

EVALUATION OF PATIENTS WITH CLINICALLY SUSPECTED RECURRENCE OF RECTAL CANCER

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Introduction: The optimal strategy for evaluating rectal cancer patients with clinically detected recurrence is unknown. Many diagnostic modalities are available and their costs are significant. We documented the intensity of the extent-of-disease work-up recommended by experts when their own patients develop evidence of recurrence.

Methods: A custom-designed questionnaire was mailed to the 1,795 members of the American Society of Colon and Rectal Surgeons (ASCRS). Subjects were asked which laboratory tests and imaging studies they would recommend for one of their generally healthy patients with a rising serum CEA level following curative-intent low anterior resection of a T3NOMO adenocarcinoma of the rectum (and no adjuvant therapy). Another vignette described a generally healthy patient with multiple potentially resectable pulmonary nodules following curative-intent low anterior resection of a T3NOMO adenocarcinoma of the rectum (and no adjuvant therapy). We measured variability in practice among surgeons and estimated the effects of surgeon age, US Census Region, and medical care organization (MCO) penetration rate on the intensity of the evaluation.

Results: Of the 566 questionnaires completed (33%), 347 (61%) were evaluable. Nonevaluability was usually due to the lack of rectal cancer patient follow-up in surgeons' practices. The tests most frequently recommended for the vignette involving an elevated serum CEA level were: abdomen CT (92%), repeat serum CEA level (87%), and colonoscopy (87%). The tests most frequently recommended for the vignette involving pulmonary nodules were: chest CT (90%), CT of abdomen/pelvis (74%), CBC (55%), and colonoscopy (55%). The effects of surgeon age and US Census Region on work-up intensity were small. There was no effect of MCO penetration rate.

Conclusions: This is the first empirical data on this subject from a large sample of an international society of highly credentialed experts. Consensus is lacking for most diagnostic modalities in current practice.