American Society of

Colon & Rectal Surgeons

PROGRAM GUIDE

ANNUAL SCIENTIFIC MEETING

JUNE 10-14, 2017

Washington State Convention Center and Sheraton Seattle Hotel

TRIPARTITE MEETING

The Association of Coloproctology of Great Britain and Ireland
The Section of Coloproctology Royal Society of Medicine
Royal Australasian College of Surgeons Colon and Rectal Surgery Section
Colorectal Surgical Society of Australia and New Zealand
The European Society of Coloproctology

SEATTLE
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Please join us for the ASCRS Fellowship Reception

Annual Scientific Meeting | June 10-14, 2017 | Supported by Olympus
All graduating fellows and colorectal program directors are invited to attend the reception.

Tuesday, June 13, 2017, 6:30 – 7:30 PM
Sheraton Seattle Hotel
Cirrus Room (35th Floor)

Welcome

Glenn T. Ault, MD, MSEd, FACS, FASCRS
Senior Associate Dean for Clinical Administration,
Associate Professor of Surgery, Residency Program Director,
Keck School of Medicine, President – APDCRS
University of Southern California | Los Angeles, CA

Keynote: The Evolution of Surgical Procedures Post-Fellowship in Colorectal

Presented by Justin Maykel, MD
Assistant Professor of Surgery, UMass Medical School
Chief of Colon and Rectal Surgery
UMass Memorial Medical Center | Worcester, MA

VISIT OLYMPUS BOOTH 413

www.medical.olympusamerica.com

Note: The reception is open to graduating fellows and colorectal program directors only.
In keeping with Olympus' commitment to integrity and in compliance with laws governing interactions with health care professionals consistent with the AdvaMed Code of Ethics we cannot include spouses or guests at this event. Pursuant to Vermont laws restricting provision of meals to health care professionals, attendees licensed in Vermont will be personally responsible for all of their meal costs

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Welcome

to the

American Society of Colon & Rectal Surgeons

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The American Society of Colon and Rectal Surgeons recognizes the indispensable role that health care companies play in helping the Society maintain its focus on colorectal surgery and enhance the care its members provide to patients. ASCRS thanks the following companies for their generous support of this year's Annual Scientific Meeting.

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Diseases of the Colon & Rectum

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In clinical trials, ENTEREG added to an accelerated care pathway (ACP), also commonly called an enhanced recovery pathway (ERP),[1,2] was more effective than an ACP alone in helping to

» ACCELERATE GI RECOVERY

The ACP used in clinical trials included:

- » Early diet advancement
- » Early nasogastric tube (NGT) removal
- » Early ambulation

Indication and Usage

ENTEREG is indicated to accelerate the time to upper and lower gastrointestinal recovery following surgeries that include partial bowel resection with primary anastomosis.

Important Safety Information

WARNING: POTENTIAL RISK OF MYOCARDIAL INFARCTION WITH LONG-TERM USE: FOR SHORT-TERM HOSPITAL USE ONLY

- » **Increased incidence of myocardial infarction was seen in a clinical trial of patients taking alvimopan for long-term use. No increased risk was observed in short-term trials.**
- » **Because of the potential risk of myocardial infarction, ENTEREG is available only through a restricted program for short-term use (15 doses) called the ENTEREG Access Support and Education (E.A.S.E.) Program.**

Contraindications

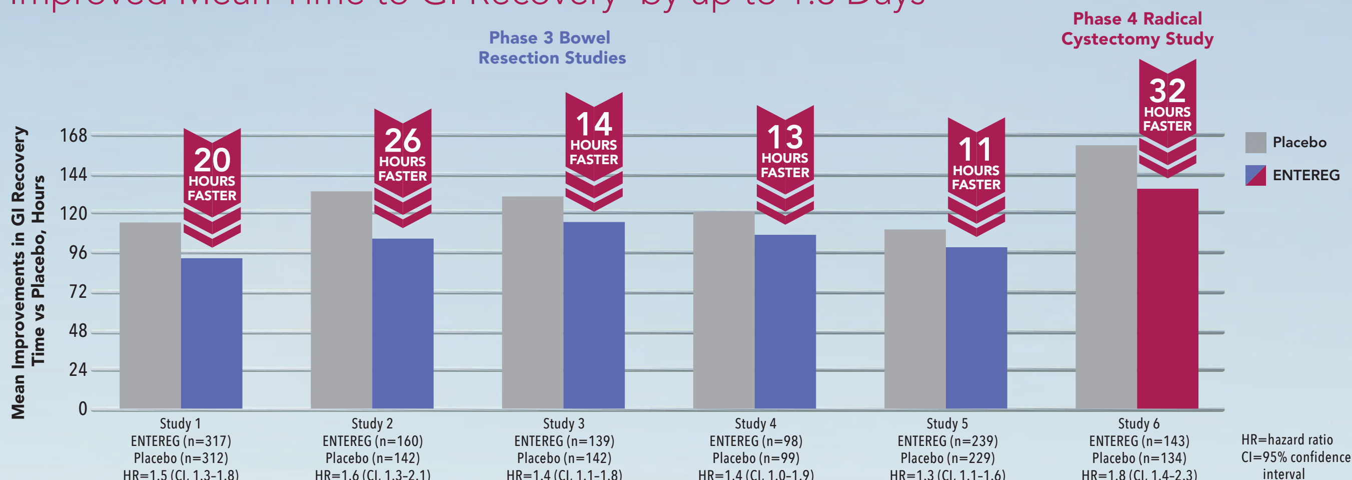
- » ENTEREG Capsules are contraindicated in patients who have taken therapeutic doses of opioids for more than 7 consecutive days immediately prior to taking ENTEREG.

Warnings and Precautions

- » There were more reports of myocardial infarctions in patients treated with alvimopan 0.5 mg twice daily compared with placebo-treated patients in a 12-month study of patients treated with opioids for chronic pain. In this study, the majority of myocardial infarctions occurred between 1 and 4 months after initiation of treatment. This imbalance has not been observed in other studies of alvimopan, including studies of patients undergoing bowel resection surgery who received alvimopan 12 mg twice daily for up to 7 days. A causal relationship with alvimopan has not been established.

For Patients Undergoing Partial Bowel Resections With Primary Anastomosis

Adding ENTEREG to an Accelerated Postoperative Care Pathway Improved Mean Time to GI Recovery[a] by up to 1.3 Days[3]



[a]GI recovery was defined as the time to toleration of solid food and first bowel movement.

Median time to GI recovery was improved with use of ENTEREG by 17 hours (Study 1, Study 2), 15 hours (Study 3), 12 hours (Study 4), and 3 hours (Study 5) in the phase 3 bowel resection studies and 29 hours in the phase 4 radical cystectomy study (Study 6).[3] Patient numbers are for modified ITT; dose of ENTEREG used was 12 mg.

Study Design

Data are from 5 multicenter, randomized, double-blind, parallel-group, placebo-controlled studies in patients undergoing bowel resection and 1 randomized, double-blind, placebo-controlled study in patients undergoing radical cystectomy (5 US studies and 1 non-US bowel resection study; ENTEREG: n=1096; placebo: n=1058; 54% male; 89% Caucasian).

Patients 18 years of age or older (average age: 62 years) who underwent bowel resection surgeries that included primary anastomosis (partial large or small bowel resection surgery or radical cystectomy for bladder cancer) were administered ENTEREG 12 mg or placebo 30 minutes to 5 hours prior to surgery and twice daily after surgery until discharge, for a maximum of 7 days.

There were no limitations on the types of general anesthesia used.

The primary endpoint for all studies was time to achieve resolution of postoperative ileus, a clinically defined composite measure of both upper and lower GI recovery. GI2 (toleration of solid food and first bowel movement) represents the most objective and clinically relevant measure of treatment response.

The efficacy of ENTEREG following total abdominal hysterectomy has not been established.

Study Exclusions

Patients who received more than 3 doses of an opioid (regardless of route) during the 7 days prior to surgery and patients with complete bowel obstruction or who were scheduled for a total colectomy, colostomy, or ileostomy were excluded. Intrathecal or epidural opioids or anesthetics were prohibited.

Important Safety Information

Warnings and Precautions *(continued)*

- E.A.S.E. Program for ENTEREG: ENTEREG is available only to hospitals that enroll in the E.A.S.E. ENTEREG REMS Program. To enroll in the E.A.S.E. Program, the hospital must acknowledge that:
  - Hospital staff who prescribe, dispense, or administer ENTEREG have been provided the educational materials on the need to limit use of ENTEREG to short-term, inpatient use
  - Patients will not receive more than 15 doses of ENTEREG
  - ENTEREG will not be dispensed to patients after they have been discharged from the hospital
- ENTEREG should be administered with caution to patients receiving more than 3 doses of an opioid within the week prior to surgery. These patients may be more sensitive to ENTEREG and may experience GI side effects (eg, abdominal pain, nausea and vomiting, diarrhea).
- ENTEREG is not recommended for use in patients with severe hepatic impairment, end-stage renal disease, complete gastrointestinal obstruction, or pancreatic or gastric anastomosis, or in patients who have had surgery for correction of complete bowel obstruction.

Adverse Reactions

- The most common adverse reaction (incidence ≥1.5%) occurring with a higher frequency than placebo among ENTEREG-treated patients undergoing surgeries that included a bowel resection was dyspepsia (ENTEREG, 1.5%; placebo, 0.8%).

Please read the adjacent Brief Summary of the Prescribing Information, including the Boxed Warning about potential risk of myocardial infarction with long-term use.

For Patients Undergoing Surgeries That Include Partial Bowel Resection With Primary Anastomosis

Make ENTEREG Part of Your Pre- and Postsurgical Protocols

References: 1. Berger NG, Ridolfi TJ, Ludwig KA. Delayed gastrointestinal recovery after abdominal operation—role of alvimopan. *Clin Exp Gastroenterol.* 2015;8:231- 235. **2.** Melnyk M, Casey RG, Black P, Koupparis AJ. Enhanced recovery after surgery (ERAS) protocols: time to change practice? *Can Urol Assoc J.* 2011;5(5):342-348. **3.** Data available on request from Merck & Co., Inc., Professional Services-DAP, WP1-27, PO Box 4, West Point, PA 19486-0004. Please specify information package ANES-1149074-0001.

ENTEREG®
(alvimopan)
capsules, 12 mg

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ANES-1187831-0000 07/16 **entereg.com**

ENTEREG® (alvimopan) capsules 12 mg, for oral use

BRIEF SUMMARY OF PRESCRIBING INFORMATION

WARNING: POTENTIAL RISK OF MYOCARDIAL INFARCTION WITH LONG-TERM USE: FOR SHORT-TERM HOSPITAL USE ONLY

There was a greater incidence of myocardial infarction in alvimopan-treated patients compared to placebo-treated patients in a 12-month clinical trial, although a causal relationship has not been established. In short-term trials with ENTEREG, no increased risk of myocardial infarction was observed.

Because of the potential risk of myocardial infarction with long-term use, ENTEREG is available only through a restricted program for short-term use (15 doses) under a Risk Evaluation and Mitigation Strategy (REMS) called the ENTEREG Access Support and Education (E.A.S.E.®) Program.

DOSAGE AND ADMINISTRATION

For hospital use only. The recommended adult dosage of ENTEREG is 12 mg administered 30 minutes to 5 hours prior to surgery followed by 12 mg twice daily beginning the day after surgery until discharge for a maximum of 7 days. Patients should not receive more than 15 doses of ENTEREG.

CONTRAINDICATIONS

ENTEREG is contraindicated in patients who have taken therapeutic doses of opioids for more than 7 consecutive days immediately prior to taking ENTEREG.

WARNINGS AND PRECAUTIONS

Potential Risk of Myocardial Infarction with Long-term Use

There were more reports of myocardial infarctions in patients treated with alvimopan 0.5 mg twice daily compared with placebo-treated patients in a 12-month study of patients treated with opioids for chronic non-cancer pain (alvimopan 0.5 mg, n = 538; placebo, n = 267). In this study, the majority of myocardial infarctions occurred between 1 and 4 months after initiation of treatment. This imbalance has not been observed in other studies of ENTEREG in patients treated with opioids for chronic pain, nor in patients treated within the surgical setting, including patients undergoing surgeries that included bowel resection who received ENTEREG 12 mg twice daily for up to 7 days (the indicated dose and patient population; ENTEREG 12 mg, n = 1,142; placebo, n = 1,120). A causal relationship with alvimopan with long-term use has not been established.

ENTEREG is available only through a program under a REMS that restricts use to enrolled hospitals.

E.A.S.E. ENTEREG REMS Program

ENTEREG is available only through a program called the ENTEREG Access Support and Education (E.A.S.E.) ENTEREG REMS Program that restricts use to enrolled hospitals because of the potential risk of myocardial infarction with long-term use of ENTEREG.

Notable requirements of the E.A.S.E. Program include the following:

ENTEREG is available only for short-term (15 doses) use in hospitalized patients. Only hospitals that have enrolled in and met all of the requirements for the E.A.S.E. program may use ENTEREG.

To enroll in the E.A.S.E. Program, an authorized hospital representative must acknowledge that:

- hospital staff who prescribe, dispense, or administer ENTEREG have been provided the educational materials on the need to limit use of ENTEREG to short-term, inpatient use;
- patients will not receive more than 15 doses of ENTEREG; and
- ENTEREG will not be dispensed to patients after they have been discharged from the hospital.

Further information is available at www.ENTEREGREMS.com or 1-800-278-0340.

Gastrointestinal-Related Adverse Reactions in Opioid-Tolerant Patients

Patients recently exposed to opioids are expected to be more sensitive to the effects of μ-opioid receptor antagonists, such as ENTEREG. Since ENTEREG acts peripherally, clinical signs and symptoms of increased sensitivity would be related to the gastrointestinal tract (e.g., abdominal pain, nausea and vomiting, diarrhea). Patients receiving more than 3 doses of an opioid within the week prior to surgery were not studied in the postoperative ileus clinical trials. Therefore, if ENTEREG is administered to these patients, they should be monitored for gastrointestinal adverse reactions. ENTEREG is contraindicated in patients who have taken therapeutic doses of opioids for more than 7 consecutive days immediately prior to taking ENTEREG.

Risk of Serious Adverse Reactions in Patients with Severe Hepatic Impairment

Patients with severe hepatic impairment may be at higher risk of serious adverse reactions (including dose-related serious adverse reactions) because up to 10-fold higher plasma levels of drug have been observed in such patients compared with patients with normal hepatic function. Therefore, the use of ENTEREG is not recommended in this population.

End-Stage Renal Disease

No studies have been conducted in patients with end-stage renal disease. ENTEREG is not recommended for use in these patients.

Risk of Serious Adverse Reactions in Patients with Complete Gastrointestinal Obstruction

No studies have been conducted in patients with complete gastrointestinal obstruction or in patients who have surgery for correction of complete bowel obstruction. ENTEREG is not recommended for use in these patients.

Risk of Serious Adverse Reactions in Pancreatic and Gastric Anastomoses

ENTEREG has not been studied in patients having pancreatic or gastric anastomosis. Therefore, ENTEREG is not recommended for use in these patients.

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be compared directly with rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. The adverse event information from clinical trials does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating rates. The data described below reflect exposure to ENTEREG 12 mg in 1,793 patients in 10 placebo-controlled studies. The population was 19 to 97 years old, 64% were female, and 84% were Caucasian; 64% were undergoing a surgery that included bowel resection. The first dose of ENTEREG was administered 30 minutes to 5 hours before the scheduled start of surgery and then twice daily until hospital discharge (or for a maximum of 7 days of postoperative treatment).

Among ENTEREG-treated patients undergoing surgeries that included a bowel resection, the most common adverse reaction (incidence ≥1.5%) occurring with a higher frequency than placebo was dyspepsia (ENTEREG, 1.5%; placebo, 0.8%). Adverse reactions are events that occurred after the first dose of study medication treatment and within 7 days of the last dose of study medication or events present at baseline that increased in severity after the start of study medication treatment.

DRUG INTERACTIONS

Potential for Drugs to Affect Alvimopan Pharmacokinetics

An *in vitro* study indicates that alvimopan is not a substrate of CYP enzymes. Therefore, concomitant administration of ENTEREG with inducers or inhibitors of CYP enzymes is unlikely to alter the metabolism of alvimopan.

Potential for Alvimopan to Affect the Pharmacokinetics of Other Drugs

Based on *in vitro* data, ENTEREG is unlikely to alter the pharmacokinetics of coadministered drugs through inhibition of CYP isoforms such as 1A2, 2C9, 2C19, 3A4, 2D6, and 2E1 or induction of CYP isoforms such as 1A2, 2B6, 2C9, 2C19, and 3A4. *In vitro*, ENTEREG did not inhibit p-glycoprotein.

Effects of Alvimopan on Intravenous Morphine

Coadministration of alvimopan does not appear to alter the pharmacokinetics of morphine and its metabolite, morphine-6-glucuronide, to a clinically significant degree when morphine is administered intravenously. Dosage adjustment for intravenously administered morphine is not necessary when it is coadministered with alvimopan.

Effects of Concomitant Acid Blockers or Antibiotics

A population pharmacokinetic analysis suggests that the pharmacokinetics of alvimopan were not affected by concomitant administration of acid blockers or antibiotics. No dosage adjustments are necessary in patients taking acid blockers or antibiotics.

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category B

Risk Summary: There are no adequate and/or well-controlled studies with ENTEREG in pregnant women. No fetal harm was observed in animal reproduction studies with oral administration of alvimopan to rats at doses 68 to 136 times the recommended human oral dose, or with intravenous administration to rats and rabbits at doses 3.4 to 6.8 times, and 5 to 10 times, respectively, the recommended human oral dose. Because animal reproduction studies are not always predictive of human response, ENTEREG should be used during pregnancy only if clearly needed.

Animal Data: Reproduction studies were performed in pregnant rats at oral doses up to 200 mg/kg/day (about 68 to 136 times the recommended human oral dose based on body surface area) and at intravenous doses up to 10 mg/kg/day (about 3.4 to 6.8 times the recommended human oral dose based on body surface area) and in pregnant rabbits at intravenous doses up to 15 mg/kg/day (about 5 to 10 times the recommended human oral dose based on body surface area), and revealed no evidence of impaired fertility or harm to the fetus due to alvimopan.

Nursing Mothers

It is not known whether ENTEREG is present in human milk. Alvimopan and its 'metabolite' are detected in the milk of lactating rats. Exercise caution when administering ENTEREG to a nursing woman.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in 6 clinical efficacy studies treated with ENTEREG 12 mg or placebo, 46% were 65 years of age and over, while 18% were 75 years of age and over. No overall differences in safety or effectiveness were observed between these patients and younger patients, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. No dosage adjustment based on increased age is required.

Hepatic Impairment

ENTEREG is not recommended for use in patients with severe hepatic impairment.

Dosage adjustment is not required for patients with mild-to-moderate hepatic impairment. Patients with mild-to-moderate hepatic impairment should be closely monitored for possible adverse effects (e.g., diarrhea, gastrointestinal pain, cramping) that could indicate high drug or 'metabolite' levels, and ENTEREG should be discontinued if adverse events occur.

Renal Impairment

ENTEREG is not recommended for use in patients with end-stage renal disease. Dosage adjustment is not required for patients with mild-to-severe renal impairment, but they should be monitored for adverse effects. Patients with severe renal impairment should be closely monitored for possible adverse effects (e.g., diarrhea, gastrointestinal pain, cramping) that could indicate high drug or 'metabolite' levels, and ENTEREG should be discontinued if adverse events occur.

Race

No dosage adjustment is necessary in Black, Hispanic, and Japanese patients. However, the exposure to ENTEREG in Japanese healthy male volunteers was approximately 2-fold greater than in Caucasian subjects. Japanese patients should be closely monitored for possible adverse effects (e.g., diarrhea, gastrointestinal pain, cramping) that could indicate high drug or 'metabolite' levels, and ENTEREG should be discontinued if adverse events occur.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Two-year carcinogenicity studies were conducted with alvimopan in CD-1 mice at oral doses up to 4000 mg/kg/day and in Sprague-Dawley rats at oral doses up to 500 mg/kg/day. Oral administration of alvimopan for 104 weeks produced significant increases in the incidences of fibroma, fibrosarcoma, and sarcoma in the skin/subcutis, and of osteoma/osteosarcoma in bones of female mice at 4000 mg/kg/day (about 674 times the recommended human dose based on body surface area). In rats, oral administration of alvimopan for 104 weeks did not produce any tumor up to 500 mg/kg/day (about 166 times the recommended human dose based on body surface area).

Mutagenesis: Alvimopan was not genotoxic in the Ames test, the mouse lymphoma cell (L5178Y/TK$^{+/-}$) forward mutation test, the Chinese Hamster Ovary (CHO) cell chromosome aberration test, or the mouse micronucleus test. The pharmacologically active 'metabolite' ADL 08-0011 was negative in the Ames test, chromosome aberration test in CHO cells, and mouse micronucleus test.

Impairment of Fertility: Alvimopan at intravenous doses up to 10 mg/kg/day (about 3.4 to 6.8 times the recommended human oral dose based on body surface area) was found to have no adverse effect on fertility and reproductive performance of male or female rats.

PATIENT COUNSELING INFORMATION

Recent Use of Opioids

Patients should be informed that they must disclose long-term or intermittent opioid pain therapy, including any use of opioids in the week prior to receiving ENTEREG. They should understand that recent use of opioids may make them more susceptible to adverse reactions to ENTEREG, primarily those limited to the gastrointestinal tract (e.g., abdominal pain, nausea and vomiting, diarrhea).

Hospital Use Only

ENTEREG is available only through a program called the ENTEREG Access Support and Education (E.A.S.E.) Program under a REMS that restricts use to enrolled hospitals because of the potential risk of myocardial infarction with long-term use of ENTEREG. Patients should be informed that ENTEREG is for hospital use only for no more than 7 days after their bowel resection surgery.

Most Common Side Effect

Patients should be informed that the most common side effect with ENTEREG in patients undergoing surgeries that include bowel resection is dyspepsia.

For more detailed information, please read the Prescribing Information.

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Revised: 08/2015

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Sharon Stein, MD
Scott Strong, MD
Sanda Tan, MD
Brian Teng, MD
Charles Ternent, MD
Judith Trudel, MD
Kelly Tyler, MD
Steven Wexner, MD, PhD (Hon)
Charles Whitlow, MD
Kirsten Wilkins, MD
Nancy You, MD

TRIPARTITE MEMBER ABSTRACT REVIEWERS

Willem Bemelman, MD
Stephen Bell, MD
Arnab Bhowmick, MD
Ian Bissett, MD
Ian Botterill, MD
Chris Byrne, MD
Carina Chow, MD
Susan Clark, MD
Rowan Collinson, MD
Peter Dawson, MD
Andre D'Hoore, MD
Henry Dowson, MD
Michael Dworkin, MD
Eloy Espin-Basany, MD
Ian Faragher, MD
K. Chip Farmer, MD
Frank Frizelle, MD
I. Ethem Gecim, MD
Jonathan Gilbert, MD
Mark Gudgeon, MD
Alexander Heriot, MD
Andrew Hill, MD
James Keck, MD
Cherry Koh, MD
Paul A. Lehur, MD
David Lubowski, MD
Andrew Luck, MD
Jonathan Lund, MD
Gregory Makin, MD
James Moore, MD
Liz Murphy, MD
Hung Nguyen, MD
Richard Novell, MD
Ronan O'Connell, MD
Damien Petersen, MD
Michael Powar, MD
Ramesh Ragjagopal, MD
Peter Sagar, MD
Humphry Scott, MD
Stephen Smith, MD
Michael Solomon, MD
Antonio Spinelli, MD
Henry Tilney, MD
Emmanuel Tiret, MD, PhD
Ciaran Walsh, MD
Nigel Williams, MD
Des Winter, MD
Rod Woods, MD
Evaghelos Xynos, MD

Disclosures of Program Committee are listed on pages 158-162

Annual Scientific Meeting Goals, Purpose and Learning Objectives

The goals of the American Society of Colon and Rectal Surgeons Annual Scientific and Tripartite Meeting are to improve the quality of patient care by maintaining, developing and enhancing the knowledge, skills, professional performance and multidisciplinary relationships necessary for the prevention, diagnosis and treatment of patients with diseases and disorders affecting the colon, rectum and anus. The Program Committee is dedicated to meeting these goals.

This scientific program is designed to provide surgeons with in-depth and up-to-date knowledge relative to surgery for diseases of the colon, rectum and anus with emphasis on patient care, teaching and research.

Presentation formats include podium presentations followed by audience questions and critiques, panel discussions, e-poster presentations, video presentations and symposia focusing on specific state-of-the-art diagnostic and treatment modalities.

The purpose of all sessions is to improve the quality of care of patients with diseases of the colon and rectum.

At the conclusion of this meeting, participants should be able to:

- Recognize new information in colon and rectal benign and malignant treatments, including the latest in basic and clinical research.
- Describe current concepts in the diagnosis and treatment of diseases of the colon, rectum and anus.
- Apply knowledge gained in all areas of colon and rectal surgery.
- Recognize the need for multidisciplinary treatment in patients with diseases of the colon, rectum and anus.

Target Audience

The program is intended for the education of colon and rectal surgeons, as well as general surgeons and others involved in the treatment of diseases affecting the colon, rectum and anus.

Accreditation

The American Society of Colon and Rectal Surgeons (ASCRS) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ASCRS takes responsibility for the content, quality and scientific integrity of this CME activity.

Continuing Medical Education Credit

The American Society of Colon and Rectal Surgeons (ASCRS) designates this live activity for a maximum of 44 *AMA PRA Category 1 Credit(s)*™. **Physicians should only claim credit commensurate with the extent of their participation in the activity.** Attendees can earn 1 CME credit hour for every 60 minutes of educational time.

Self-Assessment Credit

Many of the sessions offered will be designated as self-assessment CME credit, applicable to Part 2 of the American Board of Colon and Rectal Surgeons (ABCRS) MOC program. In order to claim self-assessment credit, attendees must participate in a post-test. Information/instructions will be sent to all meeting registrants prior to the Annual Meeting.

Method of Participation

Participants must be registered for the conference and attend the session(s). Each participant will receive a username and password for completion of the online evaluation form for the ASCRS 2017 Annual Meeting. Participants must complete an online evaluation form for each session they attend to receive credit hours. There are no prerequisites unless otherwise indicated.

ASCRS requests that attendees complete the online evaluations by August 31, 2017.

ASCRS Mission

The American Society of Colon and Rectal Surgeons is an association of surgeons and other professionals dedicated to assuring high quality patient care by advancing the science through research and education for prevention and management of disorders of the colon, rectum and anus.

Disclaimer

The primary purpose of the ASCRS Annual Meeting is educational. Information, as well as technologies, products and/or services discussed, are intended to inform participants about the knowledge, techniques and experiences of specialists who are willing to share such information with colleagues. A diversity of professional opinions exist in the specialty and the views of ASCRS disclaims any and all liability for damages to any individual attending this conference and for all claims which may result from the use of information, technologies, products and/or services discussed at the conference.

Disclosures and Conflict of Interest

In compliance with the standards of the Accreditation Council for Continuing Medical Education and ASCRS, faculty have been requested to complete the *Disclosure of Financial Relationships*. Disclosures will be made at the time of presentation, and are included in this Program Book and mobile app. All perceived conflicts of interest have been resolved prior to presentation, and if not resolved, the presentation will be denied.

Please Note: Times and speakers are subject to change.

Educational Grant Commercial Supporters

This activity is supported by independent educational grants from:

- AbbVie
- Applied Medical
- Boston Scientific
- Cook Medical, LLC
- Ethicon
- Intuitive Surgical
- KARL STORZ Endoscopy-America, Inc.
- KCI, an Acelity Company
- Lumendi
- Mallinckrodt Pharmaceuticals
- Medtronic, Inc.
- Merck & Co., Inc.
- Olympus America Inc.
- Richard Wolf Medical Instruments Corp.
- Stryker

This activity is also supported by the following companies through an independent educational grant consisting of loaned durable equipment and disposable supplies.

- Applied Medical
- Apollo Endosurgery, Inc.
- Boston Scientific
- CONMED
- Cook Medical, LLC
- CooperSurgical
- Erbe USA
- Ethicon
- Intuitive Surgical
- KARL STORZ Endoscopy-America, Inc.
- Lumendi
- Medtronic, Inc.
- Olympus America Inc.
- Ovesco Endoscopy USA
- Redfield Corporation
- Richard Wolf Medical Instruments Corp.
- Seiler Instrument & Manufacturing Co., Inc.
- Stryker
- Zinnanti Surgical Design Group Inc.

Online Evaluation

ASCRS will again use a convenient online evaluation for the 2017 Annual Tripartite Meeting. This system will allow you to complete evaluations online for all the certified CME sessions you attend.

Online access: https://ascrs.pswebsurvey.com

You will be asked to enter your **Last Name** and **ID Number** in order to complete the evaluations. **Your ID Number** is located on your Registration Card and Badge.

Scan the QR Code with your smartphone to access the evaluation site.

Online evaluations are requested to be completed by August 31, 2017.

SELF-ASSESSMENT (MOC) CREDIT

Maintenance of Certification (MOC) Self-Assessment

This year, portions of the Annual Meeting will be eligible toward MOC/Self-Assessment Credit.

These selected sessions are identified in this Program as "SELF-ASSESSMENT (MOC) CREDIT."

Following the session, attendees will be able to take an online post-session test that must be completed and passed with a minimum score of 75% in order to receive Self-Assessment (MOC) Credit. If for some reason you do not pass the test, you will receive the regular CME credit for the sessions you attend.

Tests must be taken by December 31, 2017.

MAINTENANCE OF CERTIFICATION

The 2017 scientific offerings assist the physician with the six core competencies first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties. Attendees are encouraged to select areas of interest from the program which will enhance their knowledge and improve the quality of patient care.

1 **Patient Care and Procedural Skills –** Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.

2 **Medical Knowledge –** Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.

3 **Interpersonal and Communication Skills –** Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g., fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).

4 **Professionalism –** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

5 **Systems-based Practice –** Demonstrate awareness of and responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g., coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

6 **Practice-based Learning and Improvement –** Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

ASCRS assists ABCRS with a 4-part process for continuous learning:

Part I – Professional Standing (Every 3 years)

- A valid, full and unrestricted medical license.
- Hospital privileges in the specialty, if clinically active.
- Chief of Staff Evaluation – contact information for the chief of surgery and chair of credentials at the institution where most work is performed.

Part II – Lifelong Learning and Self-Assessment (Every 3 years)

- Continuing medical education (CME) – completion of at least 90 hours of Category I CME relevant to the physician's practice over a three-year cycle.
- Completion of Self-assessment: Over a three-year cycle, 50 of the 90 Category I CME must include a self-assessment activity – a written or electronic question-and-answer exercise that assesses the physician's understanding of the material presented in the CME program.
- CARSEP® or SESAP are suggested; however, any approved CME credit that provides self-assessment greater than 75% or passing score (including CME components for MOC) will be accepted for Part II.

Part III – Cognitive Expertise (Every 10 years)

- Successful completion of a secure recertification examination, which may be taken three years prior to certificate expiration. A full exam application is required. All MOC requirements must be fulfilled up to this point to apply.

Part IV – Evaluation of Performance in Practice (Every 3 years)

- Communications and interpersonal skills.
- Ongoing participation in a national, regional or local outcomes registry or quality assessment program (such as SCIP, ACS NSQIP®, SQIP or the ACS case log system).

For additional information regarding MOC, please contact ABCRS at admin@abcrs.org.

Abstracts

All abstract presentations are numbered and the complete abstracts are available on the ASCRS website, www.fascrs.org.

Annual Meeting Mobile App

Download the FREE mobile app to maximize your time at the Annual Meeting. Easily view the schedule, exhibitors, speakers and more! This mobile app is available for all smartphones and tablet platforms – iPhone, Blackberry and Android.

Download the free ASCRS mobile app by scanning one of the two QR Codes below:

iPhone or iPad

http://ativ.me/bsx

Android or Blackberry

http://ativ.me/bsy

Badge Designations

Blue . . . . Member/Fellow Physicians
Purple . . . . Nonmember/Tripartite Member Physicians
Green . . . . Nurses/Allied Health
Lime. . . . . Residents/CR Fellows
Orange . . . . Non-Physicians
Red. . . . . Technical Exhibitors
Teal . . . . Spouse/Companions
Rust . . . . Press
Fuchsia . . . . Staff
Gray . . . . Meeting Technicians/Workers

Replacement badges – $10.00 each

Capturing of NPI Numbers

As part of the health care reform legislation, the Physician Payment Sunshine Act requires medical device, biologic and drug companies to publicly disclose gifts and payments made to physicians.

To help our exhibitors and industry partners in fulfilling the mandatory reporting provisions of the Sunshine Act, ASCRS has requested U.S. health care provider attendees to supply their 10-digit NPI (National Provider Identifier) number when registering for the 2017 Annual Meeting. The NPI will be imbedded in the bar code data on the attendee's badge. Exhibitors can download the NPI information by scanning the badge through a lead retrieval system so that they can record and track any reportable transactions. For more information on the capturing of the NPI number, please visit the ASCRS website, www.fascrs.org.

Child Care Services

Please contact the concierge at the hotel at which you are staying for a list of bonded independent babysitters and babysitting agencies.

Coat and Luggage Check

A complimentary coat and luggage check is located in Room 454 (4th floor) of the Washington State Convention Center and will be available:

Tuesday . . . . 6:15 am – 7:00 pm
Wednesday . . . . 6:15 am – 5:30 pm

Complimentary Headshot Photos

ASCRS is offering its members the ability to have their complimentary headshot photo taken for placement on the ASCRS "Find a Surgeon" website. White lab coats will be provided or you can be photographed in business attire. Visit **Booth 108** in the exhibit hall on Sunday, Monday and Tuesday during exhibit hours to have your professional photo taken.

E-poster Displays and Presentation

Self-service e-poster viewing stations are in the Exhibit Hall and will be accessible during exhibit hours. Some authors have also been assigned a specific time to be at their designated viewing monitor to answer attendee questions. See pages 109-134 for presentation schedule.

In addition, e-posters of Distinction will be presented in Room 604 on Tuesday and Wednesday. Please see pages 106-108 for the presentation schedule.

Exhibit Hall

More than 70 technical and scientific exhibitors will display their products and services in Exhibit Hall, 4ABC throughout the convention.

ASCRS appreciates the support of its exhibitors and urges all registrants to visit the displays.

Exhibit hours:

Sunday . . . . 11:30 am – 4:30 pm
Monday . . . . 9:00 am – 4:30 pm
Tuesday . . . . 9:00 am – 2:00 pm

First Aid Station

A first aid office is located in Room 498 in the Atrium Lobby (by the Exhibit Hall) and is available during the following hours:

Saturday . . . . 7:30 am – 4:30 pm
Sunday . . . . 8:00 am – 6:30 pm
Monday . . . . 8:00 am – 6:30 pm
Tuesday . . . . 7:30 am – 5:00 pm
Wednesday . . . . 7:45 am – 3:30 pm

Fun Run

Sunday, June 11, 6:00 – 7:00 am
Attendees are encouraged to register for the 5K "Fun Run" which will take place at Myrtle Edwards Park. Proceeds from the event will be donated to the Ostomy Supply Closet, a local charity that provides ostomy supplies for those who cannot afford them.

The bus leaves the Sheraton Seattle, Grand Hyatt and Hyatt Olive 8 hotels at 5:30 am. Pre-registration is required.

Index of Participants

The names of all program speakers, with page numbers to indicate their scheduled appearances, are listed on pages 163-165.

Networking Goes Viral with #ASCRS17

Be a part of the Annual Meeting conversation! Use hashtag #ASCRS17 in your meeting-related tweets and posts. Follow twitter.com/fascrs_updates or facebook.com/fascrs.

New Members

New members of ASCRS will be identified by a special ribbon affixed to their name badges. We encourage you to introduce yourself and make our new members feel welcome.

Photography/Video Recordings

By registering for this meeting, attendees acknowledge and agree that ASCRS or its agents may take photographs during events and may freely use those photographs in any media for ASCRS' purposes, including but not limited to news and promotional purposes.

The presentations, slides and handouts provided in this program are the property of ASCRS. Meeting participant may not reproduce any of the presentations without written permission from ASCRS.

Registration Desk Hours

The ASCRS Registration Desk is located in the Atrium Lobby on the 4th floor of the Washington State Convention Center and will be open:

Saturday . . . . 6:30 am – 6:00 pm
Sunday . . . . 6:30 am – 6:00 pm
Monday . . . . 6:30 am – 4:30 pm
Tuesday . . . . 6:15 am – 4:00 pm
Wednesday . . . . 6:15 am – 4:00 pm

Seattle Visitors Desk

A Seattle visitors desk is available to all attendees to make restaurant reservations, assist with city information and provide maps and brochures. This booth is located on the 1st floor of the Washington State Convention Center and will be available during the following hours:

Saturday . . . . 9:00 am – 5:00 pm
Sunday . . . . 9:00 am – 5:00 pm
Monday . . . . 9:00 am – 5:00 pm
Tuesday . . . . 9:00 am – 5:00 pm
Wednesday . . . . 9:00 am – 5:00 pm

Social Events

ASCRS and the Research Foundation of the ASCRS invite you to attend the **Welcome Reception** on Sunday from 7:30 – 10:00 pm at the Museum of Pop Culture (MoPOP). This event is complimentary to all registered attendees. See page 61 for more details.

The **Tripartite Gala** is scheduled for Tuesday beginning at 7:30 pm in the Grand Ballroom at the Sheraton Seattle Hotel. There is no additional cost for a ticket for full–paying ASCRS Members/Fellows or Tripartite Members.

Nonmembers and others who wish to purchase tickets may do so at the ASCRS Registration Desk. The cost is $150 per ticket. See page 91 for more details.

Speaker Ready Room

All presentations MUST be made using PowerPoint or Keynote files (16:9 format). Please bring your presentation to the Speaker Ready Room at least 8 hours (preferably 24 hours) prior to the start of the session in which you are speaking. Presentations from laptops and iPads will NOT be permitted.

The Speaker Ready Room is located in Room 212 of the Washington State Convention Center and is available to all program participants. Speakers are requested to take advantage of this opportunity prior to their presentation to review their slides.

Friday .... 3:00 – 6:00 pm
Saturday .... 6:00 am – 6:30 pm
Sunday .... 6:30 am – 6:00 pm
Monday .... 6:30 am – 6:30 pm
Tuesday .... 6:00 am – 6:00 pm
Wednesday .... 6:00 am – 4:00 pm

Spouse/Companion Registration Options

If your spouse/companion is not yet registered for the meeting, we encourage them to register to be able to participate in the following events.

The spouse/companion pass does not allow access into scientific sessions.

Package #1 ($175) Includes:
Welcome Reception, 7:30 – 10:00 pm, Sunday
Tripartite Gala, 7:30 – 10:30 pm, Tuesday
Admission to the Exhibit Hall

Package #2 ($75) Includes:
Welcome Reception, 7:30 – 10:00 pm, Sunday
Admission to the Exhibit Hall

Tripartite Gala Tickets

Full-paying ASCRS Members/Fellows or Tripartite Members who requested a ticket for the Tuesday evening Tripartite Gala will receive a voucher as part of their registration material. **This voucher must be exchanged for a dinner ticket by noon, Monday.**

Nonmembers and others who wish to purchase tickets may do so at the ASCRS onsite Registration Desk. The cost is $150 per ticket. Please do so as early as possible in order to meet the ticket exchange deadline.

Complimentary Wi-Fi Available

Free Wi-Fi is provided to all ASCRS attendees at the Washington State Convention Center. To access the free Wi-Fi simply:

- Open your wireless network connections
- Connect to the “ASCRS” wireless network

Take Your Meeting Mobile

Target what you want to attend, learn and do at the ASCRS Annual Meeting with the ASCRS mobile app – the app is free and the options are endless!

View all the Annual Meeting info right at your fingertips:

- Schedule of events
- Exhibitor list and details
- Speakers, sponsors and more

Download the free app today and maximize your time at the meeting.

- To download a mobile version, scan one of the QR Codes on the right.
- For all other devices and web version, go to http://ativ.me/boz.

iPhone or iPad

http://ativ.me/bsx

Android

http://ativ.me/bsy

Norman D. Nigro, MD, Research Lectureship

Sunday, June 11, 1:30 – 2:15 pm
Room: 6ABC

Dr. Norman Nigro is recognized for his many contributions to the care of patients with diseases of the colon and rectum, for his significant research in the prevention of large bowel cancer and treatment of squamous cell carcinoma of the anus, and for his leadership role in his chosen specialty and allied medical organizations.

Dr. Nigro generously contributed many years of dedication and service to the specialty through his activities in ASCRS and ABCRS.

Lars Pahlman, MD, Lectureship

Monday, June 12, 10:00 – 10:45 am
Room: 6ABC

The Lars Pahlman lectureship was inaugurated at the last Tripartite meeting in response to an ESCP proposal to recognize Dr. Pahlman's contribution to Coloproctology in Europe and beyond. Dr. Pahlman delivered the first Pahlman lectureship in 2014 in Birmingham and sadly passed away in 2015.

Harry E. Bacon, MD, Lectureship

Monday, June 12, 4:15 – 5:00 pm
Room: 6ABC

Harry Ellicott Bacon, MD, was Professor and Chairman of the Department of Proctology at Temple University Hospital. His stellar contribution was the establishment of the Journal, *Diseases of the Colon and Rectum,* of which he was the Editor-in-Chief. He was a past president of ASCRS and ABCRS. Dr. Bacon was the founder of the International Society of University Colon and Rectal Surgeons.

As a researcher and teacher of over 100 residents, he was innovative in some operations that are forerunners of sphincter saving procedures for cancer of the rectum (pull-through operation) and inflammatory bowel disease (ileoanal reservoir anastomosis).

Parviz Kamangar Humanities in Surgery Lectureship

Tuesday, June 13, 7:30 – 8:15 am
Room: 6ABC

This unique lectureship is funded by Mr. Parviz Kamangar, a grateful patient, to remind physicians and surgeons to place compassionate care at the top of the list of priorities.

John Goligher, MD, Lectureship

Tuesday, June 13, 8:15 – 9:00 am
Room: 6ABC

This lectureship was instituted following the death of Professor John Goligher in January 1998 to acknowledge his great contribution to coloproctology.

Louis A. Buie, MD, Lectureship

Tuesday, June 13, 1:00 – 1:45 pm
Room: 6ABC

This lectureship honors Dr. Louis A. Buie, an ASCRS past president and the first Editor-in-Chief of *Diseases of the Colon and Rectum,* the ASCRS' scientific journal.

Ernestine Hambrick, MD, Lectureship

Wednesday, June 14, 10:45 – 11:30 am
Room: 6ABC

This lectureship honors Dr. Ernestine Hambrick for her dedication to patients with colon and rectal disorders, surgical students and trainees, and the community at large. The first woman to be board certified in colon and rectal surgery, Dr. Hambrick provided excellent care to patients and mentored numerous students, residents and young surgeons during her clinical practice.

Dr. Hambrick founded the STOP Foundation to promote screening and prevention of colon and rectal cancer. In addition, she has volunteered many hours working for ASCRS including serving as Vice President.

This lectureship has been established to honor a different senior surgeon each year who has made a considerable contribution to the specialty and the Society.

This year's Masters in Colorectal Surgery lectureship will take place on Tuesday, June 13, 10:45 – 11:30 am in Room 6ABC and will be presented by Robert Madoff, MD.

This year, Dr. David A. Rothenberger will be honored. Below are past honorees.

2017

David A. Rothenberger, MD

2016

Robert W. Beart, Jr., MD

2015

David J. Schoetz, Jr., MD

2014

Eugene P. Salvati, MD

2013

Victor W. Fazio, MD

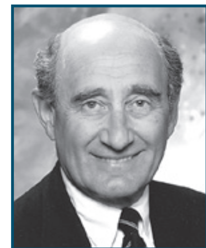
2012

Herand Abcarian, MD

2011

Philip H. Gordon, MD

2010



Stanley M. Goldberg, MD

Colorectal Regional Society Awards

The following awards will be chosen at the 2017 Annual and Tripartite Meeting and announced at the Wednesday Business Meeting.

Each recipient will be given a plaque and a $500 award from the Regional Society sponsoring the award. Awards are given for the best basic science or clinical paper presented from the podium or as an e-poster.

- **Chesapeake Colorectal Society Award (Basic Science/E-poster)**
- **Harry E. Bacon Foundation Award (Basic Science/Podium)**
- **The Michigan Society of Colon & Rectal Surgeons Award (Clinical/Podium)**
- **The New Jersey Society of Colon & Rectal Surgeons Award (Basic Science/E-poster)**
- **The New York Society of Colon & Rectal Surgeons Award (Clinical/Podium)**
- **The Northwest Society of Colon & Rectal Surgeons Award (Clinical/Podium)**
- **The Piedmont Society of Colon & Rectal Surgeons Award (Clinical/Podium)**
- **The Southern California Society of Colon & Rectal Surgeons Award (Clinical/E-poster)**

ASCRS Awards

- **Best Paper Award**
  The recipient of this award will attend the Annual Meeting of the European Society of Coloproctology in Milan, Italy, September 20-22, 2017.
- **The ASCRS Barton Hoexter, MD, Best Video Award** – presented at the ASCRS Annual Business Meeting
- The ASCRS Public Relations Committee Chair will present the following awards at the Welcome and Opening Announcements:
  - **David Jagelman, MD, Award**
  - **Local Hero Award**
  - **Media Award**

Call for Abstracts – 2018 ASCRS Annual Scientific Meeting

May 19-23, 2018

Music City Center
Omni Nashville Hotel
Nashville, TN

Online Submission Site Opens
July 2017

Program Chair: Eric Johnson, MD
Program Vice-Chairs: Jamie Cannon, MD and Jason Mizell, MD

Following the close of Saturday and Monday's scientific session, all registrants are invited to attend the special Corporate Forums at the Sheraton Seattle Hotel.

Corporate Forums are non-CME promotional offerings organized by industry and designed to enhance your educational experience.

Saturday, June 10

5:00 – 6:30 pm

Metropolitan Ballroom Salon A (3rd Floor)

Supported by Acelity

Reducing the Risk of Surgical Wound Complications

***Presented* by:**

David E. Rivadeneira, MD

Surgical site infections (SSI) pose a major patient care and cost effectiveness issue. The science, indications, and clinical evidence supporting the use PREVENA™ Therapy in the management of closed surgical incisions will be presented in this educational event.

Also, visit Acelity at **Booth #418**.

Monday, June 12

6:30 – 8:00 pm

Metropolitan Ballroom Salon A (3rd Floor)

Supported by Intuitive Surgical

The Emerging Role of Robotic CR Surgery in Transabdominal to Transanal, and Beyond!

***Presented* by:**

Jeff Hurley, MD
Jamie Cannon, MD
John Marks, MD

Intuitive Surgical is the global leader in minimally invasive, robotic-assisted surgery. Its *da Vinci*® Surgical System – with a 3D-HD vision system and *EndoWrist*® instrumentation – enables surgeons to offer a minimally invasive approach for a range of complex procedures. *da Vinci* is used in more than *3,500* hospitals around the world.

Also, visit Intuitive Surgical at **Booth #605**.

6:30 – 8:00 pm

Metropolitan Ballroom Salon B (3rd Floor)

Supported by TransEnterix, Inc.

Robotic Surgery Innovation – Pioneering New Senhance Surgical System in Colorectal

***Presented* by:**

Prof. Antonino Spinelli
Chief Colon & Rectal Surgery
Humanitas Research Hospital, Milano, Italy

This Non-CME Forum, will present initial clinical experience with new robotic system. Discussion will include utilizing the precision of robotics during complex colorectal procedures with the innovation of haptic force feedback, and eye-sensing camera control. To learn more about robotic surgery with Senhance Surgical System, visit TransEnterix Booth #813.

Also, visit TransEnterix, Inc. at **Booth #813**.

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs this year:

AbbVie

Partial support of Monday's *Coffee and Controversies: Inflammatory Bowel Disease*.

Applied Medical

Co-supporter of Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**…Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*…Monday's Symposium on *New Technologies***…the Tuesday Symposium on *Reducing Surgical Site Infections* …Tuesday's ASCRS/SSAT Joint Symposium on *ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level* …and partial support of the Monday Symposium on *Improving the Quality of Rectal Cancer Care*.

Apollo Endosurgery, Inc.

In-kind support of Sunday's *Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS*.

Boston Scientific

Co-supporter of Sunday's *Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS*.

CONMED

In-kind support of Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*…the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)**…and Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

Cook Medical, LLC

Co-supporter of Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop.

CooperSurgical

In-kind support of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)**…and Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

Erbe USA

In-kind support of Sunday's *Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS**.

Ethicon

Supporter of Tuesday's Women in Colorectal Surgery Luncheon…escalator clings**…window clings**…promotional e-Blasts**…advertisements in the Convention Program Guide**…co-supporter of the Tuesday Symposium on *Reducing Surgical Site Infections* …Tuesday's ASCRS/SSAT Joint Symposium on *ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level* …partial support of Sunday's Symposium on *Preventing Colorectal Cancer Through Screening: What The Surgeon Should Know*…Monday's symposium on *Public Reporting of Surgical Outcomes*…the Wednesday symposium on *Optimizing the Colorectal Anastomosis: Reducing Anastomotic Leak*…and in-kind support of Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*.

Intuitive Surgical

Supporter of Saturday's Workshop on *Advanced Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation for the Experienced Surgeon**…Non-CME Corporate Forum**…partial support of Sunday's Symposium on *Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation*…and in-kind support of Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*.

KARL STORZ Endoscopy-America, Inc.

Co-supporter of Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**.

KCI, an Acelity Company

Supporter of an educational grant…promotional e-Blast**…and the Smartphone Charging Stations**.

Lumendi

Co-supporter of Sunday's *Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS**…and Monday's Symposium on *New Technologies***.

Mallinckrodt Pharmaceuticals

Supporter of a Product Theater**…and co-supporter of Tuesday's ASCRS/SSAT Joint Symposium on *ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level*.

Medrobotics

Co-supporter of Monday's Symposium on *New Technologies***.

*In-kind support
**Promotional support

THANKS TO OUR CORPORATE SUPPORTERS

ASCRS is grateful to the following companies and organizations for their generous support of the following projects and programs this year:

Medtronic, Inc.

Supporter of the Badge Lanyards**…Hotel Key Card**…Product Theater**…partial support of the Tuesday symposium on *Improving Quality of Life in Patients with Fecal Incontinence*…Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**…and in kind support of Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*.

Merck & Co., Inc.

Supporter of a Product Theater**…advertisements in the Convention Program Guide**…and co-supporter of Tuesday's ASCRS/SSAT Joint Symposium on *ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level.*

Memorial Sloan Kettering Cancer Center

Supporter of promotional e-Blasts**.

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Supporter of the Tuesday ASCRS Fellowship Reception…advertisement in the Convention Program Guide**…promotional e-Blast**…co-supporter of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)**…Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*…and Sunday's *Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS**.

Ovesco Endoscopy USA

In-kind support of Sunday's *Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS**.

Prescient Surgical

Co-supporter of Monday's Symposium on *New Technologies*.

Redfield Corporation

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

Richard Wolf Medical Instruments Corp.

Co-supporter of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)**…and Saturday's *Rectal Prolapse Advanced Methods* Symposium and Workshop*.

Seiler Instrument & Manufacturing Co, Inc.

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

Stryker Endoscopy

Co-supporter of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)**.

TransEnterix, Inc.

Supporter of a Non-CME Corporate Forum**.

Twistle, Inc.

Co-supporter of Monday's Symposium on *New Technologies***.

Zinnanti Surgical Design Group Inc.

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

*In-kind support
**Promotional support

The following videos will be available for viewing in Rooms 602-603 (Convention Center), Sunday through Wednesday.

STATION 1
Anorectal/Miscellaneous Diseases

VR1 Modified Ligation of Intersphincteric Fistula Tract (LIFT) Video
Kim, N.[1]; Hall, J.[1] 1. Boston, MA

VR2 Repair of a Recto-Vaginal Fistula After a Colo-Rectal Anastomotic Leak
Marecik, S. J.[1]; Sheikh, T.[1]; Valladolid, G.[1]; Warner, C.[1]; Kochar, K.[1]; Park, J.[1]; Prasad, L.[1] 1. Park Ridge, IL

VR3 Trans-anal Extraction of Specimen During Resection Rectopexy for Chronic Rectal Prolapse in a 19-year Old Male (Video)
Manji, F.[1]; Ogilvie, J.[1] 1. Grand Rapids, MI

VR4 Ladd Procedure for Adult Malrotation With Volvulus
Brady, J. T.[1]; Kendrick, D.[1]; Barksdale, E.[1]; Reynolds, H. L.[1] 1. Cleveland, OH

VR5 Double Balloon Colonic ESD: Technical and Outcome Improvements Over Conventional Cap Technique
Sharma, S.[1]; Hara, H.[1]; Milsom, J. W.[1] 1. New York, NY

VR6 TAMIS as an Emergency Procedure in Post Rectal Polypectomy Bleeding.
Naik, P.[1]; Basnyat, P.[1] 1. Ashford, Kent, United Kingdom

VR7 Pilonidal Disease: Cleft Lift Reconstruction With Urinary Bladder Xenograft Augmentation
Dolberg, M. E.[1]; Ruiz, E.[1]; Snow, J.[1]; Wiltz, O.[1]
1. Pembroke Pines, FL

VR8 Excision of a Presacral Mass in a Patient With Currarino Syndrome
Orkin, B. A.[1] 1. Chicago, IL

STATION 2
Colon Cancer

VR10 Use of the IMV as an Initial Landmark for Medial to Lateral Dissection in Minimally Invasive Left Sided Colectomies
Charak, G. S.[1]; Kiran, R.[1]; Feingold, D.[1]; Lee-Kong, S.[1]; Pappou, E.[1] 1. New York, NY

VR11 ICG-guided Laparoscopic D3 Lymphadenectomy for Right-sided Colon Cancer
Park, S.[1]; Park, J.[1]; Kim, H.[1]; Choi, G.[1] 1. Daegu, Korea (the Republic of)

VR12 Robotic Complete Mesocolic Excision for Right Sided Neuroendocrine Tumor
Cengiz, T. B.[1]; Aytac, E.[2]; Gorgun, I. E.[2]
1. Istanbul, Turkey 2. Cleveland, OH

VR13 Extended Right Hemicolectomy With Complete Mesocolic Excision
Ddoddama Reddy, A. C.[1] 1. Taichung, Taiwan

VR14 Total Mesocolic Excision Fluorescence-Guided: In Search of Lymphatic Flow
Martín-Martín, G. P.[1]; Olea-Mediero, J. M.[1]; Coello-Tora, I.[2]; Ochogavia-Segui, A.[1]; Segura-Sampedro, J. J.[1]; Gamundi-Cuesta, M.[1]; González-Argenté, F. X.[1]
1. Islas Baleares, Spain 2. Palma, Spain

VR15 Pure Laparoscopic Sigmoidectomy With Inferior Mesenteric Artery Preservation.
Bravo, R.[1]; Blaker, K.[1]; Nishimura, J.[1]; Gambhir, S.[1]; Pigazzi, A.[1] 1. Irvine, CA

VR16 Robotic Complete Mesocolic Excision With "Top to Down-No Touch" Technique for Right Sided Colon Cancer
Bilgin, I. A.[1]; Aytac, E.[1]; Erguner, I.[1]; Akpinarli, B.[1]; Baca, B.[1]; Hamzaoglu, I.[1]; Karahasanoglu, T.[1]
1. Istanbul, Turkey

The following videos will be available for viewing in Rooms 602-603 (Convention Center), Sunday through Wednesday.

