[MUSIC PLAYING]

DR. SAMUEL OOMMEN: I'm Sam Oommen, Medical Director of the Colorectal Cancer Program of John Muir Cancer Institute of John Muir Health. Today, I would like to touch upon three areas, which are of interest to physicians and patients alike. The first point I want to bring forth is the technology that we have developed in the past several years.

Our robotic cancer program, especially involving colorectal cancer surgery, started in 2009. We have competed over 200 cancer resections in this period. We have a team, which is very professional, very experienced consisting of surgeons, nurses, technicians, and anesthesiologists.

We have been able to do really precise and technically challenging operations in the pelvis involving rectal cancer and also colon cancer higher up in the abdomen. We are really proud of this program. And we were the first ones in the Bay Area to start doing robotic surgery for colorectal cancer.

The second area that I would like to touch upon is our clinical research program. We have a very robust clinical infrastructure. In fact, we were one of the 15 institutions in the country who were invited to participate in this study, which is sponsored by the National Institute of Health, which is led by Sloan-Kettering Memorial Institute in New York City.

The name of the study is Organ Preservation in Rectal Adenocarcinoma. Interestingly, it has got a very catchy acronym and that is OPRA. So this study protocol involves participation of radiation oncologist, medical oncologists, surgeons, radiologists, and pathologists, and gastroenterologists. And what it involves is we can enroll a patient into this study and they can be treated with a combination of chemotherapy and radiation. And depending on the response of the treatment, we can preserve the organ without the patients having to undergo a surgery like colostomy or having severe bowel dysfunction or urinary or sexual dysfunction.

This protocol and the clinical research has the potential for treatment changing, groundbreaking approaches in colorectal cancer. We are indeed proud to be a part of this study through our John Muir Cancer Research Program.

The third area I would like to touch upon is a multidisciplinary approach to colorectal cancer, especially the hepatobiliary pancreatic tumor boards. These tumor boards are attended by hepatobiliary surgeons from UCSF and our gastroenterologists who are trained in endoscopic ultrasonography techniques. By our interventional radiologists who are experts in oncological maneuvers involving the liver, and of course, the medical oncologists, radiation oncologists, and general surgeons, and pathologists. And this enables us to conduct liver-directed treatment strategies for patients who have got metastatic cancer to the liver from the colorectal primary.

We are able to get the expertise of all and recommend what we consider and what is evidence-based treatment protocols for these patients. It has certainly enhanced the life expectancy and the quality of life for these patients who have advanced cancer.

Finally, I want to make the physicians of the health system and outside the secondary service area that colorectal cancer program is a well recognized program in the country. And we are in the process of getting accreditation for rectal cancer program, which is a new program, which is rolled out by the Commission on Cancer of the American College of Surgeons. We are indeed proud to be a part of this program.

Thank you.

[MUSIC PLAYING]