

**National Institute for Health and Care Excellence**  
**IP1184/2 Transanal total mesorectal excision for rectal cancer**

**IPAC date: 14 October 2021**

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 The Association of Coloproctology of Great Britain & Ireland	General	<p>IP1184 - Transanal total mesorectal excision for rectal cancer – NICE Consultation</p> <p>Comment from the Association of Coloproctology of Great Britain &amp; Ireland.  <span style="background-color: black; color: black;">[REDACTED]</span> (on behalf of the Executive of the ACPGBI)</p> <p>We write in response to the request from NICE for comment on the safety and efficacy of IP1184 Transanal total mesorectal excision for rectal cancer (TATME). The ACPGBI has provided leadership in the Training and Utilisation of TATME in the UK. In line with the previous NICE IPG514 Guidance on TATME, the ACPGBI issued guidance to its members (1). Subsequently, the ACPGBI set up a Pilot Training Initiative for TATME which provided a training programme based on defined criteria for both involved institutions and surgeons. It has been mandated that all cases have been recorded in the UK Transanal TME Registry.</p> <p>The short term outcome of this UK cohort has demonstrated safe initial outcomes with an R1 resection rate of 4% and a significant complication rate of 13% (2) which are comparable to outcomes from other reported series of TATME(3) and with resection of low rectal cancer by alternative modalities. Long term outcome data from the UK cohort is currently awaited. Initial published international series have</p>	<p>Thank you for your comment.</p> <p>A reference to the cited publication (8) has been added to the committee comments in the draft guidance.</p> <p>References 2, 4 and 7 are included in the key evidence table in the overview.</p> <p>References 3, 5 and 6 are included in the appendix of the overview.</p> <p>Reference 8 is cited in the overview under 'Issues for consideration by IPAC' and the full text was included in the IPAC papers when the procedure was discussed.</p>

		<p>demonstrated good oncological outcomes with local recurrence rates and survival rates comparable with other modalities (4,5,6). However, and importantly, data from the Norwegian series have demonstrated different and concerning short term outcomes with a significantly increased local recurrence rate (7.6%) compared with 2.4% for other modalities (7). Concern has been compounded by the extensive or multifocal pattern of recurrence seen in two thirds of these patients.</p> <p>Careful review of the Norwegian Data in the context of other published series has been undertaken by the ACPGBI and the following published recommendations (8) have been made:</p> <ol style="list-style-type: none"> <li>1. Temporary closure of the proctoring programme to new sites.</li> <li>2. Extending the number of proctored cases from the current recommendation of 5-10 where sites are still completing the proctoring process</li> <li>3. Individual institutions to reconsider whether to continue Transanal TME after review of local data and subject to formal notification to local clinical governance authorities and the written permission of the medical director.</li> <li>4. Transanal TME should only be carried out in institutions that undertake more than 40 rectal cancer resections (with rigorous exclusion of rectosigmoid cancer resections ) each year to allow sufficient ongoing experience to maintain surgical competence in the procedure.</li> <li>5. Transanal TME should only be carried out in institutions that undertake more than 25 transanal rectal resections each year for rectal cancer and benign disease , to allow sufficient ongoing experience to main surgical competency in the technique,</li> <li>6. Concentration of institutional experience in Transanal TME by limiting performance of the procedure to two or three colorectal surgeons. Isolated practitioners are discouraged in order to ensure adequate local service delivery</li> <li>7. Use of procedure-specific enhanced patient consent.</li> <li>8. Mandatory entry of data about patient demographics, patient selection, operative details and outcomes on the International Transanal TME Registry</li> </ol>	
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*"Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees."*