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Original Article

Colorectal adenocarcinoma staging of patients in a public tertiary hospital in the state of Grande do Sul

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ABSTRACT

Introduction: Colorectal cancer has the second highest prevalence and the third highest incidence in the world. Mortality is directly related to the stage of the disease.

Objective: To evaluate the staging of patients with colorectal adenocarcinoma treated at the Coloproctology Department of the Hospital Nossa Senhora da Conceição between 2010 and 2015.

Method: Prevalence study. Data collection was performed retrospectively through a survey in the electronic system of the Hospital Group Conceição, seeking all patients with ICD 10 C18, C19 and C20 who were attended at the Coloproctology Department between 2010 and 2015.

Results: Four hundred and twenty patients were eligible for the study. The mean age was 65.6 years (± 12.8). Regarding staging, we observed the following distribution: 7.9%, stage I; 23.6%, stage II; 37.6%, stage III; and 30.2%, stage IV. The percentage of patients with advanced colorectal adenocarcinoma (stage III + stage IV) is 67.8%. Regarding the origin, 51% of the patients were attended at the emergency department.

Conclusion: Most patients treated at this hospital have advanced disease (67%) and come from the emergency department (51%).

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Estadiamento dos pacientes com adenocarcinoma colorretal em hospital público terciário do Rio Grande do Sul

RESUMO

Introdução: O câncer colorretal tem a segunda maior prevalência e a terceira maior incidência no mundo. A mortalidade está diretamente relacionada ao estágio da doença.

Objetivo: Avaliar o estadiamento de pacientes com adenocarcinoma colorretal atendidos pelo Serviço de Coloproctologia do Hospital Nossa Senhora da Conceição (HNSC) entre os anos de 2010 e 2015.

Palavras-chave:

Câncer colorretal

Diagnóstico precoce

Estadiamento

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Método: Estudo de prevalência. A coleta de dados foi realizada de forma retrospectiva através de pesquisa no sistema eletrônico do Grupo Hospitalar Conceição buscando todos os pacientes com CID 10 C18, C19 e C20 atendidos pelo serviço de Coloproctologia entre os anos de 2010 e 2015.

Resultados: Foram elegíveis para o estudo 420 pacientes. A média de idade foi de 65,6 anos ($\pm 12,8$). Quanto ao estadiamento, observamos a seguinte distribuição: 7,9% estágio I; 23,6% estágio II; 37,6% estágio III e 30,2% estágio IV. O percentual de pacientes com adenocarcinoma colorretal avançado (estágio III + estágio IV) é de 67,8%. Em relação à origem, 51% dos pacientes foram atendidos através da emergência.

Conclusão: A maioria dos pacientes atendidos neste hospital apresenta doença avançada (67%) e são oriundos do serviço de emergência (51%).

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Introduction

Colorectal cancer (CRC) is a common disease, with the second highest prevalence and the third highest incidence in the world.¹ In Brazil, according to the National Cancer Institute (INCA), the prediction of new cases for the year 2016 was 16,660 for men (third in incidence) and 17,620 for women (second in incidence).¹

CRC mortality is directly related to the stage of the disease. The 5-year survival is 90% for patients with localized disease (confined to the primary site), 71.2% for patients with regional disease (with spread to regional lymph nodes), and 13% for patients with distant metastases.²

According to data from the U.S. National Cancer Institute Surveillance, Epidemiology and End Results Program (SEER) in 2017, the American incidence of CRC is 39% for localized disease, 35% for regional disease, and 21% for metastatic disease.²

Screening for colorectal neoplasia is associated with a reduction of more than 50% in CRC-related mortality.^{3,4} Theoretically, in patients undergoing polypectomy, it is possible to reduce the incidence of CRC by up to 90% interrupting the adenoma-carcinoma sequence.⁵ According to an Ordinance of the Ministry of Health of 2014, population screening programs for colorectal cancer in Brazil are not feasible nor cost-effective. This ordinance recommends the implementation of the early diagnosis strategy, including the dissemination of warning signs to the population and health professionals, immediate access to diagnostic procedures for suspected cases, and access to appropriate and timely treatment.⁶

The objective of this study was to determine the prevalence of advanced colorectal disease in a public tertiary hospital of the Unified Health System (SUS). A secondary objective is to determine the prevalence of patients arriving at the hospital through elective referral through the regulation of the Department of Health, and the prevalence of patients arriving at the hospital from the emergency service.

Methodology

The work was submitted and approved by the Ethics Committee of the Hospital Group Conceição. This is a prevalence,

retrospective study, conducted through a survey in electronic medical records of Hospital Nossa Senhora da Conceição, in the city of Porto Alegre, Brazil. All patients with colorectal cancer (ICD10 C18, C19 and C20) attended at the Coloproctology Department between 2010 and 2015 were included.

The following variables were analyzed: age; gender; tumor staging – TNM classification was used (in patients with primary surgical treatment, the pathological staging was considered, and in patients undergoing neoadjuvance or non-surgical palliative treatment, the clinical staging by computed tomography – CT and/or nuclear magnetic resonance [NMR]); tumor site; site of metastasis; and patient origin (referral from outpatient's or emergency department). The patients classified as stage III and IV were considered as advanced tumors.

During the statistical analysis, the quantitative variables were described by mean and standard deviation, and the categorical variables by absolute and relative frequencies. To compare means, Student's *t*-test for independent samples, or Analysis of Variance (ANOVA) were applied. In the comparison of proportions, the Pearson Chi-square test, along with the adjusted residual analysis or the Fisher exact test were applied. The significance level adopted was 5% ($p < 0.05$), and the analyses were performed using the SPSS software, version 21.0.

Results

A total of 420 patients were included in the study. The mean age, gender, primary tumor site, staging, and origin of care are described in [Table 1](#).

Regarding staging, most patients had a T3 (65.7%) or T4 tumor (19.8%). Of the total, 63.3% patients had metastatic lymph nodes, and 30.2% had distant metastases. The percentage of patients with advanced colorectal adenocarcinoma (stage III + stage IV) is 67.8% ([Table 1](#)).

Regarding the origin of care, 203 patients (48.3%) were referred from the Outpatient's Department, while 214 (51.0%) were referred from the Emergency Department ([Table 1](#)).

Sample distribution according to the location of the tumor is described in [Fig. 1](#) and the location of metastases, described in [Fig. 2](#).

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