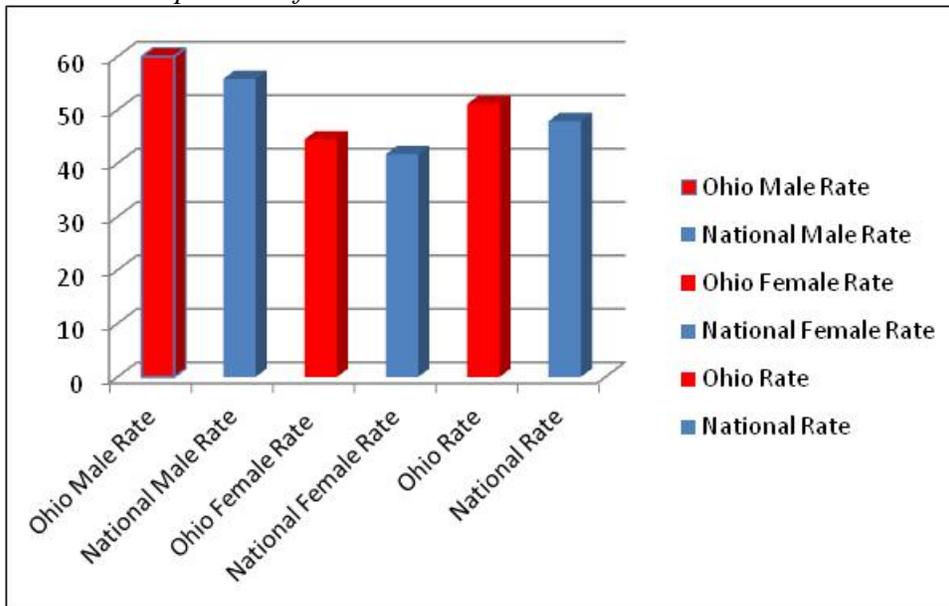


STUDY TO DETERMINE WHETHER RECTAL CANCER PATIENTS ARE EVALUATED AND TREATED ACCORDING TO NATIONAL TREATMENT GUIDELINES (NCCN)

Background: There is an estimated 141,210 colorectal cases in the United States in 2011. Estimated colon and rectal cancer deaths for Ohio in 2011, is 2,170. The estimated death rate from colon and rectal cancers in the U.S. is 49,380 of this total 4.39% is in Ohio <http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspsc-029771.pdf>). When looking at “Average Annual Number of New Invasive Cancer Cases and Age-adjusted Incidence Rates by Cancer Site/Type and Gender in Ohio and the US, 2003-2007” for colorectal cases Ohio had 6,370 new cases a rate of 51.1. The National rate was 47.9. Rates by sex were higher in Ohio than the National Rates, males 60.0 verses 55.8 and females 44.5 verses 41.7 (<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/opi/cancer%20incidence%20surveillance%20system%20ociss/ohiocancerfactsandfigures2010.ashx>). Given that colorectal cancers in Ohio exceed that of the National average it is important that SJMC investigate their compliance with evidenced based treatment guidelines.

Chart 1: Comparison of Colorectal Cancer Rates in Ohio and the Nation



According to National Comprehensive Cancer Network (NCCN) Guidelines Version 3.2012 the workup for all stages of rectal cancer could include, biopsy, pathological review, colonoscopy, rigid proctoscopy, chest, abdominal and pelvic CT scan, CEA level, and endorectal ultrasound or pelvic MRI.

Primary treatment for T 1 N 0 lesions would be transanal excision if appropriate followed by observation for cases with negative margins. For T 1 lesions with high risk features or T2 lesions, then transabdominal resection, if pT1-2 observe, and if pT3 or pT1-3, N1-2, then chemotherapy/Radiation therapy. A clinical T3 lesion may have preoperative chemotherapy/radiation therapy, followed by transabdominal resection, then adjuvant chemotherapy (http://www.nccn.org/professionals/physician_gls/pdf/rectal.pdf).

Study Topic: Study to determine if our rectal cancer patient's evaluation and treatment are consistent with NCCN guidelines.

Criteria for Evaluation: Cases will be evaluated according to NCCN Guidelines by **Dr. Chang.**

Data Analysis: There were 13 rectal cases entered into the SJMC cancer registry in 2011. They ranged in age from 47 to 83. The mean age was 67, and median age 65. Two were diagnosed here and all treatment elsewhere, class of case 00, four were class of case 10, four were class of case 20, diagnosed elsewhere with all or part first course treatment here, two class of case 21 diagnosed elsewhere with part of first course treatment here and part elsewhere, and one was class of case 22, diagnosed elsewhere and all first course treatment here. One case was staged unknown, one was AJCC Collaborative stage 0, five were stage 1, one was stage 2A, one stage 3A, and three stage 3B. Ten cases received surgical intervention, those not receiving surgery included, the unknown stage, a stage 4, and a stage 3A. The stage 3A received neoadjuvant treatment with a surgical procedure planned, but it was canceled due to multiple co-morbidities. Six cases received XRT including the stage 3A that did not receive surgical intervention. The stage 4 patient received palliative whole brain radiotherapy. All cases had biopsies or excisional biopsy. Seven cases received chemotherapy including one stage 1, one stage 2, and four stage 3's. The stage 1, likely received adjuvant chemotherapy because microinvasion could not be excluded. With the exception of the case with the unknown stage (this patient could not be staged at all due to various co-morbidities) all patients are alive.

Summary of Findings:

After reviewing the data, all patients diagnosed with rectal cancer at SJMC are being treated and monitored as per NCCN guidelines. The plan is to continue following these patients longitudinally, and to ensure that newly diagnosed patients are also being offered treatment recommendations based on NCCN guidelines.

Recommendations:

Consider replicating the study in 5 years or if there are any significant changes in NCCN guidelines to replicate the study one year after institution of that guideline.