THE COMBINED TREATMENT OF THE COLORECTAL CANCER ASSOCIATED WITH ULCERATIVE COLITIS AND CROHN’S DISEASE

Oleksandr Borota1, German Polunin1, Andrey Dorofeyev1, Igor Sedakov2, Oleksandr Jr Borota1
1Donetsk National Medical University of Gorky, Donetsk, Ukraine, 2Donetsk National Medical University, Donetsk, Ukraine

Background: Colorectal cancer (CRC) is a severe complication of nonspecific inflammatory diseases of the large intestine and is responsible for 10-15% of all deaths in this group of patients. Overall five-year survival rate is only 31-43%. Data on the efficacy, safety and expediency of radiotherapy in patients with rectal cancer associated with nonspecific inflammatory diseases of the large intestine are not studied enough.

Methods: The treatment results of 1020 patients were analyzed: 690 (67.6%) with ulcerative colitis (UC) and 330 (32.4%) with Crohn’s Disease (CD). CRC was detected in 39 (3.8 ± 0.6%) cases: 27 (69.2 ± 7.4%) cases - in UC and 12 (30.8 ± 7.4%) cases - in CD patients. In 7 (17.9%) cases multiple primary colorectal cancer was detected. Thus, the total number of detected tumors was 46. The largest amount of CC were adenocarcinomas with different differentiation grades.

Results: In the CD with CRC patients group the middle age was 55.8 ± 4.3 years, in UC with CRC patients group - 51.0 ± 3.0 years. The most common CRC localization was sigmoid colon - 15 (38.5%) cases, then rectum - 10 (25.6%), caecum - 4 (10.3%) and transverse colon - 1 (2.6%). In 7 (17.9%) cases multiple primary colorectal cancer was detected: 2 - transverse colon and rectum, 2 - sigmoid colon and rectum, 1 - caecum and rectum, 1 - descending colon and rectum and 1 - transverse and sigmoid colon. Radiation therapy in a total dose of 25 Gr was preoperatively performed on 6 patients with the rectal cancer. For 4 patients preoperative radiation therapy was not performed due to high complication risk. Generally there were 37 surgeries performed: 19 (51.4 ± 8.2%) elective and 18 (48.6 ± 8.2%) urgent; 31 (83.8 ± 6.1%) different types of bowel resection and 6 (16.2 ± 6.1%) palliative surgeries. In the early postoperative period complications arose for 5 (13.5 ± 5.6%) patients, and postoperative lethality was 5.4 ± 3.7%. Middle age of dying was 48 years. Five-year survival for patients with I-II stages was 56.3%, with III stage – 33.3%.

Conclusion: For CRC associated with UC and CD patients the most rational treatment method is surgery followed by chemotherapy. It must be strictly individually considered about neoadjuvant chemotherapy and radiation therapy due to the possible complication risk in this patient group.

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