PWE-262 Patients in england with inflammatory bowel disease (IBD) who develop colorectal cancer (CRC) have shortened survival when compared with patients with sporadic CRC

A Askari¹, S Nachiappan¹, J Murphy², S Mills³, A Bottle⁴, T Athanasiou⁵, N Arebi⁶, S Clark², O Faiz¹

¹Surgical Epidemiology, Trials and Outcomes Centre
²Department of Surgery, St. Markâ’s Hospital, Imperial College London
³Department of Surgery, Chelsea and Westminster Hospital
⁴Dr Foster Health, Imperial College London
⁵Surgery and Cancer, St. Maryâ’s Hospital, Imperial College London
⁶Department of Gastroenterology, St. Markâ’s Hospital, Imperial College London, London, UK

Abstract

Introduction Ulcerative Colitis (UC) and Crohn’s Disease (CD) are both implicated as risk factors for the development of colorectal cancer (CRC). It is unclear if this patient group has a poor survival after diagnosis. The aim of this study is to determine survival in Inflammatory Bowel Disease (IBD) associated CRC compared with sporadic CRC.

Method Patients with a diagnosis of both CRC and IBD were identified from a national administrative dataset (Hospital Episode Statistics – HES). Multivariable cox proportional hazards regression analyses (adjusting for gender, age, medical comorbidity, mode of admission, operation type, chemotherapy) were used to determine survival differences.

Results A total of 286,591 patients underwent surgery for CRC in England, between 1997–2012: 0.5% (n = 1,546) had UC and 0.3% (n = 776) had CD. Patients with IBD were diagnosed with CRC at a significantly younger age compared with sporadic patients (UC median age 64, CD median age 63, sporadic median age 71, p < 0.001). Long-term survival in patients with IBD was poor compared with sporadic CRC patients (HR 1.19, CI 1.12–1.26, p < 0.001). On sub-group analysis patients with UC had a 12% reduction in their survival (HR 1.12, CI 1.04–1.20, p = 0.003), whereas those with CD had a 32% reduction (HR 1.32, CI 1.20–1.45, p= <0.01). This difference in survival persisted even when adjusting for immediate post-operative mortality.

Conclusion IBD associated CRC develops at a younger age than sporadic CRC with poorer long-term survival, particularly for patients with CD. The reasons for shortened survival amongst IBD patients who develop CRC are unclear.