



SWSC 2020 On-Demand Meeting Abstracts

11. THE EFFECT OF CANCER DIAGNOSIS ON PATIENT REPORTED OUTCOMES IN PATIENTS UNDERGOING COLORECTAL OPERATIONS: A PROSPECTIVE OBSERVATIONAL STUDY

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Background: Patient Reported Outcomes (PROs) can be used to predict clinical outcomes in patients undergoing major gastrointestinal surgery. Peri-operative PROs may be different in patient populations with chronic inflammatory conditions. We hypothesize that patients undergoing colorectal operations for non-cancer diagnoses have differences in PROs compared to those undergoing surgery for oncologic purposes. The aim of our study is to compare peri-operative PROs in patients undergoing colon and/or rectal operations for oncologic purposes versus benign processes.

Methods: After IRB approval, patients undergoing colectomy, proctectomy, or proctocolotomy were enrolled in this prospective observational study. Demographics were obtained at the time of enrollment and PROs were gathered preoperatively and on post-operative day (POD) 2, 7, 14, and 30. PROs were collected using a validated Linear Analog Self Assessment (LASA) tool and outcomes were reported on a scale from 0 to 10. Severe pain was defined as pain ≥ 5 and severe fatigue was defined as ≥ 7 .

Results: Of the 195 patients included patients, 72 (37%) underwent surgery for a cancer diagnosis and 123 (63%) for non-cancer diagnosis. Median age was 54 (IQR 45-67) years old and 73% (n=140) of operations were minimally invasive. Non-cancer diagnosis included diverticulitis (28.5%, n=35), inflammatory bowel disease (43.9%, n=54) and other (27.6%, n=34). Amongst those with non-cancer diagnosis, 40.7% (n=50) of patients had severe preoperative pain and 39.0% (n=48) had severe fatigue. At POD 2, 48.8% (n= 60) had severe pain and 33.3% (n=41) reported severe fatigue. By POD 30 only 16.3% (n=20) reported severe pain and 10.6% (n=13) of patients reported severe fatigue. Amongst patients with cancer diagnosis, 23.6% (n=17) of patients had severe pre-operative pain and 12.5% (n=9) had severe fatigue. At POD 30, patients with cancer diagnosis demonstrated less improvement in PROs than patients with non-cancer diagnosis with 19.4% (n=14) with persistent severe pain and 20.8% (n=15) with severe fatigue.

Conclusion: Patients with chronic inflammatory disease of the bowel or other non-oncologic diagnosis who undergo colorectal operations were more likely to have severe fatigue and pain pre-operatively when compared to patients having surgery for oncologic purposes. This group of patients demonstrates more improvement in PROs in the early post-operative period when compared to patients with cancer diagnosis. When using PROs to guide post-operative care in patients undergoing colorectal surgery, indication for surgery and initial diagnosis should be considered.