

English Abstract Session

2025年11月14日(金) 8:30 ~ 9:20 第10会場

[E1] English Abstract Session 1 Surgical outcome

Moderator: Kazuhiko Yoshimatsu (Department of Digestive Surgery, Kawasaki Medical School), James Ngu (Department of Surgery, Changi General Hospital, Singapore)

[E1-1] The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang¹, Yaru Niu¹, Xishan Wang¹ (1. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2. Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Purpose: In colon cancer patients with tumor-associated inflammatory adhesions (TAIA), the preoperative clinical staging is cT4b, but postoperative pathology reveals that the tumor has not invaded surrounding organs (non-pT4b). We aimed to investigate the impact of TAIA on prognosis and treatment strategies for colon cancer patients.

Methods: Colon cancer patients from the Surveillance, Epidemiology, and End Results (SEER) database (2010 to 2019) and Chinese multicenter cohort were included to compare survival differences between the TAIA and non-TAIA groups. A Cox proportional hazards model was used to evaluate independent risk factors for survival in colon cancer patients. Additionally, we analyzed the impact of adjuvant chemotherapy on survival in TAIA patients.

Results: A total of 112,659 colon cancer patients from the SEER database and 881 colon cancer patients from the Chinese database were included in this study. After propensity score matching (PSM), both cohorts found that patients in the TAIA group exhibited worse overall survival ($P < 0.05$) and cancer-specific survival ($P < 0.05$). Additionally, the Cox multivariate proportional hazards model identified TAIA as an independent risk factor for cancer-specific survival in colon cancer patients (SEER: HR 1.45, 95% CI: 1.40 to 1.50, $P < 0.001$; China: HR 1.54, 95% CI: 1.130 to 2.102, $P = 0.006$). Subsequently, 36,496 TAIA patients from the SEER database and 229 TAIA patients from a Chinese multicenter database were independently divided into adjuvant chemotherapy and control groups. After PSM, both databases indicated better survival in the adjuvant chemotherapy group.

Conclusion: Colon cancer patients with TAIA have a poorer prognosis. Adjuvant chemotherapy can improve the prognosis of TAIA patients.