

THE INFORMATION BASED ON LOCAL HEALTH CARE DATA MAY IMPROVE THE MORTALITY OF COLORECTAL CANCER (CRC) IN COUNTRYSIDE OF JAPAN

Tetsuya SUWA¹⁾, Takanori YAMADA²⁾

1) The First Dept. of Medicine, Hamamatsu University School of Medicine, 2) Dept. of Gastroenterology, Iwata City Hospital



BACKGROUNDS: Colorectal cancer (CRC) is significant cause of morbidity and mortality worldwide. However, the improvement of CRC mortality in Japan is not match for the US that succeeded in declining over past decade. Although 2-day fecal immunochemical test (FIT) is recommended for CRC screening in Japan, the participation rate is not sufficient.

AIMS AND METHODS: To investigate the factors that determine CRC mortality in countryside of Japan, we estimate the clinical features of CRC patients and their prognoses at a countryside hospital, Iwata City Hospital. A single center, retrospective study. CRC specific mortality over a median follow-up of 53 months was assessed according to mode of diagnosis (symptoms, FIT, other) about 408 patients diagnosed CRC at Iwata City Hospital from April 2011 to November 2013.

Table1: Patient's background

All patients

Number	408
Age(years)	Median 70.7(36-95)
Sex(M:F)	239(58.6%):169(41.4%)
Stage(0:I:II:III:IV)	37 : 72: 87: 131 : 81
symptom:FIT	315(77.2%):93(22.8%)

Symptom-detected

Number	315(77.2%)
Age(years)	Median 72.2(38-95)
Sex(M:F)	184(58.4%) : 131(41.6%)
Stage (0:I:II:III:IV)	15 : 41 : 73 : 111 : 75

FIT-detected

Number	93(22.8%)
Age(years)	Median 65.5(36-85)
Sex(M:F)	55(59.1%) : 38(40.9%)
Stage (0:I:II:III:IV)	22 : 31 : 14 : 20 : 6

