

## Pre/Post GP Webinar Spotlight

### GENERAL PRACTICE AND THE PATIENT WITH COLORECTAL CANCER: WORKING TOGETHER IN COLORECTAL CANCER CARE SATURDAY, 20TH MARCH 2021

Colorectal Cancer Awareness Month (CCAM) was held in March 2021, albeit slightly different in the absence of in-person forums or roadshows. CCAM 2021 was a success, with separate online symposiums for both our colleagues in General Practice (GP) and the public. The digital platform enabled a broader reach, with symposium attendees being able to tune in remotely in the comfort of their homes or clinics, and actively participate at the same time.

Our GP Symposium - “General Practice and the Patient with Colorectal Cancer: Working Together in Colorectal Cancer Care” was held on the 20<sup>th</sup> March 2021, focusing on colorectal cancer screening, diagnosis, treatment and postoperative surveillance.

The symposium kicked off with a presentation titled “A patient’s journey after a positive FIT: Not as straightforward as it seems” by A/Prof Tan Ker Kan. A breakthrough in colorectal screening was also discussed, whereby a study from our institution has shown that patients with 2 positive Faecal Immunochemical Tests (FIT) were up to 11-times more likely to harbour colorectal cancer as opposed to patients with 1 positive FIT. This priceless information will allow us to identify patients who should get earlier endoscopic evaluation and help us prioritise these patients for early colonoscopy.

Dr Chee Cheng Ean presented on “Surveillance: Synergy with our partners in the community and general practice” next, covering the symbiotic relationship between GPs and tertiary institutions, which included the colorectal cancer survivorship pathway. There was also a discussion on when to refer a patient who is suspected to have cancer, and when to refer a patient who has undergone treatment for colon

cancer back to tertiary care. The presentation concluded with a sharing on an approach to the incidental finding of a raised carcinoembryonic antigen (CEA) – a common issue faced by our GP colleagues.

To wrap up the symposium, a joint surgical and oncological presentation by Dr Bettina Lieske and Dr Tan Hon Lyn on “Mythbusters: Colorectal Cancer” helped to debunk common misconceptions of colorectal cancer surgery, stoma care, quality of life, chemotherapy and survivorship.

The symposium was a success with positive feedback and objectively improved scores in the pre- and post-symposium multiple choice questions, demonstrating the effective sharing of knowledge. However, this symposium would not be possible without our teammates in GP, who not only fought COVID-19 on the frontlines, but continued to simultaneously battle against our age old enemy, colorectal cancer, despite the pandemic.

Moving ahead, our division will be conducting a surgical workshop for international colorectal specialists, as well as another symposium for GPs, which we will be focusing on common benign colorectal conditions: how to identify and treat them, and when to refer to a colorectal surgeon.

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**Clinical Interests:** Colorectal Cancer, Diagnostic and Therapeutic Endoscopy (Gastroscopy and Colonoscopy), Minimally Invasive Surgery

## ROBOTIC UPPER GASTROINTESTINAL PROGRAMME AT NUH GATHERS STEAM, BRINGING EXCITING UPDATES AT THE UPCOMING GP WEBINAR ON 17TH JULY 2021

Surgical resection is a mainstay of curative treatment for gastroesophageal cancer, with radical regional lymphadenectomy playing a crucial therapeutic and prognostic role. Despite being radical, laparoscopic approaches have been increasingly used because of its favourable outcomes when compared with open surgery. The relatively recent advent of robotic surgery brings significant advantages to help overcome several disadvantages that were identified in standard laparoscopic and thoracoscopic minimally invasive surgery. The magnified three-dimensional high-definition imaging and wristed instruments of robotic surgery enables surgeons to operate with enhanced vision, precision, and control. These advantages have led to improved perioperative outcomes, with comparable oncological and functional outcomes in comparison to laparoscopic and/or open surgery.



For gastric cancer, these benefits have been validated in a recently published randomised controlled trial, showing lower morbidity, faster recovery, less inflammatory response, and better lymphadenectomy compared to laparoscopic gastrectomy<sup>1</sup>. The advantages of robotics for esophagectomy are potentially greater as the tight confined space of the thoracic cavity limits conventional thoracoscopic surgery. Minimally Invasive Esophagectomy (MIE) has been shown to reduce overall morbidity, blood loss, pulmonary and cardiac complications, and post-

operative pain<sup>2</sup>. This results in better functional recovery and quality of life without compromising short and long-term oncological outcomes. Our early experience with robotic gastrectomy echoes these promising results and was recently presented at the 2021 Symposium of The Korean Association of Robotic Surgeons (KAROS).

At the upcoming GP webinar on 17<sup>th</sup> July 2021, more exciting advances in upper gastrointestinal surgery will be discussed, such as the use of a non-invasive blood-based diagnostic test based on microRNA biomarkers for gastric cancer screening, and managing Gastroesophageal Reflux Disease (GERD) with the use of a magnetic sphincter augmentation device (a tiny bracelet with magnetic titanium beads which augments the lower oesophageal sphincter).

### References

1. Lu J, Zheng CH, Xu BB, et al. Assessment of Robotic Versus Laparoscopic Distal Gastrectomy for Gastric Cancer: A Randomized Controlled Trial. *Ann Surg.* 2021 May 1;273(5):858-867. doi: 10.1097/SLA.0000000000004466.
2. van der Sluis PC, van der Horst S, May AM, et al. Robot-assisted Minimally Invasive Thoracoscopic Esophagectomy Versus Open Transthoracic Esophagectomy for Resectable Esophageal Cancer: A Randomized Controlled Trial. *Ann Surg.* 2019 Apr;269(4):621-630. doi: 10.1097/SLA.0000000000003031.

### Dr Kim Guowei

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**Clinical Interests:** Upper Gastrointestinal Surgery (including Oesophageal and Gastric Cancer), Metabolic and Bariatric Surgery, Minimally Invasive Surgery, Diagnostic and Therapeutic Endoscopy

**Happenings @ NUH**



**GP CME WEBINAR**

17 July 2021, 2.00pm – 4.00pm

**Updates in UGI Surgery**

Recent work in the field of gastric cancer, from screening and early diagnosis, to minimally invasive robotic surgery, to novel treatments for peritoneal metastasis have brought some hope to the management of a disease that still ranks as the 5<sup>th</sup> and 6<sup>th</sup> cause of cancer death amongst males and females in Singapore. Also, new devices like the Linx system - a tiny bracelet of magnetic titanium beads to augment the lower esophageal sphincter, have recently been used as an alternative intervention for Gastroesophageal reflux. These new advances will be discussed in this forum in an interactive, online format to provide GPs with a forum to discuss these and more Upper GI related conditions.

Time	Topic	Speaker
2.00pm – 2.10pm	Welcome Address	Prof Jimmy So Head, Senior Consultant 
2.10pm – 2.40pm	Gastric Cancer Screening: No Longer An Impossible Dream?	Prof Jimmy So Head, Senior Consultant 
2.40pm – 3.10pm	Advances in Gastric Cancer Treatment	Asst Prof Kim Guowei Consultant 
3.10pm – 3.40pm	GERD Management: What's New?	Asst Prof Asim Shabbir Senior Consultant 
3.40pm – 4.00pm	Q&A / End	

**Registration:**

To register for this event, please scan the QR code or go to the following website:

[www.nuh.com.sg/GPLC](http://www.nuh.com.sg/GPLC)  
(internet access required)



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