

Rectal Cancer II

Objectives: Upon completion of this session, participants should be able to: (7) acknowledge the negative influence of young age on the prognosis of rectal cancer; (8) note that the rate of sphincter sparing surgery has increased over the study period although the majority of radical resections for rectal cancer in the U.S. continue to require a permanent colostomy and the absolute number of APR procedures performed remains high. In addition, participants will note that the increase in sphincter sparing surgery remains disproportionately low among blacks, males, patients with Medicaid insurance, and patients in lower income zip codes; (9) assess the postoperative results of rectal cancer surgery in patients without preoperative bowel preparation; (10) understand the difference in outcomes in laparoscopic resection for extra-peritoneal rectal cancer; (11) the indication of laparoscopic surgery in rectal cancer patients, criteria to perform an evaluation of quality of life, and how cost-benefit analysis should be carried out; (12) describe differences in clinical course between HIV+ and HIV- anal cancer patients; (13) management of primary obstructive colonic cancer with unresectable metastases; and (14) understand the role of hypoxia and angiogenesis in rectal cancer, specifically understand the role of hypoxia-inducible 1- α and hypoxia-inducible 2- α in the hypoxic response to tumour growth in rectal cancer; Participants should be able to understand the relationship between hypoxic factors and prognosis in rectal cancer.

- ❶ 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-7 Rectal Cancer in the Young Patient							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	144
S-8 Does Reality Reflect Best Practice for Rectal Cancer Surgery?							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	145
S-9 Rectal Cancer Surgery without Mechanical Bowel Preparation:.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	146
S-10 Laparoscopic Resection of Extra – vs. Intraperitoneal Rectal Cancer							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	147
S-11 Laparoscopic Resection in Rectal Cancer Patients...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	148
S-12 Squamous Cell Carcinoma of Anal Canal – A Changing Entity in ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	149
S-13 Self-expanding Metallic Stents should be the First Step to Treat							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	150
S-14 Hypoxia-inducible Factor 1-a (HIF-1a) and Hypoxia-inducible							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	151

- ❷ Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- ❸ 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 _____
- ❹ 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 _____
- ❺ 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 _____
- ❻ Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
- If NO, please comment _____
- ❼ What related topics should be addressed at future ASCRS meetings?
- ❽ Comments:
- ❾ Name (please print) optional: _____

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