STATION 3
Inflammatory Bowel Disease/Miscellaneous

VR17 Laparoscopic Repair of a Post-Operative Perforated Duondenal Ulcer With a Falciform Ligament Patch
Saltsman, J.[1]; Khaitov, S.[1] 1. New York, NY

VR19 Change in the Surgical Strategy Based on Fluorescence Imaging
Otero, A.[1]; Martin-Perez, B.[1]; Lacy-Oliver, B.[1]; Pena-López, R.[1]; Lacy, A.[1] 1. Barcelona, Spain

VR20 Salvaging Laparoscopic J-Pouches: A Word of Caution About Pouch Twists and Retained Rectums
Schwartzberg, D.[1]; Aydinli, H.[1]; Remzi, F.[1] 1. New York, NY

VR21 Transvesical, Robotic-assisted Repair for Rectovescical Fistulae
Lohman, R.[1]; Kozlowski, J.[2]; Guru, K.[2] 1. Buffalo, NY

VR22 Saving the J-Pouch in a Pediatric Patient
Aydinli, H.[2]; Aytac, E.[1]; Remzi, F.[2] 1. Cleveland, OH 2. New York, NY

VR23 Secondary Appendiceal Mucocele in the Setting of Diffuse Ganglioneuromatosis
LeFave, J. J.[1]; Stephens, N.[1]; Gonzalez-Almada, A.[1]; Ibarra, S. H.[1]; Shoar, S.[1]; Haas, E.[1] 1. Houston, TX

VR24 An Inanimate Ex-Vivo Pig Stomach Training Model to Acquire ESD Skills
Pettke, E.[1]; Shah, A.[2]; Yan, X.[1]; Cekic, V.[1]; Sutton, E.[3]; Ballini, G.[1]; Gandhi, N.[1]; Whelan, R.[1] 1. Bronx, NY 2. Mumbai, India. 3. New York, NY

STATION 4
Pelvic Floor

VR25 Z-Plasty Perineal Hernia Repair Using Biologic Mesh After Abdominoperineal Resection
Calata, J.[1]; Tremblay, J.[2]; Welch, B.[1]; Kochar, K.[2]; Marecik, S. J.[2]; Park, J.[2] 1. Chicago, IL 2. Park Ridge, IL

VR26 Perineal Proctectomy Using a Curved Cutter Stapler, to Treat Full-Thickness External Rectal Prolapse
Ochogavia, A.[1]; González-Argenté, F. X.[1]; Olea-Mediero, J. M.[1]; Martín-Martín, G. P.[1]; Segura-Sampedro, J. J.[1]; Alonso-Hernandez, N.[1]; Fernández-Isart, M.[1]; Gamundi-Cuesta, M.[1] 1. Baleares, Spain

VR27 TAMIS Repair of Traumatic Rectovaginal Fistula
Pickron, B.[1] 1. Salt Lake City, UT

VR28 Reconstruction With Perineal Lipofilling Following Extralevator Abdominoperineal Resection for Rectal Cancer
Cuadrado, M. M.[1]; Camps, I.[1] 1. Barcelona, Spain

VR29 Stapled Perineal Prolapse Resection for Full Thickness Rectal Prolapse
Maniar, R.[1]; Raval, M. J.[1]; Phang, T.[1]; Brown, C. J.[1]; Karimuddin, A. A.[1] 1. Vancouver, Canada

VR30 Redo Perineal Proctectomy
Tremblay, J.[1]; Marecik, S. J.[1]; Valladolid, G.[1]; Kochar, K.[1]; Park, J.[1]; Prasad, L.[1] 1. Park Ridge, IL

VR31 Robotic Assisted Laparoscopic Perineal Hernia Repair for Incarcerated Hernia and Small Bowel Obstruction Following Transabdominal Transanal Proctectomy
Chan, W.[1]; Smallwood, N.[1]; Keller, D. S.[1]; Rodriguez-Ruesga, R.[1] 1. Dallas, TX

VR32 Repair of Rectovaginal Fistula by Modified Martius Flap
Hsu, J.[1]; Maloney Patel, N.[1]; Lin, J.[2]; Hutchinson-Colas, J.[2] 1. New Brunswick, NJ

The following videos will be available for viewing in Rooms 602-603 (Convention Center), Sunday through Wednesday.

STATION 5
Rectal Cancer

VR33 Techniques of Tension-free Colorectal/Anal Anastomosis in a Reoperative Abdomen
Aydinli, H.[1]; Aytac, E.[2]; Remzi, F.[1] 1. New York, NY 2. Istanbul, Turkey

VR34 Safety Adjuncts in a Challenging Laparoscopic Hartmann's Reversal
Petrucci, A. M.[1]; Altinel, Y.[1]; Wexner, S. D.[1] 1. Weston, FL

VR35 Local Excision of a Verrucous Carcinoma of the Anal Margin and Reconstruction by Bilateral Gluteus Fasciocutaneous Flap
De Nardi, P.[1]; Giannone , F.[1]; Baruffaldi Preis, F.[1]; Gazzola, R.[1]; Rosati, R.[1] 1. Milan, Italy

VR36 Robotic Excision of Retrorectal Mass
Poylin, V.[1]; Cataldo, T.[1] 1. Boston, MA

VR37 Laprascopic Extraperitoneal Colostomy
Blatchford, G. J.[1]; Ternent, C.[1]; Wright, M. E.[1] 1. Omaha, NE

VR38 Autonomic Nerve Structures During taTME in Obese
Marecik, S. J.[1]; Sheikh, T.[1]; Eftaiha, S. M.[1]; Zawadzki, M.[1]; Park, J.[1]; Prasad, L.[1] 1. Park Ridge, IL

VR39 Robotic Assisted Low Anterior Resection With Loop Colostomy Takedown Using Gelport Platform
Maroney, S. K.[1]; Raskin, E.[1]; Friedman, G.[1] 1. Loma Linda, CA

VR40 Sequential Laparoscopic taTME
Brandstetter, S. S.[1]; Shawki, S.[2]; Delaney, C. P.[2] 1. Akron, OH 2. Cleveland, OH

All programs are held in the Washington State Convention Center unless otherwise noted.

HOURS		ROOM

Saturday, June 10

6:00 am – 6:30 pm	Speaker Ready Room	212
6:30 am – 6:00 pm	Registration for ASCRS Annual Meeting	Atrium Lobby (4th Floor)
7:00 am – noon	Advanced Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation for the Experienced Surgeon Workshop	606-607
7:30 – 11:00 am	AIN and HRA: What the Colorectal Surgeon Needs to Know Workshop	604
7:30 am – noon	Transanal Total Mesorectal Excision (taTME) Didactic Session	6E
7:30 am – noon	Rectal Prolapse Advanced Methods Didactic Session	611-614
7:30 am – noon	Executive Council Meeting	Cirrus Ballroom (35th Floor – Sheraton)
9:40 – 9:50 am	Rectal Prolapse Advanced Methods Refreshment Break	611-614 Foyer
10:00 – 10:30 am	Transanal Total Mesorectal Excision (taTME) Refreshment Break	6E Foyer
10:00 – 10:30 am	AIN and HRA Refreshment Break	602-604 Foyer
11:15 am – 12:45 pm	AIN and HRA: Group 1	604
11:15 am – 12:45 pm	AIN and HRA: Group 2	602
11:15 am – 12:45 pm	AIN and HRA: Group 3	603
Noon – 1:00 pm	taTME Luncheon (lab registrants only)	610
Noon – 1:30 pm	Rectal Prolapse Advanced Methods Luncheon (lab registrants only)	605
12:30 – 5:30 pm	Young Surgeons Mock Orals & More	619-620
1:00 – 2:00 pm	Rectal Prolapse Hands-on Session for Lab Registrants	611-614
1:00 – 2:00 pm	AIN and HRA Lunch with Panel Discussion & Questions	604
1:00 – 4:00 pm	Question Writing: Do You Know How to Write the Perfect Exam Questions? Workshop	2AB
1:00 – 4:30 pm	taTME Hands-on Session for Lab Registrants	608-609
1:30 – 4:30 pm	Rectal Prolapse Hands-on Session for Lab Registrants	606-607
2:00 – 3:30 pm	AIN and HRA: Group 1	602
2:00 – 3:30 pm	AIN and HRA: Group 2	604
2:00 – 3:30 pm	AIN and HRA: Group 3	603
2:30 – 3:00 pm	AIN and HRA Refreshment Break	602-604 Foyer
2:50 – 3:00 pm	Question Writing Refreshment Break	2AB Foyer
3:00 – 3:10 pm	Young Surgeons Mock Orals & More Refreshment Break	619-620 Foyer
3:00 – 4:30 pm	IBD Collaborative Meeting	201
3:30 – 4:30 pm	AIN and HRA: What the Colorectal Surgeon Needs to Know Workshop	604
5:00 – 6:30 pm	*Non-CME Corporate Forum:* Acelity	Metropolitan Ballroom Salon A (3rd Floor – Sheraton)
6:00 – 9:00 pm	Young Surgeons Reception	Off-Site

All programs are held in the Washington State Convention Center unless otherwise noted.

HOURS		ROOM

Sunday, June 11

6:00 – 7:00 am	Fun Run	Off-Site
6:30 am – 6:00 pm	Registration	Atrium Lobby (4th Floor)
6:30 am – 6:00 pm	Speaker Ready Room	212
6:30 am – 6:30 pm	On-Going Video Display	602-603
7:00 – 10:00 am	Research Foundation Research Committee	617
7:30 – 9:00 am	Advanced Endoscopy Symposium Didactic Session	611-614
7:30 – 9:30 am	*Symposium:* Magnum Opus: Surgical Tips & Techniques Around the World	6ABC
7:30 – 9:30 am	Core Subject Update	6E
9:30 – 9:45 am	Refreshment Break in Foyer	6ABC Foyer & 6E Foyer
9:30 – 11:30 am	ACS Colon & Rectal Advisory Council	Richmond Boardroom (Sheraton)
9:30 – 11:30 am	Advanced Endoscopy Hands-on Session for Lab Registrants	608-609
9:45 – 11:45 am	*Symposium:* Preventing Colorectal Cancer Through Screening: What the Surgeon Should Know	6E
9:45 – 11:45 am	*Symposium:* Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation	6ABC
10:00 – 11:00 am	*DC&R* Co-Editors Meeting	306
11:00 am – noon	Young Surgeons Committee	616
11:00 am – 12:45 pm	*DC&R* Editorial Board Meeting	3AB
11:30 am – 12:45 pm	Complimentary Box Lunch in Exhibit Hall	4ABC
11:30 am – 4:30 pm	Exhibit Hours	4ABC
11:45 am – 12:45 pm	Awards Committee	310
12:45 – 1:30 pm	Welcome and Opening Announcements	6ABC
1:30 – 2:15 pm	Norman D. Nigro, MD, Research Lectureship	6ABC
2:15 – 3:45 pm	*Abstract Session:* Neoplasia I	6E
2:15 – 3:45 pm	*Symposium:* The ACS and NSQIP at ASCRS	6ABC
2:30 – 3:30 pm	Rectal Cancer Coordinating Committee	616
2:30 – 3:30 pm	Social Media Committee	617
3:00 – 4:00 pm	Continuing Education Committee	615
3:45 – 4:15 pm	Refreshment Break in Exhibit Hall	4ABC
4:00 – 5:00 pm	Quality Assessment and Safety Committee	619
4:15 – 5:45 pm	*Abstract Session:* Benign Disease	6E
4:15 – 5:45 pm	*Symposium:* Beyond the OR: Transitions of a Surgeon's Career	6ABC
5:45 – 6:45 pm	Awards Committee	310
5:45 – 7:30 pm	OSTRiCh Consortium General Assembly	606-607
6:00 – 7:30 pm	Allied Health Meet & Greet	Aspen (2nd Floor – Sheraton)
7:30 – 10:00 pm	Welcome Reception	Off-Site (MoPOP)

Continued next page

All programs are held in the Washington State Convention Center unless otherwise noted.

HOURS		ROOM

Monday, June 12

HOURS		ROOM
6:30 – 8:00 am	*Symposium:* Health Care Economics Update: What Every Colorectal Surgeon Needs to Know	611-614
6:30 am – 4:30 pm	Registration	Atrium Lobby (4th Floor)
6:30 am – 6:30 pm	Speaker Ready Room	212
7:00 – 8:00 am	*Symposium:* Coffee and Controversies: Inflammatory Bowel Disease	6E
7:00 – 8:00 am	"Meet the Professor" Breakfasts	
	M-1 Anorectal and Pelvic Pain	615
	M-2 Difficult Rectal Cancer Patients	620
7:00 – 8:00 am	Residents' Breakfast	606-607
7:00 – 8:00 am	Clinical Practice Guidelines Committee	616
7:00 am – 6:30 pm	On-Going Video Display	602-603
7:30 – 9:00 am	International Committee	617
8:00 – 9:00 am	History of ASCRS Committee	618
8:00 – 9:00 am	Self-Assessment Committee	303
8:00 – 9:30 am	*Abstract Session:* Inflammatory Bowel Disease	611-614
8:00 – 9:30 am	*Symposium:* Improving the Quality of Rectal Cancer Care	6ABC
8:00 – 9:30 am	*Symposium:* Public Reporting of Surgical Outcomes	6E
9:00 – 10:00 am	New Technologies Committee	619
9:00 am – 4:30 pm	Exhibit Hours	4ABC
9:30 – 10:00 am	Refreshment Break in Exhibit Hall	4ABC
9:35 – 10:00 am	*Product Theater:* Mallinckrodt Pharmaceuticals	4ABC
10:00 – 10:45 am	Lars Pahlman Lectureship	6ABC
10:45 – 11:30 am	Presidential Address	6ABC
11:30 am – noon	Past Presidents' and Spouses of Past Presidents' & Past Vice Presidents' Reception	607
11:30 am – 12:30 pm	Residents Committee	620
11:30 am – 12:30 pm	Website Committee	617
11:30 am – 12:45 pm	Complimentary Box Lunch in Exhibit Hall	4ABC
11:30 am – 12:45 pm	E-poster Presentations	4ABC
11:35 am – 12:45 pm	*Product Theater:* Medtronic, Inc.	4ABC
Noon – 12:45 pm	Past Presidents' & Past Vice Presidents' Luncheon	606
Noon – 12:45 pm	Spouses of Past Presidents' Luncheon	604
12:30 – 1:30 pm	Professional Outreach Committee	618
12:30 – 1:30 pm	Regional Society Committee	615

All programs are held in the Washington State Convention Center unless otherwise noted.

HOURS		ROOM

Monday, June 12 *(continued)*

HOURS		ROOM
12:45 – 2:15 pm	*Abstract Session:* Outcomes	611-614
12:45 – 2:15 pm	*Symposium:* Leveraging Technology to Enhance Clinical Practice and Patient Care	6ABC
12:45 – 3:45 pm	*Symposium:* The ACS/CoC National Accreditation Program for Rectal Cancer: How it Works and an ASCRS Guide on How to Prepare for the Site Survey	6E
2:00 – 3:00 pm	Research Foundation Fundraising Assistance Committee	618
2:15 – 3:45 pm	*Abstract Session:* Pelvic Floor	611-614
2:15 – 3:45 pm	*Symposium:* Quality of Care in Inflammatory Bowel Disease	6ABC
3:00 – 4:00 pm	Operative Competency Evaluation Committee	617
3:45 – 4:15 pm	Ice Cream and Refreshment Break in Exhibit Hall	4ABC
3:45 – 4:45 pm	Awards Committee	310
3:50 – 4:15 pm	*Product Theater:* Boston Scientific	4ABC
4:00 – 5:00 pm	Public Relations Committee	615
4:15 – 5:00 pm	Harry E. Bacon, MD, Lectureship	6ABC
5:00 – 6:30 pm	*Symposium:* New Technologies	6ABC
6:30 – 8:00 pm	Residents' Reception	608-609
6:30 – 8:00 pm	*Non-CME Corporate Forum:* Intuitive Surgical	Metropolitan Ballroom Salon A (3rd Floor – Sheraton)
6:30 – 8:00 pm	*Non-CME Corporate Forum:* TransEnterix, Inc.	Metropolitan Ballroom Salon B (3rd Floor – Sheraton)
6:30 – 8:00 pm	Lehigh Valley Health Network Reception	Kirkland (3rd Floor – Sheraton)
6:30 – 8:30 pm	Baylor Scott and White Health Alumni Reception	Aspen (2nd Floor – Sheraton)
6:30 – 8:30 pm	Cleveland Clinic Annual Alumni Reception	Willow (2nd Floor – Sheraton)
6:30 – 8:30 pm	Resident Ethics Conference	Redwood (2nd Floor – Sheraton)
6:30 – 9:00 pm	Mayo Clinic Alumni Reception	Medina (3rd Floor – Sheraton)
7:00 pm	Lahey Clinic Alumni Dinner	Off-Site
7:00 pm	Minnesota Alumni Dinner	Off-Site
7:00 – 8:30 pm	Ferguson Surgical Society Cocktail Hour	Greenwood (3rd Floor – Sheraton)
7:00 – 9:00 pm	Washington University Colon & Rectal Surgery Fellowship Alumni Reception	Off-Site
7:00 – 10:00 pm	Icahn School of Medicine at Mount Sinai Alumni Reception	Off-Site
7:00 – 10:00 pm	Colon & Rectal Clinic of Orlando Alumni Dinner	Leschi (3rd Floor – Sheraton)
7:00 – 10:00 pm	Florida Hospital Colorectal Fellowship Alumni Dinner	Off-Site

Continued next page

All programs are held in the Washington State Convention Center unless otherwise noted.

HOURS		ROOM

Tuesday, June 13

6:00 am – 6:00 pm	Speaker Ready Room	212
6:15 am – 4:00 pm	Registration	Atrium Lobby (4th Floor)
6:30 – 7:30 am	"Meet the Professor" Breakfasts	
	T-1 Coding & Reimbursement	615
	T-2 Rectovaginal Fistula	620
	T-3 Difficult Diverticulitis Cases	616
6:30 – 7:30 am	*Symposium:* Coffee and Controversies	6E
6:30 – 7:30 am	E-poster of Distinction Presentations	604
6:30 – 7:30 am	Video-Based Education Committee	618
6:30 am – 6:00 pm	On-Going Video Display	602-603
7:00 – 9:00 am	Research Foundation Board of Trustees Meeting	Willow A (2nd Floor – Sheraton)
7:30 – 8:15 am	Parviz Kamangar Humanities in Surgery Lectureship	6ABC
8:00 – 9:00 am	Exhibitor's Advisory Committee	203
8:15 – 9:00 am	John Goligher, MD, Lectureship	6ABC
9:00 – 9:30 am	Refreshment Break in Exhibit Hall	4ABC
9:00 – 10:00 am	Healthcare Economics Committee	619
9:00 am – 2:00 pm	Exhibit Hours	4ABC
9:30 – 10:45 am	*Abstract Session:* Neoplasia II	611-614
9:30 – 10:45 am	*Symposium:* Improving the Quality of Life in Patients with Fecal Incontinence	6E
9:30 – 10:45 am	*Symposium:* Methods to Reduce Pain & Suffering for Patients with Anal Fistula	6ABC
10:45 – 11:30 am	Masters in Colorectal Surgery Lectureship *Honoring David A. Rothenberger, MD*	6ABC
11:30 am – 12:30 pm	CREST Committee	620
11:30 am – 1:00 pm	Complimentary Box Lunch in Exhibit Hall	4ABC
11:30 am – 1:00 pm	E-poster Presentations	4ABC
11:30 am – 1:00 pm	Women in Colorectal Surgery Luncheon	606-609
11:30 am – 1:00 pm	Awards Committee	310
11:35 am – 1:00 pm	*Product Theater:* Merck	4ABC
12:30 – 1:30 pm	Research Foundation Young Researchers Committee	617
1:00 – 1:45 pm	Louis A. Buie, MD, Lectureship	6ABC
1:45 – 3:15 pm	*Abstract Session:* Basic Science	611-614
1:45 – 3:15 pm	*Symposium:* Prevention & Repair of Symptomatic Parastomal Hernia	6ABC
1:45 – 3:15 pm	*Symposium:* Reducing Surgical Site Infections	6E
2:00 – 4:00 pm	Fundamentals of Rectal Cancer Surgery Committee	616

All programs are held in the Washington State Convention Center unless otherwise noted.

HOURS		ROOM

Tuesday, June 13 *(continued)*

3:15 – 3:30 pm	Refreshment Break in Foyer	6ABC Foyer
3:15 – 4:15 pm	Awards Committee	310
3:30 – 5:00 pm	*ASCRS/SSAT Symposium:* ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level	6ABC
5:00 – 5:40 pm	Memorial Lectureship Honoring *Eugene P. Salvati, MD*	6ABC
5:40 – 6:30 pm	After Hours Debate	6ABC
6:30 – 7:30 pm	ASCRS Fellowship Reception	Cirrus Ballroom (35th Floor – Sheraton)
7:30 – 10:30 pm	Tripartite Gala	Grand Ballroom (2nd Floor – Sheraton)

Wednesday, June 14

6:00 am – 4:00 pm	Speaker Ready Room	212
6:15 am – 4:00 pm	Registration	Atrium Lobby (4th Floor)
6:30 – 7:30 am	"Meet the Professor" Breakfasts	
	W-1 Complex Crohn's Cases	615
	W-2 Hereditary Colorectal Neoplasia	620
6:30 – 7:30 am	*Symposium:* Coffee and Controversies	6E
6:30 – 7:30 am	E-poster of Distinction Presentations	604
6:30 am – 4:00 pm	On-Going Video Display	602-603
7:45 – 9:15 am	*Symposium:* Optimizing the Colorectal Anastomosis: Reducing Anastomic Leak	6ABC
7:45 – 9:15 am	*Symposium:* Optimizing Pain Management in Acute & Chronic Disease	6E
9:15 – 9:30 am	Refreshment Break in Foyer	6ABC & 6E Foyers
9:30 – 10:45 am	*Symposium:* Diverticulitis: How Can We Better Manage Disease Burden	6ABC
9:30 – 10:45 am	*Abstract Session:* Video Session	6E
10:45 – 11:30 am	Ernestine Hambrick, MD, Lectureship	6ABC
11:30 am – 12:30 pm	Lunch Break	On Your Own
11:30 am – 12:30 pm	E-poster of Distinction Presentations	604
11:30 am – 12:30 pm	Awards Committee	310
12:30 – 2:00 pm	*Symposium:* Therapeutic Options in Stage IV Colorectal Cancer	6ABC
12:30 – 2:00 pm	*Abstract Session:* General Surgery Forum	611-614
2:00 – 3:30 pm	*Abstract Session:* Research Forum	611-614
2:00 – 3:30 pm	*Symposium:* Clinical Trials in Rectal Cancer	6ABC
4:00 – 5:00 pm	ASCRS Annual Business Meeting and State of the Society Address	611-614

Saturday, June 10

Time						Time
6:00 AM						6:00 AM
6:15 AM						6:15 AM
6:30 AM						6:30 AM
6:45 AM						6:45 AM
7:00 AM	Advanced Robotic Hands-on Lab 7:00 AM – NOON					7:00 AM
7:15 AM						7:15 AM
7:30 AM		Transanal Total Mesorectal Excision (taTME) Symposium (Didactic) 7:30 AM – NOON		Rectal Prolapse Advanced Methods Symposium (Didactic) 7:30 AM – NOON	AIN and HRA: What the Colorectal Surgeon Needs to Know Workshop 7:30 AM – 4:30 PM	7:30 AM
7:45 AM						7:45 AM
8:00 AM						8:00 AM
8:15 AM						8:15 AM
8:30 AM						8:30 AM
8:45 AM						8:45 AM
9:00 AM						9:00 AM
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12:30 PM	Young Surgeons Mock Oral & More Workshop 12:30 – 5:30 PM					12:30 PM
12:45 PM						12:45 PM
1:00 PM		Transanal Total Mesorectal Excision (taTME) Hands-on Lab 1:00 – 4:30 PM	Question Writing Workshop 1:00 – 4:00 PM	Rectal Prolapse Advanced Methods Hands-on Lab 1:00 – 4:30 PM		1:00 PM
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Sunday, June 11

Time	Event
7:30 – 11:30 AM	Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS
7:30 – 9:30 AM	Core Subject Update
7:30 – 9:30 AM	*Symposium:* Magnum Opus: Surgical Tips & Techniques Around The World
9:30 – 9:45 AM	Refreshment Break in Foyer
9:45 – 11:45 AM	*Symposium:* Preventing Colorectal Cancer Through Screening: What the Surgeon Should Know
9:45 – 11:45 AM	*Symposium:* Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation
11:45 AM – 12:45 PM	Complimentary Box Lunch in Exhibit Hall
12:45 – 1:30 PM	Welcome and Opening Announcements
1:30 – 2:15 PM	Norman D. Nigro, MD, Research Lectureship
2:15 – 3:45 PM	*Abstract Session:* Neoplasia I
2:15 – 3:45 PM	*Symposium:* The ACS and NSQIP
3:45 – 4:15 PM	Refreshment Break in Exhibit Hall
4:15 – 5:45 PM	*Abstract Session:* Benign Disease
4:15 – 5:45 PM	*Symposium:* Beyond the OR: Transitions of a Surgeon's Career
7:30 – 10:00 PM	Welcome Reception

Monday, June 12

Time	Event
6:30 – 8:00 AM	*Symposium:* Health Care Economics Update
7:00 – 8:00 AM	Meet the Professor Breakfasts
7:00 – 8:00 AM	*Symposium:* Coffee and Controversies
7:00 – 8:00 AM	Residents' Breakfast
8:00 – 9:30 AM	*Abstract Session:* Inflammatory Bowel Disease
8:00 – 9:30 AM	*Symposium:* Improving the Quality of Rectal Cancer Care
8:00 – 9:30 AM	*Symposium:* Public Reporting of Surgical Outcomes
9:30 – 10:00 AM	Refreshment Break in Exhibit Hall
10:00 – 10:45 AM	Lars Pahlman Lectureship
10:45 – 11:30 AM	Presidential Address
11:30 AM – 12:45 PM	Complimentary Box Lunch and E-poster Presentations in Exhibit Hall
12:45 – 2:15 PM	*Abstract Session:* Outcomes
12:45 – 3:45 PM	The ACS/CoC National Accreditation Program for Rectal Cancer: How It Works and an ASCRS Guide on How to Prepare for the Site Survey
12:45 – 2:15 PM	*Symposium:* Leveraging Technology to Enhance Clinical Practice & Patient Care
2:15 – 3:45 PM	*Abstract Session:* Pelvic Floor
2:15 – 3:45 PM	*Symposium:* Quality of Care in Inflammatory Bowel Disease
3:45 – 4:15 PM	Ice Cream & Refreshment Break in Exhibit Hall
4:15 – 5:00 PM	Harry E. Bacon, MD, Lectureship
5:00 – 6:30 PM	*(Non-CME)* New Technologies Symposium
6:30 – 8:00 PM	Residents' Reception

Time slots: 6:00 AM, 6:15 AM, 6:30 AM, 6:45 AM, 7:00 AM, 7:15 AM, 7:30 AM, 7:45 AM, 8:00 AM, 8:15 AM, 8:30 AM, 8:45 AM, 9:00 AM, 9:15 AM, 9:30 AM, 9:45 AM, 10:00 AM, 10:15 AM, 10:30 AM, 10:45 AM, 11:00 AM, 11:15 AM, 11:30 AM, 11:45 AM, 12:00 NOON, 12:15 PM, 12:30 PM, 12:45 PM, 1:00 PM, 1:15 PM, 1:30 PM, 1:45 PM, 2:00 PM, 2:15 PM, 2:30 PM, 2:45 PM, 3:00 PM, 3:15 PM, 3:30 PM, 3:45 PM, 4:00 PM, 4:15 PM, 4:30 PM, 4:45 PM, 5:00 PM, 5:15 PM, 5:30 PM, 5:45 PM, 6:00 PM, 6:15 PM, 6:30 PM, 6:45 PM, 7:00 PM, 7:15 PM, 7:30 PM, 7:45 PM, 8:00 PM, 8:15 PM, 8:30 PM, 8:45 PM, 9:00 PM, 9:15 PM, 9:30 PM, 9:45 PM, 10:00 PM

TUESDAY, JUNE 13

- Meet the Professor Breakfasts — 6:30 – 7:30 AM
- *Symposium:* Coffee and Controversies — 6:30 – 7:30 AM
- E-poster of Distinction Presentations — 6:30 – 7:30 AM
- Parviz Kamangar Lectureship — 7:30 – 8:15 AM
- John Goligher, MD, Lectureship — 8:15 – 9:00 AM
- Refreshment Break in Exhibit Hall — 9:00 – 9:30 AM
- *Symposium:* Methods to Reduce Pain & Suffering for Patients with Anal Fistula — 9:30 – 10:45 AM
- *Abstract Session:* Neoplasia II — 9:30 – 10:45 AM
- *Symposium:* Improving the Quality of Life of Patients with Fecal Incontinence — 9:30 – 10:45 AM
- Masters in Colorectal Surgery Lectureship — 10:45 – 11:30 AM
- Complimentary Box Lunch and E-poster Presentations in Exhibit Hall — 11:30 AM – 1:00 PM
- Women in Colorectal Surgery Luncheon — 11:30 AM – 1:00 PM
- Louis A. Buie, MD, Lectureship — 1:00 – 1:45 PM
- *Symposium:* Reducing Surgical Site Infections — 1:45 – 3:15 PM
- *Abstract Session:* Basic Science — 1:45 – 3:15 PM
- *Symposium:* Prevention & Repair of Symptomatic Parastomal Hernia — 1:45 – 3:15 PM
- Refreshment Break in Foyer — 3:15 – 3:30 PM
- *ASCRS/SSAT Symposium:* Enhanced Recovery Program (ERAS): Taking Your ERP to the Next Level — 3:30 – 5:00 PM
- Memorial Lectureship Honoring Eugene P. Salvati, MD — 5:00 – 5:40 PM
- After Hours Debate — 5:40 – 6:30 PM
- The Tripartite Gala — 7:30 – 10:30 PM

WEDNESDAY, JUNE 14

- Meet the Professor Breakfasts — 6:30 – 7:30 AM
- *Symposium:* Coffee and Controversies — 6:30 – 7:30 AM
- E-poster of Distinction Presentations — 6:30 – 7:30 AM
- *Symposium:* Optimizing the Colorectal Anastomosis: Reducing Anastomic Leak — 7:45 – 9:15 AM
- *Symposium:* Optimizing Pain Management in Acute & Chronic Disease — 7:45 – 9:15 AM
- Refreshment Break in Foyer — 9:15– 9:30 AM
- *Abstract Session:* Video Session — 9:30 – 10:45 AM
- *Symposium:* Diverticulitis: How Can We Better Manage Disease Burden — 9:30 – 10:45 AM
- Ernestine Hambrick, MD, Lectureship — 10:45 – 11:30 AM
- Lunch on Your Own — 11:30 AM – 12:30 PM
- E-poster of Distinction Presentations — 11:30 AM – 12:30 PM
- *Abstract Session:* General Surgery Forum — 12:30 – 2:00 PM
- *Symposium:* Therapeutic Options in Stage IV Colorectal Cancer — 12:30 – 2:00 PM
- *Abstract Session:* Research Forum — 2:00 – 3:30 PM
- *Symposium:* Clinical Trials in Rectal Cancer — 2:00 – 3:30 PM
- Annual Business Meeting and State of the Society Address — 4:00 – 5:00 PM

All meetings are held in the Washington State Convention Center unless otherwise noted.

HOURS **ROOM**

Saturday, June 10

HOURS	MEETING	ROOM
7:30 am – noon	Executive Council Meeting	Cirrus Ballroom (35th Floor – Sheraton)

Sunday, June 11

HOURS	MEETING	ROOM
7:00 – 10:00 am	Research Foundation Research Committee	617
11:00 am – noon	Young Surgeons Committee	616
11:45 am – 12:45 pm	Awards Committee	310
2:30 – 3:30 pm	Rectal Cancer Coordinating Committee	616
2:30 – 3:30 pm	Social Media Committee	617
3:00 – 4:00 pm	Continuing Education Committee	615
4:00 – 5:00 pm	Quality Assessment and Safety Committee	619
5:45 – 6:45 pm	Awards Committee	310

Monday, June 12

HOURS	MEETING	ROOM
7:00 – 8:00 am	Clinical Practice Guidelines Committee	616
7:30 – 9:00 am	International Committee	617
8:00 – 9:00 pm	History of ASCRS Committee	618
8:00 – 9:00 am	Self-Assessment Committee	303
9:00 – 10:00 am	New Technologies Committee	619
11:30 am – 12:30 pm	Residents Committee	620
11:30 am – 12:30 pm	Website Committee	617
12:30 – 1:30 pm	Professional Outreach Committee	618
12:30 – 1:30 pm	Regional Society Committee	615
2:00 – 3:00 pm	Research Foundation Fundraising Assistance Committee	618
3:00 – 4:00 pm	Operative Competency Evaluation Committee	617
3:45 – 4:45 pm	Awards Committee	310
4:00 – 5:00 pm	Public Relations Committee	615

Tuesday, June 13

HOURS	MEETING	ROOM
6:30 – 7:30 am	Video-based Education Committee	618
7:00 – 9:00 am	Research Foundation Board of Trustees	Willow A (2nd Floor – Sheraton)
9:00 – 10:00 am	Healthcare Economics Committee	619
11:30 am – 12:30 pm	CREST Committee	620
11:30 am – 1:00 pm	Awards Committee	310
12:30 – 1:30 pm	Research Foundation Young Researchers Committee	617
2:00 – 4:00 pm	Fundamentals of Rectal Cancer Surgery Committee	616
3:15 – 4:15 pm	Awards Committee	310

Wednesday, June 14

HOURS	MEETING	ROOM
11:30 am – 12:30 pm	Awards Committee	310

ASCRS PAST PRESIDENTS

*1899 – 1900 Joseph M. Mathews
*1900 – 1901 James P. Tuttle
*1901 – 1902 Thomas C. Martin
*1902 – 1903 Samuel T. Earle
*1903 – 1904 William M. Beach
*1904 – 1905 J. Rawson Pennington
*1905 – 1906 Lewis H. Adler, Jr.
*1906 – 1907 Samuel G. Gant
*1907 – 1908 A. Bennett Cooke
*1908 – 1909 George B. Evans
*1909 – 1910 Dwight H. Murray
*1910 – 1911 George J. Cooke
*1911 – 1912 John L. Jelks
*1912 – 1913 Louis J. Hirschman
*1913 – 1914 Joseph M. Mathews
*1914 – 1915 Louis J. Krause
*1915 – 1916 T. Chittenden Hill
*1916 – 1917 Alfred J. Zobel
*1917 – 1919 Jerome M. Lynch
*1919 – 1920 Collier F. Martin
*1920 – 1921 Alois B. Graham
*1921 – 1922 Granville S. Hanes
*1922 – 1923 Emmett H. Terrell
*1923 – 1924 Ralph W. Jackson
*1924 – 1925 Frank C. Yeomans
*1925 – 1926 Descum C. McKenney
*1926 – 1927 William H. Kiger
*1927 – 1928 Louis A. Buie
*1928 – 1929 Edward G. Martin
*1929 – 1930 Walter A. Fansler
*1930 – 1931 Dudley Smith
*1931 – 1932 W. Oakley Hermance
*1932 – 1933 Curtice Rosser
*1933 – 1934 Curtis C. Mechling
*1934 – 1935 Louis A. Buie
*1935 – 1936 Frank G. Runyeon
*1936 – 1937 Marion C. Pruitt
*1937 – 1938 Harry Z. Hibshman
*1938 – 1939 Dudley Smith
*1939 – 1940 Martin S. Kleckner
*1940 – 1941 Clement J. Debere
*1941 – 1942 Frederick B. Campbell
*1942 – 1944 Homer I. Silvers
*1944 – 1946 William H. Daniel
*1946 – 1947 Joseph W. Ricketts
*1947 – 1948 George H. Thiele
*1948 – 1949 Harry E. Bacon
*1949 – 1950 Louis E. Moon
*1950 – 1951 Hoyt R. Allen
*1951 – 1952 Robert A. Scarborough
*1952 – 1953 Newton D. Smith
*1953 – 1954 W. Wendell Green
*1954 – 1955 A.W. Martin Marino, Sr.
*1955 – 1956 Stuart T. Ross
*1956 – 1957 Rufus C. Alley
*1957 – 1958 Julius E. Linn
*1958 – 1959 Karl Zimmerman
*1959 – 1960 Hyrum R. Reichman
*1960 – 1961 Walter A. Fansler
*1961 – 1962 Merrill O. Hines
*1962 – 1963 Robert J. Rowe
*1963 – 1964 Robert A. Scarborough
*1964 – 1965 Garnet W. Ault
*1965 – 1966 Norman D. Nigro
*1966 – 1967 Maus W. Stearns, Jr.
*1967 – 1968 Raymond J. Jackman
*1968 – 1969 Neil W. Swinton
*1969 – 1970 James A. Ferguson
*1970 – 1971 Walter Birnbaum
*1971 – 1972 Andrew Jack McAdams
*1972 – 1973 John E. Ray
*1973 – 1974 John H. Remington
*1974 – 1975 Rupert B. Turnbull
*1975 – 1976 Patrick H. Hanley
*1976 – 1977 John R. Hill
*1977 – 1978 Alejandro F. Castro
*1978 – 1979 Donald M. Gallagher
1979 – 1980 Stuart H.Q. Quan
*1980 – 1981 Malcolm C. Veidenheimer
1981 – 1982 Bertram A. Portin
*1982 – 1983 Eugene S. Sullivan
1983 – 1984 Stanley M. Goldberg
*1984 – 1985 A.W. Martin Marino, Jr.
*1985 – 1986 Eugene P. Salvati
*1986 – 1987 H. Whitney Boggs, Jr.
1987 – 1988 Frank J. Theuerkauf
1988 – 1989 Herand Abcarian
*1989 – 1990 J. Byron Gathright, Jr.
1990 – 1991 Peter A. Volpe
1991 – 1992 Robert W. Beart, Jr.
1992 – 1993 W. Patrick Mazier
1993 – 1994 Samuel B. Labow
1994 – 1995 Philip H. Gordon
*1995 – 1996 Victor W. Fazio
1996 – 1997 David A. Rothenberger
1997 – 1998 Ira J. Kodner
1998 – 1999 Lee E. Smith
1999 – 2000 H. Randolph Bailey
*2000 – 2001 John M. MacKeigan
2001 – 2002 Robert D. Fry
2002 – 2003 Richard P. Billingham
2003 – 2004 David J. Schoetz, Jr.
2004 – 2005 Bruce G. Wolff
2005 – 2006 Ann C. Lowry
2006 – 2007 Lester Rosen
*2007 – 2008 W. Douglas Wong
2008 – 2009 Anthony J. Senagore
2009 – 2010 James W. Fleshman
2010 – 2011 David E. Beck
2011 – 2012 Steven D. Wexner
2012 – 2013 Alan G. Thorson
2013 – 2014 Michael J. Stamos
2014 – 2015 Terry C. Hicks
2015 – 2016 Charles E. Littlejohn

*Deceased

Workshop

Advanced Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation for the Experienced Surgeon

WORKSHOP SOLD OUT

1 2

7:00 am – noon

Rooms: 606-607

***Tickets Required* • Member Fee: $525 • Nonmember Fee: $650 • Limit: 16 participants**

Supported by an independent educational grant and loaned durable equipment from Intuitive Surgical

This session will involve cadaver-based procedural exercises aimed at demonstrating state-of-the-art techniques employed in different colorectal operations with a focus on robotic right colectomy and LAR. Port placement for each procedure and docking techniques will be reviewed. The main focus will be on operative techniques, identification and preservation of critical anatomy and intra-operative trouble shooting. This course is intended for surgeons who have done a minimum of five robotic procedures as a primary surgeon and wish to improve their skills. Each registrant will be required to submit a case log and show access to a robotic system in their practice. The applicants will be reviewed by the course directors.

Existing Gaps
What Is: Easily available resources to guide surgeons wishing to adopt robotic surgery are limited, especially hands-on sessions. Standardization of procedures according to best practices is also lacking in robotic surgery.

What Should Be: Ample opportunity should exist to provide practical operative experience to both novice and more experienced surgeons and interactions with highly experienced faculty.

Co-Directors: **Amir Bastawrous, MD,** *Seattle, WA*
Craig Rezac, MD, *New Brunswick, NJ*

Workshop Faculty:
John Griffin, MD, *Seattle, WA*
Craig Johnson, MD, *Tulsa, OK*
Vincent Obias, MD, *Washington, DC*
Mark Soliman, MD, *Orlando, FL*

Objectives: At the conclusion of this session, participants should be able to:
- Describe the set-up and instrumentation of advanced robotic colorectal procedures.
- Explain different procedural approaches in robotic colorectal surgery.
- Explain how to troubleshoot and address specific robotic-related complications in colorectal surgery.

Symposium and Workshop

Transanal Total Mesorectal Excision (taTME)

1 2 3 5 6

7:30 am – 4:30 pm

Rooms: 6E and 608-609

***Tickets Required (Includes Didactic and Hands-on Workshop)* • Lunch Included**
Didactic Session Only: $30 (7:30 am – noon)

Supported by an independent educational grant and loaned durable equipment from:
Applied Medical
CONMED
CooperSurgical
KARL STORZ Endoscopy-America, Inc.
Medtronic, Inc.
Olympus America Inc.
Richard Wolf Medical Instruments Corp.
Stryker

Standard of care treatment of rectal cancer demands a systematic, multidisciplinary team approach where radical rectal resection with Total Mesorectal Excision (TME) remains the cornerstone of treatment. An evolving shift towards minimally invasive surgical approaches for rectal cancer continues to be hampered by the challenges of reliable pelvic exposure and adequate instrumentation for rectal and mesorectal dissection, distal rectal transection and low pelvic anastomosis.

Transanal Total Mesorectal Excision (taTME) has recently been described as a strategy to facilitate completion of minimally invasive TME, particularly for mid and low rectal cancers. Using commercially available transanal platforms, transanal endoscopic access enables early identification of the distal transection margin, visualization and dissection of the mesorectal plane, completion of the TME using laparoscopic transabdominal assistance for vascular ligation and mobilization of the left colon and splenic flexure. A growing number of case studies have described the preliminary procedural and oncologic safety of taTME, with exceedingly low conversion rates. taTME with laparoscopic assistance is an innovative minimally invasive alternative for radical rectal cancer resection.

Existing Gaps
What Is: There is currently a lack of clinical experience with and training in transanal TME operation, particularly in the United States.

What Should Be: This course will review the current status of taTME, indication and contraindications for taTME, recommended training, implementation of taTME programs, operative set-up and specific techniques, as well as pitfalls and complications. In-depth didactic lectures with videos will be provided by expert faculty.

Objectives: At the conclusion of this session, participants should be able to:
- Describe the rationale, indications, contraindications and preliminary results of taTME based on published evidence.
- Explain the operative set-up, transanal platforms and instrumentation available to perform taTME.
- Recognize the operative techniques through didactic lectures and video demonstrations.
- Recall the intraoperative complications and limitations of taTME.
- Define the recommended pathway for establishing a multidisciplinary team-based taTME program.

Co-Directors: **Patricia Sylla, MD,** *New York, NY*
Sam Atallah, MD, *Winter Park, FL*

Continued next page

Transanal Total Mesorectal Excision (taTME) *(continued)*

Didactic Session

7:30 am – noon

Room: 6E

7:30 am **Introduction**
Patricia Sylla, MD, New York, NY

taTME Uptake, Results and New Trends

7:35 am **Transanal Notes: Are We There Yet?**
Mark Whiteford, MD, Portland, OR

7:45 am **taTME 8 Years Later: Lessons Learned**
Antonio Lacy, MD, PhD, Barcelona, Spain

8:00 am **taTME International Registry: Uptake, Results and Debrief**
Roel Hompes, MD, Oxford, United Kingdom

8:15 am **taTME vs. lap TME: Best Evidence and Trial Updates**
John Monson, MD, Orlando, FL

8:30 am **ta-APR, ta-IPAA, ta-Hartman's Reversal, ta-CP, and Transanal Repeat Pelvic Surgery and Other New Trends**
Albert Wolthuis, MD, Leuven, Belgium

8:45 am **Round Table Debates**

taTME Training and Implementation

9:00 am **taTME Training, Proctoring and Monitoring: International Consensus**
Roel Hompes, MD, Oxford, United Kingdom

9:15 am **Patient Selection, Preoperative Preparation and Considerations**
Todd Francone, MD, Burlington, MA

9:30 am **Implementing a taTME Program**
Dana Sands, MD, Weston, FL

9:45 am **taTME Essentials: Mastery of Transanal Anatomy**
Sam Atallah, MD, Winter Park, FL

10:00 am **Standardization of taTME Technique: Educational Initiatives**
Joep Knol, MD, Hasselt, Belgium

10:15 am **Preventing Urethral Injury During taTME: What Have We Learned?**
Patricia Sylla, MD, New York, NY

10:30 am **Round Table Debates**

In-depth taTME Techniques: Video-Based Session

10:45 am **taTME Techniques for Mid-rectal Cancer: From the Perfect Pursestring to Finding the Correct Planes**
Justin Maykel, MD, Worcester, MA

10:55 am **taTME Techniques for Very Low Rectal Tumors: From Mucosectomy to Intersphincteric Resection**
John H. Marks, MD, Wynnewood, PA

11:05 am **OR and Team Set-Up, Instrumentation**
Carl Brown, MD, Vancouver, BC, Canada

11:15 am **Anastomotic Techniques in taTME**
Elena Vikis, MD, Vancouver, BC, Canada

11:25 am **Pitfalls During taTME: Pursestring, Bleeding, Wrong Planes**
Matthew Albert, MD, Altamonte Springs, FL

11:35 am **Major Complications During taTME: Getting Out of Trouble**
Elisabeth McLemore, MD, Los Angeles, CA

11:45 am **Round Table Debates**

Noon **Adjourn**

Noon **Lunch Provided for Hands-on Lab Participants**
(Room: 610)

Continued next page

Transanal Total Mesorectal Excision (taTME) *(continued)*

Hands-on Session

1:00 – 4:30 pm

Rooms: 608-609

Tickets Required

1:00 pm **Instructions to the Lab**
Sam Atallah, MD, Winter Park, FL
Patricia Sylla, MD, New York, NY

Station 1 – 4: TAMIS taTME

Karim Alavi, MD, Worcester, MA
Matthew Albert, MD, Altamonte Springs, FL
Sam Atallah, MD, Winter Park, FL
Roel Hompes, MD, Oxford, United Kingdom
Joep Knol, MD, Hasselt, Belgium
Antonio Lacy, MD, PhD, Barcelona, Spain
Justin Maykel, MD, Worcester, MA
Elisabeth McLemore, MD, Los Angeles, CA
Elena Vikis, MD, Vancouver, BC, Canada
Albert Wolthuis, MD, Leuven, Belgium

Station 5 – 6: TEO taTME

Marylise Boutros, MD, Montreal, QC, Canada
Leigh Nadler MD, Pittsburgh, PA
Alessio Pigazzi, MD, PhD, Orange, CA
Patricia Sylla, MD, New York, NY

Station 7 – 8: TEM taTME

Carl Brown, MD, Vancouver, BC, Canada
Todd Francone, MD, Burlington, MA
Dana Sands, MD, Weston, FL
Mark Whiteford, MD, Portland, OR

4:15 pm **Debrief**

4:30 pm **Adjourn**

Symposium and Workshop

Rectal Prolapse Advanced Methods

1 2 5 6

WORKSHOP SOLD OUT

7:30 am – 4:30 pm

Rooms: 611-614 and 606-607

***Tickets Required (Includes Didactic and Hands-on Workshop)* • Member Fee: $525 • Nonmember Fee: $650**
Limit: 20 participants • Lunch Included

Didactic Session Only: $30 (7:30 am – noon)

Supported by an independent educational grant and loaned durable equipment from:
Applied Medical
CONMED
Cook Medical, LLC
Ethicon
Intuitive Surgical
Medtronic, Inc.
Olympus America Inc.
Richard Wolf Medical Instruments Corp.

Internal and external rectal prolapse can be debilitating conditions with both functional and anatomic sequelae. Despite the fact that there are more than 100 operations described to correct rectal prolapse no one operative procedure has proven superiority. Over the past decade, there have been increasing reports of successful outcomes with Laparoscopic Ventral Mesh Rectopexy (LVMR) and LVMR has become the gold standard in Europe and Australia. LVMR can correct internal and external rectal prolapse, rectocele, enterocele, and obstructed defecation syndrome. LVMR can be combined with vaginal prolapse procedures in patients with multicompartment pelvic floor defects.

LVMR limits dissection to the anterior rectum thus minimizing autonomic nerve damage associated with posterior dissection and division of the lateral rectal stalks. LVMR is technically demanding and requires complete dissection of the rectovaginal septum (rectovesical in men) down to the pelvic floor and suturing skills within a confined space. Robotic Ventral Mesh Rectopexy (RVMR) can facilitate visualization and suturing in the pelvis. Poor technique minimizes the functional benefit and increases the risk for complications. Formal training in LVMR and RVMR can help to avoid complications and improve outcomes.

Existing Gaps
What Is: LVMR corrects descent of the anterior and middle pelvic floor compartments and has shown to be successful for internal and external rectal prolapse, enterocele, and obstructive defecation syndrome. LVMR is the gold standard procedure in Europe. There are a few training opportunities in the United States to learn the technical skills required for LVMR or RVMR.

What Should Be: Surgeons should have the opportunity to learn the techniques or LVMR and RVMR through didactic video-based learning, simulation and hands on cadaver learning. Surgeon should also be familiar with other prolapse operations for patients were not optimal candidates for VMR

Director: **Brooke Gurland, MD,** *Cleveland, OH*
Assistant Director: **Andrew Stevenson, MD,** *Brisbane, Australia*

Objectives: At the conclusion of this session, participants should be able to:
- Review surgical options for primary and recurrent rectal prolapse.
- Explain VMR indications and long-term outcomes describe surgical steps for LVMR and RVMR.
- Distinguish had avoid and how to deal with surgical complications after prolapse surgery.

Continued next page

Rectal Prolapse Advanced Methods *(continued)*

Didactic Session

7:30 am – noon

Rooms: 611-614

7:30 am **Welcome and Introductions**
Brooke Gurland, MD, Cleveland, OH

7:40 am **Are Perineal Procedures for Rectal Prolapse Obsolete?**
Liliana Bordeianou, MD, Boston, MA

7:55 am **Principles and Evolution of Mesh Procedures for Rectal Prolapse**
C. Neal Ellis, MD, Odessa, TX

8:10 am **What Testing Helps Me Prior to Prolapse Repair**
Paul-Antoine Lehur, MD, PhD, Nantes, France

8:25 am **Multidisciplinary Pelvic Floor Evaluation and Surgery: When Is It Needed?**
Beri Ridgeway, MD, Riverside, CA

8:40 am **Laparoscopic Ventral Rectopexy – Evolution of Technique and Long-Term Outcomes**
Andre D'Hoore, MD, PhD, Leuven, Belgium

8:55 am **Patient Selection – Is Everyone a Candidate for VR?**
Joseph Carmichael, MD, Orange, CA

9:10 am **LVR Surgery Video: How I Do It?**
Andrew Stevenson, MD, Brisbane, Australia

9:40 am **Refreshment Break in Foyer**

9:50 am **Avoiding Complications/Minimizing the Learning Curve for VR**
Anthony Richard Dixon, MD, Bristol, United Kingdom

10:15 am **Is VR the Panacea for Obstructed Defecation Syndrome?**
James Ogilvie, Jr., MD, Grand Rapids, MI

10:30 am **And It's Back: Dealing With Recurrent Rectal Prolapse**
Brooke Gurland, MD, Cleveland, OH

10:50 am **Case Presentations – What Would You Do? Panel Discussion**
Brooke Gurland, MD, Cleveland, OH
James Ogilvie, Jr., MD, Grand Rapids, MI

11:30 am **Question and Answer**

Noon **Adjourn**

Noon **Lunch Provided for Hands-on Lab Participants** (Room: 605)

Hands-on Session

1:00 – 4:30 pm

1:00 – 1:30 pm • Rooms: 611-614
1:30 – 4:30 pm • Rooms: 606-607

Tickets Required

1:00 pm **Patient Positioning/Port Placement LVR/Exposing the Pelvis/Port**
James Ogilvie, Jr., MD, Grand Rapids, MI

1:10 pm **LVR Peritoneal Dissection/Exposing RVF Space/Suturing to Rectum**
Andre D'Hoore, MD, Leuven, Belgium

1:20 pm **Fixation at the Sacrum/Closure**
Anthony Richard Dixon, MD, Bristol, United Kingdom

1:30 pm **Hands-on Lab** (Rooms: 606-607)

4:30 pm **Adjourn**

Workshop

AIN and HRA: What the Colorectal Surgeon Needs to Know

2

7:30 am – 4:30 pm

Rooms: 602, 603 and 604

Tickets Required **• Member Fee: $525 • Nonmember Fee: $650 • Limit: 45 participants • Lunch Included**

Supported by an independent educational grant and loaned durable equipment from:
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The incidence of anal cancer is increasing due to rising rates of human papilloma virus (HPV) infection. HPV infection can lead to anal intraepithelial neoplasia (AIN) that can be identified with high-resolution anosocpy (HRA). While colon and rectal surgeons are very familiar with the evaluation and treatment of anal cancer, many do not know how to identify the anal cancer precursor, AIN with HRA. While the efficacy of HRA with targeted ablation of HSIL to prevent anal cancer has never been proven through prospective trials, there is a growing awareness even among surgeons who do not utilize HRA that close follow-up is necessary.

Through a didactic and hands-on educational initiative, we propose a comprehensive review of anal HPV infections and the indications and use of HRA for diagnosis and treatment of AIN.

Existing Gaps
What Is: While colon and rectal surgeons understand the evaluation and treatment of anal cancer, many are not skilled at the evaluation and treatment of AIN and use of HRA.

What Should Be: Colon and rectal surgeons should have a thorough understanding of AIN. In addition, colon and rectal surgeons should have an understanding of how to use HRA to evaluate and treat AIN. Finally, surgeons should know all the treatment options available for patients with AIN. Even if surgeons do not believe in treatment of HSIL to prevent cancer, they need to know how to recognize progressing lesions and superficially invasive cancers.

Director: **Stephen Goldstone, MD,** *New York, NY*
Assistant Directors: **Tamzin Cuming, MD,** *London, United Kingdom*
Naomi Jay, RN, NP, PhD, *San Francisco, CA*

Objectives: At the conclusion of this session, participants should be able to:
- Describe the prevalence of anal HPV infection.
- Recognize how to best diagnose AIN.
- Describe the fundamentals of how to perform high-resolution anoscopy.
- Identify treatment options available for AIN.

