Table C-10. Reported data: CT versus ERUS for preoperative primary rectal staging changes in management

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| **Study** | **Type of Cancer, Number of Patients** | **Design** | **Results** | **Conclusions** |
| Wickramasinghe and Samarasekera et al. 2012126 | Primary rectal, 24 | All patients underwent ERUS and CT, and a treatment plan was created based on each assessment | Out of the 24 patients, 13 had a different stage assigned by the two different modalities. Of these, the treatment plan based on CT was changed in 6 patients after adding the ERUS information. The T stage was changed in 9 patients, and of these 5 had a change in management; the N stage changed in 5 patients, and of these only 1 had a change in management. | ERUS and CT have only a fair to moderate agreement for staging and deciding treatment. However, ERUS has a significant influence when deciding treatment protocols.  |
| Harewood et al. 2002127 | Primary rectal, 80 | 5 surgeons made treatment decisions on the basis of clinical data plus CT staging data; then they were given ERUS data, and changes in management were recorded | In 25 of 80 of patients (31%), adding the ERUS information prompted the surgeon to change the based-on-CT only treatment plan. In all cases of a change, the change was from proceeding directly to surgery to undergoing neoadjuvant therapy first instead.The study did not measure whether the change in management resulted in better patient outcomes. | Preoperative staging with CT plus ERUS resulted in more frequent use of preoperative neoadjuvant therapy than staging with CT alone. |

CT=Computed tomography; ERUS=endorectal ultrasound; N=nodal stage; T=tumor stage.