



Original article

Clinical and epidemiological evaluation of patients with sporadic colorectal cancer[☆]



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ABSTRACT

Background: This study aims to perform a survey on clinical data, sociodemographic and risk factors from patients with sporadic colorectal cancer (SCRC) treated between 2004 and 2008 in the Coloproctology Service of a teaching hospital in the North-western region of São Paulo.

Methods: We analyzed 749 medical records. Of these, 460 were from colon cancer patients and 289 from rectal cancer patients. Most of the individuals had white skin and were aged over 62 years. The variables that were analyzed included gender, age, skin color, professional occupation, alcohol drinking and cigarette smoking, family history of cancer, and comorbidities. The identification of the clinical-sociodemographic profile and risk factors in a population with the SCRC the northwest region of São Paulo was performed to collaborate with prevention strategies.

Results: The occurrence of SCRC did not differ much between genders. The most prevalent professional occupations were those related to household chores, agricultural and commercial activities. Among the comorbidities, hypertension and cholelithiasis were the most representative. The most common diagnosis method and treatment for the majority of patients were colonoscopy and surgery, respectively. On average, the time of the disease progression was eight months. The median number of lymph nodes excised ranged between 11 and 14. The most common metastasis was hepatic.

[☆] The study was carried out at the Faculdade de Medicina de São José do Rio Preto (Famerp), São José do Rio Preto, SP, Brazil.

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Conclusion: The occurrence of colorectal cancer is more frequent in men's white skin with aged over 62 years. Professional occupation seems to be more important for those exposed to carcinogenic agents. This type of tumor mostly affects the distal regions of the colon and rectum with the occurrence of liver metastasis. The affected individuals usually have low survival due to its high aggressiveness.

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Avaliação clínica e epidemiológica de pacientes com câncer colorretal esporádico

R E S U M O

Palavras-chave:

Neoplasias colorretais

Epidemiologia

Fatores de risco

Sintomas clínicos

Experiência: O presente estudo tem como objetivo realizar um levantamento de dados clínicos e fatores sociodemográficos e de risco de pacientes com câncer colorretal esporádico (CCRE) tratados entre 2004 e 2008 no Serviço de Coloproctologia de um hospital-escola na região Noroeste de São Paulo.

Métodos: Foram analisados 749 prontuários clínicos. Destes, 460 foram de pacientes com câncer de cólon e de 289 de pacientes com câncer retal. A maioria dos indivíduos era da raça branca, com mais de 62 anos de idade. As variáveis analisadas foram gênero, idade, cor da pele, ocupação profissional, consumo de álcool e tabagismo, história familiar de câncer e co-morbidades. A identificação do perfil clínico-sociodemográfico e dos fatores de risco em uma população com CCRE na região noroeste de São Paulo foi realizada para colaborar com as estratégias de prevenção.

Resultados: A ocorrência de CCRE não diferiu muito entre gêneros. As ocupações profissionais mais prevalentes foram as relacionadas aos afazeres domésticos, atividades agrícolas e comerciais. Entre as comorbidades, hipertensão e colelitíase foram as mais representativas. O método de diagnóstico e de tratamento mais comum para a maioria dos pacientes foi colonoscopia e cirurgia, respectivamente. Em média, o tempo de progressão da doença foi de oito meses. O número mediano de linfonodos extirpados variou entre 11 e 14. A metástase mais comum foi a hepática.

Conclusão: A ocorrência de câncer colorretal é mais frequente em homens de pele branca com idade superior a 62 anos. A ocupação profissional parece ser mais importante para as pessoas expostas a agentes cancerígenos. Este tipo de tumor afeta principalmente as regiões distais do cólon e do reto, com a ocorrência de metástases no fígado. Geralmente, os indivíduos afetados exibem baixa sobrevida, devido à alta agressividade dessa neoplasia.

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Background

Sporadic colorectal cancer (SCRC) is a term for malignant neoplasms that are not a familial or inherited disease, which occur in the large intestine (colon) and rectum.¹ It often develops initially as an adenomatous polyp.²⁻⁶

This type of cancer is the second most common in Western countries.^{3,7} In 2012, a study conducted by the Brazilian National Cancer Institute (BNCI) reported an estimated 518,510 new cases of cancer in the country. Of these, approximately 30,000 were colorectal cancer. It ranks fifth as the most frequent cause of death in Brazil. Approximately 14,180 cases in men and 15,960 cases in women are newly diagnosed each year.¹

The carcinogenesis of colorectal and rectum cancers involve the interaction between environmental and genetic

factors.^{8,9} Some risk factors are well-established, such as age over 50 years,^{1,9-12} lifestyle habits, such as highly saturated fatty acid diet and red meat,^{1,3,7,8,10} alcohol consumption, and smoking,^{2,8,9,11} besides comorbidities, such as cholelithiasis, metabolic syndrome, and diabetes.

Signs and symptoms of colorectal cancer occur according to the anatomical region affected. SCRC also depends on its physiology and clinical parameters such as size, extent, and spread of the neoplasia. It is a characteristic of this tumor to present intestinal obstruction, bleeding (hematochezia, enterorrhagia), change in bowel habits, and systemic settings such as significant weight loss.^{1,3,12,13}

The prevention of sporadic SCRC involves three phases of action in health as follows: the primary phase aims to prevent the development of the disease, such as eating an adequate diet, physical exercise training, and absence of tobacco and alcohol consumption^{5,12}; the secondary phase

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