



Wide local excision or abdominoperineal resection as the initial treatment for anorectal melanoma?

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Abstract

Background: Anorectal melanoma (AM) is a rare tumor with a poor prognosis. Treatment with abdominoperineal resection (APR) over wide local excision (WLE) is still debated. This study aimed to compare median survival of WLE and APR in patients with AM.

Methods: A systematic review of the literature was performed. Only series that allowed calculation of median survival were included.

Results: Fourteen studies met inclusion criteria. Average median survival of stage I WLE patients (N = 34) and stage I APR patients (N = 31) was 44 and 22 months, respectively ($P = .001$). For stage II patients, 7 underwent WLE, and 10 underwent APR with an average median survival of 36 and 14 months, respectively ($P = .19$).

Conclusions: This study identified no stage-specific survival advantage to APR in favor of AM. Given that WLE is a more limited intervention associated with at least comparable survival, we propose that it be considered the initial treatment of choice for AM. © 2005 Excerpta Medica Inc. All rights reserved.

Keywords: Anorectal; Anorectal tumors; Melanoma; Mucosal melanoma

Melanoma of the anus and/or rectum is a rare tumor with a poor prognosis. It represents ~1% of all melanomas and is the third most common form of melanoma. The operative management of anorectal melanoma (AM) has traditionally been abdominoperineal resection (APR). In recent years, reports of wide local excision (WLE) for AM have challenged the belief that removal of the anus and rectum results in better survival. However, no comparative trials conducted have been conducted to establish differences in survival between these 2 approaches. Much of the published literature is limited to retrospective analyses of institutional case series. Unfortunately, these studies include only small numbers and are limited in evaluating outcome. These small study sizes make it difficult to critically evaluate differences in survival between WLE and APR. Although many institutions still advocate the use of APR [1–4], 2 of the largest centers for surgical oncology advocate opposing viewpoints regarding the most effective initial approach [2,5]. The purpose of this study was to systematically review the

literature and to determine differences in median survival between APR and WLE for AM patients with resectable disease of similar stage.

Patients and Methods

A systematic review of the literature was performed using PubMed and EMBase. Key words used were “anorectal,” “melanoma,” “anorectal tumors,” and “mucosal melanoma.” Only case series comparing APR and WLE for AM were used. Single case reports were not included. The literature articles cited did not universally apply the current TNM staging system for cutaneous melanomas. Therefore, we used the traditional staging system for AM. Staging was defined as follows: stage I = local disease, stage II = clinical evidence of locoregional lymphadenopathy, and stage III = metastatic disease. Stage III patients were excluded from analysis. Median survival data were calculated for each stage and type of treatment using the STATA software package (Stata, College Station, TX). Differences of $P < .05$ were considered significant.

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Results

Twenty-two studies spanning 40 years were identified including 533 patients with AM [1–3, 5–23]. Demographic data and/or information regarding presenting symptoms were available for 459 patients; of these, 398 patients with AM underwent surgery with curative intent (Fig. 1). Of all patients, median age at diagnosis was 66 years, and 57% were female. The most common presenting symptoms were rectal bleeding (67%), change in bowel habits (22%), mass (22%), pain (27%), and hemorrhoids (13%).

The location of the tumor relative to the dentate line was available in 241 patients: 136 tumors were located at the dentate line, 47 were located proximal to the dentate line, and 58 were located in the anal canal. Based on information available in 122 patients, the overall median tumor size was 4.06 cm. Tumor size specific for each procedure type was available for 38 patients undergoing APR and 33 patients undergoing WLE. Median tumor size for patients undergoing APR was 3.6 cm, and median tumor size for patients undergoing WLE was 3.4 cm.

