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Original Article

Epidemiology and survival of colon cancer among Egyptians: a retrospective study

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ABSTRACT

Introduction: Colorectal cancer is the 4th commonest cancer in the world. Studies had shown different tumor behavior depending on the site, pathology and stage. However the characters of Egyptian colon cancer patients are not well addressed.
Method: Computerized registry of a tertiary cancer hospital in Egypt was searched for colon cancer cases. Demographic, pathologic and treatment data were collected and analyzed using SPSS program.
Results: About 360 colon cancer patients attended our center in the last 12 years. Tumor characters showed great diverse from that of developed countries, with especially different prognosis and survival.
Conclusion: Egyptians have unique tumor characters and behavior, and different compliance with treatment regimens. Multicenter prospective studies, as well as evolving Egyptian treatment guidelines are needed to address this.

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Epidemiologia e sobrevida para o câncer de cólon entre egípcios: estudo retrospectivo

Palavras-chave:
Câncer de cólon
Registro
Incidência
Sobrevida
Recorrência

RESUMO

Introdução: Câncer colorretal é a quarta neoplasia mais comum a nível mundial. Estudos demonstraram diferentes comportamentos do tumor, dependendo do local, da patologia e do estágio. Contudo, ainda não estão devidamente definidas as características dos pacientes egípcios com câncer de cólon.
Métodos: Foi realizada pesquisa no registro computadorizado de um hospital terciário para pacientes com câncer, à busca de casos de câncer de cólon. Foi feita coleta de dados demográficos, patológicos e terapêuticos. Tais dados foram então submetidos à análise com o programa SPSS.

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Resultados: Nos últimos 12 anos, cerca de 360 pacientes portadores de câncer de cólon foram atendidos em nosso Centro. As características dos tumores demonstraram grandes diferenças em comparação com os achados de países desenvolvidos e, em especial, com relação ao prognóstico e à sobrevida.

Conclusão: Os egípcios exibem características e comportamentos singulares com relação aos tumores, além de diferentes graus de cooperação com os regimes terapêuticos. Para que tais aspectos sejam sanados, há necessidade de mais estudos prospectivos multicêntricos, bem como de um aprimoramento das diretrizes terapêuticas para os egípcios.

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Introduction

Colorectal cancer is the 7th commonest cancer in Egypt, representing 3.47% of male cancers and 3% of female cancers. The estimated number of colon cancer patients (excluding rectal cancer) in 2015 was slightly more than three thousand.[1]

Epidemiology of colon cancer differs in each country. There is a paucity of studies discussing the behavior of this common cancer in Egypt, the largest of which is Abou-Zeid et al. in 2002.[2] Two decades have passed since this study, at this time a major change occurred in our understanding of cancer patterns in Egypt, with the publication of the first national population based cancer registry in 2014,[1] and also urbanization and change lifestyles should have affected colon cancer pattern.

In order to estimate the scale of our study, we should bear in mind that our hospital is located in Mansoura city (capital of Dakahlia, the fourth largest governorate in Egypt), with a population in the governorate approaching 6 millions.[3]

Several studies compared right to left sided colon cancers, the conclusion was that right-sided tumors carry a worse prognosis than left-sided ones, and even some authors went more in considering them a two distinct tumors that should be treated in a different manner.[4,5] However, no studies addressed the difference in the Egyptian population.

Our aim of this study to delineate colon cancer age and sex distribution, stage at diagnosis, pathologic pattern and survival (overall and disease free) plus explaining the important prognostic factors and whether side of the tumor play a role or not.

Patients and methods

This is a retrospective study, where the institutional registry at oncology center Mansoura University (OCMU) is thoroughly revised for colon cancer cases that attended the hospital from its construction in 2004 till April 2016. Forty-six patients were excluded for having tumors at the rectosigmoid junction (defined as any cancer at or near the junction requiring some sort of rectal resection to attain adequate margins), pathology other than carcinoma or inadequate data registered. The minimum time of follow up of the patient's hospital visits is 10 months (till February 2017).

The data of these patients were analyzed and statistical values were obtained using SPSS version 22 (Inc, Chicago, IL). Continuous variables are presented as mean when symmetrical or median and range when asymmetrical. Categorical variables are presented as proportions. Bivariate analysis was done using chi-square test. Survival analysis was done using Kaplan Meier curve and significance determined by log rank test. Significant factors affecting survival were then processed in multivariate analysis using Cox's regression test. p-Value < 0.05 was considered significant.

Results

Searching data with the diagnosis of colon cancer revealed 360 cases. Patients with rectosigmoid junction cancer were excluded, due to different epidemiology and management plans. So, 314 cases of colon carcinoma were included in our study, some of these cases were completely managed in the center, while others came to the clinic for chemotherapy or for management of a recurrence (Fig. 1).

Demographics

The mean age at diagnosis of colon cancer was 53.32 years (SD = 14.326), the youngest case was diagnosed at 16 years old and the oldest was 88 years old. Data show a slight female preponderance approximately 1.2:1. Initial colonoscopy was done in about 60% of cases, in which the most common finding was a mass (about 68%), followed by stricture then ulcer. Right colon represent the commonest site (about 48%), then sigmoid colon (about 27%), descending colon (about 19%) and finally transverse colon (about 5%). Only 4 cases with multifocal cancer were found, one of them had synchronous rectal cancer.

Management

CT imaging showed just wall thickening in approximately 65% of cases, in the remaining a mass was visualized. The mean size of the tumors was approximately 9.3 cm, with the maximum size detected 22 cm. Initial chemotherapy (either as a neoadjuvant or a palliative therapy) was given in only 15.5% of cases. Right hemicolectomy was the commonest operation (33%), followed by left hemicolectomy (17.1%), and then sigmoidectomy (13.7%). Eighty percent of the cases underwent exploration. However, only 34 cases underwent laparoscopic approach with 13 converted to open (Fig. 1). Diversion was

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