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INTRA-ARTERIAL POLYCHEMOTHERAPY FOR RECTAL CANCER E.M.Braun,Department of Proctology, Ukrainian Res.Institute of Oncology and Radiology,Kiev,Ukraine

We have summarized treatment results in 127 patients with locally diffuse rectal cancer /MDRC/since 1968to 1991 to improve treatment efficacy.Among them 52 pa.were p.o. administered selective intraarterial polychemotherapy/SIP/,while 75 pa.received surgery alone. SIP was administered using angiography in the distal compartment of the upper rectal artery with drug dose distributor D LV-IAdriablastin and fluorouracyl were used.The study of pathomorphosis reduced the viable portion of tumor in rectal adenocarcinoma over 3-fold/P 0.01/, while during the two init ial years,the 2-year survival increased by 22% and the incidence of local relapse and distal metastasis decreased 2-fold compared to the control group.

Keywords: rectal cancer,polychemotherapy

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SMOKING ASSOCIATED WITH STAGE AND AGE IN PATIENTS WITH COLON AND RECTUM CANCERS

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It is known that smoking is a risk factor for upper gastrointestinal neoplasms. The relationship between the colorectal neoplasms and smoking is not clear. The present study analyzes data on colon and rectum cancer cases from Hacettepe University Hospital to the determine the effect of smoking on disease characteristics. A total of 82 cases of cancer of the colon and 138 cancers of the rectum included in this study. The frequency of smoking in male cases was higher than females ($p<0.01$). For cancer of the rectum, in localized stage nonsmokers had a higher frequency than did smokers compared to regional and distant stages ($p<0.01$). The mean age of smokers and nonsmokers at diagnosis of both colon and rectum cancer were not different ($p>0.05$).

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SEX, THE SURGEON AND PHYSICAL STATUS - SIGNIFICANT RISK FACTORS IN ELECTIVE COLORECTAL SURGERY

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All patients undergoing elective colo-rectal surgery by the three general surgeons at Trafford General Hospital between 1983 and 1992 have been entered into the study. Data available from 618 patients includes past history, investigations, pre and post-operative details, pathological and clinical recovery information; all recorded by the clinical research nurse. At discharge all patients were requested to inform the nurses of any septic or non-septic complications following discharge and when indicated specimens were collected at home. Univariate and multivariate analyses have been performed to examine risk factors associated with patient morbidity and mortality. Three separate logistic regression analyses were performed using SPSSX.

Analysis I Risk of wound infection increased if: Global $\chi^2=61.6$ DF=5 $p<0.0001$
1) septicaemia or respiratory sepsis was present
2) faecal contamination at operation
3) surgeon was consultant
4) patient haemorrhaged at operation

Analysis II Risk of any serious complication increased if: Global $\chi^2=17.32$ DF=2 $p=0.0002$
1) patient was male
2) patient was of poor physical status

Analysis III Risk of operative mortality increased if: Global $\chi^2=76.1$ DF=5 $p<0.0001$
1) abscess present
2) respiratory sepsis
3) poor physical status
4) haemorrhage at operation
5) faecal contamination at operation

Poor physical status is consistently reported as being associated with poor survival outcome. Our results suggest that operations within the male pelvis and the more difficult operations performed by consultants are associated with increased risk of serious complications and wound infection respectively.

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HAND VS STAPLED ANASTOMOSIS IN ANTERIOR RESECTION

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Since 1981 all patients presenting to three consultant surgeons at a district general hospital who undergo anterior resection for colorectal cancer have been entered to a computer database. Comparisons are made between 81 patients who had a hand sutured anastomosis and 100 patients whose anastomosis was performed using a EEA stapling gun. Variables analysed include all demographic details, pre and post operative parameters, operative mortality, survival and local recurrence rates.

In recent years significantly more patients have been stapled ($p<0.0001$) although analysis has taken place on two groups similar in size. Significantly more men than women were stapled ($p=0.007$). Patients who were obstructed were more likely to be hand sutured ($p=0.017$) and hand suturing more common where the site of anastomosis was above the pelvic floor.

Perforation, leak rates and curative resection rates and number of operative mortality were similar between the two groups. There was a slight increase in the number of major wound infections in the stapled group (10% stapled, hand 6%) of borderline significance ($p=0.09$).

	5 YEAR SURVIVAL		LOCAL RECURRENCE	
	Whole group	Curative only	N	%
HAND	44%	52%	15/66	19%
STAPLED	54%	63%	16/81	24%

There were no statistically significant differences in survival or local recurrence rates although the stapled group showed slightly improved survival rates.

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USING HEMOCCULT SENSA IN A POPULATION-BASED COLORECTAL CANCER SCREENING PROGRAM IN ISRAEL

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Due to the heavy burden of colorectal cancer in Israel (leading tumor) and its grim prognosis it was decided in 1992 to embark upon a screening program offering annual tests with Hemoccult Sensa to 50-74 year olds. All slides nation-wide are tested in one center to achieve a high quality-control. Compliance with this activity in the urban population is still very low. The rural settlements (kibutzim) had a much higher compliance rate reaching 29.7%. The test was found positive in 5.3% of those tested and was mostof the time positive only in some, but not all, of the six slides provided by each patient. Another 2.5% had traits of blood in one or more of their slides. At this stage it is not clear what the false positive rate of the test as follow-up is as yet incomplete. It is yet to be shown if the higher positivity rate will translate into higher detection rate.

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RECURRENT INOPERABLE RECTAL CANCER: RESULTS OF A PHASE II TRIAL WITH RADIOTHERAPY AND RAZOXANE

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PURPOSE: To evaluate prospectively the effect of the radiosensitizer razoxane in recurrent rectal cancer.

MATERIALS & METHODS: From 1984 to 1990 razoxane was added to radiotherapy in 22 patients with inoperable, recurrent rectal cancer without distant metastasis. The median age was 67 (53-85) years. Most recurrences were presacral. Dosage of razoxane: 150 mg/M2 daily per os (-5th day until the end of the radiotherapy). Median radiation dose: 58 Gy. Minimum follow up time: 2 years.

RESULTS: The CR and PR rate was 61%. The 21 patients evaluable had a median survival of 24 months (12 to 74+), all patients survived at least 1 year. The treatment is easy-to-administer and associated with a low toxicity.

CONCLUSION: It appears, that this combination leads to a higher response rate and an improvement of median survival compared to our historical controls and to reports from the literature when there radiotherapy alone was used.