



Rectal Bleeding As A Symptom of Advanced Colorectal Cancer is Associated with Left-Sided Colorectal Cancer and Improved Survival

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Background

- Rectal bleeding (RB) is a symptom of colorectal cancer (CRC) that often prompts endoscopic investigation.
- The outcomes of RB in the setting of advanced CRC have not been well described.

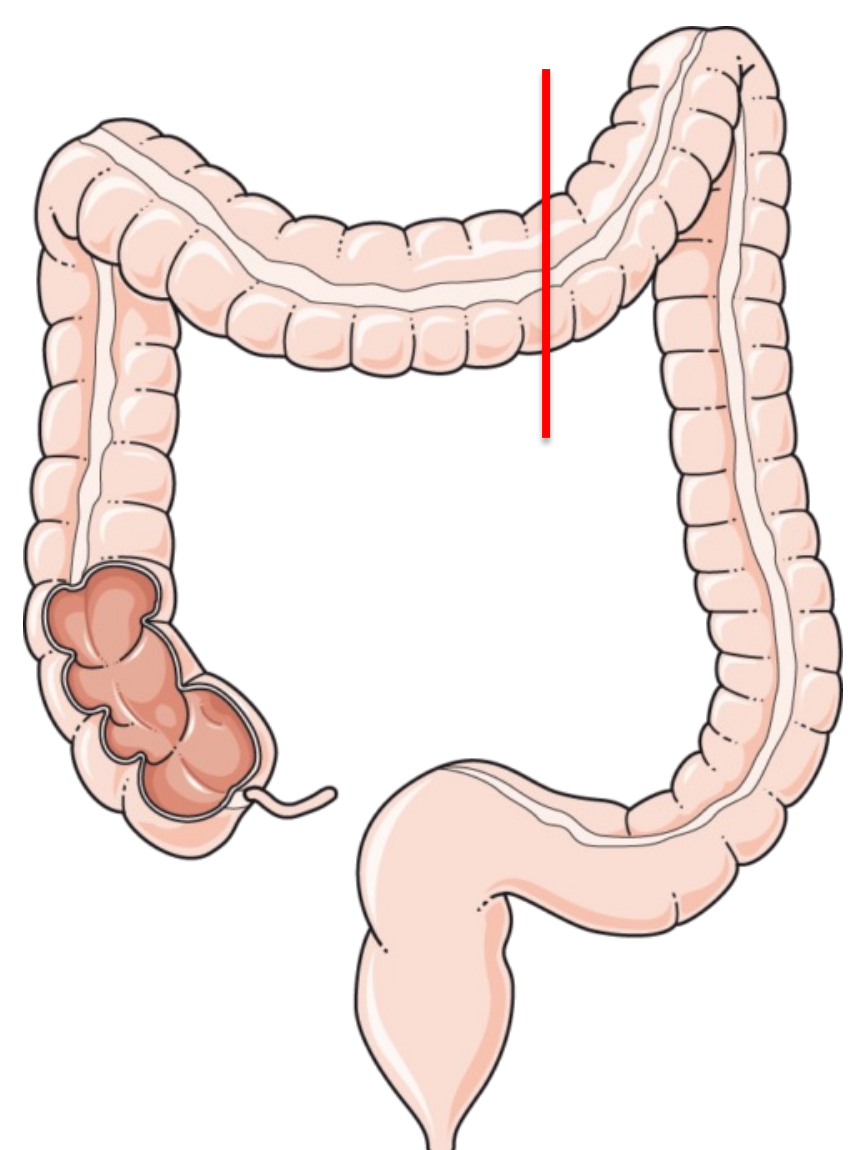
Aim

- Investigate the outcomes of patients diagnosed with stage IV CRC after presenting with RB.

Methods

- Retrospectively analyzed patients ages 18 years and older diagnosed with Stage IV CRC from 2011 to 2017 in our academic, safety-net hospital.
- Patients were excluded if they were not diagnosed via diagnostic colonoscopy.
- Patients were stratified based on RB at presentation.
- Location of tumors were categorized as right-sided colorectal cancer (RCRC) and left-sided colorectal cancer (LCRC).

