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Colon and rectum neuroendocrine tumors: experience of the national cancer institute in Brazil

Daniel Cesar
Cancer National Institute - INCA , Brazil

Abstract

ABSTRACT - ***Background*** - Neuroendocrine tumors (NETs) are rare, comprising nearly 0.49% of all malignancies. The majority occurs in the gastrointestinal tract. ***Aim*** - To analyze the demographic factors, clinicopathologic features, treatment employed, prognostic factors and the oncologic results related to colorectal NETs. ***Methods*** - Between the period from 1996 to 2010 174 patients were treated. From these, 34 were localized in the colon and rectum. Demographic factors, stage, therapeutics and its results were analyzed. All patients were followed for more than three years with image exams, urinary 5-hydroxyindolacetic acid (5-HIIA), serum chromogranin A and prostatic acid phosphatase. ***Results*** - The median age was 54,4 years (22-76), the majority was female (64,7%). Out of the 12 patients with colon NETs, one (8.3%) patient was classified as Stage IA; one (8.3%) as Stage IB; three (25%) as Stage IIIB and seven (58.4%) as Stage IV. Out of the 22 patients with rectum NETs, six (27.3%) were classified as Stage IA; four (18.2%) as IB; three (13.6 %) as IIIA; one (4.5%) as IIIB and eight (36.4%) as IV. Of rectal NETs, nine (41%) were treated with endoscopic resection, six (27.2%) underwent conventional surgical treatment and six (27.2%) were treated with chemotherapy. Eleven patients with colon NETs (91.6%) were surgically treated, seven of them with palliative surgery, one (8.4%) was treated with endoscopic resection and no patient was submitted to chemotherapy. After an average follow-up of 55 months, 19 (55%) patients were alive. Analyzing the overall survival was obtained an average overall survival of 29 months in Stage IA, 62 months in IB, 12 months in IIIA, 31 months in IIIB and 39 months in IV. ***Conclusion*** - The treatment of colon and rectal NETs is complex, because it depends of the individuality of each patient. With adequate management, the prognosis can be favorable with long survival, but it is related to the tumor differentiation degree, efficacy of the chosen treatment and to the patient adhesion to the follow-up after treatment.

Biography:

Dr. Daniel Cesar is a young surgeon from Brazil. He has completed his medical school program at the Mount Sinai School of Medicine, NY, USA. Back in Brazil he finished his specialization in General Surgery and now he is at the last year of the Surgical Oncology Fellowship at the Brazilian National Cancer Institute.

He has a special interest in Neuroendocrine Tumors, Colorrectal Cancer and Abdominal Hernia. He has published papers about this subjects in reputed journals and has been serving as an editorial board member of World Journal of Gastroenterology, World Journal of Gastrointestinal Surgery and World Journal of Clinical Cases Conference.