Table C-12. Reported data: CT versus ERUS for preoperative interim rectal restaging

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| --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Type of Cancer,  Number of Patients** | **Reference Standard** | **Reported T Stage Data** | **Reported N Stage Data** | **Reported M Stage** | **Which one was chosen as better by the study authors?** |
| Huh et al. 2008164 | Locally advanced rectal cancer, post radiochemotherapy, 83; 60 had ERUS and 80 had CT | Histopathology | For predicting the depth of invasion, CT overstaged 28 and understaged 15, for a total accuracy of 46.3% vs. ERUS that overstaged 22 and understaged 15 for a total accuracy of 38.3%. | For prediction of nodal involvement, CT had a sensitivity of 56.0% and a specificity of 74.5% vs. ERUS that had a sensitivity of 50.0% and a specificity of 81.1% | Not reported | Neither was selected as a good modality for restaging rectal cancer after neoadjuvant treatment |

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