TH3.10 An audit assessing factors contributing to the 5-year disease recurrence rate after curative resection of rectal cancer

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Aim: To study the 5-year recurrence rate of rectal adenocarcinomas following curative surgery in a cohort of patients from a single Health Board, and to identify statistically significant risk factors of disease recurrence.

Method: This audit included a total of 95 patients who underwent elective resections of primary rectal cancer between January 2014 and January 2016 at a single health board. The 5-year disease recurrence rate was documented. Medical records were accessed via the Clinical Workstation system and a number of factors were recorded and statistically analysed on Microsoft Excel using z-score for two populations portions. A p-value of <0.025 was considered statistically significant.

Results: Of the 92 patients included in this audit, 23 suffered disease recurrence. Younger age at diagnosis, tumour perforation, positive lymph nodes, tumour involvement of circumferential resection margin, and extramural vascular invasion were all associated with significantly increased risk of disease recurrence and poorer prognosis. Postoperative complications were observed in 26% of the cohort and it was significantly (p=0.009) associated with disease recurrence. Although more patients who developed disease recurrence received chemoradiation as part of their initial disease management, the number was not statistically significant.

Conclusion: The audit supports lowering the age of bowel cancer screening. Strategies are required to minimise the risk of postoperative complications in patients undergoing elective rectal resection.
cancer resections. Reasons must be identified as to why patients with a higher risk of recurrence, undergoing curative surgical resection of tumours, do not have higher uptake of adjuvant and neoadjuvant chemoradiation.