Figure1: Distribution of Clinical Stages

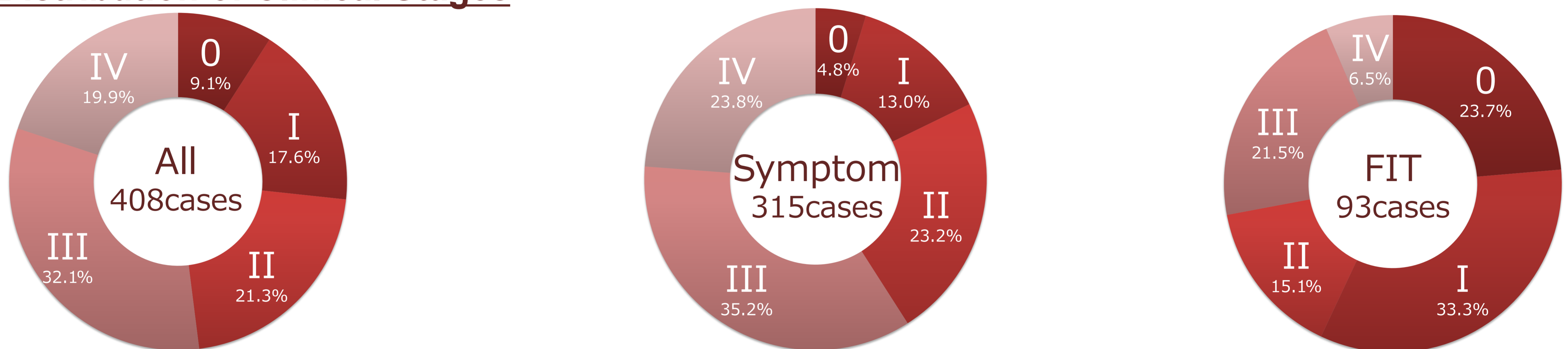
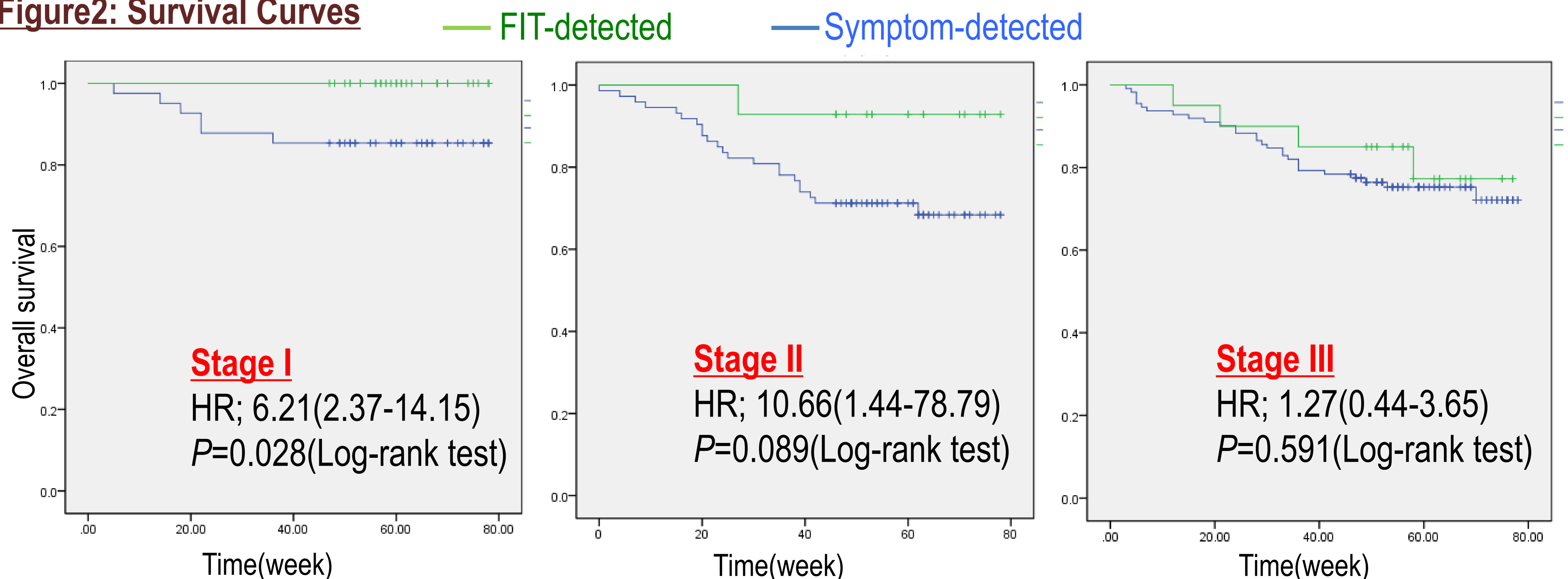


Figure2: Survival Curves



RESULTS: 77.2%, 22.8% were detected by symptoms, FIT, respectively. The FIT-detected CRCs had earlier stage distribution than symptom-detected CRCs (23.7% vs 4.8% in stage 0, 48.4% vs 36.2% in stage I or II). Hazard Ratios (HRs) of total mortality with 95% confidence intervals (95% CIs) for symptom-detected CRCs compared to FIT-detected CRCs were 6.21 (2.37-14.15), 10.66 (1.44-78.79) and 1.27 (0.44-3.65) in total CRC cases, stage I or II and stage III, respectively.

CONCLUSION: The number of FIT-detected CRCs is quite lower than symptom-detected CRCs at our hospital. FIT-detected CRCs have better prognoses beyond the persuasion by clinical stage distribution. The efficacy of FIT for detection favorable stage CRCs was confirmed. However, the municipal office of Iwata reported that participation rate of FIT was only 45.9% in Iwata. Then, rising participation rate of FIT by effective information and education is important issue to improve the mortality of CRCs in Iwata as well as countryside of Japan.