

P – 117 Stage IIa colon cancer: adjuvant chemotherapy in real life

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Introduction: Colorectal cancer is the third most common cause of cancer in the world. Adjuvant chemotherapy in stage IIa (pT3N0M0) has a limited benefit of less than 5%, presenting a stronger indication in high-risk patients. High-risk patients are defined by presenting one or more risk factors, including the number of analyzed lymph nodes, perineural or vascular/lymphatic invasion, intestinal obstruction or perforation, and positive or close margins. Besides risk group definition, discussion between doctor and patient, comorbidities, and life expectation are also essential for the decision of initiating adjuvant chemotherapy. This study intends to confirm the importance of the previously stated risk factors, identify other possible risk factors and analyze survival in these patients.

Methods: Retrospective analysis of stage IIa colorectal cancer patients observed between 2009 and 2015 was performed, along with clinical process consultation and statistical analysis with SPSS.

Results: A total of 137 patients were included, with a minimum follow-up of 3 years. 55% of the patients presented high-risk features. Mortality was 17% in the low-risk group and 32% in the high-risk group and perforation was the only factor associated with higher mortality in the high-risk group. In total, one-third of patients underwent adjuvant chemotherapy, rising to 50% in the high-risk group. The high-risk group showed considerable benefit with adjuvant chemotherapy, with a 3-year survival rate of 92% versus 64% without chemotherapy. The low-risk group presented with an initial superior survival that was lost over time, compared to the high-risk group, and did not show benefit with adjuvant chemotherapy. Moreover, while the low-risk group presented with superior survival than the high-risk group, in those who did not undergo chemotherapy this superiority was lost compared with the patients who did undergo chemotherapy.

Conclusion: These results confirmed the importance of careful and detailed evaluation to support the decision to initiate adjuvant chemotherapy in stage IIa colorectal cancer. Although new risk factors were not identified, intestinal perforation was confirmed as an important risk factor, showing a statistically significant impact on mortality. Also, while this study reinforced the indication for adjuvant chemotherapy only in patients with high-risk factors, it also showed improvement in survival for these patients and an absence of benefit in the low-risk group. Real-life evaluations of practices are essential to confirm and sustain indications for treatment and, so, this retrospective analysis offers support for further clinical practice. However, a study with longer follow-up in a larger population will be important for clearer results.