Younger patients don't attain survival benefit from current rectal cancer treatment recommendations

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A new study reveals that individuals younger than 50 years of age who are diagnosed with rectal cancer do not experience an overall survival benefit from currently recommended treatments. Specifically, the addition of chemotherapy and radiation to surgery does not prolong life for these patients. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the findings suggest that early onset disease may differ from later onset disease in terms of biology and response to therapy.

The overall incidence of rectal cancer is decreasing in patients older than 50 years of age, likely due to improved screening adherence; however, there is a disproportionate increase in rectal cancer incidence in patients under the age of 50 years. In addition, the mortality rate from rectal cancer among younger patients has increased in the past several decades.

Current national guidelines—which recommend a combination of chemotherapy, radiation, and surgery for stages II and III rectal cancer—are predominantly based on data from patients older than 50 years of age. To examine how younger patients fare, a team led by Atif Iqbal, MD, of the University of Florida College of Medicine, in Gainesville, examined 2004-2014 information from the National Cancer Database. A total of 52,519 patients were analyzed.

The team found that patients younger than 50 years old who have been diagnosed with rectal cancer represent a unique group. These younger patients do not see a survival benefit from receiving the currently recommended treatment for stages II and III rectal cancer.

"Our findings support the notion that rectal cancer in young patients may be biologically different from older patients, with differing response to treatment, as has been previously shown in colon cancer," said Dr. Iqbal. "These findings may help stimulate future research trial proposals focused on the younger patient population."

The study also reveals age-specific survival data for younger patients. "These data provide practicing physicians the ability to offer a prognosis personalized to the younger population, which can greatly improve discussions with younger patients."

In an accompanying editorial, Matthew Kalady, MD, of the Cleveland Clinic notes that the findings highlight the need to continually evaluate approaches to colorectal cancer prevention, screening, and treatment. "This manuscript should open the eyes of physicians treating rectal cancer patients and of those making treatment guideline recommendations and screening policies," he wrote. He noted that the study did not address other clinically important endpoints for rectal cancer patients such as local recurrence and disease-free survival. He added that studies are needed to evaluate how factors such as diet, physical activity and obesity, underlying genetics, and gut microbes may interact with rectal cancer biology.

More information: "Rectal cancer patients under 50 years of age lack a survival benefit from NCCN guideline-directed treatment for stage II and III disease." Andrew Kolarich, Thomas J. George, Jr, Steven J. Hughes, Daniel Delitto, Carmen J. Allegra, William A. Hall, George J. Chang, Sanda A. Tan, Christiana M. Shaw, and Atif Iqbal. *CANCER*; Published Online: July 9, 2018, DOI: 10.1002/cncr.31527

"Rectal Cancer in Young Patients: Time to Take Notice." Matthew Kalady. *CANCER*; Published Online: July 9, 2018, DOI: 10.1002/cncr.31524

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