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Short-term outcome of patients with colon cancer diagnosed by symptoms and screening

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Short-term outcome of patients with colon cancer diagnosed by symptoms and screening

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Dear Editor,

We read the article "*Lower morbidity and improved outcomes in patients with screen-detected colorectal cancer*" and the accompanying editorial (1,2) with great interest. In this study, the authors reported that patients with colon cancer diagnosed as part of a screening program (n = 86) require fewer preoperative transfusions of blood products (3.5% vs 25%; p < 0.001) and also experience fewer overall postoperative complications than patients diagnosed outside such programs (n = 65) (35.4% vs 62.5%; p = 0.002). However, there were no differences between these groups with regard to wound infections, anastomotic fistulas and repeat operations.

Although the excellent study by Sebastian et al. does not include long-term outcome factors (disease-free survival and pattern of tumor recurrence), there is increasing evidence of the negative influence of intraoperative factors (the need for blood products and operative time) and complications (especially severe complications and Clavien-Dindo > IIIb) on long-term oncologic outcome.

A recent study of 950 patients from our center (stages I, II and III; American Joint Committee on Cancer [AJCC]) showed results that were in line with the results of

Sebastian et al (1). We observed a significantly higher disease-free survival at five and ten years in patients diagnosed within the screening program (n = 200) as compared with those diagnosed following the appearance of symptoms (750). This was especially true in stage III disease, a finding similar to that reported in recent studies (3,4).

Several hypotheses have been proposed that may explain these findings. However, it seems clear that the inhibition of the cell-mediated immune response that is secondary to surgical stress, transfusion of blood products and the innate response to tissue damage, all exert an impact on long-term oncologic outcomes (5).

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