Colorectal adeno-squamous carcinoma: Incidence, survival analysis, and management: A study from the SEER database (2000-2019)

Flyn Kaida-Yip, MD1; Cody Kaiser, MD1; Abdul Waheed, MD1; Jonathan Lu, MD, FACS1; Asad Khan, MD2; Onkar Judge, MD1; Bernardo Gavidia, MD1; Harminder Sandhu, MD1; Kiran Bains, MD1; Sohni Singh, MD1; Samy M Bendjemil, MD1; Nitasha Sharma, MD1; Noel J Undi, MS1; Feroze Sidhwa, MD, FACS1

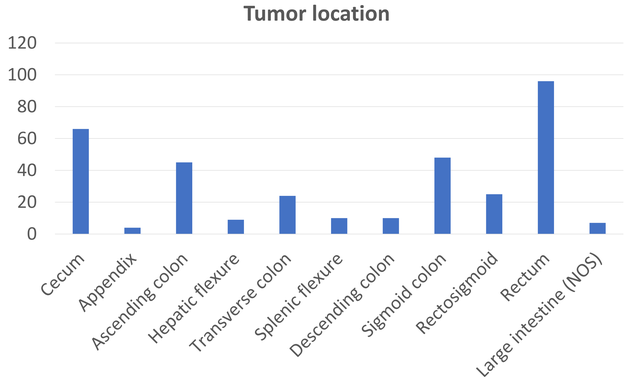
1San Joaquin General Hospital; 2Vanderbilt University Medical Center

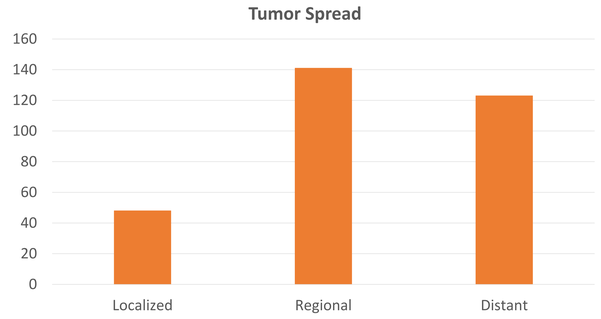
Introduction:

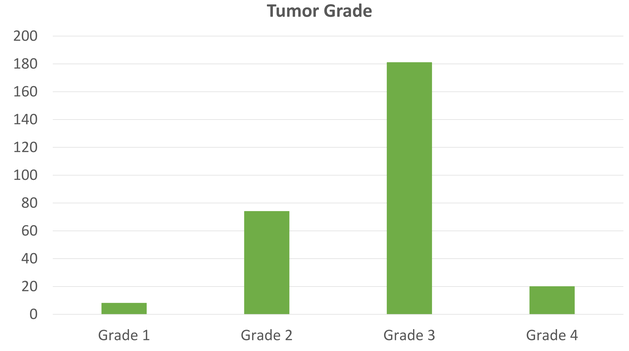
- Colorectal adenosquamous carcinomas (CR-ASC), first described in 1907 by Herxheimer, are rare malignant tumors of the epithelial lining of the intestine.
- Most of the information regarding CR- ASC is limited to case reports and very few intuitional studies.
- The current study aims to describe a large cohort of patients with CR- ASC from the Surveillance, Epidemiology, and End Results (SEER) database to identify better the demographic, clinical, and treatment modalities that impact clinical outcomes.

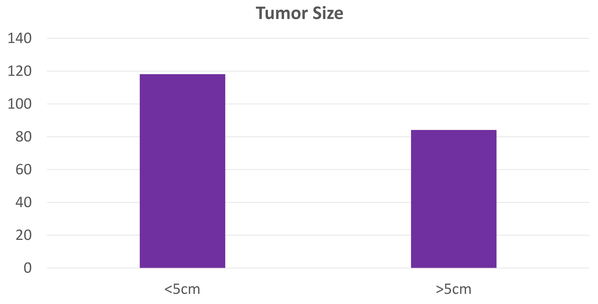
Methods

- Demographic and clinical data were abstracted on 344 patients with colorectal adenosquamous carcinomas from the SEER research plus database (2000 – 2019)









Results

- Treatment approach: Surgery (n=28)) with chemotherapy (n=172) and radiation (adjuvant n=4, neoadjuvant n=0)
- Overall survival 35.3 months African American (OR = 1.2), positive lymph nodes (OR = 1.4), tumor size >5cm (OR =1.7), age >50 (OR = 1.7), regional spread (OR = 1.5), distant spread (OR = 7.2) found to be independently associated with mortality (p <0.01).

Conclusion

- CR-ASC is a rare neoplastic disorder of the colon and rectum primarily affecting Caucasians over 50. Surgery is the treatment of choice and is associated with significantly prolonged survival, while radiation offers a limited role.
- All patients must be enrolled in national and international registries to improve understanding of the multimodal management of CR-ASC.