BRITISH COLUMBIA SURGICAL SOCIETY
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ABSTRACT FORM

Instructions to Authors

The Abstract should be submitted by a member of the BC Surgical Society or candidate group.

The Abstract should be typed in 12 font with paragraphs indented 3 spaces, and the following headings all fitting into the box below:

• Title (underline presenter)   • Authors   • Introduction   • Methodology   •Results   • Conclusions

Permission to publish this Abstract should be given by senior author.

Title
Variables other than AJCC disease stage show clinical utility for colon cancer disease prognostication
Authors
Leung, S.; Griffith, O.; Phang, T.; Jones, S.; Masoudi, H.; Wiseman, S.
Introduction
The most important predictor of colon cancer patient outcome is disease stage at the time of surgery. In this study clinical and pathological characteristics were analyzed in order to identify which, in addition to stage, were predictive of disease outcome.
Methodology
Between 1997 and 2005 clinicopathologic data for 95 patients undergoing curative resection for colon cancer at a tertiary care institution was prospectively collected. Clinical and pathological characteristics evaluated were: age, gender, tumor location, tumor size, scheduled versus emergent surgery, pathologic margin status, TNM stage, pathologic grade, number of positive lymph nodes, total number of lymph nodes resected, vascular and lymphatic invasion. Significant variables identified by Kaplan-Meier univariate survival analysis were then included in a multivariate stepwise logistic regression analysis. Patient outcomes studied were overall survival, cancer specific survival and cancer recurrence.
Results
In this cohort the overall survival, cancer specific survival, and cancer recurrence were calculated to be 76.6%, 91.6% and 17.9%, respectively. Significant prognostic variables by univariate analysis were: AJCC stage, number of positive lymph nodes, pathologic N stage, lymphatic and vascular invasion by the primary tumor, and the location in the colon of the primary tumor. Multivariate analysis revealed that pathologic N stage and tumor location were the most significant independent factors for predicting disease recurrence.
Conclusions
Clinicopathologic characteristics in addition to AJCC disease stage are of clinical utility in predicting outcome for patients who have undergone curative colon cancer surgery.

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DEADLINE FOR ABSTRACTS: Thursday, December 29, 2005