RCRC



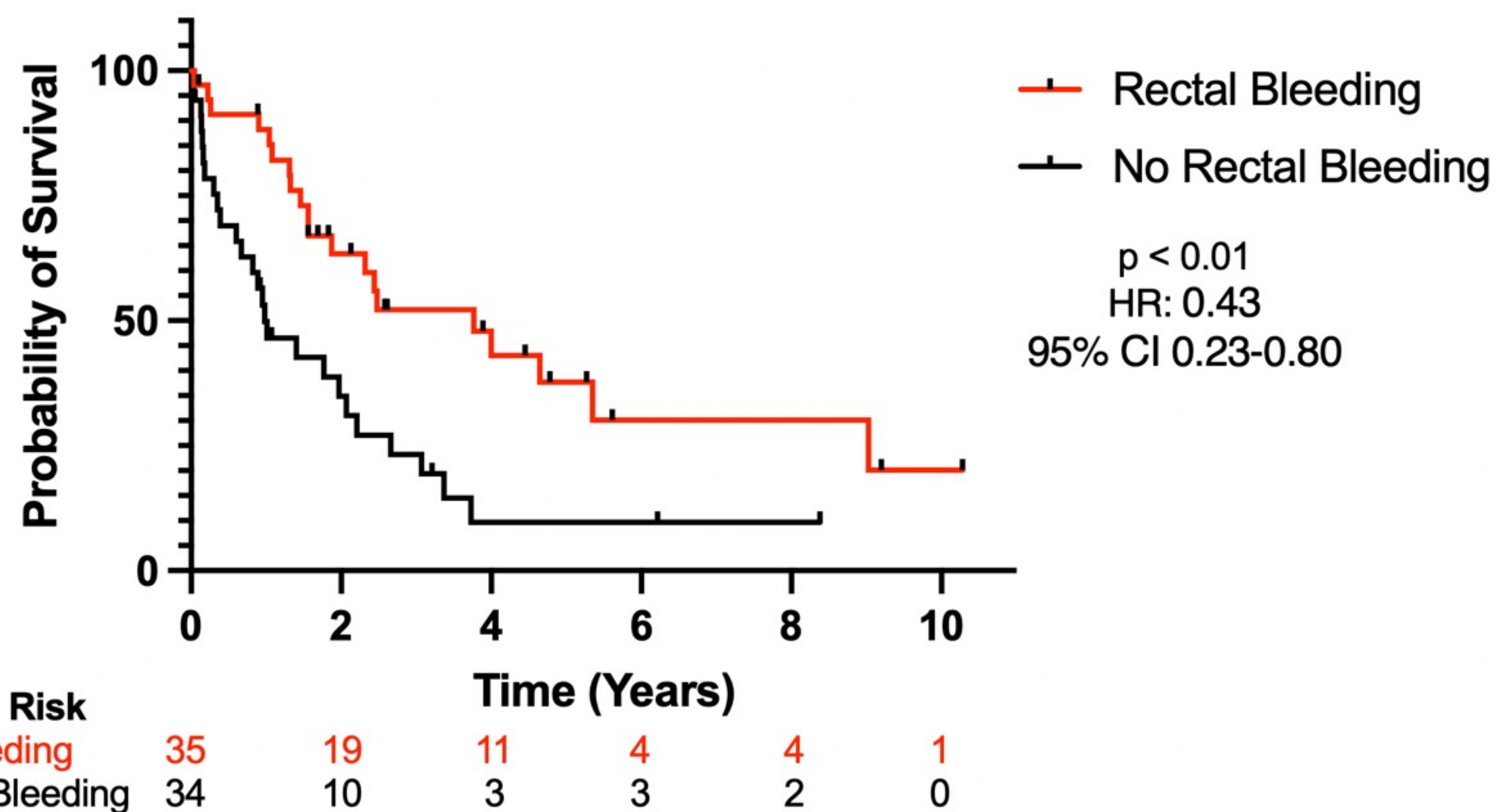
LCRC

General patient characteristics and CRC-specific data stratified by the presence or absence of weight loss.

	Rectal Bleeding	No Rectal Bleeding	Significance
Number of patients	35	34	
Age at Diagnosis	57.9 ± 13.0	62.2 ± 13.8	n.s.
Sex	Male	17 (50.0%)	n.s.
	Female	17 (50.0%)	
Race	White	12 (35.3%)	n.s.
	Black	20 (58.8%)	
	Other	2 (5.9%)	
Charlson Comorbidity Index	5.6 ± 2.3	6.9 ± 2.0	< 0.05
Time from presentation to endoscopy (months)	0.9 ± 1.5	1.2 ± 3.3	n.s.
Median Survival (days)	1377	358	< 0.01
Time to first treatment (months)	2.7 ± 4.8	1.3 ± 1.8	n.s.
Time to surgery (months)	4.2 ± 3.2	2.2 ± 3.0	n.s.
Time to systemic treatment (months)	3.0 ± 4.7	1.8 ± 1.8	n.s.

n.s. = not significant

Survival curve using the Cox proportional hazards model with CCI, race, and gender as covariates for multivariate analysis.



Results

- Sixty-nine patients met the inclusion criteria.
- Average time from presentation to endoscopy in those with RB compared to those without RB were 0.9 ± 1.5 months and 1.2 ± 3.3 months, respectively (p = 0.53).
- All thirty-five patients with RB had LCRC.
- For those without RB, eighteen had RCRC and sixteen had LCRC.
- There were no differences in times to surgery (p = 0.09), systemic therapy (p = 0.27), or any treatment (p = 0.14).
- Median survival in those with RB was 1377 days and those without RB was 358 days.
- Using the Cox proportional hazards model with Charlson Comorbidity Index (CCI), gender, and race as covariates for multivariate analysis, the average length of survival remained significantly higher in patients with RB (p < 0.01, HR 0.43, 95% CI 0.23-0.80)

Conclusions

- In our study, all patients who presented with RB had LCRC and more than half of the patients without RB had RCRC.
- RB may prompt earlier evaluation because it is a more obvious symptom.
- The absence of RB was associated with increased mortality after controlling for age, comorbidities, gender, and race.**
- RB in CRC may be more indicative of left-sided disease which may be associated with a less aggressive disease course.**
- More research is required to fully understand the association between RB and clinical outcomes.