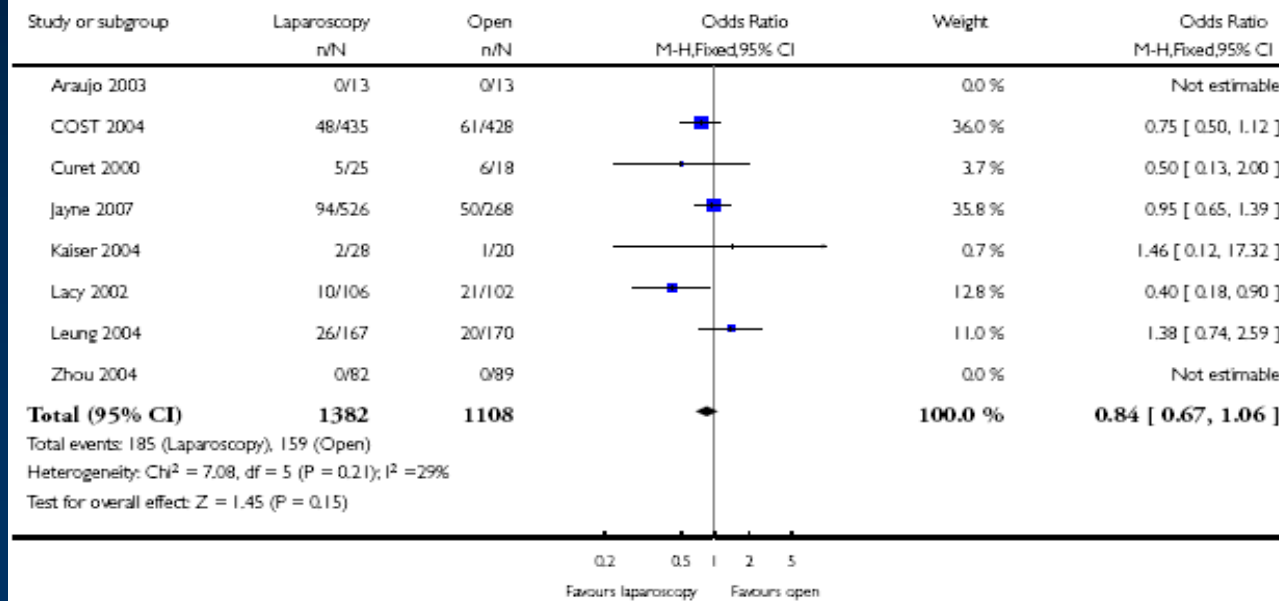


# Laparoskopische Resektion

## Krebsassoziiertes Überleben

### Analysis 13.1. Comparison 13 Mortality, cancer related, Outcome 1 Cancer-related mortality at maximum follow-up, colorectal.

Review: Long-term results of laparoscopic colorectal cancer resection  
 Comparison: 13 Mortality, cancer related  
 Outcome: 1 Cancer-related mortality at maximum follow-up, colorectal





# Synchronous-Studie

## Chirurgisches Vorgehen

- OP 14 Tage nach Randomisation
- Onkologische Resektion wenn möglich
- R0 lokal wenn möglich
- Offene und laparoskopische Technik möglich
- Anastomose und/oder Stoma möglich