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TITLE: Additional variables other than AJCC staging show clinical utility for colon cancer patient prognostication

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ABSTRACT BODY:

Purpose : The most important predictor of colon cancer patient outcome is disease stage at the time of surgery. However, staging does not accurately predict survival for all patients undergoing a resection with a curative intent. The aim of this study was to analyze clinical and pathological characteristics of patients undergoing curative colon cancer, in order to identify characteristics, in addition to stage, predictive of disease outcome.

Methods: Between 1997 and 2005 data for 95 patients undergoing curative resection for colon cancer at a tertiary care institution were prospectively collected. Clinical and pathological characteristics evaluated were: age, gender, tumor location, tumor size, scheduled vs emergent surgery, pathologic margin status, TNM stage, pathologic grade, number of positive lymph nodes, total number of lymph nodes resected, vascular and lymphatic invasion. Characteristics which were found to be significant in a Kaplan-Meier univariate survival analysis (assessed with Log-Rank test) were included in a multivariate stepwise logistic regression analysis. Patient outcomes studied were overall survival, cancer specific survival, as well as cancer recurrence.

Results: From the 95 patients examined in this cohort the mean age was 68 years, the male to female ratio was 1:1, and the mean follow up time was 2.67 years. The overall survival, cancer specific survival, and cancer recurrence were calculated to be 76.6%, 91.6% and 17.9%, respectively. Statistically significant variables by univariate analysis were: AJCC stage, number of positive lymph nodes, pathologic N stage, lymphatic and vascular invasion by the primary tumor, and the location in the colon of the primary tumor. Further multivariate analysis revealed that pathologic N stage and location of the tumor were the most significant independent influences for predicting disease recurrence.

Conclusions: Clinicopathologic characteristics, in addition to AJCC disease stage, may be of clinical utility in predicting outcome for patients who have undergone curative resection for colon cancer. Further evaluation of these clinical and pathologic characteristics should be carried out in a larger colon cancer patient cohort.