

American Society of  
Colon & Rectal Surgeons

# Annual Scientific Meeting 2019

**June 1-5, 2019**  
**Cleveland, Ohio**

Huntington Convention Center  
of Cleveland

**Final  
Program**

[WWW.FACRS.ORG](http://WWW.FACRS.ORG)

## A novel advanced bipolar tissue sealer provides **improved hemostasis** and **less thermal damage**

Mary Mootoo, John F Cummings, Geisa Paulin-Curlee, Gregory A Trees, Scot Harris, Jeffrey W Clymer, Joseph F Amaral | Ethicon, Inc., Cincinnati, OH, USA

**Article Summary:** Advanced bipolar devices intended for use in open surgery to divide and seal vessels, and cut, grasp and dissect tissue during surgery are shown to be reliable in sealing vessels over a range of sizes and vessel types. The ENSEAL® X1 Large Jaw advanced bipolar device was compared to the LigaSure Impact™ Open Instrument ex vivo for jaw temperature and burst pressure for sealed vessels. In vivo acute and survival studies in porcine models evaluated hemostasis, tissue sticking, thermal damage, adhesions and hemostasis at the distal tip of the end effector. In these ex

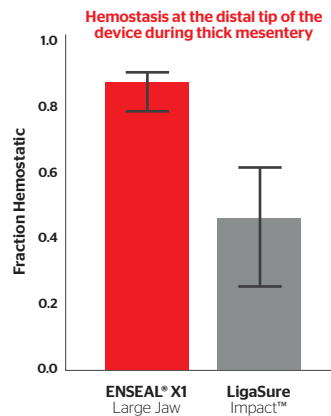
vivo and in vivo tests, advanced bipolar devices were shown to be reliable in sealing vessels over a range of sizes and vessel types. The novel design of X1 showed improved temperature control, thermal damage and hemostasis under difficult-to-access conditions. Clinical studies are needed to confirm these results.

**Download the complete study**

<http://oatext.com/pdf/GOS-3-167.pdf>

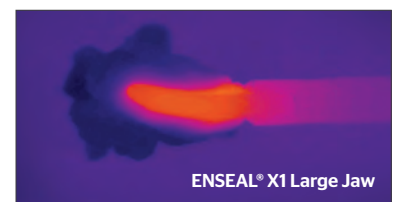
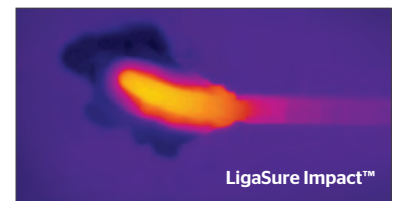
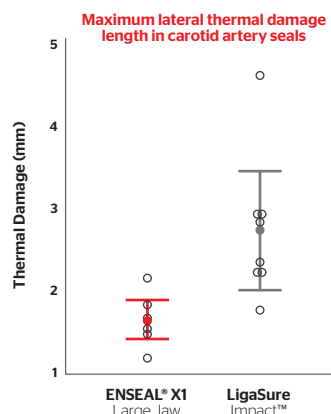
### Better Hemostasis<sup>1</sup>

In sealing and transecting the base of porcine mesentery, adjacent to the lymph nodes, the ENSEAL® X1 Large Jaw was **significantly more hemostatic** at the distal tip than LigaSure Impact™ in thick tissue.<sup>1</sup>



### Better Tissue Management<sup>2</sup>

Using transected porcine carotid artery seals, maximum lateral thermal damage was measured via histology. ENSEAL® X1 Large Jaw had **significantly less lateral thermal spread** than LigaSure Impact™.<sup>2</sup>



<sup>1</sup> Preclinical test of distal tip bleeding (ENSEAL® vs. Impact-LF4318) in thick porcine mesentery base (p<0.001). (C2170).

<sup>2</sup> Preclinical testing on porcine carotids (ENSEAL® vs. Impact-LF4318) that measured mean max lateral thermal damage via histology showed ENSEAL at 41% less thermal spread than Ligasure (p=0.005). (C2155).

For complete product details, see Instructions for Use.



**CITY OF CLEVELAND**  
Mayor Frank G. Jackson



June 1-5, 2019

Dear ASCRS Members:

On behalf of the people of Cleveland, I am honored to welcome you to the City of Cleveland for the American Society of Colon & Rectal Surgeons (ASCRS) Annual Convention.

Cleveland serves as a leader in the health industry from the biomedical field to world-renowned hospitals and health care, making it the perfect location to host the 2019 Annual Convention of ASCRS. I am certain that our state-of-the-art facilities and amenities will meet the needs of the 3,500 physicians and health care providers that make up the ASCRS.

The City of Cleveland's Health Tech Corridor is the first of its kind nation-wide and is home to major institutions like Cleveland Clinic Foundation, University Hospitals, and the Case Western Reserve Lerner School of Medicine as well as small start-up medical tech and innovation companies. Cleveland is also home to other major hospitals, such as MetroHealth System and Sisters of Charity.

Located on the beautiful shores of Lake Erie, Cleveland is a vibrant, diverse and growing city with a rich history and world-class attractions that are sure to provide entertainment for the members of the convention and their guests. Cleveland also has the second largest theater district in the country and boasts the world famous Cleveland Orchestra. Our fine dining in unique neighborhoods like Little Italy and Ohio City and wonderful nightlife of East 4<sup>th</sup> Street and the Warehouse District will provide something for everyone to love.

On behalf of the City of Cleveland, I would again like to welcome you here for this event. I hope you enjoy all that we have to offer and share in the experiences that are uniquely Cleveland.

Sincerely,

Frank G. Jackson  
Mayor

# ASCRS PREMIER PARTNERS

The American Society of Colon and Rectal Surgeons recognizes the indispensable role that health care companies play in helping the Society 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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# IMAGINE

WHAT LONGER PAIN RELIEF MIGHT LOOK LIKE

SHOULDN'T WE  
EXPECT MORE FROM  
LOCAL ANESTHETICS?

When it comes to non-opioid postoperative pain relief, duration is everything. However, because of the body's local inflammatory process, most local anesthetics—including extended-release formulations—struggle to work beyond 12 to 24 hours.<sup>1-4</sup>

With severe pain often lasting beyond 24 hours, we rely on opioids to pick up where local anesthetics leave off.<sup>5</sup> But opioids come with a cost. **Shouldn't we expect more from local anesthetics?**

[LEARN MORE AT SURGICALPAIN.COM](https://www.surgicalpain.com)

**References:** **1.** Berde CB, Strichartz GR. Local anesthetics. In: Miller RD, Cohen NH, Eriksson LJ, Fleisher LA, Wiener-Kronish JP, Young WL, eds. *Miller's Anesthesia*. Vol 2. 8th ed. Philadelphia, PA: Saunders; 2015:1012-1054.e4. **2.** Carvalho B, Clark DJ, Yeomans DC, Angst MS. Continuous subcutaneous instillation of bupivacaine compared to saline reduces interleukin 10 and increases substance P in surgical wounds after cesarean delivery. *Anesth Analg*. 2010;111(6):1452-1459. doi:10.1213/ANE.0b013e3181f579de. **3.** Kim J, Burke SM, Kryzanski JT, et al. The role of liposomal bupivacaine in reduction of postoperative pain after transforaminal lumbar interbody fusion: a clinical study. *World Neurosurg*. 2016;91:460-467. doi:10.1016/j.wneu.2016.04.058. **4.** Becker DE, Reed KL. Essentials of local anesthetic pharmacology. *Anesth Progress*. 2006;53(3):98-109. doi:10.2344/0003-3006(2006)53[98:EOLAP]2.0.CO;2. **5.** Svensson I, Sjöström B, Haljamaäe H. Assessment of pain experiences after elective surgery. *J Pain Symptom Manage*. 2000;20(3):193-201. doi:10.1016/S0885-3924(00)00174-3.

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# Education Information

## Annual Meeting Scientific Meeting Goals, Purpose and Learning Objectives

The goals of the American Society of Colon and Rectal Surgeons Annual Scientific 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.

This activity is supported by educational grants from commercial interests. Complete information will be provided to participants prior to the activity.

ASCRS takes responsibility for the content, quality and scientific integrity of this CME activity.

## 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.



## Continuing Medical Education Credit

The American Society of Colon and Rectal Surgeons (ASCRS) designates this live activity for a maximum of 40 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the 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 ABCRS MOC program. To claim self-assessment credit, attendees must complete a posttest. Information/instructions were sent to all meeting registrants prior to the Annual Meeting.

# Education Information

## Continuing Nursing Education Credit

SynAptiv is an approved provider of continuing nursing education by the California Board of Registered Nursing. Provider approved by California Board of Registered Nursing, Provider #16031 for 40 contact hours.



## Method of Participation

Participants must be registered for the conference and attend the session(s) to receive CME and/or Self-Assessment Credit. Each participant will receive a username and password for completion of the online evaluation form. Participants must complete an online evaluation form for each session they attend to receive credit hours. There are no prerequisites unless otherwise indicated.

## ASCRS Mission

The American Society of Colon and Rectal Surgeons is a community of health care professionals who are dedicated to advancing the understanding, prevention and treatment of disorders of the colon, rectum and anus.



# Annual Scientific Meeting Information

## 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. 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.

Please Note: Times and speakers are subject to change.

## Disclosures and Conflict of Interest

In compliance with the standards of the Accreditation Council for Continuing Medical Education and ASCRS, faculty has been requested to complete the Disclosure of Financial Relationships. Disclosures will be made at the time of presentation, as well as included in the mobile. All perceived conflicts of interest will be resolved prior to presentation; and, if not resolved, the presentation will be denied.

Specific disclosure information is on page 164 - 166 and the mobile app.

## Code of Conduct

ASCRS is a listening organization focused on its participants. ASCRS' 2019 Annual Scientific Meeting is designed to increase interaction, engagement, collaboration, connectivity and community in a fun and safe learning environment.

We value the participation of each member of the community and endeavor to deliver an enjoyable and fulfilling experience. Meeting participants are expected to conduct themselves with integrity, courtesy and respect for others and maintain the highest level of professionalism at all meeting programs and events, whether officially sponsored by ASCRS or not. All attendees, speakers, organizers, volunteers, partners, vendors and staff at any ASCRS event are required to observe the following Code of Conduct.

ASCRS is dedicated to providing a harassment-free meeting experience for everyone, regardless of gender, sexual orientation, disability, physical appearance, body size, race or religion. We do not tolerate harassment of meeting participants in any form. All communication should be appropriate for a professional audience including people of diverse backgrounds and cultures. Sexual language and imagery are not appropriate for the conference.

Be kind to others. Do not insult or defame participants. Harassment in any form, sexist, racist or exclusionary jokes are not condoned at ASCRS Events.

Participants violating these rules may be asked to leave the meeting at the sole discretion of ASCRS. Thank for helping to make this a welcoming event for all.

Specific disclosure information appears on pages 164-166 and the mobile app.

# Annual Scientific Meeting Information

## Educational Grant Commercial Supporters

Educational Grant Commercial Supporters

This activity is supported by independent educational grants from:

- Applied Medical
- Aries Pharmaceuticals
- Boston Scientific
- ConMed
- Cook Medical
- Johnson & Johnson (Ethicon)
- KCI, An Acelity Company
- Intuitive
- Lumendi LLC
- Olympus America, Inc.

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
- Aries Pharmaceuticals
- Boston Scientific
- ConMed
- Cook Medical
- CooperSurgical
- Erbe USA
- Intuitive
- Johnson & Johnson Medical Devices Companies (Ethicon)
- Lumendi LLC
- Medtronic
- Olympus America, Inc.
- Stryker

## Claim CME

### Online Evaluation

ASCRS will again use a convenient online evaluation for the 2019 Annual 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 **badge number** in order to complete the evaluations. **Your badge number** is located on your badge.

Please complete online evaluations by December 31, 2019.

### 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 completed by **December 31, 2019**.

# Annual Scientific Meeting Information

## Claiming Continuing Nursing Education Credit

Go to: [www.yourcesource.org](http://www.yourcesource.org)

Click on "Claim CE Credit"

If you have previously registered yourself in our system, please log in and skip to step seven (7).  
Forgot your password? Click on "Get it Now" and it will be emailed to you.

- Register yourself in the system for free by clicking on "Create one now!"
- Complete the "Create A Profile" page and click "Save."  
Only the fields with a red asterisk are required!
- You'll be directed to the "Edit Profile" page. Please ignore the "password and confirm password" information. This has been emailed to you. Please complete the other required fields marked with a red asterisk (address info) and click "Save."
- Now you are on the "My Continuing Education" page. Click on "Enter Code" button.  
Enter the code: 8432019
- Confirm the number of credit hours participated in the activity, check the "I Do" box and click "Submit."
- Complete and submit the activity evaluation form (if applicable).
- On the far right, the "Action" box allows you to print or email your certificate.

Please contact us at [yourcesource@synaptiv.org](mailto:yourcesource@synaptiv.org) with any questions, comments or concerns.



# Maintenance of Certification

The 2019 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.

- ❶ **Patient Care and Procedural Skills** – Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.
- ❷ **Medical Knowledge** – Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
- ❸ **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).
- ❹ **Professionalism** – Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- ❺ **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).
- ❻ **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](mailto:admin@abcrs.org).

# General Information

All 2019 ASCRS Scientific Annual meeting activities will be held (unless otherwise noted) at the:

Huntington Convention Center of Cleveland  
and Global Center for Health Innovation  
1 St. Clair Avenue NE  
Cleveland, OH 44114  
www.Clevelandconventions.com

## Registration Desk Hours

Location: Grand Ballroom Foyer

Hours:

Friday, May 31	3:00 pm - 6:00 pm
Saturday, June 1	6:30 am - 5:00 pm
Sunday, June 2	6:30 am - 6:00 pm
Monday, June 3	6:30 am - 4:30 pm
Tuesday, June 4	6:00 am - 4:30 pm
Wednesday, June 5	6:30 am - 3:30 pm

## Badge Designations

Blue	Member/Fellow
Purple	Non-Member Physician
Green	Allied Health
Teal	Candidate Member
Orange	Non-Member Non-Physician
Red	Exhibitor

## New Members

New members of ASCRS will be identified by a special ribbon. We encourage you to introduce yourself and make our new members feel welcome. Visit the "ASCRS Connect Lounge" in the Exhibit Hall to connect with other members and learn more about ASCRS.

## Speaker Ready Room

Location: Room 23

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.

Speakers are requested to take advantage of this opportunity prior to their presentation to review their slides.

Hours:

Friday, May 31	3:00 pm - 6:00 pm
Saturday, June 1	6:00 am - 6:30 pm
Sunday, June 2	6:30 am - 6:00 pm
Monday, June 3	6:30 am - 6:30 pm
Tuesday, June 4	6:00 am - 6:00 pm
Wednesday, June 5	6:30 am - 3:30 pm

## Exhibit Hall

Location: Exhibit Hall C

More than 63 technical and scientific exhibitors will display their products and services in Exhibit Hall, C throughout the convention.

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

Hours:

Sunday, June 2	11:30 am - 4:30 pm
Monday, June 3	9:00 am - 4:30 pm
Tuesday, June 4	9:00 am - 2:00 pm

## Headshot Photos

Location: ASCRS Connect Lounge, Exhibit Hall C

ASCRS members can have a 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.

Hours:

Sunday, June 2	11:30 am - 4:30 pm
Monday, June 3	9:00 am - 4:30 pm
Tuesday, June 4	9:00 am - 2:00 pm

## General Information

### Coat and Luggage Check

A complimentary coat and luggage check will be provided to all attendees.

Location: Grand Ballroom Foyer

Hours:

Tuesday, June 4 6:00 am - 4:30 pm

Wednesday, June 5 6:30 am - 3:30 pm

### Destination Cleveland Visitors Desk

Location: ASCRS Connect Lounge, Exhibit Hall C

The Destination Cleveland Visitors desk is available to all attendees to make restaurant reservations, assist with city information and provide maps and brochures.

Hours:

Sunday, June 2 11:30 am - 4:30 pm

Monday, June 3 9:00 am - 4:30 pm

Tuesday, June 4 9:00 am - 2:00 pm

### First-Aid Station

Location: Exhibit Hall C

First Aid Hours:

Friday, May 31 8:00 am - 5:00 pm

Saturday, June 1 7:00 am - 5:00 pm

Sunday, June 2 7:00 am - 6:00 pm

Monday, June 3 7:00 am - 5:00 pm

Tuesday, June 4 6:30 am - 7:00 pm

Wednesday, June 5 8:00 am - 3:30 pm

### Parking

The Huntington Park Garage is located directly across from the Convention Center and has two entrances at Lakeside and West 3rd Street. It is open 24 hours, 7 days a week. The cost averages \$10 per day.

### Complimentary Wi-Fi Available

Wi-Fi is available to all ASCRS attendees in the Huntington Convention Center of Cleveland.

To access the free Wi-Fi:

Network: ascrs

Password: ascrs2019

Note: Password is case sensitive

### Networking Goes Viral with #ASCRS19

Be a part of the Annual Meeting conversation! Use hashtag #ASCRS19 in your meeting-related tweets and posts. Follow [twitter.com/fascrs\\_updates](https://twitter.com/fascrs_updates) or [facebook.com/fascrs](https://facebook.com/fascrs).

### Abstracts

All abstract presentations are numbered and the abstracts are available on the ASCRS website, [www.fascrs.org](http://www.fascrs.org) and Mobile App.

### E-poster Displays and Presentations

E-Poster viewing stations are located in the Exhibit Hall and open during exhibit hours. All e-posters will be presented during scheduled breaks. See pages 121 - 163 and the Mobile App.

Authors of e-posters have been assigned a specific time frame to be at a designated monitor and available for questions.

## 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 in the Apple App Store or Google Play.

You can also view the mobile app from your computer. Web version for all other devices: <https://ativ.me/o9w>



# General Information

## 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 participants may not reproduce any of the presentations without written permission from ASCRS.

# Social Events

## ASCRS ROCKS! Welcome Reception and Meet the Challenge Fundraiser

Date: Sunday, June 2  
Time: 7:00 pm - 11:00 pm  
Location: Rock and Roll Hall of Fame

ASCRS and the Research Foundation of ASCRS invite you to attend the ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame (complimentary to all registered attendees), which will feature hors d'oeuvres, cocktails and entertainment.

Your donation to Meet the Challenge at the Welcome Reception will buy you tickets to play arcade games and advance colorectal research at the same time. Join in the fun!

Transportation will be provided. Please see enclosed flyer in your registration bag.

## Residents' Reception

Date: Monday, June 3  
Time: 6:30 pm - 8:00 pm  
Location: HILTON: Hope Ballroom A/B, 3rd Floor

Open to residents and colorectal program directors only.

Network with colon and rectal surgery program directors and members of the ASCRS Residents Committee to learn more about the specialty and the Society. 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.

## LGBTQ+Allies Breakfast Open to all registered attendees.

Date: Tuesday, June 4  
Time: 6:30 am - 7:30 am  
Location: HILTON: Veteran's B-D, 5th Floor

This breakfast event is open to all meeting registrants and is intended to provide an opportunity for all ASCRS members to interact with society members who are members of the LGBTQ+ Allies community. This event will provide opportunities for networking and gaining a better appreciation of the aspects of the practice of colon and rectal surgery pertinent to both physicians and patients who are members of the LGBTQ+Allies community.

## Women in Colorectal Surgery Luncheon

Date: Tuesday, June 4  
Time: 11:30 am - 1:00 pm  
Location: HILTON: Superior Ballroom D, 5th Floor

The Women's Luncheon offers an opportunity for women to renew friendships and make new contacts. Female surgeons, residents and medical students attending the Annual Meeting are welcome. Trainees are particularly encouraged to attend, as the Women's Luncheon provides an opportunity to interact with experienced colon and rectal surgeons from a variety of settings.

If you would like to attend, please see the Registration Desk. The cost is \$30 per person.

## The ASCRS Blues Fest - Farewell Reception

Date: Tuesday, June 4  
Time: 6:30 pm - 8:00 pm  
Location: HILTON: Superior Ballroom D, 5th Floor

There is no additional cost for a ticket for full-paying Members/Fellows and for those who purchased the Spouse/Guest Package #1. All other registration categories must purchase a ticket. The cost for additional tickets is \$150 per person.

## Spouse/Guest Registration

If your spouse/guest is not yet registered for the meeting, we encourage them to register on site to be able to participate in the package events

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

### Package #1 (\$225) Includes:

- ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame, Sunday, June 2, 7:00 - 11:00 pm
- ASCRS Blues Fest - Farewell Reception, Tuesday, June 4, 6:30 - 8:00 pm
- Admission to the Exhibit Hall
- Sunday - Tuesday Continental breakfast at the Hilton Cleveland Downtown from 8:00 am - 10:00 am

## Social Events

### Package #2 (\$125) Includes:

- ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame, Sunday, June 2, 7:00 - 11:00 pm
- Admission to the Exhibit Hall
- Sunday-Tuesday Continental breakfast at the Hilton Cleveland Downtown from 8:00 am - 10:00 am

### 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.

## Annual Named Lectures

### Humanities in Surgery Lectureship

(formally the Parviz Kamangar Humanities in Surgery Lectureship)

Sunday, June 2, 1:30 - 2:15 pm

Room: Grand Ballroom A/B **Spanish Translation**

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.

### Leela M. Prasad Memorial Debate

Monday, June 3, 7:00 - 8:00 am

Room: Grand Ballroom A/B **Spanish Translation**

This is a memorial debate in honor of Dr. Leela M. Prasad (1944 - 2016), a well-respected Fellow of the Society for 34 years.

### Harry E. Bacon, MD, Lectureship

Monday, June 3, 10:00 - 10:45 am

Room: Grand Ballroom A/B **Spanish Translation**

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 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).

### Norman D. Nigro, MD, Research Lectureship

Tuesday, June 4, 7:30 - 8:15 am

Room: Grand Ballroom A/B **Spanish Translation**

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.

