

Comparison of potential predictors of recurrence in local versus distant recurrent rectal cancers

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Aims and Background:

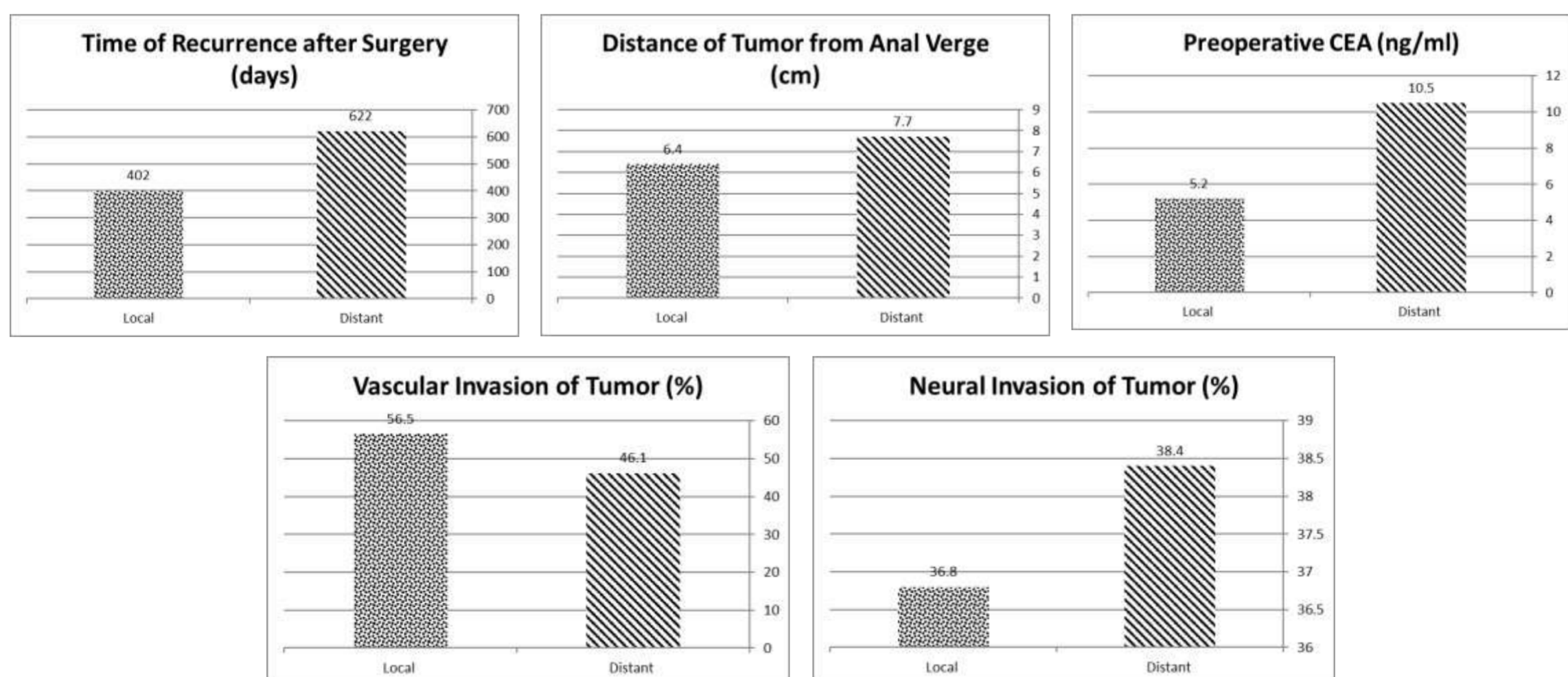
The aim of this study is to compare potential predictors of recurrence in two groups of patients with local and distant recurrent rectal cancer.

Method:

A total of 57 patients with confirmed recurrence were included. All patients had undergone neoadjuvant chemoradiation followed by curative resection for non-metastatic primary rectal cancer. According to the location of the recurrence, the patients were categorized into local(A) and distant(B) recurrence groups.

Results:

Mean age of patients was 50 ± 15 years in both groups (35 male, 22 female). Recurrence was recorded within an average of 533 ± 395 days after the primary operation ($A=402 \pm 292$, $B=622 \pm 434$, $P=0.61$). Mean distance of the primary tumor was 6.4 ± 4.7 (A) and 7.7 ± 4.3 (B) centimeter from the anal verge ($P=0.49$). Preoperative CEA serum levels were 5.22 ± 6.78 (A) and 10.54 ± 11.84 (B) ng/mL ($P=0.14$). Vascular invasion of the tumor was detected in 56.5% and 46.1% of patients, respectively ($P=0.47$). Neural invasion was also reported in 36.8% and 38.4% of patients, respectively ($P=0.91$).



Conclusion:

Although no statistical difference was found between the groups, patients with distant recurrence had higher preoperative CEA level and positive vascular invasion.