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Laparoscopic surgery is an effective treatment for benign disease of the colon and rectum and for palliative operations for malignancy. Its application for cure of colorectal malignancy, however, must be approached with caution. Port-site recurrence of tumor is a particular and increasingly recognized drawback.


Adjuvant chemotherapy has had a checkered past, but recent important prospective studies have demonstrated its benefit in patients with Dukes' stage C colorectal cancer. Issues yet to be clarified include the role of immunomodulators such as levamisole in adjuvant chemotherapy, the determination of which patients derive most benefit from adjuvant chemotherapy, and the role of prognostic markers in identifying these patients.


Patterns of integrin receptor expression on normal and malignant colon epithelial cells are emerging, and it is now clear that integrins also can regulate such divergent processes as cell proliferation and programmed cell death in this tumor type. This implies that integrins are involved in signal transduction events within colon carcinoma cells consequent on their adhesive interaction with matrix molecules.


Seventeen studies were identified that compared at least one of four aspects of patient functioning among stoma patients and nonstoma patients. Although nonstoma patients generally fare better than stoma patients, they also suffer from physical impairments induced by sphincter-saving procedures (eg, impaired bowel and sexual function). These impairments may become more prevalent as ultra-low anastomosis is more frequently applied, resulting in bowel and sexual dysfunction and related psychologic distress.


In a prospective, randomized trial designed to test the value of low-dose preoperative irradiation followed by surgery and postoperative irradiation, the authors were unable to observe any benefit to low-dose preoperative therapy in patients with unfavorable stages.


The corrected survival advantage (relative progressive disease) was 11 months after a complete response, six months after a partial response, and four months after stable disease. A response to chemotherapy is associated with a longer survival also after correction for the guarantee time effect and the distribution of prognostic variables.


The meta-analysis was based on individual data of 1,178 patients included in eight randomized clinical trials that compared 5FU alone with 5FU/MTX. Modulation of 5FU by MTX doubles the response rate to 5FU and yields a small improvement in survival.


This study investigated the value of intense follow-up compared with no follow-up after curative surgery of cancer in the colon or rectum. Five-year survival rate was 67% in the control group and 75% in the follow-up group.