Fourteen studies met the inclusion criteria for calculation of median survival, thus generating a total of 301 patients (Table 1): 129 patients underwent WLE, and 172 underwent APR. The average median survival, not controlling for stage, was 21 and 17 months for WLE and APR, respectively ($P = N/A$) (Fig. 2). Staging information was available for 82 patients, and average median survival of stage I ($N = 65$) and stage II ($N = 17$) patients was 33 and 23 months, respectively ($P = .2$). Stage-specific survival was significantly better for WLE compared with APR for early-stage disease. Average median survival of patients with stage I disease who underwent WLE ($N = 34$) and those with stage I disease who underwent APR ($N = 31$) was 44 and 22 months, respectively ($P = .001$) (Fig. 3). Of the patients with stage II disease, 7 underwent WLE, and 10 underwent APR and had an average median survival of 36 and 14 months, respectively ($P = .19$) (Fig. 3).

Local recurrence data were available for 196 patients who underwent surgery with curative intent, of whom 100 underwent APR, and 96 underwent WLE. Local recurrence developed in 23% of APR patients and in 47% of WLE

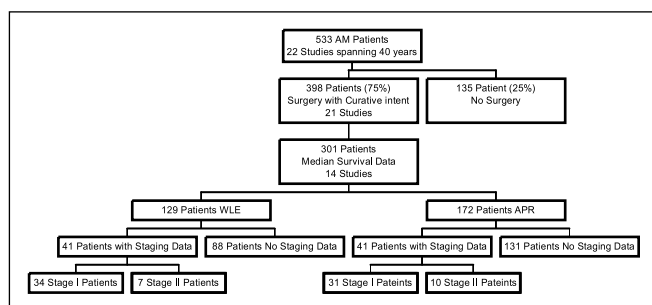


Fig. 1. Breakdown of AM patients. AM = anorectal melanoma; APR = abdominoperineal resection; WLE = wide local excision.

Table 1
Studies meeting inclusion criteria for calculation of median survival

Author	Year	Hospital	WLE	Stage I	Median survival	Stage II	Median survival	APR	Stage I	Median survival	Stage II	Median survival	Overall median survival
Cooper et al [6]	1982	University of Virginia	5	3	17	2	17	3	1	12	2	41	N/A
Thibault et al [1]	1997	Mayo Clinic	11	N/A	N/A	N/A	N/A	26	N/A	N/A	N/A	N/A	26
Goldman et al [3]	1990	University of Uppsala	18	N/A	N/A	N/A	N/A	15	N/A	N/A	N/A	N/A	12
Slingluff et al [8]	1990	Duke University	7	7	20	0	N/A	13	9	23	4	11	18
Konstadoulakis et al [9]	1995	Roswell Park Cancer Institute	5	4	N/A	1	N/A	8	5	N/A	3	N/A	14
Roumen [14]	1996	St. Joseph Hospital (Netherlands)	16	16	62	N/A	N/A	18	18	16	N/A	N/A	16
Angeras et al [15]	1983	University of Lund	4	N/A	N/A	N/A	N/A	6	N/A	N/A	N/A	N/A	14
Kantarovsky et al [16]	1988	Tel Aviv University	5	1	8	4	25	2	1	12	1	20	16
Ross et al [5]	1990	MD Anderson	9	N/A	N/A	N/A	N/A	13	N/A	N/A	N/A	N/A	19
Brady et al [2]	1995	Memorial Sloan-Kettering	28	N/A	N/A	N/A	N/A	43	N/A	N/A	N/A	N/A	22
Antoniuk et al [17]	1993	Cleveland Clinic	8	N/A	N/A	N/A	N/A	4	N/A	N/A	N/A	N/A	17
Abbas et al [18]	1980	Roswell Park Memorial Institute	7	N/A	N/A	N/A	N/A	11	N/A	N/A	N/A	N/A	20
Mason et al [19]	1966	Armed Forces Institute	3	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	14
Ward et al [20]	1986	Highlands Hospital	3	N/A	N/A	N/A	N/A	12	3	N/A	N/A	N/A	8
Total			129	31		7	Average 21	172	34		10		Average 17

APR = abdominoperineal resection; WLE = wide local incision.

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