Anal squamous cell cancer: retrospective review of a large colorectal practice

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Introduction

- Anal cancer:
  - 3% of all gastrointestinal malignancies.
  - Incidence is increasing by 2.2% each year (2010-2019).
  - Death rates rising 3.9% each year.
  - Anal squamous cell cancers (SCCa) are 80% of anal cancers.
- Since 1970s treatment is based on Dr. Nigro's protocol: chemoradiation with survival rates of 70-90%.
- Objective: evaluate the experience in a large high-volume, colorectal practice with SCCa.

Methods

- Retrospective chart review
- 7 Colorectal Surgeons
- January 2017 - September 2022
- Identified by diagnosis codes:
  - squamous cell carcinoma of anal skin
  - malignant neoplasm of anus
  - malignant neoplasm of anal canal
  - unspecified malignant neoplasm of anal canal

Results

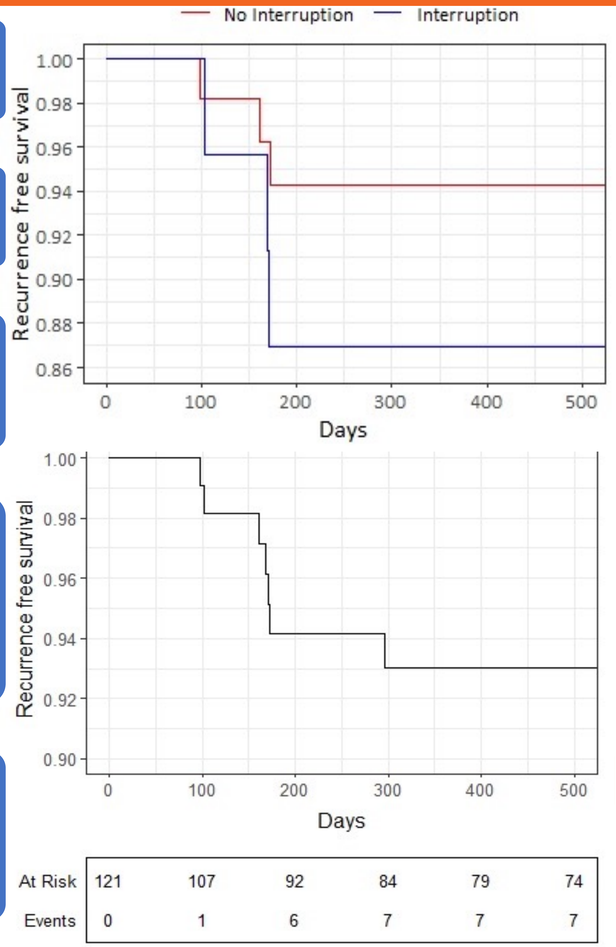
276 patients reviewed

134 (48.6%) with diagnosis of anal SCC

12.7% HIV history (n=17; more were men p<0.001)

Rate of recurrence 2.3 times higher in interrupted group (95% CI = -0.75, 2.45; p=0.30)

Higher rate APR in treatment interruption group (p=0.09)



- Females (71.6%) - median age at diagnosis 63 years (SD±10.7); Males (28.4%) - 60 yrs (SD±10.4) (p=0.08).

- **Stage II** = 44%; **III** = 36.6%; **I** = 9.7%, **IV** = 1.5%.

- 93.3% completed concurrent chemotherapy.
  - Radiation duration mean 42 days (SD ± 8.2)
  - Average total dose of 53 Gy (SD ± 7.3 Gy).

- 20.9% with treatment interruptions (n=28).
  - No significant difference in treatment interruption stratified by age, sex, smoking, HIV status, stage or initial complaint.
  - Significant difference in total radiation dose received based on treatment interruption (p=0.02).

- **No** association between stage and recurrence. *Recurrence 19.8x higher in HIV+ <u>women</u> as opposed to HIV- women (p=0.010).*

Conclusions

The rate of recurrence for SCCa is 2.3x higher in the interrupted treatment group. Further data is needed to assess overall outcomes.