Continued next page

AIN and HRA: What the Colorectal Surgeon Needs to Know *(continued)*

Room: 604

7:30 am **Welcome**
Stephen Goldstone, MD, New York, NY

7:35 am **Introduction to HPV: Scope of the Problem**
Joel Palefsky, MD, San Francisco, CA

7:50 am **Pathology and Cytology and the LAST Criteria**
Teresa Darragh, MD, San Francisco, CA

8:10 am **How to Diagnose AIN: Screening and Diagnostics**
J. Michael Berry-Lawhorn, MD, San Francisco, CA
Naomi Jay, RN, NP, PhD, San Francisco, CA

8:30 am **Fundamentals of HRA**
Naomi Jay, RN, NP, PhD, San Francisco, CA

8:50 am **HRA Findings of AIN and Biopsy**
Naomi Jay, RN, NP, PhD, San Francisco, CA
J. Michael Berry-Lawhorn, MD, San Francisco, CA

9:50 am **HRA Guided Treatment Options and Management Algorithms**
Stephen Goldstone, MD, New York, NY
Joel Palefsky, MD, San Francisco, CA

10:50 am **Panel Discussion and Questions**
J. Michael Berry-Lawhorn, San Francisco, CA
Tamzin Cuming, MD, London, United Kingdom
Teresa Darragh, MD, San Francisco, CA
Stephen Goldstone, MD, New York, NY
Naomi Jay, RN, NP, PhD, San Francisco, CA
Joel Palefsky, MD, San Francisco, CA

11:15 am – 12:45 pm

	11:15 – 11:45 am	11:45 am –12:15 pm	12:15 – 12:45 pm
Group 1	**Lesion Identification (Understanding Lesion Patterns to Differentiate LG from HG)** Naomi Jay, RN, NP, PhD Room: 604	***Hands-on Workshop:*** **HRA Including Use of the Colposcope and Biopsy Techniques** J. Michael Berry-Lawhorn, MD Tamzin Cuming, MD Teresa Darragh, MD Stephen Goldstone, MD Room: 603	**HRA the Movie** Joel Palefsky, MD Room: 602
Group 2	**HRA the Movie** Joel Palefsky, MD Room: 602	**Lesion Identification (Understanding Lesion Patterns to Differentiate LG from HG)** Naomi Jay, RN, NP, PhD Room: 604	***Hands-on Workshop:*** **HRA Including Use of the Colposcope and Biopsy Techniques** J. Michael Berry-Lawhorn, MD Tamzin Cuming, MD Teresa Darragh, MD Stephen Goldstone, MD Room: 603
Group 3	***Hands-on Workshop:*** **HRA Including Use of the Colposcope and Biopsy Techniques** J. Michael Berry-Lawhorn, MD Tamzin Cuming, MD Teresa Darragh, MD Stephen Goldstone, MD Room: 603	**HRA the Movie** Joel Palefsky, MD Room: 602	**Lesion Identification (Understanding Lesion Patterns to Differentiate LG from HG)** Naomi Jay, RN, NP, PhD Room: 604

Continued next page

AIN and HRA: What the Colorectal Surgeon Needs to Know *(continued)*

1:00 pm Lunch with Panel Discussion and Questions (Room: 604)

2:00 – 3:30 pm

	2:00 – 2:30 pm	2:30 – 3:00 pm	3:00 – 3:30 pm
Group 1	**IRC and Hyfrecator Movie** Stephen Goldstone, MD Room: 602	***Hands-on Workshop:*** **HRA Treatment Practicum** Naomi Jay, RN, NP, PhD Tamzin Cuming, MD Joel Palefsky, MD Room: 603	**Cases: Identifying Lesions, Determining Sites for Biopsies** J. Michael Berry-Lawhorn, MD Teresa Darragh, MD Room: 604
Group 2	**Cases: Identifying Lesions, Determining Sites for Biopsies** J. Michael Berry-Lawhorn, MD Teresa Darragh, MD Room: 604	**IRC and Hyfrecator Movie** Stephen Goldstone, MD Room: 602	***Hands-on Workshop:*** **HRA Treatment Practicum** Naomi Jay, RN, NP, PhD Tamzin Cuming, MD Joel Palefsky, MD Room: 603
Group 3	***Hands-on Workshop:*** **HRA Treatment Practicum** Naomi Jay, RN, NP, PhD Tamzin Cuming, MD Joel Palefsky, MD Room: 603	**Cases: Identifying Lesions, Determining Sites for Biopsies** J. Michael Berry-Lawhorn, MD Teresa Darragh, MD Room: 604	**IRC and Hyfrecator Movie** Stephen Goldstone, MD Room: 602

3:30 pm **Anal Dysplasia Screening Outside of the US: Special Considerations**
Tamzin Cuming, MD, London, United Kingdom

4:00 pm **Panel Discussion of Practice Models: Judging Competency and Special Considerations**
J. Michael Berry-Lawhorn, MD, San Francisco, CA
Tamzin Cuming, MD, London, United Kingdom
Teresa Darragh, MD, San Francisco, CA
Stephen Goldstone, MD, New York, NY
Naomi Jay, RN, NP, PhD, San Francisco, CA
Joel Palefsky, MD, San Francisco, CA

4:30 pm **Adjourn**

Workshop

Young Surgeons Mock Orals & More

2 3 4 5 6

12:30 – 5:30 pm

Rooms: 615, 616, 617, 618 and 619-620

***Tickets Required* • Candidate Member Fee: $50 • Member Fee: $150 • Nonmember Fee: $200**
Limit: 90 participants

To achieve certification by the American Board of Colon and Rectal Surgery, a candidate must pass a written examination (Part I) and an oral examination (Part II). The oral examination is taken once the candidate passes the written examination. Its objective is to evaluate the candidate's clinical experience, problem-solving ability and surgical judgment and to ascertain the candidate's knowledge of the current literature on colon and rectal diseases and surgery.

During this workshop, the participants will have the opportunity to answer multiple scenarios administered by different examiner pairs. Participants will overhear their colleagues answer and receive critique on scenarios. Scenarios covered will be topics, which are required to pass the certifying oral examination and are commonly encountered in a standard colorectal practice. Additionally, this workshop will also provide feedback on performance and guidance in treatment of these various disease processes.

In addition, a mini-symposium will offer topics related to board review, transition to practice, academic success and career transition. This mini-symposium will be tailored to the participating tracks, Track 1: residents/fellows-in-training or Track 2: physicians in practice applying for board certification.

Existing Gaps
What Is: There are no high-quality formal mock examination review courses that exist to prepare recent colorectal fellowship graduates for the oral examination.

What Should Be: Recent graduates from fellowships should be well-prepared for this examination, which is essential for board certification.

Director: **Jason Mizell, MD,** *Little Rock, AR*
Assistant Director: **Jennifer Holder-Murray, MD,** *Pittsburgh, PA*

Objectives: At the conclusion of this session, participants should be able to:
- Describe the structure of the oral examination.
- Practice answering colorectal oral board-style questions in a high-pressure format.
- Demonstrate knowledge among colleagues and learn from previous examinees.
- Explain career-level relevant topics.

Continued next page

Young Surgeons Mock Orals & More *(continued)*

12:30 – 5:30 pm

Rooms: 619-620

Track 1 (Residents/Fellows-in-Training)

12:30 pm **Mock Oral Overview, Perspective & Pitfalls**
Jason Mizell, MD, Little Rock, AR

1:00 pm **Small Group Oral Exam Session**
Joselin Anandam, MD, Irving, TX; Brian Bello, MD, Washington, DC; Satyadeep Bhattacharya, MD, Carbondale, IL; Lisa Cannon, MD, Chicago, IL; Jennifer Davids, MD, Worcester, MA; Russell Farmer, MD, Louisville, KY; Leander Grimm, MD, Mobile, AL; Karin Hardiman, MD, PhD, Ann Arbor, MI; Terah Isaacson, MD, Houston, TX; Steven Lee-Kong, MD, New York, NY; Kellie Mathis, MD, Rochester, MN; Jesse Moore, MD, Burlington, VT; Yosef Nasseri, MD, Los Angeles, CA; Jennifer Rea, MD, Lexington, KY; Timothy Ridolfi, MD, Milwaukee, WI; Josef Shehebar, MD, Brooklyn, NY; Steven Scarcliff, MD, Birmingham, AL; Shafik Sidani, MD, Abu Dhabi, United Arab Emirates; Brian Teng, MD, Rochester, MN; Heather Yeo, MD, New York, NY

3:00 pm **Refreshment Break in Foyer**

3:10 pm **Mock Oral Wrap-Up & Questions**
Jennifer Holder-Murray, MD, Pittsburgh, PA

3:30 pm **Mini-Symposium for Young Fellows:**
What Can ASCRS Do for You and How to Get Involved?
Yosef Nasseri, MD, Los Angeles, CA

How to Prepare for the Written Exam
Jennifer Davids, MD, Worcester, MA

How to Start Your First Job on the Right Foot: From Clinic to APPs to Organization
Teresa DeBeche-Adams, MD, Orlando, FL

How to Build a Practice – Hemorrhoids to Pouches and Endoscopy
Daniel Herzig, MD, Portland, OR

How to Teach Residents When You are Learning
Mukta Krane, MD, Seattle, WA

Contract Negotiations
Guy Orangio, MD, New Orleans, LA

5:30 pm **Adjourn**

1:00 – 5:30 pm

Rooms: 619-620

Track 2 (Physicians in Practice Applying for Board Certification)

1:00 pm **Mini-Symposium for Young Faculty**
Building a Research Program: Clinical Outcomes, Basic Science and Education
Heather Yeo, MD, New York, NY

Promoting your Practice Smartly: Use of Social Media, Websites and Doctor Grading
Sean Langenfeld, MD, Omaha, NE

Academic Practice – Promotion, Tenure and Advancement
Heidi Nelson, MD, Rochester, MN

How To Find/Effectively Utilize Other Sources of Money (Surgical Centers, Doctor Owned Hospital, Consultant)
Eric Haas, MD, Houston, TX

Where to Find (and How to Keep) a Mentor
Bradley Champagne, MD, Cleveland, OH

How to Know if You Should Stay or Go
Jennifer Rea, MD, Lexington, KY

2:30 pm **Mock Oral Overview, Perspective & Pitfalls**
Jason Mizell, MD, Little Rock, AR

3:00 pm **Refreshment Break in Foyer**

3:10 pm **Small Group Mock Oral Exam**
Joselin Anandam, MD, Irving, TX; Brian Bello, MD, Washington, DC; Satyadeep Bhattacharya, MD, Carbondale, IL; Lisa Cannon, MD, Chicago, IL; Jennifer Davids, MD, Worcester, MA; Russell Farmer, MD, Louisville, KY; Leander Grimm, MD, Mobile, AL; Karin Hardiman, MD, Ann Arbor, MI; Terah Isaacson, MD, Houston, TX; Steven Lee-Kong, MD, New York, NY; Kellie Mathis, MD, Rochester, MN; Jesse Moore, MD, Burlington, VT; Yosef Nasseri, MD, Los Angeles, CA; Jennifer Rea, MD, Lexington, KY; Timothy Ridolfi, MD, Milwaukee, WI; Josef Shehebar, MD, Brooklyn, NY; Steven Scarcliff, MD, Birmingham, AL; Shafik Sidani, MD, Abu Dhabi, United Arab Emirates; Brian Teng, MD, Rochester, MN; Heather Yeo, MD, New York, NY

5:15 pm **Mock Oral Wrap-Up & Questions**
Jennifer Holder-Murray, MD, Pittsburgh, PA

5:30 pm **Adjourn**

Workshop

Question Writing: Do You Know How to Write the Perfect Exam Question?

3 5

1:00 – 4:00 pm

Room: 2AB

***Tickets Required* • Member Fee: $25 • Nonmember Fee: $75 • Limit 70 participants**

There are multiple areas of examination in the realm of colon and rectal surgery that require written questions to assess knowledge. These include the certifying written exam, the recertification exam, CARSITE, CARSEP® and CREST®. Despite looking straightforward, it is extremely difficult to write a good exam question. Many concepts are controversial and what is not controversial can become trivial. There are basic guidelines that help the writer, and this is a skill that can be learned and improved with practice. In recent years, emphasis has been placed on how to write an acceptable exam question and guidelines have been published by organizations, such as the National Board of Medical Examiners.

Existing Gaps

What Is: Most professionals, such as colon and rectal surgeons, feel it is easy to write high-quality questions. However, the majority of questions that are submitted for review each year are rejected or have fundamental flaws that require significant revisions before they can be accepted for use.

What Should Be: There should be many interested members who are able to write high-quality questions that can be used with minimal to no revisions.

Co-Directors: **Charles Friel, MD,** *Charlottesville, VA*
Matthew Mutch, MD, *St. Louis, MO*

1:00 pm **Introduction**
Matthew Mutch, MD, St. Louis, MO

1:15 pm **Key Concept – It Is the Key to a Good Question**
Charles Friel, MD, Charlottesville, VA

1:35 pm **The Stem – The Makings of a Good Question**
Shane McNevin, MD, Spokane, WA

1:55 pm **The Answers – They Can Ruin a Great Stem**
Tracy Hull, MD, Cleveland, OH

2:15 pm **Finalizing Questions – Rescue and Salvage**
Glenn Ault, MD, Los Angeles, CA

2:35 pm **Critiques: Painful But Very Important**
Kirsten Wilkins, MD, Edison, NJ

2:50 pm **Refreshment Break in Foyer**

3:00 pm **Let's Write Questions**

3:30 pm **Question Review**

4:00 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:

- Identify fundamental problems with the construction of written questions.
- Explain the sequential thought process used to write an acceptable question and understand key concepts.
- Demonstrate how to write a stem for a question.
- Prepare a two-step question combining diagnosis and management and format the answers in an acceptable form.
- Recall what happens to a question after it is submitted by a writer and before it is used in a test.

Parallel Session 1-A

Core Subject Update

SELF-ASSESMENT (MOC) CREDIT

3 4 5 6

7:30 – 9:30 am

Room: 6E

The Core Subject Update was developed to assist in the education and recertification of colon and rectal surgeons. Twenty-four core subjects have been chosen and are presented in a four-year rotating cycle. Presenters are experts in their selected topics and present evidence-based reviews on the current diagnosis, treatment and controversies of these diseases. Following each presentation, a brief discussion period is moderated by the course director.

Existing Gaps

What Is: It can be challenging for practicing surgeons to stay up-to-date on the most current and cutting-edge evaluation and management of colorectal diseases, particularly when rare or not seen routinely.

What Should Be: Practicing surgeons should maintain a current and comprehensive understanding of colorectal conditions and use their knowledge to provide their patients with optimal care.

Director: **Justin Maykel, MD,** *Worcester, MA*

7:30 am	**Colon Cancer** David Etzioni, MD, Phoenix, AZ
7:45 am	**Discussion**
7:50 am	**Diverticulitis** Jason Hall, MD, MPH, Boston, MA
8:05 am	**Discussion**
8:10 am	**Other Colidities** Michael Valente, DO, Cleveland, OH
8:25 am	**Discussion**
8:30 am	**Fecal Incontinence** Roel Hompes, MD, Oxford, United Kingdom
8:45 am	**Discussion**
8:50 am	**Anal Abscess/Fistula** Ian Paquette, MD, Cincinnati, OH
9:05 am	**Discussion**
9:10 am	**Perioperative Management** Jennifer Davids, MD, Worcester, MA
9:25 am	**Discussion**
9:30 am	**Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Explain the pathophysiology of anal fistula and abscess to offer patients the spectrum of nonsurgical and surgical treatment options.
- Explain the pathophysiology and factors related to diverticulitis, differentiate uncomplicated and complicated disease and discuss the treatment options including open and laparoscopic.
- Maintain command of the incidence, risk factors, presentation, work-up and surgical treatment of colon cancer.
- Review the literature for the general topic of colidities including presentation, work-up and evaluation, medical treatments and indications for surgery.
- Recognize the appropriate evaluation and optimization of colorectal patients throughout their perioperative care.
- Know when to offer testing, as well as the impact on clinical/surgical recommendations, for patients with fecal incontinence.

Symposium

Parallel Session 1-B

Magnum Opus: Surgical Tips & Techniques Around The World

2 3

7:30 – 9:30 am

Room: 6ABC

Surgical techniques vary for numerous procedures across the world with likely substantial differences in outcome and impact to quality of life. The differences in technologies, approach and technique will be identified and reviewed in this session.

Symposium participants will identify the best worldwide video in production, technique and most impactful tip, as well as the best surgical video and best surgical content video.

Existing Gaps
What Is: Although most surgeons prefer one technique for the conduct of an operation, there are numerous appropriate approaches for almost all procedures and particularly in the treatment of rectal cancer and rectal prolapse.

What Should Be: The videos and course moderators will attempt to bridge current practice with videos demonstrating technological advances, tips and tricks from around the world.

USA Co-Director: **Alessandro Fichera, MD,** *Seattle, WA*
Australian Co-Director: **James Keck, MD,** *Fizroy, Australia*
European Co-Director: **Graham MacKay, MD,** *Glasgow, United Kingdom*

7:30 am **Introduction**
Alessandro Fichera, MD, Seatle, WA
James Keck, MD, Fizroy, Australia
Graham MacKay, MD, Glasgow, United Kingdom

7:40 am **Worldwide Differences in Rectal Cancer Care (Lecture)**
Scott Regenbogen, MD, Ann Arbor, MI

7:50 am **European Experience: Abdominal/Pelvic Phase of Proctectomy (Video)**
Ian Jenkins, MD, Harrow, United Kingdom

8:00 am **Australia Experience: Transanal Phase of Proctectomy (Video)**
Stephen Bell, MD, Malvern, Australia

8:10 am **American Experience: Anastomotic Techniques after Proctectomy (Video)**
Martin Weiser, MD, New York, NY

8:20 am **Voting for Best Video**
Alessandro Fichera, MD, Seatle, WA
James Keck, MD, Fizroy, Australia

8:30 am **Worldwide Differences in Rectal Prolapse (Lecture)**
Andrew Williams, MD, London, United Kingdom

8:40 am **European Experience: Transanal Approaches to Rectal Prolapse (Video)**
Asha Senapati, MD, Portsmith, United Kingdom

8:50 am **Australian Experience: Ventral Rectopexy Approach for Prolapse (Video)**
Rowan Collinson, MD, Auckland, New Zealand

9:00 am **American Experience: Posterior Rectopexy for Rectal Prolapse (Video)**
Tracy Hull, MD, Cleveland, OH

9:10 am **Voting for Best Video**
Alessandro Fichera, MD, Seatle, WA
James Keck, MD, Fizroy, Australia

9:20 am **Question and Answer**

9:30 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe several techniques to the abdominal, transanal and anastomotic approach for rectal cancer.
- Describe several techniques to the transanal, ventral and posterior approach for rectal prolapse.
- Explain the differences in steps necessary to perform these procedures and identify best practices.

Symposium and Workshop

Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS

WORKSHOP SOLD OUT

1 2 5 6

7:30 – 11:30 am

Rooms: 608-609 and 611-614

Tickets Required **• Member Fee: $525 • Nonmember Fee $650 • Limit: 24 participants**

Didactic Session Only: $30 (7:30 – 9:00 am)

Supported by an independent educational grant and loaned durable equipment from:
Apollo Endosurgery, Inc.
Boston Scientific
Erbe USA
Lumendi
Olympus America Inc.
Ovesco Endoscopy USA

The adoption of new technology and techniques for surgeons in practice is challenging. There is often insufficient opportunity for the practicing surgeon to be exposed to the most state-of-the-art methods. In addition, it can be difficult for physicians to incorporate these techniques into their practice. In order to surmount these obstacles, it is necessary for the surgeon to acquire an in-depth understanding of the available technology, the indications for its use and the potential benefits to the intended patient population.

A number of new, advanced endoscopic techniques have been developed over the past few years. These techniques have not only broadened the ability of the endoscopist to successfully scope all patients, but they also allow identification and treatment of colonic pathologies, such as polyps, cancer and inflammatory bowel disease. New endoscopic techniques have resulted in higher cecal intubation rates and lesion identification. Enhanced imaging technology increases polyp detection. Endoscopic clipping can control bleeding and treat colonic perforation. Extended submucosal dissection and the use of both CO2 and laparoscopic assistance have allowed surgeons to resect more complex colonic lesions without major surgery.

Existing Gaps
What Is: Colorectal surgeons may be unfamiliar with several new techniques to improve the success rate of colonoscopy, as well as imaging techniques for lesion identification. A significant number of surgeons are not performing endoscopic submucosal resection of colorectal neoplasia or combined laparo-endoscopic resection. With the continued advances of technology in endoluminal therapy, surgeons will need training to incorporate these methods into their practice.

What Should Be: Surgeons need to have a comprehensive understanding of the newer visualization techniques, as well as the indications and uses for endoscopic submucosal resection, endoscopic clipping and endoscopic suturing. This important learning session will provide the basis for the meaningful implementation of these newer endoluminal techniques and improve their patients' colorectal care.

Director: **Peter Marcello, MD,** *Burlington, MA*
Assistant Director: **I. Emre Gorgun, MD,** *Cleveland, OH*

Continued next page

Advanced Endoscopy Symposium and Workshop of the International Committee of ASCRS *(continued)*

7:30 – 9:00 am

Rooms: 611-614

Didactic Session

7:30 am **Advanced Endoscopic Imaging: Polyps and Dysplasia Detection**
Dae Kyung Sohn, MD, PhD, Goyang, Korea

7:45 am **From EMR to ESD: How Do I Get There?**
Christopher Young, MD, Newton, Australia

8:00 am **Endoluminal Resection and Suturing: Ready for Prime Time?**
Sergey Kantsevoy, MD, Baltimore, MD

8:15 am **Full Thickness Laparendoscopic Excision of the Colon (FLEX)**
Robin Kennedy, MD, Middlesex, United Kingdom

8:30 am **Endoscopic Management of Early Colon Cancer**
Yusuke Saito, MD, Hokkaido, Japan

8:45 am **Panel Discussion/Questions**

9:00 am **Adjourn**

9:30 – 11:30 am

Rooms: 608-609

Tickets Required

Hands-on Session

Faculty: Todd Francone, MD, Burlington, MA; I. Emre Gorgun, MD, Cleveland, OH; Sergey Kantsevoy, MD, Baltimore, MD; Sang Lee, MD, Los Angeles, CA; Peter Marcello, MD, Burlington, MA; Matthew Mutch, MD, St. Louis, MO; Toyooki Sonoda, MD, New York, NY; Richard L. Whelan, MD, New York, NY; Christopher Young, MD, Newton, Australia; Mark Zebley, MD, Meadowbrook, PA

Objectives: At the conclusion of this session, participants should be able to:
- Explain methods to improve cecal intubation rates and lesion detection.
- Become familiar with the available enhanced endoscopic visualization techniques.
- Recognize the indications and uses for endoscopic submucosal resection for colorectal neoplasia.
- Describe the indications and technical aspects of combined laparoscopic and endoscopic resection of colorectal neoplasia.
- Become familiar with available techniques for endoscopic closure of bowel wall.

Symposium

Parallel Session 2-A

Preventing Colorectal Cancer Through Screening: What the Surgeon Should Know

SELF-ASSESMENT (MOC) CREDIT

1 2 5 6

9:45 – 11:45 am

Room: 6E

Supported in part by an independent educational grant from Ethicon

High-quality colonoscopy is not only for colorectal cancer screening but also cancer prevention through endoscopic removal of neoplastic polyps. The procedure has become better and safer in recent years, due to advances in patient preparation, procedure performance, outcomes monitoring and instrument processing. This session will provide a state-of-the-art review of the major topics related to colonoscopy in practice.

Existing Gaps
What Is: Colonoscopy is commonly performed, but endoscopy education opportunities are limited.

What Should Be: Practicing surgeons should be able to stay up-to-date with the most current and best practices for performing colonoscopy with an annual update.

Director: **Daniel Herzig, MD,** *Portland, OR*
Assistant Director: **John Inadami, MD,** *Seattle, WA*

9:45 am **The Evidence Base for Screening Colonoscopy**
James Moore, MD, Glenuga, Australia

10:00 am **Quality Indicators in Screening Colonoscopy**
John Inadami, MD, Seattle, WA

10:15 am **The Worst Part Is the Prep: State-of-the-Art Bowel Preps for Screening Colonoscopy**
Amy Halverson, MD, Chicago, IL

10:30 am **How Did I Miss That? Detection and Removal of Flat Polyps**
Anjali Kumar, MD, Seattle, WA

10:45 am **Dysplasia Screening in IBD: Chromoendoscopy and SCENIC Guidelines in Theory and in Practice**
Rebecca Matro, MD, Portland, OR

11:00 am **I Found a Big One: Tips for Endoscopic Removal and EMR**
Gene Bakis, MD, Portland, OR

11:15 am **Running a Successful Endoscopy Unit: Materials, Endoscope Processing and Providing Value**
Karin Hardiman, MD, PhD, Ann Arbor, MI

11:30 am **Billing and Coding Update and Sedation Issues**
Jennifer Rea, MD, Lexington, KY

11:45 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe recent changes in colonoscopy practice including split dose bowel preparations, use of chromoendoscopy, detection of flat polyps and utility of EMR.
- Explain quality metrics for colonoscopy and safety issues surrounding endoscope processing.
- Recognize current billing and coding issues.

Symposium *Parallel Session 2-B*

Robotic Colon and Rectal Surgery: Tips, Tricks and Simulation

1 2 5

9:45 – 11:45 am

Room: 6ABC

Supported in part by an independent educational grant from Intuitive Surgical

Over the past several years, robotic colon and rectal surgery has gradually gained acceptance among many colorectal surgeons. This is a worldwide trend occurring not only in the U.S. but also throughout Europe and Asia. Robotic colorectal surgery continues to evolve with new platforms, specifically designed for multi-quadrant access.

This didactic session will feature lectures with instructional videos. Topics covered will include technical considerations of the common colorectal operations, training and economics. Various tips and advice on approaches to different parts of the colon and rectum for various pathologies aimed at facilitating the learning curve of the participants will be discussed.

This course is aimed at three populations of surgeons:

1) Practicing colon and rectal surgeons who perform robotic surgery but are still early in their learning curve. This session will give them insight on how to improve efficiency.
2) Practicing colon and rectal surgeons who do not currently do robotic surgery but wish to introduce robotic surgery into their practice.
3) Colon and rectal residents that are interested in robotics.

Existing Gaps

What Is: Although robotic colorectal surgery has been shown to potentially present advantages particularly for pelvic surgery, its acceptance amongst many colorectal surgeons remains limited.

What Should Be: The speakers will attempt to bridge the knowledge gap associated with the implementation, use and outcomes of robotic surgery to educate colon and rectal surgeons on how best to use and adopt robotics into their practice.

Co-Directors: **Amir Bastawrous, MD,** *Seattle, WA*
Craig Rezac, MD, *New Brunswick, NJ*

9:45 am	**Introduction** Amir Bastawrous, MD, Seattle, WA Craig Rezac, MD, New Brunswick, NJ
9:50 am	**Challenges and Advice for Starting the Robotic Learning Curve and a Robotic Program** Joseph Carmichael, MD, Orange, CA
10:00 am	**Robotic Right Hemicolectomy With Intracorporeal Anastomosis** Henri Lujan, MD, Miami, FL
10:15 am	**Robotic Abdominoperineal Resection** Paolo Pietro Bianchi, MD, Milan, Italy
10:30 am	**Robotic Low Anterior Resection** Antonio Lacy, MD, Barcelona, Spain
10:45 am	**Robotic Surgery for Inflammatory Bowel Disease** Elizabeth Raskin, MD, Loma Linda, CA
11:00 am	**Robotic Training and Skill Assessment** Thomas S. Lendvay, MD, Seattle, WA
11:15 am	**Panel Discussion**
11:45 am	**Adjourn**

Objectives: At the conclusion of this session, participants should be able to:

- Describe the basic techniques of robotic port placement and docking.
- Define the anatomy of the colon, its vasculature and retroperitoneum from a robotic perspective.
- Explain the sequence of steps necessary to perform robotic procedures safely.
- Identify the socioeconomic costs and benefits with robotic colorectal surgery.

11:45 am – 12:45 pm

Complimentary Box Lunch in the Exhibit Hall

Welcome and Opening Announcements

12:45 – 1:30 pm

Room: 6ABC

Patricia L. Roberts, MD, *Burlington, MA*
President, ASCRS

Rocco Ricciardi, MD, *Burlington, MA*
Program Chair

Anjali Kumar, MD, *Seattle, WA*
Local Arrangements

Kyle Cologne, MD, *Los Angeles, CA*
Social Media Chair

Garrett Nash, MD, *New York, NY*
Awards Chair

Scott Strong, MD, *Chicago, IL*
Vice President, Research Foundation of the ASCRS

Roberta Muldoon, MD, *Nashville, TN*
Public Relations Chair

Norman D. Nigro, MD, Research Lectureship

1:30 – 2:15 pm

Room: 6ABC

Transanal TME: From Inception to Implementation

Roel Hompes, MD
Consultant Colorectal Surgeon; Department of Colorectal Surgery; Oxford University Hospitals NHS Foundation Trust; Oxford, United Kingdom

Introduction: Steven Wexner, MD, PhD (Hon)

Dr. Norman Nigro is recognized for his many contributions to the care of patients with diseases of the colon and rectum, for his significant research in the prevention of large bowel cancer and treatment of squamous cell carcinoma of the anus.

Dr. Nigro generously dedicated many years of service to the specialty through his activities in ASCRS and ABCRS.

Abstract Session *Parallel Session 3-A*

Neoplasia I

1 2 3 4 5 6

2:15 – 3:45 pm
Room: 6E

Co-Moderators: **Ronald Bleday, MD,** *Boston, MA*
Peter Sagar, MD, *Leeds, United Kingdom*
Michael Solomon, MD, *Newton, Australia*

2:15 pm **Introduction**

2:20 pm **Recovery Following Rectal Cancer Surgery: Results From the MRC/EME ROLARR Trial** S1
A. Pigazzi*[1], N. Corrigan[2], A. Pullen[2], J. Croft[2], H. Marshall[2], J. Brown[2], D. Jayne[2]; [1]Irvine, CA, [2]Leeds, United Kingdom

2:25 pm ***Discussion***

2:28 pm **Nodal Disease in Rectal Cancer Patients With Complete Clinical Response After Neoadjuvant Chemoradiation: Danger Below Calm Waters** S2
R.B. Baucom*[1], L. Maguire[2], T. Geiger[1], M.M. Cone[1], R.L. Muldoon[1], M.B. Hopkins[1], A. Hawkins[1]; [1]Nashville, TN, [2]Minneapolis, MN

2:33 pm ***Discussion***

2:36 pm **Local Excision Followed by Postoperative Contact X-ray Brachytherapy +/- External Beam Radiotherapy or Chemoradiotherapy Instead of Radical Resection in 180 Patients With Rectal Cancer** S3
F.M. Smith*[1], A. Sun Myint[2], H. Wong[2], K. Whitmarsh[2], K. Perkins[2], M. Hershman[3], D. Pritchard[1]; [1]Liverpool, United Kingdom, [2]Bebington, Wirral, United Kingdom, [3]Wolverhampton, West Midlands, United Kingdom

2:41 pm ***Discussion***

2:44 pm **Watch & Wait After Complete Clinical Response to Neoadjuvant CRT: Are cT3/4 Tumors More Likely to Develop Early Tumor Recurrence Than cT2?** S4
A. Habr-Gama[1], G. Pagin São Julião[1], B. Borba Vailati[1], C. Ortega[1], L. Fernandez[1], S.E. Araujo[1], R.U. Azevedo[1], R. Perez*[1]; [1]Sao Paulo, Sao Paulo, Brazil

2:49 pm ***Discussion***

2:52 pm **Oncological Outcome After Salvage Treatment for Local Re-growth Following 'Watch and Wait' for Clinical Complete Response in Patients With Rectal Cancer** S5
L. Malcomson[1], R. Emsley[1], S. Gollins[2], A. Sun Myint[3], M. Saunders[1], N. Scott[4], S. O'Dwyer[1], A. Renehan*[1]; [1]Manchester, United Kingdom, [2]Rhyl, United Kingdom, [3]Liverpool, United Kingdom, [4]Preston, United Kingdom

2:57 pm ***Discussion***

3:00 pm **Prospective Randomised Trial of Neoadjuvant Chemotherapy During the "Wait Period" Following Preoperative Chemoradiotherapy for Rectal Cancer: Results of the WAIT Trial** S6
J. Moore*[1], T. Price[1], P. Hewett[1], A. Luck[1], S. Carruthers[1], S. Selva-Nayagam1, M. Thomas[1]; [1]Adelaide, South Australia, Australia

3:05 pm ***Discussion***

The first author is the presenting author unless otherwise noted by an *.

Continued next page

Neoplasia I *(continued)*

3:08 pm **Impact of Pre-CRT mr EMVI on the Oncologic Outcomes in Rectal Cancer Patients With Good Tumor Response After Preoperative Chemoradiation** **S7**
J. Yoon*[1], Y. Han[1], M. Cho[1], J. Kang[1], H. Hur[1], B. Min[1], K. Lee[1], N. Kim[1]; [1]Seoul, Seoul, Korea (the Republic of)

3:13 pm ***Discussion***

3:16 pm **Risk Factors Associated With Circumferential Resection Margin Positivity in Rectal Cancer: A Binational Registry Study** **S7a**
J.C. Kong*[1], G.R. Guerra[1], A. Naik[1], C. Lynch[1], R. Ramsay[1], A. Heriot[1], S. Warrier[1]; [1]Melbourne, Victoria, Australia

3:21 pm ***Discussion***

3:24 pm **Rectal Cancer Resection With Pathologic Upstaging: Adjuvant Radiation Versus Observation** **S8**
N.G. Berger*[1], C. Peterson[1], K. Ludwig[1], W. Hall[1], T. Ridolfi[1]; [1]Milwaukee, WI

3:29 pm ***Discussion***

3:32 pm **Question and Answer**

3:45 pm **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Symposium

Parallel Session 3-B

The ACS and NSQIP at ASCRS

1 2 3 4 5 6

2:15 – 3:45 pm

Room: 6ABC

This symposium will serve as a forum for participants to learn new techniques, protocols and best practices in quality patient care to reduce morbidities and mortalities. Participants will learn best practices they can implement at their hospital to promote use of surgical checklists, residency training, and communication and teamwork in the operating room. Participants will also learn best practices to reduce Surgical Site Infections (SSIs), Urinary Tract Infections (UTIs) and other Hospital-Acquired Conditions (HACs) complications and readmissions.

Existing Gaps

What Is: Many medical errors occur secondary to failures in communication and Surgical Site Infections (SSIs) continue to be a problem in the postoperative period. There is a considerable variation in prevention and treatment of Hospital-Acquired Conditions (HACs).

What Should Be: Evidence suggests that instituting a checklist and de-briefing activities, as well as improving teamwork and communication, can improve patient safety. Not all institutions have a team-oriented culture and not all institutions follow the most up-to-date evidence-based surgical practices. There is no concise listing of prevention and treatment. Substantial evidence exists on how to prevent and treat Hospital-Acquired Conditions (HACs).

Director: **Clifford Ko, MD,** *Los Angeles, CA*

2:15 pm **Introduction to Good Data**
Clifford Ko, MD, Los Angeles, CA

2:20 pm **Using Data for Quality Improvement**
Julie Thacker, MD, Durham, NC

2:35 pm **Using Data for Current Policy Regulations**
Frank Opelka, MD, New Orleans, LA

2:50 pm **Enhanced Recovery in ACS NSQIP**
Julia Berian, MD, Chicago, IL

3:00 pm **Best Practices and Guidelines for Surgical Site Infections (SSI)**
Kristen Ban, MD, Chicago, IL

3:10 pm **Patient-Reported Outcomes (PROs) in ACS NSQIP**
Jason Liu, MD, MS, Chicago, IL

3:20 pm **Colorectal Surgery in ACS NSQIP**
Melissa Hornor, MD, Chicago, IL

3:30 pm **Question and Answer**
Clifford Ko, MD, Los Angeles, CA

3:45 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Discuss the latest quality improvement techniques in lean, six sigma and change management.
- Discuss the most recent knowledge pertaining to national and local quality initiatives in the field of surgery.
- Explain statistical methods to analyze the NSQIP data and demonstrate practical ways to use the data for quality improvement.

3:45 – 4:15 pm

Refreshment Break in the Exhibit Hall

Abstract Session *Parallel Session 4-A*

Benign Disease

1 2 6

4:15 – 5:45 pm
Room: 6E

Co-Moderators: **Mark Gudgeon, MD,** *Surrey, United Kingdom*
James Keck, MD, *Fizroy, Australia*
Rocco Ricciardi, MD, *Boston, MA*

4:15 pm **Introduction**

4:20 pm *ESCP Best Paper*
Haemorrhoidal Artery Ligation Versus Rubber Band Ligation: Results and Economic Analysis of a Multicentre, Randomised Controlled Trial S9
J. Tiernan[1], S. Brown[2], D. Hind[3], K. Biggs[2], N. Shepherd[2], A. Wailoo[3] [1]Leeds, United Kingdom, [2]Sheffield, United Kingdom

4:25 pm *Discussion*

4:28 pm **A Comparison of Surgical Devices for the Management of Grade II-III Hemorrhoidal Disease: Results of the LigaLongo Randomized Controlled Trial** S10
P. Lehur*[1], A. Venara[2], J. Podevin[1], P. Godeberge[3], Y. Redon[4], M.L. Barussaud[5], I. Sielezneff[6], A. Chiffoleau[1]; [1]Nantes, France, [2]Angers, France, [3]Paris, France, [4]St Nazaire, France, [5]Poitiers, France, [6]Marseille, France

4:33 pm *Discussion*

4:36 pm **Comparison of Stapled Hemorrhoidopexy With Traditional Excisional Surgery for Haemorrhoidal Disease: A Pragmatic, Multicenter, Randomized Controlled Trial** S11
A.J. Watson*[1], J. Hudson[2], J. Wood[2], M. Kilonzo[2], S.R. Brown[3], A. McDonald[2], J. Norrie[2], H. Bruhn[2], J.A. Cook[4]; [1]Inverness, United Kingdom, [2]Aberdeen, United Kingdom, [3]Sheffield, United Kingdom, [4]Oxford, United Kingdom

4:41 pm *Discussion*

4:44 pm **Sphincter-Sparing Anal Fistula Repair: Are We Getting Better?** S12
J. Sugrue*[1], N. Mantilla[1], A. Abcarian[1], K. Kochar[2], S.J. Marecik[2], V. Chaudhry[1], A. Mellgren[1], J. Nordenstam[1]; [1]Chicago, IL, [2]Park Ridge, IL

4:49 pm *Discussion*

4:52 pm **Ligation of Intersphincteric Fistula Tract for Fistula In-Ano: Lessons learned From a Decade of Experience** S13
S. Malakorn*[1], T. Sammour[2], A. Rojanasakul[1]; [1]Bangkok, Thailand, [2]Adelaide, Austria

4:57 pm *Discussion*

5:00 pm **Analysis of Intermediate Results in a Single Center After Video-Assisted Anal Fistula Treatment** S14
L. Regusci*[1], A. Braga[1], G. Poli[1], G. Peloni[1], F. Fasolini[1]; [1]Mendrisio, Switzerland

5:05 pm *Discussion*

5:08 pm **Is the Failure of Laparoscopic Peritoneal Lavage Predictable in Hinchey III Diverticulitis Management?** S15
E. Duchalais*[1], T. Greilsamer[1], A. Venara[2], G. Meurette[1], M. Comy[3], A. Hamy[2], E. Abet[3], P. Lehur[1]; [1]Nantes, France, [2]Angers, France, [3]La Roche sur Yon, France

5:13 pm *Discussion*

5:16 pm **Implementation of an Enhanced Recovery Pathway for Anorectal Procedures Is Associated With Improved Outcomes** S16
A.B. Parrish*[1], S. O'Neill[2], S. Crain[3], T. Russell[2], D. Sonthalia[2], V. Nguyen[2], A. Aboulian[3]; [1]Torrance, CA, [2]Los Angeles, CA, [3]Woodland Hills, CA

5:21 pm *Discussion*

5:24 pm **Closed Incision Negative Pressure Wound Therapy Is Associated With Decreased Surgical Site Infection in High-Risk Colorectal Surgery Laparotomy Wounds** S17
D. Nagle*[1], T. Curran[1], D. Alvarez[1], V. Poylin[1], T. Cataldo[1]; [1]Boston, MA

5:29 pm *Discussion*

5:32 pm **Question and Answer**

5:45 pm **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Symposium ***Parallel Session 4-B***

Beyond the OR: Transitions of a Surgeon's Career

3 4 6

4:15 – 5:45 pm

Room: 6ABC

The needs of the surgical workforce are changing, and surgeons are staying in practice for longer periods of time for a variety of reasons. The challenges of a lengthy career are being recognized and evaluated in ways they were not in the past. Although the fact of career change and transmogrification has always been with us, the choices available have not been as varied or expansive. The skills training and professional development required to negotiate these choices have not kept pace with the availability of options, and many surgeons feel that they are ill-prepared to make the leap to non-clinical duties or careers that may be fulfilling but are not traditional patient care roles.

The lengthy period of time spent in training and the intensity of surgical practice rarely leave time for the kind of personal and professional development that aid career transition. Along with this, there is a real perception that there is a lack of institutional support for non-clinical or patient care related endeavors or that this exists as an afterthought. This aspect of continuous professional development is possibly the most neglected and often occurs at or near the end of a career and is least associated with traditional learning techniques. It can be linked with roles that may be perceived to conflict or compete with those primary to the institution's or practice's financial, clinical or educational goals and priorities. Furthermore, the concept of "centrality of professional identity" can play a large role in altruistic professions like medicine. The singularity of purpose and time devoted to developing, mastering and passing on a complex skill set can preclude not only personal development but professional skill mastery in related but non-clinical areas. A strong desire for specific purpose from lifelong identification as a surgeon can create hesitation and doubt when moving away from the "comfort zone" and can undermine efforts to change. Simultaneously, desire for ongoing intellectual and professional community with the difficulties and distractions of a full patient care schedule can represent a real conflict of a different variety.

Existing Gaps
What Is: Surgeons have more options for non-clinical career transitions and opportunities than ever before. Continuous professional development contemplates career changes such as these but institutions and practice models lag behind in providing a programmatic approach to aiding those who desire a different career path. In addition, financial, psychological and practical problems can plague planning for a career transition even with well-known and structured career options.

What Should Be: Surgeons should be aware of the possibilities for transition and understand how they can contribute based upon their interests and skills. They need to start thinking and planning for transitions early in their careers, anticipating the financial and psychological problems that may complicate their choices. Ideally, aspects of professional development specifically dealing with career change and transition should be introduced into a professional curriculum in a programmatic fashion (as we do CME, maintenance of certification and professional society meeting programming) thus giving individuals a chance to think about strategy at different times in their career and decide what is right for them. Institutional support for this aspect of professional development, which often comes near the end of a productive career needs to be better defined and supported as we have opportunities that occur at the beginning of a career (e.g. grant writing courses, teaching curricula, career development awards, etc.).

Director: **Najjia Mahmoud, MD,** *Philadelphia, PA*

Continued next page

Beyond the OR: Transitions of a Surgeon's Career *(continued)*

4:15 pm **Welcome and Introduction**
Najjia Mahmoud, MD, Philadelphia, PA

4:20 pm **Transition Choices—How Do You Get There?**
Frank Opelka, MD, New Orleans, LA

4:35 pm **Challenges and Barriers to Career Change**
Heidi Nelson, MD, Rochester, MN

4:50 pm **Personal Strategies for Success**
Ira Kodner, MD, St. Louis, MO

5:05 pm **Putting it all Together—How I Did It**
Conor Delaney, MD, PhD, Cleveland, OH

5:20 pm **Panel Discussion**

5:45 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Recognize the range of opportunities to consider when considering a career change.
- Explain challenges specific to non-clinical career transitions should be anticipated and explained.
- Recognize that coping strategies for career transitions can range from those provided by the institution to personal strategies developed over time.
- Recognize that for many, transition can be the "reward" at the end of a long, productive surgical career and is vital.

Welcome Reception

7:30 – 10:00 pm

The **Welcome Reception** is complimentary to all registered attendees. The event will be held at the world famous **Museum of Pop Culture (MoPOP)**, which features a music collection of approximately 140,000 artifacts and an oral history archive of more than 1,000 curator interviews with musicians and filmmakers who have influenced contemporary culture. The museum includes mesmerizing exhibits, interactive installations and detailed histories.

The event will feature hors d'oeuvres, cocktails and entertainment. The Research Foundation will join forces with ASCRS to welcome all at this reception.

MoPOP is located approximately 1 mile from the convention center at 325 5th Avenue North. Complimentary monorail transportation to the event will be provided to meeting attendees from the Westlake Monorail Station located on the corner of 5th Avenue and Pine Street. **Name Badges MUST be worn in order to ride the monorail.**

Guests staying at the Sheraton Seattle Hotel should gather in the lobby at 7:00 pm and will begin departing on foot for the monorail at 7:05 pm. Guests staying at the Grand Hyatt and Hyatt Olive 8 hotels should gather in the lobby at 7:15 pm and will begin departing on foot for the monorail at 7:20 pm. Guests in other hotels should make their way over to the monorail station prior to 7:30 pm. The monorail station is a few blocks from the hotels and there will be personnel standing on the street holding "ASCRS" labeled lollipop signs to direct guests. For those guests unable to walk to the monorail, there will be a motorcoach departing from the Sheraton, Grand Hyatt and Hyatt Olive 8 hotels at approximately 7:20 pm. If you are unable to find the motorcoach at your hotel, please ask the front desk.

At the end of the event, complimentary monorail transportation will be provided from the Seattle Center Monorail Station back to the Westlake Monorail Station. For those guests unable to walk to the monorail, there will be a couple motorcoaches departing from the MoPOP that will make stops at the Sheraton, Grand Hyatt and Hyatt Olive 8 hotels.

Symposium

Health Care Economics Update: What Every Colorectal Surgeon Needs to Know

2 3 4 5 6

6:30 – 8:00 am

Rooms: 611-614

This session will consist of presentations by invited speakers who will update attendees on the requirements of MACRA, future payment models under development, the importance of MACRA to all colorectal surgeons whether employed by large groups or in small practices and essential elements of employment contracts for those surgeons contemplating seeking an employed position.

Existing Gaps
What Is: Many physicians are unaware of the MACRA reporting requirements and what they need to do. It is also important to recognize that MACRA is important even if you are a physician currently employed by large organizations.

What Should Be: Physicians need to know how MACRA affects them, whether they are currently employed or in private practice. Understanding the reporting requirements within MACRA and how they will impact reimbursement in the future.

Co-Moderators: **Walter Peters, Jr., MD,** *Dallas, TX*
Guy Orangio, MD, *New Orleans, LA*

6:30 am **What Is MACRA?**
David Hoyt, MD, Chicago, IL

6:45 am **MACRA for the Small Practice**
Donald Colvin, MD, Fairfax, VA

7:00 am **MACRA for the Employed Physician**
Walter Peters, Jr., MD, Dallas, TX

7:15 am **Episodes of Care and the Future of Bundled Payments**
Frank Opelka, MD, New Orleans, LA

7:30 am **Employment Models: What to Look for in a Contract**
Jeffrey Cohen, MD, Wethersfield, CT

7:45 am **Panel Discussion/Questions**
Guy Orangio, MD, New Orleans, LA

8:00 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe the essential components of the MACRA score.
- Determine the economic impact of MACRA adjustments on their practice.
- Verify the quality data being reported on their behalf by their employer.

Meet the Professor Breakfasts

1 2 3 4 5 6

7:00 – 8:00 am

Registration Required **• Fee $40 • Limit: 30 per breakfast • Continental Breakfast Included**

Registrants are encouraged to bring problems and questions to this informational discussion.

M-1 SOLD OUT **Anorectal and Pelvic Pain** Room: 615
Angela Kuhnen, MD, Boston, MA
David Lubowski, MD, Hurtsville, Australia

M-2 SOLD OUT **Difficult Rectal Cancer Patients** Room 620
Andreas Kaiser, MD, Los Angeles, CA
Gregory Makin, MD, Doubleview, Australia

Objectives: At the conclusion of this session, participants should be able to:

- Describe the procedures and approaches discussed in this session.

Residents' Breakfast

2 3 4

7:00 – 8:00 am SOLD OUT

Rooms: 606-607

Registration Required **• Open to Residents Only**

I Want to Be Involved: Lessons From a Personal Journey

Charles Littlejohn, MD
Stamford, CT

Introduction: Ryan Bendl, DO

Photo courtesy of Seattle CVB; © Tim Thompson

Symposium

Coffee and Controversies: Inflammatory Bowel Disease

SELF-ASSESMENT (MOC) CREDIT

1 2 3 4 5 6

7:00 – 8:00 am

Room: 6E

Specialty coffees will be served.

Supported in part by an independent educational grant from AbbVie

7:00 – 7:30 am

Debate #1: **Decision Making in the Management of Chronic Ulcerative Colitis: Biologics, Biologics and More Biologics vs. Surgery – Why Postpone a Cure?**

7:30 – 8:00 am

Debate #2: **Low Grade Dysplasia in Well-Controlled UC: Take it All (Including Mucosectomy) vs. Don't Be So Radical! (Surveillance, Endoscopic Resection and Segmental Resection)**

Chronic ulcerative colitis (CUC) is a complex intestinal disorder for which the optimal management is hotly debated worldwide. As medical therapy has evolved over the decades, with the advent of new pharmaceuticals better equipped to fight the disease and prevent resistance, many patients still fail to respond to medical therapy. Operative intervention is often warranted, but by the time the patient gets an opportunity to discuss the details of surgical decision making, they may have significantly compromised their immunologic reserve with medical treatment.

In the patients for whom medical therapy has been successful in managing inflammatory bowel disease and have thus far avoided the need for operative intervention altogether, some develop neoplastic changes of the colon or rectum. Many patients with neoplasia complicating their underlying large bowel inflammation have been referred for radical operative management, but opinions have been recently argued that a more conservative approach is warranted.

Through a lively debate format, we will pit world leaders on these subjects against each other for the purpose of providing participants with the evidence-based rationale they need to propose and defend their recommendations for management of their patients with chronic ulcerative colitis.

Existing Gaps
What Is: Our understanding of the behavior and complications of inflammatory bowel disease is continuously progressing. Our management of chronic ulcerative colitis is evolving to best assure quality outcomes.

What Should Be: Surgeons should be equipped with evidence-based principles to provide patients who suffer from chronic ulcerative colitis through this difficult decision making process about surgery versus not; total versus less radical intervention.

Director: **Jeffrey Milsom, MD,** *New York, NY*

Continued next page

Coffee and Controversies: Inflammatory Bowel Disease *(continued)*

7:00 – 7:30 am

Debate #1: Decision Making in the Management of Chronic Ulcerative Colitis: Biologics, Biologics and More Biologics vs. Surgery – Why Postpone a Cure?

7:00 am **Crystallizing the Controversy; Clinical Scenarios to Consider**
Jeffrey Milsom, MD, New York, NY

7:05 am **PRO: Biologics, Biologics, More Biologics**
William Sandborn, MD, La Jolla, CA

7:12 am **CON: Surgery – Why Postpone a Cure?**
David Larson, MD, Rochester, MN

7:19 am **Rebuttal**
William Sandborn, MD, La Jolla, CA

7:23 am **Rebuttal**
David Larson, MD, Rochester, MN

7:26 am **Concluding Remarks**
David Larson, MD, Rochester, MN
Jeffrey Milsom, MD, New York, NY
William Sandborn, MD, La Jolla, CA

7:30 – 8:00 am

Debate #2: Low Grade Dysplasia in Well-Controlled UC: Take it All (Including Mucosectomy) vs. Don't Be So Radical! (Surveillance, Endoscopic Resection and Segmental Resection)

7:30 am **Crystallizing the Controversy; Clinical Scenarios to Consider**
Jeffrey Milsom, MD, New York, NY

7:35 am **PRO: Take it All (including mucosectomy)**
Phillip Fleshner, MD, Los Angeles, CA

7:42 am **CON: Don't Be So Radical! Is There a Role for Surveillance, Endoscopic Resection and Segmental Resection?**
Luca Stocchi, MD, Cleveland, OH

7:49 am **Rebuttal**
Phillip Fleshner, MD, Los Angeles, CA

7:53 am **Rebuttal**
Luca Stocchi, MD, Cleveland, OH

7:56 am **Concluding Remarks**
Phillip Fleshner, MD, Los Angeles, CA
Jeffrey Milsom, MD, New York, NY
Luca Stocchi, MD, Cleveland, OH

8:00 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:

- Explain the process for determining when medical therapy for treatment of CUC has run its course.
- Detail the pros and cons of long-term medical therapy for CUC, as well as surgery for CUC.
- Describe the oncologic impact of dysplasia in the setting of well-controlled CUC.
- Explore the pros and cons of surveillance, endoscopic resection and segmental resection in the setting of dysplasia in a well-controlled CUC patient.

Abstract Session *Parallel Session 5-A*

Inflammatory Bowel Disease

1 2 5 6

8:00 – 9:30 am

Rooms: 611-614

Co-Moderators: **Ian Jones, MD,** *Parkville, Australia*
Hermann Kessler, MD, *Cleveland, OH*
Emmanuel Tiret, MD, *Paris, France*

8:00 am **Introduction**

8:05 am **Early Surgical Intervention for Acute Ulcerative Colitis Improves Outcomes** S18
I. Leeds*[1], B. Truta[1], A. Parian[1], S.Y. Chen[1], J. Efron[1], S. Gearhart[1], B. Safar[1], S. Fang[1]; [1]Baltimore, MD

8:10 am ***Discussion***

8:13 am **Diverting Ileostomy: An Alternative to Emergent Colectomy in the Setting of Acute Medically Refractory IBD-Related Colitis** S19
T. Russell*[1], A. Dawes[1], D.S. Graham[1], S.A. Angarita[1], C. Ha[1], J. Sack[1]; [1]Los Angeles, CA

8:18 am ***Discussion***

8:21 am **What Is the Risk of Anastomotic Leak Following Repeat Intestinal Resection in Patients With Crohn's Disease?** S20
W.F. Johnston*[1], C.E. Stafford[1], T.D. Francone[1], T.E. Read[1], P.W. Marcello[1], P.L. Roberts[1], R. Ricciardi[1]; [1]Burlington, MA

8:26 am ***Discussion***

8:29 am **Major Abdominal and Perianal Surgery in Crohn's Disease: Long-term Follow-up Among Australian Patients With Crohn's Disease** S22
J.W. Toh*[1], N. Wang[2], C.J. Young[1], P. Stewart[1], M.J. Rickard[1], A. Keshava[1], V. Kirayawasam[1], R. Leong[1]; [1]Concord, New South Wales, Australia, [2]Camperdown, New South Wales, Australia

8:34 am ***Discussion***

8:37 am **Three-Dimensional Modelling for Crohn's Fistula-in-Ano: A Novel, Interactive Approach** S23
D.C. Lam*[1], E. Yong[1], B. D'Souza[1], R. Woods[1]; [1]Fitzroy, Victoria, Australia

8:42 am ***Discussion***

8:45 am **Crohn's Disease of the Pouch: A True Diagnosis or an Oversubscribed Diagnosis of Exclusion?** S24
A.L. Lightner*[1], K.L. Mathis[1], T.C. Smyrk[1], J. Pemberton[1]; [1]Rochester, MN

8:50 am ***Discussion***

8:53 am **Pouch Excision After Restorative Proctocolectomy: Indications, Complications and Outcomes** S25
A. Al-Khamis*[1], I. Kent[1], J. Munger[1], S. Gorfine[1], J. Bauer[1]; [1]New York, NY

8:58 am ***Discussion***

9:01 am **Is Extended Venous Thromboembolism Prophylaxis Indicated Following Colon Surgery for Inflammatory Bowel Disease?** S26
F. Ali*[1], S. Al-Kindi[2], K. Ludwig[1], T. Ridolfi[1]; [1]Wauwatosa , WI, [2]Cleveland, OH

9:06 am ***Discussion***

9:09 am **Question and Answer**

9:30 am **Adjourn**

9:30 – 10:00 am

Refreshment Break in the Exhibit Hall

The first author is the presenting author unless otherwise noted by an *.

Symposium *Parallel Session 5-B*

Improving the Quality of Rectal Cancer Care

1 2 5

8:00 – 9:30 am

Room: 6ABC

MONDAY

Supported in part by an independent educational grant from Applied Medical

There are considerable quality of life implications for patients with cancer of the rectum. Despite numerous advances in imaging, radiation therapy, chemotherapy, surgical technique and pathology, rectal cancer continues to pose tremendous physical, cognitive and emotional burden on patients. Patients with locally advanced rectal cancer are now treated according to a multidisciplinary approach that includes radiation, surgery and chemotherapy. While this multidisciplinary approach has contributed to reduced recurrence and improved survival, it has been associated with significant morbidity and long-term functional sequel that impair patient quality of life permanently. Evidence is starting to mount indicating that not every patient may benefit from the bundled multidisciplinary approach. If any of the components of the multidisciplinary treatment could be safely eliminated without substantial increase in disease recurrence or persistence, it is likely that quality of life will improve significantly.

In this symposium, we will review the current evidence that may help tailor the multidisciplinary approach to the individual patient with rectal cancer in order to improve overall quality of life.

Existing Gaps

What Is: Current treatment guidelines for patients with rectal cancer include approaches with substantial quality of life concerns. In addition, decision making in rectal cancer care is challenging with considerable patient decision making difficulty.

What Should Be: The treatment of the rectal cancer should be individualized according to the risk of local and distant relapse with the aim of optimizing the oncologic outcomes while preserving quality of life.

Co-Moderators: **David Dietz, MD,** *Cleveland, OH*
James Fleshman, MD, *Dallas, TX*

8:00 am **Introduction**
David Dietz, MD, Cleveland, OH
James Fleshman, MD, Dallas, TX

8:05 am **The Role of Transanal Resection Techniques in Rectal Cancer**
Christine Jensen, MD, Coon Rapids, MN

8:20 am **Do All Patients With Locally Advanced Rectal Cancer Need Neoadjuvant Therapy?**
Deborah Schrag, MD, Boston, MA

8:35 am **Use of Decision Aids in Shared Decision Making for Patients With Rectal Cancer**
Robin Boushey, MD, Ottawa, ON, Canada

8:50 am **Methods to Preserve the Sphincter in Low Rectal Cancer**
Andre D'Hoore, MD, Leuven, Belgium

9:05 am **Watch and Wait: An Evidence-Based Approach**
Julio Garcia-Aguilar, MD, PhD, New York, NY

9:20 am **Question and Answer**

9:30 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:

- Recognize the role of local transanal procedures.
- List the side effects associated with the use of radiation in rectal cancer patients.
- Review the potential advantages of delivering systemic chemotherapy before surgery in rectal cancer patients.
- Review the alternatives to TME in patients with rectal cancer treated with neoadjuvant combined modality therapy.
- Identify the alternatives to surgical resection in complete clinical responders.

