

**ANAL CANCER MANAGEMENT AND OUTCOMES
IN NORTHERN IRELAND 2002-2006**

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Introduction Anal cancer is a relatively uncommon malignancy and requires a multidisciplinary management approach.

Aims/Background The aim of this study was to review the surgical and oncological management and outcomes for anal cancer diagnosed in Northern Ireland between 2002–2006.

Method Data was collected retrospectively from computerised records for patients diagnosed with anal cancer in Northern Ireland between 2002–2006. Patient demographics, radiological, histological, surgical and oncological data were recorded. Kaplan Meier estimates of overall survival were calculated.

Results Eighty patients (43 female) were identified. Median age was 57 years (27–85 years). Ninety-three percent had squamous cell carcinoma. Sixty-three patients (78.8%) were treated with curative intent. Of these, 44 (69.8%) had chemoradiotherapy (CRT). Completion rates of chemotherapy and radiotherapy were 72.3% and 97.8% respectively. Twenty-six patients (32.5%) had primary surgical treatment (16 local excisions, 9 APER, 1 panproctocolectomy). Eight patients had a salvage APER and 1 had a recurrence locally excised. Twelve patients had a defunctioning loop stoma fashioned (2 were reversed). Overall APER and permanent stoma rates were 22.5% and 36.3%. Forty-three patients (53.8%) had excisional or defunctioning surgery as part of their management. Median overall survival (OS) was 9.1 years, 2 and 5 year OS was 79% and 62% respectively. In the curative CRT group 2 year and 5 year OS were 90.1% and 76.2% respectively.

Conclusion Chemoradiotherapy is the primary treatment modality for patients with anal cancer. However, many patients require either local, radical or defunctioning surgery. Survival outcomes for this 5 year cohort are comparable with published series.