

Colorectal Cancer I / ASCRS Presidential Address

Monday – 10:10 am – Noon

Objectives: Upon completion of this session, participants should be able to: (15) analyze the extended long-term oncologic ramifications of a minimally invasive approach to cancers of the colon and rectum, develop treatment options for patients with cancer of the colon and rectum, analyze the current data available reporting oncologic equivalence between a minimally invasive approach and conventional approach for the treatment of cancer of the colon and rectum; (16) clarify the pattern of recurrence after laparoscopic colectomy compared to open colectomy; (17) analyze the difference in outcomes for colon cancer based on number of lymph nodes examined; critically assess the importance of an adequate lymph node dissection for node negative early stage tumors; (18) understand the potential uses for this technology for colon cancer screening; (19) analyze the clinical significance of the phenotypic differences in new mutation FAP patients; provide appropriate counseling and treatment for those patients based in the evidences; (20) determine the level of risk of desmoids in an individual FAP patient; counsel that patient regarding level of risk; (21) analyze the difference in the outcome of low colorectal or colo-anal anastomosis with and without reinforcement by regenerated oxidized cellulose; challenge the idea of diversion after colo-anal anastomosis in neoplastic diseases; and (22) be aware that elevated PDGF levels are seen in patients with colonic adenocarcinoma and the extent of the elevation correlates with the severity of disease.

1 Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:

(1 = poor; 2 = fair; 3 = good; 4 = excellent)

Speaker/Topic	Met Objectives	Content	Effectiveness of Teaching/Learning Methods	Interest of Topic	Applicability to Your Practice	Quality of AV Material	Bias?	Invite Again?	For office use only
S-15 A Prospective Randomized Trial Comparing Laparoscopic versus...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	153
S-16 The Pattern of Recurrence after Laparoscopic Colectomy for Colon....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	154
S-17 Should < 12 Nodes Removed be Considered Substandard Care for All...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	155
S-18 Novel Optics Technology for Detecting Field Carcinogenesis in							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	156
S-19 There is Something About a New Mutation that Causes Severe							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	157
S-20 Can Desmoids be Predicted? The Use of Knowledge Discovery...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	158
S-21 Oxidized Cellulose Reinforcement of Low Rectal Anastomosis:							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	159
S-22 PDGF is Elevated in Patients with Colonic Adenocarcinoma							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	160
*The Road Not Taken Ann C. Lowry, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	161

2 Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____

3 Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____

If **Yes**, how? Comment _____

4 Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____

5 Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity?
Yes _____ No _____ If **Yes**, please comment; e.g., scientific balance, objectivity, etc.

Comment _____

6 Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____

If **NO**, please comment _____

7 What related topics should be addressed at future ASCRS meetings?

8 Comments:

9 Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results