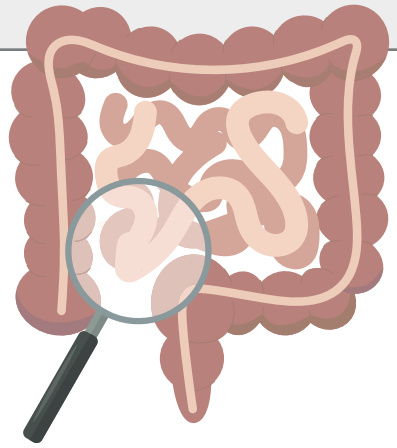
Clinical Trial Results Summary

S1316: Comparing Surgery to Treatment Without Surgery for Malignant Bowel Obstruction



Overview

S1316 compared 2 options for malignant bowel obstruction (MBO) in people who had cancer that had stopped responding to treatment:

- Surgery
- Treatment without surgery (including medicines and supportive care)

The study asked which option helped people have more time out of the hospital in the first 3 months.

What we learned

- People who had surgery for MBO and people who got MBO treatment without surgery stayed out of the hospital for about the same amount of time.
- People in both groups also lived for about the same amount of time.
- But people who had surgery reported fewer symptoms — and less serious symptoms — than people who didn't have surgery.

Why this study matters

MBO causes very serious symptoms and often leads to hospital stays — which means being away from home and loved ones. But there hasn't been clear evidence showing which MBO treatment option is better. The results of this study may help people with MBO decide which treatment option is right for them.

Detailed Trial Results

What was the trial about?

The S1316 study asked if it's better to treat malignant bowel obstruction (MBO) with or without surgery. MBO happens when cancer or cancer treatment causes a blockage in the intestine (bowel).

The study was for people who had advanced cancer that had stopped responding to treatment.

Why was the study important?

MBO is a serious condition that can stop food and stool (poop) from moving through the intestine. This can cause serious symptoms, and some people with MBO can't eat or drink. Plus, people with MBO often need to stay in the hospital, which means being away from home and loved ones.

But there hasn't been clear evidence showing which treatment option is better for people with MBO: surgery or treatment without surgery. This study was a way to test if one treatment option is better at helping people stay out of the hospital.

What were the goals of the study?

The study was set up to compare surgery to treatment without surgery. It asked:



Which treatment option helps people have more time out of the hospital?



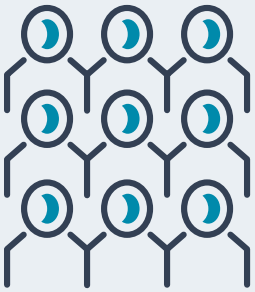
Which option helps people live longer?



Which option leads to better quality of life, like improved symptoms and the ability to eat?

Who took part in the study?

199 people with MBO met all study requirements and were included in the analysis of the study findings.



People in the study:

- Had cancer of the abdomen or pelvis that couldn't be cured with surgery or other treatment (this included ovarian, colorectal, pancreas, uterine, and other cancers)
- Had MBO in the small intestine
- Were able to have surgery



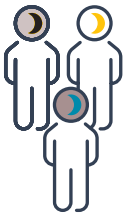
Location

People joined the study at 27 hospitals in the United States and at 1 hospital each in Mexico, Peru, and Colombia.



Age

People were between 50 and 71 years old when they joined.



Race and Ethnicity

The table to the right shows the races of the people who joined the study in the United States.

33 people who joined the study in the United States reported their ethnicity as Hispanic.

Black	42
White	129
Other	6
Unknown or not reported	9

Race and ethnicity were not reported for the 13 people who joined the study outside the United States.

What happened during the study?

The study had a randomized treatment group and a non-randomized treatment group:

- **Randomized treatment:** People in this part of the study were randomly assigned to either have surgery or get treatment without surgery.
- **Non-randomized treatment:** People in this part of the study got to choose between surgery and treatment without surgery.

49 people got randomized treatment:	**150 people got non-randomized treatment:**
24 were assigned to surgery	**58** chose surgery
25 were assigned to treatment without surgery	**92** chose treatment without surgery

For people who had surgery, the type of surgery they had depended on their specific condition.

People who received treatment without surgery got different medicines — to control nausea and pain, for example. They may have also had a tube inserted through the nose into the stomach to drain fluid and air. For nutrition, they may have gotten fluids through an IV (a needle inserted in a vein).

The study team monitored each person's health for 3 months.



Study results

People who had surgery and people who got treatment without surgery:

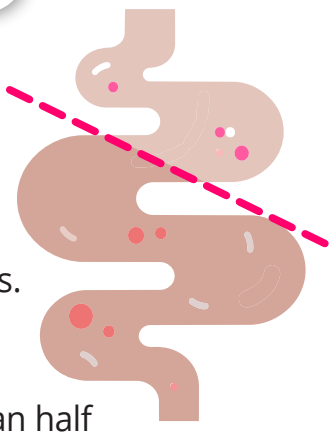
- Stayed out of the hospital for about the same number of days
- Lived for about the same length of time after treatment

People who had surgery reported less serious symptoms — and fewer symptoms after leaving the hospital:

- They reported less severe nausea, vomiting, constipation, bloating, and pain than those who didn't have surgery.
- Among people who stayed in the hospital for MBO treatment, those who had surgery reported fewer MBO symptoms after leaving the hospital.

There was no difference between the treatment options in whether people were able to eat about a month after treatment.

How has this study helped patients and researchers?



This study showed that both MBO surgery and MBO treatment without surgery allowed people to stay out of the hospital for about the same amount of time — and provided evidence that surgery can help with MBO symptoms. But it also showed that surgery may not help people live longer. Surgery isn't an option for everyone with advanced cancer and MBO, but the study results can help people make treatment decisions.

Since the study ended, the study team has learned more by continuing to analyze the information they collected during the first 3 months after people were diagnosed with MBO. For example, they found that more than half of patients reported being able to eat or drink by mouth but that many weren't getting the recommended amounts of nutrients.

In addition, the study team continued to monitor people's health past 3 months — for up to 1 year after they joined the study. The team may learn more when they analyze the information they collected over this time.

The study results will also help shape further research on managing MBO. For example, researchers are hoping to learn which surgical approach is best for patients and how differences in diet could affect quality of life. This could lead to clearer treatment guidelines that help more people with advanced cancer live as comfortably as possible.

How to learn more

- Visit clinicaltrials.gov/study/NCT02270450
- View the main study report in *Lancet Gastroenterology & Hepatology* at doi.org/10.1016/S2468-1253(23)00191-7
- Read the analysis on patients' ability to eat in the *Journal of the Academy of Nutrition and Dietetics* at https://www.jandonline.org/article/S2212-2672(24)00988-2/abstract
- Talk with your doctor if you have questions

Thank you!

We're grateful to everyone who joined this trial and made it possible. Trials like this one help answer important questions that will make cancer care better for future patients.

The S1316 clinical trial was sponsored by SWOG Cancer Research Network and funded by the National Cancer Institute, or NCI (part of the National Institutes of Health), and the Agency for Healthcare Research and Quality. The trial was conducted through the NCI's National Clinical Trials Network.

This results summary was published on September 3, 2026. Newer information may have become available since that time.