Normalized post-op CEA may help predict colon cancer prognosis
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Tsuyoshi Konishi, M.D., from the Memorial Sloan Kettering Cancer Center in New York City, and colleagues assessed how pre- and postoperative levels of serum CEA correlate with colon cancer outcomes. Retrospective analysis included 1,027 consecutive patients with colon cancer (stages I to III) who underwent curative resection for colon adenocarcinoma between 2007 and 2014 at a single comprehensive cancer center.

The researchers found that patients with normal preoperative CEA had 7.4 percent higher three-year recurrence-free survival (RFS) versus the combined cohorts with elevated preoperative CEA (P = 0.01), although they had RFS similar to that of patients with normalized postoperative CEA (P = 0.86). Patients with elevated postoperative CEA had 14.9 percent lower RFS versus the combined cohorts with normal postoperative CEA (P = 0.001). There was an independent association between shorter RFS and elevated postoperative CEA (hazard ratio [HR], 2.0; 95 percent confidence interval, 1.1 to 3.5), but shorter RFS was not associated with normalized postoperative CEA (HR, 0.77; 95 percent confidence interval, 0.45 to 1.3) in multivariate analyses.

"Elevated preoperative CEA that normalizes after resection is not an indicator of poor prognosis," the authors write. "Patients with elevated postoperative CEA are at increased risk for recurrence, especially within the first 12 months after surgery."

More information: Abstract/Full Text (subscription may be required) Editorial (subscription or pay may be required)

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