Complete Mesocolic Excision
What is the Evidence

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CME

• What is the rationale?

• What is it?

• WHAT IS THE EVIDENCE FOR ITS’ IMPLEMENTATION?
Hypothesis

TME

• Improvement in local recurrence and overall survival in patients with rectal cancer.

• Despite this local recurrence dependent on CRM even if performed by TME.

• Dependent on preoperative planning as well as technique of surgery.
Method of CME as a Concept

• If TME has improved rates of recurrence and overall survival:
• Can’t the same be done for colonic disease?
• The Japanese have been doing similar surgery since the late 1980s

JSCCCR Guidelines for the Resection: CRC

*Includes local rectal resection for rectal cancer.*
Major European Protagonists

W. Hohenberger, K. Weber, K. Matzel, T. Papadopoulos, S. Merkel,

Standardized surgery for colonic cancer: complete mesocolic excision and central ligation – technical notes and outcome.

Colorectal Dis 11: 354–364, 2009
Histo Evidence in Favor of CME

- Better yield of lymph nodes and margins of resection achieved.
- Particularly in the peri-colonic group of nodes.
Comparison of Surgery in Leeds/Erlingen

- Length of colon
- Distance from colon to pedicle along vessel
- Distance direct
- Surface area of mesentry
- Plain of dessection

![Diagram of surgical dissection](image)
Histological Superiority: German Dessection
Embryo-logical Folding Of The Gut
Figure 2
How is a Complete Mesocolic Excision Done

The bowel is excised 10 cms away from the main feeding vessel and 22 cms toward the main feeding vessel.

The artery is ligated at the take of from the feeding arteries base.
Delphi Method: Expert Opinion

• The rationale behind complete mesocolic excision (CME) and a central vascular ligation for colon cancer in open and laparoscopic surgery: Proceedings of a consensus conference.


Problem Areas

• **Transverse Colon**: Embryological connectivity of transverse colon and the mesenteries of the foregut

• **Recto-sigmoid**: Drainage of lymphatics into the ileac tributaries
What is the Evidence

- Populational studies
- As Heald did, Hohenberger has turned to the Scandinavians for proof of confidence
- Accuracy of data capture
- Large samples
- Multicentered
- Best Predictive Power
Swedish Study

• Multicentered
• Variable: Before and after training in CME
• +/- Non-Variable: Surgeons doing the surgery.

• Inclusion: only R sided disease

• Standardized technique in CME group
After an Educational Project in Stockholm
Danish Study

- Retrospective study.
- Comparison of an accredited “CME” center.
- Against 3 non-accredited centers.

- Stage IV disease and R2 resections excluded.

- Between June 1 2008 and Dec 31 2011,
Retrospective Danish Study
What is the Evidence?

• Still dependent on enthusiasts driving the process

• Mounting reasonable evidence in favor of the technique.

• So?
A South African Perspective

• Probably will be practice changing for the surgeon.

• Will it impact on our outcomes?

• Delays in presentation, delays in investigations, poor transport...

BARRIERS TO CARE!