Symposium

Parallel Session 5-C

Public Reporting of Surgical Outcomes

SELF-ASSESMENT (MOC) CREDIT

3 4 6

8:00 – 9:30 am

Room: 6E

Supported in part by an independent educational grant from Ethicon

An estimated 27% of all inpatient hospital care involves surgical treatment. Patients, payers and providers are aligned in their desire for meaningful reports regarding provider-specific surgical quality. As a result of emerging trends in the regulatory environment, these reports are increasingly available to the public.

These reports stand to have a significant impact on providers at every level. This symposium will outline the mechanics, impact and potential benefits/harms that are associated with the public reporting of surgical outcomes.

Existing Gaps

What Is: Among ASCRS membership, the level of familiarity with trends in public reporting is unknown and likely highly variable.

What Should Be: Surgeons who are members of ASCRS should clearly understand the ways in which public reports are generated and how these reports can directly and indirectly impact their practice.

Co-Directors: **David Etzioni, MD,** *Phoenix, AZ*
Larissa Temple, MD, *Rochester, NY*

8:00 am **Introduction**
Larissa Temple, MD, Rochester, NY

8:05 am **Understanding the Mechanics Behind Reporting Systems**
Ian Paquette, MD, Cincinnati, OH

8:15 am **Public Reporting as a Driver of Quality Improvement**
Peter Dawson, MD, Isleworth, United Kingdom

8:25 am **Potential Negative Unintended Consequences of Public Reporting**
David Etzioni, MD, Phoenix, AZ

8:35 am **The Patient's Perspective**
Arden Morris, MD, Stanford, CA

8:45 am **Managing the Online Reputation of an Organization and Its Physicians**
Lisa Allen, PhD, Baltimore, MD

8:55 am **Closing Thoughts**
Larissa Temple, MD, Rochester, NY

9:00 am **Panel Discussion**

9:30 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Become familiar with the mechanics of how public reports of surgical outcomes are generated.
- Describe the concepts behind the potential use of surgical outcomes reports as a driver of quality improvement.
- Define the potential unintended negative consequences associated with public reporting of surgical outcomes.
- Recognize the tools available to "manage" public image.

9:30 – 10:00 am

Refreshment Break in the Exhibit Hall

Lars Pahlman, MD, Lectureship

10:00 – 10:45 am

Room: 6ABC

What to Do with a T2 Rectal Cancer?

Emmanuel Tiret, MD
Centre de Chirurgie Digestive Hospital Saint-Antoine, Paris, France

Introduction:
Steven Wexner, MD, PhD (Hon)

The Lars Pahlman Tripartite Lectureship was inaugurated at the last Tripartite meeting in response to an ESCP proposal to recognize Dr. Pahlman's contribution to Coloproctology in Europe and beyond. Dr. Pahlman delivered the first Pahlman lecture in 2014 in Birmingham and sadly passed away in 2015.

Presidential Address

10:45 – 11:30 am

Room: 6ABC

The Joys of a Surgical Career

Patricia L. Roberts, MD
Chair of the Division of Surgery at Lahey Hospital and Medical Center in Burlington, MA and a senior staff surgeon in the Department of Colon and Rectal Surgery. She also is a professor of surgery at Tufts School of Medicine.

Introduction: David Schoetz, Jr., MD

Dr. Patricia Roberts, Burlington, MA, was elected President of ASCRS at the Society's 2016 Annual Meeting in Los Angeles, CA.

Dr. Roberts first served on the ASCRS Executive Council as treasurer from 2013 to 2014 and as president-elect in 2015. During her tenure as a Fellow of ASCRS, she has chaired several committees including the Awards, Program, Self-Assessment, Local Arrangements and the Operative Competency Evaluation Committee.

11:30 am – 12:45 pm

Complimentary Box Lunch & E-poster Presentations in the Exhibit Hall

(See page 109 for schedule.)

Abstract Session *Parallel Session 6-A*

Outcomes

1 2 3 4 5 6

12:45 – 2:15 pm
Rooms: 611-614

Co-Moderators: **Emily Finlayson, MD,** *San Francisco, CA*
Andrew Craig Lynch, MD, *Melbourne, Australia*

12:45 pm **Introduction**

12:50 pm **Colorectal Surgery Fellowship Improves In-hospital Mortality After Colectomy and Proctectomy Irrespective of Hospital and Surgeon Volume** **S27**
J.T. Saraidaridis*[1], D. Hashimoto[1], D. Chang[1], L. Bordeianou[1], H. Kunitake[1]; [1]Boston, MA

12:55 pm ***Discussion***

12:58 pm **Is the Distance Worth It? Rectal Cancer Patients Traveling to High-Volume Centers See Improved Outcomes** **S28**
Z. Xu*[1], A.Z. Becerra[1], C.F. Justiniano[1], C. Boodry[1], C.T. Aquina[1], A.A. Swanger[1], L.K. Temple[1], F. Fleming[1]; [1]Rochester, NY

1:03 pm ***Discussion***

1:06 pm **Long-term Functional Outcomes After Rectal Surgery: Results From the Profiles Registry** **S29**
T. Koëter*[1], C. Bonhof[1], F. Mols[1], D. Zimmerman[1], I. Martijnse[1], B. Langenhoff[1], D. Schoormans[1], D. Wasowicz[1]; [1]Tilburg, Netherlands

1:11 pm ***Discussion***

1:14 pm **Quality of Local Excision for Rectal Neoplasms Using Transanal Endoscopic Microsurgery Versus Transanal Minimally Invasive Surgery: A Multi-Institutional Coarsened Exact Matched Analysis** **S30**
L. Lee*[1], S. Atallah[1], M.R. Albert[1], J. Hill[2], J.R. Monson[1]; [1]Orlando, FL, [2]Manchester, United Kingdom

1:19 pm ***Discussion***

1:22 pm **Does the Addition of a Stoma Delay Discharge in Patients Treated in an Enhanced Recovery After Surgery (ERAS) Pathway?** **S31**
S.W. Rieder*[1], N. Alkhamesi[1], E. Pearsall[2], M. Aarts[2], A. Okrainec[2], R. McLeod[2], C.M. Schlachta[1]; [1]London, ON, Canada, [2]Toronto, ON, Canada

1:27 pm ***Discussion***

1:30 pm **Patient Satisfaction With Propofol for Outpatient Colonoscopy: A Prospective, Randomized, Double-Blind Study** **S32**
A. Padmanabhan*[1], C. Frangopoulos[2], L. Shaffer[1]; [1]Columbus, OH, [2]Chapel Hill, NC

1:35 pm ***Discussion***

1:38 pm **The Effect of Intraperitoneal Local Anesthetic on Functional Postoperative Recovery Following Laparoscopic Colectomy: A Randomized Controlled Trial** **S33**
J.A. Duffield[1], M. Thomas[1], J. Moore[1], R.A. Hunter[1], C. Wood[2], S. Gentili[2], M. Lewis*[1]; [1]Glenelg East, South Australia, Australia, [2]Adelaide, South Australia, Australia

1:43 pm ***Discussion***

1:46 pm **Long-term Deleterious Impact of Surgeon Care Fragmentation After Colorectal Surgery on Survival: Continuity of Care Continues to Count** **S34**
C.F. Justiniano*[1], Z. Xu[1], A.Z. Becerra[1], C.T. Aquina[1], C. Boodry[1], A.A. Swanger[1], L.K. Temple[1], F. Fleming[1]; [1]Rochester, NY

1:51 pm ***Discussion***

1:54 pm **Prophylactic Ureteral Stenting for Colectomy: An Analysis of NSQIP and Premier Datasets** **S35**
K. Coakley*[1], S. Sims[1], T. Prasad[1], K. Kasten[1], B. Heniford[1], B.R. Davis[1]; [1]Charlotte, NC

1:59 pm ***Discussion***

2:02 pm **Question and Answer**

2:15 pm **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Symposium

Parallel Session 6-B

Leveraging Technology to Enhance Clinical Practice and Patient Care

SELF-ASSESMENT (MOC) CREDIT

4 5 6

12:45 – 2:15 pm

Room: 6ABC

The use of various technologies (including social media, mobile smartphone applications, electronic health records and other health information technology, websites and more) has skyrocketed in recent years for a variety of reasons. They can be used for education, discussion, networking, outreach, humor and a number of other applications including patient engagement.

A basic understanding of the advantages and disadvantages of these technologies along with their relative maturity is crucial to success in today's modern clinical practice environment. While there are many potential uses, many of these are poorly understood by practicing physicians, and the sheer number of options can be overwhelming.

This symposium will discuss some of the specifics of these technologies and tools including the basic elements, potential uses and advantages including use cases for clinical care, future development and dangers, and how to effectively incorporate these tools into a practice. It also will provide some guidance as to the most high yield technologies particularly for colorectal surgeons.

Existing Gaps

What Is: The amount of digital information has rapidly expanded and is constantly evolving. Now more than ever, this information is in common use by health systems, patients and some practitioners affecting care in many ways.

What Should Be: Surgeons should have a basic understanding of what technological tools exist, how they can benefit a practice or practitioner and what some of the pitfalls associated with use of these technologies involves. Colorectal surgeons should understand the advantages and disadvantages of the commonly used technologies and how they are applicable to their practices.

Co-Directors: **Kyle Cologne, MD,** *Los Angeles, CA*
Genevieve Melton-Meaux, MD, PhD, *Minneapolis, MN*

12:45 pm **I'm New to this Digital Game, Where Should I Start & What are the Rules of the Game?**
Heather Evans, MD, Seattle, WA

1:00 pm **SoMe in Surgery – Where are We Now?**
Thomas Varghese, MD, Salt Lake City, UT

1:10 pm **Smart Phone Applications – Which Ones, Why and How?**
Heather Yeo, MD, New York, NY

1:20 pm **Scientific Advancement – What Do the Journals Think of Social & Electronic Media?**
Des Winter, MD, Dublin, Ireland

1:30 pm **There's Too Much Data – How Do I Strike a Balance Without Being Overwhelmed?**
Richard Brady, MD, New Castle, United Kingdom

1:40 pm **Education Materials & Patient Information Websites/Videos – How Do I Not Reinvent the Wheel?**
Joep Knol, MD, Hasselt, Belgium

1:50 pm **Online Doctor Searches and Consumer-Driven Specialty Referrals – How Can I Ensure my Reputation Reflects my "Quality?"**
Sean Langenfeld, MD, Omaha, NE

2:00 pm **Quality – How Does Individual Surgeon Data Work in the Big-Data and Publically Reported – Outcome World?**
David Etzioni, MD, Phoenix, AZ

2:10 pm **Question and Answer**

2:15 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe common digital tools that can be used to enhance clinical practice.
- Explain the goals and limitations of digital tools that are commonly used.
- Recognize where to find available resources to help enhance an individual's clinical practice.

Symposium

The ACS/CoC National Accreditation Program for Rectal Cancer: How it Works and an ASCRS Guide on How to Prepare for the Site Survey

SELF-ASSESMENT (MOC) CREDIT

2 3 4 5 6

12:45 – 3:45 pm

Room: 6E

This session will discuss important information required to meet the standards for application and site visit by the American College of Surgeons Commission on Cancer National Rectal Cancer Accreditation Program.

Existing Gaps
What Is: Numerous studies have shown significant variability in the evaluation and management of rectal cancer.

What Should Be: MDT rectal cancer management and results of such management in the U.S. should achieve the standards and levels reached in Europe.

Co-Directors: **Steven Wexner, MD, PhD (Hon),** *Weston, FL*
David Winchester, MD, *Chicago, IL*

12:45 pm **Introduction**
Steven Wexner, MD, PhD (Hon), Weston, FL
David Winchester, MD, Chicago, IL

12:55 pm **The Role of the CoC in Cancer Management**
Frederick Greene, MD, Charlotte, NC

1:05 pm **The Role of Pelvic MRI in Staging and Assessing Treatment Response in Rectal Cancer**
Mark Gollub, MD, New York, NY

1:20 pm **Education and Skills Assessment and Verification in Rectal Cancer Surgery**
Conor Delaney, MD, Cleveland, OH

1:35 pm **Pathological Assessment of the Resected Rectal Cancer Specimen: What Does it Tell Us About the Quality of Surgery**
Mariana Berho, MD, Weston, FL

1:50 pm **NAPRC Survey Readiness: The Roles of the Rectal Cancer Program Leader and the Coordinator**
Samuel Oommen, MD, Walnut Creek, CA
Shell Portner, RN, Walnut Creek, CA

2:05 pm **NAPRC Survey Update**
David Winchester, MD, Chicago, IL

2:20 pm **The Current Status and Future Directions of the OSTRiCh**
Feza Remzi, MD, New York, NY

2:35 pm **The Role of the Multi-Disciplinary Treatment Conference Role in Improving Outcomes for Rectal Cancer Patients**
James Fleshman, MD, Dallas, TX

2:50 pm **Tailoring MDT Presentations for Success Based Upon Institutional Structure**
John Monson, MD, Orlando, FL

3:05 pm **Live Multidisciplinary Team Conference and Panel**
Moderator: *David Dietz, MD, Cleveland, OH*
Panelists: Sudha Amarnath, MD, Cleveland, OH; Mariana Berho, MD, Weston, FL; Conor Delaney, MD, Cleveland, OH; Mark Gollub, MD, New York, NY; Neil Hyman, MD, Chicago, IL; John Monson, MD, Orlando, FL; Arun Nagarajan, MD, Weston, FL; Feza Remzi, New York, NY

3:05 pm **Case Presentations**
Julio Garcia-Aguilar, MD, New York, NY

3:20 pm **Case Presentations**
George Chang, MD, Houston, TX

3:35 pm **Closing Remarks**
Steven Wexner, MD, PhD (Hon), Weston, FL
David Winchester, MD, Chicago, IL

3:45 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Discuss the role of the commission on cancer in national cancer management.
- Evaluate the essential value of rectal protocol synoptic reported MRI.
- Assess the importance of the MDT in rectal cancer management.

Abstract Session *Parallel Session 7-A*

Pelvic Floor

1 2 3 4 5 6

2:15 – 3:45 pm
Rooms: 611-614

Co-Moderators: **Ian Bissett, MD,** *Auckland, New Zealand*
Ann C. Lowry, MD, *St. Paul, MN*
Anders Mellgren, MD, PhD, *Chicago, IL*

2:15 pm **Introduction**

2:20 pm **Perception of Patients and Diagnostic Accuracy of Dynamic Magnetic Resonance Imaging in the Study of Pelvic Floor Disorders: In Search of the Evidence** **S36**
G.P. Martín-Martín*[1], J. García-Armengol[2], J.V. Roig-Vila[2], F.X. González-Argenté[1]; [1]Palma de Mallorca, Islas Baleares, Spain, [2]Valencia, Spain

2:25 pm ***Discussion***

2:28 pm **Full-thickness Neorectal Prolapse After taTME and Transanal Transabdominal Proctosigmoidectomy for Low Rectal Cancer** **S37**
M. Guraieb-Trueba*[1], A.R. Helber[2], J.H. Marks[2]; [1]Monterrey, Mexico, [2]Wynnewood, PA

2:33 pm ***Discussion***

2:36 pm **Obstacles that Impact Treatment of Fecal Incontinence** **S38**
P. Burgess*[1], C. Jensen[1], A. Lowry[1], A. Thorsen[1], S. Vogler[1]; [1]St Paul, MN

2:41 pm ***Discussion***

2:44 pm **Sacral Nerve Stimulation for Fecal Incontinence: The New York State Experience** **S39**
Z. Xu*[1], F. Fleming[1], A.Z. Becerra[1], C.T. Aquina[1], C.F. Justiniano[1], C. Boodry[1], L.K. Temple[1], J.R. Speranza[1]; [1]Rochester, NY

2:49 pm ***Discussion***

2:52 pm **SDF-1 Plasmid Regenerates Both Smooth and Skeletal Muscle After Anal Sphincter Injury in the Long-term** **S40**
L. Sun*[1], M. Kuang[1], K. Philips[1], M.S. Damaser[1], M.S. Penn[2], M. Zutshi[1]; [1]Cleveland, OH,

2:57 pm ***Discussion***

3:00 pm **Perineal and Abdominal Approach for Rectal Prolapse: Equivalent Durability at One Year** **S41**
M. Turner*[1], Z. Sun[1], B.F. Gilmore[1], D. Chang[1], C.R. Mantyh[1], J. Migaly[1], H.G. Moore[1]; [1]Durham, NC

3:05 pm ***Discussion***

3:08 pm **Is Resection Rectopexy Still an Acceptable Operation for Rectal Prolapse?** **S42**
M.E. Carvalho e Carvalho*[1], T. Hull[1], M. Zutshi[1], B.H. Gurland[1]; [1]Cleveland, OH

3:13 pm **Question and Answer**

3:45 pm **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Symposium **_Parallel Session 7-B_**

Quality of Care in Inflammatory Bowel Disease

SELF-ASSESMENT (MOC) CREDIT

1 2 3 4 5 6

2:15 – 3:45 pm

Room: 6ABC

One of the most difficult decisions faced by the surgeon managing patients with inflammatory bowel disease is deciding when to intervene in both the elective and urgent settings. Inappropriate prolongation of failed medical therapy can potentially cause further complications, such as perforation or intra-abdominal abscess or compromise the patient's functional or immune status. Any of these untoward consequences may increase a patient's risk for experiencing postoperative complications. The patient is placed at further risk following surgery if the surgeon fails to optimize the patient in the preoperative setting, utilize the safest approach or technique at the time of surgery or employ appropriate measures during the postoperative period.

As medical therapy has become more successful in managing inflammatory bowel disease and avoiding the need for operative intervention for inflammation of the large bowel, many patients are developing neoplastic changes of the colon or rectum. Many patients with neoplasia complicating their underlying large bowel inflammation were previously referred for operative management, but opinions have been recently argued that a more conservative approach is warranted.

Existing Gaps
What Is: Our understanding of the behavior and complications of inflammatory bowel disease is continuously progressing and our management of Crohn's disease and ulcerative colitis is accordingly evolving to best assure quality outcomes.

What Should Be: Surgeons should understand the medical management and appreciate the recognized complications of inflammatory bowel disease. Moreover, they must contribute thoughtful judgment, timely intervention, evidence-based approaches and sound technique as part of a multidisciplinary approach to disease management designed to enhance patient outcomes.

Co-Directors: **Walter Koltun, MD,** *Hershey, PA*
Scott Strong, MD, *Chicago, IL*

2:15 pm	**Introduction** Walter Koltun, MD, Hershey, PA
2:17 pm	**Optimal Timing of Elective Surgery in IBD** Alessandro Fichera, MD, Seattle, WA
2:29 pm	**Best Practices for Managing Severe Colitis** Samuel Eisenstein, MD, La Jolla, CA
2:41 pm	**Reducing Operative Risk for Intestinal Crohn's Disease** Pokala Ravi Kiran, MD, New York, NY
2:53 pm	**State-of-the-Art Treatment of Large Bowel Neoplasia Complicating IBD** Akira Sugita, MD, Yokohama, Japan
3:05 pm	**Maximizing Value in the Management of Anorectal Fistulas in Crohn's Disease** Neil Mortensen, MD, Oxford, United Kingdom
3:17 pm	**Discussion**
3:45 pm	**Adjourn**

Objectives: At the conclusion of this session, participants should be able to:

- Explain the process for determining when elective operative intervention for inflammatory bowel disease is warranted to optimize outcomes.
- Describe best practices for the evaluation and management of patients afflicted by severe colitis.
- Recognize how to influence modifiable risk factors impacting operative morbidity in patients with Crohn's disease of the small or large intestine.
- Describe state-of-the-art methods for diagnosing and managing neoplasia complicating large bowel inflammatory bowel disease.
- Describe the cost-effective evaluation and preferred treatment of fistulizing anoperineal Crohn's disease.

3:45 – 4:15 pm

Ice Cream & Refreshment Break in the Exhibit Hall

Harry E. Bacon, MD, Lectureship

4:15 – 5:00 pm

Room: 6ABC

Seeking Perfection in Health Care: Applying the Toyota Production System to Medicine

Gary Kaplan, MD
CEO of Virginia Mason Medical Center
Seattle, WA

Introduction: Rocco Ricciardi, MD

Harry Ellicott Bacon, MD (1900-1981), was professor and chairman of the Department of Proctology at Temple University Hospital. His stellar contribution was the establishment of the journal *Diseases of the Colon and Rectum*, of which he was the Editor-in-Chief. He was a past president of ASCRS and ABCRS. Dr. Bacon was the founder of the International Society of University Colon and Rectal Surgeons.

As a researcher and teacher of more than 100 residents, he was innovative in some operations that are forerunners of sphincter saving procedures for cancer of the rectum (pull-through operation) and inflammatory bowel disease (ileoanal reservoir anastomosis).

Symposium

New Technologies

No CME Credit Awarded

5:00 – 6:30 pm
Room: 6ABC

Refreshments will be served.

Supported by independent educational grants from:
Applied Medical
Lumendi
Medrobotics
Prescient Surgical
Twistle, Inc.

The New Technologies Symposium is dedicated to the principle that through imagination and innovation, many of the most challenging problems in the field of colon and rectal surgery can be solved. The focus of this session will be to analyze potentially impactful new innovations in the area of colorectal surgery, such as pharmacology, devices, prototypes, techniques and approaches.

New technologies and innovations in the area of colorectal practice are occurring at a rapid pace. The New Technologies Symposium at the 2015 ASCRS Annual Meeting served as a national platform to highlight and to discuss some of these early discoveries. To assist and potentiate innovation and technological development in our field, the 2017 New Technologies Symposium will invite early adopters, industry, start-ups and health care providers to showcase relevant new technologies/techniques. One of the goals of the New Technologies Symposium is to stimulate discussion about the application of such technologies in our patient population.

Co-Directors: **Eric Haas, MD,** *Houston, TX*
Baljit Singh, MD, *Leicester, United Kingdom*

5:00 pm **Introduction**
Eric Haas, MD, Houston, TX
Patricia Sylla, MD, New York, NY

5:01 pm **Survey Results**
Eric Haas, MD, Houston, TX
Patricia Sylla, MD, New York, NY

5:18 pm **Initial Experience With 7T MRI imaging of Rectal Cancer: A Promising Technology for Superior Staging** NT1
J.J. Blank*[1], N.G. Berger[1], P. Knechtges[1], R. Prost[1], K. Oshima[1], C. Peterson[1], K. Ludwig[1], T. Ridolfi[1]; [1]Milwaukee, WI

5:25 pm **Intraluminal Bypass Device for the Replacement of Diverting Stoma: Results From First Prospective Clinical Trial in 20 Patients** NT2
A. Reshef*[1], G. Sabbag[1], K. Van der Speeten[2], N. Wasserberg[3], . Jelincic[4], . Tóth[5], I. Pinsk[1]; [1]Beer Sheva, Israel, [2]Genk, Belgium, [3]Petach Tikva, Israel, [4]Zagreb, Croatia, [5]Budapest, Hungary

5:32 pm **Radio Frequency Ablatuion for High Grade Anal Intraepithelial Neoplaisia in HIV Patients: Short-term Outcomes** NT3
O. Vergara-Fernández*[1], J. Molina-López[1], N. Salgado-Nesme[1], I. Ramos-Cruz[1], C. Sanjuan-Sanchez[1]; [1]Mexico City, Mexico

5:39 pm **Minimal Invasive Treatment of Pilonidal Cysts and Hemorrhoids With a Laser** NT4
A. Wilhelm*[1]; [1]Cologne, Germany

5:46 pm **A Novel Surgical Device Combining Continuous Intraoperative Wound Irrigation and Barrier Protection Markedly Reduces Incisional Contamination in Colorectal Surgery** NT5
H.T. Papaconstantinou*[1], R. Ricciardi[2], D.A. Margolin[3], R. Bergamaschi[4], R. Moesinger[5], W.E. Lichliter[6], E. Birnbaum[7]; [1]Temple, TX, [2]Burlington, MA, [3]New Orleans, LA, [4]Stony Brook, NY, [5]Ogden, UT, [6]Dallas, TX, [7]St. Louis, MO

5:53 pm **Cost-effective Solutions for Insufflation Stability and Smoke Evacuation During Transanal Surgery**
Mr W F Anthony Miles, MD, Brighton, United Kingdom

Continued next page

New Technologies *(continued)*

6:00 pm **First Clinical Experiences With a New Double Balloon Stabilization Device for Endoluminal Therapy**
Toyooki Sonoda, MD, New York, NY

6:07 pm **Preclinical Assessment of a Flexible Robot for Transanal Surgery**
Vincent Obias, MD, Washington, DC; Patricia Sylla, MD, New York, NY

6:14 pm **Digital Patient Engagement – Beyond Enhanced Recovery**
Amir Bastawrous, MD, Seattle, WA

6:21 pm **Question and Answers**

6:30 pm **Adjourn**

6:30 – 8:00 pm

Residents' Reception

Rooms: 608-609

Open to residents and colorectal program directors only.

Network with colon and rectal surgery program directors, members of the ASCRS Residents Committee, and other faculty from colon and rectal surgery training programs to learn more about the specialty and ASCRS. Cocktails and hors d'oeuvres will be served and a copy of *The ASCRS Manual of Colon and Rectal Surgery,* Second Edition, will be raffled.

Meet the Professor Breakfasts

6:30 – 7:30 am

***Tickets Required* • Fee $40 • Limit: 30 per breakfast • Continental Breakfast Included**

Registrants are encouraged to bring problems and questions to this information discussion.

T-1 SOLD OUT **Coding & Reimbursement** 6 — Room: 615
Guy Orangio, MD, New Orleans, LA
Stephen Sentovich, MD, Duarte, CA

T-2 SOLD OUT **Rectovaginal Fistula** 1 2 5 — Room: 620
Elisa Birnbaum, MD, St. Louis, MO
James Keck, MD, Fitzroy, Australia

T-3 SOLD OUT **Difficult Diverticulitis Cases** 1 2 — Room: 616
W. Donald Buie, MD, Calgary, AB, Canada
Kelli Bullard Dunn, MD, Louisville, KY

Objectives: At the conclusion of this session, participants should be able to:
- Describe the procedures and approaches discussed in this session.

Symposium

Coffee and Controversies

3 5 6

6:30 – 7:30 am
Room: 6E

Specialty coffees will be served.

Debate #1: **Quality Control: The Electronic Health Record: Who is Really Benefitting?**

6:30 – 7:00 am

The promise of the electronic health record (EHR) was to properly collect and collate patient data, track quality outcomes over time and improve access to and documentation of patient health information. While the EHR has proven beneficial in some aspects of health care, many argue that it has had a negative impact on health care by reducing the time spent in direct patient contact, reducing the number of patients that can be seen, and burdening the health system with high costs for upkeep and implementation. Many argue that the purpose of the EHR has been redirected away from patient care and more towards billing, coding and regulatory compliance, raising the question, "Who is really benefitting from EHR?"

Existing Gaps
What Is: The role of the EHR in practice and the pitfalls of implementation and increased utilization.

What Should Be: Surgeons should be equipped with the information and resources so they can summarize the empirical evidence concerning the current landscape regarding the advantages and disadvantages of the EHR.

***Moderator:* James Merlino, MD,** *Chicago, IL*

6:30 am **Crystallizing the Controversy: Scenarios to Consider**
James Merlino, MD, Chicago, IL

6:35 am **PRO**
Genevieve Melton Meaux, MD, PhD, Minneapolis, MN

6:42 am **CON**
Elizabeth Wick, MD, San Francisco, CA

6:49 am **Rebuttal**
Genevieve Melton Meaux, MD, PhD, Minneapolis, MN

6:53 am **Rebuttal**
Elizabeth Wick, MD, San Francisco, CA

6:57 am **Concluding Remarks**
James Merlino, MD, Chicago, IL

Objectives: At the conclusion of this session, participants should be able to:
- Detail the pros and cons of electronic health records.
- Describe the impact of EHR on patient care and patient/physician satisfaction.
- Explore the idea that EHR can enhance patient care through proper use.

Continued next page

Symposium

Coffee and Controversies *(continued)*

Debate #2: Public Reporting: The Public has a Right to Know

7:00 – 7:30 am

Public reporting of physician-specific outcome data may influence physicians to withhold procedures from patients at higher risk, even when physicians believe that the procedure might be beneficial. This phenomenon should be recognized in the design and administration of physician performance profiles.

Although not well studied, several concerns have been raised regarding the impact physician scorecards may have on patient care. Of primary concern, it has been suggested that physicians, knowing that their procedural mortality rates will be published, may be less inclined to offer procedures to patients at higher risk who, nevertheless, may benefit from undergoing a procedure. While most scorecards use risk-adjustment models in an attempt to account for differences in the severity of patients' illnesses, physicians remain uncertain about the ability of these models to adequately credit practitioners who perform interventions on sicker patients. Thus, while scorecards provide the public with objective information, it remains uncertain whether these reports simultaneously alter the way physicians care for patients.

One fundamental aim of such scorecards is to promote improvements in the quality of care.

Existing Gaps

What Is: Investigators have raised the concern that practitioners may refuse to perform potentially beneficial procedures on sicker patients for fear that their reported mortality statistics be adversely impacted. Others believe the most powerful way to positively influence the quality of care is through transparency of data. Surgeons' knowledge of these pros and cons are lacking.

What Should Be: Surgeons should be equipped with the information and resources so they can summarize the empirical evidence concerning public disclosure of performance data, relate the results to the potential gains and identify areas requiring further research.

Director: **Kim Lu, MD,** *Portland, OR*

7:00 am **Crystallizing the Controversy: Scenarios to Consider**
Kim Lu, MD, Portland, OR

7:05 am **PRO**
Alexander Heriot, MD, Melbourne, Australia

7:12 am **CON**
Karim Alavi, MD, Worcester, MA

7:19 am **Rebuttal**
Alexander Heriot, MD, Melbourne, Australia

7:23 am **Rebuttal**
Karim Alavi, MD, Portland, OR

7:26 am **Concluding Remarks**
Kim Lu, MD, Portland, OR

7:30 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Detail the pros and cons of public reporting of surgical outcomes.
- Describe the impact of reporting on practice patterns and physician reimbursement.
- Explore the idea that outcomes reporting may improve the quality of care worldwide.

6:30 – 7:30 am
Room: 604

E-poster of Distinction Presentations *(See page 106 for schedule.)*

Parviz Kamangar Humanities in Surgery Lectureship

7:30 – 8:15 am

Room: 6ABC

Trust, Patients and Doctors: Building the Perfect Arch

Carlos Pellegrini, MD, FACS
Professor and Chair, Department of Surgery; University of Washington; Seattle, WA

Introduction: Ira Kodner, MD

This unique lectureship is funded by Mr. Parviz Kamangar, a grateful patient, to remind physicians and surgeons to place compassionate care at the top of their priority list.

John Goligher, MD, Lectureship

8:15 – 9:00 am

Room: 6ABC

Guidelines, Resources and Statements – the ACPGBI Position

Peter Dawson, MD
Consultant Surgeon and ACPGBI President; Chelsea and Westminster Hospital; London, United Kingdom

Introduction: Peter Sagar, MD

The Goligher Lectureship was instituted following the death of Professor John Goligher in January 1998 to acknowledge his great contribution to coloproctology.

9:00 – 9:30 am

Refreshment Break in the Exhibit Hall

Abstract Session *Parallel Session 8-A*

Neoplasia II

1 2 3 4 5 6

9:30 – 10:45 am
Rooms: 611-614

Co-Moderators: **Brendan Moran, MD,** *Hampshire, United Kingdom*
David Shibata, MD, *Memphis, TN*
Maree Weston, MD, *Auckland, New Zealand*

9:30 am **Introduction**

9:30 am **Estrogen Replacement Therapy and Colon Cancer Incidence and Mortality in the PLCO Trial** **S43**
M. Symer*[1], J. Abelson[1], H. Yeo[1]; [1]New York, NY

9:35 am ***Discussion***

9:38 am **Consensus Molecular Classification of Colorectal Cancer and Association With the Colonic Microbiome** **S44**
R.V. Purcell*[1], M. Visnovska[2], P. Biggs[3], S. Schmeier[2], F. Frizelle[1]; [1]Christchurch, New Zealand, [2]Auckland, New Zealand, [3]Palmerston North, New Zealand

9:43 am ***Discussion***

9:46 am *British Travelling Fellow*
Are We Over-Treating Polyp Cancer? **S46**
D. Speake, N. Ventham, Nair HS, C. Mulholland, J. Hallett, A Stewart, M A Potter, B J. Mander, F. V. N. Din, M. G. Dunlop, Edinburgh, United Kingdom

9:51 am ***Discussion***

9:54 am **Preoperative Intravenous Iron Improves Postoperative Quality of Life in Anaemic Colorectal Cancer Patients: Results From the IVICA trial** **S47**
B.D. Keeler[1], J. Simpson[1], O. Ng*[1], H. Padmanabhan[2], M.J. Brookes[2], A.G. Acheson[1]; [1]Nottingham, United Kingdom, [2]Wolverhampton, United Kingdom

9:59 am ***Discussion***

10:02 am **The Incidence of Malignant Conversion of Anal Dysplasia to Squamous Cell Carcinoma of the Anus** **S48**
M.J. Tomassi*[1], D. Klaristenfeld[1], M. Batech[1]; [1]San Diego, CA

10:07 am ***Discussion***

10:10 am **Squamous Cell Cancers of the Rectum Demonstrate Poorer Survival and Increased Need for Salvage Surgery Compared to Squamous Cancers of the Anus** **S49**
A.S. Kulaylat*[1], C. Hollenbeak[1], D. Stewart[1]; [1]Hershey, PA

10:15 am ***Discussion***

10:18 am **Salvage Surgery for Anal SCC – A 30-Year Experience** **S50a**
G.R. Guerra*[1], J.C. Kong[1], M. Bernardi[1], C. Lynch[1], S.Y. Ngan[1], S.K. Warrier[1], A. Heriot[1]; [1]Melbourne, Victoria, Australia

10:23 am ***Discussion***

10:26 am **Survival Following Pelvic Exenteration for Locally Advanced and Recurrent Rectal Cancer: Analysis From an International Collaborative** **S50**
M.E. Kelly*[1], P. Collaborative[1]; [1]Dublin, Ireland

10:31 am ***Discussion***

10:34 am **Question and Answer**

10:45 am **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Symposium *Parallel Session 8-B*

Improving the Quality of Life in Patients with Fecal Incontinence

SELF-ASSESMENT (MOC) CREDIT

1 2 5 6

9:30 – 10:45 am

Room: 6E

Supported in part by an independent educational grant from Medtronic, Inc.

The prevalence of fecal incontinence (FI) is difficult to estimate, as it is frequently underreported due to the embarrassment and reluctance of patients to discuss symptoms with their physicians. FI profoundly affects the quality of life and causes significant social and psychological distress.

We know that the pathophysiology of FI can be complex and there may be more than one etiology that needs to be addressed. Consequently, because of multiple potential etiologies and pathophysiological risk factors, the evaluation and treatment of FI has been challenging, as well as the assessment of whether or not treatment has been successful.

Existing Gaps
What Is: There are many treatments available for patients with FI and it can be difficult to determine which treatment may be best for a given patient and a consistent and reliable method to assess outcomes.

What Should Be: The speakers will attempt to bridge the knowledge gap regarding which treatment options are available and how to individualize management to meet the needs and symptoms of the specific patient.

Co-Directors: **Kelly Garrett, MD,** *New York, NY*
Madhulika Varma, MD, *San Francisco, CA*

9:30 am **Introduction**
Kelly Garrett, MD, New York, NY
Madhulika Varma, MD, San Francisco, CA

9:35 am **Indications for First Line Therapy: Wrap or Zap?**
Anders Mellgren, MD, PhD, Chicago, IL

9:50 am **The Pull of Magnetic Anal Sphincters**
Paul-Antoine Lehur, MD, PhD, Nantes, France

10:05 am **Novel Therapies In and Out of the OR: Slings, Inserts, Injections and Stimulation**
Ian Paquette, MD, Cincinnati, OH

10:20 am **Severity and Quality of Life: How Do Our Measures Stand-Up?**
Tracy Hull, MD, Cleveland, OH

10:35 am **Question and Answer**

10:45 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Define the indications for overlapping sphincteroplasty or sacral nerve stimulation for the first line treatment of fecal incontinence.
- Describe the indications for magnetic sphincter use and results of treatment.
- Recognize the options and novel therapies for the treatment of fecal incontinence.
- Identify measures that assess treatment efficacy for both severity of disease and quality of life.

Symposium

Parallel Session 8-C

Methods to Reduce Pain & Suffering for Patients with Anal Fistula

SELF-ASSESMENT (MOC) CREDIT

1 2

9:30 – 10:45 am

Room: 6ABC

Anal fistula represents one of the most common and challenging anorectal diseases encountered by surgeons. The principles of successful treatment include appropriate diagnosis, destruction of the internal opening with preservation of sphincter function. Primary lay-open fistulotomy has a high success rate in treating fistulas, especially simple ones. However, most surgeons are reluctant to perform this procedure in instances where substantial impairment of continence may result, or where recurrent fistulas or those associated with other disorders, such as inflammatory bowel disease may result. As a result, several alternative treatments have been pursued, which do not involve anal sphincter division. Rectal mucosal advancement flap, Lateral Intersphincteric Fistula Transaction (LIFT) and collagen plug have all been described as sphincter sparing fistula treatments with varying degrees of success. Understanding the indications, limitations and success rates of the various treatment modalities would allow for more effective and efficient treatment of fistula in ano. This symposium will cover the evaluation and management of patients with anal fistula.

Existing Gaps
What Is: There are many treatment options for the treatment of anal fistulas. The goals of fistula resolution of the fistula with preservation of sphincter continence. Multiple options are available in the management of chronic anal fissures. With all of these options, it is important to understand what role and expected outcomes patients will have with each procedure.

What Should Be: Surgeons understand the appropriate diagnosis indications, success rates and complications of the treatments available for anal fistulas.

Co-Directors: **Joshua Bleier, MD,** *Philadelphia, PA*
Ron Landmann, MD, *Jacksonville, FL*

9:30 am **Introduction**
Joshua Bleier, MD, Philadelphia, PA
Ron Landmann, MD, Jacksonville, FL

9:35 am **Radiological Evaluation of Fistula – When and Why?**
Robin Phillips, MD, Middlesex, United Kingdom

9:45 am **Fistulotomy – Is There Still a Role?**
Herand Abcarian, MD, Chicago, IL

9:55 am **Setons – Draining and Cutting – What Is the Data?**
Karin Hardiman, MD, PhD, Ann Arbor, MI

10:05 am **Endorectal Advancement Flaps – Over or Under-utilized?**
Peter Sagar, MD, Leeds, United Kingdom

10:15 am **Plug, Glue, etc. – For History Only?**
Kurt Davis, MD, New Orleans, LA

10:25 am **Quality of Life and Body Image Issues With Perianal Fistula**
Jean Ashburn, MD, Cleveland, OH

10:35 am **The Future of Anal Fistula Treatment**
Maher Abbas, MD, Abu Dhabi, United Arab Emerates

10:45 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe the main techniques of complex fistula management.
- Explain the outcomes and potential functional consequences of the various techniques.
- Recognize the clinical issues which may indicate various approaches to complex fistula.
- Explain the impact of complex fistula management on the QOL of our patients.
- Define the anatomy of the anorectal disease and how it relates to the types of fistula in ano.

Masters in Colorectal Surgery Lectureship *Honoring David A. Rothenberger, MD*

10:45 – 11:30 am

Room: 6ABC

Robert Madoff, MD
Stanley M. Goldberg, MD,
Professor of Surgery; Chief,
Division of Colon and Rectal Surgery;
University of Minnesota; Minneapolis, MN

Introduction: Julio Garcia-Aguilar, MD, PhD

The Masters in Colorectal Surgery Lectureship honors a different senior surgeon each year who has made a considerable contribution to the specialty and to the Society. The 2017 lectureship honors David Rothenberger, MD.

Women in Colorectal Surgery Luncheon

Registration Required **• Complimentary**

11:30 am – 1:00 pm

Rooms: 606-609

Supported by Ethicon

The Women in Colorectal Surgery Luncheon offers an opportunity for women to renew friendships and to make new contacts. Female surgeons, residents and medical students are welcome. Trainees are particularly encouraged to attend as this luncheon provides an opportunity to meet experienced colon and rectal surgeons from a variety of settings.

11:30 am – 1:00 pm

Complimentary Box Lunch & E-poster Presentations in the Exhibit Hall

(See page 109 for schedule.)

Louis A. Buie, MD, Lectureship

1:00 – 1:45 pm

Room: 6ABC

ERAS – What Henrik Kehlet Didn't Tell You and What Has Happened Since Then

Andrew G. Hill, MD (thesis), EdD, FACS, FRACS
Professor of Surgery, University of Auckland; Councillor, RACS Council; Head of Research, Society of Australia and New Zealand; Auckland, New Zealand

Introduction: James Keck, MD

This lectureship honors Dr. Louis A. Buie, an ASCRS past president and the first editor-in-chief of *Diseases of the Colon and Rectum,* the ASCRS' scientific journal.

Abstract Session

Parallel Session 9-A

Basic Science

1 2 3 4 5 6

1:45 – 3:15 pm
Rooms: 611-614

Co-Moderators: **Susan Clark, MD,** *Harrow, United Kingdom*
Kelli Bullard Dunn, MD, *Louisville, KY*
Francis Frizelle, MD, *Christchurch, New Zealand*

1:45 pm **Introduction**

1:50 pm **In Vivo and In Vitro Efficacy of Dual PI3K/mTOR Inhibition in Novel Murine Models of Anal Cancer** S51
B.L. Rademacher*[1], A. Lim[1], H. Sleiman[1], J.A. Micka[1], W.S. Culberson[1], A. Romero[1], L.M. Meske[1], E.H. Carchman[1]; [1]Madison, WI

1:54 pm ***Discussant***
Joshua Smith, MD, PhD, New York, NY

1:56 pm ***Discussion***

1:58 pm **Can Butyrate Inhibit Colon Cancer Stem Cell? An In-Vitro Study** S52
M. Srikummool[1], K. Kespechara[2], D. Surangkul[1], P. Kissalai[2], F. Othman[2], P. Limpanapa[2], S. Popluechai[3], A. Hiranyakas*[2]; [1]Phitsanulok, Thailand, [2]Phuket, Thailand, [3]Chiang Rai, Thailand

2:02 pm ***Discussant***
Mathew Kalady, MD, Cleveland, OH

2:04 pm ***Discussion***

2:06 pm **D36: A Potential Modifier Gene in Familial Adenomatous Polyposis** S53
T. Connor*[1], K. Bolton[1], B. Talseth-Palmer[1], M. Holmes[1], P.G. Pockney[1], R. Scott[1]; [1]Newcastle, New South Wales, Australia

2:10 pm ***Discussant***
Robert Gryfe, MD, PhD, Toronto, ON, Canada

2:12 pm ***Discussion***

2:14 pm ***Killingback Award Winner***
Microsatellite Instability Detection in Colorectal Cancer by High-Resolution Capillary Electrophoresis S54
J. Toh[1], P. Singh[1], A. Limmer[1], C. Chan[1], P. Chapuis[1], K. Spring[1], [1]Liverpool, NSW, Australia

2:18 pm ***Discussant***
Campbell Roxburgh, MD, PhD, Glasgow, Scottland

2:20 pm ***Discussion***

2:22 pm **Comp Gene Is Overexpressed in Early Onset Colon Cancer and Associated With Poor Survival** S55
V. Nfonsam*[1], V. Pandit[1], M. Michailidou[1], J. Jandova[1]; [1]Tucson, AZ

2:26 pm ***Discussant***
Timothy Ridolfi, MD, Milwaukee, WI

2:28 pm ***Discussion***

2:30 pm **Demethylation Inhibits Migration and Invasion of DLD-1 Colorectal Cancer Cells In-Vitro** S56
R. Kokelaar*[1], H. Jones[1], J. Williamson[1], M.D. Evans[1], J. Beynon[1], D. Harris[1], G. Jenkins[1]; [1]Swansea, United Kingdom

2:34 pm ***Discussant***
Rodrigo Perez, MD, PhD, Sao Paulo, Brazil

2:36 pm ***Discussion***

2:38 pm **Anal Sphincter Regeneration: A Comparative Study Using Mesenchymal Stem Cells** S57
L. Sun*[1], K. Philips[1], R.A. Somoza[1], A.I. Caplan[1], M.S. Damaser[1], M. Zutshi[1]; [1]Cleveland, OH

2:42 pm ***Discussant***
Valentine Nfonsam, MD, Tuscan, AZ

2:44 pm ***Discussion***

2:46 pm **Human Derived Amniotic Membrane Is Associated With Decreased Postoperative Intraperitoneal Adhesions in a Rat Model** S58
J.P. Kuckelman*[1], J.P. Smith[1], K. Kniery[1], J. Kay[1], S. Lyon[1], Z. Hoffer[1], S.R. Steele[2], V. Sohn[1]; [1]Tacoma, WA, [2]Cleveland, OH

2:50 pm ***Discussant***
Jaime Bohl, MD, Winston-Salem, NC

2:52 pm ***Discussion***

2:54 pm **Question and Answer**

3:15 pm **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Symposium *Parallel Session 9-B*

Prevention & Repair of Symptomatic Parastomal Hernia

1 2 5 6

SELF-ASSESMENT (MOC) CREDIT

1:45 – 3:15 pm

Room: 6ABC

Colon and rectal surgeons are viewed as subject matter experts in the creation, management and revision of stomas and stoma related problems. We currently practice in an environment that creates changing and increasing demands that relate to extremely complex stoma related problems, abdominal wall problems and digestive tract fistulas. These problems are seen with increasing frequency in this era of damage control surgery in the setting of trauma, acute care surgical emergencies and management of surgical complications. Because of our expertise, we are often called upon to manage these complex, dangerous and possibly disastrous situations.

Fistulas from bowel and parastomal hernias often co-exist with large and complex ventral hernia defects in the midline. These patients are truly the most difficult hernia patients to treat, and surgery is associated with a very high morbidity rate, as well as recurrence. Many of these large midline defects require advanced techniques to achieve reliable repair. This often necessitates component separation techniques combined with use of mesh in clean-contaminated or contaminated environments. It requires an advanced understanding of these techniques in order to determine the approach that is most appropriate for the patient.

There are numerous mesh products on the market that are available to the surgeon. These consist of biologic, synthetic and absorbable materials – all of which have innate strengths and weaknesses. The explosion of available products has led to confusion in terms of which product is best applied in a given setting. It is critical for the surgeon to have an understanding of these materials in order to make an informed and effective choice for our patients.

Through a 90 minute multidisciplinary symposium, we seek to examine the above issues through lectures relating to the management of difficult stomas, complex parastomal hernia defects, parastomal hernia prevention digestive tract fistulas and complex abdominal wall reconstruction. This symposium will systematically examine these issues and provide practice guidance and recommendations for treating the most complex group of patients.

Existing Gaps

What Is: Because of paradigm shifts in the management of our most ill surgical patients, we are faced with even more complex abdominal wall problems involving hernias, fistulas and stomas. Reconstructive techniques can be quite complex and are not understood well by all.

What Should Be: As colorectal specialists, we should be involved in the care of these patients. This requires an effective understanding of the techniques, tools and products available to us to optimize care for our patients.

Co-Directors: **Eric Johnson, MD,** *Tacoma, WA*
Sharon Stein, MD, *Cleveland, OH*

1:45 pm **Elective Parastomal Hernia Repair: Useful or Futile?**
Mark Gudgeon, MD, Surrey, United Kingdom

2:00 pm **Can the Parastomal Hernia be Prevented? A Review of the Data**
David Beck, MD, New Orleans, LA

2:15 pm **Biologic, Synthetic or Absorbable Mesh: Is There a Preferred Option?**
Angela Kuhnen, MD, Boston, MA

2:30 pm **Mesh Related Ostomy Complications: How Can I Get Out of Trouble?**
Patrick O'Dwyer, MD, Glasgow, United Kingdom

2:45 pm **Mr. Roboto…Can the Robot Help With Parastomal Hernia Repair?**
Igor Belyansky, MD, Annapolis, MD

3:00 pm **Panel Discussion**

3:15 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe methods of dealing with complex stoma related problems.
- Describe the common advanced techniques for abdominal wall reconstruction of large ventral and parastomal hernia defects.
- Describe the pros and cons associated with the use of various common mesh products available on the market.
- Describe the surgical care and optimal order of operations for those with digestive tract fistulas associated with abdominal wall hernias.
- Define the anatomy of the anorectal disease and how it relates to the types of fistula in ano.

Symposium

Parallel Session 9-C

Reducing Surgical Site Infections

2 3 4 5 6

SELF-ASSESMENT (MOC) CREDIT

1:45 – 3:15 pm
Room: 6E

Supported by independent educational grants from:
Applied Medical
Ethicon

Surgical site infections (SSIs) are the leading surgical complication after colorectal surgery. Despite nearly a decade of investment in SSI reduction efforts, results have been mixed with some hospitals realizing meaningful improvements, but others continuing to have higher than expected rates. Surgical site infections continue to impart an enormous burden on patients, their families, employers and society. With increasing emphasis, as well as financial incentives, for delivering high value care SSI reduction continues to be a priority. Colon SSIs are part of most value based purchasing programs and also contribute to hospital reputational scores like the US News and World Report rankings and the Center for Medicare Services hospital star rating program.

Emerging evidence supports bundles of surgical site infection process measures as the best approach and increasingly, with adoption, hospitals are noting improvements but this approach requires significant surgeon engagement and teamwork. This session will include an overview of colorectal SSIs, measurement programs and the hospital financial and reputational risks associated with SSIs, as well as review strategies for prevention.

Existing Gaps
What Is: Despite significant literature with regards to SSI prevention, there continues to be considerable variability in the rate observed at hospitals across the country.

What Should Be: The speakers will attempt to bridge the knowledge gap associated with the translation of research into practice with respect to colorectal SSIs.

Co-Directors: **Christopher Mantyh, MD,** *Durham, NC*
Elizabeth Wick, MD, *San Francisco, CA*

1:45 pm **Introduction**
Christopher Mantyh, MD, Durham, NC
Elizabeth Wick, MD, San Francisco, CA

1:50 pm **Colorectal SSI: What's at Risk for You and Your Hospital?**
Kirsten Wilkins, MD, Edison, NJ

2:00 pm **Measurement: NSQIP and NHSN and What You Need to Know About Both**
Clifford Ko, MD, Los Angeles, CA

2:10 pm **Continuous Process Improvement**
Robert Cima, MD, Rochester, MN

2:20 pm **Colorectal SSI Bundles**
Christopher Mantyh, MD, Durham, NC

2:30 pm **Integrating Bundles into ERAS**
Julie Thacker, MD, Durham, NC

2:40 pm **Teamwork and Safety Culture: Should It Be in Your Bundle?**
Elizabeth Wick, MD, San Francisco, CA

2:50 pm **Surgical Coaching: Is There a Role in SSI Prevention?**
Jonathan Finks, MD, Ann Arbor, MI

3:00 pm **Panel Discussion**

3:15 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Explain why Surgical Site Infections matter to the surgeon and hospital system.
- Describe how Surgical Site Infections are measured, risk-stratified and reported.
- Outline a quality improvement project for Surgical Site Infections.
- Integrate a CRS SSI bundle into an ERAS platform.
- Recognize why teamwork and culture changes are critical for a successful Surgical Site Infection improvement project.
- Distinguish mentorships and coaches to assist in Surgical Site Infection prevention.

3:15 – 3:30 pm
Refreshment Break in Foyer

ASCRS/SSAT Symposium

ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level

SELF-ASSESMENT (MOC) CREDIT

2 3 4 5 6

3:30 – 5:00 pm
Room: 6ABC

Supported by independent educational grants from:
Applied Medical
Ethicon
Mallinckrodt Pharmaceuticals
Merck & Co., Inc.

Enhanced recovery programs (ERPs) start in the pre-hospital phase of care with preoperative risk stratification and optimization of an individual patient's modifiable risk factors and comprehensive patient education. Preoperative carbohydrate loading is hard science-based and can help attenuate postoperative insulin resistance and optimal glucose metabolism. Intraoperatively the pathway continues with the miracle of modern pharmacotherapy, namely multimodal analgesia, also called opioid-free anesthesia and opioid-sparing analgesia, allowing avoidance of the deleterious effects of these ancient, effective but morbid opium-based medications.

Postoperatively, much of the focus of ERP is aimed at a central target: postoperative ileus, which is not only common, but also associated with increased costs and its own significant morbidity – at its extreme, (potentially lethal) aspiration events. Thus prophylaxis, recognition and treatment of POI is paramount to successful ERP implementation. From a more esoteric perspective, all elective colorectal surgery patients, even those undergoing long complex operations, can benefit from ERP. Medical professionals must learn to titrate their ERP elements to an individual patient's comorbidity profile and exclude elements, not patients.

In this joint ASCRS/SSAT symposium, world-experts will share their knowledge and expertise, to help colorectal ERP teams take their own pathways to the next level.

Existing Gaps
What Is: Traditional patterns of perioperative care after colorectal surgery may largely be based on dogma and are not necessarily based on best-available evidence, and may lead to sub-optimal postoperative patient outcomes.

What Should Be: Recognition of the advantages and limitations of an evidence-based, progressive ERP grounded in an interdisciplinary care team, continuous quality improvement and pathway approach.

Co-Directors: **Stefan Holubar, MD,** *Lebanon, NH*
Julie Thacker, MD, *Durham, NC*

3:30 pm **Introduction**
Julie Thacker, MD, Durham, NC

3:35 pm **Opioid-Free Anesthesia & Opioid-Sparing Analgesia**
Anthony Roche, MD, Seattle, WA

3:45 pm **The Science of Preop Carbohydrate Loading**
Mattias Soop, MD, PhD, Manchester, United Kingdom

3:55 pm **Ileus: The Achilles' Heel of ERP for CRS**
Traci Hedrick, MD, Charlottesville, VA

4:05 pm **Sailing in a Stiff Wind: Applying ERP to Complex Cases**
Andrew Hill, MD, Auckland, New Zealand

4:15 pm **Putting It All Together: The McGill Experience**
Alexander Liberman, MD, Montreal, QB, Canada

4:25 pm **Show Me the Money (Saved): Investing in the Value of ERP**
Stefan Holubar, MD, Lebanon, NH

4:30 pm **Panel Discussion/Question and Answer**

5:00 pm **Adjourn**

Continued next page

ERAS: Taking Your Enhanced Recovery Program (ERP) to the Next Level *(continued)*

Objectives: At the conclusion of this session, participants should be able to:
- Describe the physiologic principles behind preoperative carbohydrate loading.
- Discuss the medications used in multimodal analgesia (MMA).
- Apply strategies for prophylaxis of post-operative ileus (POI).
- Recognize that ERP can benefit essentially all elective colorectal surgery patients, including those undergoing complex operations.
- Explain how to implement an ERP at their own institution.
- Discuss the value equation as it applies to ERP.

Memorial Lectureship *Honoring Eugene P. Salvati, MD*

5:00 – 5:40 pm

Room: 6ABC

Kirsten Wilkins, MD
Clinical Assistant; Professor of Surgery, UMDNJ; Robert Wood Johnson University Hospital; Edison, NJ

Introduction: Kirk Ludwig, MD

Dr. Salvati was an ASCRS Fellow since 1962, served as president of the organization from 1985-86 and regularly attended the Society's Annual Meetings. Dr. Salvati was born in Pursglove, WV in 1923. He attended the West Virginia School of Medicine and the University of Maryland and received his MD degree in 1947. He completed his internship at Muhlenberg Hospital in Plainfield, NJ, and surgical residencies in Indiana at St. Vincent's Hospital, VA Hospital and Indiana University Medical Center. He then completed his colon and rectal surgery training in 1956 at Allentown Hospital in Allentown, PA and quickly became certified by the American Board of Surgery and ABCRS. Dr. Salvati practiced in New Jersey and served as the Program Director at UMDNJ Robert Wood Johnson. He was preceded in death by his wife Laura, who passed away in 2000.

After Hours Debate

1 2 3 4 5 6

5:40 – 6:30 pm

Refreshments will be served.

Room: 6ABC

Approximately 40,000 patients are diagnosed with rectal cancer in the United States each year. Optimal treatment of patients is dependent on the treatment choices made, surgical technique used and multimodal approaches. Ultimately, surgery is the single most important treatment modality for patients with rectal cancer, and thus, the technique is critical. At this time, there are three approaches to rectal cancer care: open TME, laparoscopic TME and robotic TME. Data demonstrating outcomes with all three of these approaches is mixed, but advocates for one approach or the other are steadfast in their resolve to recommend their approach.