### Memorial Lectureship Honoring Philip H. Gordon, MD

Tuesday, June 4, 1:00 - 1:45 pm

Room: Grand Ballroom A/B **Spanish Translation**

This lectureship honors a recently deceased, high-ranking member of the Society, and is selected by the ASCRS Executive Council.

### Ernestine Hambrick, MD, Lectureship

Wednesday, June 5, 10:45 - 11:30 am

Room: Grand Ballroom A/B **Spanish Translation**

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.

# Masters in Colorectal Surgery

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

This year's Masters in Colorectal Surgery lectureship will take place Tuesday, June 4, 10:45 - 11:30 am in Room Grand Ballroom A/B and will be presented by Tracy Hull, MD.

This year, Dr. Ian Lavery will be honored. Below are past honorees.



**2019**

Dr. Ian Lavery



**2018**

Patricia L. Roberts, MD



**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

# Awards

## Colorectal Regional Society Awards

The following awards will be chosen by the Awards Committee during the meeting and announced shortly thereafter.

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 Northwest Society of Colon & Rectal Surgeons Award (Clinical/Podium)
- The Piedmont Society of Colon & Rectal Surgeons Award (Clinical/Podium)
- Southern California Society of Colon and 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 Vienna, Austria, September 25-27, 2019.

### The ASCRS Barton Hoexter, MD, Best Video Award

The recipient of this award presents his/her video during the Abstract Video Session on Monday, June 3rd.

### Traveling Fellow

The recipient of this award will attend the Annual Meeting of the Association of Coloproctology of Great Britain and Ireland in 2019.

The ASCRS Public Relations Committee Chair will present the following awards at the Welcome and Opening Announcements:

- David Jagelman, MD, Award
- Local Hero Award

# Call for Abstracts

## 2020 ASCRS Annual Scientific Meeting

**June 6-10, 2020**

**Hynes Convention Center  
Boston, MA**

### Online Abstract Submission Site Opens

**August 2019**

Program Chair: Timothy Ridolfi, MD

Program Vice Chairs: Scott Regenbogen, MD and Nicole Saur, MD

## Non-CME Corporate Forum

Following the close of Monday's scientific session, all registrants are invited to attend the special Corporate Forum at the Hilton Cleveland Downtown.

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

**Monday, June 3**

**HILTON: Superior Ballroom A/B, 5th FL**

**6:30 pm - 8:00 pm**

### **A Panel: How da Vinci® Colectomy May Offer Clinical Value in Each Surgeons Practice**

Speakers: Drs. Eric Haas, Elizabeth Raskin and Mark Soliman

Join Dr. Eric Hass, Dr. Elizabeth Raskin, and Dr. Mark Soliman as they discuss the importance of minimally invasive techniques and the impact fourth-generation da Vinci technology can have.

*Supported by Intuitive*

**Also, visit Intuitive at Booth #216**



# 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:

## **TIHealth**

Supporter of New Technology Symposium\*\*

## **Acelity**

Grant Support

## **Apollo Endosurgery, Inc.**

Sunday's Advanced Endoscopy Symposium & Workshop\*

## **Applied Medical**

Grant Support

Saturday's Advanced Robotics for the Practicing Surgeon\*

Advanced Methods for the Management of Rectal Prolapse\*

Transanal Total Mesorectal Excision (taTME)\*

## **Aries Pharmaceuticals, Inc.**

Grant Support

Sunday's Advanced Endoscopy Symposium & Workshop\*

## **OR Black Box**

New Technology Symposium\*\*

## **Boston Scientific**

Product Theatre\*\*

Sunday's Advanced Endoscopy Symposium & Workshop\*

Grant Support

## **Check Cap Ltd.**

New Technology Symposium\*\*

## **ConMed**

ConMed- Advanced Robotics for the Practicing Surgeon\*

Saturday's Transanal Total Mesorectal Excision (taTME)\*

Grant Support

## **Cook Medical**

Grant Support

Saturday's Advanced Methods for the Management of Rectal Prolapse\*

Sunday's Advanced Endoscopy Symposium & Workshop\*

## **CooperSurgical**

Saturday's Transanal Total Mesorectal Excision (taTME)\*

Grant Support

## **Erbe USA**

Saturday's Transanal Total Mesorectal Excision (taTME)\*

Sunday's Advanced Endoscopy Symposium & Workshop\*

## **Heron Therapeutics**

New Technology Symposium\*\*

Advertisement in the Program Guide\*\*

## **Johnson & Johnson- Ethicon**

Grant Support

Advanced Methods for the Management of Rectal Prolapse\*

Meter Boards\*\*

Convention Center Window Clings\*\*

Exhibit Hall Window Cling\*\*

Women in Colorectal Surgery Luncheon

E-Blasts\*\*

## **Intuitive**

Non - CME Corporate Forum\*\*

New Technology Symposium\*\*

Saturday's Advanced Robotics for the Practicing Surgeon\* &

Advanced Methods for the Management of Rectal Prolapse\*

Grant Support

## **Isoray Technologies**

New Technology Symposium\*\*

## **Lumendi LLC**

Sunday's Advanced Endoscopy Symposium & Workshop\*

Grant Support

## **Medtronic**

Saturday's Advanced Robotics for the Practicing Surgeon\*

Advanced Methods for the Management of Rectal Prolapse\*

Transanal Total Mesorectal Excision (taTME)\*

Hotel Key Cards\*\*

Convention Center Banners\*\*

Convention Escalator Clings\*\*

## **Merck**

Advertising in Program Guide\*\*

Product Theatre\*\*

## **Olympus America, Inc.**

Fellowship Reception

Saturday's Advanced Methods for the Management of Rectal Prolapse\* &

Transanal Total Mesorectal Excision (taTME)\*

Sunday's Advanced Endoscopy Symposium & Workshop\*

Grant Support

## **Pacira Pharmaceuticals**

Welcome Reception

Product Theatre\*\*

Badge Lanyards\*\*

## **SafeHeal**

New Technology Symposium

## **Stryker**

Grant support

Saturday's Transanal Total Mesorectal Excision (taTME)\*

## **Surgical Safety Technologies/OR Blackbox**

New Technology Symposium

## **Verb**

New Technology Symposium

\* *In-kind support*

\*\* *Promotional support*

# Ongoing Video Room

Location: 25A-C

## Hours:

Sunday, June 2, 6:30 am - 6:00 pm

Monday, June 3, 6:30 am - 6:30 pm

Tuesday, June 4, 6:00 am - 6:00 pm

Wednesday, June 5, 6:30 am - 3:30 pm

## Monitor 1 - Anorectal/Miscellaneous Diseases

**VR1 Robotic Intestinal Vaginoplasty Following Recto-Neovaginal Fistula after Penile Inversion Vaginoplasty in a Transgender Patient**

S.J. Marecik<sup>\*1</sup>, A. Al-Khamis<sup>1</sup>, L. Schechter<sup>1</sup>, M. Ng<sup>1</sup>, K. Kochar<sup>1</sup>, J. Park<sup>1</sup>; <sup>1</sup>Park Ridge, IL

**VR2 Laparoscopic Extraperitoneal Colostomy Creation**

C. Harnsberger<sup>\*1</sup>, K. Alavi<sup>1</sup>, J. Davids<sup>1</sup>, J. Maykel<sup>1</sup>, P. Sturrock<sup>1</sup>; <sup>1</sup>Worcester, MA

**VR4 Posterior Bilateral Paramedian Approach to Deep Postanal Space Abscess with Bilateral Horseshoe Extension**

S.Y. Ryu<sup>\*1</sup>; <sup>1</sup>Seoul, Korea (the Republic of)

**VR5 Resection of Complex Polyps Utilizing an Endoluminal Tissue Retraction System**

E. Noren<sup>\*1</sup>, K.L. Mirza<sup>1</sup>, C. Wickham<sup>1</sup>, S. Lee<sup>1</sup>; <sup>1</sup>Los Angeles, CA

**VR7 House Flap Anoplasty**

J.L. Williams<sup>\*1</sup>, I. Sapci, M.A. Valente<sup>1</sup>; <sup>1</sup>Cleveland, OH

**VR9 Transanal Endoscopic Management of an Extrasphincteric Fistula**

W.C. Kethman<sup>\*1</sup>, N. Kirilcuk<sup>1</sup>; <sup>1</sup>East Palo Alto, CA

**VR14 Robotic Assisted Intracorporeal Anastomosis for Left Colectomies**

D. Martin<sup>\*1</sup>, M. Soliman<sup>1</sup>, A. Ferrara<sup>1</sup>, R. Mueller<sup>1</sup>; <sup>1</sup>Orlando, FL

**VR22 Robotic Management of Chyle Leak During Right Colectomy: Video Vignette**

M.A. Gorvet<sup>\*1</sup>, S. Raman<sup>1</sup>; <sup>1</sup>Des Moines, IA

## Monitor 2 - Colon Cancer

**VR24 Laparoscopic Access to the Superior Mesenteric Vein for Optimal D2 or D3 Dissection in Proximal Colon Cancer - Step-by-Step Approach in Order to Minimize Risk of Injuries to the Superior Mesenteric Vessels**

R. Perez<sup>\*1</sup>, G. Pagin São Julião<sup>1</sup>, B. Borba Vailati<sup>1</sup>, J. Azevedo<sup>1</sup>, C. Peralta<sup>1</sup>, C.M. Cabrera Ordóñez<sup>1</sup>; <sup>1</sup>Sao Paulo, Sao Paulo, Brazil

**VR25 Understanding the Anatomy of Splenic Flexure; Inferior/Medial Approach; Laparoscopic Left Colectomy for Intussuscepting Tumor**

S.J. Marecik<sup>\*1</sup>, A. Al-Khamis<sup>1</sup>, A. Abcarian<sup>1</sup>, K. Kochar<sup>1</sup>, J. Park<sup>1</sup>; <sup>1</sup>Park Ridge, IL

**VR26 Intraoperative Near Infrared Fluorescence Imaging for Robotic Complete Mesocolic Excision and Central Vascular Excision for Right-Sided Colon Cancer**

S. Bae<sup>\*1</sup>, I. Cho<sup>1</sup>, W. Jeong<sup>1</sup>, S. Baek<sup>1</sup>; <sup>1</sup>Daegu, Korea (the Republic of)

**VR30 Laparoscopic Right Hemicolectomy with Complete Mesocolic Excision**

A.L. Desouza<sup>\*1</sup>, S.P. Sasi<sup>1</sup>, J. Rohila<sup>1</sup>, A. Saklani<sup>1</sup>; <sup>1</sup>Mumbai, Maharashtra, India

**VR33 Membrane Oriented Laparoscopic Lymphadenectomy Plus Complete Mesocolic Excision in Left Hemicolectomy**

H. Li<sup>\*1</sup>; <sup>1</sup>Guangzhou, China

**VR34 Laparoscopic Right Hemicolectomy with D3 Lymph Node Dissection: A Natural Orifice Specimen Extraction Surgery (NOSES)**

L. Zheng<sup>\*1</sup>, X. Wang<sup>1</sup>; <sup>1</sup>Beijing, Beijing, China

**VR35 Laparoscopic Right Hemicolectomy with CME: A Caudal-to-Cranial Approach Guided by the Duodenum**

W. Xiong<sup>\*1</sup>, W. Wang<sup>1</sup>; <sup>1</sup>Guangzhou, China

**VR36 Multi Quadrant Robotic Resection of a T4 Sigmoid Tumor, In the Obese Patient**

S. Brisling<sup>\*1</sup>; <sup>1</sup>Roskilde, Denmark

# Ongoing Video Room

Location: 25A-C

## Hours:

Sunday, June 2, 6:30 am - 6:00 pm

Monday, June 3, 6:30 am - 6:30 pm

Tuesday, June 4, 6:00 am - 6:00 pm

Wednesday, June 5, 6:30 am - 3:30 pm

## Monitor 3 - Inflammatory Bowel Disease/Miscellaneous

- VR6 Complete Occlusion of Lumen after Over-the-Scope-Clip Deployment During ESD. A Lesson Learned**  
B. Dionigi<sup>\*1</sup>, I. Sapci<sup>1</sup>, J. Church<sup>1</sup>, E. Gorgun<sup>1</sup>; <sup>1</sup>Cleveland, OH
- VR10 The NICE Procedure Robotic Resection for Diverticulitis Utilizing Natural Orifice IntraCorporeal Anastomosis with Extraction**  
B.A. Dimas<sup>1</sup>, R.O. Minjares-Granillo<sup>1</sup>, S. Carson<sup>1</sup>, J.J. LeFave<sup>1</sup>, E. Haas<sup>\*1</sup>; <sup>1</sup>Houston, TX
- VR12 Extraperitoneal Colostomy: An Option for Repair of Parastomal Hernia and Stoma Prolapse**  
E. Raskin<sup>\*1</sup>; <sup>1</sup>Redlands, CA
- VR17 Transanal Wound VAC Drain for Anastomotic Leak After Ileo-anal Anastomosis**  
N. Okkabaz<sup>\*1</sup>, E. Esen<sup>2</sup>, T.H. Kirat<sup>2</sup>, D.M. Schwartzberg<sup>2</sup>, F.H. Remzi<sup>2</sup>; <sup>1</sup>Istanbul, Turkey, <sup>2</sup>New York, NY
- VR18 A Standardized Approach Towards Ligating Thickened Crohn's Mesentery**  
T. Ma<sup>\*1</sup>, S.L. Stein<sup>1</sup>, E. Steinhagen<sup>1</sup>, R.A. Charles<sup>1</sup>, D. Dietz<sup>1</sup>; <sup>1</sup>Broadview Heights, OH
- VR19 Four Different Approaches to Laparoscopic Redo Surgery in Recurrent Ileocolonic Crohn's Disease**  
V. Celentano<sup>\*1</sup>; <sup>1</sup>Portsmouth, United Kingdom
- VR20 Single Incision Laparoscopic Technique of Superior Mesenteric Artery (SMA) Mobilization for Tension Free Pouch Anastomosis**  
I. Hameed<sup>\*1</sup>, E. Gorgun<sup>1</sup>; <sup>1</sup>Cleveland, OH
- VR21 The Modern S-Pouch: "No Outlet" Design**  
J.C. Melvin<sup>\*1</sup>, C.P. Heise<sup>1</sup>; <sup>1</sup>Madison, WI

## Monitor 4 - Pelvic Floor

- VR3 Repair of Rectovaginal Fistula: Modified Martius Flap**  
E. Bianchi<sup>\*1</sup>, J. Wagner<sup>1</sup>, T. Adegboyega<sup>1</sup>, S. Shih<sup>1</sup>, C. Zhang<sup>1</sup>, D. Rivadeneira<sup>1</sup>; <sup>1</sup>Woodbury, NY
- VR8 Recto-urethral Fistula Repair with Endorectal Advancement Flap and Biologic Mesh**  
T.D. Kim<sup>\*1</sup>, G. Gantt<sup>1</sup>, K. Kochar<sup>2</sup>, S.J. Marecik<sup>2</sup>, J. Park<sup>2</sup>; <sup>1</sup>Chicago, IL, <sup>2</sup>Park Ridge, IL

- VR11 Modified Karydakis Surgery of Pilonidal Sinus**  
S. Chen<sup>\*1</sup>; <sup>1</sup>Guangzhou, Guangdong, China
- VR28 Robotic Partial Excision of Levator-ani Muscle for Locally Advanced Low Rectal Cancer Invading Ipsilateral Pelvic Floor**  
S. Yang<sup>\*1</sup>, N. Kim<sup>1</sup>; <sup>1</sup>Seoul, Korea (the Republic of)
- VR37 Transperineal Repair with Sphincteroplasty of a Rectovaginal Fistula in a Crohn's Patient after Traumatic Vaginal Delivery**  
J. Hsu<sup>\*1</sup>, M.T. Scott<sup>2</sup>, J. Hutchinson-Colas<sup>2</sup>, N. Maloney Patel<sup>2</sup>; <sup>1</sup>Ann Arbor, MI, <sup>2</sup>New Brunswick, NJ
- VR38 Transvaginal Rectocele Augmented Repair with Mesh and Levatorplasty**  
T.D. Kim<sup>\*1</sup>, C. Kriz<sup>2</sup>, J. Estrada<sup>1</sup>, J.P. Kaminski<sup>1</sup>; <sup>1</sup>Chicago, IL, <sup>2</sup>North Chicago, IL
- VR39 Full Thickness Rectal Prolapse: Delorme Procedure Remains an Option**  
V. Bolshinsky<sup>\*1</sup>, D. Liska<sup>1</sup>, T. Hull<sup>1</sup>, M. Zutshi<sup>1</sup>; <sup>1</sup>Cleveland, OH
- VR40 Stapled Trans-perineal Fistula Repair of Rectovaginal Fistula**  
H. Lin<sup>\*1</sup>, D. Ren<sup>1</sup>; <sup>1</sup>Guangzhou, China

## Monitor 5 - Rectal Cancer

- VR13 Excision of Presacral Tumor with Kraske Approach**  
M.S. Zoumberos<sup>\*1</sup>, A. Dakwar<sup>1</sup>, J.J. LeFave<sup>2</sup>, J. Marcet<sup>1</sup>, J. Williams<sup>1</sup>; <sup>1</sup>Tampa, FL, <sup>2</sup>Houston, TX
- VR15 Magnetic Retraction in Colorectal Surgery**  
G. Davalos<sup>\*1</sup>, R.I. Diaz Jara<sup>1</sup>, A.D. Gueron<sup>1</sup>, L.K. Welsh<sup>1</sup>, D. Portenier<sup>1</sup>, B.Y. Lan<sup>1</sup>; <sup>1</sup>Durham, NC
- VR16 Pelvic Dissection for Rectal Cancer in the Setting of Congenital Pelvic Kidney**  
M.D. Wagner<sup>\*1</sup>, A. Erkan<sup>1</sup>, A.J. Mendez<sup>1</sup>, S. Sevak<sup>1</sup>, P. Kaminsky<sup>1</sup>, N. Garcia-Henriquez<sup>1</sup>, J.R. Monson<sup>1</sup>, M.R. Albert<sup>1</sup>; <sup>1</sup>Orlando, FL
- VR27 Local Excision of an Adenocarcinoma of the Anal Margin and Reconstruction by Bilateral V-Y Flap**  
P. De Nardi<sup>\*1</sup>, M. Pagnanelli<sup>1</sup>, L. Caruso<sup>2</sup>, S. Martella<sup>2</sup>, R. Rosati<sup>1</sup>; <sup>1</sup>Milan, Italy, <sup>2</sup>Milano, Italy
- VR29 Laparoscopic Radical Rectosigmoid Cancer Resection with Left Lateral Pelvic Lymph Nodes Dissection in an En-bloc Resection Manner**  
W. Wang<sup>\*1</sup>; <sup>1</sup>Guangzhou, China
- VR31 A Good Method for Giant Rectal Polyp Treatment: TAMIS**  
M.A. Koç<sup>\*1</sup>, S. Ersoz<sup>1</sup>, C. Akyol<sup>1</sup>; <sup>1</sup>Ankara, Turkey

# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Friday, May 31

Time		Location/Room
3:00 pm - 6:00 pm	Speaker Ready Room Open	23
3:00 pm - 6:00 pm	Registration Open	Grand Ballroom Foyer

## Saturday, June 1

6:00 am - 6:30 pm	Speaker Ready Room Open	23
6:30 am - 5:00 pm	Registration Open	Grand Ballroom Foyer
7:00 am - 2:00 pm	Executive Council Meeting	HILTON: Hope Ballroom A, 3rd Floor
7:00 am - Noon	Advanced Robotics for the Practicing Surgeon, Hands-on Workshop	Global Center Ballroom B
7:30 am - Noon	Transanal Total Mesorectal Excision (taTME) Symposium (Didactic)	Grand Ballroom C
7:30 am - Noon	Advanced Methods for the Management of Rectal Prolapse (Didactic)	26A-C
8:00 am - Noon	Practice Management Course	1
Noon - 1:00 pm	taTME Luncheon (lab registrants only)	4
Noon - 1:00 pm	Advanced Methods for the Management of Rectal Prolapse Luncheon (lab registrants only)	4
12:30 pm - 5:30 pm	Young Surgeons Mock Orals & More Workshop	5
1:00 pm - 5:00 pm	Advanced Practice Provider/Allied Health Symposium	Grand Ballroom C
1:00 pm - 4:30 pm	Transanal Total Mesorectal Excision (taTME) Hands-on Workshop	Global Center Ballroom A
1:00 pm - 4:30 pm	Advanced Methods for the Management of Rectal Prolapse Hands-on Workshop	Global Center Ballroom B
1:00 pm - 4:00 pm	Question Writing: Do You Know How to Write the Perfect Exam Question? Workshop	3
3:00 pm - 6:00 pm	Research Foundation Research Committee	HILTON: Center Street B, 3rd Floor
5:15 pm - 6:30 pm	U.S. China Colorectal and Anal Surgical Symposium	HILTON: Hope Ballroom A/B, 5th Floor
6:30 pm - 9:00 pm	Young Surgeons Reception	HILTON: Eliot's

## Sunday, June 2

6:30 am - 6:00 pm	Ongoing Video Room	25A-C
6:30 am - 6:00 pm	Speaker Ready Room Open	23
6:30 am - 6:00 pm	Registration Open	Grand Ballroom Foyer
7:00 am - 11:00 am	Pelvic Floor Disorders Consortium	HILTON: Hope Ballroom E, 3rd Floor
7:00 am - 9:00 am	Research Foundation Board of Trustees	HILTON: Center Street A, 3rd Floor
7:30 am - 9:30 am	Core Subject Update	Grand Ballroom A/B
7:30 am - 9:15 am	Advanced Endoscopy Symposium	26A-C
8:00 am - 10:00 am	Spouse/Guest Continental Breakfast (registered Spouse/Guest only)	HILTON: Center Street B/C, 3rd Floor

# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Sunday, June 2 (continued)

