



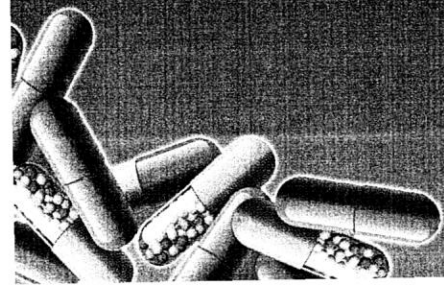
# The SCIENTIFIC SESSIONS 2017

*“Building Bridges for Better Health”*

Faculty of Medical Sciences, University of Sri Jayewardenepura  
in collaboration with  
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Sri Jayewardenepura General Hospital  
Base Hospital, Homagama

Book of Proceedings

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## Symposium II – Conquering Cancer

### **Prognostic significance of the circumferential resection margin in rectal carcinoma**

***Dr. Bimalka Seneviratne, Dr. Bawantha Gamage, Dr. Thathya de Silva***

Colorectal cancer is one of the most common malignancies in Sri Lanka as well as in other parts of the world and has a high incidence of cancer related deaths. Recent advances have been made with regard to the biological understanding of this disease and its treatment. Furthermore, new surgical, chemotherapeutic and radiotherapeutic strategies have been developed over the last decade in view of improving the quality of care. The worldwide introduction of total mesorectal excision (TME) in combination with the increasing use of neoadjuvant therapy led to improved prognosis. One of the main prognostic factors in rectal cancer is the status of the circumferential resection margin (CRM). The involvement of this margin (also called lateral or radial resection margin) has been associated with poor prognosis. Histopathological reporting of resection specimens for colorectal cancer provides important information for the clinical management of the patient and for the evaluation of health care as a whole. For the patient it confirms the diagnosis and describes the variables that will affect the prognosis, all of which will be relevant in the future clinical management. For health care evaluation, pathology reports provide information for cancer registration and audit related to diagnostic and surgical procedures. Accurate determination of CRM in rectal cancer is important for determination of local recurrence risk, which might subsequently be prevented by additional therapy. An increased risk is present when the distance to the CRM is less than 2 mm.

### ***BRCA1 and BRCA2 mutations in breast cancer***

***Prof. Kamani Tennekoon***

Whether hereditary or sporadic in nature, cancer can be considered as a genetic disease. Several pathways that work normally to regulate the balance between cell growth, proliferation and programmed cell death are deranged in cancer. *BRCA1* and *BRCA2* genes were identified in 1994 and 1995 respectively as being associated with hereditary breast cancer. These genes code for proteins which are involved in DNA repair and other cellular functions. Mutations in *BRCA1* and *BRCA2* increase a woman's life time risk of developing breast cancer. Furthermore, women with breast cancer who harbor either *BRCA1* or *BRCA2* mutations have an increased risk of developing cancer in the contra lateral breast. Studies on Sri Lankan women unselected for age of onset of breast cancer have shown a higher prevalence of pathogenic mutations in *BRCA2* than in *BRCA1*. Furthermore, women with younger onset breast cancer had a higher prevalence of mutations than those unselected for age of onset. Studies to date have not shown a founder mutation for either *BRCA1* or *BRCA2* in Sri Lankan breast cancer patients.