This symposium will focus on surgical options for rectal cancer. The discussants will address the numerous technical considerations in rectal cancer and optimal surgical approaches. The purpose of this symposium is to identify best practices for rectal cancer and characterize the advantages of each approach while addressing the confusing literature on the topic. Through a lively point-counterpoint format, leaders on these subjects will challenge and debate each other's approach using the most up-to-date evidence-based data in their respective areas. The participants will learn about the current controversies in the management of rectal cancer and use the information provided to apply in their practice of these commonly controversial topics.

Existing Gaps
What Is: Although most surgeons prefer one technique over others for the conduct of an operation, there are numerous appropriate approaches for almost all procedures and particularly in the treatment of rectal cancer.

What Should Be: Surgeons should be equipped with latest evidence-based data to guide their oncologic resection and optimize quality of life after resection.

Rectal Cancer Debate: 65 Year Old Woman with T3N1 Rectal Cancer with Threatened Circumferential Margin and Status Post Full Course Chemoradiation.

Director: **Alexander Heriot, MD,** *East Melbourne, Australia*

5:40 pm **Crystallizing the Controversy: Clinical Scenarios to Consider**
Alexander Heriot, MD, East Melbourne, Australia

5:45 pm **Open Standard TME**
David Schoetz, Jr., MD, Burlington, MA

5:51 pm **Laparoscopic TME**
Peter Marcello, MD, Burlington, MA

5:57 pm **Robotic TME**
Todd Francone, MD, Burlington, MA

6:03 pm **Rebuttal**
Alexander Heriot, MD, East Melbourne, Australia

6:09 pm **Rebuttal**
Todd Francone, MD, Burlington, MA

6:15 pm **Rebuttal**
Peter Marcello, MD, Burlington, MA

6:21 pm **Rebuttal**
David Schoetz, Jr., MD, Burlington, MA

6:27 pm **Concluding Remarks**
Alexander Heriot, MD, East Melbourne, Australia

6:30 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Review the world data on rectal cancer surgical approaches.
- Detail the advantages of each approach.
- Describe where each technique is best applied.
- Explain the morbidity associated with each approach.

ASCRS Fellowship Reception

6:30 – 7:30 pm

Cirrus Ballroom (35th Floor)
Sheraton Seattle Hotel

Supported by Olympus America Inc.

Open to graduating fellows and colorectal program directors only.

The Evolution of Surgical Procedures Post-Fellowship in Colorectal

Justin Maykel, MD
University of Massachusetts Memorial Medical Center
Worcester, MA

Introduction: Glenn T. Ault, MD

Tripartite Gala

7:30 – 10:30 pm

Grand Ballroom
Sheraton Seattle Hotel

Tickets Required

ASCRS welcomes colon and rectal surgeons from around the world at the Tripartite Gala. The Tripartite Gala is a unique opportunity to relax, catch up with friends and meet new colleagues. Spend the evening dancing and sampling the international foods on the menu. Don't miss this evening of fun and camaraderie!

Full-paying ASCRS Members/Fellows or Tripartite Members will receive a voucher to exchange for a complimentary event ticket.

Meet the Professor Breakfasts

6:30 – 7:30 am

***Tickets Required* • Fee $40 • Limit: 30 per breakfast • Continental Breakfast Included**

Registrants are encouraged to bring problems and questions to this information discussion.

W-1 SOLD OUT **Complex Crohn's Cases** 2 Room: 615
Alan Herline, MD, Augusta, GA
Emmanuel Tiret, MD, Paris, France

W-2 SOLD OUT **Hereditary Colorectal Neoplasia** 2 Room: 620
Matthew Kalady, MD, Cleveland, OH
Paul Wise, MD, St. Louis, MO

Objectives: At the conclusion of this session, participants should be able to:
- Describe the procedures and approaches discussed in this session.

6:30 – 7:30 am
Room: 604
E-poster of Distinction Presentations *(See page 106 for schedule.)*

Photo courtesy of Seattle CVB; © Howard Frisk

Symposium

Coffee and Controversies

5 6

6:30 – 7:30 am
Room: 6E

Specialty coffees will be served.

Debate #1: **Lateral Pelvic Dissection: Western Approach vs. Eastern Approach**

6:30 – 7:00 am

Debate #2: **Early Neoplasia of the Colon: Advanced Endoscopic Methods of Resection and Surveillance vs. Oncologic Resection**

7:00 – 7:30 am

Debate #1: **Lateral Pelvic Dissection: Western Approach vs. Eastern Approach**

Local recurrence after rectal cancer surgery is a devastating complication of the disease. The goal of every resection for locally advanced disease is to complete an R0 resection in addition to standard TME with negative margins. There is a subset of patients in whom extramesorectal lymphatic spread, such as lateral pelvic node involvement challenges our standard approaches to rectal cancer surgery. In Western countries, TME has been associated with good oncologic outcomes and low morbidity. Outside of the United States, extramesorectal metastases, such as lateral nodal involvement, are addressed with radical lymphadenectomy at the time of surgical resection. Currently, there are no guidelines on the management of lateral pelvic node metastasis.

Through a lively point-counterpoint format, world leaders on these subjects will challenge and debate each other's approach using the most up-to-date evidence-based data in their respective areas. Participants will learn about the current controversies in the management of early and late cancers and use the information provided to apply in their practice of these commonly controversial topics.

Existing Gaps
What Is: What is our understanding of the biology of lateral pelvic disease and what is the optimal management of this disease?

What Should Be: Surgeons should be equipped with latest evidence-based data to guide their oncologic resection. For those patients with locally advanced rectal cancer, surgeons should know what the indications for lateral pelvic dissection versus traditional approaches and related cancer outcomes.

Director: **Alessio Pigazzi, MD, PhD,** *Orange, CA*

6:30 am **Crystallizing the Controversy: Clinical Scenarios to Consider**
Alessio Pigazzi, MD, PhD, Orange, CA

6:35 am **Western Approach: Standard TME**
George Chang, MD, Houston, TX

6:42 am **Eastern Approach: TME + Radical Lymphadenectomy**
Hiroya Kuroyanagi, MD, Tokyo, Japan

6:49 am **Rebuttal**
George Chang, MD, Houston, TX

6:53 am **Rebuttal**
Hiroya Kuroyanagi, MD, Tokyo, Japan

6:57 am **Concluding Remarks**

Objectives: At the conclusion of this session, participants should be able to:
- Define lateral pelvic disease in rectal cancer.
- Detail the pros and cons of lymphadenectomy.
- Describe the oncologic impact of resection versus no resection.
- Recognize morbidity associated with radical lymphadenectomy versus standard surgical resection.

Continued next page

Coffee and Controversies *(continued)*

Debate #2: Early Neoplasia of the Colon: Advanced Endoscopic Methods of Resection and Surveillance vs. Oncologic Resection

There has been significant expansion of new techniques and instrumentations for the advancement of endoscopic procedures. These techniques broaden our ability to perform more complex procedures in a much less invasive way. As colorectal surgeons, we are uniquely positioned to adopt these techniques and to lead in this field.

Through a lively debate format, we aim to pit leaders on these subjects against each other for the purpose of providing participants with the background they need to propose and defend treatment strategies for the cecal adenoma with high grade dysplasia.

Existing Gaps
What Is: Colorectal surgeons may be unfamiliar with several new techniques to improve the success rate of colonoscopy, as well as imaging techniques for lesion identification. A significant number of surgeons are not performing endoscopic submucosal resection of colorectal neoplasia or combined laparo-endoscopic resection.

What Should Be: Surgeons need to have a comprehensive understanding of the newer visualization techniques, as well as the indications and uses for endoscopic submucosal dissection and endoscopic mucosal resection. This important learning session will provide the basis for the meaningful implementation of these newer endoluminal techniques and improve their patients' colorectal care.

Director: **Toyooki Sonoda, MD,** New York, NY

7:00 am **Crystallizing the Controversy: Scenarios to Consider**
Toyooki Sonoda, MD, New York, NY

7:05 am **Keep the Colon: An Appeal for Advanced Endoscopic Methods (ESD, EMR, Surveillance)**
Sang Lee, MD, Los Angeles, CA

7:12 am **The Patient Deserves an Oncologic Resection**
Richard Whelan, MD, New York, NY

7:19 am **Rebuttal**
Sang Lee, MD, Los Angeles, CA

7:23 am **Rebuttal**
Richard Whelan, MD, New York, NY

7:26 am **Concluding Remarks**
Sang Lee, MD, Los Angeles, CA
Toyooki Sonoda, MD, New York, NY
Richard Whelan, MD, New York, NY

7:30 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Detail the pros and cons of endoscopic submucosal resection for colorectal neoplasia.
- Describe the indications for oncologic colon resection.
- Explain techniques for endoscopic closure of bowel wall and surveillance programs after resection.

Symposium | *Parallel Session 10-A*

Optimizing the Colorectal Anastomosis: Reducing Anastomic Leak

SELF-ASSESMENT (MOC) CREDIT

1 2 3 5

7:45 – 9:15 am

Room: 6ABC

Supported in part by an independent educational grant from Ethicon

Anastomotic leak is perhaps the most physiologically significant and psychologically devastating complication that commonly occurs following operations for colon or rectal disease. The reported incidence of anastomotic leak following colorectal surgery has varied from 1-30% largely based on the criteria for diagnosis and the length of follow-up. Leaks account for one-third of all deaths following low anterior resection with even higher mortality rates observed with intraperitoneal leaks. Anastomotic leaks are associated with dramatically increased perioperative morbidity, prolonged length of stay, higher readmission rates, the potential need for multiple operative interventions in a hostile surgical environment and unintended permanent stomas. This results in significantly increased hospital costs and resource utilization, decreased quality of life and potentially worse oncologic outcomes.

Existing Gaps

What Is: Discussion of anastomotic leak prevention has generally centered around risk factors associated with anastomotic leak and/or mechanical means to increase anastomotic strength. Both of these areas of inquiry have contributed to only a limited understanding of the actual mechanism by which leaks occur and how best to prevent and treat them.

What Should Be: Preventive and treatment algorithms for colorectal anastomotic leaks should be evidence and consensus based to allow for management that optimizes outcomes, limits costs and improves patient satisfaction.

Director: **Neil Hyman, MD,** *Chicago, IL*
Assistant Director: **Melanie Morris, MD,** *Birmingham, AL*

7:45 am **Anastomotic Leaks: Risk Factors and Prevention**
Mukta Krane, MD, Seattle, WA

8:00 am **Anastomotic Leaks: Technical Considerations and Treatments**
Karin Hardiman, MD, Ann Arbor, MI

8:15 am **Anastomotic Leaks in Inflammatory Bowel Disease**
Albert Wolthius, MD, Leuven, Belgium

8:30 am **The Microbiome: The Bugs Caused My Leak**
John Alverdy, MD, Chicago, IL

8:45 am **Panel Discussion**

9:15 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:

- Describe risk factors for anastomotic leaks and prevention strategies.
- Recognize technical aspects of creating colorectal anastomoses including newer techniques.
- Describe the role of newer treatment options for anastomotic leaks, including endosponges, bear claws and wound vacs.
- Describe special considerations of anastomoses in patients with inflammatory bowel disease, including timing of surgery, medication management surrounding surgery and other factors.
- Explain the role of the microbiome in the prevention and management of anastomotic leaks.
- Develop strategies of for the treatment of non-healing perineal wounds.

Symposium

Parallel Session 10-B

Optimizing Pain Management in Acute & Chronic Disease

SELF-ASSESMENT (MOC) CREDIT

1 2 3 5 6

7:45 – 9:15 am

Room: 6E

Pain, often referred to as the fifth vital sign, is something that surgeons deal with in their daily practice. Recently with America's opioid epidemic, often blamed on how physicians and surgeons deal with pain, a greater emphasis has been placed on how to manage pain compassionately and effectively. Opioid abuse and addiction is a growing concern in the U.S. with the National Institute on Drug Abuse estimating approximately 2.1 million Americans suffer from substance use disorders related to prescription opioid pain relievers, and an estimated 467,000 Americans are addicted to heroin. There is increasing recognition of the strong relationship between opioid use and heroin abuse. The growth over time in opioid prescribing after surgery occurs against the backdrop of a major public health crisis of prescription opioid abuse.

This session will update participants on ways to deal with postoperative pain safely and effectively.

Existing Gaps
What Is: Although surgeons are aware of the need for adequate postoperative pain management, few have the experience and skill needed to implement, at their own institution.

What Should Be: Surgeons should understand more than the basics of postoperative pain management and be able to implement an effective plan for even the most difficult patients.

Co-Directors: **David Margolin, MD,** *New Orleans, LA*
Cindy Kin, MD, *Stanford, CA*

7:45 am **The Physiology of Pain**
Matthew Silviera, MD, St. Louis, MO

7:57 am **Thoracic Epidurals – "Has Their Time Passed?"**
Joseph Carmichael, MD, Orange, CA

8:09 am **Multimodality Pain Management – Cost vs Benefits**
Anthony Senagore, MD, Galveston, TX

8:21 am **Lidocaine: "The New Wonder Drug?"**
Martin Luchtefeld, MD, Grand Rapids, MI

8:33 am **Alternative Medicine and Its Role in the Post-Operative Period**
Emily Finlayson, MD, San Francisco, CA

8:45 am **Pain Management in the Palliative Care Setting From a Surgeon's Perspective**
John Griffin, MD, Seattle, WA

8:57 am **Pain Management in the Palliative Care Setting From a Medical Perspective**
Eric Ehrensing, MD, New Orleans, LA

9:09 am **Panel Discussion**

9:15 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Explain the principles of postoperative pain management.
- Recognize alternative, non-opioid methods that can be used to manage pain compassionately and effectively.

9:15 – 9:30 am
Refreshment Break in Foyer

Symposium

Parallel Session 11-A

Diverticulitis: How Can We Better Manage Disease Burden

SELF-ASSESMENT (MOC) CREDIT

1 2 5 6

9:30 – 10:45 am

Room: 6ABC

Diverticular change affects the sigmoid colon in adults as they age. The role of surgery in the management of diverticular disease has evolved, with significant changes in the algorithm for indication, timing and choice of surgical interventions. The option to utilize minimally invasive surgical techniques has impacted the surgeon's approach and the patient's willingness to undergo intervention for diverticular disease. Longstanding recommendations for management of both uncomplicated and complicated diverticulitis have been challenged. This session will review current strategies for the evaluation and the management of the patient with diverticular disease in both the acute and the elective clinical setting.

Existing Gaps

What Is: Describe risk factors for developing disease, potential new targets for research, threshold for elective and emergent intervention and appropriate techniques for management of challenging issues in both the acute and elective clinical setting.

What Should Be: Recognize a clear approach to both emergent and elective disease management. Important questions for future research.

Co-Directors: **Jason Hall, MD,** *Boston, MA*
Janice Rafferty, MD, *Cincinnati, OH*

9:30 am **Can't we all Agree? Controversy and Consensus Among International Guidelines for Diverticulitis**
Daniel Feingold, MD, New York, NY

9:44 am **The Role of MIS in Reducing Morbidity and Mortality in Surgery for Diverticulitis**
Bradley Davis, MD, Charlotte, NC

9:56 am **Elective Resection or Observation After Successful Non-operative Management of Complicated Diverticulitis – What Is the Evidence?**
Jason Hall, MD, Burlington, MA

10:08 am **Diverticulitis Evaluation of Patient Burden, Utilization and Trajectory**
David Flum, MD, Seattle, WA

10:18 am **Does Laparoscopic Lavage Have a Role in Current Management of Acute Diverticulitis?**
Willem Bemelman, MD, PhD, Vinkeveen, The Netherlands

10:30 am **Panel Discussion and Case Presentations**

10:45 am **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Recognize the current literature regarding the impact of diverticulosis, risk for diverticulitis and current surgical options for management.
- Recognize areas of knowledge deficit to encourage investigation in those areas.
- Improve understanding and utilization of best practices for management of acute diverticulitis both in the hospitalized patient and in the outpatient setting.
- Consider the various options for surgical and non-surgical interventions in the patient with chronic diverticulitis.

Abstract Session *Parallel Session 11-B*

Video Session

1 2 3 4 5 6

9:30 – 10:45 am

Room: 6E

Co-Moderators: **Alessandro Fichera, MD,** *Seattle, WA*
Jiri George Melich, MD, *Westminster, BC, Canada*

9:30 am **Introduction**

9:35 am **Overlapping Sphincteroplasty After Excision of a Benign Perianal Granular Cell Tumor** **WV1**
T.J. Paul Olson*[1], E. Steinhagen[2], K. Umanskiy[1], L.M. Cannon[1]; [1]Chicago, IL, [2]Cleveland, OH

9:40 am ***Discussion***

9:43 am **Combined Transanal and TamIS Resection of a Giant Rectal Adenoma** **WV2**
S.J. Marecik*[1], C. Aberle[1], J. Calata[1], K. Kochar[1], J. Park[1], L. Prasad[1]; [1]Park Ridge, IL

9:48 am ***Discussion***

9:51 am **Endoscopic Submucosal Dissection of a Large, Sessile Cecal Lesion** **WV3**
J. Mino*[1], I.E. Gorgun[1]; [1]Cleveland, OH

9:56 am ***Discussion***

9:59 am **Repair of Recto-Vaginal Fistula in a Transgender Patient Utilizing Intestinal Vaginoplasty** **WV4**
J. Tremblay*[1], S.J. Marecik[1], L. Schechter[1], T. Sheikh[1], K. Kochar[1], J. Park[1]; [1]Park Ridge, IL

10:02 am ***Discussion***

10:05 am **TAMIS for Excision of a Recurrent Rectal Polyp at the Anastomotic Line Following Anterior Resection** **WV5**
S. Atallah*[1], L. Lee[1]; [1]Orlando, FL

10:10 am ***Discussion***

10:13 am **Martius Flap for Persistent, Complex Rectovaginal Fistula** **WV6**
J.P. Kaminski*[1], P. Fleshner[2], K.N. Zaghiyan[2]; [1]Chicago, IL, [2]Los Angeles, CA

10:18 am ***Discussion***

10:21 am **Extralevator Abdominoperineal Excision (ELAPE) for Low Rectal Cancer: Tips & Tricks** **WV7**
G. Rossi*[1], J.P. Campana[1], J. Achaval Rodríguez[1], R. Mentz[1], R. Perez[2]; [1]Buenos Aires, Argentina, [2]Sao Paulo, Brazil

10:26 am ***Discussion***

10:29 am ***ASCRS Barton Hoexter, MD Best Video Award***
Transanal Total Pelvic Exenteration **WV8**
D. Uematsu*[1]; [1]Saku, Japan

10:34 am ***Discussion***

10:45 am **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Ernestine Hambrick, MD, Lectureship

10:45 – 11:30 am

Room: 6ABC

Physician Burnout: Prevalence, Drivers, Consequences and Mitigating Strategies

Lotte Dyrbye, MD

Professor of Medicine, Professor of Medical Education and Consultant in the Division of Primary Care Internal Medicine at Mayo Clinic, Rochester, Minnesota. She is also Associate Chair, Faculty Development, Staff Satisfaction, Diversity for Department of Medicine, Mayo Clinic, Director of Faculty Development, Mayo Clinic School of Graduate Medical Education and Associate Director of the Department of Medicine Program on Physician Well-being.

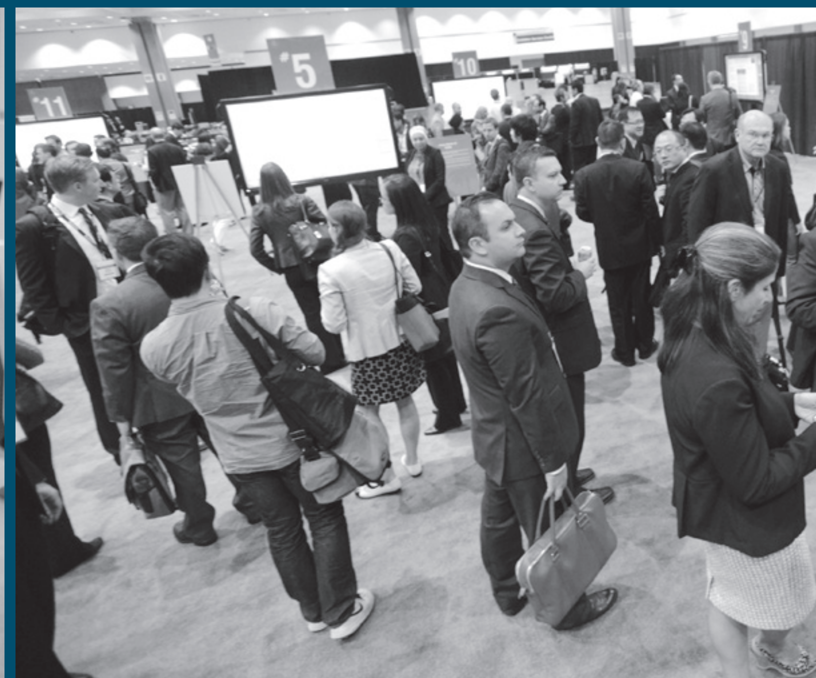
Introduction: Heidi Nelson, MD

This lectureship honors Dr. Ernestine Hambrick for her dedication to patients with colon and rectal disorders, surgical students and trainees and the community at large. The first woman to be board certified in colon and rectal surgery, Dr. Hambrick provided excellent care to patients and mentored numerous students, residents and young surgeons during her clinical practice.

Dr. Hambrick founded the STOP Foundation to promote the screening and the prevention of colon and rectal cancer. In addition, she has volunteered many hours to ASCRS, which includes having served as Vice President.

11:30 am – 12:30 pm
Lunch *(on your own)*

11:30 am – 12:30 pm
Room: 604
E-poster of Distinction Presentations *(See page 106 for schedule.)*



Symposium ***Parallel Session 12-A***

Therapeutic Options in Stage IV Colorectal Cancer

1 2 4 5

SELF-ASSESMENT (MOC) CREDIT

12:30 – 2:00 pm

Room: 6ABC

Approximately 15-20% of patients with colorectal cancer will present with synchronous metastases. With continual progress in surgical therapy and chemotherapy, optimal therapy for each patient is individualized. Whether patients present with metastatic disease, or noted incidentally at time of the primary surgery, these present daily dilemmas that surgeons address in their practices. Frequently, as patients are living with maintenance chemotherapy for unresectable metastatic disease, there are ongoing clinical trials addressing the best approach for the primary cancer.

This symposium will discuss the multidisciplinary management of Stage IV colorectal cancer. Surgeons attending the symposium will learn how a multidisciplinary approach to managing Stage IV colorectal cancer patients would improve patient care and outcomes in their hospitals and clinics. Emphasis will be placed on decision making and management options.

Existing Gaps

What Is: Stage IV colorectal cancer patients represent a diverse and complicated cohort. The management of these patients varies extensively depending on the experience and specialty of the treating physician and the institution in which they operate. Nationally, there are large variations in approach to treatment with missed opportunities for both cure and reasonable palliation.

What Should Be: Colorectal surgeons should have a detailed understanding of the options available for those patients who are potentially curable, the synchrony of care of the metastatic and the primary disease, the synchrony of the mode of treatment (radiation, chemotherapy and surgery) and lastly how to measure success when palliation is the treatment course. There should be an understanding that multidisciplinary management of Stage IV colorectal cancer is the cornerstone of their care.

Co-Directors: **Linda Farkas, MD,** *Sacramento, CA*
Garrett Nash, MD, *New York, NY*

12:30 pm **Introduction**
Linda Farkas, MD, Sacramento, CA
Garrett Nash, MD, New York, NY

12:40 pm **Synchronous Rectal Cancer and Liver Metastases: What Is Priority?**
Alessio Pigazzi, MD, PhD, Orange, CA

12:55 pm **Unexpected Intraoperative Carcinomatosis in a Minimally Symptomatic Patient: What Is the Best Treatment?**
Stacey Cohen, MD, Seattle, WA

1:10 pm **With Unresectable Metastatic Disease Is There an Advantage to Resect the Primary?**
Gregory Makin, MD, Doubleview, Australia

1:25 pm **How Can We Measure Quality of Care in Palliative Surgery?**
Cameron Platell, MD, PhD, Perth, Western Australia

1:40 pm **Case Presentations**

2:00 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Describe optimal treatment of synchronous rectal and metastatic disease.
- Explain the options of treatment for patients with carcinomatosis.
- Recognize the ongoing trials and potential advantages of resection of primary disease in light of unresectable metastases.
- Describe the metrics of palliative care.

Abstract Session

Parallel Session 12-B

General Surgery Forum

1 2 3 4 5 6

12:30 – 2:00 pm

Rooms: 611-614

Co-Moderators: **Daniel Chu, MD,** *Birmingham, AL*
Jacquelyn Turner, MD, *Atlanta, GA*

12:30 pm **Introduction**

12:35 pm **Is Neutrophil Lymphocyte Ratio Associated With Increased Morbidity After Colorectal Surgery?** **GS1**
C. Benlice*[1], A. Onder[1], H. Aydinli[1], R. Babazade[1], S.R. Steele[1], I.E. Gorgun[1]; [1]Cleveland, OH

12:39 pm ***Discussant***
Megan Turner, MD, Durham, NC

12:41 pm **Question and Answer**

12:43 pm **Combined Endoscopic and Laparoscopic Surgery (CELS) Offers Improved Patient Outcomes Versus Laparoscopic Colectomy (LC) for Endoscopically Unresectable Colorectal Neoplasms** **GS2**
S.G. Bhat*[1], A. Cavalea[1], M. Beasley[1], M. Casillas[1], A. Russ[1]; [1]Knoxville, TN

12:48 pm ***DIscussant***
Mayin Lin, DO, Des Moines, IA

12:50 pm **Question and Answer**

12:52 pm **A Surgical Clostridium Associated Risk of Death Score Predicts Mortality After Colectomy for Clostridium Difficile Infection** **GS3**
A.S. Kulaylat*[1], Z. Kassam[2], C. Hollenbeak[1], D. Stewart[1]; [1]Hershey, PA, [2]Medford, MA

12:56 pm ***Discussant***
Hande Aydinli, MD, New York, NY

12:58 pm **Question and Answer**

1:00 pm **Risk Factors for and Management of Pelvic Sepsis After Ileal Pouch-Anal Anastomosis for Chronic Ulcerative Colitis** **GS4**
N.P. McKenna*[1], M. Khasawneh[1], A.L. Lightner[1], S. Kelley[1], K.L. Mathis[1]; [1]Rochester, MN

1:05 pm ***Discussant***
Lisa Haubert, MD, Houston, TX

1:07 pm **Question and Answer**

1:09 pm **Case-Matched Comparison of Long-term Functional and Quality of Life Outcomes Following Laparoscopic Versus Open Ileal Pouch-Anal Anastomosis** **GS5**
O.A. Lavryk*[1], L. Stocchi[1], J. Ashburn[1], M. Costedio[1], I.E. Gorgun[1], H. Kessler[1], T. Hull[1], C.P. Delaney[1]; [1]Cleveland, OH

1:13 pm ***Discussant***
Stephanie Talutis, MD, Boston, MA

1:15 pm **Question and Answer**

1:17 pm **Improved Stage-Specific Survival and Superior Margin Negativity for Rectal Adenocarcinoma at Academic Comprehensive Cancer Institutions** **GS6**
S. Sujatha-Bhaskar*[1], J.V. Gahagan[1], S. Gambhir[1], M.D. Jafari[1], S.D. Mills[1], A. Pigazzi[1], M. Stamos[1], J. Carmichael[1]; [1]Orange, CA

1:21 pm ***Discussant***
Justin Brady, MD, Cleveland, OH

1:23 pm **Question and Answer**

1:25 pm **Muscle Fragment Welding: Ongoing Clinical Series With Illustrated Technique for Control of Sacral Plexus Hemorrhage** **GS7**
M.A. Brown*[1], H. Abcarian[2], J.D. Cheape[1], B.J. Jenkins[1], M.A. Lawrence[1], C.P. Orsay[2], V.H. Hooks[1]; [1]North Augusta, SC, [2]Chicago, IL

1:29 pm ***Discussant***
Andrew Werner, MD, Shreveport, LA

1:31 pm **Question and Answer**

1:33 pm **Impact of Frequency of Operating Room Staff Changes on Complications in Colorectal Surgery: A Potentially Modifiable Factor to Improve Patient Outcomes** **GS8**
A. Ofshteyn*[1], V. Kejriwal[1], J. Munger[1], D. Popowich[1], S. Gorfine[1], J. Bauer[1], D. Chessin[1]; [1]New York, NY

1:37 pm ***Discussant***
Lisa Haubert, MD, Houston, TX

1:39 pm **Question and Answer**

1:41 pm **Question and Answer for all Abstract Presenters**

2:00 pm **Adjourn**

The first author is the presenting author unless otherwise noted by an *.

Abstract Session *Parallel Session 13-A*

Research Forum

1 2 3 4 5 6

2:00 – 3:30 pm
Rooms: 611-614

Co-Moderators: **Joseph Carmichael, MD,** *Orange, CA*
Konstantin Umanskiy, MD, *Chicago, IL*

2:00 pm **Introduction**

2:05 pm **Inhibition of RAB13 Expression in Lymph Node Stromal Cell-Derived Extracellular Vesicles Decreases Their Promotion of Colorectal Cancer Growth and Metastasis** **RF1**
G. Maresh*[1], R. Sullivan[1], S. McChesney [1], X. Zhang[1], Z. Lin[1], E. Flemington[1], L. Li[1], D.A. Margolin[1]; [1]New Orleans, LA

2:10 pm ***Discussant***
Russell Farmer, MD, Louisville, KY

2:13 pm **Question and Answer**

2:14 pm **DNA Repair Genes and Response to Neoadjuvant Chemoradiation in Rectal Cancer: A Predictive Score to Identify the Complete Responder** **RF2**
R. Perez*[1], A. Habr-Gama[1], F. Koyama[1], J.L. Restrepo[1], G. Pagin São Julião[1], B. Borba Vailati[1], R.U. Azevedo[1], S.E. Araujo[1], A. Aranha Camargo[1]; [1]Sao Paulo, Sao Paulo, Brazil

2:19 pm ***Discussant***
Raul Bosio, MD, Sylvania, OH

2:22 pm **Question and Answer**

2:23 pm **Why Have US Rates of Primary Anastomosis With Diverting Ileostomy in Patients With Acute Diverticulitis Requiring Urgent Operative Intervention Plateaued?** **RF3**
C.E. Cauley*[1], H. Kunitake[1], R. Patel[1], P. Fagenholz[1], D. Berger[1], D. Rattner[1], G. Velmahos[1], L. Bordeianou[1]; [1]Boston, MA

2:28 pm ***Discussant***
Karen Zaghiyan, MD, Los Angeles, CA

2:31 pm **Question and Answer**

2:32 pm **The Predictive and Prognostic Role of Texture Analysis of Magnetic Resonance Imaging in Assessing Response to Neoadjuvant Chemoradiotherapy in Locally Advanced Rectal Cancer** **RF4**
M. Aker*[1], B. Ganeshan[2], A. Afaq[2], R. Aspinall[3], B. Sizer[1], D. Boone[1], T. Arulampalam[1]; [1]Colchester, United Kingdom, [2]London, United Kingdom, [3]Chelmsofrd, United Kingdom

2:37 pm ***Discussant***
Mukta Krane, MD, Seattle, WA

2:40 pm **Question and Answer**

2:41 pm **Liquid Biopsy for Colonic Cancer: Utility of Circulating Cell- Free DNA as Biomarker** **RF5**
A. Ehdode[1], M.I. Aslam*[2], E. Issa[1], L.k. Kannappa[1], J.H. Pringle[1], J. Shaw[1], B. Singh[2]; [1]Leicestershire, United Kingdom, [2]Leicester, United Kingdom

2:46 pm ***Discussant***
Nitin Mishra, MD, Phoenix, AZ

2:49 pm **Question and Answer**

2:50 pm **Induced Pluripotent Stem Cells-Derived Human Intestinal Organoids: A Model to Study Ulcerative Colitis** **RF6**
S. Kamali Sarvestani*[1], S. Signs[1], S. Xiang[1], R. Fisher[1], E. Huang[1]; [1]Lakewood, OH

2:55 pm ***Discussant***
Kellie Mathis, MD, Rochester, MN

2:58 pm **Question and Answer**

The first author is the presenting author unless otherwise noted by an *.

Continued next page

Research Forum *(continued)*

2:59 pm **Ileostomy Versus Colostomy for Colorectal Anastomosis Protection: Interim Analysis of Multicenter Randomized Controlled Trial** **RF8**
I. Tulina*[1], P. Tsugulya[1], S. Efetov[1], V. Polovinkin[2], P. Tsarkov[1]; [1]Moscow, Russian Federation, [2]Krasnodar, Russian Federation

3:04 pm ***Discussant***
Ian Paquette, MD, Cincinnati, OH

3:07 pm **Question and Answer**

3:08 pm **Simvastatin Targets Colorectal Cancer Initiating Cells in Vivo and Enhances the Effects of Radiation Therapy on Patient-derived Xenograft Tumors** **RF9**
G. Karagkounis*[1], J. DeVecchio[1], S. Ferrandon[1], M. Kalady[1]; [1]Cleveland, OH

3:13 pm ***Discussant***
Nelya Melnitchouk, MD, Boston, MA

3:16 pm **Question and Answer**

3:17 pm **Question and Answer for All Abstract Presenters**

3:30 pm **Adjourn**

Symposium

Parallel Session 13-B

Clinical Trials in Rectal Cancer

SELF-ASSESMENT (MOC) CREDIT

2 5 6

2:00 – 3:30 pm
Room: 6ABC

Optimal treatment of rectal cancer has become a multidisciplinary endeavor. Modern treatment involves high-quality imaging, a tumor board discussion, and in many cases, use of chemotherapy and radiation therapy followed by high-quality surgery. While guidelines exist to help clinicians manage their patients with rectal cancer, much is changing on many fronts and these changes in the sequencing of treatments, in the management of patients with good response to neo-adjuvant treatments, and the type of surgery we use for rectal cancer have been and will continue to be driven by data from well-designed and well-executed clinical trials, which are pivotal in evaluating new surgical approaches and defining new treatment paradigms. Surgeons must take an active role in clinical trials and participate in the development of both emerging and gold-standard treatments for our patients. Participation in clinical trials elevates the quality of patient care, improves outcomes and meets accreditation criterion of the American College of Surgeons' Commission on Cancer (CoC). The aim of this session, "Clinical Trials in Rectal Cancer," will be to update clinicians on trials that continue to change how rectal cancer patients are treated.

Existing Gaps
What Is: Straightforward algorithms for the stage specific treatment of rectal cancer are widely published and should be routinely followed. However, substantial changes in treatment sequencing, changes in how patients with response to neo-adjuvant treatments are managed and changes in the techniques for surgical management of rectal cancer are taking place. Many concepts are being challenged and altered.

What Should Be: The colorectal surgeon in 2017 must be familiar with the modern concepts of treatment for rectal cancer patients. If we are to remain leaders of the rectal cancer care team, we must be keenly aware of the basis for the current rectal cancer trials and the data generated by these trials. As such, we will be in a position to make changes to treatment algorithms so that the quality of care we offer to our rectal cancer patients optimizes both oncologic and quality of life outcomes.

Co-Directors: **Kirk Ludwig, MD,** *Milwaukee, WI*
Y. Nancy You, MD, *Houston, TX*

2:00 pm **Neo-adjuvant Chemotherapy Alone for the Treatment of Locally Advanced Rectal Cancer? The ALLIANCE/PROSPECT Trial**
Martin Weiser, MD, New York, NY

2:10 pm **Total Neo-adjuvant Therapy (TNT) Trial**
Y. Nancy You, MD, Houston, TX

2:20 pm **Can We Safely Eliminate Neo-adjuvant Treatments? What the MERCURY Group Showed**
Brendan Moran, MD, Hampshire, United Kingdom

2:35 pm **What Have We Learned About Laparoscopic Rectal Cancer Surgery? The Z6051, the ALaCaRT, the COREAN and the COLOR II Trials.**
Andrew Stevenson, MD, Brisbane, Australia

2:50 pm **Can Surgery Be Eliminated? Watch and Wait After Neo-adjuvant Therapy: The OnCoRE Project, Sao Paulo Trials and MSKCC Trials**
Andrew Renehan, PhD, Manchester, United Kingdom

3:05 pm **Question and Answer**

3:30 pm **Adjourn**

Objectives: At the conclusion of this session, participants should be able to:
- Explain new concepts in the sequencing of neo-adjuvant treatment of locally advanced rectal cancer with a focus on eliminating the routine use of radiation therapy for properly selected patients and/or maximizing the rate of complete response to these treatments.
- Describe how innovative surgical concepts, such as minimally invasive operative techniques might alter the surgical management of rectal cancer.
- Explain when and why it might be reasonable not to operate on select patients who have had dramatic response to neo-adjuvant treatments.

ASCRS Annual Business Meeting and State of the Society Address

4:00 – 5:00 pm

Rooms: 611-614

Agenda

I. Call to Order – Dr. Patricia L. Roberts

II. Approval of 2016 Business Meeting Minutes – Dr. Patricia L. Roberts

III. Memorials – Dr. Tracy Hull

IV. Treasurer's Report – Dr. Neil Hyman

V. Proposed Amendments to the Bylaws – Dr. Tracy Hull

VI. Scientific Program Report – Dr. Rocco Ricciardi

VII. *DC&R* Editor-in-Chief Report – Dr. Susan Galandiuk

VIII. Awards Committee Report – Dr. Garrett Nash

IX. Barton Hoexter, MD, Best Video Award – Dr. Patricia L. Roberts

X. Research Foundation Report – Dr. Michael Stamos

XI. Recognition of Question Writers – Dr. Tracy Hull

XII. Election and Elevations of Members – Dr. Patricia L. Roberts

XIII. State of the Society Address – Dr. Patricia L. Roberts

XIV. Nominating Committee Report – Dr. Michael Stamos

X. New Business – Dr. Patricia L. Roberts

XVI. Introduction of New President

XVII. Next Meeting – May 19-23, 2018, Music City Center, Omni Nashville Hotel, Nashville, Tennessee

XVIII. Adjournment

2017-2018 ASCRS Slate of Officers and Council Members-at-Large

The ASCRS Nominating Committee submits the following slate of Officers and Council Members-at-Large for election:

President	Guy Orangio, MD
President-Elect	David Margolin, MD
Vice President	Tracy Hull, MD
Past President	Patricia Roberts, MD
Secretary	Thomas Read, MD
Treasurer	Neil Hyman, MD

Members-at-Large: Bradley Champagne, MD (2017-2020)
William Cirocco, MD (2017-2020)
Arden Morris, MD (2017-2020)

E-posters of Distinction: The following e-posters have been designated as "E-posters of Distinction" and will be presented in Room 604 at the dates and times indicated. They can also be accessed from any of the e-poster viewing monitors in the exhibit hall.

Tuesday, June 13
6:30 – 7:30 am

Wednesday, June 14
6:30 – 7:30 am
11:30 am – 12:30 pm

Tuesday, June 13

6:30 – 7:30 am

Room: 604

Co-Moderators: **Hermann Kessler, MD,** *Cleveland, OH*
Govind Nandakumar, MD, *Bangalore, India*

6:35 am **Aspirin Promotes an Epithelial Phenotype, Reduces the Stem Cell Population and Inhibits Wnt Signaling in Colorectal Neoplasia** PD1
K. Dunbar[1]; A. Valanciute[1]; T. Jamieson[2]; K. Myant[1]; O. Sansom[2]; M. Arends[1]; S. Farrington[1]; M. Dunlop[1]; F. Din*[1,], [1]Edinburgh, United Kingdom, [2]Glasgow, United Kingdom

6:40 am **Near Infrared Targeted Colonoscopy for the Detection and Removal of Colonic Neoplasms.** PD2
J.B. Mitchem*[1]; J. Amos-Landgraf[1]; M.R. Lewis[1], [1]Columbia, MO

6:45 am **Endoscopic Decompression for Sigmoid Volvulus: Is It a Primary Treatment Option?** PD3
C. Boodry*[1]; C.T. Aquina[1]; A.Z. Becerra[1]; Z. Xu[1]; C.F. Justiniano[1]; A.A. Swanger[1]; L.K. Temple[1]; F. Fleming[1], [1]Rochester, NY

6:50 am **Preoperative anti-TNFα Therapy Predicts Development of De novo Crohn's Disease After Ileal-Pouch Anal Anastomosis for Ulcerative Colitis** PD4
K.N. Zaghiyan*[1]; N. Lopez[1]; G. Barmparas[1]; G. Melmed[1]; D. Shih[1]; E. Vasiliauskas[1]; D. McGovern[1]; N. Singh[1]; S. Rabizadeh[1]; S. Targan[1]; P. Fleshner[1], [1]Los Angeles, CA

6:55 am **Long-term Outcomes of Anal Fistula Repair With LIFT Procedure** PD5
N. Mantilla*[1]; J. Sugrue[1]; A. Abcarian[1]; K. Kochar[1]; A. Mellgren[1]; V. Chaudhry[1]; J. Harrison[1]; J. Cintron[1], [1]Chicago, IL

7:00 am **Autologous, Micro-fragmented and Minimally Manipulated Adipose Tissue as an Innovative Approach for the Treatment of Complex Anal Fistulas: A Safety and Feasibility Study** PD6
A. Sturiale*[1]; I. Giani[1]; B. Fabiani[1]; C. Menconi[1]; G. Toniolo[1]; G. Naldini[1], [1]Pisa, Italy

7:05 am **Overlapping and Sleeve Like Modification to the Mucosal Advancement Flap Improves Outcomes** PD7
M. Haddadin*[1]; S.M. Eftaiha[2]; E.M. Mustaf[1]; M. Eftaiha[1], [1]Amman , Jordan, [2]Chicago, IL

7:10 am **Multicenter Prospective Series of Sacral Nerve Stimulation for Fecal Incontinence in Latin America: Initial Report** PD8
L.C. Oliveira*[1]; G. Hagerman[2]; M. Torres[3]; C. Lumi[4]; J. Siachoque[5]; J. Reyes[5]; J. Aguirre[6]; J. Sanchez-Robles[7]; V. Guerrero-Guerrero[7]; S.M. Murad-Regadas[8]; V. Gaburgio Filho[9]; G. Rosato[4]; E. Vieira[1]; L. Marzan[1]; D.R. Lima[9]; E. Londoño-Schimmer [5]; S.D. Wexner[10], [1]Rio de Janeiro, Brazil, [2]Alvaro Obregon, Mexico, [3]San Juan, Puerto Rico, [4]Buenos Aires, Argentina, [5]Bogota, Colombia, [6]Ciudad de Mexico, Mexico, [7]Cuauhtemoc, Mexico, [8]Fortaleza, Brazil, [9]Parana, Brazil, [10]Weston, FL

7:15 am **Question and Answer for all E-poster Presenters**

7:30 am **Adjourn**

Wednesday, June 14

6:30 – 7:30 am

Room: 604

Co-Moderators: **Daniel Rossi, MD,** *Anchorage, AK*
Schauna Williams, MD, *Boise, ID*

6:35 am **Complete Pathological Response After Neoadjuvant Therapy in Rectal Cancer: Does ypT0 also Mean ypN0?** PD9
B. Shankar*[1]; R. Raghunath[1]; M.R. Jesudason[1], [1]Vellore, Tamil Nadu, India

*All e-poster presenters are listed first unless otherwise noted.

6:40 am **National Rates of Transanal Local Excision for Stage I Rectal Cancer Persist Despite Decreased Overall Survival Compared to Standard Resection; A Nationwide Cohort Study From the National Cancer Database** **PD11**
C. Koerner*[1]; G. Theresa[1]; Y. Liu[1]; X. Sheng[1]; V. Shaffer[1]; G. Balch[1]; C. Staley[1]; P. Sullivan[1], [1]Atlanta, GA

6:45 am **Added Value in Discrimination Performance of Tumor Parameters and Novel Features Determined Using Routine Pretreatment MRI in Patients With Anal Cancer** **PD12**
H. Sekhar*[1]; R. Kochhar[1]; B. Carrington[1]; M. Sperrin[1]; M. Saunders[1]; M. Van Herk[1]; D. Sebag-Montefiore[2]; A. Renehan[1], [1]Manchester, Withington, United Kingdom, [2]Leeds, United Kingdom

6:50 am **Is the Pathologic Response of T3 Rectal Cancer to Neoadjuvant High Dose Rate Endorectal Brachytherapy Comparable to External Beam Radiotherapy?** **PD13**
R. Garfinkle*[1]; S. Lachance[1]; A. Mikhail[1]; S. Vincent[1]; V. Pelsser[1]; N. Morin[1]; T. Vuong[1]; C. Vasilevsky[1]; M. Boutros[1], [1]Montreal, QC, Canada

6:55 am **Peritoneal Involvement Is More Common than Nodal Metastases in Patients With High-Grade Appendix Tumors and Appendiceal Adenocarcinoma** **PD14**
A. Mehta[1]; R. Mittal*[1]; K. Chandrakumaran[1]; N. Carr[1]; S. Arnold[1]; A. Venkatasubramaniam[1]; S. Dayal[1]; F. Mohamed[1]; B. Moran[1]; T. Cecil[1], [1]Basingstoke, United Kingdom

7:00 am **Colorectal Multidisciplinary Tumor Conference Changes Patient Management** **PD15**
G. Karagkounis*[1]; L. Stocchi[1]; I. Lavery[1]; D. Liska[1]; I. E. Gorgun[1]; S. Amarnath [1]; A.A. Khorana[1]; M. Kalady[1], [1]Cleveland, OH

7:05 am **Rectal Cancer Surgery in the United States: Defining a Yearly Number of Cases a Surgeon Should Perform to Optimize Patient Outcomes** **PD16**
W. J. Halabi*[1]; G. Ogola[1]; K.O. Wells [1]; J. Fleshman[1]; W.R. Peters[1], [1]Dallas, TX

7:10 am **Can Low Volume Surgeons Achieve High Quality Outcomes With Increasing Use of Laparoscopic Colectomy?** **PD17**
A.E. Kanters*[1]; R. Damle[2]; M. Healy[1]; K. Alavi[2]; P.A. Suwanabol[1]; S. Regenbogen[1]; J.C. Byrn[1], [1]Ypsilanti, MI, [2]Worcester, MA

7:15 am **Post-traumatic Stress Disorder in Patients With Familial Adenomatous Polyposis: A Cause for Concern** **PD18**
J. Church*[1]; E. Wood[2], [1]Cleveland, OH, [2]Waco, TX

7:30 am **Adjourn**

Wednesday, June 14

11:30 am – 12:30 pm
Room: 604

Co-Moderators: **Christina Cellini, MD,** *Rochester, MD*
Phillip Dean, MD, *Renton, WA*

11:35 am **Increased Leak Rates After Stapled Versus Hand-sewn Ileocolic Anastomosis in Patients With Colon Cancer: A Nationwide Cohort Study** **PD19**
A. Nordholm-Carstensen[1]; M.S. Rasmussen[1]; P. Krarup*[1], [1]Copenhagen, Denmark

11:40 am **Outcomes of Stapled Side to Side Ileocolic Anastomosis: Is it Dependent on Technique or Surgeon Grade and Specialisation?** **PD20**
S.S. Chaudhri*[1], [1]Solihull, United Kingdom

11:45 am **Nonsteroidal Anti-Inflammatory Drugs and Anastomotic Leakage After Colorectal Surgery: A Meta-Analysis** **PD21**
C.J. Young[1]; Y. Huang*[1], [1]Dubbo, New South Wales, Australia

11:50 am **Statins Mitigate the Risk of Sepsis and Anastomotic Leaks After Colorectal Surgery** **PD22**
D.E. Disbrow*[1]; J. Albright[1]; C. Seelbach[2]; J. Ferraro[1]; J. Wu[1]; K. Bark[2]; J.M. Hain[2]; R.K. Cleary[1], [1]Ann Arbor, MI, [2]Troy, MI

11:55 am **Human Microbiome Analysis of Anastomotic Tissue in Patients With Anastomotic Leaks: A Potential Role for Enterococcus.** **PD23**
D.J. Gunnells*[1]; L. Goss[1]; M.S. Morris[1]; G. Kennedy[1]; J.A. Cannon[1]; W.J. Van Der Pol[1]; C. Morrow[1]; D.I. Chu[1], [1]Birmingham, AL

*All e-poster presenters are listed first unless otherwise noted.

Noon **A Comparison Between Laparoscopic and Open Hartmann's Reversal – Results of a Multicenter Study** **PD24**
N. Horesh*[1]; Y. Lessing[2]; I. Kent[3]; H. Kammar[4]; A. Ben-Yaacov[5]; H. Tulchinsky[2]; N. Wasserberg[5]; O. Zmora[6], [1]Givat Shmuel, Israel, [2]Tel Aviv, Israel, [3]Kfar Saba, Israel, [4]Rehovot, Israel, [5]Petach Tikva, Israel, [6]Rishon Le-Tzion, Israel

12:05 pm **Long-term Outcomes of Acute Diverticulitis in Solid Organ Transplant Patients** **PD25**
A. Al-Khamis*[1]; P. Youssef[1]; J. Abou Khalil[1]; N. Morin[1]; J. Barkun[1]; C. Vasilevsky[1]; M. Boutros[1], [1]Montreal, QC, Canada

12:10 pm **Collaborative Multisite Enhanced Recovery Implementation for Colorectal Surgery Works** **PD26**
A.A. Karimuddin*[1]; G. Vatkin[2]; R. Collins[2]; A. Chan[1], [1]Vancouver, BC, Canada, [2]Kelowna, BC, Canada

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Major Abdominal Surgery for Benign Colorectal Disease Improves Patient-Reported Quality of Life** **PD27**
R. Maniar*[1]; J. Sutherland[1]; C.J. Brown[1]; M.J. Raval[1]; T. Phang[1]; A.A. Karimuddin[1], [1]Vancouver, BC, Canada

12:20 pm **Question and Answer for all E-poster Presenters**

12:30 pm **Adjourn**

The e-poster viewing and presentation area will be located in the Exhibit Hall and open during normal exhibit hours.

Some e-posters have been assigned a specific presentation time in which the author will present their research from a dedicated presentation monitor and answer questions.

Monday, June 12
Monitor #1 – Basic Science

Co-Moderators: **George Karagkounis, MD,** *Cleveland, OH*
J. Joshua Smith, MD, PhD, *New York, NY*

11:40 am **The Effect of Mobilisation on Small Bowel Transit Times: A Pilot Study Using Capsule Endoscopy** **P1**
Yap, R.[1]; Belessis, A.[1]; Riordan, S.[1]; Wong, S.[1], 1. Sydney, NSW, Australia

11:45 am **Biochemical Assessment of Peritoneal Inflammation and the Impact of Heated Humidified Carbon Dioxide (CO2) During Laparotomy for Colorectal Resection: A Randomized Controlled Trial.** **P2**
Cheong, J.[1]; Keshava, A.[1]; Chami, B.[1]; Witting, P.[1], 1. Sydney, NSW, Australia

11:50 am **"If You Want to Improve, Be Content to Be Thought Foolish and Stupid:" The Life and Career of Dr. Henry Lynch** **P3**
Person, A. D.[1], 1. Omaha, NE

11:55 am **The Role of Asparagine Synthetase (ASNS) in Colorectal Cancer With Mutated KRAS** **P4**
Toda, K.[1]; Kawada, K.[1]; Iwamoto, M.[1]; Inamoto, S.[1]; Hasegawa, S.[2]; Sakai, Y.[1], 1. Kyoto, Japan. 2. Fukuoka, Japan

Noon **A Prospective, Multi-centred Analysis of the Rectal Cancer Mucosal Microbiome During Neoadjuvant Long Course Chemoradiotherapy** **P5**
Alexander, J. L.[1]; Poynter, L.[5]; Scott, A.[5]; Perdones-Montero, A.[1]; Hughes, D.[2]; Susova, S.[3]; Soucek, P.[3]; Liska, V.[1]; Mirnezami, R.[1]; Cunningham, D.[1]; Darzi, A.[1]; Teare, J.[1]; Marchesi, J.[1]; Kinross, J. M.[1], 1. London, United Kingdom 2. Dublin, Ireland 3. Prague, Czech Republic 4. Pilsen, Czech Republic

12:05 pm **Paradoxical Prognostic Impact of Peripheral Blood Lymphocytes Before Neoadjuvant Chemoradiotherapy for Rectal Cancer** **P6**
Kawai, K.[1]; Ishihara, S.[1]; Nozawa, H.[1]; Hata, K.[1]; Watanabe, T.[1], 1. Tokyo, Japan

12:10 pm **Intratumoral Genomic Heterogeneity and Clonal Evolution in Metastatic Rectal Cancer** **P7**
Kuritzkes, B.[1]; Lee-Kong, S.[1]; Komissarova, E.[1]; Kongkarnka, S.[1]; Kiran, R.[1]; Sepulveda, J.[1]; Sepulveda, A.[1], 1. New York, NY

12:15 pm **Analysis of the Effect of Single Nucleotide Polymorphisms on Age of Onset of Colorectal Cancer in Patients With Lynch Syndrome (Hereditary Non-polyposis Colorectal Cancer)** **P8**
Pearce, L. E.[1]; Bean, K.[1]; Pervez, S.[1]; Wallace, A.[1]; Hill, J.[1]; Evans, D. G.[1], 1. Manchester, United Kingdom

12:20 pm **Adequacy of Ethics Education in Colon and Rectal Surgery Training Programs** **P9**
Griffin, J. A.[1]; Bastawrous, A.[1]; Hawkins, M.[1], 1. Swedish Colon and Rectal Clinic, Swedish Medical Center, Seattle, WA, United States.

12:25 pm **Longitudinal Analysis of Urinary Metabolic Phenotype After Colorectal Resection Demonstrates Temporal Evolution** **P10**
Scott, A.[1]; Lewis, M.[1]; Gomez-Romero, M.[1]; Cloarec, O.[1]; Ziprin, P.[1]; Kennedy, R.[2]; Darzi, A.[1]; Kinross, J. M.[1], 1. London, United Kingdom

Monday, June 12
Monitor #10 – Outcomes

Co-Moderators: **Melissa Times, MD,** *Cleveland, OH*
Leandro Feo, MD, *Manchester, NH*

11:40 am **Surgical Outcomes in Laparoscopic and Robotic Colorectal Surgery: A Single Surgeon Experience** **P11**
Hothem, Z. A.[1]; Douglas, J.[1]; Adeyemo, A.[1]; Cirino, J.[1]; Shellnut, J.[1]; Wasvary, H.[1], 1. Royal Oak, MI

11:45 am **Predictors of Adequate Lymph Node Yield During Colectomies for Colon Cancer** **P12**
Douaiher, J.[1]; Hussain, T.[2]; Langenfeld, S.[1], 1. Omaha, NE

*All e-poster presenters are listed first unless otherwise noted.