Time		Location/Room
8:00 am - 9:30 am	<i>SYMPOSIUM</i> : Critical Review of Scientific Manuscripts	HILTON: Hope Ballroom A/B, 3rd Floor
8:00 am - 9:30 am	<i>SYMPOSIUM</i> : Latin American Symposium	Grand Ballroom C
8:00 am - 9:30 am	Simposio Latinoamericano	Grand Ballroom C
9:00 am - 10:00 am	International Committee	12
9:30 am - 11:30 am	Advanced Endoscopy Hands-on Workshop	Global Center Ballroom A
9:30 am - 10:15 am	DC&R Co-editors Meeting	HILTON: Veteran's B, 5th Floor
9:30 am - 9:45 am	Refreshment Break in Foyer	Grand Ballroom Foyer
9:45 am - 11:45 am	<i>SYMPOSIUM</i> : Colorectal Surgery Research: Tips & Tricks from the Experts	Grand Ballroom C
9:45 am - 11:45 am	<i>SYMPOSIUM</i> : Care of the Geriatric Colorectal Patient	Grand Ballroom A/B
10:00 am - 11:00 am	Young Surgeons Committee	21
10:15 am - 10:45 am	DC&R Co-editor and Section Editors Meeting	HILTON: Veteran's B, 5th Floor
11:00 am - 12:45 pm	DC&R Editorial Board Meeting	HILTON: Superior D, 5th Floor
11:30 am - 4:30 pm	Exhibit Hall and E-Posters Open	Exhibit Hall C
11:30 am - 12:45 pm	Self-Assessment Committee	11
11:30 am - 12:30 pm	Regional Society Committee	12
11:45 am - 12:45 pm	Rectal Cancer Coordinating Committee	10
11:45 am - 12:45 pm	Lunch in the Exhibit Hall	Exhibit Hall C
12:45 pm - 1:30 pm	Welcome and Opening Announcements	Grand Ballroom A/B
1:30 pm - 2:15 pm	Humanities in Surgery Lectureship	Grand Ballroom A/B
2:15 pm - 3:45 pm	Abstract Session: Neoplasia I	26A-C
2:15 pm - 3:45 pm	<i>SYMPOSIUM</i> : Pelvic Floor: Present & Future	Grand Ballroom C
2:15 pm - 3:45 pm	<i>SYMPOSIUM</i> : Decreasing Complications of Pain Management by Enhanced Recovery Strategies	Grand Ballroom A/B
2:30 pm - 4:00 pm	Advisory Council for Colon and Rectal Surgery at the American College of Surgeons	HILTON: Center Street A, 3rd Floor
2:30 pm - 4:00 pm	Public Relations Committee	13
2:30 pm - 3:30 pm	Committee on Committees	11
2:30 pm - 3:30 pm	Operative Competency Evaluation Committee	15
3:30 pm - 4:30 pm	Continuing Education Committee	10
3:45 pm - 4:15 pm	Refreshment Break in the Exhibit Hall	Exhibit Hall C
4:00 pm - 5:00 pm	Awards Committee	9

# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Sunday, June 2 (continued)

Time		Location/Room
4:15 pm - 5:45 pm	Abstract Session: Research Forum	26A-C
4:15 pm - 5:45 pm	<i>SYMPOSIUM</i> : What's New in Ulcerative Colitis?	Grand Ballroom A/B
4:15 pm - 5:45 pm	<i>SYMPOSIUM</i> : The Evolving Landscape of Colorectal Surgical Education	Grand Ballroom C
4:30 pm - 6:00 pm	Corporate Council Meeting	21
4:30 pm - 5:30 pm	Healthcare Economics Committee	11
6:00 pm - 7:00 pm	Allied Health Meet & Greet	HILTON: Center Street A, 3rd Floor
7:00 pm - 11:00 pm	ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame	

## Monday, June 3

Time		Location/Room
6:00 am - 7:30 am	Crohns and Colitis Foundation Surgery Research Network Meeting	HILTON: Veterans B/C, 5th Floor
6:30 am - 6:30 pm	Speaker Ready Room Open	23
6:30 am - 6:30 pm	Ongoing Video Room	25A-C
6:30 am - 4:30 pm	Registration Open	Grand Ballroom Foyer
6:30 am - 7:30 am	Industry Relations Committee	9
7:00 am - 8:00 am	History of ASCRS Committee	21
7:00 am - 8:00 am	Video-Based Education Committee	13
7:00 am - 8:00 am	Meet the Professor Breakfasts (for registered attendees)	
	<b>M1</b> HIPEC for Colorectal Carcinomatosis - What is the Current Status?	10
	<b>M2</b> From Instructor to Chair - Academic Development and Promotion	11
	<b>M3</b> Treatment of Rectourethral/Rectovaginal Fistula in a Radiated Field	12
7:00 am - 8:00 am	Coffee & Controversies: Leela Prasad Memorial Debate	Grand Ballroom A/B
8:00 am - 10:00 am	Spouse/Guest Continental Breakfast (registered Spouse/Guest only)	HILTON: Center Street B/C, 3rd Floor
8:00 am - 9:30 am	Abstract Session: Lightning Talks	26A-C
8:00 am - 9:30 am	<i>SYMPOSIUM</i> : Rectal Cancer	Grand Ballroom A/B
8:00 am - 9:30 am	<i>SYMPOSIUM</i> : Technical Pearls: Minimally Invasive Colectomy, Step-By-Step	Grand Ballroom C
8:00 am - 9:30 am	Quality Assessment and Safety Committee	14
8:00 am - 9:00 am	CREST Committee	13
8:00 am - 9:00 am	Research Foundation Young Researchers Committee	15
8:30 am - 9:30 am	Professional Outreach Committee	9
9:00 am - 4:30 pm	Exhibit Hall and E-Posters Open	Exhibit Hall C
9:30 am - 10:00 am	Refreshment Break and E-Poster Presentations in the Exhibit Hall	Exhibit Hall C

# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Monday, June 3 (continued)

Time		Location/Room
10:00 am - 10:45 am	Harry E. Bacon, MD, Lectureship	Grand Ballroom A/B
10:45 am - 11:30 am	Presidential Address	Grand Ballroom A/B
11:30 am - Noon	Past Presidents' and Spouses of Past Presidents' & Past Vice Presidents' Reception	HILTON: Veterans' B/C, 5th Floor
11:30 am - 12:30 pm	Clinical Practice Guidelines Committee	9
11:30 am - 12:45 pm	Complimentary Box Lunch and E-Poster Presentations in the Exhibit Hall	Exhibit Hall C
11:40 am - 12:40 pm	Product Theatre: Pacira Pharmaceuticals, Inc.	Exhibit Hall C
Noon - 1:00 pm	Website Committee	11
Noon - 12:45 pm	Spouses of Past Presidents' Luncheon	HILTON: Veterans' D, 5th Floor
Noon - 12:45 pm	Past Presidents' & Past Vice Presidents' Luncheon	HILTON: Hope Ballroom A, 3rd Floor
12:45 pm - 2:00 pm	Abstract Session: Pelvic Floor	26A-C
12:45 pm - 2:00 pm	Current Management of Crohn's Disease. Joint ASCRS/SSAT Symposium	Grand Ballroom C
12:45 pm - 2:00 pm	<i>SYMPOSIUM: When Do You Change Your Approach? A Framework for Translating Evolving Evidence into Practice Change</i>	Grand Ballroom A/B
1:00 pm - 2:00 pm	Colorectal Care SIG Team	13
1:00 pm - 2:00 pm	New Technologies Committee	10
1:00 pm - 2:00 pm	2020 Tripartite Meeting	14
2:00 pm - 3:30 pm	Abstract Session: Basic Science	26A-C
2:00 pm - 3:30 pm	Abstract Session: Video Abstracts	Grand Ballroom C
2:00 pm - 3:30 pm	<i>SYMPOSIUM: ASCRS/ACS Partnership to Support the Colorectal Surgeon</i>	Grand Ballroom A/B
2:00 pm - 3:00 pm	Membership Committee	12
2:00 pm - 3:00 pm	Social Media Committee	11
2:00 pm - 3:00 pm	COSMID Diverticulitis Trial Investigators Meeting	HILTON: Hope Ballroom A, 3rd Floor
3:00 pm - 4:00 pm	DC&R Selected Abstracts Meeting	11
3:00 pm - 4:00 pm	Pelvic Floor Steering Committee	10
3:30 pm - 5:00 pm	Inflammatory Bowel Disease Committee	21
3:30 pm - 4:00 pm	Refreshment Break and E-Poster Presentations in the Exhibit Hall	Exhibit Hall C
3:45 pm - 4:45 pm	Awards Committee	9
4:00 pm - 5:00 pm	OneColorectal Meeting	14
4:00 pm - 4:45 pm	<i>Best of the Diseases of the Colon and Rectum Journal</i>	Grand Ballroom A/B
4:45 pm - 6:15 pm	New Technologies Symposium (non-CME)	Grand Ballroom A/B
5:00 pm - 6:00 pm	Committee Chairs	11
5:00 pm - 6:00 pm	Residents Committee	10

# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Monday, June 3 (continued)

Time		Location/Room
6:15 pm - 7:30 pm	EP Salvati Society Meeting	HILTON: Veteran's B, 5th Floor
6:30 pm - 8:00 pm	Non-CME Corporate Forum: Intuitive	HILTON: Superior Ballroom A/B, 5th Floor
6:30 pm - 8:00 pm	Residents' Reception	HILTON: Hope Ballroom A/B, 3rd Floor
6:30 pm - 8:30 pm	Baylor Scott & White Health Alumni Reception	HILTON: Center D, 3rd Floor
6:30 pm - 8:00 pm	Mount Sinai Alumni Reception	HILTON: Burnham Restaurant
6:30 pm - 8:30 pm	Cleveland Clinic Alumni Reception	HILTON: Hope Ballroom D, 3rd Floor
6:30 pm - 8:30 pm	Mayo Alumni Reception 2019	HILTON: Center C, 3rd Floor
7:00 pm - 9:00 pm	Adventhealth Colorectal Surgery Alumni Dinner	HILTON: Center A, 3rd Floor
7:15 pm	University of Minnesota Division of Colon and Rectal Surgery Alumni Dinner	Chinato Restaurant
7:30 pm -10:30 pm	Colon and Rectal Clinic Alumni Dinner	HILTON: Center B, 3rd Floor
8:00 pm	Cedars Sinai Medical Center Colorectal Fellowship Alumni Dinner	Marble Room Steaks and Raw Bar

## Tuesday, June 4

6:00 am - 4:30 pm	Complimentary Baggage Storage	Grand Ballroom Foyer
6:00 am - 6:00 pm	Ongoing Video Room	25A-C
6:00 am - 6:00 pm	Speaker Ready Room Open	23
6:00 am - 4:30 pm	Registration Open	Grand Ballroom Foyer
6:30 am - 7:30 am	LGBTQ+Allies Breakfast	HILTON: Veteran's B-D, 5th Floor
6:30 am - 7:30 am	Meet the Professor Breakfast (registered attendees)	
	<b>T1</b> HPV-Related Anorectal Disease - Case-Based Discussion	10
	<b>T2</b> Taking Your Research Idea from Concept to Reality	11
	<b>T3</b> Complex Hemorrhoidal Disease	12
7:30 am - 8:15 am	Norman D. Nigro, MD, Research Lectureship	Grand Ballroom A/B
8:00 am - 10:00 am	Spouse/Guest Continental Breakfast (registered Spouse/Guest only)	HILTON: Center Street B/C, 3rd Floor
8:15 am - 9:00 am	<b>SYMPOSIUM:</b> Harnessing Social Media to Advance #ColorectalSurgery	Grand Ballroom A/B
8:15 am - 9:00 am	<b>SYMPOSIUM:</b> Management of Anal Dysplasia	Grand Ballroom C
8:15 am - 9:00 am	Exhibitor Advisory Council Meeting	20
8:30 am- 10:30 am	Governance Committee	13
9:00 am - 2:00 pm	Exhibit Hall and E-Posters Open	Exhibit Hall C
9:00 am - 10:30 am	Fundamentals of Rectal Cancer Surgery Committee	9
9:00 am - 9:30 am	Refreshment Break and E-Poster Presentations in the Exhibit Hall	Exhibit Hall C



# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Tuesday, June 4 (continued)

Time		Location/Room
9:00 am - 9:30 am	Product Theatre: Boston Scientific	Exhibit Hall C
9:30 am - 10:45 am	Abstract Session: Neoplasia II	26A-C
9:30 am - 10:45 am	SYMPOSIUM: Avoiding Burnout and Achieving Optimal Work-Life Balance	Grand Ballroom A/B
9:30 am - 10:45 am	SYMPOSIUM: My Microbiome Made Me Do It	Grand Ballroom C
10:45 am - 11:30 am	Masters in Colorectal Surgery Lectureship <i>Honoring Ian C. Lavery, MD</i>	Grand Ballroom A/B
11:30 am - 1:00 pm	Complimentary Box Lunch and E-Poster Presentations in the Exhibit Hall	Exhibit Hall C
11:30 am - 1:00 pm	Women in Colorectal Surgery Luncheon (for registered attendees)	HILTON: Superior Ballroom D, 5th Floor
11:30 am - 1:00 pm	Awards Committee	9
11:45 am - 12:45 pm	Product Theatre: Merck	Exhibit Hall C
1:00 pm - 1:45 pm	Memorial Lecture <i>Honoring Philip H. Gordon, MD</i>	Grand Ballroom A/B
1:45 pm - 3:15 pm	Abstract Session: General Surgery Forum	26A-C
1:45 pm - 3:15 pm	SYMPOSIUM: Advanced Endoscopy/Intraluminal Surgery: Raising the Bar for Detection and Non-Resectional Management of Advanced Polyps	Grand Ballroom C
1:45 pm - 3:15 pm	SYMPOSIUM: Enhancing the Physician Patient Relationship	Grand Ballroom A/B
2:00 pm - 3:00 pm	Pediatric to Adult SIG	21
3:15 pm - 3:30 pm	Refreshment Break in the Foyer	Grand Ballroom Foyer
3:30 pm - 4:30 pm	ASCRS Annual Business Meeting and State of the Society Address	Grand Ballroom A/B
4:30 pm - 5:30 pm	Drinks and Disputes: The After Hours Debates	Grand Ballroom A/B
5:30 pm - 6:30 pm	Fellowship Reception	HILTON: Hope Ballroom A/B, 3rd Floor
6:30 pm - 8:00 pm	ASCRS Blues Fest-Farewell Reception (Full Paying Members/Fellows and Spouse/Companion Package #1 are complimentary. All other registration categories must purchase a ticket)	HILTON: Superior Ballroom D, 5th Floor

## Wednesday, June 5

6:30 am - 3:30 pm	Ongoing Video Room	25A-C
6:30 am - 3:30 pm	Speaker Ready Room Open	23
6:30 am - 3:30 pm	Registration Open	Grand Ballroom Foyer
6:30 am - 3:30 pm	Complimentary Baggage Storage	Grand Ballroom Foyer
7:00 am - 8:00 am	Coffee & Controversies	Grand Ballroom A/B
7:00 am - 8:00 am	Meet the Professor Breakfasts (for registered attendees)	
	<b>W1</b> Managing Pouch Complications	10
	<b>W2</b> Coding/Billing	11
8:00 am - 9:15 am	Abstract Session: Outcomes	Grand Ballroom C
8:00 am - 9:15 am	Abstract Session: Education	26A-C

# Daily Schedule

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.

## Wednesday, June 5 (continued)

Time		Location
8:00 am - 9:15 am	<i>SYMPOSIUM</i> : Hereditary Cancer Syndromes: What the Colorectal Surgeon Really Needs to Know	Grand Ballroom A/B
9:15 am - 9:30 am	Refreshment Break in Foyer	Grand Ballroom
9:30 am - 10:45 am	Abstract Session: Inflammatory Bowel Disease	26A-C
9:30 am - 10:45 am	<i>SYMPOSIUM</i> : Advances and Controversies in the Management of Diverticulitis	Grand Ballroom A/B
9:30 am - 10:45 am	<i>SYMPOSIUM</i> : Healthcare Economics: Policy Implications in the Future of Medicine	Grand Ballroom C
10:45 am - 11:30 am	Ernestine Hambrick, MD Lectureship	Grand Ballroom A/B
11:30 am - 12:30 pm	Lunch on Your Own	
11:30 am - 12:30 pm	Awards Committee	9
12:30 pm - 2:00 pm	Abstract Session: Quality	26A-C
12:30 pm - 2:00 pm	<i>SYMPOSIUM</i> : Mission Impossible: Preparing for and Navigating the Difficult and Unexpected Operative Scenario	Grand Ballroom A/B
12:30 pm - 2:00 pm	<i>SYMPOSIUM</i> : Benign Anorectal - Complex Problems, Advanced Techniques, and Special Populations	Grand Ballroom C
2:00 pm - 3:30 pm	Abstract Session: Benign Disease	26A-C
2:00 pm - 3:30 pm	<i>SYMPOSIUM</i> : Is it Really Unresectable? Management of Advanced and Recurrent Colorectal Cancer	Grand Ballroom C
2:00 pm - 3:30 pm	<i>SYMPOSIUM</i> : Robotics: Practical Tips and Tricks	Grand Ballroom A/B
3:45 pm - 4:45 pm	Awards Committee	9

# Schedule-at-a-Glance

Saturday, June 1, 2019									
6:15 am						6:15 am			
6:30 am						6:30 am			
6:45 am						6:45 am			
7:00 am	<b>Advanced Robotics for the Practicing Surgeon Hands-on Lab</b> 7:00 am - Noon Room: Global Center Ballroom B					7:00 am			
7:15 am						7:15 am			
7:30 am		<b>Transanal Total Mesorectal Excision (taTME) Symposium (Didactic)</b> 7:30 am - Noon Room: Grand Ballroom C	<b>Advanced Methods for the Management of Rectal Prolapse (Didactic)</b> 7:30 am - 12:00 pm Room: 26A-C				7:30 am		
7:45 am								7:45 am	
8:00 am							<b>Practice Management Course</b> 8:00 am - Noon Room: 1	8:00 am	
8:15 am								8:15 am	
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11:45 am				11:45 am					
12:00 pm					12:00 pm				
12:15 pm					12:15 pm				
12:30 pm	<b>Young Surgeons Mock Orals &amp; More Workshop</b> 12:30 - 5:30 pm Room: 5				12:30 pm				
12:45 pm					12:45 pm				
1:00 pm		<b>Transanal Total Mesorectal Excision (taTME) Hands-on Workshop</b> 1:00 - 4:30 pm Room: Global Center Ballroom A	<b>Advanced Methods for the Management of Rectal Prolapse Hands-on Lab</b> 1:00 - 4:30 pm Room: Global Center Ballroom B	<b>Question Writing: Do You Know How to Write the Perfect Exam Question? Workshop</b> 1:00 - 4:00 pm Room: 3	<b>Advanced Practice Provider/Allied Health Symposium</b> 1:00 - 5:00 pm Room: Grand Ballroom C	1:00 pm			
1:15 pm									1:15 pm
1:30 pm									1:30 pm
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4:30 pm									4:30 pm
4:45 pm								4:45 pm	

Daily Schedule

# Schedule-at-a-Glance

Saturday, June 1, 2019 (continued)							
5:00 pm	Young Surgeons Mock Orals & More Workshop (continued)					5:00 pm	
5:15 pm						5:15 pm	
5:30 pm		The U.S. - China Colorectal and Anal Surgery Symposium 5:15 pm - 6:30 pm HILTON: Hope Ballroom A/B				5:30 pm	
5:45 pm						5:45 pm	
6:00 pm	Young Surgeons Reception 6:00 - 9:00 pm HILTON: Eliot's					6:00 pm	
6:15 pm						6:15 pm	
6:30 pm						6:30 pm	
6:45 pm						6:45 pm	
7:00 pm						7:00 pm	
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8:00 pm						8:00 pm	
8:15 pm						8:15 pm	
8:30 pm						8:30 pm	
8:45 pm						8:45 pm	
9:00 pm						9:00 pm	
Sunday, June 2, 2019							
6:15 am						6:15 am	
6:30 am						6:30 am	
6:45 am						6:45 am	
7:00 am	Pelvic Floor Disorders Consortium Meeting 7:00 - 11:00 am					7:00 am	
7:15 am						7:15 am	
7:30 am			Advanced Endoscopy Symposium and Workshop 7:30 - 9:15 am Room 26A-C (Didactic)		Core Subject Update 7:30 am - 9:30 am Room: Grand Ballroom A/B	SYMPOSIUM: Latin American Symposium 8:00 - 9:30 am Room: Grand Ballroom C	7:30 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
9:15 am							9:15 am
9:30 am				9:30 am - 9:45 am Refreshment Break in the Foyer			9:30 am
9:45 am			Hands-on Workshop 9:30 - 11:30 am Room: Global Center Ballroom A	SYMPOSIUM: Care of the Geriatric Colorectal Patient 9:45 - 11:45 am Room: Grand Ballroom A/B			9:45 am
10:00 am							10:00 am
10:15 am							10:15 am
10:30 am		10:30 am					
10:45 am		10:45 am					
11:00 am		11:00 am					
11:15 am						11:15 am	
11:30 am						11:30 am	

