

Clinicopathological Characteristics and Early Oncological Outcomes of Colorectal Cancer Surgery in a Pakistani Cancer Centre

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702

patients operated

71%

5-year overall survival

73%

5-year DFS (curative)

0.9%

90-day mortality (6/702)

BACKGROUND

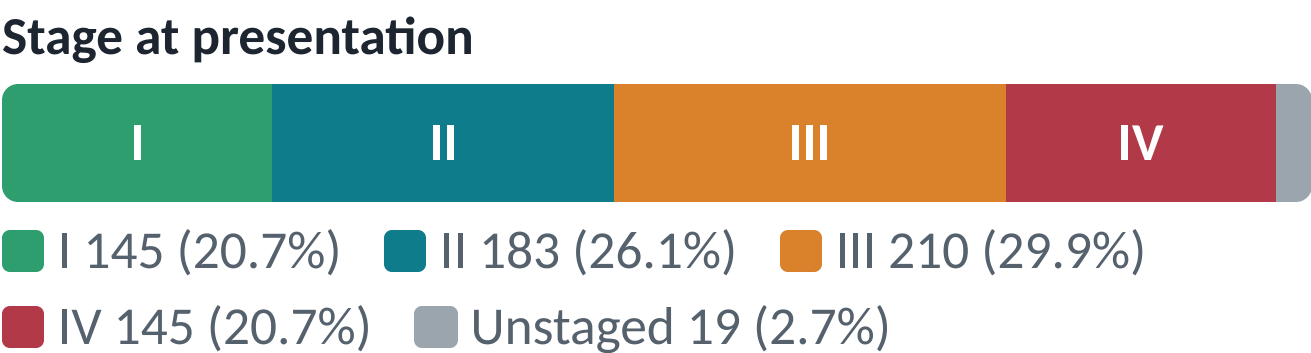
Colorectal cancer outcomes depend on stage at presentation, tumour site, surgical approach, pathological quality and follow-up. Institutional data from Pakistani cancer centres remain limited.

Aim: to describe the clinicopathological profile, perioperative and early oncological outcomes of colorectal cancer surgery at SKMCH&RC Peshawar.

METHODS

- Retrospective review, colorectal adenocarcinoma, two surgical oncology teams, 2021 onwards
- Data from institutional databases and electronic records
- Outcomes: stage, surgical approach, margins, complications, 90-day mortality, recurrence, DFS and OS
- Multivariate analysis of factors affecting OS

COHORT

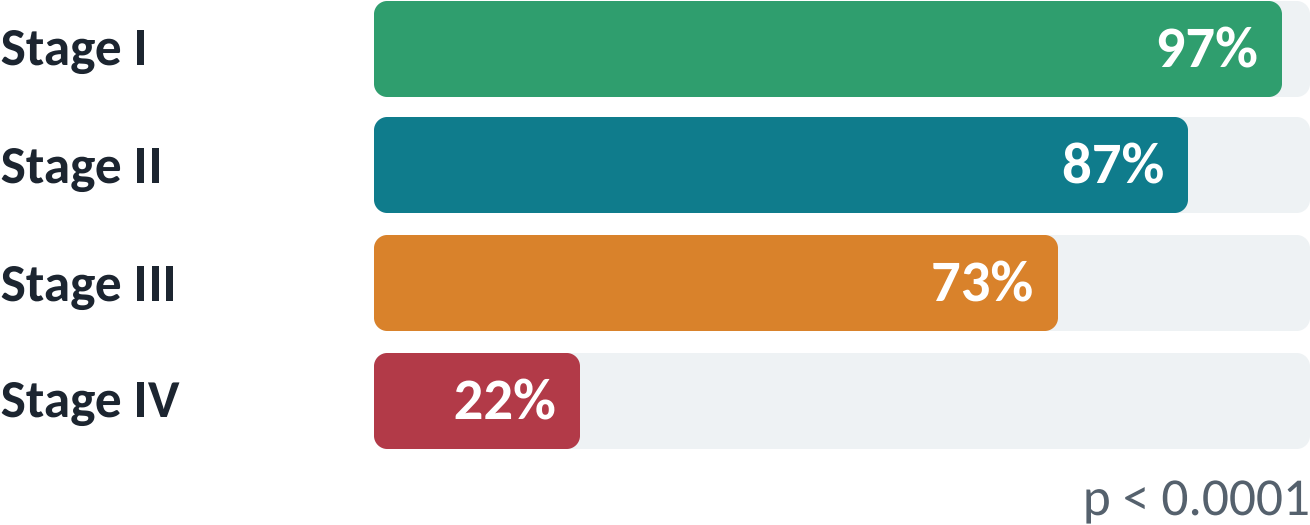


Synchronous/multicentric: 12 (1.7%) • HNPCC/Lynch: 8 (1.1%)

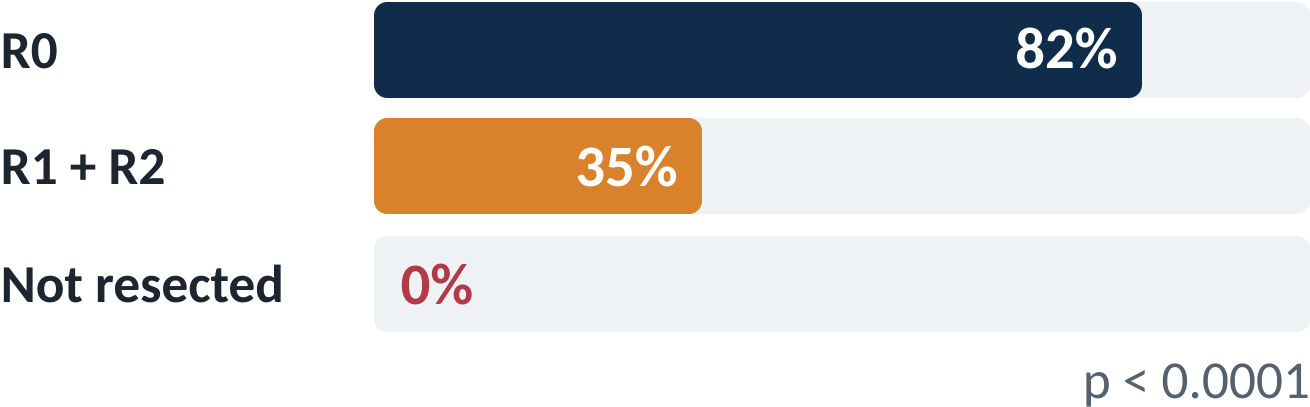
PERIOPERATIVE OUTCOMES

	Colon	Rectum	All
Complications	37.7%	38.3%	38.0%
90-day mortality	1.4%	0.5%	0.9%
Multivisceral resection	100 (14.2%)		

5-YEAR OVERALL SURVIVAL BY STAGE



5-YEAR OS BY RESECTION STATUS



SURVIVAL SUMMARY

- 5-year DFS after curative resection: 73%
- 5-year overall survival: 71%

MULTIVARIATE ANALYSIS (OS)

Independent predictors: resection for cure and stage at presentation (p < 0.0001).

Not significant: tumour site (colon vs rectum).

CONCLUSION

A uniform follow-up policy in a single institution provides evidence of quality assurance in colorectal cancer surgery, with high rates of resection for cure. Stage at presentation and curative resection, not tumour site, determine cancer-related outcome.

Keywords: colorectal cancer • rectal cancer • surgical oncology • margin status • recurrence • survival • Pakistan