11:50 am **Safe Surgery in the Elderly: A Review of Outcomes Following Robotic Proctectomy From the Nationwide Inpatient Sample** **P13**
Richards, C. R.[1]; Steele, S. R.[2]; Lustik, M. B.[1]; Gillern, S. M.[1]; Lim, R. B.[1]; Brady, J. T.[2]; Althans, A. R.[2]; Schlussel, A. T.[3], 1. Honolulu, HI 2. Cleveland, OH 3. Tacoma, WA

11:55 am **Utility of the Vertical Rectus Abdominis Myocutaneous Flap for Abdominoperineal Resection and Pelvic Exenteration Defects** **P14**
Hatch, Q.[1]; Lu, K.[1]; Tsikitis, L.[1]; Herzig, D.[1], 1. Portland, OR

Noon **The MASIC (Mothers With Anal Sphincter Injuries in Childbirth) Foundation, an Aftermath of a Word Picture to Describe the OASIS Syndrome** **P15**
Keighley, M. R.[1]; Webb, S.[1]; Hayes, J.[1]; Perston, Y.[1]; Bradshaw, E.[2], 1. Birmingham, West Midlands, United Kingdom 2. London, Middlesex, United Kingdom

12:05 pm **Fluorescence-guided Surgery in Colorectal Anastomosis: Prospective Study of Clinical Outcomes and Objective Quantification of the Indocyanine Green Signal Through the Use of an European System** **P16**
Martín-Martín, G. P.[1]; Olea-Mediero, J. M.[1]; Segura-Sampedro, J. J.[1]; Ochogavia-Segui, A.[1]; Alonso-Hernandez, N.[1]; Fernández-Isart, M.[1]; Gamundi-Cuesta, M.[1]; González-Argenté, F. X.[1], 1. Palma de Mallorca, Islas Baleares, Spain

12:10 pm **Outcomes Improvements With Interdepartmental Consensus and Development of an ERAS Bundled Order Set** **P17**
Brandstetter, S. S.[1]; Hieb, N.[1]; Horattas, S.[1]; Bahr, K.[1]; Horattas, M.[1], 1. Akron, OH

12:15 pm **Feeling Rushed? Does Late Start Time Predict Poor Quality Colonoscopy?** **P18**
Coury, J. J.[1]; Shaffer, L.[1]; Khanduja, K.[1], 1. Columbus, OH

12:20 pm **Reduced Port Laparoscopic Colectomy Versus Single Port Laparoscopic Colectomy for Colon Cancer: Short-term Outcomes of Case-control Study** **P19**
Jung, W.[1]; Shin, J.[1], 1. Busan, Korea (the Republic of)

12:25 pm **Your Turn in the Hot Seat – Results From the First Formal ASCRS Mock Oral Examination** **P20**
Mader, M. J.[1]; Bradney, L. A.[1]; Thrush, C.[1]; Kumar, A.[2]; Mizell, J.[1], 1., Springdale, AR 2. Seattle, WA

12:30 pm **Implementing Entrustable Professional Activities: Beginning the Yellow Brick Road Towards Competency Based Training** **P21**
Hong, J.[1]; Young, C. J.[1]; Moore, D. C.[1], 1. Sydney, NSW, Australia

12:35 pm **Insurance Disparities and Late Stage Diagnosis in Colon, Rectal, and Anal Cancer** **P22**
Abraham, G. S.[2]; Hill, S.[1]; Hunter, J.[2]; Liles, J. S.[1]; Rider, P. F.[1]; Grimm, L.[1], 1. Mobile, AL

Monday, June 12
Monitor #11 – Outcomes

Co-Moderators: **Elise Lawson, MD,** *Madison, WI*
Alex Mathew, MD, *Memphis, TX*

11:40 am **Scripted Preoperative Patient Education Module Reduces Length of Stay and Surgical Complications, Even When Added to an Existing Enhanced Recovery After Surgery (ERAS) Pathway** **P23**
Milch, H.[1]; Cavallaro, P. M.[1]; Savitt, L.[1]; Hodin, R.[1]; Rattner, D.[1]; Berger, D.[1]; Kunitake, H.[1]; Bordeianou, L.[1], 1. Boston, MA

11:45 am **Radical Disparities After Ostomy Construction in Colorectal Surgery** **P24**
Sharp, S.[1]; Ata, A.[1]; Chismark, A.[1]; Canete, J. J.[1]; Valerian, B. T.[1]; Lee, E. C.[1], 1. Albany, NY

11:50 am **Prevent Trigger Scale for Postoperative Prophylaxis of Surgical Site Infections (SSIs) in Patients With Diverticulitis** **P25**
Bordeianou, L.[1]; Cauley, C.[1]; Patel, R.[1]; Bleday, R.[1]; Kunitake, H.[1]; Mahmood, S.[1]; Schnipper, D.[2]; Rubin, M.[3], 1. Boston, MA 2. Newton, MA 3. Salem, MA

11:55 am **Early Enteral Feeding Is Safe in Patients Undergoing Urgent Colorectal Surgery** **P26**
Truong, A.[1]; Bedrossian, M.[1]; Fleshner, P.[1]; Zaghiyan, K. N.[1], 1. Los Angeles, CA

Noon **The Value of CT Scanning Following Curative Resection for Colorectal Cancer** **P27**
Pearce, L. E.[1]; Law, J.[1]; Lee, S.[1]; Hill, J.[1], 1. Manchester, United Kingdom

*All e-poster presenters are listed first unless otherwise noted.

12:05 pm **Effects of National Surgical Quality Improvement Program Colorectal Surgery Classification Schemes on Reported Perioperative Surgical Site Infection** **P28**
Kethman, W. C.[1]; Kin, C.[1]; Morris, A. M.[1]; Shelton, A.[1], 1. Stanford, CA

12:10 pm **Colon and Rectal Surgery Surgical Site Infection Reduction Bundle: To Improve Is to Change** **P29**
Hoang, S. C.[1]; Schechter, S.[1]; Shah, N.[1]; Vrees, M.[1]; Klipfel, A.[1]; Roth, L.[1], 1. Providence, RI

12:15 pm **Impact of Operative Timing for Acute Diverticulitis on Sepsis and Mortality** **P30**
Irons, R.[1]; Gaughan, J.[1]; Kwiatt, M.[1]; Spitz, F.[1]; McClane, S.[1], 1. Camden, NJ

12:20 pm **Lymph Node Harvest and Length of Stay Are Improved in Overweight and Obese Patients Who Undergo Robotic Ascending Colectomy With Intracorporeal Anastomosis** **P31**
Vanguri, P.[1]; Soliman, M.[1]; Ferrara, A.[1]; Gallagher, J.[1]; Karas, J.[1]; DeJesus, S.[1]; Mueller, R.[1]; Williamson, P.[1], 1. Orlando, FL

12:25 pm **Analyzing Trends and Modifiable Risk Factors for Ileostomy and Colostomy Reversal Using the ACS-NSQIP Database** **P32**
Skancke, M.[1]; Amdur, R.[1]; Vaziri, K.[1]; Obias, V.[1], 1. Washington, DC

12:30 pm **Comparison of Laparoscopic Versus Open Hartmann's Reversal Procedure: A Systematic Review and Meta-analysis** **P33**
Indraswari, M. T.[1]; Kong, J.[1]; Guerra, G. R.[1]; Lynch, C.[1]; Warrier, S.[1]; Heriot, A.[1], 1. Melbourne, VIC, Australia

12:35 pm **An Enhanced Recovery Program Results in Improved Outcomes After Major Colon Resection** **P34**
Warner, C.[1]; Thomas, S. M.[1]; Sugrue, J.[1]; Nordenstam, J.[1]; Mellgren, A.[1]; Kochar, K.[2]; Marecik, S. J.[2]; Park, J.[2], 1. Chicago, IL 2. Park Ridge, IL

Monday, June 12
Monitor #12 – Pelvic Floor

Co-Moderators: **Giovanna da Silva-Southwick, MD,** *Weston, FL*
Teresa deBech-Adams, MD, *Orlando, FL*

11:40 am **Patient Satisfaction With Transanal Sutured Repair of Rectocele: Are They Satisfied and Does Satisfaction Correlate With Improvements in Obstructive Defecation and Anal Incontinence?** **P35**
Hans, S.[1]; Colbert, T.[2]; Khanduja, K.[2], 1. Troy, MI 2. Columbus, OH

11:45 am **Sacral Nerve Stimulation: Does Optimal Lead Placement Matter?** **P36**
Carvalho e Carvalho, M. E.[1]; Zutshi, M.[1]; Hull, T.[1]; Gurland, B. H.[1], 1. Cleveland, OH

11:50 am **Needs Assessment and Development of a Synoptic Magnetic Resonance Defecography Report for Multidisciplinary Management of Pelvic Floor Disorders** **P37**
Keller, D. S.[1]; Bogale, S.[1]; Mercadel, A. J.[1]; Ho, J. W.[1]; Carley, M.[1]; dePrisco, G.[1]; Jacobson, R. M.[1], 1. Dallas, TX

11:55 am **Rectopexy Without Resection Is the Optimal Surgical Approach to Rectal Prolapse** **P38**
Catanzarite, T.[1]; Klaristenfeld, D.[1]; Alperin, M.[1]; Tomassi, M. J.[1], 1. San Diego, CA

Noon **Predictors of Unsuccessful Biofeedback Treatment for Fecal Incontinence** **P39**
Murad-Regadas, S. M.[1]; Regadas, F. S.[1]; Regadas Filho, F. S.[1]; Rodrigues, L. V.[1]; Sudário, H. D.[1]; Veras, L. B.[1]; Andrade Filho, R. S.[1]; Lima, D. R.[1], 1. Fortaleza, Ceara, Brazil

12:05 pm **Do We Really Need Gas Incontinence Score for Fecal Incontinence Scores?** **P40**
Mimura, T.[1], 1. Saitama, Japan

12:10 pm **Sacral Neuromodulation for Fecal Incontinence: Five Year Experience** **P41**
Granfield, A.[1]; Schechter, S.[1]; Roth, L.[1]; Klipfel, A.[1], 1. Somerset, MA

12:15 pm **Prevalence of Pelvic Floor Dysfunctions Identified by Dynamic Ultrasound and Their Relationship to Mode of Delivery, Parity and Age** **P42**
Murad-Regadas, S. M.[1]; Regadas, F. S.[1]; Rodrigues, L. V.[1]; Vilarinho, A.[1]; Borges, L.[1]; Regadas Filho, F. S.[1]; Veras, L. B.[1]; Bezerra, C. R.[1], 1. Fortaleza, Ceara, Brazil

*All e-poster presenters are listed first unless otherwise noted.

12:20 pm **THD Gatekeeper – A Novel, Self-expanding Injectable Agent for Fecal Incontinence** **P43**
Lam, D. C.[1]; Ong, E.[1]; Keck, J.[1]; Woods, R.[1], 1. Balwyn, VIC, Australia

12:25 pm **Fecal Incontinence – Etiopathogenesis, Surgical Mangement and Its Outcome: An Indian Experience** **P44**
Kumar, A.[1], 1. Lucknow, Uttar Pradesh, India

12:30 pm **Sacral Nerve Stimulation in Fecal Incontinence: A Single Institution Experience** **P45**
Ky, A. J.[1]; Kent, I.[1]; Kim, A.[1]; Gandhi, N.[1]; Alvarez Downing, M.[1], 1. New York, NY

12:35 pm **Rectosigmoid Resection at the Time of Sacrocolpopexy** **P46**
Ky, A. J.[1]; Kent, I.[1]; Steinhagen, R.[1], 1. New York, NY

Monday, June 12
Monitor #13 – Case Study & Inflammatory Bowel Disease

Co-Moderators: **Mukta Krane, MD,** *Seattle, WA*
Maria Sophia Villanueva, MD, *Bangor, ME*

11:40 am **Delayed Anastomotic Leak Presenting as an Anastomotic Breakdown After Chemoradiation: A Delay in Diagnosis or Late Presentation?** **P47**
Hsu, J.[1]; Maloney Patel, N.[1], 1. North Brunswick, NJ

11:45 am **Clinicopathological Characteristics and Outcomes in 42 Anal Fistula Cancer Patients** **P48**
Sassa, M.[1]; Yamana, T.[1]; Ono, T.[1]; Morimoto, K.[1]; Nishio, R.[1]; Okada, D.[1]; Furukawa, S.[1]; Okamoto, K.[1]; Sahara, R.[1], 1. Sinjuku, Tokyo, Japan

11:50 am **Metastatic Prostate Adenocarcinoma in a Perirectal Lymph Node After Laparoscopic Low Anterior Resection for Rectal Cancer: Report of a Case** **P49**
Garza, A.[1]; Pena, A. A.[1]; Richart, C.[1]; Martinez, R.[1], 1. Edinburg, TX

11:55 am **Prospective Evaluation of Grading of Mesorectal Specimens by Surgeons and Pathologists** **P50**
Jalouta, T. K.[1]; Ogilvie, J.[1]; Luchtefeld, M.[1]; Dujovny, N.[1]; Kim, D.[1]; Hoedema, R.[1]; Figg, R.[1]; Heather, S.[1]; Siripong, A.[1], 1. Chicago, IL

Noon **A "Black Esophagus" as Result Form the Delayed Diagnosis of a Large Presacral Mass: Case Report of a Rare Complication** **P51**
Aljamal, Y. N.[1]; Dozois, E. J.[1], 1. Rochester, MN

12:05 pm **Surgical Site Infection (SSI) Following Single Incision Minimally Invasive Colorectal Surgery: Analysis in Large Cohort of Consecutive Cases** **P52**
Shoar, S.[1]; Gonzalez-Almada, A.[1]; Ibarra, S. H.[1]; LeFave, J. J.[1]; Haas, E.[1], 1. Houston, TX

12:10 pm **Is Segmental Colectomy an Appropriate Operation in Colonic Crohn's Disease?** **P53**
Chandrasinghe, P.[1]; Samuel, M.*[1]; Maeda, Y.[1]; Ediriweera, D.[2]; Vaizey, C.[1]; Warusavitarne, J.[1], 1. Harrow, United Kingdom 2. Ragama, Sri Lanka

12:15 pm **Laparoscopic Ileocolic and Colorectal Resections in Patients With Crohn's Disease Results in Lower Rate of Complications When Compared to the Open Approach: A NSQIP Analysis** **P54**
Main, W. P.[1]; Zubair, M. H.[1]; Hussain, L. R.[1]; Guend, H.[1],1. Cincinnati, OH

12:20 pm **Outcomes Following Total Proctocolectomy for Crohn's Colitis in the Biologic Era** **P55**
Huang, L.[1]; Tse, C.[1]; Pemberton, J.[1]; Laura, R. E.[1]; Loftus, E. E.[1]; Mathis, K. L.[1]; Lightner, A. L.[1], 1. Rochester, MN

12:25 pm **Outcomes of Ileocolic Resection Versus Ileocolic Resection With a Concomitant Procedure in Patients With Crohn's Disease: What Is the Added Risk?** **P56**
Hamad, D.[1]; Abou Khalil, M.[1]; Petrucci, A. M.[2]; Ghitulescu, G.[1]; Vasilevsky, C.[1]; Morin, N.[1]; Faria, J.[1]; Boutros, M.[1], 1. Montreal, QC, Canada 2. Weston, FL

Monday, June 12
Monitor #14 – Outcomes

Co-Moderators: **Katherine Louise Jackson, MD,** *Wenatchee, WA*
Fia Yi, MD, *Fort Sam, Houston, TX*

11:40 am **Chronic Steroid Use in Colorectal Cancer Patients Worsens Postoperative Morbidity and Mortality Through Septic Complications in a Propensity Matched Analysis** **P57**
Sims, S.[1]; Spaniolas, K.[2]; Coakley, K.[1]; Davis, B. R.[1]; Kasten, K.[1], 1. Charlotte, NC 2. Stony Brook, NY

*All e-poster presenters are listed first unless otherwise noted.

11:45 am **Preoperative TransVersus Abdominis Plane (TAP) Block Decreases Opioid Requirements Within an Enhanced Recovery After Surgery (ERAS) Protocol** **P58**
Marcotte, J.[1]; Patel, K.[1]; Desai, R.[1]; Gaughan, J.[1]; Spurrier, D.[1]; Kwiatt, M.[1]; McClane, S.[1], 1. Camden, NJ

11:50 am **Ileostomy Formation Is Associated With Community-Acquired Acute Kidney Injury and New Onset Chronic Kidney Disease** **P59**
Smith, S. A.[1]; Ronksley, P. E.[1]; Dixon, E.[1]; MacLean, A. R.[1]; Heine, J. A.[1]; Buie, W. D.[1]; James, M. T.[1], 1. Calgary, AB, Canada

11:55 am **Early and Late Leakages After Anterior Resection Separate Entities** **P60**
Jutesten, H.[1]; Buchwald, P.[1]; Lindmark, G.[1]; Lydrup, M.[1], 1. Malmo, Skane, Sweden

Noon **Length of Stay Following Implementation of Enhanced Recovery After Surgery (ERAS): A Propensity Matched Analysis** **P61**
Marcotte, J.[1]; Desai, R.[1]; Gaughan, J.[1]; Spurrier, D.[1]; McElhenney, H.[1]; Dobrowolski, M.[1]; Kwiatt, M.[1]; McClane, S.[1], 1. Camden, NJ

12:05 pm **Operative Time and Length of Stay Is Similar Between Robotic-assisted and Laparoscopic Colon and Rectal Resections** **P62**
Honaker, M.[1]; Smith, B.[1]; Nolan, H.[1], 1. Macon, GA

12:10 pm **Effect of Diagnosis on Colectomy Outcomes in the Setting of Enhanced Recovery Protocols** **P63**
Ban, K. A.[1]; Berian, J. R.[1]; Liu, J. B.[1]; Ko, C. Y.[1]; Feldman, L. S.[2]; Thacker, J. K.[3], 1. Chicago, IL 2. Montreal, QC, Canada. 3. Durham, NC

12:15 pm **Estimated Glomerular Filtration Rate (eGFR) Impacts on Colorectal Surgery Outcomes; A National Database Analysis** **P64**
Fazl Alizadeh, R.[1]; Li, S.[1]; Shimomura, A.[1]; Kalantar-Zadeh, K.[1]; Carmichael, J.[1]; Ichii, H.[1]; Pigazzi, A.[1]; Stamos, M.[1], 1. Orange, CA

12:20 pm **Accuracy of the ACS NSQIP Risk Calculator in Predicting Outcomes for Urgent Colectomies** **P65**
Shaffer, K.[1]; Edwards, C.[1]; Pelton, J.[1]; Adeyemo, A.[1]; Welsh, R.[1], 1. Royal Oak, MI

12:25 pm **Enhanced Recovery After Surgery (ERAS): An Implementation Strategy for Multiple Hospitals and Surgical Specialties** **P66**
Handzel, R. M.[1]; Esper, S.[1]; Boisen, M.[1]; Subramaniam, K.[1]; Zureikat, A.[1]; Mansuria, S.[1]; Courtney-Brooks, M.[1]; Holder-Murray, J.[1], 1. Pittsburgh, PA

12:30 pm **Prospective Study of the Feasibility and Safety of the Immediate Use of a Regular Diet After Elective Colorectal Surgery** **P67**
Chough, I.[1]; Lopez, N.[1]; Zaghiyan, K.[1]; Ovsepyan, G.[1]; Fleshner, P.[1], 1. Los Angeles, CA

12:35 pm **Extended Venothromboembolism Prophylaxis After Colorectal Cancer Surgery Is Not Justified Without Further Risk Stratification** **P68**
Leeds, I.[1]; Canner, J.[1]; Gearhart, S.[1]; DiBrito, S.[1]; Efron, J.[1]; Fang, S.[1]; Safar, B.[1], 1. Baltimore, MD

Monday, June 12
Monitor #15 – Outcomes

Co-Moderators: **Christine Jensen, MD,** *Coon Rapids, MN*
Angela Kuhnen, MD, *Boston, MA*

11:40 am **Readmissions After Colorectal Surgery: Not All Are Equal** **P69**
Hyde, L. Z.[1]; Al-Mazrou, A. M.[1]; Suradkar, K.[1]; Valizadeh, N.[1]; Kuritzkes, B.[1]; Kiran, R. P.[1], 1. New York, NY

11:45 am **A Concerted Perioperative Ostomy Educational Program Impacts Patient Outcomes** **P70**
Al-Mazrou, A. M.[1]; Testerman, E.[1]; Rein, J.[1]; Monzidelis, N.[1]; Kiran, R. P.[1], 1. New York, NY

11:50 am **Initiation of Solid Diet on Day of Colorectal Resection Is Safe and Associated With Recovery Benefits** **P71**
Al-Mazrou, A. M.[1]; Toledano, S.[1]; Pappou, E.[1]; Lee-Kong, S.[1]; Feingold, D.[1]; Kiran, R. P.[1], 1. New York, NY

11:55 am **Diagnosis Matters: Benchmarking Patient Satisfaction Scores in a Colo-Rectal Patient Population** **P72**
Kavalukas, S.[1]; Geiger, T.[1]; Cone, M. M.[1]; Muldoon, R. L.[1]; Cavin, N.[1]; Killion, B.[1]; Hopkins, M. B.[1]; Hawkins, A.[1], 1. Nashville, TN

Noon **Colorectal Cancer in Nonagenarians: Treatment Decisions and Outcomes** **P73**
Park, J.[1]; Sarmiento, D.[1]; Meikle, D.[1]; Alvarez, M.[1], 1. Allentown, PA

*All e-poster presenters are listed first unless otherwise noted.

12:10 pm **Alvimopan Use Following Gastrointestinal Surgery Is Associated With Decreased Length of Stay** **P75**
Henning, R.[1]; Peterson, C.[1]; Ludwig, K.[1]; Ridolfi, T.[1], 1. Milwaukee, WI

12:15 pm **Transanal Minimal Invasive Surgery Analysis of 113 Consecutive Cases From Single Center Experience** **P76**
Chen, Y.[1], 1. Taichung, Taiwan

12:20 pm **An Electronic Health Record Integrated Colon Pathway: Examining Variable Direct Cost (VDC), Overall Savings and Reduction in Length of Stay** **P77**
Schwartzberg, D.[1]; Cahan, E.[1]; Grieco, M.[1]; Grucela, A.[1]; Bernstein, M.[1], 1. New York, NY

12:25 pm **The Tandem Impact of an Electronic Health Record Integrated Colon Pathway and a Targeted Surgical Site Reduction Protocol on Survival Site Infection Rates** **P78**
Schwartzberg, D.[1]; Cahan, E.[1]; Grieco, M.[1]; Grucela, A.[1]; Bernstein, M.[1], 1. New York, NY

12:30 pm **Acute Kidney Injury in the Age of Enhanced Recovery Protocols** **P79**
Hassinger, T.[1]; Harrigan, A.[1]; Stukenborg, G.[1]; Turrentine, F.[1]; Thiele, R.[1]; Sarosiek, B.[1]; Friel, C.[1]; Hedrick, T.[1], Charlottesville, VA

12:35 pm **An Analysis of Risk Factors and Complications Associated With Laparoscopic Conversion in Left Sided Colon Resections** **P80**
Etter, K.[1]; Davis, B. R.[2]; Roy, S.[3]; Yoo, A.[1], 1. New Brunswick, NJ 2. Charlotte, NC 3. Somerville, NJ

Monday, June 12
Monitor #16 – Outcomes

Co-Moderators: **Carrie Peterson, MD,** *Milwaukee, WI*
Sanda Tan, MD, *Gainesville, FL*

11:40 am **Analysis of Diverticulitis Recurrence in Relation to Immunosuppression** **P81**
Kapoor, T.[1]; Moore, J.[1], 1. Burlington, VT

11:45 am **Factors Associated With Short-term Morbidity After Colectomy for Crohn's Disease: An Assessment From the ACS-NSQIP** **P82**
Aydinli, H.[1]; Aytac, E.[2]; Grucela, A.[1]; Bernstein, M.[1]; Remzi, F.[1], 1. New York, NY 2. Istanbul, Turkey

11:50 am **Urinary Retention In Early Foley Catheter Removal After Colorectal Surgery** **P83**
Ghuman, A.[1]; Kasteel, N.[1]; Brown, C. J.[1]; Karimuddin, A. A.[1]; Raval, M. J.[1]; Phang, T.[1], 1. Vancouver, BC, Canada

11:55 am **Predictors of Length of Stay After Colorectal Surgery: Which ERAS Elements Really Matter?** **P84**
D'Angelo, A.[1]; Foley, E. F.[1]; Heise, C. P.[1]; Harms, B. A.[1]; Carchman, E. H.[1]; Tevis, S. E.[1], 1. Madison, WI

Noon **Do Medicaid Patients Have Higher Readmission Rates After Major Colorectal Resections?** **P85**
Thomas, S. M.[1]; Sheikh, T.[2]; Warner, C.[1]; Sugrue, J.[1]; Mellgren, A.[1]; Kochar, K.[2]; Marecik, S. J.[2]; Park, J.[2], 1. Chicago, IL 2. Park Ridge, IL

12:05 pm **Elderly Patients Undergoing Colectomy and Proctectomy Require More Supplemental Nutrition With TPN** **P86**
Goldstone, R. N.[2]; Stapleton, S. M.[2]; Saraidaridis, J. T.[2]; Bordeianou, L.[1]; Chang, D.[2]; Kunitake, H.[1], 1. Cambridge, MA 2. Boston, MA

12:10 pm **Reduction in Cardiac Complications Within an Enhanced Recovery After Surgery Program** **P87**
Dionigi, B.[1]; Maldonado, L. J.[1]; Scully, R.[1]; Henry, A.[1]; Goldberg, J.[1]; Bleday, R.[1], 1. Boston, MA

12:15 pm **Combined Antibiotic and Mechanical Bowel Preparation Is Associated With Lower Anastomotic Leak for all Types of Colectomy** **P88**
Overbey, D. M.[1]; Chapman, B.[1]; Helmkamp, L.[2]; Vogel, J. D.[1]; Cowan, M.[1], 1. Denver, CO 2. Aurora, CO

12:20 pm **Comprehensive Robotics Curriculum in General Surgery Residency** **P88A**
NeMoyer, R. E.[1]; Cheng, C.[1]; Dhir, N.[2]; Parker, G.[3]; Maloney Patel, N.[1], 1. New Brunswick, NJ 2. Plainsboro, NJ 3. Neptune, NJ

12:25 pm **Post-Discharge Venous Thromboembolism Prophylaxis for Colorectal Surgery Patients** **P88B**
Nweze, N.[1]; Nadler, A.[1]; Morba, M.[1]; Pezella, J.[1]; Farma, J.[1], 1. Philadelphia, PA

*All e-poster presenters are listed first unless otherwise noted.

12:30 pm **The Colorectal Cancer Safety Net: Is It Catching Patients Appropriately?** **P681**
Althans, A. R.[1]; Brady, J. T.[2]; Times, M.[1]; Keller, D. S.[2]; Harvey, A. R.[1]; Kelly, M. E.[1]; Patel, N. D.[1]; Steele, S. R.[4] 1. Cleveland, OH 2. Houston, TX

12:35 pm **Perineural and Lymphovascular Invasion as Prognostic Factors in Colorectal Cancer** **P88c**
Palo, L.[1]; Rangwala , A.[2]; Minassian, H.[3]; Parker, G.[1]; Greenberg, P.[1]; Lachica, M.[1]; Topilow, A.[1] 1. Neptune City, NJ 2. Brick, NJ 3. Holmdel, NJ

Monday, June 12
Monitor #2 – Benign Anorectal

Moderator: **Mitra Ehsan, MD,** *Bellevue, WA*

11:40 am **Practice Makes Perfect: Validation of a Low Fidelity Simulator for Anorectal Surgery** **P89**
Langenfeld, S.[1]; Thompson, J. S.[1]; Are, C.[1]; Cologne, K.[2]; Steele, S. R.[3], 1. Omaha, NE 2. Los Angeles, CA 3. Cleveland, OH

11:45 am **Should We Be Quick To Dismiss Non-Sphincter-Sparing Surgery for Fistula-in-Ano: An Analysis of Long-term Outcomes** **P90**
De Marco, C.[1]; Abou Khalil, M.[1]; Morin, N.[1]; Vasilevsky, C.[1]; Faria, J.[1]; Gordon, P.[1]; Ghitulescu, G.[1]; Boutros, M.[1], 1. Montreal, QC, Canada

11:50 am **Effect of Body Mass Index on Recurrence of Rectal Prolapse After Surgical Repair** **P91**
Busch, K. M.[1]; Crume, A.[1]; Waldron, J.[1]; Murday, M.[1], 1. Salt Lake City, UT

11:55 am **Days Off Work After Anal Fistula Surgery: A Multicenter Study** **P92**
Villanueva-Herrero, J. A.[1]; Reyes-Hansen, M. D.[1]; Wong-Osuna, B. A.[2]; Lopez-Campos, A. I.[2]; Bolivar-Rodríguez, M. A.[2]; Navarro-Chagoya, M. D.[1]; Alarcon Bernes, L.[1]; Villavicencio-Lopez, M.[1]; Blas-Franco, M.[1]; Jimenez-Bobadilla, B.[1], 1. Mexico City, Mexico 2. Sinaloa, Mexico

Noon **The Modified Hanley Technique for Outpatient Management of Deep Post-anal Space Abscess Is Safe and Effective** **P93**
Westein, R.[1]; Blank, J. J.[1]; Ridolfi, T.[1]; Ludwig, K.[1]; Peterson, C.[1], 1. Wauwatosa, WI

12:05 pm **Treament Strategy for External Haemorrhoidal Thrombosis** **P94**
Pakravan, F.[1]; Helmes, C.[1]; Alldinger, I.[1], 1. Duesseldorf, Germany

12:10 pm **Preemptive Analgesia in Anorectal Surgery (PEAARS)** **P95**
Van Backer, J. T.[1]; Jordan, M. R.[1]; Leahy, D. T.[1]; Moore, J.[1]; Evans, K.[1]; Callas, P.[1]; Cataldo, P.[1], 1. Burlington, VT

12:15 pm **Fibrin Glue Improves Results of Endorectal Advancement Flap for the Treatment of Transphincteric Fistula** **P96**
Hart, D.[1]; Ferrara, A.[1]; Clark, B.[1]; Mueller, R.[1]; Gallagher, J.[1]; Soliman, M.[1]; DeJesus, S.[1]; Karas, J.[1]; Williamson, P.[1], 1. Orlando, FL

12:20 pm **What Impact Does High-resolution Anoscopy Have After Anal Condyloma Treatment?** **P97**
Canelas, A. G.[1]; Alvarez Gallesio, J.[1]; Laporte, M.[1]; Bun, M.[1]; Rotholtz, N.[1], 1. Buenos Aires, Argentina

12:25 pm **Trend in Surgical Management of Fistulas-in-Ano** **P98**
Hsu, J.[1]; Maloney Patel, N.[1], 1. North Brunswick, NJ

12:30 pm **Clinical and CT Characteristics of Supralevator Anorectal Abscesses in 22 Patients** **P99**
Ortega, A.[2]; Feldmann, T.[1]; Linnebur, M.[2]; Arcila, E.[2]; Cologne, K.[2]; Ault, G.[2]; Lee, S.[2], 1. Olympia, WA 2. Los Angeles, CA

12:35 pm **Outcome After LIFT/BIOLIFT Procedures** **P100**
Cheong, J.[1]; Lee, P.[1], 1. Sydney, NSW, Australia

Monday, June 12
Monitor #3 – Benign Colon

Co-Moderators: **Jennifer Ayscue, MD,** *Washington, DC*
Lorene Valdez-Boyle, MD, *Albuquerque, NM*

11:40 am **Ostomy Usage for Colorectal Trauma in Wounded Warriors: Characteristics of Combat Related Stoma Creation** **P101**
Johnston, L. R.[1]; Wagner, M. D.[1]; Bradley, M. J.[1]; Rodriguez, C. J.[1]; Mcnally, M. P.[1]; Duncan, J. E.[1], 1. Bethesda, MD

11:45 am **Mortality Based Clostridium Difficile Infection Score Using a Validated Clinical Prediction Tool** **P102**
Zoog, E.[1]; Hollister, S. K.[1]; Kong, J. C.[2]; Stanley, J. D.[1], 1.Chattanooga, TN 2. East Melbourne, VIC, Australia

*All e-poster presenters are listed first unless otherwise noted.

11:50 am **Acute Diverticulitis in the Elderly Population. Does Age Matter?** **P103**
Michailidou, M.[1]; Pandit, V.[1]; Pandit, V.[1], 1. Tucson, AZ

11:55 am **A Meta-analysis Comparing Posterior Component Separation (TransVersus Abdominus Release) With Anterior Component Separation in the Repair of Midline Ventral/Incisional Hernias** **P104**
Hodgkinson, J.[1]; Leo, C.[1]; Bassett, P.[1]; Maeda, Y.[1]; Vaizey, C.[1]; Warusavitarne, J.[1], 1. London, United Kingdom

Noon **Successful Use of Extracellular Matrix Plugs in the Percutaneous Management of Enterocutaneous Fistulae** **P105**
Brown, R.[1]; Gallaher, J.[1]; Stavas, J.[2]; Sadiq, T.[1]; Koruda, M.[1], 1. Chapel Hill, NC 2. Omaha, NE

12:05 pm **Time to Re-evaluate Colonoscopy Age Cutoff? Adenomas More Common In Elderly Than Thought** **P106**
Fischer, J. L.[1]; Engelking, N.[1]; Thiele, J.[2]; Wietfeldt, E. D.[1]; Rakinic, J.[1], 1. Springfield, IL

12:10 pm **A Population-based Analysis of Small Bowel Gastrointestinal Tumors (GIST) Shows a Shift to Earlier Stage at Diagnosis: Analysis of the SEER Database** **P107**
Suradkar, K.[1]; Lebwohl, B.[1]; Neugut, A. I.[1]; Green, P. H.[1]; Kiran, R. P.[1], 1. New York, NY

12:15 pm **Wound Protectors in Reducing Surgical Site Infections in Colorectal Surgery: An Updated Meta-Analysis of Randomized Controlled Trials** **P108**
Zhang, L.[1]; Elsolh, B.[1]; Patel, S.[1], 1. Kingston, ON, Canada

12:20 pm **Results of Combined Endoscopic Laparoscopic Polypectomy** **P109**
Pakravan, F.[1]; Helmes, C.[1]; Alldinger, I.[1], 1. Duesseldorf, Germany

12:25 pm **Does Extraperitoneal Stoma Formation Reduce the Incidence of Parastomal Hernia?** **P110**
Skube, S. J.[1]; Aziken, N.[1]; Madoff, R.[1]; Gaertner, W. B.[1]; Melton, G. B.[1]; Kwaan, M.[1], 1. Minneapolis, MN

12:30 pm **Single Incision Laparoscopic Surgery (SILS) Total Abdominal Colectomy (TAC) and Total Proctocolectomy With Ileal Pouch-Anal Anastomosis (TPC-IPAA): A Reasonable Approach for Complex Surgery** **P111**
Nagatomo, K.[1]; Helber, A. R.[1]; Marks, J. H.[1], 1. Wynnewood, PA

12:35 pm **Incidence of Anastomotic Leak in Elective High Anterior Resection in Diverticular Disease Versus Neoplasia** **P112**
Daniel, E.[1]; Narula, K.[1]; Wallace, M.[1]; Makin, G.[1], 1., Perth, WA, Australia

Monday, June 12
Monitor #4 – Case Study

Co-Moderators: **Greta Bernier, MD,** *Seattle, WA*
Laila Rashidi, MD, *Galveston, TX*

11:40 am **Internal Hernia via Transmesenteric Defect After Robotic Low Anterior Resection: A Report of Two Cases** **P113**
Dakwar, A.[1]; Foglia, C.[1], 1. Flushing, NY

11:45 am **Pelvic MRI Imaging Paramount in Preoperative Planning of Previously Drained Presacral Cystic Neoplasm** **P114**
Sims, K. D.[1]; Rider, P. F.[1]; Hunter, J.[1]; Grimm, L.[1], 1. Mobile, AL

11:50 am **A Case Study of Appendiceal Diverticulum Presenting as a Submucosal Mass** **P115**
Pierre, N.[1]; Saidy, M.[1]; King, E.[1]; Ambroze, W.[1], 1. Sandy Springs, GA

11:55 am **Giant Rectal Adenoma: Does Size Matter?** **P116**
Alimi, Y. R.[1]; Karabala, A.[1]; Pysher, A.[1]; Bayasi, M.[1] 1. Washington, DC

Noon **A Case of Midgut Volvulus Associated With a Jejunal Diverticulum** **P117**
NeMoyer, R. E.[1]; Gutowski, J.[2]; Parker, G.[3], 1. New Brunswick, NJ 2. Piscataway, NJ 3. Neptune, NJ

12:05 pm **Bilateral Internal Iliac Artery Aneurysms Leading to Partial Colonic Obstruction; A Case Report** **P118**
Hanif, H. M.[1]; Ghaleb, M.[1]; Kronfol, Z. N.[1], 1. El Paso, TX

12:10 pm **Use of Stenting for Obstructing Rectal Cancer as a Bridge to Neoadjuvant Therapy and Surgery: A Case Series** **P119**
Morgan, A.[1]; Irons, R.[1]; Kwiatt, M.[1]; Ho, H.[2]; Elfant, A.[2]; McClane, S.[1], 1. Collingswood, NJ 2. Camden, NJ

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Two Cases of Ogilvie Syndrome (OS) Presenting After Stroke** **P120**
Wende, S.[1]; Goldstein, S.[1], 1. Philadelphia, PA

12:20 pm **Inflammatory Fibroid Polyp: A Rare Neoplasm of the Colon** **P121**
Fabrizio, A. C.[1]; Bayasi, M.[1], 1. Arlington, VA

12:25 pm **Recurrent RUQ Pain Masquerading an Underlying Colon Adenocarcinoma-induced Intussusception** **P122**
Mahmood, G. T.[1]; Shebrain, S. A.[1], 1. Kalamazoo, MI

12:30 pm **Colonoscopic Assisted Transanal Excision of Nearly Obstructing Low Rectal Polyp** **P123**
Adongay, J. C.[1]; Kerner, B. A.[1]; Masters, E. D.[1], 1. Columbus, OH

12:35 pm **Multiple Pyogenic Liver Abscesses in an Immunocompetent Patient: An Atypical Presentation of Colon Cancer** **P124**
Williams, J. L.[1]; Petrie, B. A.[1], 1. Torrance, CA

Monday, June 12
Monitor #5 – Inflammatory Bowel Disease

Co-Moderators: **Samantha Hendren, MD,** *Ann Arbor, MI*
Emily Paulson, MD, *Philadelphia, PA*

11:40 am **Impact of Body Mass Index (BMI) and Operative Modality on Outcomes in Patients With Ulcerative Colitis Undergoing Total Proctocolectomy With Ileal Pouch Anal Anastomosis** **P125**
Ferrara, M.[1]; Brown, S.[2]; Lopiano, K. K.[3]; Vargas, H.[2], 1. Birmingham, AL 2. New Orleans, LA 3. Larkspur, CA

11:45 am **Loop Ileostomy Closure After Laparoscopic Versus Open Pelvic Pouch Procedure, Is There a Difference in Outcomes?** **P126**
Foucault, A.[1]; Brar, M. S.[1]; MacRae, H.[1], 1. Toronto, ON, Canada

11:50 am **Nonseptic Complications of Staged J-pouch Surgery for Ulcerative Colitis Do Not Delay Loop Ileostomy Reversal** **P127**
Hirth, D.[1]; Cowan, M.[1]; Vogel, J. D.[1], 1. Aurora, CO

11:55 am **Comparison of Clinical Characteristics and Long-term Outcomes After Combined Treatment of Perianal Crohn's Disease With and Without ProctitisResults From a Single Institution** **P128**
Zhu, P.[1]; Yang, B.[1]; Gu, Y.[1], 1. Nanjing, China

Noon **Laparoscopic Experience in Ileal Pouch-Anal Anastomosis at a High Volume Canadian Institution: A Case Matched Series** **P129**
Ma, G.[1]; Yuen, A.[1]; Kennedy, E.[1]; MacRae, H.[1], 1. Toronto, ON, Canada

12:05 pm **Treatment of Chronic Perianal Fistulas Using Adipose-derived Stem Cells: A Single Institution's Experience** **P130**
Stringfield, S.[1]; Parry, L.[1]; Eisenstein, S.[1]; Ramamoorthy, S.[1], 1. San Diego, CA

12:10 pm **What Is the Role of Robotic Surgery in Ulcerative Colitis?** **P131**
DeLeon, M.[1]; NeMoyer, R. E.[1]; Maloney Patel, N.[1]; Rezac, C.[1], 1. New Brunswick, NJ

12:15 pm **Surgical Outcomes of Colorectal Crohn`s Disease** **P132**
Imigo-Gueregat, F.[1]; Bellolio, F.[1]; Molina, M.[1]; Quezada, F. F.[1]; Iarach, J.[1]; Urrejola, G.[1]; Miguieles, R.[1]; Klaassen, J.[1]; Zúñiga, A.[1], 1. Santiago, Chile

12:20 pm **The Effectiveness of Biologics in Treating Perianal Fistulous Crohn's Disease** **P133**
Sugrue, J.[1]; Eftaiha, S. M.[1]; Thomas, S. M.[1]; Warner, C.[1]; Chaudhry, S.[1]; Kochar, K.[2]; Mellgren, A.[1]; Nordenstam, J.[1], 1. Chicago, IL 2. Park Ridge, IL

12:25 pm **Increased Operative Complexity in Obese Patients Undergoing Restorative Proctocolectomy With Ileal Pouch-Anal Anastomosis (IPAA) and Short-term Outcomes** **P134**
McKenna, N. P.[1]; Khasawneh, M.[1]; Abdel Sattar, L.[1]; Lightner, A. L.[1]; Kelley, S.[1]; Mathis, K. L.[1], 1. Rochester, MN

12:30 pm **The Site of Recurrence and the Management Plan for Postoperative Crohn's Disease in the Biologic Era** **P135**
Kimura, H.[1]; Kunisaki, R.[1]; Tatsumi, K.[1]; Koganei, K.[1]; Sugita, A.[1]; Endo, I.[1], 1. Yokohama, Kanagawa, Japan

12:35 pm **Sarcopenia Is Associated With Worse Preoperative Risk Factors in UC Patients Undergoing Colectomy** **P136**
Cadiz, C.[1]; Wood, E.[1]; Eberhardt, J.[1]; Saclarides, T.[1]; Hayden, D.[1], 1. Maywood, IL

*All e-poster presenters are listed first unless otherwise noted.

Monday, June 12
Monitor #6 – Inflammatory Bowel Disease

Moderator: **Sharon Stein, MD,** *Cleveland, OH*

11:40 am **Prognosis of CD Patients With Fecal Diversion** **P137**
Koganei, K.[1]; Tatsumi, K.[1]; Sugita, A.[1]; Kimura, H.[1], 1.Yokohama, Japan

11:45 am **Restorative Proctocolectomy With Ileal Pouch-Anal Anastomosis in Elderly Patients – When Is It Too Old?** **P138**
Duraes, L. C.[1]; Liang, J.[1]; Church, J.[1]; Ozuner, G.[1]; Steele, S. R.[1]; Stocchi, L.[1]; Delaney, C. P.[1]; Gorgun, I. E.[1], 1. Cleveland, OH

11:50 am **Anal Stenosis in Crohn's Patients in the Era of Biologics** **P139**
Miles, M.[1]; Murday, M.[1]; Waldron, J.[1], 1. Salt Lake City, UT

11:55 am **Long-term Surgical Outcome of Ileal Pouch-Anal Anastomosis When Used Intentionally for Well-Defined Crohn's Disease** **P140**
Mandel, D.[1]; Lopez, N.[1]; Zaghiyan, K.[1]; Vasiliauskas, E.[1]; Targan, S.[1]; Fleshner, P.[1], 1. Los Angeles, CA

Noon **Prolonged Preoperative Hospitalization Increases the Rate of Serious Morbidity in IBD Patients** **P141**
Hoffman, R. L.[1]; Neuwirth, M. G.[1]; Kelz, R. R.[1]; Aarons, C. B.[1], 1. Philadelphia, PA

12:05 pm **Postoperative Portomesenteric Vein Thrombosis: Is Anticoagulation Necessary?** **P142**
Huang, L.[1]; Kim, R. Y.[1]; Welton, M.[1], 1. Stanford, CA

12:10 pm **Comparable Quality of Life in Ulcerative Colitis Patients Following 2-Stage Versus 3-Stage Proctocolectomy With Ileal Pouch-Anal Anastomosis** **P143**
Deery, S. E.[1]; Kunitake, H.[1]; Hicks, C. W.[2]; Olariu, A.[3]; Savitt, L. R.[1]; Ananthakrishnan, A. N.[1]; Hodin, R. A.[1]; Bordeianou, L.[1], 1. Boston, MA 2. Baltimore, MD 3.Chicago, IL

12:15 pm **Short-term Outcomes of Robotic Proctectomy With Ileal Pouch Anal Anastomosis** **P144**
Schwartzberg, D.[1]; Anil, U.[1]; Bernstein, M.[1]; Grucela, A.[1], 1. New York, NY

12:20 pm **Impact of Obesity on Patients With Crohn's Disease Following Major Surgery** **P145**
Bacharach, T.[1]; Wideman, L.[1]; Ivey, L.[1]; Hale, A. L.[1]; Patil, N.[1]; McFadden, C.[1], 1. Greenville, SC

12:25 pm **Emergency Colectomy for Inflammatory Bowel Disease: 10 Year Experience** **P146**
David, G.[1]; Lal, N.[1]; Fretwell, V. L.[1]; Butler, J.[1]; Andrews, T.[1]; Rooney, P.[1]; Heath, R.[1], 1. Liverpool, Merseyside, United Kingdom

12:30 pm **Mechanical Bowel Preparation (MBP) Before Colorectal Resections for Crohn's Disease** **P147**
Iesalnieks, I.[1]; Hoene, M.[2]; Bittermann, T.[2]; Hackl, C.[2], 1. Munich, Germany 2. Regensburg, Germany

12:35 pm **Immunosuppressant Impact on Colectomy Outcomes in Crohn's Disease Patients: A Double-Edged Sword?** **P148**
Fazl Alizadeh, R.[1]; Li, S.[1]; Sujatha-Bhaskar, S.[1]; Ray, R.[1]; Jafari, M. D.[1]; Carmichael, J.[1]; Pigazzi, A.[1]; Stamos, M.[1], 1. Orange, CA

Monday, June 12
Monitor #7 – Benign Colon

Co-Moderators: **Kimberly Yee, MD,** *White Plaines, NY*
Liana Tsikitis, MD, *Portland, OR*

11:40 am **How Accurate Is Endoscopist Pre-assessment of 'Difficult Polyps' Scheduled for a Dedicated Polypectomy List? A Single Centre, Single Surgeon Series** **P149**
Padwick, R. T.[1]; Wild, B.[1]; Ward, S. J.[1]; Osborne, M. J.[1], 1. Warwick, United Kingdom

11:45 am **Removal of Benign Colon Polyps – Is Endoscopic Submucosal Dissection Superior to Laparoscopic Colectomy?** **P150**
Manji, F.[1]; Parker, J. L.[1]; Qayyum, I.[1]; Antillon-Galdamez, M.[1]; Zwier, D.[1]; Ogilvie, J.[1], 1. Grand Rapids, MI

11:50 am **A Standardized Education and Monitoring Protocol Following Ileostomy Creation Reduces Hospital Readmission** **P151**
Dwyer, C.[1]; Lane, F.[1]; Maun, D.[1]; Reidy, T.[1]; Melbert, R.[1]; Johansen, O.[1]; Tsai, B.[1], 1. Indianapolis, IN

11:55 am **Laparoscopic Resection for Complicated Diverticulitis Is Increasing Nationwide** **P152**
Mabardy, A.[1]; Albert, M. R.[1]; Monson, J. R.[1]; Atallah, S.[1], 1. Orlando, FL

*All e-poster presenters are listed first unless otherwise noted.

Noon **Colonic Diverticulitis – An Entirely Different Condition Amongst Asians** **P153**
Chang, H. S.[1]; Chan, D.[1]; Koh, F.[1]; Tan, K.[1], 1. Singapore, Singapore

12:05 pm **Challenges Following Ileostomy Creation in Older Adults** **P154**
Nikolian, V. C.[1]; Matusko, N.[1]; Camaj, A.[1]; Regenbogen, S.[1]; Hardiman, K.[1], 1. Ann Arbor, MI

12:10 pm **Bowel Habits and Gender Correlate With Proximal Colon Length Measured by CT Colonography** **P155**
Togashi, K.[1]; Utano, K.[1]; Honda, T.[2]; Kato, T.[3]; Lefor, A. K.[4]; Nagata, K.[5], 1. Fukushima, Japan 2. Nagasaki, Japan 3. Hokkaido, Japan 4. Shimotsuke, Tochigi, Japan. 5. Tokyo, Japan

12:15 pm **The Potential Deleterious Effect of the Surgical Care Improvement Program on the Risk of Clostridium Difficile After Colorectal Resection** **P156**
Suradkar, K.[1]; Baser, O.[1]; Kiran, R. P.[1], 1. New York, NY

12:20 pm **Colonoscopy Simulation: Criterion Validity Using Direct Observation of Procedural Skills** **P157**
Yap, R.[1]; Ianno, D.[1]; Nestel, D.[1]; Tobin, S.[1], 1. Melbourne, VIC, Australia

12:25 pm **Laparoscopic Loop Ileostomy Reversal With Intracorporeal Anastomosis Is Associated With Shorter Length of Stay Without Increased Direct Cost** **P158**
Sujatha-Bhaskar, S.[1]; Whealon, M. D.[1]; Jafari, M. D.[1]; Mills, S. D.[1]; Pigazzi, A.[1]; Stamos, M.[1]; Carmichael, J.[1], 1. Orange, CA

12:30 pm **The STOMA Study: Skin to Origin of Mesenteric Artery a Prospective Observational CT Study** **P159**
Farsi, A.[2]; Aljifri, A.[4]; Cao, A.[3]; Wishart, J.[1]; Gilmore, A.[1], 1.NSW, Australia 2. Jeddah, Saudi Arabia 3. Sydney, NSW, Australia 4. London, United Kingdom

12:35 pm **The Impact of Intestinal Resection for Benign Colorectal Polyps on Patient-Reported Quality of Life and Health Status** **P160**
Maniar, R.[1]; Sutherland, J.[1]; Brown, C. J.[1]; Raval, M. J.[1]; Phang, T.[1]; Karimuddin, A. A.[1], 1. Vancouver, BC, Canada

Monday, June 12
Monitor #8 – Neoplastic Disease

Co-Moderators: **Scott Kelley, MD,** *Rochester, MN*
Virginia Shaffer, MD, *Atlanta, GA*

11:40 am **A Decision Analysis for Rectal Sparing Familial Adenomatous Polyposis: Total Colectomy With Ileorectal Anastomosis Versus Proctocolectomy With Ileal Pouch-anal Anastomosis** **P161**
Melnitchouk, N.[1]; Bleday, R.[1]; Goldberg, J.[1], 1. Newton, MA

11:45 am **Investigating the Role of Surgical Trauma in the Pathogenesis of Desmoid Tumor Formation in Familial Adenomatous Polyposis Using a Novel Murine Model of Desmoid Tumor** **P162**
Chittleborough, T. J.[1]; Malaterre, J.[1]; Warrier, S.[1]; Heriot, A.[1]; Ramsay, R.[1], 1. Melbourne, VIC, Australia

11:50 am **Comparing Cecal and Rectal Neoplasms: Clues to Biology?** **P163**
Lavryk, O. A.[1]; Church, J.[1], 1. Cleveland, OH

11:55 am **Prognostic Impact of Ascitic CEA and Elastic Lamina Defect in Colon Cancer Patients** **P164**
Park, S.[1]; Lee, I.[1], 1. Seoul, Korea (the Republic of)

Noon **Plasma microRna 135 b: Diagnostic Biomarker and Predicts Lymph Node Stage in Colorectal Cancer Patients** **P165**
Kannappa, L. K.[1]; Ehdode, A.[1]; Pringle, J. H.[1]; Singh, B.[1], 1. Leicestershire, United Kingdom

12:05 pm **Creative Approach to Laparoscopic Transverse Colon Cancer Surgery for Overcoming Technical Difficulties** **P166**
Koinuma, K.[1]; Horie, H.[1]; Naoi, D.[1]; Inoue, Y.[1]; Morimoto, M.[1]; Sata, N.[1]; Tahara, M.[1]; Lefor, A.[1], 1. Shimotsuke, Tochigi-ken, Japan

12:10 pm **Nonoperative Management of Rectal Cancer at University of Vermont Medical Center: Experience With Curative and Palliative Indications** **P167**
Santos, I. Y.[1]; Cataldo, P.[1], 1. Vallejo, CA

12:15 pm **Anal Cancer Screening Knowledge, Attitudes, and Practices Among Health Care Providers** **P168**
Chen, S. Y.[1]; Leeds, I.[1]; Cerullo, M.[1]; Jones, J.[1]; Efron, J.[1]; Gearhart, S.[1]; Safar, B.[1]; Fang, S.[1], 1. Baltimore, MD

*All e-poster presenters are listed first unless otherwise noted.

