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Marital status and survival in patients with primary liver cancer

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Objective: Marital status is viewed as an independent prognostic factor for survival in various cancer types. However, its role in primary liver cancer hasn't been thoroughly explored. In this study, we aimed to investigate the impact of marital status on survival outcomes among liver cancer patients.

Methods: We used the surveillance, epidemiology and end results (SEER) database to identify 40,809 patients diagnosed with primary liver cancer between 2004 and 2012. Kaplan-Meier analysis and Cox regression were performed to identify the influence of diverse marital status on overall and liver cancer-specific survival.

Results: We finally identified 40,809 eligible liver cancer patients between 2004 and 2012, including 21,939 (53.8%) patients were married at diagnosis and 18,870 (46.2%) was unmarried (including the divorced/separated, the widowed, and the single). Married patients had better overall and cause-specific survival outcomes compared with patients who were divorced/separated, widowed, single, respectively. The benefit associated with marriage still persisted even after adjusted for other confounders. Widowed individuals were at greater risk of overall and cancer-specific mortality compared to other groups. Similar associations were observed in subgroup analyses according to SEER stage.

Conclusions: Our results indicated that marital status was a prognostic factor for better survival outcomes in liver cancer patients. We speculated that social support may contribute better survival outcomes, especial for the widowed. More social supports and care should be provided for unmarried patients in our clinic practice.

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Association between clinical sign and colorectal mucosal lesion severity in patients with inflammatory bowel disease

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Inflammatory bowel disease (IBD) is an idiopathic inflammatory disease in gastrointestinal tract. The clinical signs of IBD include chronic diarrhea, with or without mucous and/or with or without rectal bleeding. It hasn't surely been known that there is a positive correlation between clinical sign and colorectal mucosal lesion severity in the IBD patients. This study aims to determine the relationship between clinical sign in inflammatory bowel disease patients with the varying colorectal mucosal lesion. The study was conducted in a retrospective cross section using the medical record data from both inpatient and outpatient with IBD at the Sardjito General Hospital from January 2012 until July 2014. From 65 data (42 men, 23 women and age 18 to 97 years old (49.94±18.25)), there was an insignificant weak positive correlation between clinical signs and lesion severity in IBD ($p=0.0916$, $r=0.211$), also in proctitis ($p=0.1543$, $r=0.2876$). Meanwhile, in left-sided colitis, the correlation is insignificant and has a very weak positive correlation ($p=0.9518$, $r=0.0125$). The only significant and stronger correlation is the correlation between rectal bleeding and lesion severity in the proctitis patients with $p=0.0053$ and $r=0.5310$. So, it can be concluded that there was an insignificant weak positive correlation between clinical signs and lesion severity in IBD, except for the proctitis, where the correlation between rectal bleeding and lesion severity was rather high. From this conclusion we can assume that clinical signs only, cannot reflect the disease severity of IBD, with the exception of proctitis where the severity of rectal bleeding can also depict the severity of the lesion.

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