# Schedule-at-a-Glance

Sunday, June 2, 2019 (continued)				
11:45 am	<b>Complimentary Box Lunch in the Exhibit Hall</b> 11:45 am - 12:45 pm Room: Exhibit Hall C		11:45 am	
12:00 pm			12:00 pm	
12:15 pm			12:15 pm	
12:30 pm			12:30 pm	
12:45 pm	<b>Welcome and Opening Announcements</b> 12:45 - 1:30 pm Room: Grand Ballroom A/B		12:45 pm	
1:00 pm			1:00 pm	
1:15 pm			1:15 pm	
1:30 pm	<b>Humanities in Surgery Lectureship</b> 1:30 - 2:15 pm Room: Grand Ballroom A/B		1:30 pm	
1:45 pm			1:45 pm	
2:00 pm			2:00 pm	
2:15 pm	<b>Abstract Session: Neoplasia I</b> 2:15 - 3:45 pm Room: 26 -C	<b>SYMPOSIUM: Pelvic Floor: Present &amp; Future</b> 2:15 - 3:45 pm Room: Grand Ballroom C	<b>SYMPOSIUM: Decreasing Complications of Pain Management by Enhanced Recovery Strategies</b> 2:15 - 3:45 pm Room: Grand Ballroom A/B	2:15 pm
2:30 pm				2:30 pm
2:45 pm				2:45 pm
3:00 pm				3:00 pm
3:15 pm				3:15 pm
3:30 pm				3:30 pm
3:45 pm	<b>Refreshment Break in the Exhibit Hall</b> 3:45 - 4:15 pm Room: Exhibit Hall C		3:45 pm	
4:00 pm			4:00 pm	
4:15 pm	<b>Abstract Session: Research Forum</b> 4:15 - 5:45 pm Room: 26A-C	<b>SYMPOSIUM: What's New in Ulcerative Colitis?</b> 4:15 - 5:45 pm Room: Grand Ballroom A/B	<b>SYMPOSIUM: The Evolving Landscape of Colorectal Surgical Education</b> 4:15 - 5:45 pm Room: Grand Ballroom C	4:15 pm
4:30 pm				4:30 pm
4:45 pm				4:45 pm
5:00 pm				5:00 pm
5:15 pm				5:15 pm
5:30 pm				5:30 pm
5:45 pm				5:45 pm
6:00 pm				6:00 pm
6:15 pm				6:15 pm
6:30 pm				6:30 pm
6:45 pm				6:45 pm
7:00 pm	<b>Welcome Reception - ASCRS Rocks!</b> 7:00 - 11:00 pm Rock and Hall of Fame		7:00 pm	
7:15 pm			7:15 pm	
7:30 pm			7:30 pm	
7:45 pm			7:45 pm	
8:00 pm			8:00 pm	
8:15 pm			8:15 pm	
8:30 pm			8:30 pm	
8:45 pm			8:45 pm	
9:00 pm			9:00 pm	
9:15 pm			9:15 pm	
9:30 pm			9:30 pm	
9:45 pm			9:45 pm	
10:00 pm			10:00 pm	
10:15 pm			10:15 pm	
10:30 pm	10:30 pm			

Daily Schedule

## Schedule-at-a-Glance

Monday, June 3, 2019					
6:15 am					6:15 am
6:30 am					6:30 am
6:45 am					6:45 am
7:00 am	<b>Meet the Professor Breakfast</b> 7:00 - 8:00 am M1, Room: 10	<b>Meet the Professor Breakfast</b> 7:00 - 8:00 am M2, Room 11	<b>Meet the Professor Breakfast</b> 7:00 - 8:00 am M3, Room: 12	<b>Coffee &amp; Controversies: Leela Prasad Memorial Debate</b> 7:00 - 8:00 pm Room: Grand Ballroom A/B	7:00 am
7:15 am					7:15 am
7:30 am					7:30 am
7:45 am					7:45 am
8:00 am	<b>Abstract Session: Lightning Talks</b> 8:00 - 9:30 am Room: 26A-C		<b>SYMPOSIUM: Rectal Cancer</b> 8:00 - 9:30 am Room: Grand Ballroom A/B	<b>SYMPOSIUM: Technical Pearls: Minimally Invasive Colectomy, Step-By-Step</b> 8:00 - 9:30 am Room: Grand Ballroom C	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
9:15 am					9:15 am
9:30 am	<b>Refreshment Break and E-Poster Presentations in the Exhibit Hall</b> 9:30 - 10:00 am Room: Exhibit Hall C				9:30 am
9:45 am					9:45 am
10:00 am	<b>Harry E. Bacon, MD, Lectureship</b> 10:00 - 10:45 am Room: Grand Ballroom A/B				10:00 am
10:15 am					10:15 am
10:30 am					10:30 am
10:45 am	<b>Presidential Address</b> 10:45 - 11:30 am Room: Grand Ballroom A/B				10:45 am
11:00 am					11:00 am
11:15 am					11:15 am
11:30 am	<b>Complimentary Box Lunch and E-Poster Presentations in the Exhibit Hall</b> 11:30 am - 12:45 pm Room: Exhibit Hall C				11:30 am
11:45 am					11:45 am
12:00 pm					12:00 pm
12:15 pm					12:15 pm
12:30 pm					12:30 pm
12:45 pm					12:45 pm
1:00 pm	<b>Abstract Session: Pelvic Floor</b> 12:45 - 2:00 pm Room: 26 A-C		<b>SYMPOSIUM: ASCRS/SSAT Crohn's Disease</b> 12:45 - 2:00 pm Room: Grand Ballroom C	<b>SYMPOSIUM: When Do You Change Your Approach? A Framework for Translating Evolving Evidence into Practice Change</b> 12:45 - 2:00 pm Room: Grand Ballroom A/B	1:00 pm
1:15 pm					1:15 pm
1:30 pm					1:30 pm
1:45 pm					1:45 pm
2:00 pm	<b>Abstract Session: Basic Science</b> 2:00 - 3:30 pm Room: 26A-C		<b>Abstract Session: Video Abstracts</b> 2:00 - 3:30 pm Room: Grand Ballroom C	<b>SYMPOSIUM: ASCRS/ACS Partnership to Support the Colorectal Surgeon</b> 2:00 - 3:30 pm Room: Grand Ballroom A/B	2:00 pm
2:15 pm					2:15 pm
2:30 pm					2:30 pm
2:45 pm					2:45 pm
3:00 pm					3:00 pm
3:15 pm					3:15 pm
3:30 pm	<b>Refreshment Break and E-Poster Presentations in the Exhibit Hall</b> 3:30 - 4:00 pm Room: Exhibit Hall C				3:30 pm
3:45 pm					3:45 pm
4:00 pm	<b>Best of the Diseases of the Colon and Rectum Journal</b> 4:00 - 4:45 pm Room: Grand Ballroom A/B				4:00 pm
4:15 pm					4:15 pm
4:30 pm					4:30 pm

# Schedule-at-a-Glance

Monday, June 3, 2019 (continued)				
4:45 pm				4:45 pm
5:00 pm				5:00 pm
5:15 pm	<b>(non-CME) New Technologies Symposium</b> 4:45 - 6:15 pm Room: Grand Ballroom A/B			5:15 pm
5:30 pm				5:30 pm
5:45 pm				5:45 pm
6:00 pm				6:00 pm
6:15 pm				6:15 pm
6:30 pm				6:30 pm
6:45 pm				6:45 pm
7:00 pm	<b>Residents' Reception</b> 6:30 - 8:00 pm HILTON: Hope Ballroom A/B, 3rd Floor	<b>Non CME Corporate Forum</b> 6:30 pm - 8:00 pm Intuitive		7:00 pm
7:15 pm				7:15 pm
7:30 pm				7:30 pm
7:45 pm				7:45 pm
8:00 pm				8:00 pm
Tuesday, June 4, 2019				
6:30 am				6:30 am
6:45 am	<b>Meet the Professor Breakfast</b> 6:30 - 7:30 am T1, Room 10	<b>Meet the Professor Breakfast</b> 6:30 - 7:30 am T2, Room 11	<b>Meet the Professor Breakfast</b> 6:30 - 7:30 am T3, Room 12	6:45 am
7:00 am				7:00 am
7:15 am				7:15 am
7:30 am	<b>Norman D. Nigro, MD, Research Lectureship</b> 7:30 - 8:15 am Room: Grand Ballroom A/B			7:30 am
7:45				7:45 am
8:00 am				8:00 am
8:15 am	<b>SYMPOSIUM: Harnessing Social Media to Advance #ColorectalSurgery</b> 8:15 - 9:00 am Room: Grand Ballroom A/B		<b>SYMPOSIUM: Management of Anal Dysplasia</b> 8:15 - 9:00 am Room: Grand Ballroom C	8:15 am
8:30 am				8:30 am
8:45 am				8:45 am
9:00 am	<b>Refreshment Break and E-Poster Presentations in the Exhibit Hall</b> 9:00 - 9:30 am Room: Exhibit Hall C			9:00 am
9:15 am				9:15 am
9:30 am	<b>Abstract Session: Neoplasia II</b> 9:30 - 10:45 am Room: 26 A-C		<b>SYMPOSIUM: Avoiding Burnout and Achieving Optimal Work-Life Balance</b> 9:30- 10:45 am Room: Grand Ballroom A/B	9:30 am
9:45 am				9:45 am
10:00 am				10:00 am
10:15 am				10:15 am
10:30 am				10:30 am
10:45 am	<b>Masters in Colorectal Surgery Lectureship</b> 10:45 - 11:30 am Room: Grand Ballroom A/B			10:45 am
11:00 am				11:00 am
11:15 am				11:15 am
11:30 am	<b>Complimentary Box Lunch and E-Poster Presentations in the Exhibit Hall</b> 11:30 am - 1:00 pm		<b>Women in Colorectal Surgery Luncheon</b> 11:30 am - 1:00 pm HILTON: Superior Ballroom D, 5th Floor	11:30 am
11:45 am				11:45 am
12:00 pm				12:00 pm
12:15 pm				12:15 pm
12:30 pm				12:30 pm
12:45 pm				12:45 pm

## Schedule-at-a-Glance

Tuesday, June 4, 2019 (continued)				
1:00 pm	<b>Memorial Lecture Honoring Philip H. Gordon, MD</b> 1:00 - 1:45 pm Room: Grand Ballroom A/B		1:00 pm	
1:15 pm			1:15 pm	
1:30 pm			1:30 pm	
1:45 pm	<b>Abstract Session: General Surgery Forum</b> 1:45 - 3:15 pm Room: 26 A-C	<b>SYMPOSIUM:            Advanced            Endoscopy/            Intraluminal Surgery:            Raising the Bar            for Detection and            Non-Resectional            Management of            Advanced Polyps</b> 1:45 - 3:15 pm Room: Grand Ballroom C	<b>SYMPOSIUM: Enhancing the Physician            Patient Relationship</b> 1:45 - 3:15 pm Room: Grand Ballroom A/B	1:45 pm
2:00 pm				2:00 pm
2:15 pm				2:15 pm
2:30 pm				2:30 pm
2:45				2:45 pm
3:00 pm				3:00 pm
3:15 pm				<b>Refreshment Break in Grand Ballroom Foyer</b> 3:15 - 3:30 pm
3:30 pm	<b>ASCRS Annual Business Meeting and State of the Society Address</b> 3:30 - 4:30 pm Room: Grand Ballroom A/B		3:30 pm	
3:45 pm			3:45 pm	
4:00 pm			4:00 pm	
4:15 pm			4:15 pm	
4:30 pm	<b>Drinks and Disputes: The After Hours Debates</b> 4:30 - 5:30 pm Room: Grand Ballroom A/B		4:30 pm	
4:45 pm			4:45 pm	
5:00 pm			5:00 pm	
5:15 pm			5:15 pm	
5:30 pm	<b>Fellowship Reception</b> 5:30 - 6:30 pm HILTON: Hope Ballroom A/B/C, 3rd Floor		5:30 pm	
5:45 pm			5:45 pm	
6:00 pm			6:00 pm	
6:15 pm			6:15 pm	
6:30 pm	<b>ASCRS Blues Fest-Farewell Reception</b> 6:30 - 8:00 pm HILTON: Superior Ballroom D, 5th Floor		6:30 pm	
6:45 pm			6:45 pm	
7:00 pm			7:00 pm	
7:15 pm			7:15 pm	
7:30 pm			7:30 pm	
7:45 pm			7:45 pm	
8:00 pm			8:00 pm	



# Schedule-at-a-Glance

Wednesday, June 5, 2019						
6:30 am					6:30 am	
6:45 am					6:45 am	
7:00 am	<b>Meet the Professor Breakfasts</b> 7:00 - 8:00 am W1, Room 11	<b>Meet the Professor Breakfasts</b> 7:00 - 8:00 am W2, Room 11	<b>Coffee and Controversies</b> 7:00 - 8:00 am Room: Grand Ballroom A/B		7:00 am	
7:15 am					7:15 am	
7:30 am					7:30 am	
7:45 am					7:45 am	
8:00 am	<b>Abstract Session: Outcomes</b> 8:00 - 9:15 am Room: Grand Ballroom C		<b>Abstract Session: Education</b> 8:00 - 9:15 am Room: 26 A-C	<b>SYMPOSIUM: Hereditary Cancer Syndromes: What the Colorectal Surgeon Really Needs to Know</b> 8:00 - 9:15 am Room: Grand Ballroom A/B		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
9:15 am	<b>Refreshment Break in Foyer</b> 9:15 - 9:30 am Room: Grand Ballroom Foyer				9:15 am	
9:30 am	<b>Abstract Session: Inflammatory Bowel Disease</b> 9:30 - 10:45 am Room: 26 A-C	<b>SYMPOSIUM: Advances and Controversies in the Management of Diverticulitis</b> 9:30 - 10:45 am Room: Grand Ballroom A/B	<b>SYMPOSIUM: Healthcare Economics: Policy Implications in the Future of Medicine</b> 9:30 - 10:45 am Room: Grand Ballroom C		9:30 am	
9:45 am					9:45 am	
10:00 am					10:00 am	
10:15 am					10:15 am	
10:30 am					10:30 am	
10:45 am	<b>Ernestine Hambrick, MD Lectureship</b> 10:45 - 11:30 am Room: Grand Ballroom A/B				10:45 am	
11:00 am					11:00 am	
11:15 am					11:15 am	
11:30 am	<b>Lunch on Your Own</b> 11:30 am - 12:30 pm				11:30 am	
11:45 am					11:45 am	
12:00 pm					12:00 pm	
12:15 pm					12:15 pm	
12:30 pm					12:30 pm	
12:45 pm	<b>Abstract Session: Quality</b> 12:30 - 2:00 pm Room: 26 A-C	<b>SYMPOSIUM: Mission Impossible: Preparing for and Navigating the Difficult and Unexpected Operative Scenario</b> 12:30 - 2:00 pm Room: Grand Ballroom A/B	<b>SYMPOSIUM: Benign Anorectal - Complex Problems, Advanced Techniques, and Special Populations</b> 12:30 - 2:00 pm Room: Grand Ballroom C		12:45 pm	
1:00 pm					1:00 pm	
1:15 pm					1:15 pm	
1:30 pm					1:30 pm	
1:45 pm					1:45 pm	
2:00 pm	<b>Abstract Session: Benign Disease</b> 2:00 - 3:30 pm Room: 26 A-C	<b>SYMPOSIUM: Is it Really Unresectable? Management of Advanced and Recurrent Colorectal Cancer</b> 2:00 - 3:30 pm Room: Grand Ballroom C	<b>SYMPOSIUM: Robotics: Practical Tips and Tricks</b> 2:00 - 3:30 pm Room: Grand Ballroom A/B		2:00 pm	
2:15 pm					2:15 pm	
2:30 pm					2:30 pm	
2:45 pm					2:45 pm	
3:00 pm					3:00 pm	
3:15 pm					3:15 pm	
3:30 pm					3:30 pm	

Daily Schedule

# ASCRS & Research Foundation Committee Meetings

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted

## Saturday, June 1

Time		Location/Room
7:00 am - 2:00 pm	Executive Council Meeting	HILTON: Hope Ballroom A, 3rd Floor
3:00 pm - 6:00 pm	Research Foundation Research Committee	HILTON: Center Street B, 3rd Floor

## Sunday, June 2

7:00 am - 9:00 am	Research Foundation Board of Trustees	HILTON: Center Street A, 3rd Floor
9:00 am - 10:00 am	International Committee	12
9:30 am - 10:15 am	DC&R Co-editors Meeting	HILTON: Veteran's B, 5th Floor
10:00 am - 11:00 am	Young Surgeons Committee	21
10:15 am - 10:45 am	DC&R Co-editor and Section Editors Meeting	HILTON: Veteran's B, 5th Floor
11:00 am - 12:45 pm	DC&R Editorial Board Meeting	HILTON: Superior D, 5th Floor
11:30 am - 12:30 pm	Regional Society Committee	12
11:30 am - 12:45 pm	Self-Assessment Committee	11
11:45 am - 12:45 pm	Rectal Cancer Coordinating Committee	10
2:30 pm - 3:30 pm	Committee on Committees	11
2:30 pm - 3:30 pm	Operative Competency Evaluation Committee	15
2:30 pm - 4:00 pm	Public Relations Committee	13
3:30 pm - 4:30 pm	Continuing Education Committee	10
4:00 pm - 5:00 pm	Awards Committee	9
4:30 pm - 6:00 pm	Corporate Council Meeting	21
4:30 pm - 5:30 pm	Healthcare Economics Committee	11

## Monday, June 3

6:30 am - 7:30 am	Industry Relations Committee	9
7:00 am - 8:00 am	History of ASCRS Committee	21
7:00 am - 8:00 am	Video-Based Education Committee	13
8:00 am - 9:00 am	CREST Committee	13
8:00 am - 9:00 am	Research Foundation Young Researchers Committee	15
8:00 am - 9:30 am	Quality Assessment and Safety Committee	14
8:30 am - 9:30 am	Professional Outreach Committee	9
11:30 am - 12:30 pm	Clinical Practice Guidelines Committee	9
Noon - 1:00 pm	Website Committee	11

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted

# ASCRS & Research Foundation Committee Meetings

## Monday, June 3 (continued)

Time		Location/Room
1:00 pm - 2:00 pm	New Technologies Committee	10
2:00 pm - 3:00 pm	Membership Committee	12
2:00 pm - 3:00 pm	Social Media Committee	11
2:00 pm - 3:00 pm	COSMID Research Investigators Meeting	HILTON: Hope Ballroom A, 3rd Floor
3:00 pm - 4:00 pm	Pelvic Floor Steering Committee	10
3:00 pm - 4:00 pm	DC&R Selected Abstracts Team	11
3:30 pm - 5:00 pm	Inflammatory Bowel Disease Committee	21
3:45 pm - 4:45 pm	Awards Committee	9
5:00 pm - 6:00 pm	Committee Chairs	11
5:00 pm - 6:00 pm	Residents Committee	10

## Tuesday, June 4

8:15 am - 9:00 am	Exhibitor Advisory Council Meeting	20
8:30 am - 10:30 am	Governance Committee	13
9:00 am - 10:30 am	Fundamentals of Rectal Cancer Surgery Committee	9
11:30 am - 1:00 pm	Awards Committee	9

## Wednesday, June 5

11:30 am - 12:30 pm	Awards Committee	9
3:45 pm - 4:45 pm	Awards Committee	9

# ASCRS Past Presidents

*1899 - 1900	Joseph M. Mathews	*1939 - 1940	Martin S. Kleckner	*1980 - 1981	Malcolm C. Veidenheimer
*1900 - 1901	James P. Tuttle	*1940 - 1941	Clement J. Debere	*1981 - 1982	Bertram A. Portin
*1901 - 1902	Thomas C. Martin	*1941 - 1942	Frederick B. Campbell	*1982 - 1983	Eugene S. Sullivan
*1902 - 1903	Samuel T. Earle	*1942 - 1944	Homer I. Silvers	1983 - 1984	Stanley M. Goldberg
*1903 - 1904	William M. Beach	*1944 - 1946	William H. Daniel	*1984 - 1985	A.W. Martin Marino, Jr.
*1904 - 1905	J. Rawson Pennington	*1946 - 1947	Joseph W. Ricketts	*1985 - 1986	Eugene P. Salvati
*1905 - 1906	Lewis H. Adler, Jr.	*1947 - 1948	George H. Thiele	*1986 - 1987	H. Whitney Boggs, Jr.
*1906 - 1907	Samuel G. Gant	*1948 - 1949	Harry E. Bacon	1987 - 1988	Frank J. Theuerkauf
*1907 - 1908	A. Bennett Cooke	*1949 - 1950	Louis E. Moon	1988 - 1989	Herand Abcarian
*1908 - 1909	George B. Evans	*1950 - 1951	Hoyt R. Allen	*1989 - 1990	J. Byron Gathright, Jr.
*1909 - 1910	Dwight H. Murray	*1951 - 1952	Robert A. Scarborough	1990 - 1991	Peter A. Volpe
*1910 - 1911	George J. Cooke	*1952 - 1953	Newton D. Smith	1991 - 1992	Robert W. Beart, Jr.
*1911 - 1912	John L. Jelks	*1953 - 1954	W. Wendell Green	1992 - 1993	W. Patrick Mazier
*1912 - 1913	Louis J. Hirschman	*1954 - 1955	A.W. Martin Marino, Sr.	1993 - 1994	Samuel B. Labow
*1913 - 1914	Joseph M. Mathews	*1955 - 1956	Stuart T. Ross	*1994 - 1995	Philip H. Gordon
*1914 - 1915	Louis J. Krause	*1956 - 1957	Rufus C. Alley	*1995 - 1996	Victor W. Fazio
*1915 - 1916	T. Chittenden Hill	*1957 - 1958	Julius E. Linn	1996 - 1997	David A. Rothenberger
*1916 - 1917	Alfred J. Zobel	*1958 - 1959	Karl Zimmerman	1997 - 1998	Ira J. Kodner
*1917 - 1919	Jerome M. Lynch	*1959 - 1960	Hyrum R. Reichman	1998 - 1999	Lee E. Smith
*1919 - 1920	Collier F. Martin	*1960 - 1961	Walter A. Fansler	1999 - 2000	H. Randolph Bailey
*1920 - 1921	Alois B. Graham	*1961 - 1962	Merrill O. Hines	*2000 - 2001	John M. MacKeigan
*1921 - 1922	Granville S. Hanes	*1962 - 1963	Robert J. Rowe	2001 - 2002	Robert D. Fry
*1922 - 1923	Emmett H. Terrell	*1963 - 1964	Robert A. Scarborough	2002 - 2003	Richard P. Billingham
*1923 - 1924	Ralph W. Jackson	*1964 - 1965	Garnet W. Ault	2003 - 2004	David J. Schoetz, Jr.
*1924 - 1925	Frank C. Yeomans	*1965 - 1966	Norman D. Nigro	2004 - 2005	Bruce G. Wolff
*1925 - 1926	Descum C. McKenney	*1966 - 1967	Maus W. Stearns, Jr.	2005 - 2006	Ann C. Lowry
*1926 - 1927	William H. Kiger	*1967 - 1968	Raymond J. Jackman	2006 - 2007	Lester Rosen
*1927 - 1928	Louis A. Buie	*1968 - 1969	Neil W. Swinton	*2007 - 2008	W. Douglas Wong
*1928 - 1929	Edward G. Martin	*1969 - 1970	James A. Ferguson	2008 - 2009	Anthony J. Senagore
*1929 - 1930	Walter A. Fansler	*1970 - 1971	Walter Birnbaum	2009 - 2010	James W. Fleshman
*1930 - 1931	Dudley Smith	*1971 - 1972	Andrew Jack McAdams	2010 - 2011	David E. Beck
*1931 - 1932	W. Oakley Hermance	*1972 - 1973	John E. Ray	2011 - 2012	Steven D. Wexner
*1932 - 1933	Curtice Rosser	*1973 - 1974	John H. Remington	2012 - 2013	Alan G. Thorson
*1933 - 1934	Curtis C. Mechling	*1974 - 1975	Rupert B. Turnbull	2013 - 2014	Michael J. Stamos
*1934 - 1935	Louis A. Buie	*1975 - 1976	Patrick H. Hanley	2014 - 2015	Terry C. Hicks
*1935 - 1936	Frank G. Runyeon	*1976 - 1977	John R. Hill	2015 - 2016	Charles E. Littlejohn
*1936 - 1937	Marion C. Pruitt	*1977 - 1978	Alejandro F. Castro	2016 - 2017	Patricia L. Roberts
*1937 - 1938	Harry Z. Hibshman	*1978 - 1979	Donald M. Gallagher	2017 - 2018	Guy R. Orangio
*1938 - 1939	Dudley Smith	1979 - 1980	Stuart H.Q. Quan	*Deceased	

**Saturday, June 1**

Workshop

CME Credit Hours: 5

## Advanced Robotics for the Practicing Surgeon

①②

**SOLD OUT**

7:00 am – Noon

Room: Global Center Ballroom B

Registration Required • Member Fee: \$670 • Non-Member Fee: \$800 • Limit: 20 participants

*Supported by independent educational grants and/or loaned durable equipment from:*

*Applied Medical*

*ConMed*

*Intuitive*

*Medtronic*

This workshop will offer the practicing surgeon a highly customized and procedural oriented cadaver-based experience that demonstrates state-of-the-art techniques employed in a variety of colorectal operations. The focus will be on tips, tricks, and advanced maneuvers to facilitate robotic ascending colectomy, intracorporeal anastomosis and low anterior resection.