12:20 pm **High-risk Pedunculated Polyps-size Does Matter** **P169**
Bech-Larsen, S. J.[1]; Bulut, M.[1]; Bremholm Hansen, L.[1], 1. Copenhagen Vesterbro, Denmark

12:25 pm **Management Review of Pain in Pelvic Exenteration Patients** **P170**
Liu, H.[1]; Lim, J.[1]; Koh, C.[1]; Johnstone, C.[1]; Solomon, M.[3], 1. Camperdown, NSW, Australia

12:30 pm **Comparison of the Effects of Aqueous Extract of Sida cordifolia and 5-fluoruracil in Colon Carcinogenisis induced by 1, 2-Dimethylhydrazine on Wistar Rats** **P171**
Cruz, F. J.[1]; Jucá, M.[1]; Almeida, D.[1]; Santana, A.[1]; Moreira, M.[2]; Marques, J.[1]; Barbosa, A.[1], 1. Maceió, Brazil

12:35 pm **A Systematic Review and Meta-analysis of the Outcomes of Patients Following Salvage Treatment for Recurrent Rectal Cancer Managed by the Watch and Wait Strategy** **P172**
On, J.[1]; Shim, J.[1]; Aly, E.[1], 1. Aberdeen, United Kingdom

Monday, June 12
Monitor #9 – Neoplastic Disease

Co-Moderators: **Kellie Mathis, MD,** *Rochester, MN*
Sze Lin Peng, MD, *Ackland, NZ*

11:40 am **Multiplex Mutational Analysis in Patients With Nonmetastatic Colorectal Cancer: Excess, Opportunity, and Added Expense** **P173**
Holtestaul, T. A.[1]; Chapman, B.[1]; Paniccia, A.[1]; Cowan, M.[1]; Vogel, J. D.[1], 1. Aurora, CO

11:45 am **Impact of Weekend Discharge on Readmission Rate After Elective Colectomy** **P174**
Hoang, C. M.[1]; Alavi, K.[1]; Flahive, J.[1]; Sturrock, P.[1]; Maykel, J.[1]; Davids, J.[1], 1. Worcester, MA

11:50 am **Postoperative Chemoradiotherapy After Local Resection for High-risk T1-T2 Low Rectal Cancer: Results of Single-arm, Multi-institutional, Phase II Clinical Trial** **P175**
Sasaki, T.[1]; Ito, Y.[2]; Ohue, M.[3]; Kanemitsu, Y.[2]; Kobatake, T.[4]; Ito, M.[1]; Moriya, Y.[2]; Saito, N.[1], 1. Kashiwa-City, Japan. 2. Tokyo, Japan 3. Osaka, Japan 4. Ehime, Japan

11:55 am **Comparison of Local Control Following Sphincter-Preserving Procedures Versus Abdominoperineal Resection for Locally Advanced Low Rectal Cancer: A Propensity Score Matched Analysis** **P176**
Okamura, R.[1]; Hida, K.[1]; Yamaguchi, T.[2]; Akagi, T.[3]; Ota, M.[4]; Matoba, S.[5]; Sakai, Y.[1]; Watanabe, M.[5], 1. Kyoto, Japan 2. Shizuoka, Japan 3. Oita, Japan 4. Kanagawa, Japan 5. Tokyo, Japan

Noon **Preservation of Pathologic Outcomes in Robotic Versus Open Total Mesorectal Excision: Can the Robot Fill the Minimally Invasive Gap in Rectal Cancer?** **P177**
Truong, A.[1]; Lopez, N.[1]; Fleshner, P.[1]; Zaghiyan, K. N.[1], 1. Los Angeles, CA

12:05 pm **Personality and Decision-Making Style, and Their Relationship With Distress in Patients Undergoing Pelvic Exenteration** **P178**
Coker, D. J.[1]; Koh, C.[1], 1. Sydney, NSW, Australia

12:10 pm **Transanal Endoscopic Microsurgery After Neoadjuvant Radiochemotherapy for Locally Advanced Extraperitoneal Rectal Cancer** **P179**
Rizzo, G.[1]; Zaccone, G.[1]; Magnocavallo, M.[1]; Mattana, C.[1]; Pafundi, D. P.[1]; Gambacorta, M.[1]; Valentini, V.[1]; Coco, C.[1], 1. Rome, Italy

12:15 pm **Results of the Inaugural ASCRS Transanal Total Mesorectal Excision (taTME) Cadaver Course** **P180**
D'Andrea, A.[5]; Ianiro, C.[5]; Berho, M.[1]; West, N.[6]; Whiteford, M.[2]; Maykel, J.[3]; Hompes, R.[4]; Wexner, S.[1]; Sylla, P.[5], 1. Weston, FL 2. Portland, OR 3. Worcester, MA 4. Oxford, United Kingdom. 5. New York, NY 6. Leeds, United Kingdom

12:20 pm **Delay Between Neoadjuvant Chemoradiation and Surgery on Rectal Cancer Outcomes** **P181**
McLeod, J.[1]; Cha, J.[1]; Brown, C. J.[1]; Raval, M. J.[1]; Phang, T.[1]; Karimuddin, A. A.[1], 1.Vancouver, BC, Canada

12:25 pm **Virtual Multidisciplinary Case Conferences: A Systematic Review** **P182**
Warraich, A.[1]; Moloo, H.[1]; Musselman, R.[1]; Raiche, I.[1]; Williams, L.[1], 1. Ottawa, ON, Canada

12:30 pm **Salvage TME Following TEM: A Possible Indication for TaTME** **P183**
Letarte, F.[1]; Feinberg, A. E.[1]; Raval, M. J.[1]; Karimuddin, A. A.[1]; Phang, T.[1]; Brown, C. J.[1], 1. Vancouver, BC, Canada

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12:35 pm **Longitudinal Analysis of Anal Dysplasia in High and Low-Risk Patients** **P184**
Keller, D. S.[1]; Wong, J. S.[1]; Lichliter, W. E.[1], 1. Dallas, TX

Tuesday, June 13
Monitor #1 – Benign Anorectal

Co-Moderators: **Duc Vo, MD,** *Springfield, OR*
John Winston, III, MD, *San Antonio, TX*

11:40 am **Predictors of Recurrence of Anal Dysplasia** **P185**
Hill, D.[1]; Turner, J. S.[1]; Chase, A.[1]; Clark, C.[1], 1. Atlanta, GA

11:45 am **Transanal Open Hemorrhoidopexy: Good Results After a Follow-up of Eight Years** **P186**
Pakravan, F.[1]; Helmes, C.[1]; Alldinger, I.[1], 1. Duesseldorf, Germany

11:50 am **A Fecal Diverting Device for the Substitution of Defunctioning STOMA** **P187**
Kim, J.[2]; Kim, S.[1]; Kim, C.[1], 1. Daegu, Korea (the Republic of)

11:55 am **Transanal Opening of Intersphincteric Space (TROPIS) – A Simple Novel Sphincter Sparing Procedure to Treat High Complex Cryptoglandular Fistula-in-Ano** **P188**
Garg, P.[1]; Bajaj, P.[2]; Singh, P.[2]; Garg, M. K.[2], 1. Punjab, India 2. Panchkula, Haryana, India

Noon **Prospective Randomised Evaluation of Transanal Haemorrhoidal Dearterialization With Mucopexy Versus Stapled Haemorrhoidopexy in Haemorrhoidal Mucosal Prolapse: A Long Follow-Up** **P189**
Giarratano, G.[1]; Toscana, C.[1]; Toscana, E.[1]; Sileri, P.[1], 1. Rome, Italy

12:05 pm **Anatomic Characteristics of Type and Position of the Anal Fistula on Three-Dimensional Anorectal Ultrasonography** **P190**
Murad-Regadas, S. M.[1]; Regadas, F. S.[1]; Dealcanfreitas, I.[1]; Regadas Filho, F. S.[1]; Rodrigues, L. V.[1]; Veras, L. B.[1]; Gomes, L.[1]; Fernandes, G. O.[1], 1. Fortaleza, Ceara, Brazil

12:10 pm **Transcutaneous Tibial Nerve Stimulation for Fecal Incontinence – First Results of a Pilot Study** **P191**
Pakravan, F.[1]; Wolff, K.[1]; Helmes, C.[1]; Alldinger, I.[1], 1. Duesseldorf, Germany

12:15 pm **Haemorrhoids Treatment With THD Procedure: A Case Series of 280 Consecutive Patients** **P192**
Piccoli, M.[1]; Merolla, E.[1]; Pennisi, D.[1]; Fazl Alizadeh, R.[2]; Heydari, A.[1], 1. Baggiovara, Modena, Italy 2. Irvine, CA

12:20 pm **Characteristics and Outcome of Fournier's Gangrene Originating From the Anorectal Region, With a Particular Focus on Cases With No Perineal Involvement** **P193**
Lin, H.[1]; Chen, Z.[2]; Chen, H.[1]; Li, J.[1]; Zhou, Q.[1]; Xu, Y.[1]; Shi, R.[2]; Ren, D.[1], 1. Guangzhou, China 2. Fuzhou, China

12:25 pm **Comparison of Acellular Dermal Matrix (ADM) Plug Versus Ligation of the Intersphincteric Fistula Tract (LIFT) for the Treatment of Fistula-In-Ano** **P194**
Giarratano, G.[1]; Toscana, E.[1]; Toscana, C.[1]; Sileri, P.[1], 1. Rome, Italy

12:30 pm **Laser Modified VAAFT Technique for Complex Anal Fistula** **P195**
Mori, L.[1], 1. Lavagna (Genova), Italy

12:35 pm **Early and One-Year Results of Laser Haemorrhoidoplasty for Symptomatic Haemorrhoids** **P196**
Danys, D.[1]; Mazrimas, P.[1]; Grisin, E.[1]; Zaks, N.[1]; Mikalauskas, S.[1]; Narmontas, D.[1]; Strupas, K.[1]; Poskus, T.[1], 1. Vilnius, Lithuania

12:40 pm **Vacuum Sealing Drainage Technology in Management of Cavity Wound Caused by Anorectal Disease: A Preliminary Study** **P197**
Lin, H.[1]; Chen, H.[1]; Xu, Y.[1]; Li, J.[1]; Zhou, Q.[1]; Ren, D.[1], 1. Guangzhou, China

12:45 pm **Hemorrhoid Energy Therapy (HET) in the Management of Symptomatic Grade 1 and Grade 2 Hemorrhoids** **P198**
Thomas, S. M.[1]; Eftaiha, S. M.[1]; Warner, C.[1]; Sugrue, J.[1]; Mellgren, A.[1]; Nordenstam, J.[1], 1. Chicago, IL

*All e-poster presenters are listed first unless otherwise noted.

Tuesday, June 13
Monitor #10 – Neoplastic Disease

Co-Moderators: **Russell Farmer, MD,** *Louisville, KY*
Pierpaolo Sileri, MD, *Rome, Italy*

11:40 am **Direct to Test GI Colonoscopy/Gastroscopy has a Low Pick-up Rate for Colorectal Cancer and Is Frequently Associated With Negative Findings in the Upper GI Tract** **P199**
Bruce, N.[1]; MacDonald, A.[1]; Webster, I.[1]; McKenzie, C.[1]; Lin, K.[1]; Gardiner, A.[1]; Montgomery, S.[1], 1. Airdrie, United Kingdom

11:45 am **Five Year Institutional Experience After Initiation of State Supported Colorectal Cancer Screening and Care** **P200**
Shenoy, P. P.[1]; Glaser, J.[1]; Vaid, S.[1], 1. Newark, DE

11:50 am **High Resolution Anoscopy – Starting a Program – Initial Experience of Determining Who Should Undergo Operating Room HRA** **P201**
Vanguri, P.[1]; Karas, J.[1]; DeJesus, S.[1]; Mueller, R.[1]; Ferrara, A.[1]; Gallagher, J.[1]; Soliman, M.[1]; Williamson, P.[1], 1. Orlando, FL

11:55 am **Transanal Total Mesorectal Excision (TaTME): Short-term Surgical Outcomes** **P202**
Abedrapo, M. A.[1]; Carrillo, K.[1]; Lopez, S.[1]; Sanguineti, A.[1]; Llanos, J.[1]; Diaz, M.[1]; Azolas, R.[1]; Bocic, G.[1], 1. Santiago, Region Metropolitana, Chile

Noon **Is Radical Resection Necessary for Large Neuroendocrine Tumors of the Rectum? Results From the National Cancer Database** **P203**
Izquierdo, K.[1]; Farkas, L.[1]; Humphries, M.[1]; Guevara, S.[1], 1. Sacramento, CA

12:05 pm **A Cadaver Training Model for D3 Extended Mesenterectomy in Right Colectomy for Colon Cancer** **P204**
Yang, K.[1]; You, K.[1]; Rowehl, L.[1]; Bandovic, J.[1]; Abbas, S.[1]; Anderson, C.[1]; Zakhaleva, J.[1]; Bergamaschi, R.[1], 1. Stony Brook, NY

12:10 pm **Incidentally Found Ileal Carcinoids: It's Worth a Peek** **P205**
Booth, K. K.[1]; Downs, J. M.[1], 1. Dallas, TX

12:15 pm **Outcomes of Redo Proctectomy in Patients With Rectal Cancer** **P206**
Chen, J.[1]; Cai, Y.[2]; Wen, Y.[1]; Maron, D.[1]; Sands, D. R.[1]; Weiss, E.[1]; Wexner, S. D.[1]; da Silva-Southwick, G.[1], 1. Weston, FL, 2. Shanghai, China

12:20 pm **Neoadjuvant Therapy for Stage II and III Rectal Cancer: Guideline Concordance Is Highest at Specialty Centers** **P207**
Bergquist, J.[1]; Spindler, B. A.[1]; Storlie, C. B.[1]; Kelley, S.[1]; Habermann, E. B.[1]; Mathis, K. L.[1], 1. Rochester, MN

12:25 pm **The Effect of Neoadjuvant Chemoradiotherapy on Bowel Function for Patients With Rectal Cancer** **P208**
Kang, R.[1]; Colombo, J.[1]; Patel, N.[1]; Ivatury, S. J.[1], 1. Lebanon, NH

12:30 pm **Microsatellite Instability Status in Patients With Young-onset Colorectal Cancer: Does It Have Clinical Significance?** **P209**
Aljamal, Y. N.[1]; Mathis, K. L.[1]; Dozois, E. J.[1], 1. Rochester, MN

12:35 pm **Transanal Total Mesorectal Excision (TaTME): Long-term Oncological and Functional Outcomes** **P210**
Abedrapo, M. A.[1]; Carrillo, K.[1]; Sanguineti, A.[1]; Lopez, S.[1]; Azolas, R.[1]; Diaz, M.[1]; Llanos, J.[1]; Bocic, G.[1], 1. Santiago, Region Metropolitana, Chile

12:40 pm **Segmental Versus Total Colectomy in Young Patients With Microsatellite Unstable Colon Cancers: Does Operative Approach Impact Oncologic Outcomes?** **P211**
Aljamal, Y. N.[1]; Mathis, K. L.[1]; Dozois, E. J.[1], 1. Rochester, MN

12:45 pm **Proctocolectomy Versus Proctectomy Alone in Young Patients With Microsatellite Unstable Rectal Cancers: Does Operative Approach Impact Oncologic Outcomes?** **P212**
Aljamal, Y. N.[1]; Mathis, K. L.[1]; Dozois, E. J.[1], 1. Rochester, MN

Tuesday, June 13
Monitor #11 – Benign Anorectal

Co-Moderators: **Satyadeep Bhattacharya, MD,** *Carbondale, IL*
Scott Daugherty, MD, *Memphis, TN*

11:40 am **Cutting Seton – An Effective and Safe Technique for Management of Complex Anal Fistulas** **P213**
Tahilramani, R.[1]; Gallagher, J.[1]; Ferrara, A.[1]; Karas, J.[1]; Mueller, R.[1]; DeJesus, S.[1]; Soliman, M.[1]; Williamson, P.[1], 1. Orlando, FL

*All e-poster presenters are listed first unless otherwise noted.

11:45 am **Stapled Hemorrhoidectomy and Transanal Hemorrhoidal Dearterialization: Both Are Safe and Effective, But Is One Better? P214**
Tahilramani, R.[1]; Ferrara, A.[1]; Perez, S.[1]; Clark, B.[1]; Karas, J.[1]; Mueller, R.[1]; Williamson, P.[1]; Gallagher, J.[1], 1. Orlando, FL

11:50 am **Improved Outcomes for Treatment of Rectourethral Fistula When Performed by a Specialized Multidisciplinary Team, a Single Center Experience P215**
Van Eps, J.[1]; Ali, A.[1]; Ellsworth, R. J.[1]; Strobos, E.[2]; Bailey, H.[1], 1. Houston, TX 2. Golden, CO

11:55 am **A New Insight of the Preperative Assessment of Simple Cryptoglandular Fistula-In-Ano P216**
Stijns, J.[1]; Van Loon, T.[1]; Zimmerman, D.[1]; Wasowicz, D.[1], 1.Wilrijk, Belgium

Noon **Skin Closure After Stoma Reversal: A Protocol Based Approach P217**
Pemmaraju, V.[1]; Husain, S.[1], 1. Columbus, OH

12:05 pm **Impact of Endoscopic Evaluation Prior to Colostomy Reversal After Hartmann's Procedure P218**
Zumba, O.[1]; Bernescu, I.[1]; Maloney Patel, N.[1]; Rezac, C.[1], 1. New Brunswick, NJ

12:10 pm **Right-sided Diverticulitis in a Canadian Tertiary-Care Center: A 15-Year Experience P219**
Zuckerman, J.[1]; Garfinkle, R.[1]; Morin, N.[1]; Vasilevsky, C.[1]; Ghitulescu, G.[1]; Faria, J.[1]; Gordon, P.[1]; Boutros, M.[1], 1. Montreal, QC, Canada

12:20 pm **Long-term Outcomes After Successful Conservative Treatments Between Acute Non-perforated (Hinchey 0 and IA) Versus Perforated (Hinchey IB and II) Sigmoid Diverticulitis Patients P221**
Jitmungngan, R.[1]; Riansuwan, W.[1], 1. Bangkok, Thailand

12:25 pm **Completeness of Surveillance After Resection for Stage II/III Colorectal Cancer: A Retrospective Review P222**
Ollek, S.[1]; Gill, D.[1], 1. Saskatoon, SK, Canada

12:30 pm **Impact of Surgical Approach on Oncologic and Long-term Survival Outcomes in Stage I-III Colon Cancer P223**
Mirkin, K. A.[1]; Kulaylat, A. S.[1]; Hollenbeak, C.[1]; Messaris, E.[1], 1. Hershey, PA

12:35 pm **A Review of Morbidity and Mortality in Colon and High Grade Appendiceal Cancer Patients With Carcinomatosis Who Underwent Cytoreductive Surgery, Hyperthermic Intraperitoneal Chemotherapy, and Liver Resection for Hepatic Metastasis P224**
Lu, J. K.[1], 1. Shawnee, KS

12:40 pm **T≤2N0,TRG1-2 in Post Chemoradiation Therapy MRI: What It Can Predict? P225**
Nahas, C.[1]; Nahas, S.[1]; Bustamante, L.[1]; Marques, C.[1]; Imperiale, A. R.[1]; Cotti, G. C.[1]; Azambuja, R.[1]; Ortega, C.[1], 1. Sao Paulo, Brazil

12:45 pm **Predictors of 90-Day Readmission After Colorectal Cancer Surgery P226**
Changoor, N. R.[1]; Zafar, S.[1]; Ortega, G.[1]; Taghipour, D.[1]; Fullum, T. M.[1], 1. Washington, DC

Tuesday, June 13
Monitor #12 – Neoplastic Disease

Co-Moderators: **Joseph Carmichael, MD,** *Orange, CA*
Aakash Gajjar, MD, *Galveston, TX*

11:40 am **First Series With the New Robotic Endo-wrist Staplers for da Vinci Xi in Anterior Rectal Resection for Cancer: A Case-Control Comparison With Traditional Laparoscopic Staplers P227**
Guadagni, S.[1]; Di Franco, G.[1]; Gianardi, D.[1]; Palmeri, M.[1]; Cristina, C.[2]; Buccianti, P.[2]; Mosca, F.[2]; Morelli, L.[1] 1. Lucca, Italy 2. Pisa, Italy

11:45 am **Robotic Colo-rectal Resection With and Without the New Integrated Table Motion for da Vinci Xi: A Case Matched Study P228**
Palmeri, M.[1]; Gianardi, D.[1]; Guadagni, S.[1]; Di Franco, G.[1]; Bianchini, M.[1]; Buccianti, P.[1]; Mosca, F.[1]; Morelli, L.[1], 1. Pisa, Italy

11:50 am **Are All Rectal Cancers Created Equally? A Longitudinal Analysis of How Tumor Location Affects Cancer Recurrence Rates P229**
Keller, D. S.[1]; Bakaki, P.[2]; Rose, J.[2]; Øresland, T.[3]; Koroukian, S.[2]; Delaney, C. P.[2]; Augestad, K.[3], 1. Dallas, TX 2. Cleveland, OH 3. Oslo, Norway

11:55 am **Bowel Preparation and Peri-operative Complications in Transanal Endoscopic Microsurgery: A Systematic Review P230**
Warraich, A.[1]; Greenberg, J. A.[1]; Moloo, H.[2]; Musselman, R.[1]; Raiche, I.[1]; Williams, L.[1], 1. Ottawa, ON, Canada

*All e-poster presenters are listed first unless otherwise noted.

Noon **Global Disparities in Operative Management and Lymph Nodes Harvest of Colorectal Cancer** **P231**
Lyu, H.[1]; Leung, K.[1]; Jeong, S.[2]; Ryoo, S.[2]; Shabat, G.[4]; Komorowski, A. L.[3]; Gaspare, G.[4]; Melnitchouk, N.[1], 1. Boston, MA 2. Seoul, Korea (the Republic of) 3. Krakow, Poland 4. Ivano-Frankivsk, Ukraine

12:05 pm **Defining the Role of Post-treatment Magnetic Resonance Imaging During the Evolution of a Multidisciplinary Rectal Cancer Tumor Board** **P232**
Keller, D. S.[1]; Bogale, S.[1]; Mercadel, A. J.[1]; Ho, J. W.[1]; Chan, W.[1]; Ogola, G.[1]; dePrisco, G.[1]; Fleshman, J.[1], 1. Dallas, TX

12:10 pm **A Correlation Between Extramural Vascular Invasion and DNA Hypermethylation in Rectal Cancer** **P233**
Kokelaar, R.[1]; Jones, H.[1]; Williamson, J.[1]; Evans, M. D.[1]; Beynon, J.[1]; Jenkins, G.[1]; Harris, D.[1], 1. Swansea, United Kingdom

12:15 pm **Prognostic Impact of Preoperative Carcinoembryonic Antigen (CEA) level in Stage III Colorectal Cancer** **P234**
Teraishi, F.[1], 1. Kochi, Japan

12:20 pm **Laparoscopic Proctectomy for Rectal Cancer: Don't Rule It Out Yet** **P235**
Weaver, A. B.[1]; Brady, J. T.[1]; Steinhagen, E.[1]; Steele, S. R.[1]; Champagne, B. J.[1]; Delaney, C. P.[1]; Reynolds, H. L.[1]; Stein, S.[1], 1. Cleveland, OH

12:25 pm **Impact of Primary Tumor Resection in Colorectal Cancer With Unresectable Metastasis** **P236**
Ichikawa, N.[1]; Homma, S.[1]; Ohno, Y.[1]; Yoshida, T.[1]; Kawamura, H.[1]; Taketomi, A.[1], 1. Sapporo, Hokkaido, Japan

12:30 pm **Completion Proctectomy in Crohn's Disease** **P238**
Kavalukas, S.[1]; Hawkins, A. T.[1]; Geiger, T.[1]; Hopkins, M. B.[1]; Muldoon, R. L.[1]; Cone, M. M.[1], 1. Nashville, TN

12:35 pm **Molecular Profiling and Mutation Prevalence in Patients With Primary Resectable Versus Primary Unresectable Metastatic Colorectal Cancer** **P238a**
Nweze, N.[1]; Nadler, A.[1]; Hall, M.[1]; Farma, J.[1], 1. Philadelphia, PA

Tuesday, June 13
Monitor #13 – Outcomes

Co-Moderators: **Stefan Holubar, MD,** *Lebanon, NH*
Dorna Jafari, MD, *Irvine, CA*

11:40 am **The Impact of Subspecialty on 30-Day Mortality for Elective and Emergency Cases in Colorectal Surgery: A 10-Year Review** **P239**
Abbas, S.[1]; Yelika, S.[1]; Lee, K. P.[1]; Dickler, C.[1]; Shah, G.[1]; Sheikh, A.[1]; Chantachote, C.[1]; Bergamaschi, R.[1], 1. Stony Brook, NY

11:45 am **Failure to Rescue in Post OP Patients With Colon Cancer: Time to Rethink Where You Get Your Surgery** **P240**
Pandit, V.[1]; Azim, A.[1]; Michailidou, M.[1]; Khan, M. N.[1]; Nfonsam, V. N.[1], 1. Tucson, AZ

11:50 am **Implementation of a Dedicated Enhanced Recovery After Surgery Protocol Reduces Postoperative Dehydration Following Ileostomy Creation** **P241**
Thomas, S. M.[1]; Warner, C.[1]; Sugrue, J.[1]; Nordenstam, J.[1]; Mellgren, A.[1]; Kochar, K.[2]; Marecik, S. J.[2]; Park, J.[2], 1. Chicago, IL 2. Park Ridge, IL

11:55 am **Efficacy of Carbohydrate Loading Prior to Robotic-Assisted Low Anterior Resection for Rectal Cancer: A Single Institution Study** **P242**
Strombom, P.[1]; Kenworthy, E.[1]; Kahn, E.[1]; Sanchez-Casalongue, M.[1]; Agnew, J.[3]; Abbadessa, B.[1]; Melstrom, K.[2]; Martz, J.[1], 1. New York, NY 2. Duarte, CA 3. Garden City, NY

Noon **Re-recurrent Rectal Prolapse – Is there a Better Approach?** **P243**
Jalouta, T. K.[1]; Luchtefeld, M.[1]; Ogilvie, J.[1]; Hoedema, R.[1]; Kim, D.[1]; Dujovny, N.[1]; Figg, R.[1]; Siripong, A.[1]; Heather, S.[1], 1. Grand Rapids, MI

12:05 pm **Validation of a Preoperative, Prognostic Model for Prediction of Morbidity During Pelvic Dissection** **P244**
Iqbal, A.[1]; Tinder, M.[1]; Go, K.[1]; Burriss, N.[1]; Esemenli, A.[1]; Goldstein, L.[1]; Hughes, S. J.[1]; Tan, S.[1], 1. Gainesville, FL

12:10 pm **Evaluating the Impact of a Standardized Discharge Checklist on Readmission Rates After Colon and Rectal Surgery** **P245**
Qayyum, I.[1]; Parker, J. L.[1]; Manji, F.[1]; Ogilvie, J.[1], 1. Grand Rapids, MI

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Robotic Colorectal Surgery Coupled With an Enhanced Recovery Protocol Leads to Decreased Length of Stay** P246
Senturk, J. C.[1]; Maldonado, L. J.[1]; Melnitchouk, N.[1]; Irani, J.[1]; Bleday, R.[1]; Goldberg, J.[1], 1. Boston, MA

12:20 pm **A Modified Frailty Index Predicts Adverse Outcomes Among Patients With Colon Cancer Undergoing Surgical Intervention** P247
Aziz, H.[1]; Pandit, V.[1]; Azim, A.[1]; Jehan, F.[1]; Nfonsam, V.[1], 1. Tucson, AZ

12:25 pm **Distal Stump Leaks Following a Hartmann's Procedure: An ACS-NSQIP Study of Risks and Outcomes** P248
Dan, A.[1]; Vasilevsky, C.[1]; Morin, N.[1]; Ghitulescu, G.[1]; Faria, J.[1]; Gordon, P.[1]; Boutros, M.[1], 1. Montreal, QC, Canada

12:30 pm **Right-sided Colectomies for Diverticulitis Have Worse Outcomes Compared to Left-sided Colectomies for Diverticulitis: An ACS NSQIP Analysis of Predictors and Outcomes** P249
Wong-Chong, N.[1]; Morin, N.[1]; Ghitulescu, G.[1]; Vasilevsky, C.[1]; Gordon, P.[1]; Faria, J.[1]; Boutros, M.[1], 1. Montreal, QC, Canada

12:35 pm **Risk Factors for Readmission After Ileostomy Creation in NSQIP database** P250
Kim, N.[1]; Hall, J.[1]; Kuhnen, A. H.[1], 1., Boston, MA

12:45 pm **Outcomes and Resource Utilization in Medically Underserved Patients With Acute Diverticulitis Undergoing Surgery** P252
Wan, C.[1]; Mueck, K.[1]; Goldberg, B.[1]; Wan, D.[1]; Ko, T.[1]; Kao, L.[1]; Millas, S.[1], 1. Houston, TX

Tuesday, June 13
Monitor #14 – Pelvic Floor

Co-Moderators: **Joshua Katz, MD,** *Memphis, TN*
Debby Keller, MD, *Dallas, TX*

11:40 am **Getting to the Bottom of Treatment of Rectal Prolapse in the Elderly: Analysis of the National Surgical Quality Improvement Program(NSQIP)** P253
Daniel, V. T.[1]; Davids, J.[1]; Sturrock, P.[1]; Maykel, J.[1]; Phatak, U. R.[1]; Alavi, K.[1], 1. Worcester, MA

11:45 am **Functional Outcomes Following Sacrectomy** P254
McCarthy, A.[1]; Koh, C.[1]; Young, J. M.[1]; Steffens, D.[1]; Firouzbakht, A.[1]; Solomon, M.[1], 1. Sydney, NSW, Australia

11:50 am **Impact of Transanal Endoscopic Microsurgery on Anorectal Function: A Prospective Clinical, Functional and Quality of Life Investigation Before and After Surgery** P255
Araujo, S. E.[1]; Mendes, C. S.[1]; Cecconello, I.[1]; D'Albuquerque, L. C.[1], 1. Sao Paulo, Brazil

11:55 am **Normal Pelvic Floor Anatomy and Morphology Based on Dynamic Magnetic Resonance Defecography of Asymptomatic Female Adults: A Study in 93 Subjects** P256
Zhang, D.[1]; Zhou, Z.[1]; Hu, B.[1]; Lian, Y.[1]; Su, D.[1]; Peng, H.[1]; Ren, D.[1], 1. Guangzhou, China

Noon **Combined Rectopexy and Sacrocolpopexy is Safe for Correction of Pelvic Organ Prolapse** P257
Geltzeiler, C. B.[1]; Silviera, M.[1]; Vetter, J.[1]; Mutch, M.[1]; Wise, P.[1]; Hunt, S.[1]; Birnbaum, E.[1]; Glasgow, S.[1], 1. Saint Louis, MO

12:05 pm **Normal Range Values of a New Bedside Anometry: Anopress©** P258
Leo, C.[1]; Hodgkinson, J.[1]; Dennis, A.[1]; Thomas, G.[1]; Warusavitarne, J.[1]; Murphy, J.[2]; Cavazzoni, E.[3]; Vaizey, C.[1], 1. Harrow, United Kingdom 2. London, United Kingdom 3. Perugia, United Kingdom

12:10 pm **Influence of Foot Stool on Defacation: A Prospective Study** P259
Takano, S.[1], 1. Kumamoto, Japan

12:15 pm **Can Robotic Ventral Rectopexy Be Performed Efficiently in the Setting of Recurrent Rectal Prolapse?** P260
Carvalho, M. E.[1]; Hull, T.[1]; Zutshi, M.[1]; Gurland, B. H.[1], 1. Cleveland, OH

12:20 pm **Robotic Ventral Mesh Rectopexy for Treatment of Rectal Prolapse Results in Shorter Hospital Stay With Equal Efficacy to Posterior Rectopexy** P261
Huk, M. D.[1]; Maun, D.[1]; Reidy, T.[1]; Melbert, R.[1]; Lane, F.[1]; Johansen, O.[1]; Tsai, B.[1], 1. Indianapolis, IN

12:25 pm **Efficacy of Biofeedback Associated to Electro-stimulation for Fecal Incontinence: A Pilot Study in a University Hospital in Brazil** P262
Pinto, R. A.[1]; Batista, P. A.[1]; Brandao, D. G.[1]; Tanaka, C.[1]; Correa Neto, I. J.[1]; Bustamante-Lopez., L. A.[1]; Camargo, M.[1]; Cecconello, I.[1]; Nahas, S.[1], 1. São Paulo, Brazil

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Tuesday, June 13
Monitor #15 – Outcomes

Co-Moderators: **Ravi Moonka, MD,** *Seattle, WA*
Gavin Sigle, MD, *Littleton, CO*

11:40 am **Assessment of Variables Within and in Addition to a Risk Prediction Tool for Death or Readmission After Colorectal Surgery** **P263**
Brauer, D.[1]; Keller, M. R.[2]; Colditz, G. A.[1]; Mutch, M.[1]; Glasgow, S.[1], 1. Saint Louis, MO

11:45 am **The Impact of Comorbidity Burden on Incidence of Anastomic Leaks in Patients Undergoing Low Anterior Resection: Results From a Real-World Database Analysis** **P264**
Wei, D. B.[1]; Roy, S.[2]; Goldstein, L.[2]; Nagle, D.[3]; Yoo, A.[1]; Kalsekar, I.[1], 1. Raleigh, NC. 2. Somerville, NJ 3. Blue Ash, OH

11:50 am **Robotic Versus Laparoscopic Elective Colectomy for Left Side Diverticulitis: A Propensity Score Matched Analysis of the National Surgical Quality Improvement Program Database** **P265**
Al-Temimi, M.[1]; Ruan, J. H.[1]; Nguyen, N. P.[1]; Yuhan, R. M.[1]; Agapian, J. V.[2], 1. Fontana, CA 2. Moreno Valley, CA

11:55 am **Visceral Fat Area, Not Body Mass Index, Predicts Postoperative 30-day Morbidity in Patients Undergoing Colon Resection for Cancer** **P266**
Kuritzkes, B.[1]; Pappou, E.[1]; Guo, X.[1]; Yang, H.[1]; Zhao, B.[1]; Baser, O.[1]; Kiran, R.[1]; Bentley-Hibbert, S.[1], 1. New York, NY

Noon **Improved Outcomes With Endoluminal Stenting for Acute Colonic Obstruction** **P267**
Coury, J. J.[1]; Hans, S.[1]; Shaffer, L.[1]; Colbert, T.[1]; Khanduja, K.[1], 1. Columbus, OH

12:05 pm **Robotic Right Hemicolectomy With Intracorporeal Anastomosis Compared With Laparoscopic Extracorporeal Anastomosis: A Retrospective Study** **P268**
Gamagami, R. A.[1]; Ragauskaite, L.[1]; Borncamp, E.[1]; Kakarla, V. R.[1], 1. New Lenox, IL

12:10 pm **Comparative Outcomes of Robotic Colectomy: A Four-year Review of the Targeted Colectomy NSQIP Database** **P269**
Koh, C.[1]; Inaba, C.[1]; Sujatha-Bhaskar, S.[1]; Jafari, M. D.[1]; Carmichael, J.[1]; Stamos, M.[1]; Pigazzi, A.[1], 1. Orange, CA

12:15 pm **Clinical and Financial Outcomes After Robotic Versus Laparoscopic Surgery: Not All Resected Colorectal Segments Are the Same** **P270**
Al-Mazrou, A. M.[1]; Baser, O.[1]; Kiran, R. P.[1], 1. New York, NY

12:20 pm **Enhanced Recovery After Surgery (ERAS): Enhancing Patient Experience** **P271**
Talutis, S. D.[1]; Rosenkranz, P.[1]; McAneny, D.[1]; Kuhnen, A. H.[1]; Hall, J.[1], 1. Boston, MA

12:25 pm **The Effect of Surgeon Operative Mix on Ileal Pouch-Anal Anastomosis Outcomes** **P272**
Talutis, S. D.[1]; Hachey, K.[1]; Hall, J.[1]; Sachs, T.[1]; Kuhnen, A. H.[1], 1. Boston, MA

12:30 pm **Ten-year Evaluation of Colorectal Cancer in Young Patients** **P273**
Bacharach, T.[1]; Disbrow, D.[1]; Hale, A. L.[1]; McLear, P.[1]; Osborn, D.[1]; Ewing, J. A.[1]; McFadden, C.[1], 1. Greenville, SC

12:35 pm **Gastrointestinal Bleeding Following Colorectal Surgery With Stapled Anastomosis** **P274**
Kolarsick, P. A.[1]; Boyan, W. P.[1]; Dinallo, A. M.[1]; James, A.[2]; Newman, J.[2]; Yalamanchili, P.[2]; Dressner, R.[1]; Arvanitis, M.[1], 1. Atlantic Highlands, NJ 2. Long Branch, NJ

12:40 pm **Development of a Prediction Model for Re-admission After Ileostomy Creation in Colorectal Surgery Patients** **P275**
Iqbal, A.[1]; Sakharuk, I.[1]; Peters, H. C.[1]; Cunningham, L.[1]; Goldstein, L.[1]; Hughes, S. J.[1]; Tan, S.[1], 1. Gainesville, FL

12:45 pm **Successful Enhanced Recovery Pathway for Colorectal Surgery in a Large, Urban Safety-Net Hospital** **P276**
Anandam, J.[1]; Roberts, T.[1]; Brown, P.[1]; Joshi, G.[1]; Rabaglia, J.[1], 1. Dallas, TX

Tuesday, June 13
Monitor #2 – Benign Colon

Co-Moderators: **Olakunle Ajayi, MD,** *Walnut Creek, CA*
Abdul Saleem, MD, *Scottsdale, AZ*

11:40 am **Histological Assessment of Collagen Deposition Within Enterocutaneous Fistula Tracts Secondary to Diverticulitis** **P277**
Dastur, J. K.[1]; Maeda, Y.[1]; Ansari, T.[2]; Moorghen, M.[1]; Vaizey, C.[1], 1. Harrow, Middlesex, United Kingdom

*All e-poster presenters are listed first unless otherwise noted.

11:45 am **Characteristics and Postoperative Outcomes of Patients Undergoing Total Abdominal Colectomy for Colonic Inertia** P278
Zhang, J.[1]; Lile, D. J.[1]; Lubitz, A.[1]; Koller, S.[1]; Ross, H.[1], 1. Philadelphia, PA

11:50 am **The Role of Negative Pressure Wound Therapy in the Management of Enterocutaneous Fistulas – A Systematic Review** P279
Dastur, J. K.[1]; Maeda, Y.[1]; Vaizey, C.[1], 1. London, United Kingdom

11:55 am **Routine Cystogram Is Unnecessary After Operation for Colovesical Fistula** P280
Dolejs, S. C.[1]; Penning, A. J.[1]; Guzman, M. J.[1]; Fajardo, A. D.[1]; Holcomb, B. K.[1]; Robb, B. W.[1]; Waters, J. A.[1], 1. Indianapolis, IN

Noon **Management of Diverticular Fistulas: Outcomes of 111 Consecutive Cases at a Single Institution** P281
Martinolich, J.[1]; Bhakta, A.[1]; Croasdale, D. R.[1]; Chismark, A.[1]; Valerian, B. T.[1]; Canete, J. J.[1]; Lee, E. C.[1], 1. Albany, NY

12:05 pm **Contemporary Management of Sigmoid Volvulus** P282
Dolejs, S. C.[1]; Guzman, M. J.[1]; Fajardo, A. D.[1]; Holcomb, B. K.[1]; Robb, B. W.[1]; Waters, J. A.[1], 1. Indianapolis, IN

12:10 pm **Pre-discharge Ileostomy Output Predicts Dehydration Associated Readmissions** P283
Gwak, D.[1]; Callas, P.[1]; Moore, J.[1]; Cataldo, P.[1], 1. Burlington, VT

12:15 pm **Significance of Persistent Peritonitis After Damage Control Surgery in Patients With Acute Perforated Diverticular Disease** P284
Iesalnieks, I.[1]; Sohn, M.[1]; Ritschl, P.[2]; Aigner, F.[2], 1. Munich, Germany 2. Berlin, Germany

12:20 pm **Rectal Prolapse Repair With Abdominal Fixation Is Feasible Under Epidural or Sedation/Local Anesthesia: A Prospective Pilot Study in Elderly Subjects** P285
Milsom, J. W.[1]; Trencheva, K.[1]; Gadalla, F.[1]; Garrett, K.[1], 1. New York, NY

12:25 pm **"How About That Colon Bundle!" Use of a Survey Tool to Engage Surgeons in Reducing Surgical Site Infections for Colon Surgery** P286
Basile, M. A.[1], 1. Port Jefferson, NY

12:30 pm **Parastomal Hernia Repair Using an Open-First Hybrid Technique** P287
Schuster, A.[1]; Bauer, V.[1]; Ellis, C.[1], 1. Odessa, TX

12:35 pm **Laparoscopic Right Colectomy With Extracorporeal Anastomosis has Higher Morbidity Compared to Intracorporeal Anastomosis?** P288
Pinto, R. A.[1]; Gerbasi, L.[1]; Camargo, M.[1]; Kimura, C.[1]; Soares, D.[1]; Bustamante-Lopez., L. A.[1]; Nahas, C.[1]; Campos, F. G.[1]; Cecconello, I.[1]; Nahas, S.[1], 1. São Paulo, Brazil

12:40 pm **Evaluation of the Safety of Barbed Suture in Robotic Ascending Colectomy With Intracorporeal Isoperistaltic Ileocolic Anastomosis** P289
Vanguri, P.[1]; Soliman, M.[1]; Ferrara, A.[1]; Gallagher, J.[1]; Karas, J.[1]; Mueller, R.[1]; DeJesus, S.[1]; Williamson, P.[1], 1. Orlando, FL

12:45 pm **Temporal Changes in the Management of Patients With Complicated Diverticulitis in a Major Tertiary Institution** P290
Ahmadi, N.[1]; Ansari, N.[1]; Howden, W.[1]; Byrne, C. M.[1], 1. Mosman, NSW, Australia

Tuesday, June 13
Monitor #3 – Neoplastic Disease

Co-Moderators: **Brian Kann, MD,** *New Orleans, LA*
Shankar Raman, MD, *Des Moines, IA*

11:40 am **Quality of Life Trends After Colorectal Cancer Surgery** P291
Chan, D.[1]; Lim, T.[1]; Koh, F.[1]; Tan, K.[1], 1. Singapore, Singapore

11:45 am **Accuracy of MRI in Assessing Response to Neoadjuvant Therapy in Locally Advanced Rectal Cancer** P292
Aker, M.[1]; Boone, D.[1]; Chandramohan, A.[1]; Aspinall, R.[2]; Sizer, B.[1]; Motson, R.[1]; Arulampalam, T.[1], 1. Colchester, United Kingdom 2. Chelmsofrd, United Kingdom

11:50 am **Demographic Changes in the Presentation of Colorectal Cancer in New Zealand, 1995-2012** P293
Gandhi, J.[1], 1. Christchurch, New Zealand

11:55 am **Diagnostic Value of 18F-fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) / CT for Lateral Pelvic Lymph Node Metastasis in Rectal Cancer Treated With Preoperative Chemoradiotherapy** P294
Ishihara, S.[1]; Kawai, K.[1]; Murono, K.[1]; Kaneko, M.[1]; Sasaki, K.[1]; Yasuda, K.[1]; Otani, K.[1]; Nishikawa, T.[1]; Tanaka, T.[1]; Kiyomatsu, T.[1]; Hata, K.[1]; Nozawa, H.[1]; Watanabe, T.[1], 1. Tokyo, Japan

*All e-poster presenters are listed first unless otherwise noted.

Noon **Outcome of Low-grade Mucinous Appendiceal Neoplasms With Remote Acellular Mucinous Peritoneal Deposits** **P295**
Roxburgh, C.[1]; Fenig, Y.[1]; Cercek, A.[1]; Shia, J.[1]; Paty, P. B.[1]; Nash, G.[1], 1. New York, NY

12:05 pm **Lymph Node Regression Grade Acts as a Potential Prognostic Indicator in Rectal Cancer After Neoadjuvant Therapy and Radical Surgery** **P296**
Zhao, Q.[1]; Liu, X.[1]; Wang, H.[1], 1. ShangHai, China

12:10 pm **Clinical Outcomes Following Elective Colectomy Influenced by Tumor Pathology** **P297**
Irons, R.[1]; Minarich, M.[1]; Kwiatt, M.[1]; Gaughan, J.[1]; Spurrier, D.[1]; McClane, S.[1], 1. Camden, NJ

12:15 pm **Advanced Duodenal and Ampullary Adenomatosis in a Brazilian Population of Familial Adenomatous Polyposis: Prospective Clinical and Molecular Study** **P298**
Sulbaran Nava, M.[1]; Campos, F. G.[1]; Ribeiro Junior, U.[1]; Coudry, R.[1]; Meireles, S.[1]; Lisboa, B.[1]; Kishi, H.[1]; Sakai, P.[1]; de Moura, E. G.[1]; Bustamante-Lopez., L. A.[1]; Tomitao, M.[1]; Nahas, S.[1]; Safatle Ribeiro, A.[1], 1. Sao Paulo, Brazil

12:20 pm **Preoperative Stenting Does Not Provide an Advantage Over Immediate Resection for Semi-obstructive Colorectal Cancer** **P299**
Al-Mazrou, A. M.[1]; Al-Khayal, K.[1]; Al-Obaid, O.[1]; Zubaidi, A.[1]; Abdullah, M.[1]; Al-Madi, M.[1]; Al-Otaibi, M.[1]; Al-Eisa, A.[1], 1. Riyadh, Saudi

12:25 pm **Robotic Complete Mesocolic Excision for Right-sided Colon Cancer: A Series of 22 Patients** **P300**
Ozben, V.[1]; Sapci, I.[1]; Bilgin, I. A.[1]; Aytac, E.[1]; Erguner, I.[1]; Baca, B.[1]; Karahasanoglu, T.[1]; Hamzaoglu, I.[1], 1. Istanbul, Turkey

12:30 pm **Tumours of the Ischiorectal Fossa – A Single Institution Experience** **P301**
Zhu, K. J.[1]; Lee, P. J.[1]; Austin, K.[1]; Solomon, M.[1], 1.Sydney, Camperdown, NSW, Australia

12:35 pm **Laparoscopy in Combination With Transperineal Extralevator Abdominoperineal Excision for Locally Advanced Low Rectal Cancer** **P302**
Han, J.[1]; Wang, Z.[1]; Gao, Z.[1]; Wei, G.[1]; Yang, Y.[1]; Zhai, Z.[1]; Zhao, B.[1]; Qu, H.[1], 1. Beijing, China

12:40 pm **SMART in the Prevention of Parastomal Hernia – A Single Centre Experience** **P303**
Ng, Z.[1]; Tan, P.[1]; Theophilus, M.[1], 1. Yokine, WA, Australia

12:45 pm **Socioeconomic and Gender Disparities in Anal Cancer Diagnosis and Treatment** **P304**
Celie, K.[1]; Jackson, C.[1]; Agrawal, S.[1]; Dodhia, C.[2]; Guzman, C.[3]; Kaufman, T.[1]; Hellenthal, N.[1]; Monie, D.[1]; Monzon, R.[1]; Oceguera, L.[1]
1. Cooperstown, NY 2. Lawrence, MA 3. Stony Brook, NY

Tuesday, June 13
Monitor #4 – Neoplastic Disease

Co-Moderators: **Brian Bello, MD,** *Washington, DC*
Alexander Hawkins, MD, *Nashville, TN*

11:40 am **Resection of Primary Colorectal Cancer Plus Chemotherapy Versus Chemotherapy Alone for Unresectable Stage IV Colorectal Cancer** **P305**
Noguchi, K.[1]; Yamagami, H.[1]; Takahashi, S.[1]; Takahashi, M.[1], 1. Sapporo, Hokkaidou, Japan

11:45 am **The Impact of Splenic Flexure Mobilization on Left-sided Colorectal Resection** **P306**
Al-Mazrou, A. M.[1]; Kiran, R. P.[1]; Valizadeh, N.[1]; Kuritzkes, B.[1]; Suradkar, K.[1]; Pappou, E.[1]; Feingold, D.[1]; Lee-Kong, S.[1], 1. New York, NY

11:50 am **Short-term Outcomes of Pelvic Exenteration After Surgical Treatment of Rectal Malignancy** **P307**
Bostock, I. C.[1]; Counihan, T. C.[1]; Holubar, S. D.[1]; Ivatury, S. J.[1], 1. Lebanon, NH

11:55 am **Treatment Strategy for Intra-pelvic Local Recurrence of Rectal Cancer** **P308**
Masaki, T.[1]; Matsuoka, H.[1]; Watanabe, T.[1]; Kishiki, T.[1]; Takayasu, K.[1]; Kojima, K.[1], 1. Tokyo, Japan

Noon **Use of Epidural Analgesia in Sigmoidectomy: Is There Any Advantage in the Era of Minimally Invasive Surgery?** **P309**
Borges Teixeira, M.[1]; Van Loon, Y.[1]; Wasowicz, D.[1]; Langenhoff, B.[1]; Martijnse, I.[1]; Van Ieperen, R.[1]; Harbers, J.[1]; Zimmerman, D.[1], 1. Tilburg, Netherlands

*All e-poster presenters are listed first unless otherwise noted.

12:05 pm **Plasma microRna 21: Diagnostic Biomarker and Predicts Positive and Negative Lymph Nodes in Colorectal Cancer** **P310**
Kannappa, L. K.[1]; Ehdode, A. M.[1]; Tayyab, M.[2]; Pringle, J. H.[1]; Singh, B.[1], 1. Leicestershire, United Kingdom 2. Coventry, United Kingdom

12:10 pm **Tumor Location and Pathologic Complete Response Following Neoadjuvant Treatment for Locally Advanced Rectal Adenocarcinoma: Does Location Matter?** **P311**
Ward, W. H.[1]; Esposito, A.[2]; Ruth, K.[1]; Sorenson, E.[1]; Wernick, B.[3]; Sigurdson, E.[1]; Farma, J.[1], 1. Wyndmoor, PA 2. Philadelphia, PA 3. Bethlehem, PA

12:15 pm **Survival and Peri-operative Outcomes Among Patients With Rectal Cancer: The Role of Prior Prostate Cancer and Radiotherapy** **P312**
Feinberg, A. E.[1]; Wallis, C. J.[1]; Nam, R. K.[1]; Hameed, U.[1], 1. Toronto, ON, Canada

12:20 pm **Histology Versus Location: How Should Squamous Cell Carcinoma of the Rectum be Staged?** **P313**
Goffredo, P.[1]; Cho, E.[1]; Rizvi, I.[2]; Hassan, I.[1], 1. Iowa City, IA 2. Rochester, NY

12:25 pm **Results of Colorectal Cancer Diagnostics and Treatment in 2005 and 2010 in Lithuania: Have We Improved?** **P314**
Poskus, E.[1]; Kryzauskas, M.[1]; Poskus, T.[1]; Mikalauskas, S.[1]; Strupas, K.[1]; Samalavicius, N. E.[1]; Tamelis, A.[2]; Saladzinskas, Z.[2]; Jakaitiene, A.[1]; Smailyte, G.[1], 1. Vilnius, Lithuania 2. Kaunas, Lithuania

12:30 pm **A Comparison of Tumor Characteristics and Oncological Outcomes in Patients With Screen-detected and Symptomatic Colorectal Polyp Cancers** **P315**
Colleran, R.[1]; Richards, C. H.[1]; MacKay, C.[1]; Ramsay, G.[1]; Murray, G.[1]; Parnaby, C.[1], 1. Aberdeen, United Kingdom

12:35 pm **Colorectal Cancer With Liver Metasteses: Outcome in Indian Subcontinent** **P316**
Verma, K.[1]; Patil, P.[1]; Desouza, A.[1]; Otswal, V.[1]; Saklani, A.[1], 1. Mumbai, India

12:40 pm **Colorectal Cancer Screening in an Urban Hospital Population** **P317**
Raissis, A. C.[1]; Wheeler, M. J.[2]; Bello, B. L.[1]; Stahl, T. J.[1]; Hernandez, L. O.[1]; Fitzgerald, J. F.[1]; Bayasi, M.[1]; Ayscue, J. M.[1], 1. Washington, DC 2. Omaha, NE

12:45 pm **Mismatch Repair Protein Expression (MMR) in Colorectal Cancer: A Clinicopathological Correlation** **P318**
Kumar, A.[1]; Jain, M.[1]; Kumari, N.[1]; Yadav, A.[1]; Krishnani, N.[1]; Saxena, R.[1], 1. Lucknow, Uttar Pradesh, India

Tuesday, June 13
Monitor #5 – Neoplastic Disease

Moderator: **Leander Grimm, MD,** *Mobile, AL*

11:40 am **The Comparison of ta-NOSE ISR Made by Single Stapling Double Pouch Suturing and Traditional Laparoscopic Dixon in Rectal Carcinoma** **P319**
Xia, K.[1], 1. Zhengzhou, Henan, China

11:45 am **Adenoma Detection Rate in Surveillance Colonoscopy Following Colon Resection for Benign and Malignant Disease** **P320**
Ortolani, J. B.[1]; Stratton, M.[1]; Werner, A.[1]; Grimes, W. R.[1], 1. Shreveport, LA

11:50 am **Delayed Primary Closure After Colectomy to Reduce Surgical Site Infection** **P321**
Hadley, S.[1]; Raskin, E.[1], 1. Loma Linda, CA

11:55 am **Is Chemoradiotherapy Alone Enough in Advanced Rectal Malignancy With Positive Extra-mesorectal Lateral Lymph Nodes?** **P322**
Ahmadi, N.[1]; Quinn, M.[1]; Tang, S.[1]; Lee, P. J.[1]; Austin, K.[1]; Solomon, M.[1], 1. Mosman, NSW, Australia

Noon **Management of Malignant Inguinal Lymphadenopathy in Locally Advanced Primary and Recurrent Rectal Cancer** **P323**
Tang, S. R.[1]; Austin, K.[1]; Mazlam, L.[2]; Denost, Q.[2]; Solomon, M.[1]; Lee, P. J.[1], 1. Sydney, NSW, Australia 2. Bordeaux, France

12:05 pm **Is Laparoscopic Resection the Gold Standard in Treatment of Small Bowel Neoplasms? One Center Experience** **P324**
Rizzo, G.[1]; Zaccone, G.[1]; Magnocavallo, M.[1]; Sionne, F.[1]; Pafundi, D. P.[1]; Coco, C.[1], 1. Rome, Italy

12:10 pm **Identifying Colorectal Patients Who Will Benefit From Extended Venous Thromboprophylaxis** **P325**
Jootun, N.[1]; Anderson, A.[1]; Marinova, M.[1]; Wallace, M.[1], 1. Wantirna South, VIC, Australia

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Is It Necessary a Total Mesorectal Excision in Patients With Upper and Middle Rectal Cancer?** **P326**
Pera, M.[1]; Ansuategui, M.[1]; Jimenez-Toscano, M.[1]; Pascual, M.[1]; Alonso, S.[1]; Salvans, S.[1]; Grande, L.[1], 1. Barcelona, Spain

12:20 pm **NSAID Has No Role as Standard Analgesic Treatment Following Laparoscopic Colorectal Cancer Resection. Cancellation of Ibuprofen From the Standard Postoperative Analgesic Treatment Does Not Increase Opioid Consumption or Length of Stay After Elective Lapaparoscopic** **P327**
Brisling, S.[1], 1. Roskilde, Denmark

12:25 pm **Risk Factor and Site Assessment of Local Recurrence After Laparoscopic Lower Rectal Cancer Resection** **P328**
Yamaguchi, S.[1]; Ishii, T.[1]; Tashiro, J.[1]; Kondo, H.[1]; Hara, K.[1]; Shimizu, H.[1]; Takemoto, K.[1]; Suzuki, A.[1], 1. Hidaka, Saitama, Japan

12:30 pm **Nomogram to Predict Anastomotic Leakage After Anterior Resection for Rectal Cancer Multivariate Analysis and Nomogram From a Single-centric, Retrospective, Chinese Study With 5,197 Patients** **P329**
Xu, Y.[1]; Zheng, H.[1], 1. Shanghai, China

12:35 pm **Rectal Cancer Without Response to Neoadjuvant Treatment: Don't Watch or Wait** **P330**
Duraes, L. C.[1]; Stocchi, L.[1]; Church, J.[1]; Plesec, T.[1]; Kalady, M.[1], 1. Cleveland, OH

12:40 pm **Optimising Radiotherapy Dose Combined With Chemotherapy for Anal Cancer – The Development of Three Clinical Trials (Including the Surgically-based ACT 3) Across the Loco-Regional Risk Spectrum (PLATO trial)** **P331**
Renehan, A.[1]; Muirhead, R.[2]; McParland, L.[3]; Gilbert, D.[4]; Adams, R.[5]; Harrison, M.[6]; Hawkins, M.[2]; Sebag-Montefiore, D.[3], 1. Manchester, United Kingdom 2. Oxford, United Kingdom 3. Leeds, United Kingdom 4. Brighton, United Kingdom 5. Cardiff, United Kingdom 6., Middlesex, United Kingdom

12:45 pm **Totally Laparoscopic Rectum Resection With Transanal Specimen Extraction** **P332**
Zheng, L.[1]; Xishan, W.[1], 1. Beijing, China

Tuesday, June 13
Monitor #6 – Neoplastic Disease

Co-Moderators: **Raul Bosio, MD,** *Sylvania, OH*
Vitalix Poylin, MD, *Boston, MA*

11:40 am **Is Extended VTE Prophylaxis After Minimally Invasive Surgery for Colorectal Cancer Justified? Results of a Systematic Literature Review** **P333**
Sandhu, L.[1]; Romero Arenas, M. A.[1]; Sammour, T.[1]; Weldon, M.[1]; You, Y.[1]; Bednarski, B. K.[1]; Chang, G.[1], 1. Houston, TX

11:45 am **Combined Endoscopic Laparoscopic Surgery, CELS, A Procedure Suited for Benign and Malignant Colonic Neoplasia** **P334**
Bulut, M.[1]; Knuhtsen, S.[1]; Holm, F. S.[1]; Hansen, L. B.[1]; Gogenur, I.[1], 1. Koege, Denmark

11:50 am **Important Differences in the Quality of Polypectomy in Patients With Screen-Detected and Symptomatic Colorectal Polyp Cancers** **P335**
Colleran, R.[1]; MacKay, C.[1]; Ramsay, G.[1]; Parnaby, C.[1]; Murray, G.[1]; Richards, C. H.[1], 1. Aberdeen, United Kingdom

11:55 am **HPV 16/18 Testing Helps to Predict the Presence of Anal High-Grade Squamous Intraepithelial Lesions** **P336**
Terlizzi, J.[1]; Sambursky, J.[2]; Goldstone, S.[1], 1. New York, NY 2. Orlando, FL

Noon **Myopenia Is Associated With Reduced Active Compliance in an Enhanced Recovery Program in Patients With Colorectal Cancer** **P337**
Malietzis, G.[1]; Thorn, C.[1]; Currie, A. C.[1]; Lewis, J.[1]; White, I.[1]; Athanasiou, T.[1]; Kennedy, R.[1]; Jenkins, J. T.[1], 1. London, United Kingdom

12:05 pm **Protocolized Care for Patients Undergoing Curative Colorectal Cancer Surgery May Optimize Patient Body Composition** **P338**
Malietzis, G.[1]; Thorn, C.[1]; Currie, A. C.[1]; White, I.[1]; Kennedy, R.[1]; Jenkins, J. T.[1], 1. London, United Kingdom

12:10 pm **Measurement of Low Anterior Resection Syndrome: A Systematic Review of the Literature including Assessment of Incidence** **P339**
Keane, C.[1]; Wells, C.[1]; O'Grady, G.[1]; Bissett, I.[1], 1. Auckland, New Zealand

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Right Colon Resection for Colon Cancer: Does Surgical Approach Matter?** **P340**
Ju, T.[1]; Haskins, I. N.[1]; Kuang, X.[1]; Amdur, R. L.[1]; Obias, V.[1]; Agarwal, S.[1], 1. Washington, DC

12:20 pm **Hypoalbuminemia in Colorectal Cancer Patients: Does Age Matter?** **P341**
Haskins, I. N.[1]; Baginsky, M.[1]; Amdur, R. L.[1]; Jrebi, N.[2]; Hazard, H.[2]; Agarwal, S.[2], 1. Washington, DC 2. Morgantown, WV

12:25 pm **Perineal Reconstruction and Surgical Complication Delay Adjuvant Chemotherapy After Surgery for Rectal Cancer but Do Not Impact Upon Survival** **P342**
Jones, H.[1]; Kokelaar, R.[1]; Williamson, J.[1]; Davies, M.[1]; Evans, M. D.[1]; Beynon, J.[1]; Harris, D.[1], 1. Swansea, United Kingdom

12:30 pm **DNA Methylation in Rectal Cancer: Clinical Implications** **P343**
Dbeis, R.[1]; Rist, C.[1]; Daniels, I. R.[1]; Smart, N. J.[1]; Mill, J.[1], 1. Exeter, United Kingdom

