

A 50 year old male with a right-sided colon cancer underwent treatment with right hemicolectomy. Final pathology revealed 2/15 positive lymph nodes. He received adjuvant FOLFOX therapy following resection. He is not currently undergoing therapy. He now presents with a complete small bowel obstruction, nearly 3 years following resection. This is confirmed by CT scan with a single point of obstruction noted in the ileum. There is one, 3 cm, metastatic lesion in the liver. There is no other evidence of metastatic disease on CT. The patient was healthy prior to development of this cancer and continues to have a good functional status. He is clinically stable without evidence of perforation or ischemic bowel or other pathology that would require emergent operative management.

1. Would you offer this patient an operation for management of his small bowel obstruction?
 - Yes
 - No
 - If no, why not: _____

2. If the patient had multiple hepatic metastases, would you offer this patient an operation?
 - Yes
 - No

3. If the patient had pulmonary metastases in addition to his hepatic metastasis, would you offer this patient an operation?
 - Yes
 - No

4. If the patient's disease-free interval was 12 months, would you offer this patient an operation?
 - Yes
 - No

5. If his primary disease was pancreatic adenocarcinoma and he had previously undergone pancreaticoduodenectomy, would you offer this patient an operation?
 - Yes
 - No

6. If the patient had evidence of limited omental implants on this CT, would you offer this patient an operation?
 - Yes
 - No

A 45 year old female with epithelial ovarian cancer underwent optimal debulking followed by adjuvant chemotherapy 3 years ago. She has been followed closely with no evidence of disease noted on her most recent surveillance imaging 5 months ago. She now presents with a complete small bowel obstruction confirmed by CT. There is one area on imaging that demonstrate narrowed bowel related to carcinomatosis, in addition to evidence of limited peritoneal implants. There is no other evidence of metastatic disease, although there is a mild amount of ascites present. The patient was healthy prior to development of ovarian cancer and continues to have a good functional status. She is clinically stable without evidence of perforation or ischemic bowel or other pathology that would require emergent operative management.

7. Would you offer this patient an operation for management of her small bowel obstruction?
 - Yes
 - No
 - If no, why not: _____

8. If the patient had no ascites on CT scan, would you offer this patient an operation?
 - Yes
 - No

9. If the patient had more than one area of narrowed bowel on CT, would you offer this patient an operation?
 - Yes
 - No

10. If the patient was operated on 9 months ago for a separate malignant bowel obstruction, would you offer this patient a second operation at this time?
 - Yes
 - No

11. If the patient's disease-free interval was 9 months, would you offer this patient an operation?
 - Yes
 - No

12. If her primary disease was metastatic melanoma and this was the first known occurrence of peritoneal disease, would you offer this patient an operation?
 - Yes
 - No

A 62 year old female underwent a 20 cm ileal resection 3 years ago for an isolated mesenteric mass. Final pathology revealed a carcinoid tumor. She has been followed closely with no evidence of disease noted on her most recent surveillance imaging 6 months ago. She now presents, 4 years following resection, with a complete small bowel obstruction. CT shows a single site of obstruction in her jejunum secondary to an unresectable central mesenteric mass. The patient was healthy prior to development of this cancer and continues to have a good functional status. She is clinically stable without evidence of perforation or ischemic bowel or other pathology that would require emergent operative management.

13. Would you offer this patient an operation for management of his small bowel obstruction?
 - Yes
 - No
 - If no, why not: _____

14. If the patient had been diagnosed with 3 hepatic metastases 12 months ago and was started on octreotide without progression of her hepatic lesions, would you offer this patient an operation?
 - Yes
 - No

15. If the patient was operated on 8 months ago for a separate malignant bowel obstruction, would you offer this patient a second operation at this time?
 - Yes
 - No

16. If the patient's disease-free interval was 1 year and she had evidence of disease progression despite exhausting medical treatment options, would you offer this patient an operation?
 - Yes
 - No

17. If the patient had 2 locations of obstruction noted on CT scan, would you offer this patient an operation?
 - Yes
 - No