中文題目:台灣從 2007 到 2017 年的年輕大腸癌發生率

英文題目: The incidence of colorectal cancer among younger adults in Taiwan from 2007 through 2017

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**Background:** The incidence of colorectal cancer (CRC) among patients younger than 50 years in the word was increased. Our study analyzed data from cancer registry database to examine recent changes in the incidence of CRC in Taiwan among patients younger than 50 years and to identify patient characteristic.

**Method:** Patients with CRC were selected from the Taiwan Cancer Registry using the International Classification of Diseases for Oncology, third edition (ICD-O-3) classification for CRC (ICD-O-3: C18-C20) from January 2007 to December 2017. All patients were followed up until December 31, 2017. The maximum follow-up period was five years after the diagnosed date of CRC. early onset CRC is defined as CRC in patients less than 50 years of age. Therefore, only patients less than 50 years old were included in this study. Patients with a history of cancer (prior to the diagnosis of CRC) and those with missing data were excluded from the study

**Results:** The incidence rate of early onset colorectal cancer significantly increased from 6.04 per 100,000 population in 2007 to 12.97 per 100,000 population in 2017. The overall mortality rate was 32.66%. Patients with cerebrovascular disease (CVD) had a higher mortality risk (hazard ratio (HR): 1.68; 95% confidence interval (CI): 1.25-2.28; p=0.0007). After subgroup analyses based on age, sex, clinical stage, and treatment type, patients with CVD had a higher overall mortality risk than those without CVD, with the exception of patients undergoing surgery and chemotherapy. Patients with chronic kidney disease had a higher mortality risk in the early clinical stages (HR: 2.31; 95% C.I.: 1.08-4.96; p=0.0138). Patients who underwent radiotherapy had a higher overall mortality risk in those with liver disease (HR: 1.38; 95% CI: 1.04-1.85; p=0.0285) than those without liver disease.

**Conclusion:** Colorectal cancer rates among Taiwan aged 20 to 49 years increased from 2007 to 2017. Identifying specific risk factors in young adults colorectal cancer permit risk stratification and target age to start screening.