This session will involve cadaveric-based procedural exercises on robotic surgical platforms. Port placement, docking techniques, patient positioning and troubleshooting will be covered for each procedure. A primary focus during the workshop will be on operative techniques, methods to improve operative efficiency, identification and preservation of critical anatomy, and high value points to help negotiate the robotics learning curve.

This course is intended to assist surgeons during their learning curve to accelerate their move from robotic proficiency to mastery. And expose the surgeons to the newest robotic technology that may help their practice.

### Gap Analysis:

**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. And, access to new systems on cadavers is limited.

**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.

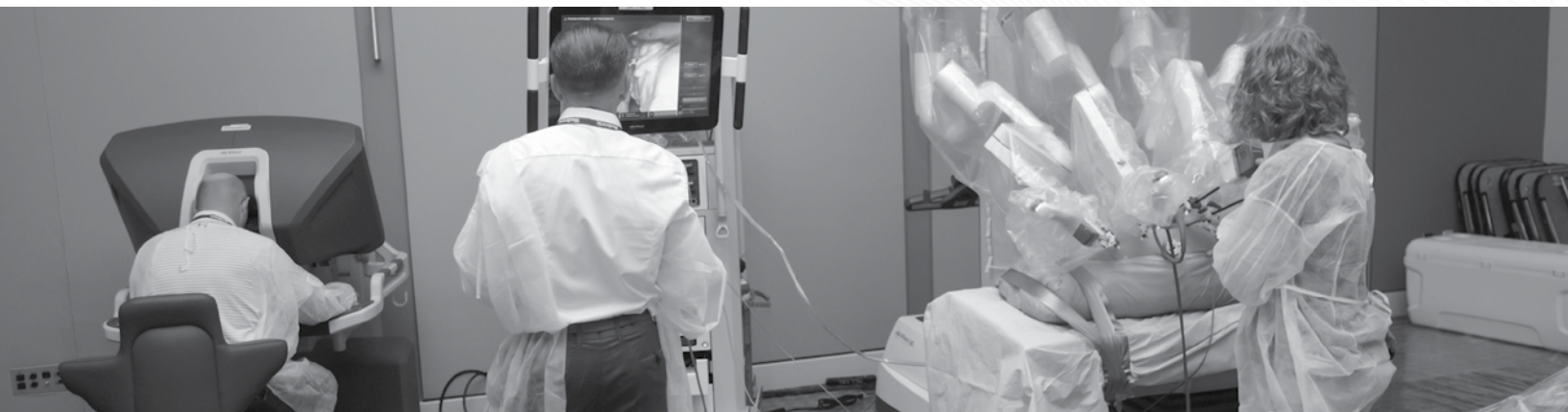
**Objectives:** At the conclusion of this session, participants should be able to:

1. Describe the setup and instrumentation of advanced robotic colorectal procedures.
2. Explain different procedural approaches in robotic colorectal surgery and understand strength and weaknesses of FDA approved robotic systems.
3. Explain how to troubleshoot and address specific robotic-related complications in colorectal surgery.

**Co-Directors:** **Todd Francone, MD**, Newton, MA  
**Vincent Obias, MD**, Washington, DC

### Faculty:

Lilian Chen, MD, *Boston, MA*  
I. Emre Gorgun, MD, *Cleveland, OH*  
Nell Maloney Patel, MD, *New Brunswick, NJ*  
Joshua Waters, MD, *Indianapolis, IN*



**Saturday, June 1**

Symposium and Workshop

CME Credit Hours: Up to 8 Total

MOC Credit Hours: 4.5 (Didactic Only)

**Advanced Methods for the Management of Rectal Prolapse****1 2 5 6**

7:30 am - 4:30 pm

Rooms: 26A-C and Global Center Ballroom B

**Registration Required • Member Fee: \$670 • Non-Member Fee: \$800 • Limit: 20 participants • Lunch included**

Didactic Session Only: \$25 (7:30 am - Noon)

*Supported by independent educational grants and/or loaned durable equipment from:**Applied Medical**Cook Medical**Intuitive**Johnson & Johnson (Ethicon)**Medtronic**Olympus America, Inc.*

Rectal prolapse is a relatively common debilitating condition with both functional and anatomic sequelae.

Throughout the past century, more than 100 different surgical procedures have been described and there is no consensus regarding the best technique. Recurrence rates for complete rectal prolapse have been reported as high as 20-50 percent. The ideal surgical approach to treat these recurrences remains an unresolved problem.

Ventral rectopexy (VR) is the current gold standard for treatment of rectal prolapse in most countries outside of North America. Modern, minimally-invasive approaches to VR includes laparoscopic Ventral Rectopexy (LVR). VR can correct full-thickness rectal prolapse, rectoceles, and internal rectal prolapse and can be combined with vaginal prolapse procedures, such as sacrocolpopexy, in patients with multicompartiment pelvic floor defects.

VR is technically demanding and requires a complete ventral dissection of the rectovaginal septum (rectovesical in men) down to the pelvic floor and suturing skills within a confined space that further maximizes the difficulty. Formal training programs in VR can help to avoid complications and improve outcomes.

**Gap Analysis:**

**What Is:** Laparoscopic/Robotic Ventral Rectopexy corrects descent of the anterior and middle pelvic floor compartments and has shown to be successful for improving full thickness rectal prolapse, internal prolapse, enterocele, rectocele, fecal incontinence, and obstructed defecation VR is considered the gold standard for rectal prolapse repair in Europe and Australia. There are few training opportunities in the USA for LVR or RVR.

**What Should Be:** Surgeons should have the opportunity to learn the techniques of LVR and RVR through didactic video-based learning and simulation. Surgeons should also be familiar other prolapse operations for patients who are not optimal candidates for VR.

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

1. Explain ventral rectopexy, indications and long-term outcomes.
2. Describe surgical steps for Ventral Rectopexy using a minimally-invasive approach such as laparoscopy or robotics.
3. Distinguish how to avoid and how deal with surgical complication after prolapse surgery.

**Co-Directors:** **Brooke Gurland, MD**, Stanford, CA  
**Andrew Stevenson, MD**, Brisbane, Australia

Saturday, June 1

Advanced Methods for the Management of Rectal Prolapse (continued)

Didactic Session only- CME Credit Hours: 4.5

7:30 am - Noon

Room: 26A-C

<p>7:30 am     <b>Introduction</b> Brooke Gurland, MD, Stanford, CA Andrew Stevenson, MD, Brisbane, Australia</p> <p>7:40 am     <b>Principles and Evolution of Procedures for Rectal Prolapse</b> Anders Mellgren, MD, PhD, Chicago, IL</p> <p>7:55 am     <b>VR - Evolution of Technique and Long-Term Outcomes</b> Oliver Jones, MD, Southampton Hants, United Kingdom</p> <p>8:10 am     <b>Testing? What Helps Me Prior to Prolapse/VR Repair?</b> Amy Thorsen, MD, Minneapolis, MN</p> <p>8:25 am     <b>Synthetic vs. Biologic - The "Mesh" Debate</b> James Ogilvie, Jr., MD, Grand Rapids, MI</p> <p>8:40 am     <b>Patient Selection: Should Everyone Get a VR?</b> Liliana Bordeianou, MD, Boston, MA</p> <p>8:55 am     <b>Robotic VR Surgery Video: How I Do It</b> Joseph Carmichael, MD, Orange, CA</p> <p>9:10 am     <b>LVR Surgery Video: How I Do It</b> Pierpaolo Sileri, MD, PhD, Rome, Italy</p> <p>9:30 am     <b>Questions and Answers</b></p> <p>9:50 am     <b>Break</b></p>	<p>10:00 am    <b>Is VR the Panacea for Obstructed Defecation Syndrome</b> Oliver Jones, MD, Southampton Hants, United Kingdom</p> <p>10:10 am    <b>Dealing with Recurrent Rectal Prolapse</b> Brooke Gurland, MD, Stanford, CA</p> <p>10:25 am    <b>Management and Prevention of VR Complications</b> Pierpaolo Sileri, MD, PhD, Rome, Italy</p> <p>10:45 am    <b>Top Ten Tips for VR - Synthetics</b> Oliver Jones, MD, Southampton Hants, United Kingdom</p> <p>10:55 am    <b>Top Ten Tips for VR - Biologics</b> Andrew Stevenson, MD, Brisbane, Australia</p> <p>11:05 am    <b>Top Ten Tips to Avoid Complications</b> Ian Paquette, MD, Cincinnati, OH</p> <p>11:15 am    <b>Panel Discussion and Case Presentations</b> James Ogilvie, Jr., MD, Grand Rapids, MI</p> <p>11:45 am    <b>Questions and Answers</b></p> <p>Noon        <b>Adjourn</b></p> <p>Noon        <b>Lunch</b> <b>Room: 4</b> <i>(Provided for Hands-on Lab Participants)</i></p>
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Saturday

**Hands-on Workshop**

**SOLD OUT**

Room: Global Center Ballroom B

<p>1:00 - 4:30 pm</p> <p>1:00 pm</p> <p>1:30 pm</p>	<p>Hands-on session only CME Credit Hours: 3.5</p> <p>Simulation Demonstration/Laparoscopic and Robotic to Describe Procedure Steps with Models with Step-by-Step Live Demonstration by the Experts All Faculty</p> <p>Hands-on Participation Begins (Robotics and Laparoscopic)</p>
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**Saturday, June 1**

Symposium and Workshop

CME Credit Hours: Up to 8 Total

MOC Credit Hours: 4.5 (Didactic Only)

**Transanal Total Mesorectal Excision (taTME)****1256**

7:30 am - 4:30 pm

Rooms: Grand Ballroom C and Global Ballroom Center A

**Registration and Pre-registration Survey Required (Includes Didactic and Hands-on Workshop) • Fee: \$1,175****Limit: 16 participants • Lunch Included**

Didactic Session Only: \$25 (7:30 am - Noon)

*Supported by independent educational grants and/or loaned durable equipment from:**Applied Medical**ConMed**CooperSurgical**Johnson & Johnson (Ethicon)**Medtronic**Olympus America, Inc.**Stryker*

The standard of care in rectal cancer treatment requires multi-disciplinary team assessment and strategies with Total Mesorectal Excision (TME) at the cornerstone of curative resection. Despite the demonstrated short-term clinical benefits over traditional open TME, minimally invasive abdominal approaches have failed to overcome the formidable challenge of accessing the deep pelvis to achieve distal rectal transection with negative margins and an intact mesorectum.

Transanal Total Mesorectal Excision (taTME) has recently emerged as a promising novel minimally invasive alternative in the surgical treatment of rectal cancer. This technique was developed to facilitate completion of TME for low and mid-rectal tumors by using transanal rather than transabdominal access. Through transanal endoscopic platforms, rectal and mesorectal dissection, this can be completed endoluminally with early identification of the distal transection margin and direct in-line exposure of perirectal and mesorectal planes.

During the didactic session, the most recent outcomes from large studies and from registries will be reviewed, as well as current controversies and recent trends in transanal endoscopic proctectomy. Current consensus on best strategies for implementation and training will be reviewed as well as emerging data regarding the learning curve. Finally, tips and tricks with video demonstrations will delineate the recommended operative set-up, anatomic landmarks and key steps in transanal dissection. Pitfalls during transanal dissection and anastomotic reconstruction will be reviewed with tips and trick on how to overcome intraoperative difficulties and complications.

The hands-on course is intended to train high volume rectal cancer surgeons with expertise in minimally invasive TME and transanal endoscopic surgery. Each surgical team will perform taTME with laparoscopic assistance with a proctor.

**Gap Analysis:**

**What Is:** A lack of clinical experience with and training in transanal TME operation persists, particularly in the United States.

**What Should Be:** Opportunities for surgeons to experience and training in Transanal TME operations.

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

1. Explain the contraindications and best practices for taTME based on the best published evidence.
2. Recognize the recommended prerequisite skills and training guidelines for safe adoption and implementation of taTME.
3. Apply recommended taTME dissection techniques, understand differences in anatomic landmarks between low and mid-rectal dissection, and be prepared to manage procedural complications.
4. Recognize the limitations of available comparative data and the goals and endpoints of ongoing clinical trials.

**Co-Directors:** **Justin Maykel, MD**, Worcester, MA  
**Patricia Sylla, MD**, New York, NY



Saturday, June 1

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

Rooms: Grand Ballroom C

**Didactic session only - CME Credit Hours: 4.5**

7:30 am Introduction  
Justin Maykel, MD, Worcester, MA  
Patricia Sylla, MD, New York, NY

**taTME - From Novice to Experts:  
Tips and Tricks and Video Review**

7:35 am Setting-up Your Team for Success: Do's and Don'ts in taTME In taTME (set-up, patient selection, common mistakes)  
Dana Sands, MD, Weston, FL

7:50 am From Mid-rectal to Low Rectal Tumors: Finding Landmarks and The Correct Plane  
Masaaki Ito, MD, PhD, Kashiwa, Japan

9:05 am The Anastomosis - The (Updated) Truth About Leaks and Mastering Anastomotic Techniques  
Mark Whiteford, MD, Portland, OR

9:20 am Intraoperative Mishaps and Get Out Trouble Strategies  
Matthew Albert, MD, Altamonte Springs, FL

9:35 am Questions and Answers

**taTME - Updates**

9:45 am taTME International Registry-Updates on Global Outcomes, Complications and Functional Data  
Marta Penna, MD, London, United Kingdom

10:00 am taTME Training and Learning Curve: Consensus and Controversies  
Danilo Miskovic, MD, PhD, London, United Kingdom

10:15 am taTME Trial Updates- What Endpoints Matter?  
Karen Zaghiyan, MD, Los Angeles, CA

10:20 am Questions and Answers

**taTME - Recent Trends, Techniques, and Controversies**

10:45 am taTME for IBD-Rationale and Outcomes  
Sherief Shawki, MD, Cleveland, OH

11:00 am New Trends in Transanal Reoperative Proctectomy  
Willem Bemelman, MD, PhD, Vinkeveen, The Netherlands

11:15 am Robotic taTME-Where Do We Stand?  
Simon Ng, MD, Hong Kong, Hong Kong

11:30 am Lap, Robotic or Transanal TME-Which Way to Go and For Which Patient?  
Eric Rullier, MD, Bordeaux, France

11:45 am Questions and Answers

Noon Adjourn

Noon Lunch  
Room: 4  
(Provided for Hands-on Lab Participants)

**Hands-on Session**

Room: Global Center Ballroom A

1:00 - 4:30 pm Hands-on session only  
CME Credit Hours: 3.5

1:00 pm Instructions to the Lab  
Justin Maykel, MD, Worcester, MA

**taTME Stations:**

Matthew Albert, MD, Altamonte Springs, FL; Willem Bemelman, MD, PhD, Vinkeveen, The Netherlands; Marta Penna, MD, London, United Kingdom; Mark Whiteford, MD, Portland, OR; Masaaki Ito, MD, PhD, Kashiwa, Japan; Simon Ng, MD, Hong Kong, Hong Kong; Eric Rullier, MD, Bordeaux, France; Dana Sands, MD, Weston, FL; Sherief Shawki, MD, Cleveland, OH; Karen Zaghiyan, MD, Los Angeles, CA

**Pursestring Stations:** Rotating Faculty

4:15 pm Debrief

4:30 pm Adjourn



**Saturday, June 1****Symposium****CME Credit Hours: 3.75****Practice Management****①③④⑤⑥****8:00 am –Noon****Room: 1****No charge**

Most physicians entering practice following completion of their clinical training are poorly prepared for the non-clinical aspects of the practice of medicine. Whether joining a small single specialty practice or becoming part of a large healthcare system, physicians have had little formal education and training in what is broadly described as the “business of medicine.”

In recent years, the American Society of Colon & Rectal Surgery has attempted to educate our young surgeons in at least the basics of starting a practice and understanding the financial underpinnings of practice management. It has become clear through these sporadic symposia that there is a thirst for more in-depth information on the subjects being covered. Interestingly, it isn't just those that are early in practice, but members of the Society across the generations that are requesting a more formal approach to the broad topic of practice management. As our membership struggles to maintain healthy and successful practices in spite of tremendous disruptive forces of the healthcare system, a practical, high-yield symposium has been designed, targeting optimization of practice management and intending to cycle through a series of topics every three years.

The intent of a multiyear practice management course is to meet the needs of our membership in teaching the basic principles of the business of clinical practice development and maintenance, while also providing a “toolbox” for dealing with change management, organizational relationships, communication skills and strategic thinking. While primarily focused on colorectal surgeons in the first decade of their career, the topics presented will be relevant to the entire membership, in particular those that are contemplating transitions in their careers. The expectation is that at the completion of the course cycle, the colorectal surgeon will be well equipped to participate in the day-to-day management of their practice, be able to critically assess the opportunities for improvement in their practice and possess the tools necessary to negotiate contracts as well as understand the forces of change that surround us on a daily basis.

**Gap Analysis:**

**What Is:** Upon completion of training, many physicians lack the knowledge and skills necessary to understand the “business of medicine.” Both recent fellowship graduates and those who are seeking a change in career setting/location may lack the understanding and training to determine the type of practice that is best suited to them. Additionally, the disruptive forces affecting the current climate of medical practice are continuously shifting, further adding to the frustration of managing a successful practice.

**What Should Be:** Physicians should have a better understanding of the “business of medicine,” particularly as it applies to successful practice management. Physicians should be better prepared to choose a practice best suited to their needs and understand specifics of practice management, such as financial and legal considerations, practice organization and culture, contracting, and practice growth and development.

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

1. Describe the various clinical practice structures and the organizational structure differences.
2. Describe the key elements in an employment contract, including the legal aspects of fair market value, termination and non-compete provisions, and incentive models.
3. Describe the common negotiation techniques, focusing on the concept of “getting to yes.”
4. Recognize the basic medical practice finances, including profit & loss statements, revenue cycle metrics, business plan development and practice staffing models.
5. Describe practice growth techniques, various marketing tools and understand decision making regarding scope of practice decisions and practice expansion considerations.

