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ABSTRACT FORM

Instructions: Once completed, rename this file and e-mail the completed form as an attachment.	Robert Sawin, MD NPSA Secretary-Treasurer Children's Hospital & Regional Medical Center 4800 Sand Point Way NE, W-7729 Seattle, WA 98105-0371	Tel: (206) 987-2039 Fax: (206) 987-3925 E-mail abstract to: robert.sawin@seattlechildrens.org
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NPSA Member:	Dr. Sam Wiseman	<input checked="" type="checkbox"/> Resident Competition Paper
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Suggested Discussant:	Dr. Rick Billingham (Seattle)	
<input type="checkbox"/>	I am willing to discuss a paper in the area of:	
Authors:	Leung, S.; Griffith, O.; Phang, T.; Jones, S.; Masoudi, H.; Wiseman, S.	
Title:	Additional variables other than AJCC staging show clinical utility for predicting survival in colon cancer	

ABSTRACT: (type single-space, 300 words or less; font size must not be less than 12 characters per inch)

Purpose : The most important predictor of colon cancer patient outcome is disease stage at the time of surgery. However, staging does not accurately predict survival for all patients undergoing a resection with curative intent. The aim of this study was to analyze clinical and pathological characteristics of patients undergoing curative colon cancer, in order to identify characteristics, in addition to stage, predictive of disease outcome.

Methods: Between 1997 and 2005 data for 114 patients undergoing curative resection for colon cancer at a tertiary care institution were collected. Clinical and pathological characteristics evaluated were: age, gender, tumor location, tumor size, scheduled vs emergent surgery, pathologic margin status, TNM stage, pathologic grade, number of positive lymph nodes, total number of lymph nodes resected, vascular and lymphatic invasion. Characteristics found to be significant in a Kaplan-Meier univariate survival analysis were included in a multivariate stepwise logistic regression analysis. Patient outcomes studied were overall survival, cancer specific survival, and disease free survival.

Results: From the 114 patients examined in this cohort the mean age was 67 years, the male to female ratio was 0.8:1, and the mean follow up time was 2.61 years. Overall survival, cancer specific survival, and disease free survival were calculated to be 83.3%, 91.2% and 84.2%, respectively. Statistically significant variables by univariate analysis were: AJCC stage, number of positive lymph nodes, pathologic N stage, lymphatic and vascular invasion by the primary tumor. Further multivariate analysis revealed that lymphatic invasion was the only significant independent influence for predicting disease recurrence.

Conclusions: Clinicopathologic characteristics, in addition to AJCC disease stage, may be of clinical utility in predicting outcome for patients who have undergone curative resection for colon cancer. Further evaluation of these clinicopathologic characteristics should be carried out in a larger colon cancer patient cohort.

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