
- Completion of preoperative 5FU-based chemotherapy and/or radiation therapy; capecitabine may be substituted for 5FU

- Age >18 years
- Eastern Cooperative Oncology Group (Zubrod) performance status <2

- Body mass index <34
- No evidence of conditions that would preclude use of a laparoscopic approach (for example, multiple previous major laparotomies, severe adhesions)
- No systemic disease (cardiovascular, renal, hepatic, and so forth) that would preclude surgery; no other severe, incapacitating disease—that is, American Society of Anesthesiologist classification of IV (a patient with severe systemic disease that is a constant threat to life) or V (a moribund patient who is not expected to survive without the operation)

- Nonpregnant and nonlac-

³Clinical Outcomes of Surgical Therapy Study Group. A comparison of laparoscopically assisted and open colectomy for colon cancer. *N Engl J Med.* 2004;350:2050-2059.

tating, as confirmed by pretreatment pregnancy test for patients of childbearing potential

- No concurrent or previous invasive pelvic malignancy (cervical, uterine, and rectal) within five years before registration

- No history of psychiatric or addictive disorders or other conditions that, in the opinion of the investigator, would preclude the patient from meeting the study requirements

As with all ACOSOG procedure trials, there are surgeon credentialing criteria to participate as an investigator in the trial. Credentialing in laparoscopic colon and rectal surgery are required. Credentialing for laparoscopic colectomy and laparoscopic rectal surgery both require 20 laparoscopic or hand-assisted operations. Laparoscopic cases for benign tumors or non-neoplastic diseases can be included in credentialing cases.

Further details are found in the protocol, which can be accessed on the ACOSOG Web site (www.acosog.org). James Fleshman, MD, FACS, protocol

study chair, can be contacted at fleshman@wudosis.wustl.edu.

Z6051 is very much a successor trial to the laparoscopic colectomy trial¹ but with a different primary endpoint. Prospective phase III randomized trials for new procedures in cancer treatment are needed to demonstrate that such technical advances are not inferior to standard procedures and that there is measurable improvement in quality of life.

The National Cancer Institute has designated Z6051 as a high-priority trial. ACOSOG needs your involvement in order for surgeons to establish the validity and safety of the procedure. As a surgeon-oriented cooperative group, ACOSOG will continue to develop and conduct procedure-oriented national trials. To date, ACOSOG has achieved considerable success with such trials and the commitment of the ACOSOG members is very much appreciated.

Dr. Ota, of Durham, NC, and **Dr. Nelson**, of Rochester, MN, are ACOSOG co-chairs.

2009 Oweida Scholarship availability announced

The Board of Governors of the American College of Surgeons is pleased to announce the availability of the 2009 Nizar N. Oweida Scholarship. The Oweida Scholarship, an annual award administered by the Executive Committee of the Board of Governors, was established in 1998 in memory of Dr. Oweida, a general surgeon who practiced in a small town in western

Pennsylvania. The purpose of the Oweida Scholarship is to enable young surgeons practicing in rural communities to attend the Clinical Congress and benefit from the educational experiences it provides. The \$5,000 award subsidizes attendance at the annual Clinical Congress, including postgraduate course fees.

Applications consist of a curriculum vitae plus a one-page es-

say describing why the applicant characterizes his or her practice as rural and why he or she would like to receive the scholarship. The deadline for receipt of application materials is December 15, 2008. For the complete requirements for this scholarship, visit <http://www.facs.org/member/services/oweida.html> or contact the Scholarships Administrator at kearly@facs.org.