

OUTCOMES OF PATIENTS (PTS) PRESENTING WITH STAGE II AND III COLON CANCER (CC) IN A SINGLE CENTRE OVER 6 YEARS

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Background: Adjuvant chemotherapy is considered standard management for pts presenting with stage III CC. The routine use of chemotherapy for stage II disease is still controversial; treatment for “high risk” (HR) tumours may be more appropriate.

Objective: Audit of outcomes for all pts presenting from 1999 to 2004 with curatively resected stage II and III CC in a Cancer Centre receiving approximately 50% of new cancer pts in Cyprus.

Results: A total of 179 pts (97 male, 82 female) were identified. Median age at diagnosis was 62 years (range 27-86); 76 pts (43%) presented with stage III and 103 pts (57%) with stage II disease (58 with “low-risk” (LR) and 45 with HR tumours). Treatment was given to 118/179 (66%) pts; 104 received 5-fluorouracil (5FU) / leucovorin (LV) (weekly bolus or bi-weekly bolus + infusion) or single agent capecitabine and 14 5FU/LV in combination with oxaliplatin or irinotecan: 69/74 (93%) with stage III, 27/45 (60%) with HR and 22/58 (38%) with LR stage II disease. Twenty-six pts (15%) were treated in the context of clinical trials. Concomitant illness, age, patient and physician preference were cited as reasons for no treatment. Five pts received additional adjuvant radiotherapy, typically for T4 tumours. With a median follow-up of 37 months, 3-year disease-free survival (DFS) was 71%; 70% for stage III, 70% for LR stage II and 73% for HR stage II pts, 3-year overall survival (OS) was 88%: 80% and 93% for stage III and stage II pts respectively, $p=0.061$ (92%-LR, 95%-HR). Of 45 pts that recurred, 34 (75%) did so while on regular follow-up, and 11 pts (25%) during treatment. Twenty of the recurrent pts subsequently had a metastasectomy with curative intent, achieving a median survival of 44 months (95% CI 38,5-48,9) from the time of recurrence **vs** 15.64 months (95% CI 11.17-20.11) for those who did not, $p=0.0001$.

Conclusions: The DFS and OS of patients with stage II and III CC managed at our Centre are consistent with previously published data. Similar outcomes for stage II and III disease may be explained by understaging of stage II pts. Intensive follow-up appears to identify pts who can benefit from metastasectomy.