

## 10) RESULTS OF PRIMARY NON-SURGICAL TREATMENT OF EPIDERMOID CARCINOMA OF THE ANAL CANAL: A SINGLE INSTITUTION EXPERIENCE OF 325 CASES.

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Results of Primary Non-surgical Treatment of Epidermoid Carcinoma of the Anal Canal: A Single Institution Experience of 325 Cases. Janina F Loureiro Huguenin, Marcus Valadão, Jorge Mali Jr. Background: Epidermoid carcinoma of the anal canal is an uncommon disease, and most institutions have a small series of patients. The current study was designed to assess the results in terms of local recurrence, survival and toxicity of the large series of patients with anal squamous-cell carcinoma treated with chemoradiation in the National Cancer Institute – Brazil (INCA). Methods: Between 1981 and 2001, 608 patients with anal epidermoid carcinoma were treated at INCA, however only 325 patients completed non-surgical treatment protocol and their outcome was analyzed. Seventy percent (227 patients) of the patients were submitted to the combined treatment (chemoradiation) while thirty percent (98 patients) were submitted only to radiation therapy. Radiation treatment used a total dose of 41,4 Gy divided in 23 fractions associated to a boost in the tumoral bed of 14,4 Gy divided in 8 fractions. Seventy percent of patients were scheduled for simultaneous chemotherapy with 5-fluorouracil at a dose of 1000 mg/m<sup>2</sup> of continuous intravenous infusion on Days 1 to 4 and 28 to 31 and mitomycin C (15 mg/m<sup>2</sup> on Day 1) or cisplatin (25 mg/m<sup>2</sup>). The 5-year estimate of survival was performed by the Kaplan Meier method and comparisons between curves by log rank test. The univariate analysis used the X<sup>2</sup> test and the multivariate analysis used the cox proportional regression. Results : Patients submitted to combined treatment (chemoradiation) experienced more toxicity than radiotherapy-only patients and this difference was statistically significant (p=0,0002). Among patients submitted to the combined treatment (n=227), one hundred and twenty seven patients (56%) were treated with 5-fluoracil and mitomycin and one hundred patients (44%) used the 5-fluoracil and cisplatin regimen. There was no difference between the two groups concerning toxicity (p=0,6). Age, gender, race, tumor differentiation and smoking had no influence in overall survival. There was no statistically significant difference in overall survival between the two treatment groups (5-years survival for radiotherapy=75%, chemoradiation=83%; p=0,11) but the radiotherapy alone group developed significantly more local recurrence than the combined treatment group (34,7% and 22% respectively, p=0,02). Overall survival was strongly influenced by stage distribution (p=0,001). Multivariate analyses showed stage distribution as the only independent prognostic factor in overall survival. Conclusion: Besides the increasing of morbidity, the chemotherapy addition improved outcomes by reducing the recurrence rates. Our study confirms the literature findings that chemoradiation should be the primary standard treatment for epidermoid anal cancer.