12:35 pm **Effectiveness of a Lynch Syndrome Screening Program in Linking At-Risk Patients to Genetic Counseling** **P344**
Irons, R.[1]; Contino, K.[1]; Kwiatt, M.[1]; Carnuccio, P.[1]; Behling, K. C.[1]; Levin, B. L.[1]; Horte, J.[1]; Mattie, K. D.[1]; Edmonston, T. B.[1]; McClane, S.[1], 1. Camden, NJ

12:40 pm **Sustainability of Quality Improvement Initiatives in Rectal Cancer: Evaluation Using the NHS Model** **P345**
Ma, G.[1]; Jeffs, L.[1]; Baxter, N.[1]; Simunovic, M.[2]; Kennedy, E.[1], 1. Toronto, ON, Canada 2. Hamilton, ON, Canada

12:45 pm **The Incidence of Incisional Hernias Following Ileostomy Reversal in Colorectal Cancer Patients Treated With Anterior Resection** **P346**
Fazekas, B.[1]; Fazekas, B.[2]; Smart, N.[1]; Hendricks, J.[1]; Arulampalam, T.[1], 1. Colchester, United Kingdom 2. Weinheim, Germany

Tuesday, June 13
Monitor #7 – Neoplastic Disease

Co-Moderators: **Daniel Shibru, MD,** *Sacramento, CA*
Charles Ternent, MD, *Omaha, NE*

11:40 am **Perioperative Nutritional Screening and Prehabilitation for Patients Undergoing Surgery for Colorectal Cancer and the Effect on Health and Wellbeing Outcomes: A Protocol for a Systematic Review of Quantitative Evidence** **P347**
Perinpanyagam, G.[1]; Peters, M.[2]; Coombe, R.[1]; Murphy, E.[1], 1. Elizabeth Vale, SA, Australia 2. Adelaide, SA, Australia

11:45 am **Is Laparoscopic Resection a True Contraindication for T4 Colon Cancer?** **P348**
Duraes, L. C.[1]; Hassan, T.[1]; Gorgun, I. E.[1]; Costedio, M.[1]; Stocchi, L.[1]; Steele, S. R.[1]; Delaney, C. P.[1]; Kessler, H.[1], 1. Cleveland, OH

11:50 am **Anal Dysplasia Screening in Transplant Patients: Non-randomized Prospective Study** **P349**
Obaid, T.[1]; Greenberg, R.[1]; Cetrulo, L.[1], 1. Philadelphia, PA

11:55 am **Robotic Surgery for Rectal Cancer: An Experience From a Single Institution** **P350**
Ozben, V.[1]; Sapci, I.[1]; Aytac, E.[1]; Erguner, I.[1]; Baca, B.[1]; Hamzaoglu, I.[1]; Karahasanoglu, T.[1], 1. Istanbul, Turkey

Noon **Predictors of Rectal Adenoma Recurrence Following Transanal Endoscopic Microsurgery** **P351**
Chan, T.[2]; Karimuddin, A. A.[1]; Raval, M. J.[1]; Phang, T.[1]; Tang, V.[2]; Brown, C. J.[1], 1. Vancouver, BC, Canada

12:05 pm **Global Disparities in Preoperative Staging of Colorectal Cancer** **P352**
Lyu, H.[1]; Leung, K.[1]; Fields, A.[1]; Goldberg, J.[1]; Bleday, R.[1]; Park, J.[2]; Marino, M. V.[3]; Melnitchouk, N.[1], 1., Boston, MA 2. Seoul, Korea (the Republic of) 3. Palermo, Italy

12:10 pm **Association of Histology and Response to Neoadjuvant Chemoradiation in Patients With Rectal Carcinoma** **P353**
Huang, Q.[1]; Qin, H.[1]; He, X.[1]; Xie, M.[2]; He, X.[1]; Lian, L.[1], 1. Guangzhou, Guangdong, China 2. Jiujiang, Jiangxi, China

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Effect of a Standardized Postoperative Suspected Bleeding Protocol on Blood Product Utilization and Outcomes After Elective Colorectal Surgery** **P354**
McKenna, N. P.[1]; Hernandez, M.[1]; Cima, R.[1]; Larson, D.[1]; Mathis, K. L.[1], 1. Rochester, MN

12:20 pm **How Accurate Is MRI at Predicting Early Rectal Cancers That Can Be Treated With Upfront Surgery?** **P355**
Ginther, D. N.[1]; Neumann, K.[2]; Kirkpatrick, I.[1]; Radulovic, D.[1]; Randhawa, N.[1]; Hochman, D.[1]; Yip, B.[1]; Park, J.[1], 1. Winnipeg, MB, Canada 2. Halifax, NS, Canada

12:25 pm **Prognostic Impact of Early Recurrence After Curative Surgery for Colorectal Cancer** **P356**
Han, J.[1]; Park, Y.[1]; Min, B.[1]; Kim, N.[1]; Lee, K.[1], 1. Seoul, Korea (the Republic of)

12:30 pm **Young Age Colorectal Cancer Seems to Behave Differently From Old age Colorectal Cancer** **P357**
Suh, K.[1], 1. Suwon, Korea (the Republic of)

12:35 pm **Impact of KRAS Mutation & ERCC1 Over-expression on Oxaliplatin-based Chemotherapy in Metastatic Colorectal Cancer Patients** **P358**
Park, S.[1]; Lee, I.[1], 1. Seoul, Korea (the Republic of)

12:40 pm **Mesorectal Thickness as a Potential Predictor in Total Mesorectal Excisions for Rectal Cancers** **P359**
Dastur, J. K.[1]; Aryasomayajula, S.[1]; Subramanian, K.[1]; Gurjar, S.[1], 1. Luton, United Kingdom

12:45 pm **Age at Death of Patients With Colorectal Cancer and the Effect of Lead-time Bias on Overall Survival in Elective Versus Emergency Surgery: A Follow-Up Analysis** **P360**
Nair, H.[1]; Knight, S. R.[1]; McKenzie, C.[1]; MacDonald, A. J.[1]; Macdonald, A.[1], 1. Airdrie, Lanarkshire, United Kingdom

Tuesday, June 13
Monitor #8 – Neoplastic Disease

Co-Moderators: **Jonathan Laryea, MD,** *Little Rock, AR*
Andrew Russ, MD, *Knoxville, TN*

11:40 am **Is There a Difference in Rectal Cancer Outcomes Based on Position and Extent of Circumferential Tumor Involvement?** **P361**
Brady, J. T.[1]; Weaver, A. B.[1]; Stein, S.[1]; Steinhagen, E.[1]; Reynolds, H. L.[1]; Champagne, B. J.[1]; Delaney, C. P.[1]; Steele, S. R.[1], 1. Cleveland, OH

11:45 am **IntAct: Intraoperative Fluoresence Angiography (IFA) to Prevent Anastomotic Leak in Rectal Cancer Surgery** **P362**
Jayne, D.[1]; Quirke, P.[1]; Goh, V.[2]; Hulme, C.[1]; Kirby, A.[1]; Corrigan, N.[1]; Croft, J.[1]; Brown, J.[1], 1. Leeds, West Yorkshire, United Kingdom 2. London, United Kingdom

11:50 am **Modeling Solitary Colorectal Cancer Using a Murine Colonsocopy Implantation Model to Determine the Role of the Microbiome on Local and Distant Metastiasis Following Surgical Resection** **P363**
Gaines, S.[1]; Hyman, N.[1]; Alverdy, J.[1], 1. Chicago, IL

11:55 am **Socioeconomic Status: Is It a Prognostic Factor of Overall Survival in Colorectal Cancers** **P364**
Anam, J. R.[1]; Saklani, A.[1]; Patil, V.[1]; Pokharkar, A.[1], 1. Mumbai, Maharashtra, India

Noon **Perioperative Quality of Life and Cost-effectiveness Analysis of Low Anterior Resection/Total Mesorectal Excision and Diverting Ileostomy for Locally Advanced Rectal Cancer: A Comparison of Robotic, Laparoscopic and Open Approaches** **P365**
Wright, M.[1]; Menon, P.[1]; Thorson, A.[1]; Blatchford, G. J.[1]; Beaty, J.[1]; Shashidharan, M.[1]; Taylor, L.[1]; Ternent, C.[1], 1. Omaha, NE

12:05 pm **Primary Colorectal Cancer With Urinary Bladder Involvement – Analysis of 50 Consecutive Cases** **P366**
Doddama Reddy, A. C.[1], 1. Taichung, Taiwan

12:10 pm **Starting a Robotic Colorectal Surgical Service in a Community Hospital: Importance of Preceptorship and Training** **P367**
Heydari Khajehpour, S.[1]; Mallick, I.[1]; Howell, R. D.[1], 1. Dorset, United Kingdom

*All e-poster presenters are listed first unless otherwise noted.

12:15 pm **Role of Adjuvant Chemotherapy in Locally Advanced Rectal Cancer Patients Treated With Neoadjuvant Chemoradiation Followed by Curative Resection** **P368**
Park, Y.[1]; Noh, G.[1]; Han, Y.[1]; Cho, M.[1]; Hur, H.[1]; Min, B.[1]; Lee, K.[1]; Kim, N.[1], 1. Seoul, Korea (the Republic of)

12:20 pm **Adjuvant Chemotherapy After Radical Resection for Rectal Cancer: Are Goals of Treatment Being Achieved?** **P369**
Rochon, R. M.[1]; MacLean, A. R.[1]; Buie, W. D.[1]; Tang, P. A.[1]; Lee-Ying, R.[1]; Heine, J. A.[1], 1. Calgary, AB, Canada

12:25 pm **Removal of Benign "Difficult" Polyps not Amenable to Colonoscopy Alone, Under Epidural or Sedation/Local Anesthesia, Is Possible: Prospective Pilot Study** **P370**
Milsom, J. W.[1]; Trencheva, K.[1]; Gadalla, F.[1], 1. New York, NY

12:30 pm **Is Hemicolectomy and High Tie the Only Option for Splenic Flexure and Descending Colon Cancers?** **P371**
Tulina, I.[1]; Leontyev, A.[1]; Zhurkovskiy, V.[1]; Efetov, S.[1]; Tsarkov, P.[1], 1. Moscow, Russian Federation

12:35 pm **Participation in Bowel Screening Amongst Men Attending Aneurysm Screening: Incidence and Factors** **P372**
Quyn, A.[1]; Steele, R.[1], 1. Dundee, United Kingdom

12:40 pm **A Questionnaire on the Current Practices of "Watch & Wait" Rectal Cancer Treatment From American Society of Colon and Rectal Surgeons, European Society of Coloproctology, Association of Coloproctology of Great Britain and Ireland, Colorectal Surgical Society** **P373**
Schwartzberg, D.[1]; Wexner, S. D.[2]; Grucela, A.[1]; Bernstein, M.[1]; Grieco, M.[1]; Timen, M.[1], 1. New York, NY 2. Weston, FL

12:45 pm **Elective Surgery for Familial Adenomatous Polyposis Surgery: A Conservative Trend** **P374**
Duraes, L. C.[1]; Kalady, M.[1]; Ashburn, J.[1]; Church, J.[1], 1. Cleveland, OH

Tuesday, June 13
Monitor #9 – Neoplastic Disease

Co-Moderators: **Sam Chadi, MD,** *Toronto, ON, Canada*
Brian Teng, MD, *Rochester, NY*

11:40 am **The Influence of Screening on Outcomes of Clinically Locally Advanced Rectal Cancer** **P375**
Dinaux, A. M.[1]; Leijssen, L. G.[1]; Kunitake, H.[1]; Bordeianou, L.[1]; Berger, D.[1], 1. Boston, MA

11:45 am **Stage II Colon Cancer Patients: The "Implicit Bias of Age" – Over-utilization and Under-utilization of Chemotherapy** **P376**
Mirkin, K. A.[1]; Kulaylat, A. S.[1]; Hollenbeak, C.[1]; Messaris, E.[1], 1. Hershey, PA

11:50 am **Mid-term Oncologic Outcomes for Single Site Laparoscopic Colectomy Are Similar to Standard Laparoscopy** **P377**
Crowell, K. T.[1]; Sangster, W.[1]; Puleo, F.[1]; Messaris, E.[1], 1. Hershey, PA

11:55 am **Transanal Total Mesorectal Excision for T4 Rectal Cancers** **P378**
Martin-Perez, B.[1]; Lacy-Oliver, B.[1]; Otero-Piñeiro, A.[1]; Pena-López, R.[1]; Lacy, A.[1], 1. Barcelona, Spain

Noon **Readmission After Open Versus Laparoscopic Low Anterior Resection With Diverting Ileostomy in Patients With Advanced Rectal Cancer** **P379**
Dinaux, A. M.[1]; Leijssen, L. G.[1]; Kunitake, H.[1]; Bordeianou, L.[1]; Berger, D.[1], 1. Boston, MA

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NOT FOR CREDIT

Monday, June 12

9:35 – 10:00 am

Supported by Mallinckrodt Pharmaceuticals

The Use of Multimodal Analgesia in Treating Acute Pain: A Focus on Quality of Patient Care

Presented by:
George Nassif, Jr., DO

Discussion topics will include:

- Patient Experience in the Era of HCAPS
- Unmet needs in Acute Pain Management
- Non-Opioids as a Foundation of Multimodal Analgesia

Also, visit Mallinckrodt Pharmaceuticals at **Booth #217**

Monday, June 12

11:35 am – 12:45 pm

Supported by Medtronic, Inc.

Bowel Getting on Your Nerves? Strategies to Identify Patients and Offer Life-changing Relief with Sacral Neuromodulation

Presented by:
Joshua Bleier, MD

Chronic fecal incontinence is a common condition, affecting 1 in 12 adults. Dr. Joshua Bleier will discuss Sacral Neuromodulation; the leading treatment for FI as supported by ASCRS guidelines and long-term data. Hear a patient's experience with SNM therapy and how you can make a significant impact on quality of life.

Also, visit Medtronic, Inc. at **Booth #804**

Continued next page

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NOT FOR CREDIT

Monday, June 12

3:50 – 4:15 pm

Supported by Boston Scientific

Endoscopic Management of Surgical Complications & Bleeding: Today and Tomorrow

Presented by:
Sang Lee, MD

Dr. Sang Lee, Professor and Chief of Colon & Rectal Surgery at USC, will conduct a clinical didactic on managing surgical complications and bleeding through the endoscope. The symposium will highlight current innovative technology like Resolution 360, the only physician controlled hemoclip, and give attendees a glimpse into future innovations.

Also, visit Boston Scientific at **Booth #618**

Tuesday, June 13

11:35 am – 1:00 pm

Supported by Merck & Co., Inc.

Considerations for Accelerating Gastrointestinal (GI) Recovery After Bowel Resection Surgery

Learning Objectives:

- Discuss the burden of postoperative ileus and delayed GI recovery following bowel resection surgery
- Review of data about treatment of delayed GI recovery

Merck & Co., Inc. at **Booth #119**

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The American Society of Colon and Rectal Surgeons (ASCRS) established as part of its Annual Scientific Meeting, an Exhibit Hall to facilitate the sharing and dissemination of information regarding industry products and services. The exhibition is made available for information purposes. The participation of any exhibitor in the Exhibit Hall does not constitute an endorsement or representation of any kind regarding the qualifications, quality, expertise, capabilities, skill, message, value or competence of the exhibitor or of the exhibitor's products or services. All information contained in the exhibits is provided by the individual exhibitors and has not been independently reviewed or verified by the Society. ASCRS does not endorse exhibit hall products or services.

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Sunday:	**11:30 am – 4:30 pm**
Monday:	**9:00 am – 4:30 pm**
Tuesday:	**9:00 am – 2:00 pm**

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Irvine, CA 92617
Phone: (843) 957-2420
Website: www.11health.com
Contact Name: Robert Hoxie
Contact Email: bob@11health.com

11 Health and Technologies Limited is a connected medical device company, where all our patented devices use Bluetooth® wireless technology to send secure real-time data to most mobile devices, including smartphones, tablets and watches. Data is stored on a HIPAA compliant cloud server and then shared with physicians, clinicians, nurses and family members who care for you. Our engineering teams work closely with patients, nurses and physicians to create the most elegant and seamless end user experience across all of our ostomy solutions.

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Fax: (210) 255-6983
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Contact Name: Customer Service
Contact Email: info@acell.com

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San Diego, CA 92120
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Contact Email: sales@adlermicromed.com

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Center Valley, PA 18034
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Fax: (610) 791-6886
Website: www.aesculapusa.com
Contact Email: info@aesculap.com

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Phone: (301) 670-1513
Website: www.vsl3.com

Allergan — Booth 318

95 Corporate Drive
Bridgewater, NJ 08807
Phone: (908) 947-1667
Fax: (908) 947-1087
Website: www.allergan.com

Commission on Cancer/ACS — Booth 721

633 N St Clair St
Chicago, IL 60611
Phone: (312) 202-5182
Fax: (312) 202-5185
Website: www.facs.org/naprc

The Commission on Cancer is proud to announce the development of the National Accreditation Program for Rectal Cancer (NAPRC). What Is the NAPRC? The NAPRC was developed through a collaboration between The OSTRiCH Consortium (Optimizing the Surgical Treatment of Rectal Cancer) and the Commission on Cancer (CoC), a quality program of the American College of Surgeons. The NAPRC's goal is ensuring patients with rectal cancer receive appropriate care using a multidisciplinary approach. The NAPRC is based on successful international models that emphasize:

- Program Structure – Establishing a rectal cancer multidisciplinary team comprised of trained and qualified physicians and coordinators
- Patient Care Processes – Researching supported protocols and processes for rectal cancer care
- Performance Improvement – Data collection and monitoring to track care processes, treatment, compliance, and patient outcomes
- Performance Measures – Verifying adherence to evidence-based procedures, including total mesorectal excision, pathological assessment, and MRI staging and reporting

PLATINUM PARTNER

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22872 Avenida Empresa
Rancho Santa Margarita, CA 92688
Phone: (949) 713-8000
Website: www.appliedmedical.com

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Automated Medical Products Corp — Booth 801

P O Box 759
Woodbridge, NJ 07095
Phone: (800) 832-4567
Fax: (732) 602-7706
Website: www.ironintern.com
Contact Email: sales@ironintern.com

Automated Medical Products Corp. develops, manufactures and distributes surgical instruments. Its principle product is the Automatic Retractor Holder the Iron Intern™, a single and a double arm that simulates the function of a human arm, but is always steady. The Iron Intern™ is a perfect choice for any type of surgery including laparoscopic and bariatric. The Stieber Rib Grip Kit is our perfect solution for superior exposure in open abdomen surgery. We were the first company to introduce Nathanson Hook Liver Retractors to the U.S. market. The Iron Intern™ has become the leader in bariatric surgery, both laparoscopic and open procedures.

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Biolitec Biomedical Technology, GmbH **Booth 212**

Otto-Schott Strasse 15
Jena, Germany 07745
Website: www.biolitec.com

BK Ultrasound **Booth 610**

8 Centennial Drive
Peabody, MA 01960
Phone: (978) 326-1300
Fax: (978) 326-1399
Website: www.bkultrasound.com
Contact Name: Drew Shaffer
Contact Email: dshaffer@bkultrasound.com

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100 Boston Scientific Way
Marlborough, MA 01752
Phone: (508) 683-4000
Website: www.bostonscientific.com

Boston Scientific is dedicated to transforming patient lives by developing diagnostic and therapeutic devices that support less invasive, more efficient procedures for a variety of GI conditions. Through innovation and partnership, we are advancing important clinical research, supporting education programs and helping healthcare institutions deliver high quality healthcare while managing costs.

Brainchild Surgical Devices **Booth 520**

1258 E. 22nd Street
Brooklyn, NY 11210
Phone: (212) 389-2599
Website: www.laproshark.com

Brainchild Surgical Devices is an innovative, class leading manufacturer of cutting edge surgical devices. We are proud to introduce the newest addition to our lineup; the Lapro-Shark™ port site closure system. We invite you to visit the Lapro-Shark™ at booth #520 and finally stop the port closure struggle.

Cherished Memories Photo **Booth 108**

32275 Mission Trail Road, Sutie M-1
Lake Elsinore, CA 92530
Phone: (951) 304-4133
Website: www.cherishedmemoriesphotography.com

Cleveland Clinic Department of Colorectal Surgery

Booth 201

9500 Euclid Ave
Cleveland, OH 44195
Phone: (216) 445-3832
Fax: (216) 445-1079
Website: www.ccf.org

Clinical Genomics **Booth 720**

1031 US Highway 202/206, Suite 100
Bridgewater, NJ 08807
Phone: (855) 870-0096
Fax: (908) 325-0384
Website: www.colveratest.com

Clinical Genomics is a privately held biotechnology company developing and marketing innovative products for colorectal cancer (CRC) diagnosis. With a broad intellectual property portfolio consisting of more than 95 patents, Clinical Genomics offers colorectal cancer screening and monitoring solutions. In 2016, Clinical Genomics launched Colvera™, a sensitive and specific blood-based circulating tumor DNA (ctDNA) test for colorectal cancer recurrence monitoring that detects methylated DNA from two genes, BCAT1 and IKZF1. Via its wholly-owned subsidiary Enterix Inc., the company offers the user-friendly, patient-preferred colorectal cancer screening InSure® FIT™ assay, an FDA-cleared fecal immunochemical test that detects blood in the stool.

Coloplast **Booth 206**

1601 W River Rd
Minneapolis, MN 55411-3431
Phone: (800) 788-0293
Website: www.coloplast.us

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ostomy care, urology and continence care, and wound and skin care.

CONMED — Booth 606

525 French Rd
Utica, NY 13502
Phone: (315) 624-3516
Fax: (315) 732-7991
Website: www.conmed.com

CONMED specializes in the development of advanced surgical devices to minimize the impact of surgery on patients, from the AirSeal iFS System, HelixAR™ Electrosurgical Generator, to Low Impact Instruments™. In addition, CONMED strives to protect healthcare professionals with ClearView™ and the GoldVac™ Smoke Pencil that reduce hazards of surgical smoke.

Cook Medical — Booth 522

750 Daniels Way
Bloomington, IN 47402
Phone: (812) 339-2235
Fax: (800) 554-8335
Website: www.cookmedical.com

In 1963, Cook Medical's founder, Bill Cook, worked with a surgeon to launch the field of minimally invasive medicine. Now we continue his vision worldwide, through educational programs like Cook Vista® and through devices like Biodesign® Fistula Plug and Zenapro® Hybrid Hernia Repair Device. Learn more about us at cookmedical.com.

CS Surgical, Inc. — Booth 414

662 Whitney Dr
Slidell, LA 70461
Phone: (985) 781-8292
Fax: (985) 781-8244
Website: www.cssurgical.com
Contact Email: cssurgicalinc@aol.com

CS Surgical is your leading supplier of surgical instruments for the Colon & Rectal surgeon. Our exhibit will feature the FERGUSON PLASTIC RETRACTORS, the industry's widest variety of deep pelvic retractors, the newest Cima – St. Mark's retractor for Hand Assisted Laparoscopic Deep Pelvic Surgery, our table mounted retractor system, hemorrhoidal ligators, latex and non-latex bands for the ligator, suction ligators, anoscopes, rectal retractors, intestinal clamps, scissors, needle holders, probes and directors, and Welch Allyn products.

D.A. Surgical — Booth 800

12373 Kinsman Road, Suite 1-9
Newbury, OH 44065
Phone: (800) 261-9953
Website: www.da-surgical.com
Contact Name: Customer Service
Contact Email: info@da-surgical.com

Electro Surgical Instrument Company — Booth 221

275 Commerce Drive
Rochester, NY 14623
Phone: (585) 444-0980
Fax: (585) 444-9810
Website: www.electrosurgicalinstrument.com
Contact Email: sales@electrosurgicalinstruments.com

Electro Surgical Instrument Company (ESI) offers a complete array of fiber optic lighted instruments for the colon and rectal surgeon. Anoscopes, specula, and deep pelvic retractors. Repair and retrofit services available.

ERBE USA, Inc. — Booth 320

2225 Northwest Parkway
Marietta, GA 30067
Phone: (770) 955-4400
Website: www.erbe-usa.com

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General Surgery News — Booth 517

545 W 45th St, 8th Flr
New York, NY 10036
Phone: (212) 957-5300
Fax: (212) 957-7230
Website: www.mcmahonmed.com

General Surgery News is a monthly newspaper designed to keep surgeons abreast of the latest developments in the field, online, in print and around the world. The publication features extensive meeting coverage, analysis of journal articles, educational reviews, and information on new drugs and products.

www.generalsurgerynews.com

GI Supply — Booth 616

200 Grandview Ave
Camp Hill, PA 17011
Phone: (800) 451-5797
Fax: (717) 761-0216
Website: www.gi-supply.com

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Halo Medical Technologies, LLC — Booth 301

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Phone: (302) 475-2300
Fax: (302) 475-2301
Website: www.halomedtech.com
Contact Email: info@halomedtech.com

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HCA — Booth 327

2 Maryland Farms, Suite 210
Brentwood, TN 37027
Phone: (423) 290-0719
Website: www.practicewithus.com
Contact Name: Tammy Lindsay
Contact Email: tammy.lindsay@hcahealthcare.com

HCA owns and operates over 160 hospitals across the United States, which makes us one of the nation's leading providers of healthcare services. We believe exceptional patient outcomes only come through a dedicated community of care, placing our physicians at the forefront.

ILappSurgery Foundation — Booth 321

Kasteellaan 51
Hasselt, 3500
Belgium
Phone: 32 4727 19400
Website: www.ilappsurgery.com
Contact Email: foundation@ilappsurgery.com

Integra LifeSciences Corporation — Booth 523

311 Enterprise Dr
Plainsboro, NJ 08536
Phone: (800) 997-4868
Fax: (609) 275-5363
Website: www.integralife.com
Contact Name: Raoul Verheggen
Contact Email: raoul.verheggen@integralife.com

Integra LifeSciences, a world leader in medical technology, is dedicated to limiting uncertainty for surgeons, so they can concentrate on providing the best patient care. Integra offers innovative solutions in orthopedic extremity surgery, neurosurgery, and reconstructive, general, plastic surgery and wound care.

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Intuitive Surgical — Booth 605

1020 Kifer Rd
Sunnyvale, CA 94086
Phone: (408) 523-8821
Fax: (408) 523-1390
Website: www.intuitivesurgical.com

Intuitive Surgical is the global leader in minimally invasive, robotic-assisted surgery. Its da Vinci® System – with a 3D-HD vision system and EndoWrist® instrumentation – enables surgeons to offer a minimally invasive approach for a range of complex procedures. With more than 3,500 systems installed in hospitals worldwide bringing minimally invasive surgery to over 3 million patients to date, the da Vinci System is enabling surgeons to redefine the standard-of-care in a range of specialties: urology, gynecology, head and neck, general surgery, cardiac and thoracic surgery.

Invendo Medical, Inc. — Booth 719

1225 Franklin Ave
Garden City, NY 11530
Phone: (516) 992-3479
Fax: (516) 873-8881
Website: www.invendo-medical.com
Contact Name: John Cifarelli
Contact Email: john.cifacelli@invendo-medical.com

Invendo Medical is a leading developer of sterile, single-use, robotically-assisted HD endoscopy products for the gastroenterology and GI surgery markets. The invendoscopy technology leads ergonomics into the 21st century with robotic assistance and a design providing physicians greater control and enhanced comfort while performing procedures, as well as enhancing safety through the elimination of risky cleaning processes. The invendoscope SC200 fits seamlessly into any existing clinical practice, with low associated startup costs and improves efficiency by eliminating the need for repairs. Its simplified setup allows for ease of use while ensuring that each patient receives a new, sterile colonoscope.

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Johnson & Johnson Medical Devices Companies (Ethicon) — Booth 404

One Johnson & Johnson Plaza
New Brunswick, NJ 08933
Phone: (732) 524-0400
Website: www.jnj.com/healthcare-products/medical-devices

Having made significant contributions to surgery for more than a century, the Johnson & Johnson Medical Devices Companies are in the business of reaching more patients and restoring more lives. The group represents the most comprehensive surgical technology and specialty solutions business in the world, offering an unparalleled breadth of products, services, programs and research and development capabilities directed at advancing patient care while delivering clinical and economic value to health care systems worldwide.

BRONZE PARTNER

Karl Storz Endoscopy-America, Inc. — Booth 507

2151 E Grand Ave
El Segundo, CA 90245-2838
Phone: (800) 421-0837
Website: www.karlstorz.com

KARL STORZ Endoscopy-America is a leading provider of state-of-the-art endoscopy solutions and precision instrumentation, offering advanced products for virtually every minimally invasive surgical specialty – including the latest colorectal procedures. Our highly regarded Minilaparoscopy Set offers a reusable solution for treating adults and includes an extensive array of 3-mm instruments in the standard length of 36 cm. And, our GI SILVER SCOPE® Series offers solutions for direct visual examination of the lumen of the GI tract. For optimal performance, the GI SILVER SCOPE® series combines with our IMAGE1 S™ CCU to provide image quality tailored to the particular needs of gastroenterology.

Konsyl Pharmaceuticals, Inc. — Booth 412

8050 Industrial Park Rd
Easton, MD 21601
Phone: (410) 822-5192
Fax: (410) 822-5264
Website: www.konsyl.com

Konsyl is the #1 doctor-recommended all natural psyllium fiber supplement for digestive health. For the past 80 years our products have been widely distributed around the globe in over 40 countries. Our current OTC drug and supplement products such as Konsyl Original 100% Psyllium Fiber, FiberBetic, and Konsyl Balance are currently available in a variety of retail locations as well as on konsyl.com. Additionally, the company manufactures a medical device sold under the brand name Sitzmarks, used for diagnosing patients' who suffer from chronic constipation and other digestion maladies. Konsyl is continuing to look to the future with ambitious plans to expand the product portfolio to include various products within the health and wellness market.

LABORIE — Booth 312

400 Ave D, Ste. 10
Williston, VT 05495-7828
Phone: (800) 522-6743
Website: www.laborie.com

LABORIE, a leading global developer and manufacturer of medical devices in the pelvic health and gastroenterology markets, is proud to celebrate 50 years of innovation and commitment to improving the lives of patients suffering from Urologic and Gastrointestinal disorders. LABORIE's product line includes solutions for Urodynamics, Anorectal Manometry, Uroflowmetry, Ultrasound, Pelvic Floor Rehabilitation, Gastroenterology and Neurology.

For more information on LABORIE's global product platform and educational course offerings please visit www.laborie.com.

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Lumendi, LLC — Booth 300

253 Post Road West
Westport, CT 06880
Phone: (203) 463-2669
Fax: (203) 557-0459
Website: www.lumendi.com

SILVER PARTNER

Mallinckrodt Pharmaceuticals — Booth 217

53 Frontage Road, PO Box 9001
Hampton, NJ 08827
Phone: (908) 238-6600
Fax: (858) 436-1401
Website: www.mallincrodt.com

Mallinckrodt Pharmaceuticals is a global specialty biopharmaceutical company; its Acute Care Hospital business provides multimodal analgesia products for acute pain management and adjunctive hemostasis products for management of bleeding during surgery. Visit www.mallinckrodt.com

Medrobotics Corp — Booth 225

475 Paramount Drive
Raynham, MA 02767
Phone: (508) 692-6460
Website: www.medrobotics.com

Medrobotics develops shapeable, steerable robotic scope surgical technologies that can navigate around anatomy. Surgeons can access, visualize and operate in hard-to-reach and confined spaces and treat more patients minimally invasively. Once positioned, the robotic scope can become rigid, providing a stable platform for flexible instruments to perform procedures in a way that is not possible with line-of-sight approaches. Medrobotics' customers value their collaborative relationship with the company and the responsiveness and commitment to address their needs and those of their patients.

Medspira — Booth 319

2718 Summer St NE
Minneapolis, MN 55413
Phone: (800) 345-4502
Fax: (612) 789-2708
Website: www.medspira.com

SILVER PARTNER

Medtronic — Booth 804

710 Medtronic Parkway
Minneapolis, MN 55432
Phone: (800) 633-8766
Website: www.medtronic.com

Through innovation and collaboration, Medtronic improves the lives and health of millions of people each year. Learn more about our technology, services and solutions at Medtronic.com.

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Merck & Co., Inc. — Booth 119

351 N. Sumney Town Pike
North Wales, PA 19454
Phone: (267) 305-0361
Website: www.merck.com

MiMedx — Booth 325

1775 W Oak Commons Ct NE
Marietta, GA 30062
Phone: (770) 651-9100
Fax: (770) 590-3350
Website: www.mimedx.com
Contact Name: Tony Jankiewicz
Contact Email: tjankiewicz@mimedx.com

GOLD PARTNER

Olympus America Inc. — Booth 413

3500 Corporate Pkwy
Center Valley, PA 18034
Phone: (484) 896-5000
Website: www.medical.olympusamerica.com

Olympus is a global medical device and technology leader, focused on enhancing people's lives every day through innovative solutions in its core business areas of Medical and Surgical Products, Scientific Solutions, and Cameras and Audio Recorders. By enabling less invasive procedures for innovative diagnostic and therapeutic endoscopy, Olympus is transforming the future of healthcare. Olympus Corporation of the Americas – a wholly owned subsidiary of Olympus Corporation in Tokyo, Japan – is headquartered in Center Valley, Pennsylvania and employs morethan 5,000 people across North and South America. For more information visit Olympus at medical.olympusamerica.com.

Ovesco Endoscopy USA, Inc. — Booth 204

120 Quade Dr.
Cary, NC 27513
Phone: (919) 651-9449
Fax: (408) 608-2077
Website: www.ovesco-usa.com

Ovesco Endoscopy USA is a medical device company operating in the fields of flexible endoscopy and endoluminal surgery. The company develops, manufactures and markets innovative products for the treatment of gastrointestinal disease. The OTSC-Over-The-Scope Clip is Ovesco's product platform for the treatment and closure of gastrointestinal defects, such as bleeding, perforation, and fistula. In the field of Colo-Rectal surgery the OTSC-Proctology device has been FDA approved to specifically treat fistula in the anal canal and the rectum.

P&M Harmony, LLc — Booth 213

2251 S. Fort Apache Road, Suite 1148
Las Vegas, NV 89117
Website: www.zerogravityskin.com

Prescient Surgical — Booth 423

1585 Industrial Road
San Carlos, CA 94070
Phone: (513) 317-6032
Website: www.prescientsurgical.com

Prescient Surgical is a startup medical device company located in the Bay Area, and is dedicated to reducing the risk of surgical site infections. REDEFINING INTRAOPERATIVE WOUND PROTECTION: Prescient manufactures the CleanCision Wound Retraction and Protection System, a device combining the benefits of self-retaining retraction, barrier wound protection, and continuous wound edge irrigation during abdominal surgery. The device provides irrigation via a novel double-walled barrier sheath that integrates fluid delivery and removal functionality.

Redfield Corporation — Booth 717

336 W Passaic St
Rochelle Park, NJ 07662
Phone: (201) 845-3990
Fax: (201) 845-3993
Website: www.infraredcoagulator.com
Contact Name: Andrew Gould
Contact Email: info@redfieldcorp.com

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Richard Wolf Medical Instruments Corporation — Booth 713

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Phone: (800)323-wolf (9653)
Fax: (847) 913-6846
Website: www.richardwolfusa.com
Contact Email: marketing@richardwolfusa.com

Richard Wolf Medical Instruments is dedicated to improving patient outcomes through innovation in endoscopy. For over 100 years, Richard Wolf has pursued endoscopic solutions focused on improving surgical results while reducing patients' trauma. In the pursuit of the spirit of excellence, Richard Wolf prides itself on quality and innovation.

Sandhill Scientific — Booth 718

9150 Commerce Center Circle, #500
Highlands Ranch, CO 80129
Phone: (303) 470-7020
Fax: (303) 470-2975
Website: www.sandhillsci.com

Seiler Precision Microscopes — Booth 416

3433 Tree Court Industrial Blvd
St. Louis, MO 63122
Phone: (314) 218-6344
Fax: (314) 218-6144
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Shire — Booth 621

300 Shire Way
Lexington, MA 02421
Phone: (617) 349-0200
Website: www.shire.com

Sontec Instruments, Inc. — Booth 619

7248 S Tucson Way
Centennial, CO 80112
Phone: (800) 821-7496
Fax: (303) 792-2606
Website: www.sontecinstruments.com
Contact Name: Dennis Scanlan
Contact Email: info@sontecinstruments.com

Sontec offers a comprehensive selection of exceptional hand held surgical instruments, headlights and loupes available to the discriminating surgeon. There is no substitute for quality expertise and individualized service. Sontec's vast array awaits your consideration at our booth.

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Stryker — Booth 215

11 Historical Way
North Attleboro, MA 02760
Phone: (508) 954-2450
Fax: (508) 643-1191
Website: www.stryker.com

Surgin Inc. **Booth 421**
55 E. Monroe, Suite 3800
Chicago, IL 60603
Phone: (714) 832-6300
Fax: (714) 832-0300
Website: www.doserite.info
Contact Email: sales@doserite.info

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THD America **Booth 205**
9 Tech Circle, Suite 103
Natick, MA 01760
Phone: (866) 374-9442
Fax: (813) 626-0303
Website: www.thdamerica.com

The Prometheus Group **Booth 313**
1 Washington St, Ste 303
Dover, NH 03820
Phone: (603) 749-0733
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Contact Email: info@theprogrp.com

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TransEnterix **Booth 813**
635 Davis Drive, #300
Morrisville, NC 27560
Phone: (919) 765-8400
Fax: (919) 765-8459
Website: www.transenterix.com
Contact Email: mediakit@transenterix.com

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TS Consulting **Booth 622**
8255 Las Vegas Blvd. S
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Phone: (702) 782-3553

Twistle **Booth 224**
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Phone: (505) 750-8413
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United Ostomy Associations of America, Inc. — Booth 519

PO Box 525
Kennebunk, ME 04043
Phone: (800) 826-0826
Fax: (888) 747-9655
Website: www.ostomy.org
Contact Email: oa@ostomy.org

United Ostomy Associations of America, Inc. (UOAA) promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration. Our 330+ Affiliated Support Groups in the United States provide vital peer support for patients and caregivers alike.

UOAA works toward a society where people with ostomies and intestinal or urinary diversions are universally accepted and supported socially, economically, medically, and psychologically. Visit us to learn more about working together to enhance the quality of life for all who have or may have surgery!

All are welcome at our National Conference in Irvine, CA August 22-26, 2017.

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Fax: (310) 538-4521
Website: www.usjaclean.com

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Vioptix, Inc. — Booth 625

39655 Eureka Drive
Newark, CA 94560
Phone: (510) 226-5860
Fax: (510) 226-5864
Website: www.vioptix.com
Contact Name: Mark Lonsinger
Contact Email: lonsingerm@vioptix.com

Wolters Kluwer Health — Booth 701

Two Commerce Square
Philadelphia, PA 19103
Phone: (215) 521-8300
Fax: (215) 814-8911
Website: www.lww.com

Wolters Kluwer Health is a leading global provider of information and point of care solutions for the healthcare industry. Our solutions are designed to help professionals build clinical competency and improve practice so that healthcare organizations can succeed in value-based care delivery models. Product solutions include Lippincott, Ovid®, and UpToDate®

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Fax: (724) 337-0555
Website: www.xodusmedical.com
Contact Email: info@xodusmedical.com

Zinnanti Surgical Design Group. Inc. — Booth 317

343 Soquel Ave. Suite 409
Santa Cruz, CA 95062
Phone: (800) 459-1389
Fax: (800) 459-1389
Website: www.zinnantisurgical.com

Zinnanti Surgical Design Group, Inc. combines experience in device development, medical training and research to create innovative surgical devices that improve safety, effectiveness and efficiency. We specialize in developing devices with dual function. Our patented design technology, "Smoke-Evac Fusion", suction both smoke and fluids directly through the active electrode for all types of surgery.

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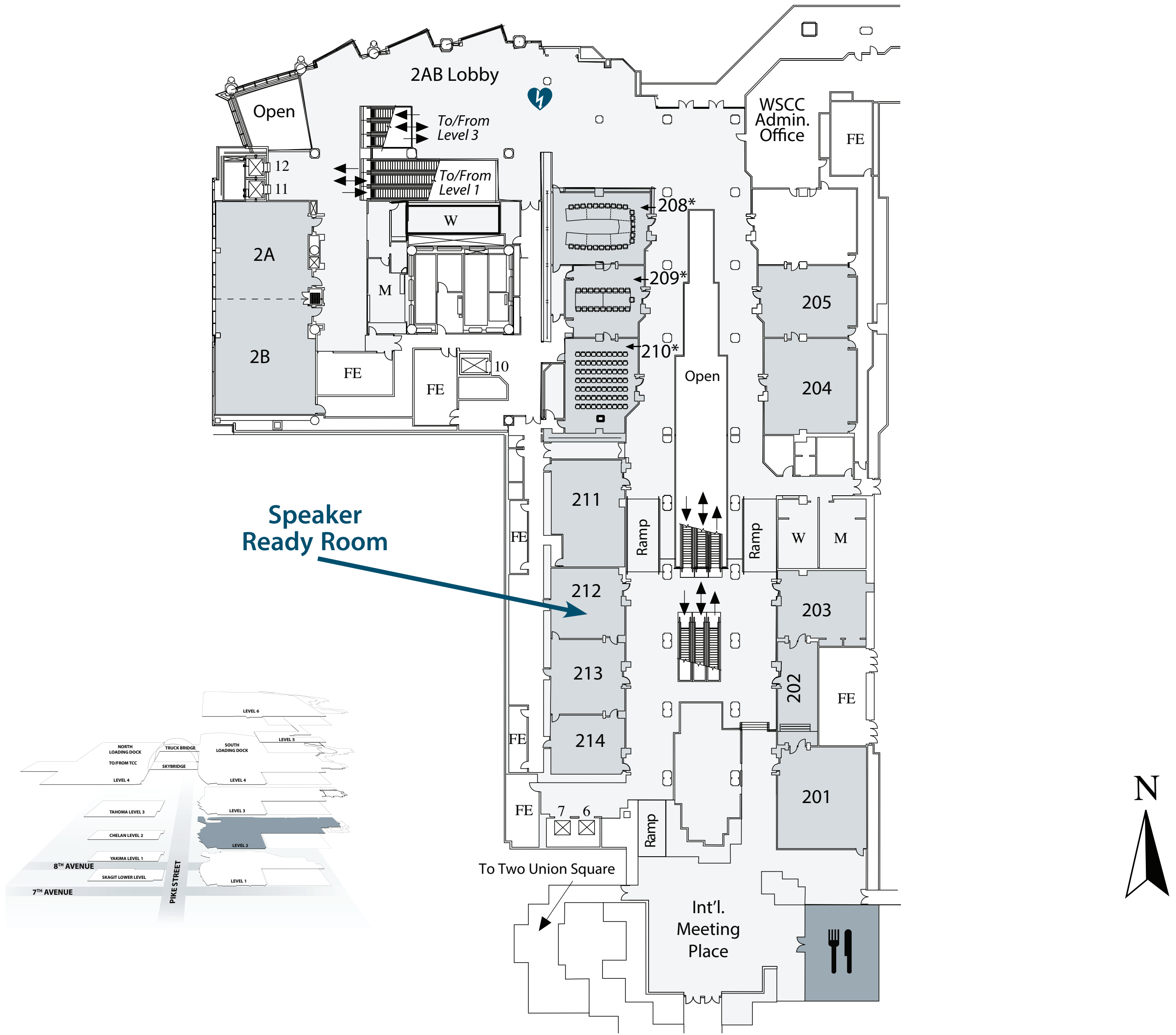
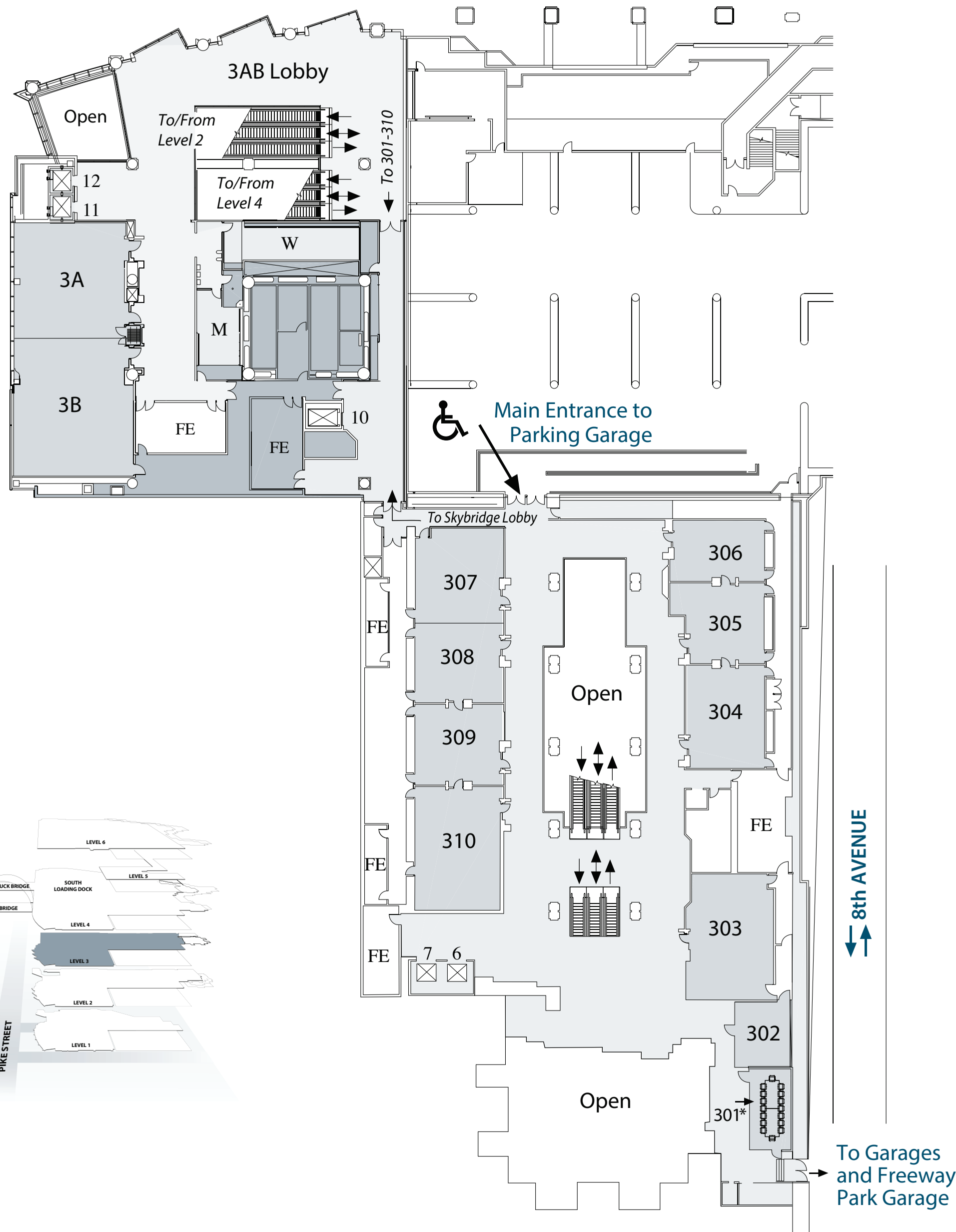
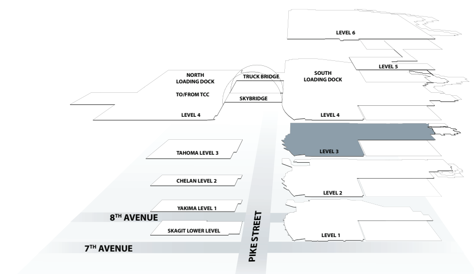
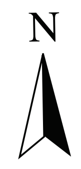


Level 3 – Meeting Rooms



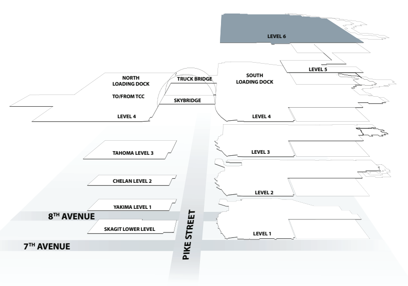




Level 4 – Exhibit Halls and Registration

Level 6 – Ballroom and Meeting Rooms

General Session
6E
6C
6B
6A
10
3
4
5
610
605
618
617
M
W
W
M
619
616
611
609
606
604
620
615
612
608
607
603
602
6E Lobby
614
613
657
M
W
Fireplace
To/From Level 4
1
2
601*
7
6
Fireplace
Stairs
To/From Levels 4 & 5
Atrium Lobby (Below)
Escalators To/From Level 4
N
ASCRS Booth
Foundation Display
Online CME



MAPS

RESEARCH FOUNDATION OF THE ASCRS MEET THE CHALLENGE 2017

The primary mission of the Research Foundation of the American Society of Colon and Rectal Surgeons is to raise and award funds to support research and educational programs related to colon and rectal diseases. During the 2016-2017 year, the Foundation awarded over $840,000 in research grants.

The Research Foundation Meet the Challenge Campaign – held during Sunday's Welcome Reception and throughout the 2017 Annual Meeting – challenges attendees to donate to the Foundation to support colorectal research and the future of the specialty. Donation forms will be available at the Welcome Reception and throughout the meeting at the Research Foundation table.

The Research Foundation would like to thank the Regional Societies who have generously donated to the 2017 Meet the Challenge Campaign:

Michigan Society of Colon and Rectal Surgeons

Midwest Society of Colon and Rectal Surgeons

New Jersey Society of Colon and Rectal Surgeons

Northwest Society of Colon and Rectal Surgeons

FUTURE ASCRS MEETINGS

May 19 – 23, 2018
Music City Center
Nashville, TN

June 1 – 5, 2019
Cleveland Convention Center
Cleveland, OH

June 6 – 10, 2020
Hynes Convention Center
Boston, MA

April 24 – 28, 2021
San Diego Convention Center
San Diego, CA

April 30 – May 4, 2022
Tampa Convention Center
Tampa, FL

Optimize outcomes, even in the most complicated colorectal cases.

Ethicon supports your efforts to reduce complications such as anastomotic leaks, bleeding, and infections through dedicated programs in research, innovative products, and education.

RESEARCH

focused on the characteristics of colorectal tissue to reduce complications.

INNOVATIVE PRODUCTS

specifically designed for unmatched precision in colorectal cases.[1-8]

EDUCATION

for you and your OR team on the latest techniques—in lab, in person, or via remote learning.

Every day, you face challenges with the growing epidemic of comorbidities and complex disease conditions. Every day, Ethicon is working with surgeons like you to **advance new solutions** through research, innovative products, and education. At Ethicon, we share your interest in improving the standard of care for colorectal patients. Partner with Ethicon Every Day.

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Shaping the future of surgery

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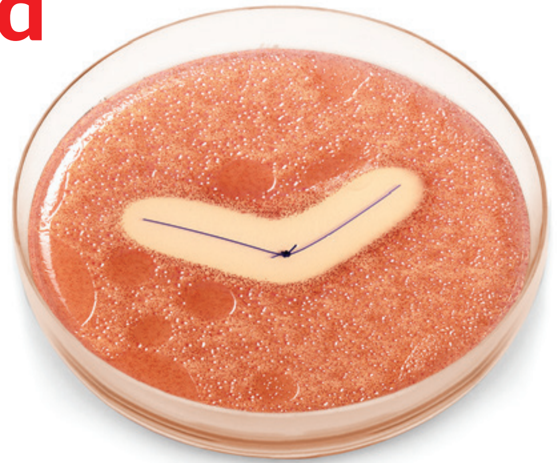
Ethicon Colorectal Solutions.

Dedicated to leading the way in colorectal surgery, every day.
Learn more at ethicon.com/committedtocolorectal

REFERENCES: 1. Preclinical testing on porcine carotids (ENSEAL® vs Impact-LF4318) that measured mean max lateral thermal damage via histology (p=0.005), (062746-161103). **2.** Preclinical test of distal tip bleeding (ENSEAL® vs Impact-LF4318) on porcine mesentery base (p=0.001) (062631-161101). **3.** (C2114). **4.** System components include ECHELON FLEX™ Powered Plus Stapler and ENDOPATH ECHELON™ Reloads with Gripping Surface Technology. **5.** Benchtop testing in porcine stomach tissue. Mean tissue movement from after clamping on tissue to after firing ECHELON FLEX™ Powered Plus Stapler (PSEE60A) and ECHELON Reload with GST vs ENDO GIA™ ULTRA Handle (EGIAUSTND) and Endo GIA™ Reload with Tri-Staple™ Technology at 3.3 and 4.0 mm tissue thicknesses (3.3 mm: GST60T 0.642 mm vs EGIA60AMT 4.806 mm, p<0.001; 4.0 mm: GST60T 0.654 mm vs EGIA60AXT 5.116 mm, p<0.001). **6.** GST System Blue and Green Reload compared to Tri-Staple Purple Reload evaluated via gross observations of firings in 1.5-mm- to 3.0-mm-thick animate porcine ileum. (057890-160810). **7.** Ethicon US, LLC. (CONTOUR® 18.5-mm full jaw opening), Covidien, Endo GIA™ Radial Reload with Tri-Staple™ Technology Technical Guide (Radial Reload 16.3-mm jaw opening). **8.** Ethicon US, LLC. (CONTOUR® head width, 2.5 in. / 64 mm.), Covidien, Endo GIA™ Radial Reload with Tri-Staple™ Technology Technical Guide. (Radial Reload head width, 3.2 in. / 81 mm.).

For the past **10 years** we've been **committed** to reducing patient risk. Now, the **World Health Organization** (WHO) guidelines reflect this.



The petri dish image is for illustrative purposes only, zone of inhibition testing results can vary.

Ethicon Plus Antibacterial Sutures address a known risk factor for surgical site infections (SSIs).

In the 2016 WHO Global Guidelines for the Prevention of SSI, the panel suggests the use of triclosan-coated sutures for the purpose of reducing the risk of SSI, independent of the type of surgery.[1] Ethicon has been using this coating for more than 10 years, and Plus Sutures with IRGACARE® MP* (triclosan) are the only sutures available worldwide with antibacterial protection.

- Effective against the most common organisms associated with SSIs[2-4†]
- Shown in vitro to inhibit colonization of the suture for 7 days or more[2-4]
- Reduces the risk of biofilm formation on the suture[5,6]

For more information, visit **ethicon.com**

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.

*Trademark of BASF SE.

†Coated VICRYL® Plus Antibacterial (polyglactin 910) Suture, MONOCRYL® Plus Antibacterial (poliglecaprone 25) Suture, and PDS® Plus Antibacterial (polydioxanone) Suture are active in vitro against *Staphylococcus aureus*, methicillin-resistant *S. aureus* (MRSA), *Staphylococcus epidermidis, and* methicillin-resistant *S. epidermidis* (MRSE). MONOCRYL Plus Suture and PDS Plus Suture have also demonstrated activity against *Klebsiella pneumoniae and Escherichia coli* in vitro.

References: 1. World Health Organization website. http://www.who.int/gpsc/en/. Accessed November 3, 2016. **2.** Ming X, Rothenburger S, Yang D. In vitro antibacterial efficacy of MONOCRYL plus antibacterial suture (Poliglecaprone 25 with triclosan). *Surg Infect* (Larchmt). 2007 Apr;8(2):2018 **3.** Ming X, Rothenburger S, Nichols MM. In Vivo and In Vitro Antibacterial Efficacy of PDS Plus (Polidioxanone with Triclosan) Suture. *Surg Infect (Larchmt).* 2008;9(4):451-457. **4.** Rothenburger S, Spangler D, Bhende S, Burkley D. In vitro antimicrobial evaluation of Coated VICRYL® Plus Antibacterial Suture (coated polyglactin 910 with triclosan) zusing zone of inhibition assays. *Surg Infect (Larchmt).* 2002;3 Suppl 1:S79-87. **5.** Edmiston CE, Seabrook GR, Goheen MP, Krepel CJ, Johnson CP, Lewis BD, Brown KR, Towne JB. Bacterial adherence to surgical sutures: can antibacterial-coated sutures reduce the risk of microbial contamination? *J Am Coll Surg.* 2006;203:481-489. **6.** Storch ML, Rothenburger S, Jacinto G. Experimental Efficacy Study of Coated VICRYL plus Antibacterial Suture in Guinea Pigs Challenged with Staphylococcus aureus. *Surg Infect (Larchmt).* 2004;5(3):281-288.

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