**Introduction:**

In a total of 168 patients, 96 underwent chemotherapy and were included in our analysis. All patients with mCRC from January 2010 to December 2014 diagnosed in our hospital are included in the study. Cancers proximal to the splenic flexure were classified as right-sided or left-sided, respectively. In a total of 168 patients, 33 (20%) had exclusive hepatic metastases, 43 (45%) had liver and other sites, and 11 (11%) had other sites of metastases. According to localization of primary tumor: 33 (34%) right colon and 63 (66%) left colon. 42 patients (44%) had exclusive hepatic metastases. The median age at diagnosis was 64 years. According to tumor location, the median survival was 12 months for left colon, 14.1 to 19.9 months for right colon, and 15.4 to 21.5 months for rectum (95% CI 9.6 to 14.4) with a hazard ratio (HR) for right sided tumors of 1.28 (95% CI 1.10 to 1.48) compared with left-sided: 12 months (95% CI 9.6 to 14.4). Right colon tumors are more likely to be associated with the presence of the epidermal growth factor receptor (EGFR) mutation compared with left colon tumors. We evaluated the association between tumor location and survival in patients with previously untreated mCRC receiving first-line chemotherapy. Cancers proximal of the splenic flexure were classified as right-sided or left-sided, respectively. In a total of 168 patients, 96 underwent chemotherapy and were included in our analysis. All patients were followed up for at least 3 months of post-surgery (Table 3, Fig 3).

**Results:**

Twenty-four patients of advanced colorectal cancers included in the study. From our pool of patients: 61 (63.5%) males, 88 (91.5%) ECOG 0/1, and 102 (106.5%) localization of primary tumor is from base line to one month post-operative period as well as from 1 month to 3 months after surgery. In a total of 168 patients, 96 underwent chemotherapy and were included in our analysis. All patients with mCRC from January 2010 to December 2014 diagnosed in our hospital are included in the study. Mean period of re-admission was 2.5 days. Most common indication for re-admission was site infections (n=25). Most common morbidity documented in 5 (21%) patients. Most common morbidity was surgical complications performed are tabulated in table 1. Mean post-operative hospital stay was 4.5 days. Immediate post-operative mortality occurred in one patient. Post-operative morbidities were documented in 71 patients (29%). Morbidity was observed in 23 patients (20%) and 38 patients (28%). Mortality occurred in one patient. In a total of 168 patients, 96 underwent chemotherapy and were included in our analysis.

**Conclusion:**

Intestinal obstruction is the commonest indication for palliative surgery in advanced colorectal cancer. Acceptable postoperative complications similar to curative surgery can be achieved by protocol based multidisciplinary treatment planning. Palliative surgeries in carefully selected patients results in resolution of symptoms and improvement of quality of life. From our pool of patients: 61 (63.5%) males, 88 (91.5%) ECOG 0/1, and 102 (106.5%) localization of primary tumor is from base line to one month post-operative period as well as from 1 month to 3 months after surgery. In a total of 168 patients, 96 underwent chemotherapy and were included in our analysis. All patients were followed up for at least 3 months of post-surgery (Table 3, Fig 3).

**Methods:**

We evaluated the association between tumor location and survival in patients with previously untreated mCRC receiving first-line chemotherapy. Cancers proximal to the splenic flexure were classified as right-sided or left-sided, respectively. In a total of 168 patients, 96 underwent chemotherapy and were included in our analysis. All patients were followed up for at least 3 months of post-surgery (Table 3, Fig 3).
**Introduction:** Several studies have reported that right colon cancers (RCC) and left colon cancer (LCC) differ in several factors including genetic features. In our study, we investigated the association of tumor location with RAS mutation status in metastatic colorectal cancer.

**Methods:** This study was a retrospective, observational study. We selected all the patients (304) with metastatic colorectal cancer treated in our institution between 2009 and 2014.

We analyzed KRAS gene (exon 3 or 4) and NRAS gene (exon 2, 3 o 4) in patients with KRAS exon 2 wild-type. Mutations were detected by PCR. The splenic flexure was used for differentiation between RCC and LCC.

**Results:** RCC was 69 patients and LCC was 233 patients. KRAS mutations were detected in 30 patients with RCC (43.4%) and in 76 patients with LCC (32.1%). NRAS mutations were detected in 3 patients with RCC and in 14 patients with LCC (6.0%). RAS mutation in RCC was significantly more frequent than in LCC ($p = 0.029$).

**Conclusion:** RAS mutation was more frequent in the patients with RCC compared to those with LCC in metastatic colorectal cancer. These differences at the biological level according to the location reflect a different behavior. Further research is needed to select the most appropriate treatment according to their profile.

**Introduction:** Oxaliplatin is a non-conventional third generation platinum compound. It is an important chemotherapeutic agent in regimens used in gastrointestinal carcinomas as well as other malignancies. Oxaliplatin toxicity profile includes neurotoxicity, hepatotoxicity, and splenomegaly. The primary aim of this study is to measure the spleen volume of patients on oxaliplatin therapy before and during chemotherapy to detect any increase in splenic size as a biomarker for early oxaliplatin toxicity.

**Methods:** This was a prospective pilot study conducted at AUBMC. Fifty patients newly started on oxaliplatin were included. The spleen volume was measured from the patients' baseline CT scan using the ISP upgraded system (using RECIST) and again for each follow up CT scans. Side effects were evaluated with each patient visit and graded according to severity.