**Co-Directors:** **Jeffrey Cohen, MD, Hartford, CT**  
**Jennifer Rea, MD, Lexington, KY**

**Saturday, June 1**

**Practice Management** (continued)

**Room: 1**

<p>8:00 am     <b>Introduction</b> Jeffrey Cohen, MD, Hartford, CT Jennifer Rea, MD, Lexington, KY</p> <p>8:05 am     <b>Practice Organization &amp; Culture</b> Jeffrey Cohen, MD, Hartford, CT Daniel Herzig, MD, Portland, OR</p> <p>8:45 am     <b>Contracting - Financial Structure</b> Jason Mizell, MD, Little Rock, AK</p> <p>9:05 am     <b>Contracting - Legal Considerations</b> David Mack, JD, MPH, Hartford, CT</p> <p>9:25 am     <b>Break</b></p> <p>9:40 am     <b>Practice Management - Understanding Practice Finances</b> Charles Papp, MD, Lexington, KY</p>	<p>10:00 am    <b>Practice Management - Operational Models &amp; Metrics</b> Juan Noguerras, MD, Weston, FL</p> <p>10:20 am    <b>Practice Management - Personal Clinical Practice Design</b> Teresa deBeche-Adams, Orlando, FL</p> <p>10:40 am    <b>Practice Growth &amp; Development - Developing Relationships</b> Jennifer Rea, MD, Lexington, KY</p> <p>11:00 am    <b>Practice Growth &amp; Development - Scope of Practice</b> Walter Peters, Jr., MD, Dallas, TX</p> <p>11:20 am    <b>Group/Panel Discussion</b></p> <p>Noon        <b>Adjourn</b></p>
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Saturday

**Saturday, June 1****Workshop**

CME Credit Hours: up to 5

**Young Surgeons Mock Orals and More****②③④⑤⑥**

Track One: 12:30 – 5:00 pm, Residents/Fellows-in-Training

Track Two: 12:30 – 5:30 pm, Physicians in Practice Applying for Board Certification

Room: 5

**Registration is Required • Candidate Member Fee: \$50 • Member Fee: \$160 • Non-Member Fee: \$215 • Limit: 90 participants**

To achieve certification by The American Board of Colon and Rectal Surgery (ABCRS), 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 candidates' 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. Additionally, despite years of intensive surgical training, most fellows and faculty receive very little instruction on how to navigate through the obstacles faced while starting practice. The workshop aims to prepare candidates for these examinations and address critical needs of current fellows and recent graduates.

Each session will consist of an introduction and overview of the structure of the mock oral examination, followed by multiple small group practice mock oral exam scenarios. The oral examinations are administered by different examiners, with critique of the examinees' performances. The format replicates the actual ABCRS Oral Examination. Additionally, participants will observe their colleagues answer and receive critique on scenarios. Scenarios covered will be those that are heavily tested on the certifying oral examination and are commonly encountered in a standard colorectal practice. Additionally, the session will also provide feedback on performance and guidance in treatment of these various disease processes.

In addition, a mini-symposium with topics related to board review, transition to practice, academic success, and transition of careers. This mini-symposium will be tailored to the participating tracks, i.e.

current ACGME fellows or those physicians in practice applying for board certification.

**Gap Analysis:**

**What Is:** No high quality formal mock examination review courses 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. In addition, early career advice and support is key to improving success of young colorectal surgeons.

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

1. Describe the structure of the oral examination.
2. Demonstrate the ability to answering colorectal oral board style questions in a simulated, high stakes format.
3. Demonstrate knowledge among colleagues and learn from other examinees.
4. Explain career level relevant topics to his or her own career.

**Co-Directors:** **Jennifer Davids, MD**, Worcester, MA  
**Jason Mizell, MD**, Little Rock, AR



Saturday, June 1

## Young Surgeons Mock Orals and More (continued)

Room: 5

## Track 1

## (Residents/Fellows-in-Training):

- 12:30 pm **Mock Oral Overview**  
Jason Mizell, MD, Little Rock, AR
- 1:00 pm **Small Group Mock Oral Exam**  
Benjamin Abbadessa, MD, San Diego, CA  
Jennifer Agnew, MD, New York, NY  
Joselin Anandam, MD, Dallas, TX  
Ellen Bailey, MD, Columbus, OH  
Jeffrey Barton, MD, New Orleans, LA  
Anuradha Bhama, MD, Cleveland, OH  
Michelle Cowan, MD, Aurora, CO  
Ray Daugherty, Jr., MD, Baton Rouge, LA  
Marjun Philip Duldulao, MD, Los Angeles, CA  
Samuel Eisenstein, MD, La Jolla, CA  
Russell Farmer, MD, Louisville, KY  
Lindsey Goldstein, MD, Gainesville, FL  
Leander Grimm, Jr., MD, Mobile, AL  
Michael Guzman, MD, Indianapolis, IN  
Mehraneh Jafari, MD, Irvine, CA  
Deborah Keller, MD, New York, NY  
David Kleiman, MD, Burlington, MA  
Ziad Kronfol, MD, El Paso, TX  
Nelya Melnitchouk, MD, Boston, MA  
Conan Mustain, MD, Little Rock, AR  
Carrie Peterson, MD, Milwaukee, WI  
Tal Raphaeli, MD, Humble, TX  
Timothy Ridolfi, MD, Milwaukee, WI  
Steven Scarcliff, MD, Birmingham, AL  
Karen Sherman, MD, Raleigh, NC  
Gabriela Vargas, MD, Salt Lake City, UT
- 3:00 pm **Break**
- 3:15 pm **Mini-symposium for Young Fellows**  
**How to Prepare for the Written Exam**  
Russell Farmer, MD, Louisville, KY
- Finances 101**  
Jason Mizell, MD, Little Rock, AR
- Things I Wish I Knew in My First Year of Practice**  
Lisa Cannon, MD, Chicago, IL
- What Can ASCRS Do for You and What Can You Do for ASCRS?**  
Jennifer Davids, MD, Worcester, MA
- Panel Discussion**
- 5:00 pm **Adjourn**

## Track 2

## (Physicians in Practice Applying for Board Certification):

- 12:30 pm **Mock Oral Overview**  
Jason Mizell, MD, Little Rock, AR
- 1:00 pm **Mini-symposium for Physicians**  
**Must Know Topics for the Oral Examination**  
Carrie Peterson, MD, Milwaukee, WI
- Avoiding Pitfalls of the Mock Oral Exam**  
Sean Langenfeld, MD, Omaha, NE
- Building Your Practice and Defining Your Niche**  
Timothy Ridolfi, MD, Milwaukee, WI
- How to Make the Most out of Your First 5 Years of Practice**  
Joselin Anandam, MD, Dallas, TX
- Teaching and Mentoring While You are Just Getting Your Own Feet Wet**  
Muneera Kapadia, MD, Iowa City, IA
- Panel Discussion**
- 3:00 pm **Break**
- 3:15 pm **Small Group Mock Oral Exam**  
Benjamin Abbadessa, MD, San Diego, CA  
Jennifer Agnew, MD, New York, NY  
Joselin Anandam, MD, Dallas, TX  
Ellen Bailey, MD, Columbus, OH  
Jeffrey Barton, MD, New Orleans, LA  
Anuradha Bhama, MD, Cleveland, OH  
Michelle Cowan, MD, Aurora, CO  
Ray Daugherty, Jr., MD, Baton Rouge, LA  
Marjun Philip Duldulao, MD, Los Angeles, CA  
Samuel Eisenstein, MD, La Jolla, CA  
Russell Farmer, MD, Louisville, KY  
Lindsey Goldstein, MD, Gainesville, FL  
Leander Grimm, Jr., MD, Mobile, AL  
Michael Guzman, MD, Indianapolis, IN  
Mehraneh Jafari, MD, Irvine, CA  
Deborah Keller, MD, New York, NY  
David Kleiman, MD, Burlington, MA  
Ziad Kronfol, MD, El Paso, TX  
Nelya Melnitchouk, MD, Boston, MA  
Conan Mustain, MD, Little Rock, AR  
Carrie Peterson, MD, Milwaukee, WI  
Tal Raphaeli, MD, Humble, TX  
Timothy Ridolfi, MD, Milwaukee, WI  
Steven Scarcliff, MD, Birmingham, AL  
Karen Sherman, MD, Raleigh, NC  
Gabriela Vargas, MD, Salt Lake City, UT
- 5:30 pm **Adjourn**

**Saturday, June 1****Symposium**

CME Credit Hours: 4

**Advanced Practice Provider/Allied Health****①②③④⑤⑥**

1:00 – 5:00 pm

Room: Grand Ballroom C

*No charge*

Advanced practice providers (APP's) and other allied health members have become a crucial part of health care teams and are providing front-line care to colorectal surgery patients. The annual meeting of the American Society of Colon and Rectal Surgeons (ASCRS) provides a time for all members of the surgical team to come together for an integrative presentation of different topics relevant to their daily practice. This symposium will allow protected time for APP's to come together with their surgeon partners and other allied health members to further their knowledge on timely topics, as colorectal surgical teams become more diverse and utilize APP's in increasingly complex roles.

**Gap Analysis:**

**What is:** As the role of APP's and other allied health professionals expands in the field of colorectal surgery, there may be a lack of awareness of the collaborative relationships that exist between APP's and physicians. The role that each maintains in the care of increasingly complex colorectal surgery patients continues to be redefined, and issues of common meaning between APP's and physicians continue to expand. As part of the surgical care team, APPs and other allied health members require specific education and insight to improve the care that they provide on a daily basis. The professional growth of colorectal APP's currently is not supported to the extent that it should be by the ASCRS, and means to better foster collaborative relationships between APP's and physicians should be better understood.

**What should be:** Physicians should have a better understanding of how to best integrate APP's into everyday practice in a collaborative manner that benefits all parties, including the patient. The furthering of APP's and physicians' knowledge as it applies to their complimentary roles in patient care should be fostered by

time at the ASCRS annual scientific meeting. As an integral part of the surgical care team, APP's and other allied health members require specific education and insight to improve the care they provide on a daily basis. The ASCRS should provide opportunities to further the development and broad reach of the APP role in the practice of colorectal surgery. Professional growth of APP's should be promoted, and members of the ASCRS should better understand how to foster the professional growth and education of APP's.

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

1. Explain the valuable roles of APP's in colon and rectal surgery inpatient and outpatient practices.
2. Recognize the diversity of roles APP's can maintain in colon and rectal surgery clinical practice, academia, and administration.
3. Identify successes and struggles of non-physician members of the colon and rectal surgery team.
4. Identify resources for integration and education of APP's as they join colon and rectal surgery practices nationally.
5. Promote a national network of colon and rectal surgery APP's with a common mission, goals, and connection to ASCRS.

**Co-Directors:** **Bethany Bandi, PA-C**, Cleveland, OH  
**Kelly Tyler, MD**, Springfield, MA

Saturday, June 1

**Advanced Practice Provider/Allied Health** (continued)

1:00 - 5:00 pm

Room: Grand Ballroom C

1:00 pm	<b>Welcome and Introduction</b> Bethany Bandi, PA-C, Cleveland, OH Kelly Tyler, MD, Springfield, MA	3:00 pm	<b>Providing Quality Care in Transition from the Inpatient to Outpatient Setting</b> Marcia A. Dinsmore, FNP, Rochester, NY Jenny Speranza, MD, Rochester, NY
1:10 pm	<b>The MD/APP Relationship in Colorectal Practice: The Basics of Making it Work</b> Brittany Leano, PA-C, Chicago, IL Michael McGee, MD, Chicago, IL	3:20 pm	<b>Improving Patient Experience</b> Bethany Bandi, PA-C, Cleveland, OH Sherief Shawki, MD, Cleveland, OH
1:30 pm	<b>Our Model of Clinical Coordination Between APP's and MD's</b> Janet Mcdade, NP, Worcester, MA Karim Alavi, MD, Worcester, MA	3:40 pm	<b>Day to Day: Case Scenarios in Joint Patient Care re</b> Jennifer Nalepinski, DNP, FNP-BC, Springfield, MA Kelly Tyler, MD, Springfield, MA
1:50 pm	<b>Through the Years: The Maturing Joint Practice</b> Donya Woconish, CNP, Cleveland, OH Sharon Stein, MD, Cleveland, OH	4:00 pm	<b>Expanding the APP Role Beyond Clinical Care</b> Jenna Jeganathan, PA-C, Cleveland, OH
2:10 pm	<b>Academia and the APP: Joint Scholarly Practice Employing Evidence-Based Care and Recovery</b> Lieba Savitt, NP, Boston, MA Hiroko Kunitake, MD, Boston, MA	4:20 pm	<b>Panel Discussion/Closing Remarks</b>
2:30 pm	<b>What is the Financial Benefit and Legalese of Having an APP? Successful Transition of an APP into Colorectal Practice</b> Priscilla Marsicovetere, JD, PA-C, Lebanon, NH S. Joga Ivatury, MD, MHA, Lebanon, NH	5:00 pm	<b>Adjourn</b>
2:50 pm	<b>Break</b>		

**Saturday, June 1****Workshop**

CME Credit Hours: 3

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

②④⑥

1:00 – 4:00 pm

Room: 3

**Registration Required • Limit: 70 participants • No Charge**

There are multiple areas of examination in the realm of colon and rectal surgery that require written questions to assess knowledge. These include the qualifying written exam, the certifying oral exam, continuous certification questions, 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 improve 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.

**Gap Analysis**

**What Is:** Most professionals such as colon and rectal surgeons feel that 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 that are able to write high quality questions that can be used with minimal to no revisions.

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

1. Identify fundamental problems with construction of questions developed for testing purposes.
2. Explain the sequential thinking process used to write an acceptable question and understand how a key concept drives question development.
3. Demonstrate how to write a stem for a question utilizing the key concept as a foundation.
4. Develop a second order question that combines diagnosis and management and formats the answers in an acceptable form.
5. Recognize the key differences between a written question and question sequence developed for oral examination formats.

**Co-Directors:** Glenn Ault, MD, MEd, Los Angeles, CA  
Kirsten Wilkins, MD, Edison, NJ

1:00 pm

**Introduction**

Glenn Ault, MD, MEd, Los Angeles, CA  
Kirsten Wilkins, MD, Edison, NJ

1:05 pm

**Key Concept – The True Foundation of a Good Question**

Charles Friel, MD, Charlottesville, VA

1:25 pm

**The Stem – The Makings of a Good Question**

Shane McNevin, MD, Spokane, WA

1:45 pm

**The Answers – They Can Ruin a Great Stem**

Eric Johnson, MD, Cleveland, OH

2:05 pm

**Finalizing Questions – Rescue and Salvage**

Glenn Ault, MD, MEd, Los Angeles, CA

2:20 pm

**Critiques – Painful but Very Important**

Kirsten Wilkins, MD, Edison, NJ

2:40 pm

**Break**

2:50 pm

**The Art of Writing an Oral Examination Question**

Judith Trudel, MD, Minneapolis, MN

3:10 pm

**Let's Write Questions**

All Faculty

3:40 pm

**Question Review**

All Faculty

4:00 pm

**Adjourn**





**Sunday, June 2**

### 3rd Pelvic Floor Disorders Consortium Meeting in Cleveland

7:00 - 11:00 am

Room: HILTON: Hope Ballroom E, 3rd Floor

The goal of this consortium meeting is to arrive at a consensus on the strengths and weaknesses of the three most commonly used radiological modalities used to characterize the anatomy of patients with pelvic organ prolapse (POP): echo-defecography, MRI defecography and fluoroscopic defecography. Experts from radiology, colorectal surgery, urogynecology, gastroenterology, urology and physiotherapy will converge together in a collaboration to develop consensus radiological interpretation templates. These templates could then be utilized consistently across institutions and subspecialties to facilitate the development of a “common language” and promote consistently high quality care for pelvic floor patients.

Please join us to provide your input on these templates at the in person meeting. Agenda will also include planning of future research, joint databases and education events.

**Sunday, June 2**

Symposium and Workshop

CME Credit Hours: Up to 3.75 Total

### Advanced Endoscopy

①②⑤⑥

7:30 - 11:30 am

Rooms: 26A-C and Global Center Ballroom C

Registration Required • Member Fee: \$670 • Non-Member Fee \$800 • Limit: 24 participants

Didactic Session Only: \$25 (7:30 - 9:15 am)

*Supported by independent educational grants and/or loaned durable equipment from:*

*Apollo Endosurgery, Inc.  
Aries Pharmaceuticals, Inc.  
Boston Scientific  
Cook Medical  
Erbe USA  
Lumendi LLC  
Olympus America, Inc.*

There has been significant expansion of new techniques and instrumentation for advanced 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.

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. Additionally new cutting edge endoluminal platforms have been recently developed. These new technologies can aid surgeons to remove challenging lesions intraluminally and avoid unnecessary colectomies.

#### Gap Analysis

**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.

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

**Sunday, June 2****Advanced Endoscopy** (continued)**Didactic session only – CME Credit Hours: 1.75 Didactic Session****7:30 – 9:15 am****Room: 26A-C**

1. Explain methods to predict neoplastic lesions of the colon and select the best endoscopic resection technique.
2. Become familiar with the available enhanced endoscopic visualization techniques.
3. Describe the indications and uses for endoscopic submucosal resection for colorectal neoplasia and the associated learning curve.
4. Explain available techniques for endoscopic closure of the bowel wall, stents and hemostatic agents.
5. Describe the new endoluminal advanced platforms.

**Co-Directors:** I. Emre Gorgun, MD, Cleveland, OH  
Sang Lee, MD, Los Angeles, CA

7:30 am **Introduction**  
I. Emre Gorgun, MD, Cleveland, OH  
Sang Lee, MD, Los Angeles, CA

7:40 am **How to Classify and Categorize Premalignant and Malignant Polyps**  
Matthew Zelhart, MD, New Orleans, LA

7:55 am **Endoluminal Resection, Suturing, Clips and New Techniques for Hemostasis**  
Peter Marcello, MD, Boston, MA

8:10 am **ELSI (EndoLuminal Surgical Interventions): ESD and Beyond**  
I. Emre Gorgun, MD, Cleveland, OH

8:25 am **How to Incorporate Advanced Endoscopic Procedures into Your Practice?**  
Marco Tomassi, MD, San Diego, CA

8:40 am **How to Decide Which Advanced Endoscopic Procedures to Perform?**  
Sang Lee, MD, Los Angeles, CA

8:55 am **Panel Discussion/Questions**  
9:15 am **Adjourn**

**Advanced Endoscopy****Room: Global Center Ballroom A**

**9:30 – 11:30 am Hands-on session only –**  
**CME Credit Hours: 2**

**Faculty:** Philip Duldulao, MD, Los Angeles, CA;  
Todd Francone, MD, Boston, MA;  
I. Emre Gorgun, MD, Cleveland, OH;  
Christine Hsieh, MD, Los Angeles, CA;  
Jennifer Hrabe, MD, Iowa City, IA;  
Sang Lee, MD, Los Angeles, CA;  
David Liska, MD, Cleveland, OH;  
Peter Marcello, MD, Burlington, MA;  
Joongho Shin, MD, Los Angeles, CA;  
Toyooki Sonoda, MD, New York, NY;  
Marco Tomossi, MD, San Diego, CA;  
Richard L. Whelan, MD, New York, NY;  
Matthew Zelhart, MD, New Orleans, LA



Sunday

Sunday, June 2

## Core Subject Update

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CME Credit Hours: 2

MOC Credit Hours: 2

7:30 – 9:30 am

Room: Grand Ballroom A/B

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 on 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.

### Gap Analysis

**What Is:** The evaluation and management of many colorectal conditions is rapidly evolving due to advances in technology and changing treatment paradigms making it challenging for practicing surgeons to remain up to date with the current literature.

**What Should Be:** Surgeons caring for patients with colorectal diseases should maintain a comprehensive and up to date understanding of these conditions to ensure that quality care is provided.

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

1. Review the anatomy and physiology of the colon, rectum, and anus and discuss common complications.
2. Describe the evaluation, management options, and complications associated with sexually transmitted diseases
3. Maintain an understanding of the pathophysiology and treatment options for constipation and to offer patients a range of nonsurgical and surgical treatment options;
4. Review the literature for the current medical and surgical treatment of Crohn's disease.
5. Explore advances in the management of polyps and new endoscopic approaches and procedures.
6. Recognize the surgical and non-surgical treatment strategies for advanced stage colon and rectal cancer.

Director: Mukta Krane, MD, Seattle, WA

7:30 am	<b>Anatomy/Physiology/Complications</b> Michael McGee, MD, Chicago, IL
7:45 am	<b>Discussion</b>
7:50 am	<b>STD's</b> Michelle Cowan, MD, Aurora, CO
8:05 am	<b>Discussion</b>
8:10 am	<b>Constipation</b> Erin Lange, MD, Seattle, WA
8:25 am	<b>Discussion</b>
8:30 am	<b>Crohn's Disease</b> Lisa Cannon, MD, Chicago, IL
8:45 am	<b>Discussion</b>
8:50 am	<b>Endoscopy/Polyps</b> Elise Lawson, MD, Madison, WI
9:05 am	<b>Discussion</b>
9:10 am	<b>Advanced Colon and Rectal Cancer</b> Alessandro Fichera, MD, Chapel Hill, NC
9:25 am	<b>Discussion</b>
9:30 am	<b>Adjourn</b>

**Sunday, June 2****Symposium****CME Credit Hours: 1.5****Critical Review of Scientific Manuscripts****8:00 – 9:30 am****Room: HILTON: Hope Ballroom A/B, 3rd Floor****Registration is Required. Limit: 100 participants • No charge**

The peer review process is central to the continued advancement of surgical knowledge. Continuous critical review of new manuscripts ensures that the best available evidence is disseminated within the surgical community. The volume of new material, the complexity of trial design and the increasingly nuanced conclusions require detailed and systematic critical review. While the practicing surgeon relies on the editorial process to a great extent to separate the “wheat from the chaff”, he/she also requires solid critical appraisal skills to ensure that evidence from published studies is relevant and appropriate for individual patient care. While the editor asks, “Does this manuscript add significant knowledge to the literature?”, the surgeon asks, “Does this manuscript add significant knowledge to change my practice?”

There are three generic types of surgical trials: exploratory trials to assess utility, explanatory trials to assess efficacy and pragmatic trials to assess effectiveness. Methodologies include observational studies (cohort or case control), administrative database studies, randomized controlled trials (RCT), structured reviews and meta-analyses. Each methodology has its purpose and place in the investigation of surgical care and its own strengths and weaknesses.

Traditionally, observational studies are viewed as the lowest form of evidence. Yet there are many instances where an observational study is the best and perhaps the only form of evidence that is practical and available especially if a disease entity or outcome is rare. Observational studies may provide relatively strong evidence when there is a large treatment effect, or when confounding factors would bias the results in opposition to the observed effect. They may be subject to significant bias thus the methodology and results must be carefully and critically examined.

Large non-randomized observational studies based on administrative databases have become very popular due to electronic data collection. They have the advantage of reporting on large populations and identifying trends in treatment, outcomes and rare complications. However, data collection may be incomplete or inconsistent and lack the granularity to draw conclusions as to how or why.

