

Adjuvant Colon Cancer

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Prognostic Value of Prolactin in Colorectal Carcinoma

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Background: Carcinoembryonic antigen (CEA) has been regarded as the tumor marker of choice for colorectal cancer worldwide, while the search for more sensitive and specific tumor markers continues. Some data suggest an association between serum prolactin level and colorectal cancer, although results of various studies are conflicting. Further studies are required to confirm the role of prolactin as a diagnostic tumor marker for colorectal cancer.

We report a case of a postoperative colorectal cancer patient whose serum prolactin levels were increased earlier than the serum CEA levels, and who later had recurrence of disease.

Methods: In this retrospective study, we followed a patient's serum CEA and prolactin levels over a period of 17 months – from the time of primary disease to recurrent disease.

Results: The patient's plasma prolactin level increased above normal values before the onset of signs and symptoms of disease recurrence and before CEA levels rose.

Conclusion: The development of technologies such as positron emission tomography (PET) imaging has allowed for earlier detection of cancer metastasis and recurrence than the usual diagnostic modalities. Using this patient as an example, if the tumor recurrence had been suspected based only on the rise in plasma prolactin level rather than waiting for the development of signs or symptoms or increasing CEA levels, PET imaging could have been used for the potential detection of micrometastases in very early stages,

perhaps leading to a change in treatment and improved prognosis. More studies are needed to define the patterns of plasma prolactin levels in postoperative colon cancer patients. However, if proven to be a sensitive marker, plasma prolactin level may allow for earlier detection of recurrent disease and earlier institution of treatment strategies to improve patient prognosis.