

Highlights in Colo-Rectal Cancer Management

Director: C. Barone, Rome

Rome, November 23, 2012

Friday, November 23,

8.30 Registration

9.00 - 11.00

Introduction

Carlo Barone, Rome

1 Life style and prevention of colon cancer, Clara Natoli, Chieti

B SERIE DI RELAZIONI SU TEMA PREORDINATO

2 Tissue and circulating biomarkers, Alberdo Bardelli, Turin

B SERIE DI RELAZIONI SU TEMA PREORDINATO

3 Morphology and enhancement criteria in radiologic imaging, Dottor Macis, Rome

B SERIE DI RELAZIONI SU TEMA PREORDINATO

11.00-11.30

Coffee Break

11.30-13.00

4 Critical methodologic issues in recent randomized trials, Dottor Bruzzi, Genoa

B SERIE DI RELAZIONI SU TEMA PREORDINATO

5 Adjuvant therapy of colorectal cancer, Corrado Boni, Reggio Emilia

B SERIE DI RELAZIONI SU TEMA PREORDINATO

6 Treatment of metastatic disease, Mario Scartozzi, Ancona

B SERIE DI RELAZIONI SU TEMA PREORDINATO

13.00 - 14.00

Lunch

14.00-16.00

7 .Surgical approach to metastatic disease, Felice Giuliani, Rome

B SERIE DI RELAZIONI SU TEMA PREORDINATO

8 Primary therapy of liver metastases: is it always an incremental value? Carmelo Pozzo, Rome

B SERIE DI RELAZIONI SU TEMA PREORDINATO

9 Management of rectal cancer, Carmine Pinto, Bologna

B SERIE DI RELAZIONI SU TEMA PREORDINATO

10 Is there a clinical approach to colorectal cancer? Carlo Garufi, Rome

16.00- 16.30

Discussion & Conclusion

Razionale

Colorectal cancer is one of the most common causes of cancer-related death both in Europe and in the . The incidence of new cases in is about 40,000/year. Approximately 25% of patients with colorectal cancer present metastases at diagnosis and about 50% will develop metastases at a later stage, with the liver being the most common site.

In the last decade substantial improvement of prognosis has been achieved and recent estimates show a trend toward a decreased mortality. This is due to a larger dissemination of screening, but also to advancement in medical therapy, both in the adjuvant and metastatic setting. Overall, the 5-year survival rate for patients with colorectal cancer is 60%, but in metastatic disease prognosis is still dismal ranging between less than 5 and 30%.

New agents and new strategies have permitted to increase survival also in metastatic colorectal cancer. The use of all active drugs in combination of cytotoxic and biological agents, the flexibility of treatment in relation to the clinical picture, the identification of prognostic biomarkers as KRAS mutation status and the increasing diffusion of surgical resection of metastases have contributed to quadruplicate life expectancy in metastatic colorectal cancer. In fact, median survival has increased from 6 months to more than 24 months and conversion to surgery of previously unresectable metastatic disease plays an important role in this result.

In this meeting all these topics will be discussed, including screening issues, biomarkers role, combination therapy and conversion therapy. Participants will have the opportunity to hear and to discuss the most recent advances in the management of colorectal cancer. Thanks to its interactive structure, at the end of the meeting they will have developed up-to-date knowledge and ability in the main areas of research in colorectal cancer.