The RCT design is least likely to be affected by bias and is the only methodology that can identify cause and effect. Sound knowledge of study-design is needed to evaluate the many variations in structure and primary outcomes (i.e. inferiority, non-inferiority). While no study is completely void of bias it is important to determine whether bias is responsible for a significant portion of the observed effect as there is wide variation in the quality of RCTs.

The sheer volume of primary literature has increased the importance of secondary analysis or literature summaries. A systematic review of the literature may be combined with a meta-analysis to give a best estimate of effect. Although pooling the results of multiple trials increases precision by narrowing confidence intervals, a secondary analysis of poorly designed RCTs may result in a misleading conclusion. Thus, the reviewer must be familiar with the common limitations of secondary analysis and conclusions that can be drawn.

This symposium is aimed at two groups: present and prospective reviewers for *Diseases of the Colon & Rectum* and the practicing surgeon who wants to increase his/her critical appraisal skills. It is designed to be hands on. Through an interactive symposium we will explore the most common study methodologies, identify appropriate questions for each, identify the advantages and disadvantages and the common mistakes in study conduct, reporting and conclusions. We will also explore essential resources for additional learning in this area.

Previously published representative papers from the four common methodologies will be identified in advance from *Diseases of the Colon & Rectum*. At the symposium, each participant will be assigned to a small group lead by an editorial board member from DC&R. Following an introduction of the manuscript by the faculty, the editorial board members will facilitate a working discussion and critique of each manuscript within the small groups. Board members will have access to the original editorial comments and the changes that were requested by the editors prior to publication to enhance the discussion. At the end of the discussion period, the faculty will summarize for all participants the most significant concerns from the editorial review, the changes that were made to the manuscript prior to publication and any unresolved issues that were recognized but accepted as they were not felt to have a significantly effect on outcomes.

**Gap Analysis**

**What Is:** Evidence is presented in many forms using many methodologies. Familiarity with these methodologies is necessary to evaluate the continued stream of manuscripts with respect to study design, conduct, results and conclusions. The knowledge and ability to analyze these methodologies may not be common to all surgeons in our group.

**What Should Be:** As colorectal surgeons we should be familiar with the literature not only with respect to content, but with measures of quality. The ability to recognize a quality paper is an essential skill for the journal reviewer and the practicing surgeon alike.

**Sunday, June 2**

**Critical Review of Scientific Manuscripts** (continued)

Room: HILTON: Hope Ballroom A/B, 3rd Floor

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

1. Recognize when observational studies can provide relatively strong evidence and their limitations.
2. Identify the advantages, limitations and pitfalls of administrative database studies
3. Recognize potential for bias and methodological issues within randomized controlled trials
4. Recall the components of a valuable comprehensive systematic review and meta-analysis
5. Apply resources to enhance your critical appraisal skills.

**Co-Directors:**     **W. Donald Buie, MD**, Calgary, AB, Canada  
                               **Susan Galandiuk, MD**, Louisville, KY

8:00 am	<b>Introduction</b> W. Donald Buie, MD, Calgary, AB, Canada Susan Galandiuk, MD, Louisville, KY
8:05 am	<b>Observational Studies</b> Mary Kwaan, MD, Los Angeles, CA
8:20 am	<b>Administrative Database Studies</b> Scott Regenbogen, MD, Ann Arbor, MI
8:35 am	<b>Randomized Controlled Trials</b> Fergal Fleming, MD, Rochester, NY
8:50 am	<b>Systematic Reviews &amp; Meta-Analyses</b> Karim Alavi, MD, Worcester, MA
9:05 am	<b>What Happens When Reviews Disagree?</b> Susan Galandiuk, MD, Louisville, KY
9:15 am	<b>Panel Discussion</b>
9:30 am	<b>Adjourn</b>



**Sunday, June 2****Symposium****CME Credit Hours not available***This symposium will be entirely in Spanish with an English translation.***Latin American Symposium****8:00 – 9:30 am****Room: Grand Ballroom C****English Translation**

The ASCRS has had long-standing, mutually beneficial relationships with a multitude of colon and rectal surgery societies in Europe and Australasia through the Tripartite partnership. However, similar relationships with our surgical colleagues in Mexico, Central America, and South America have been lacking. As the global reach of our specialty expands, the need to partner with our Latin American colleagues for the purpose of achieving the common goal of furthering the specialty of colon and rectal surgery becomes more evident.

The purpose of this symposium, which will be delivered entirely in Spanish (with English translation available), is to gain a better understanding of our Latin American colleagues' perspectives on a variety of topics spanning the specialty of colon and rectal surgery. A symposium at the ASCRS Annual Meeting conducted entirely in Spanish and featuring Latin American speakers also relays the message to our Latin American colleagues that the ASCRS welcomes their meaningful participation in our annual meeting, and hopefully will serve as a springboard for fostering future collaborative efforts.

**Co-Directors:** **Adrian E. Ortega, MD**, Los Angeles, CA  
**Gonzalo Hagerman, MD**, Mexico City, Mexico

- 8:00 am **Changes in the Surgical Management of Rectal Cancer Following Restaging after Neoadjuvant Treatment**  
Rodrigo Azolas, MD, Santiago, Chile
- 8:20 am **Radiofrequency Ablation of High-Grade Anal Dysplasia**  
Omar Vergara Fernandez, MD, Mexico City, Mexico
- 8:30 am **Rectal Prolapse: The State of the Art**  
Xavier Delgadillo, MD, Ginebra, Suiza, Switzerland
- 8:40 am **Evaluation and Treatment of Obstructed Defecation Syndrome**  
Gonzalo Hagerman, MD,  
Mexico City, Mexico
- 8:50 am **Discussion**  
All Faculty
- 9:30 am **Adjourn**



**Sunday, June 2**

**Domingo, 2 de junio**

**Symposium**

No recibirá créditos CME por asistir

## Simposio Latinoamericano

**8:00 - 9:30 am**

**Room: Grand Ballroom C** English Translation

ASCRS ha mantenido relaciones duraderas y mutuamente beneficiosas con una multitud de sociedades de cirugía de colon y recto en Europa y Australia a través de la asociación tripartita. Sin embargo, han faltado relaciones similares con nuestros colegas en México, América Central y América del Sur. A medida que el alcance global de nuestra especialidad se expande, la necesidad de asociarse con nuestros colegas latinoamericanos con el fin de lograr el objetivo común de promover la especialidad de cirugía de colon y recto se hace más evidente.

El propósito de este simposio, que se ofrecerá completamente en español (con traducción al inglés disponible), es lograr una mejor comprensión de las perspectivas de nuestros colegas latinoamericanos en una variedad de temas que abarcan la especialidad de la cirugía de colon y recto. Un simposio en la Reunión Anual de ASCRS realizada en español y con oradores latinoamericanos también transmite el mensaje a nuestros colegas latinoamericanos de que ASCRS agradece su participación significativa en nuestra reunión anual, y esperamos que sirva de base para fomentar futuros esfuerzos de colaboración.

*This symposium will be entirely in Spanish with an English translation.*

**Codirectores:** **Adrián E. Ortega, MD**, Los Ángeles, CA  
**Gonzalo Hagerman, MD**,  
Ciudad de México, México

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|---------|--|
| 8:00 am | <b>Cambios en el Manejo Quirúrgico Del Cáncer De Recto Después de un Nuevo Tratamiento Tras el Tratamiento Neoadyuvante</b><br>Rodrigo Azolas, MD, Santiago, Chile |
| 8:20 am | <b>Ablación por radiofrecuencia de la displasia anal de alto grado</b><br>Omar Vergara Fernández, MD,<br>Ciudad de México, México                                  |
| 8:30 am | <b>Prolapso rectal: El estado del arte</b><br>Xavier Delgadillo, MD, Ginebra, Suiza, Switzerland   |
| 8:40 am | <b>Evaluación y tratamiento del síndrome de defecación obstruida</b><br>Gonzalo Hagerman, MD,<br>Ciudad de México, México  |
| 8:50 am | <b>Mesa</b><br>Toda facultad   |
| 9:30 am | Clausura   |

**Refreshment Break in Grand Ballroom Foyer**

**9:30 - 9:45 am**



**Sunday, June 2**

**Symposium**

CME Credit Hours: 2

**Colorectal Surgery Research: Tips and Tricks from the Experts**

②③④⑤⑥

9:45 - 11:45 am

Room: Grand Ballroom C

The goal of this session is to provide an overview of different research opportunities for the practicing colorectal surgeon. There is a myriad of opportunities to contribute to new knowledge acquisition in colorectal surgery and surgeons in all practice environments and stages of their career should consider attending to learn about different paths. New initiatives including the ASCRS-CCFA surgical trials network and the Alliance OPTIsurg program will be highlighted as well as evolving areas of clinically relevant research including implementation science, health informatics and the learning health system. Information and lessons learned will also be shared about the Research Foundation of the ASCRS.

**Gap Analysis**

**What Is:** Disparate research ideas, not practical, not playing to our strengths.

**What Should Be:** Meaningful contributions from colorectal surgeons, playing to our strengths and advancing our field.

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

1. Identify new opportunities to participate in collaborative research.
2. Describe the new CCFA-ASCRS research alliance and opportunities to participate.
3. Describe the Alliance and opportunities to participate.
4. Explain the process for a health informatics and how it can be applied to colorectal surgery practice to drive new knowledge.
5. Outline what works and doesn't work when applying for Research Foundation of the ASCRS Grants.

**Co-Directors:** Rocco Ricciardi, MD, Boston, MA  
Elizabeth Wick, MD, San Francisco, CA

9:45 am	<b>Looking Forward: How Surgeons Can Contribute to the National Research Agenda</b> Rocco Ricciardi, MD, Boston, MA
10:00 am	<b>Overview of CCFA-ASCRS Surgical Research Alliance</b> Neil Hyman, MD, Chicago, IL
10:10 am	<b>Example of CCFA-ASCRS Project: Early Closure of Ostomy After IPAA</b> Jon Vogel, MD, Denver, CO
10:20 am	<b>Overview of Alliance and Example of Program: OPTIsurg</b> George Chang, MD, Houston, TX
10:35 am	<b>Disseminating Research Findings Through Traditional as well Alternative Channel</b> Deborah Keller, MD, New York, NY
10:50 am	<b>Conflicts of Interest</b> W. Donald Buie, MD, Calgary, AB, Canada
11:05 am	<b>Wait, I Don't Work at University of Michigan: How Do I Do This?</b> Samuel Oommen, MD, Walnut Creek, CA
11:15 am	<b>There is No Such Thing as a Free Lunch: Funding Your Next Big Thing with the ASCRS Research Foundation</b> Elizabeth Wick, MD, San Francisco, CA
11:25 am	<b>Panel</b>
11:45 am	<b>Adjourn</b>

**Sunday, June 2****Symposium****CME Credit Hours: 2****MOC Credit Hours: 2****Care of the Geriatric Colorectal Patient ①②③④⑤⑥****9:45 – 11:45 am****Room: Grand Ballroom A/B****Spanish Translation**

The management of colorectal cancer is multidisciplinary: numerous advancements have been recently proposed but few of them have been validated for older patients. Despite the evidence that cancer is a disease of the older adult, very little level 1 evidence on its treatment is available since patients older than 70 are frequently excluded from clinical randomized trials.

Worse oncologic outcomes in the older adult population are mostly related to heterogeneous treatment strategies, which are neither consistently evidence-based, nor clinical-pathway driven. The chain of events is likely to start from the health care providers who initially assess these patients. Health care specialists assess the patient's chronological age as the main element when considering oncologic referral for patients with cancer. At the same time, we need to acknowledge that 'standard of care' does not always translate into 'the best tailored treatment' when dealing with older adults cancer patients. The balance between 'standard of care', 'conservative treatment' and 'under-treatment' is difficult to establish: a tight co-operation between professionals of different fields is needed to prioritize the patients' needs and demand, rather than conform to the physicians' skills.

We will highlight what surgeons, patients, and hospital administrations want and need to know about care of colorectal cancer in older adults. From all angles, it is clear that older adult patients are unique and their colorectal cancer care should be individualized and approached in a multidisciplinary fashion.

**Gap Analysis**

**What Is:** Data show an unfavorable cancer-related survival rate among the oldest patients. This group of cancer patients is likely to receive suboptimal treatment, either under-treatment as well as over-treatment. Lack of understanding of the proper assessment, preoperative optimization and personalized treatment plan are the main reasons for this.

**What Should Be:** Modern colorectal surgeons should be able to screen for frailty, even in a busy clinical practice, and seek multi-dimensional assessment collaborating with geriatricians in order to identify specific frailty areas. Additionally, we should broaden our knowledge on the role of prehabilitation strategies and of the multiple options to deliver personalized care to these patients. The role of functional recovery as crucial endpoint should be analyzed and pursued.

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

1. Describe the main instruments to assess frailty in the everyday practice.
2. Describe effective preoperative strategies to improve patients' performances before surgery.

3. Identify the benefit of minimally invasive surgery and of enhanced recovery protocols in the older adult population.
4. Describe the value of measuring postoperative functional outcomes, the importance of regaining independence and how this should be pursued to improve patients' outcomes.
5. Identify the role of adjuvant and neoadjuvant therapy and their role in older adult patients while balancing over- and under-treatment.
6. Identify the true value of care along the treatment paradigm offered to our patients and which areas should be implemented based on a cost-effective approach.

**Co-Directors:** **Bradley Davis, MD, Charlotte, NC**  
**Nicole Saur, MD, Philadelphia, PA**

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|----------|--|
| 9:45 am  | <b>Introduction and Clinical Questions</b><br>Bradley Davis, MD, Charlotte, NC<br>Nicole Saur, MD, Philadelphia, PA  |
| 9:55 am  | <b>How Does Frailty Assessment Impact Colorectal Cancer Treatment Decision Making?</b><br>Armin Shahrokni, MD, MPH, New York, NY   |
| 10:20 am | <b>The Role of Prehabilitation and Optimization for Surgery. Is it Worth the Wait?</b><br>Francesco Carli, MD, Montreal, PQ, Canada  |
| 10:35 am | <b>Minimally Invasive Surgery and Enhanced Recovery Programs Can be Safely Utilized to Improve Outcomes in Older Adult Patients</b><br>Hiroko Kunitake, MD, Boston, MA   |
| 10:50 am | <b>Functional Outcomes are at Least as Important as Oncologic Outcomes in Older Adult Cancer Patients. Preliminary Results of the GOSAFE International, Prospective Study</b><br>Isacco Montroni, MD, PhD, Faenza, Italy |
| 11:20 am | <b>How Do You Reconcile the Cost and Value of Care in the Older Adult?</b><br>Fabio Potenti, MD, Weston, FL  |
| 11:25 am | <b>Panel Discussion</b>  |
| 11:45 am | <b>Adjourn</b>   |

Sunday, June 2

11:45 am - 12:45 pm

**Complimentary Box Lunch in Exhibit Hall C**

**Welcome and Opening Announcements**

12:45 - 1:30 pm

Room: Grand Ballroom A/B **Spanish Translation**

**David A. Margolin, MD**, New Orleans, LA  
President, ASCRS

**Brian Kann, MD**, New Orleans, LA  
Program Chair

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

**Thomas E. Read, MD**, Gainesville, FL  
Lead, COSMID Trial

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

**Sharon Stein, MD**, Cleveland, OH  
Public Relations Chair

**Sean Langenfeld, MD**, Omaha, NE  
Social Media Chair

**Humanities in Surgery Lectureship**

CME Credit Hours: .75

1:30-2:15 pm

Room: Grand Ballroom A/B **Spanish Translation**

**Surgical Ethics and the Future of Surgery**



**Peter Angelos, MD**  
Linda Kohler Anderson Professor of Surgery and Surgical Ethics, Associate Director MacLean Center for Clinical Medical Ethics  
University of Chicago  
Chicago, IL

Introduction: Ira Kodner, MD

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



Sunday

## Sunday, June 2

## Abstract Session

CME Credit Hours: 1.5

## Neoplasia I

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2:15 - 3:45 pm

Room: 26A-C

Co-Moderators:	Jesse Joshua Smith, MD, PhD, New York, NY Y. Nancy You, MD, Houston, TX	2:42 pm	Discussion
2:15 pm	<b>Introduction</b> Jesse Joshua Smith, MD, PhD, New York, NY Y. Nancy You, MD, Houston, TX	2:44 pm	<b>S5 Outcomes for Patients with Rectal Neuroendocrine Tumors - An NCDB Analysis</b> B. Zhao <sup>*1</sup> , N. Lopez <sup>1</sup> , L. Parry <sup>1</sup> , B. Abbadessa <sup>1</sup> , B. Cosman <sup>1</sup> , S. Ramamoorthy <sup>1</sup> , S. Eisenstein <sup>1</sup> ; <sup>1</sup> La Jolla, CA
2:20 pm	<b>S1 Predictors of Lymph Node Metastases in Patients with Malignant Adenomatous Polyps of the Colon</b> A. Artinyan <sup>*1</sup> , Y. Nasser <sup>1</sup> , C. Sutanto <sup>1</sup> , R. Zhu <sup>1</sup> , R. Sargsyan <sup>1</sup> , J. Cohen <sup>1</sup> , C. Wai <sup>1</sup> ; <sup>1</sup> Los Angeles, CA	2:48 pm	Discussion
2:24 pm	Discussion	2:50 pm	<b>S6 Low Anterior Resection Syndrome: International Consensus Definition</b> C. Keane <sup>*1</sup> , E.E. Basany <sup>2</sup> , L. Bordeianou <sup>3</sup> , P. Christensen <sup>4</sup> , N. Fearnhead <sup>5</sup> , A. Mellgren <sup>6</sup> , G.R. Orangio <sup>7</sup> , A. Verjee <sup>8</sup> , K. Wing <sup>1</sup> , I. Bissett <sup>1</sup> ; <sup>1</sup> Auckland, New Zealand, <sup>2</sup> Barcelona, Spain, <sup>3</sup> Boston, MA, <sup>4</sup> Aarhus, Denmark, <sup>5</sup> Cambridge, United Kingdom, <sup>6</sup> Chicago, IL, <sup>7</sup> New Orleans, LA, <sup>8</sup> London, United Kingdom
2:26 pm	<b>S2 Reducing Patient Burden and Improving Data Quality with the New Cleveland Clinic Colorectal Cancer Quality of Life Questionnaire (CCF -CaQL)</b> A.C. Aiello <sup>*1</sup> , M. Zutshi <sup>1</sup> , R. Ruppert <sup>2</sup> , A. Fuerst <sup>3</sup> , H. Golcher <sup>4</sup> , Y. Parc <sup>5</sup> , S. Galandiuk <sup>6</sup> , T. Hull <sup>1</sup> ; <sup>1</sup> Cleveland, OH, <sup>2</sup> Münich, Germany, <sup>3</sup> Regensburg, Germany, <sup>4</sup> Erlangen, Germany, <sup>5</sup> Paris, France, <sup>6</sup> Louisville, KY	2:54 pm	Discussion
2:30 pm	Discussion	2:56 pm	<b>S7 Surgical Outcomes Following Salvage Abdominoperineal Resection for Anal Squamous Cell Carcinoma: A Population-Based Study</b> G. Ko <sup>*1</sup> , S. Brogly <sup>1</sup> , K. Lajkosz <sup>1</sup> , D. Yu <sup>1</sup> , T. Hanna <sup>1</sup> , M. Kalyvas <sup>1</sup> , C. Booth <sup>1</sup> , S. Patel <sup>1</sup> ; <sup>1</sup> Kingston ON, Canada
2:32 pm	<b>S3 Age-specific Colorectal Cancer Incidence Trends in England, 1974-2015: A Population-based Study Showing Increased Incidence Among Young Adults</b> A.C. Chambers <sup>*1</sup> , S. Dixon <sup>1</sup> , P. White <sup>1</sup> , M.G. Thomas <sup>1</sup> , D. Messenger <sup>1</sup> ; <sup>1</sup> Bristol, Avon, United Kingdom	3:00 pm	Discussion
2:36 pm	Discussion	3:02 pm	<b>S8 Does Re-resection of Microscopically Positive Margins Found Using Intra-operative Frozen Section Pathological Analysis Result in a Survival Benefit in Patients Undergoing Surgery for Locally Recurrent Rectal Cancer?</b> J. Ansell <sup>*1</sup> , K.L. Mathis <sup>1</sup> , F. Grass <sup>1</sup> , J. Yonkus <sup>1</sup> , M.G. Haddock <sup>1</sup> , C.L. Hallemeier <sup>1</sup> , T.C. Smyrk <sup>1</sup> , A. Merchea <sup>1</sup> , D. Colibaseanu <sup>1</sup> , N. Mishra <sup>1</sup> , S.R. Kelley <sup>1</sup> , D. Larson <sup>1</sup> , E.J. Dozois <sup>1</sup> ; <sup>1</sup> Rochester, MN
2:38 pm	<b>S4 Short-course Radiotherapy with Perioperative System Chemoradiotherapy with Perioperative Systemic Chemotherapy for Patients with Rectal Cancer and Synchronous Resectable Liver Metastases: A Single Center Canadian Experience</b> A.J. Pang <sup>*1</sup> , N. Alhassan <sup>1</sup> , S. Faria <sup>1</sup> , N. Kopek <sup>1</sup> , T. Hijal <sup>1</sup> , S. Liberman <sup>1</sup> , P. Charlebois <sup>1</sup> , B. Stein <sup>1</sup> , L. Lee <sup>1</sup> ; <sup>1</sup> Montreal, QC, Canada	3:06 pm	Discussion

## Sunday, June 2

## Neoplasia I (continued)

- |         |  |         |  |
|---------|--|---------|--|
| 3:08 pm | <p><b>S9</b> Computerized Imaging Features of Primary Rectal Cancer on Baseline T2-weighted MRI May Enable Accurate Prediction of Patients Who Will Achieve Pathologic Complete Response or Non-response to Neoadjuvant Chemoradiation<br/>J. Antunes<sup>*1</sup>, A. Ofshteyn<sup>1</sup>, A. Madabhushi<sup>1</sup>, A. Purysko<sup>1</sup>, E. Marderstein<sup>1</sup>, S.L. Stein<sup>1</sup>, M. Kalady<sup>1</sup>, S. Viswanath<sup>1</sup>; <sup>1</sup>Cleveland, OH</p> | 3:24 pm | Discussion   |
| 3:12 pm | Discussion   | 3:26 pm | <p><b>S12</b> Complete Response on Post-treatment Rectal Cancer MRI Demonstrates Poor Agreement to Pathologic Assessment<br/>R. Jones<sup>*1</sup>, L. Jacob<sup>1</sup>, P. Prajapati<sup>1</sup>, W. Peters<sup>1</sup>, J. Fleshman<sup>1</sup>, K.O. Wells<sup>1</sup>; <sup>1</sup>Dallas, TX</p> |
| 3:14 pm | <p><b>S10</b> National Cancer Database Analysis of Overall Survival for Rectal Cancer, Benefit or Bias?<br/>M. Whealon<sup>*1</sup>, J. Bleier<sup>1</sup>, S.S. Shanmugan<sup>1</sup>, N.M. Saur<sup>1</sup>, C.B. Aarons<sup>1</sup>, N. Mahmoud<sup>1</sup>, E. Paulson<sup>1</sup>; <sup>1</sup>Philadelphia, PA</p>   | 3:30 pm | Discussion   |
| 3:18 pm | Discussion   | 3:32 pm | Question and Answer  |
| 3:20 pm | <p><b>S11</b> Compliance with Preoperative Elements of the American Society of Colon and Rectal Surgeons Rectal Cancer Surgery Checklist Improves Pathologic and Postoperative Outcomes<br/>R. Garfinkle<sup>*1</sup>, N. Morin<sup>1</sup>, C. Vasilevsky<sup>1</sup>, G. Ghitulescu<sup>1</sup>, J. Faria<sup>1</sup>, M. Boutros<sup>1</sup>; <sup>1</sup>Montreal, QC, Canada</p>  | 3:45 pm | Adjourn  |

**Sunday, June 2****Symposium**

CME Credit Hours: 1.5

MOC Credit Hours: 1.5

**Pelvic Floor: Present and Future****①②③④⑤⑥****2:15 – 3:45 pm****Room: Grand Ballroom C**

Evaluation and treatment of pelvic floor disorders continues to evolve. New technology, surgical options and treatment approaches continue to yield better options and outcomes for patients. Multidisciplinary treatment teams are now collaborating to better identify and treat pelvic floor disorders more comprehensively. This seminar will provide an overview of a multidisciplinary approach to treating pelvic floor disorders and the newest surgical options.

