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[Colorectal Cancer](#)

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A Retrospective Single Study Analysis of Survival Outcomes in Metastatic Colorectal Cancer

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Background: Colorectal cancer is the third most common cancer in the United Kingdom with approximately 20% of patients presenting with metastatic disease. In 2008 there were over 16,000 deaths from colorectal cancer in the UK. The treatment of metastatic colorectal cancer has changed significantly over the last decade. Developments in cytotoxic agents, the use of combination chemotherapy, and the introduction of biologic treatments have made incremental survival gains. The UK has poorer survival rates from certain cancers when compared to its European counterparts, with a significant poor outcome of patients in the East end of London. This is thought to be due in part to the later diagnosis of cancer. Here a retrospective single center analysis of survival data is reported in patients treated with palliative chemotherapy for locally advanced and metastatic colorectal cancer over a 10 year period.

Methods: The survival data in patients with metastatic and locally advanced colorectal cancer treated between the years 2000 to 2010 was analyzed.

Results: 482 patients were deemed suitable for palliative chemotherapy. Patient characteristics of the analyzed population was equally distributed over the years analyzed. No differences in survival regarding age or gender were uncovered. A significant survival improvement was observed for the patients treated from 2007-2010. Overall survival from 2000-2002 was 11.6 months (n=136), 2003-2006 10.9 months (n=174) and 2007-2010 (n=189) 16.0 months. This compares to the overall UK survival (13.7 months) and Europe (20.6 months).

Conclusion: This retrospective analysis demonstrates a significant improvement in overall survival over the past 3 years of patients with metastatic colorectal cancer treated at a UK tertiary referral center. This is likely to be attributable to a variety of factors including the introduction of biologic agents, developments in cytotoxic agents, the use of combination chemotherapy, improvements in supportive care, and better patient selection for treatment. Updated data analysis will be made available at the meeting.