

Patterns of Treatment Failure for Anal Squamous Cell Cancer: Thirty Years Experience in a Single Institution

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Anal SCC

- Incidence 1 in 100,000
- Definitive chemoradiotherapy
- Locoregional &/or distant relapse in up to 25%
- Early detection of relapse
- Radical surgery only hope of cure



Methods

- Patients undergoing definitive chemoradiotherapy
- Database Jan 1983 – Dec 2012
- 382 patients (132 M, 250F), Median age 61 yrs
- Persistent vs Recurrent disease
- Sites of failure – Locoregional vs Distant or Both
- Treatment modalities for relapse

Results

- Median follow-up 5 years for 376 patients
- 5-year disease-free rate 78% (95% CI:73%-82%)
- Locoregional disease-free rate 82% (95% CI:78-87%)
- Distant disease-free rate 92% (95% CI:89-95%)

Results: Disease relapse

	LR	Distant	Both	
Residual	23	3	4	30
Recurrent	29	12	4	45
TOTALS	52	15	8	75

- 3 patients with >1 episode of disease relapse

Results: Treatment intent

	Salvage	Palliative	None
Residual	19	10	1
Recurrent	25	14	6
TOTALS	44	24	7

- 58.7% of patients with disease relapse underwent salvage treatment

Subsequent Salvage Treatment

	APR	Inguinal dissection	External beam radiotherapy	Other
No. with disease relapse	24	2	1	17

- 1 inguinal dissection after persistent FDG-PET-avidity
- EBRT to inguinal nodes in 1992, 2 yrs after treatment

Other forms of Salvage Treatment

- 6 inguinal nodal relapses

Year of diagnosis	Year of relapse	Inguinal dissection	Chemo	XRT	Last follow-up
1988	1990		✓	✓	1994
1990	1994		✓	✓	2012
1993	1994	✓	✓	✓	1996
1994	1994	✓ (1994)	✓ (1995)	✓ (1995)	2013
1994	1996		✓	✓	1999
1995	1999		✓	✓	2002

- 2 hemihepatectomies for solitary liver metastases

Other forms of Salvage Treatment

Year of diagnosis	Year of relapse	Salvage treatment	Last follow-up
1987	1989	CRT	1991
1992	1997	Pelvic exenteration	1998, Distant mets
1994	1994	CRT	1996
1996	07/2013	CRT (aim for APR, complete response to CRT)	11/2013
2002	2006	Pelvic exenteration	2008
2002	2006*	APR & Chemo	2012 RIP
2003	2007	CRT (pelvic side wall)	2007
2007	2009	CRT (aim for exenteration, pt died)	2009 RIP
2012	2013	CRT	2014

Multiple relapses

- 1.
- 2002 T1N0, CRT
 - 2006 – Relapse 1, primary site; APR & chemo
 - 2008 – Relapse 2, SCC perineal sinus; CRT/Pelvic exenteration/IORT
 - 2011 – Relapse 3, pelvic recurrence inc bone; palliative chemo
 - RIP 2012
- 6yrs

- 2.
- 2005 T3N0, CRT
 - 2007 – Relapse 1, primary site; APR
 - 2008 – Relapse 2, CRT/Pelvic exenteration/IORT
 - 2010 – Relapse 3, Intra-abdominal mets; palliative bypass
- 3yrs

- 3.
- 2007 T2N0, CRT
 - 2011 – Relapse 1, liver met; hemihepatectomy
 - 2013 – Relapse 2, intraperitoneal & lung mets; asymptomatic
- 2yrs

Salvage treatment outcomes

- Median follow-up 2.4 years (0.3-17.8yrs)
- 1 year survival 87% (95% CI: 78-98%)
- 5 year survival 69% (95% CI: 54-88%)

Conclusion

- Significant number experience disease relapse
- Most relapse locoregional
- Isolated distant disease can be considered for salvage
- Salvage treatment can result in satisfactory medium-to-long term survival for select patients

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