



## AB050. Transverse versus extended colectomy for transverse colon cancer: a systematic review and meta-analysis

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**Background:** Optimal surgical approach in transverse colon cancer is still not as standardized as right or left colon cancer. Concerns exist regarding short term operative outcomes such as leak from colonic anastomosis and long term oncological outcomes. Our aim was to review current literature and compare different surgical techniques in terms of oncological outcomes, postoperative complications and survival rates.

**Methods:** A comprehensive literature search of PubMed and EMBASE databases was performed. Meta-analysis was conducted according to *preferred reporting items* for systematic reviews and meta-analyses (PRISMA) guidelines.

All studies comparing transverse colectomy with extended colectomy for transverse colon cancer were included. Each study was reviewed and data extracted. Random-effects methods were used to combine data.

**Results:** Four studies including comparative data on 534 patients were included. Groups were similar regarding demographics and tumour characteristics. There were no significant differences in short term post-operative outcomes such as wound infection (OR 1.41, 95% CI: 0.59–3.31, P=0.44), ileus (OR 0.78, 95% CI: 0.43–1.41, P=0.41) and anastomotic leak (OR 0.98, 95% CI: 0.29–3.24, P=0.97). Over a median follow up period of 56 months, no differences in recurrence rates were seen between those undergoing transverse or extended hemi colectomy for transverse colon tumours (OR 1.08, 95% CI: 0.59–1.96, P=0.79).

**Conclusions:** Transverse colectomy is a safe and feasible approach in transverse colon cancer with comparable short-term and long-term outcomes to more extensive colectomies.

**Keywords:** Transverse colectomy; transverse colon; right hemicolectomy; colon cancer

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