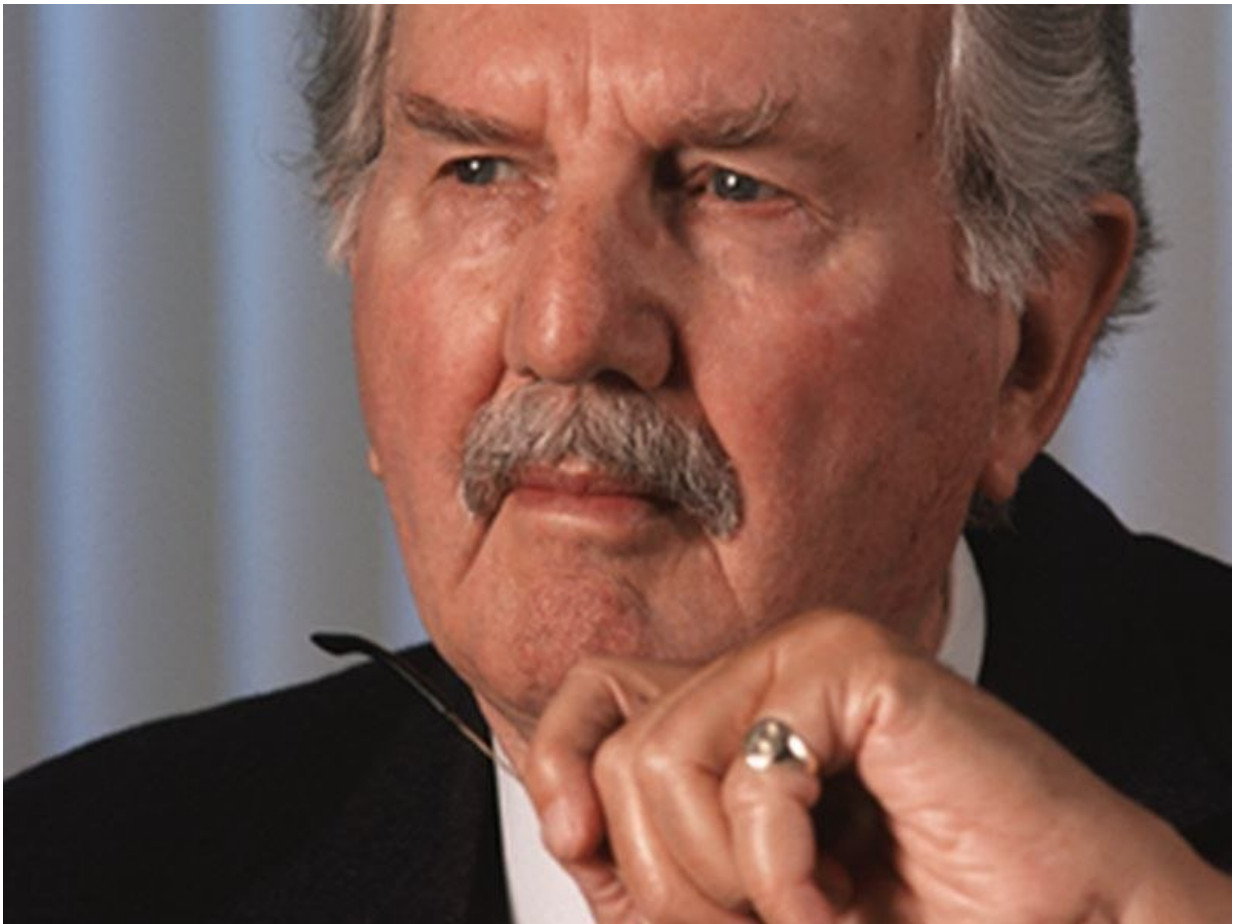


# Ultrasound for rectal cancer staging tied to more chemoradiation

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(HealthDay)—Use of endoscopic ultrasound (EUS) for rectal cancer

(RC) staging is associated with higher use of neoadjuvant chemoradiation but no significant improvement in overall survival, according to a study published Jan. 26 in the *Journal of Gastroenterology and Hepatology*.

Philip N. Okafor, M.D., M.P.H., from Stanford University in California, and colleagues used the Surveillance, Epidemiology, and End Results-Medicare database to identify 3,408 patients with nonmetastatic RC between 2005 and 2007. Outcomes were compared between patients who received EUS and computed tomography of the abdomen and pelvis (CTAP) to those staged with CTAP alone.

The researchers found that compared to patients staged with CTAP alone, those who received EUS and CTAP were younger, were more likely male, and had a lower Charlson comorbidity index. Higher socioeconomic status (odds ratio [OR], 1.87), care by a gastroenterologist (OR, 1.713), and care in a teaching hospital (OR, 1.68) predicted EUS. Patients staged with EUS received more neoadjuvant chemoradiation. There was a trend toward longer survival among EUS-staged patients versus those staged with CTAP alone (60 versus 57 months), but this was not statistically significant.

"EUS in RC staging is associated with higher utilization of [neoadjuvant chemoradiation](#) without a [significant difference](#) in overall survival," conclude the authors.

**More information:** [Abstract](#)  
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