Surgical Staging

The most important prognostic indicator for patients with colon cancer is stage of disease at diagnosis (see Table 1). Accurate staging is essential to the appropriate therapeutic recommendation. Stage is determined by the depth of tumor penetration or invasion of the bowel wall, the number of lymph nodes involved, and the presence or absence of distant metastases. In 2002, the American Joint Committee on Cancer revised staging for colon cancer to reflect risk of recurrence and differences in survival for patients with stages II and III disease. Projected survival for patients with stage III disease differs significantly depending on substages. Additionally, some patients with stage II disease (IIA involves a T3 lesion, whereas stage IIB involves a T4 lesion) are at high risk for recurrence. Such patients often are offered entry into adjuvant therapy clinical trials. However, in 2004, the American Society of Clinical Oncology did not support routine use of adjuvant chemotherapy for patients with stage II colon cancer, based on direct evidence from randomized, controlled trials (Benson, Catalano, Meropol, O’Dwyer, & Giantonio, 2003).

Adjuvant therapy is designed to reduce the likelihood of disease recurrence. The identification of patients who may benefit from adjuvant therapy relies on sampling an adequate number of lymph nodes. In reviewing patient outcomes related to surgical sampling of lymph nodes...