

EURECCA

TREATMENT STRATEGIES AND RELATIVE SURVIVAL OF PATIENTS WITH STAGE I-III RECTAL CANCER

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OVERVIEW

1. Background & rationale

The role of adjuvant chemotherapy after preoperative (chemo)radiotherapy and TME has been extensively debated over the past years. Although adjuvant chemotherapy showed to be effective in patients treated without preoperative treatment, there is currently no clear scientific evidence to support the use of adjuvant fluorouracil-based chemotherapy after preoperative (chemo)radiotherapy and TME.

2. Aim

The aim of the present EURECCA international comparison is to compare treatment strategies and to compare relative survival of patients with stage I-III rectal cancer between European countries.

3. Methodology

Both treatment strategies and relative survival were calculated and compared side-by-side for neighbouring countries with national data.

4. Study population

Population-based national cohort data (2004-2009) of patients with (y)pTNM stage I-III rectal cancer from the were obtained.

Dataset of 57,120 patients in total

5. Countries

Netherlands (NL), Belgium (BE), Denmark (DK), Sweden (SE), England (ENG), Ireland (IE), Spain (ES), and single-centre data from Lithuania (LT)

6. Progress

Conclusion: Large differences in treatment strategies for patients with (y)pTNM I-III rectal cancer were observed across European countries. No clear relation between treatment strategies and relative survival was observed, although patients from IE had worse relative survival compared with patients from ENG. Further research into selection criteria for specific treatments could eventually lead to individualised and optimal treatment for patients with non-metastasised rectal cancer.

To be submitted for publication

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