Clinico-Demographic Profile of Colorectal Cancer Patients in National Cancer Institute of Sabratha –Libya

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Abstract
Colorectal cancer (CRC) is one of the most common cancers worldwide and its incidence is reported to beincreasing probably due to the acquisition of a western lifestyle.
Methods: *A retrospective study has been conducted to find the age, gender, site of lesion, clinical presentation, type of surgery, histology of lesion of colorectal cancer patients registered in National Cancer Institute of Sabratha between January to December 2013.*
The aim of our research is to study the basic demography age, gender and anatomical location of the tumor in patients with CRC registered in National Cancer Center of Sabratha from January to December 2013.
Results: *during Jan-Dec 2013, 135 cases of adenocarcinoma of colorectum were identified from our registry. The demographic characteristics of the patients are shown in Table 1. Age-stratified incidence of CRC showed that majority of the cases were in the age group 51-60 years (31.9%), followed by 41-50 years (21.5%). There were 13 (9.6%) cases of CRC below the age of 40 years. Ninety five (70.5%) patients presented with bleeding per rectum, 86 (63.7%) had lost significant weight, 73 (52%) had constipation, 70 (51.8%) had anorexia and another 49(36%) had a pabable mass.*
Conclusion: *Our finding is comparable to that of international figures: in that most of the CRCs were in distal parts, the incidence of CRC increases with age and the predominance of male.*
Keywords: *Colorectal Cancer, clinicodemografic, Sabratha.*

Introduction

Colorectal carcinoma (CRC) is the most common malignancy of gastrointestinal tract. It is the second most common cancer in males and fourth in females[1]. In developed countries incidence varies from50-60/100000 population[2]. The risk of developing colorectal carcinoma increases with age[3]. It has been seen that about 90% of new cases are diagnosed in patients over 50 years of age[4]. The literature suggests that there is a gradual shift of colon cancer towards right[5]. So, the aim of our research is to study the basic demography age, gender and anatomical location of the tumor in patients with CRC registered in National Cancer Center of Sabratha from January to December 2013.

Methods

A retrospective study has been conducted to find the age, gender , site of lesion, clinical presentation, type of surgery, histology of lesion of colorectal cancer patients registered in National Cancer Institute of Sabratha between January to December 2013.Tumors occurring in the cecum, ascending colon, hepatic flexure, and transverse colon were classified as proximal colorectal cancer and those in the splenic flexure, descending colon, sigmoid colon and rectum were grouped as distal colorectal cancer .Statistical analysis data are reported as mean (M), standard deviation (SD), numbers (n) and percentage (%).

Results

- During Jan-Dec 2013, 135 cases of adenocarcinoma of colorectum were identified from our registry. The demographic characteristics of the patients are shown in Table 1 .Age-stratified incidence of CRC showed that majority of the cases were in the age group 51-60 years (31.9%), followed by 41-50 years (21.5%). There were 13 (9.6%) cases of CRC below the age of 40 years.

Table 1 Demographic data of 135 patients with colorectal Cancer.

Gender	
Male	84(62.2%)
Female	51 (37.8%)
Mean age (SD), range	57.55 (13.3), 27-98
Age stratification (years)	
≤40	13 (9.6%)
41-50	29 (21.5%)
51-60	43 (31.9%)
61-70	25 (18.5%)
71–80	21 (15.6%)
≥81	4(2.9%)

Ninety five (70.5%) patients presented with bleeding per rectum, 86 (63.7%) had lost significant weight, 73 (52%) had constipation, 70(51.8%) had anorexia and another 49(36%) had a pabable mass (Table 2).There were 92 (68.1%) left-sided (distal) tumors, 27 (20%) right-sided (proximal) tumors and 16(11.8%) nonspecific colorectal cancer.

Table 2 Distribution of patients (n=135) according to clinical presentation.

Clinical presentation	Frequency	Percentage
Rectal bleeding	95	70.5%
Weight loss	86	63.7%
Constipation	73	52%
Anorexia	70	51.8%
Abdominal pain	62	46%
Palbable mass	49	36%

Discussion

The incidence of colorectal cancer (CRC) is very variable worldwide, with western countries having a high rate [6,7,8]. A rising incidence of colorectal cancer has been reported from many regoins which were considered previously as an area of low incidence CRC [9-11,12]. This increase in the incidence of colorectal cancer has been attributed to improved awareness about cancer and a shift towards a western diet. In our study age-stratified incidence of CRC showed that majority of the cases were in the age group 51-60 years [31.9%] which is comparable to many reports from developed countries. In our study also, 9.6% of colorectal cancer patients were found to be below the age of 40 years compared to 38% in certain african countries [(9-11] and to 2 - 6% in developed countries [13,14]. The mean age of our patients at the time of diagnosis was 59.8 years for proximal and 55.9 years for distal colorectal cancer. This finding agrees with other studies[15,16]. The mean ages ranging from 67.9 to 69.0 years commonly reported in developed countries with a differential of about 10.0 years [17,18]. The frequency of CRC in patients aged 40.0 years or above in our study was 89.6% which compares relatively with other reports[15]. In our study, bimodal peak age of

incidence for CRC was seen in the 51-60 (31.9%) followed by 41-50 years age group (21.5%) and 61-70 years age group (18.5%). Male to female ratio of 1.6:1 showed a male predominance which agrees with results reported by other studies [9, 19]. No explanation for male predominance. We noticed that rectal bleeding was the commonest symptom for colorectal cancer in the current study which is in agreement with other studies reported in developing countries[20]. In our study there was a preponderance of left-sided tumors (68%), similar to reports done in other developing countries [9,10]. This differs from the right-side shift reported in certain developed countries [21,22]. So we conclude the followings:

1) The study had some limitations because of its retrospective nature and relatively smaller number of patients. Never the less the study provides primary data on the age, gender, clinical presentation and location of CRC in a specimen of Libyan patients.

2) Our finding is comparable to that of international figures: in that most of the CRCs were in distal parts, the incidence of CRC increases with age and the predominance of male.

3) It is advisable to encourage individuals aged 40 years or above to go for colorectal screening.

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