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Long term follow-up and prognostic factors in curative treated rectal cancer- experience of one single tertiary center

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Abstract
Background: Rectal cancer has a paradoxal prognosis in about 25% of patients, although intraoperative parameters and tumor stage are known as major determinants of prognosis.
Aim: This study assessed the prognostic factors in patients with rectal cancer treated without total mesorectal excision in long-term follow-up.
Material and methods: A single center tertiary population included retrospectively 87 patients with rectal cancer operated between 1992 and 2002 using conventional resection. Some 90.5 per cent of the patients had surgery alone and 9.5 per cent had postoperative radiochemotherapy. Patients who did not have adenocarcinoma, those in whom the curative operation was not done, and those who received preoperative radiotherapy were excluded. Median follow-up was 7 years.
Results: Seven-year cancer specific survival was 52% (95% CI:3.21) and only pT, pN and lymphatic invasion were significant as prognostic factors on multivariate analysis. Disease free cancer survival was 56% and only lymphatic invasion was significant for prognosis. The risk of death was higher for abdomino-perineal resection (APR) than for anterior resection (AR), advanced pT stage, vascular and perineural invasion. Local recurrence and distant metastasis were 12.6 and 26.43 per cent respectively for patients. The risk for local reccurence was higher for advanced pT stage, perineural and lymphatic invasion and distal margin invasion. The risk for metastasis was higher for advanced pT stage and vascular invasion.
Conclusion: Advanced tumor stage and lymphatic invasion represent prognostic factors in rectal cancer, suggesting the necessity of adjuvant therapy in cases with lymphatic invasion.
Key words: rectal cancer, prognosis, surgery

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