

COMPARISON OF PREOPERATIVE AND POSTOPERATIVE CEA VALUES IN PATIENTS WITH COLORECTAL CANCER

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AIM: It is known that various CEA level in patients with colorectal cancer can be of prognostic significance. In this work we compared pre and postoperative CEA values in prediction of patient's outcome. Through evaluation of results Dukes staging was taken into consideration, too.

MATERIAL AND METHODS: We examined serum CEA with IRMA kit by INEP before and after radical tumor resection. In the most of patients marker was examined preoperatively and during follow-up, too. The evaluation of results was estimated by Kaplan-Meier method and logrank test. Based on results patients were divided in groups with normal (< 10 ng/ml) and elevated CEA (> 10 ng/ml) values.

RESULTS: If marker levels and Dukes stages were not taken into consideration, the mean survival time and 5-year survival between 2 groups did not differ significantly. However, the difference between groups with normal and elevated CEA are highly significant ($p < 0,0001$). No difference was registered of 5-year survival between Dukes B groups with normal CEA values. On the other hand, prediction of 5-year survival between groups with elevated CEA values of Dukes B and C are significantly different. Examination of age ranges revealed no survival difference between age groups < 64 and > 64 years indicating no age effect on survival.

CONCLUSION: Irrespective of Dukes stage, when pre and postoperative CEA values are normal relatively favourable outcome is expected in most of patients. If the elevated CEA returns to normal following surgery the risk for recurrence still exist. Therefore, there is need for careful follow-up. However, elevated pre and postoperative CEA values suggest distant metastases and prognosis of patients is poor.