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Neuroendocrine Carcinoma of the Rectum & Anus: Patient Characteristics and Treatment Modalities



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BACKGROUND: There are only a few reports examining the treatment patterns for poorly differentiated rectal/anal NEC. In this study, we sought to report treatment and survival outcomes for patients with NEC of the anus and rectum seen at Mayo Clinic.

METHODS: We identified patients with a primary NEC of the anus or rectum using Mayo Clinic databases from the year 2000 to present. Kaplan Meier analyses were performed to evaluate overall survival (OS) for all patients, as well as subgroups with locoregional disease (LRD) and metastatic disease. Progression free survival (PFS) was also evaluated for patients with LRD treated with chemoradiation therapy (CRT).

RESULTS: 38 patients with anorectal NEC were identified, 61% having metastatic disease at diagnosis. Metastatic disease was associated with shorter median OS ($p=0.039$; HR 2.46). 34 patients received chemotherapy with EP-based regimens being most common 1st line. 10 of 15 patients with LRD received CRT with median PFS of 6.3 months and a 1-year PFS rate of 20%. Three patients with LRD treated with CRT were alive at time of analysis, all three having undergone surgical resection of primary tumor.

CONCLUSION: NEC of the anus and rectum is an aggressive malignancy with most patients experiencing metastatic disease at presentation and poor response to chemotherapy at all stages. Even those with LRD experience a very poor prognosis with OS of 18.9 months from diagnosis. For LRD, most patients underwent CRT with only a short-lived response (median PFS 6.3 months). Those achieving sustained response also underwent surgical resection. Overall, prognosis is poor for all stages and further study on a large scale is warranted to better characterize this rare, aggressive malignancy.

ABSTRACT ID: 191