**Gap Analysis**

**What Is:** Colorectal surgeons, and other pelvic floor specialists, have traditionally treated patients in isolation (within their specific subspecialty). This results in suboptimal long-term surgical results, recurrence or the need for additional surgery.

**What Should Be:** Pelvic floor disorders should be evaluated and treated with a multidisciplinary approach in order to optimize patient care and surgical outcomes.

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

1. Discuss the components and importance of a multi-disciplinary approach to treating pelvic floor disorders.
2. Recognize the indications for ventral rectopexy, combined prolapse repair and sacral nerve stimulation.
3. Explain the risks, benefits and indications for using mesh to repair pelvic organ prolapse.

**Co-Directors:** **Liliana Bordeianou, MD**, Boston, MA  
**Sarah Vogler, MD**, St. Paul, MN

2:15 pm

**Introduction**

Liliana Bordeianou, MD, Boston, MA  
Sarah Vogler, MD, St. Paul, MN

2:20 pm

**Is Multidisciplinary Evaluation and Treatment of Patients with Pelvic Floor Disorders Worth the Bother?**

Madhulika Varma, MD, San Francisco, CA

2:30 pm

**Urogynecologic Physical Exam 101: You Too Can POP-Q, Do You Want To?**

Charles Rardin, MD, Providence, RI

2:40 pm

**Ventral Rectopexy Versus Colposuspension: What, Exactly, Is the Difference and Do We Need a Lawyer?**

Joseph Carmichael, MD, Orange, CA  
Beri Ridgeway, MD, Cleveland, OH

2:50 pm

**Sacral Nerve Stimulation for All? Limitations and Misgivings**

Ian Paquette, MD, Cincinnati, OH

3:00 pm

**Obstructive Defecation Syndrome - Do Colorectal Surgeons Really Have Anything to Offer?**

Konstantin Umanskiy, MD, Chicago, IL

3:10 pm

**Case Presentations: And You Thought You Knew It All!**

Liliana Bordeianou, MD, Boston, MA  
Sarah Vogler, MD, St. Paul, MN

3:45 pm

**Adjourn**

**Sunday, June 2****Symposium****CME Credit Hours: 1.5****MOC Credit Hours: 1.5****Decreasing Complications of Pain Management by Enhanced Recovery Strategies****①②③④⑤⑥***Supported in part by Applied Medical***2:15 - 3:45 pm****Room: Grand Ballroom A/B** Spanish Translation

The rising use and misuse of opioids in the United States has led to an epidemic contributing to drug overdose deaths with the majority being opioid related in 2016. The United States has one of the highest rates of opioid consumption per capita in the world which poses a dilemma for the surgical community.

To counteract the undesirable side effects (particularly the intestinal side effects) of perioperative opioid use, Enhanced Recovery Protocols (ERP) and Pathways have included pain management strategies since first reports.)

This symposium examines the role of perioperative providers and institutions in decreasing opioid use. We will detail the impact of opioids and other strategies on the perioperative management of patients undergoing colon and rectal procedures. A review of current best practices and recent improvements in ERPs will be presented relative to the opioid dependence concerns. Coverage of worldwide practices across several specialties will provide perspective of the global issue, and the US colorectal surgeon's role.

**Gap Analysis**

**What Is:** There is level 1 evidence that Enhanced Recovery principles improve costs and patient outcomes by reducing length of stay and return of bowel function. Intentional avoidance of excess opioids by use of multimodal analgesia is an integral component of Enhanced Recovery care paradigms. However, with the growing opioid epidemic and the introduction of new pain management modalities, the management of perioperative pain within ERPs should be revisited.

**What Should Be:** As colon and rectal specialists, we should implement continuous improvement of our Enhanced Recovery pain management strategies to: 1. educate our patients of the dangers of opioid overuse; 2. better prepare our patients who have a pre-existing opioid dependency for intra-operative care; 3. reduce postoperative complications secondary to overuse of opioids in the post-operative period; and 4. reduce the number of opioid naive patients that may develop a chronic opioid dependency after surgery. This requires a review of the problem and new pain management modalities as well a review of current best practices.

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

1. Recognize the impact perioperative exposure has on the opioid epidemic.

2. Describe preventive measures that reduce the chance post-operative opioid dependency.
3. Describe best Enhanced Recovery, multimodal pain management practices to minimize perioperative opioid use and opioid complications, in opioid naïve and chronic opioid users.

**Co-Directors:** **Daniel Chu, MD**, Birmingham, AL  
**Jacquelyn Turner, MD**, Atlanta, GA

- 2:15 pm **Introduction: US Opioid Epidemic and the Enhanced Recovery Surgeon's Responsibility**  
Daniel Chu, MD, Birmingham, AL  
Jacquelyn Turner, MD, Atlanta, GA
- 2:20 pm **Opioid Epidemic and the Surgical Patient, A Global Perspective**  
Mattias Soop, MD, PhD,  
Altrincham, United Kingdom
- 2:35 pm **Perioperative Pain Management: An Update of Multi-modal Strategies**  
Traci Hedrick, MD, Charlottesville, VA
- 2:50 pm **Decreasing Postoperative Complications in the Opioid Dependent**  
Ian Bissett, MD, Auckland, New Zealand
- 3:05 pm **Order Sets Do Fix Everything; Understanding Why Some Patients Need More or Different Pain Management Plans**  
Anthony Senagore, MD, Kalamazoo, MI
- 3:20 pm **Opioid-free Operations, Possible? An Anesthesiologist's Perspective**  
Michael Manning, MD, PhD, Durham, NC
- 3:35 pm **Panel Discussion**
- 3:45 pm **Adjourn**

**Refreshment Break in Exhibit Hall****3:45 - 4:15 pm**

**Sunday, June 2****Abstract Session**

CME Credit Hours: 1.5

**Research Forum**

4:15 – 5:45 pm

Room: 26A-C

Co-Moderators: Joseph Carmichael, MD, Orange, CA  
Karen Zaghiyan, MD, Los Angeles, CA

2:15 pm

**Introduction**

Joseph Carmichael, MD, Orange, CA  
Karen Zaghiyan, MD, Los Angeles, CA

4:20 pm

**RF1 Metformin as an Alternative to 5FU as Radiosensitizer for Rectal Cancer Management – Results of In- vitro and In- vivo Treatment of Colorectal Cancer Cell Lines**

R. Perez<sup>\*1</sup>, B. Borba Vailati<sup>1</sup>, G. Pagin São Julião<sup>1</sup>, P. Fontes Asprino<sup>1</sup>, A. Aranha Camargo<sup>1</sup>, A. Habr-Gama<sup>1</sup>, E.T. Costa<sup>1</sup>; <sup>1</sup>Sao Paulo, Sao Paulo, Brazil

4:26 pm

**Discussant**

Russell Farmer, MD, Louisville, KY

4:30 pm

**Question and Answer**

4:32 pm

**RF2 The Radiation-Induced Senescence-Associated Secretory Phenotype of Colorectal Fibroblasts Stimulates Colorectal Cancer Stem Cell Progression**

A.D. Adams<sup>\*1</sup>, A. Mace<sup>1</sup>, J. DeVecchio<sup>1</sup>, D. Liska<sup>1</sup>, M. Kalady<sup>1</sup>; <sup>1</sup>Cleveland, OH

4:38 pm

**Discussant**

Elise Lawson, MD, Madison, WI

4:42 pm

**Question and Answer**

4:44 pm

**RF3 Glacial Acetic Acid-Induced Ulcerative Colitis Lesions Improve after Oral Calcium Carbonate Nanoparticle Therapy in a Rat Model**

V.M. Baratta<sup>\*1</sup>, M. Barahona<sup>1</sup>, D. Mulligan<sup>1</sup>, J. Geibel<sup>1</sup>; <sup>1</sup>New Haven, CT

4:50 pm

**Discussant**

Emily Steinghagen, MD, Cleveland, OH

4:54 pm

**Question and Answer**

4:56 pm

**RF4 Investigating Exosomal miRNAs and Proteins Derived from Colorectal Tissue and Plasma in the Progression of Colorectal Cancer**

L. Hellmers<sup>\*1</sup>, J. Sheng<sup>2</sup>, D. Guanzon<sup>2</sup>, G. Maresh<sup>1</sup>, A. Klinger<sup>1</sup>, H. Green<sup>1</sup>, X. Zhang<sup>1</sup>, C. Salomon Gallo<sup>2</sup>, L. Li<sup>1</sup>, D.A. Margolin<sup>1</sup>; <sup>1</sup>New Orleans, LA, <sup>2</sup>Brisbane, Queensland, Australia

**Discussant**

Amy Lightner, MD, Rochester, MN

**Question and Answer**

5:02 pm

5:06 pm

5:08 pm

**RF5 Colitis-associated Cancer Primary Organoids Demonstrate Stemlike Phenotype and Function**

R. Fisher<sup>\*1</sup>, S. Kamali Sarvestani<sup>1</sup>, J. Stiene<sup>1</sup>, D. Kreienberg<sup>1</sup>, E. Huang<sup>1</sup>; <sup>1</sup>Cleveland, OH

**Discussant**

Raul Bosio, MD, Sylvania, OH

**Question and Answer**

5:14 pm

5:18 pm

5:20 pm

**RF6 Institutional Validation of a Readmission Risk Calculator for Elective Colorectal Surgery**

C. Harnsberger<sup>\*1</sup>, S.S. Hill<sup>1</sup>, A. Wyman<sup>1</sup>, C.M. Hoang<sup>1</sup>, J. Davids<sup>1</sup>, P. Sturrock<sup>1</sup>, J. Maykel<sup>1</sup>, K. Alavi<sup>1</sup>; <sup>1</sup>Worcester, MA

**Discussant**

Ian Paquette, MD, Cincinnati, OH

**Question and Answer**

5:26 pm

5:30 pm

5:32 pm

**RF7 “Real World” Adherence to an ERAS Pathway at a Tertiary Medical Center: Results and Qualitative Analysis of Patterns in Provider Non-adherence to ERAS Pathway**

E. Roth<sup>\*1</sup>, D. Wong<sup>1</sup>, V. Poylin<sup>1</sup>, T. Cataldo<sup>1</sup>; <sup>1</sup>Boston, MA

**Discussant**

Sunil Patel, MD, Kingston, ON, Canada

**Question and Answer**

5:38 pm

5:42 pm

5:45 pm

**Adjourn**



**Sunday, June 2****Symposium**

CME Credit Hours: 1.5

MOC Credit Hours: 1.5

**What's New in Ulcerative Colitis?****1 2 3 5 6****4:15 - 5:45 pm****Room: Grand Ballroom A/B****Spanish Translation**

Colorectal surgeons are often involved in the care of patients with ulcerative colitis. The medical, endoscopic, and surgical treatment of ulcerative colitis is evolving rapidly. The education of surgeons in these disciplines occurs in a variety of settings including fellowship training, and continuing medical education programs, to name a few. In this symposium, both core principles and state of the art medical, endoscopic, and surgical approaches to ulcerative colitis will be presented by experts in the field.

**Gap Analysis**

**What is:** Self-learning via clinical practice guidelines, journal articles, educational conferences, and courses.

**What should be:** Periodic, structured educational programs that allow practicing surgeons to remain up to date and well-informed about ulcerative colitis.

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

1. Develop a treatment strategy for patients with ulcerative colitis and mucosal dysplasia.
2. Evaluate the efficacy of modern medical therapy for ulcerative colitis.
3. Recognize the role of robotic techniques for ulcerative colitis surgery.
4. List the strengths and weaknesses of the "modified 2-stage" approach for ileal pouch surgery.
5. Manage patients with complications after ileal pouch surgery.
6. Make decisions about venous thromboembolism prevention in patients with ulcerative colitis.

**Co-Directors:** **Jon Vogel, MD, Denver, CO**  
**Stefan Holubar, MD, MS, Cleveland, OH**

4:15 pm	<b>Introduction</b> Stefan Holubar, MD, MS, Cleveland, OH Jon Vogel, MD, Denver, CO
4:20 pm	<b>Medical Therapy for Ulcerative Colitis: Anti-TNF and Beyond</b> Paulo Kotze, MD, Curitiba, Brazil
4:27 pm	<b>Dysplasia in UC: Chromo-endoscopy or Colectomy?</b> Susan Gearhart, MD, Baltimore, MD
4:34 pm	<b>Modified 2-Stage IPAA: Is the Benefit Worth the Risk?</b> Timothy Sadiq, MD, Chapel Hill, NC
4:43 pm	<b>Minimally Invasive IPAA - Laparoscopy or Robot?</b> Mukta Krane, MD, Seattle, WA
4:50 pm	<b>Panel #1 Questions and Answers</b> Stefan Holubar MD, MS, Cleveland, OH
5:03 pm	<b>Transanal-IPAA: Really?</b> Willem Bemelman, MD, PhD, Vinkeveen, The Netherlands
5:10 pm	<b>Ileal Pouch Failure: Interventional Endoscopy</b> Bo Shen, MD, Cleveland, OH
5:17 pm	<b>Ileal Pouch Failure: J- to Redo J- or S-Pouch - Tricks of the Trade</b> Jean Ashburn, MD, Winston-Salem, NC
5:24 pm	<b>Ileal Pouch Failure: J-Pouch to K- Pouch - When, How, and How Do They Do?</b> David Dietz, MD, Cleveland, OH
5:33 pm	<b>Panel #2 Questions and Answers</b> <b>Moderator:</b> Jon Vogel, MD, Denver, CO
5:45 pm	<b>Adjourn</b>

**Sunday, June 2****Symposium**

CME Credit Hours: 1.5

**The Evolving Landscape of Colorectal Surgical Education**

③④⑥

*Supported in part by Applied Medical***4:15 - 5:45 pm****Room: Grand Ballroom C**

Advanced technologies and minimally invasive surgical techniques contribute to rapid changes in Colon and Rectal Surgery education. This seminar will provide an overview of the current status of Colon and Rectal Surgery Fellowship, as well as possible future directions for colorectal training. In addition, it is essential to stay up-to-date in the field of colon and rectal surgery beyond fellowship. This seminar will also discuss updates to the Maintenance of Certification (MOC) process and review available lifelong learning tools specific to our field.

**Gap Analysis**

**What is:** Trainees, practicing physicians, and training programs may fail to use all available tools to support education, maintain skills and embrace new information as it becomes available.

**What should be:** Trainees, practicing physicians, and training programs adopt and use all available tools to support education, maintain skills and embrace new information as it becomes available.

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

1. Describe the current state of colorectal fellowship training and application process.
2. Discuss the colorectal surgery Maintenance of Certification Process.
3. Discuss how CREST can be used during fellowship and throughout practice.

**Co-Directors:** Jennifer Beaty, MD, Omaha, NE  
Craig Reickert, MD, Detroit, MI

4:15 pm

**Welcome and Introduction**

Jennifer Beaty, MD, Omaha, NE  
Craig Reickert, MD, Detroit, MI

4:20 pm

**Fellowship Program Application Process and the Standard Letter**

Robert Cleary, MD, Ann Arbor, MI

4:30 pm

**Surgical Cases in Colorectal Fellowship... The Numbers**

Gerald Isenberg, MD, Philadelphia, PA

4:40 pm

**Robotics Curriculum**

Amir Bastawrous, MD, Seattle, WA

4:50 pm

**CREST Update**

Eric Johnson, MD, Cleveland, OH

5:00 pm

**4 Years of General +2 Years Colorectal Surgery Yes, No, Maybe So?**

Glenn Ault, MD, Los Angeles, CA

5:10 pm

**MOC Process and CertLink**

Jan Rakinic, MD, Springfield, IL

5:20 pm

**Panel Discussion/Q&A**

5:45 pm

**Adjourn**



**ASCRS ROCKS!**  
**Welcome Reception at  
the Rock and Roll Hall of Fame**

**Sunday, June 4**  
7:00 - 11:00 pm

*Supported by Pacira Pharmaceuticals*

**ASCRS ROCKS!** Welcome Reception at the Rock and Roll Hall of Fame will be held Sunday, June 2, 7:00 - 11:00 pm (complimentary to all registered attendees) and will feature hors d'oeuvres, cocktails and entertainment. The Welcome Reception will be held at the Rock and Roll Hall of Fame.

The Rock and Roll Hall of Fame, located on the shore of Lake Erie in downtown Cleveland, Ohio, recognizes and archives the history of the best-known and most influential artists, producers, engineers, and other notable figures who have had some major influence on the development of rock and roll. The Rock and Roll Hall of Fame Foundation was established on April 20, 1983, by Atlantic Records founder and chairman Ahmet Ertegun. In 1986, Cleveland was chosen as the Hall of Fame's permanent home.

The Research Foundation will join forces with ASCRS to welcome all at this reception.

Monday, June 3

## Meet the Professor Breakfasts

CME Credit Hours: 1

7:00 – 8:00 am

*Limit: 32 per breakfast • Fee \$50 • Tickets Required • Continental Breakfast Included*

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

**M-1** HIPEC for Colorectal Carcinomatosis - What is the Current Status? **SOLD OUT**

①②③⑤⑥

Room: 10

Jose Guillem, MD, New York, NY

Scott Steele, MD, MBA, Cleveland, OH

**M-2** From Instructor to Chair - Academic Development and Promotion

③④

Room: 11

Jonathan Efron, MD, Baltimore, MD

Evangelos Messaris, MD, Hershey, PA

**M-3** Treatment of Rectourethral/Rectovaginal Fistula in a Radiated Field **SOLD OUT**

①②⑥

Room: 12

Suzanne Gillern, MD, Honolulu, HI

John Migaly, MD, Durham, NC

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

1. Describe the procedures and approaches discussed in this session.



**Monday, June 3**

Symposium

CME Credit Hours: 1

**Coffee and Controversies: Leela Prasad Memorial Debates ①②③④⑤⑥**

7:00 - 8:00 am

Room: Grand Ballroom A/B Spanish Translation

*This is a memorial debate in honor of Dr. Leela M. Prasad (1944 - 2016), a well-respected Fellow of the Society for 34 years.*

Debate #1:

**The Surgical Robot: Expensive Beast or Cost Saver?**

7:00 - 7:30 am

Debate #2:

**Intra-corporeal Anastomosis: Happy Patient or a Bridge Too Far?**

7:30 - 8:00 am

Interest in robotic assisted surgery has exploded over the last 15 years. What began with robotic assisted prostatectomy by urologists, has slowly crept into the colorectal surgical marketplace. There is keen interest from both patient and surgeon in this technology. Often patients will present requesting a robotic approach to their problem. Debate continues over where and how this technology is best applied to the care of our patients. Because of the potential additional expense associated with obtaining and utilizing the robotic platform, it is essential to show a benefit to the use of this technology.

Since larger scale adoption of the robotic approach in colorectal surgery has been seen, there has been an explosion in new techniques designed around reducing abdominal incision size and number. The thought is that this will lead to better patient outcomes and satisfaction, though this has not been proven.

**Gap Analysis**

**What Is:** Robotic technology utilization has exploded in the colorectal surgical workspace without definitive data supporting its use. New techniques have been introduced at a pace that is difficult to keep.

**What Should Be:** Surgeons utilizing robotic technology, or considering its use, should be well informed as to the risks and benefits of employing this technology, as well as the risks and benefits of utilizing different techniques with the technology.

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

1. Describe the impact that robotic technology has on healthcare costs.
2. List different approaches to right and left sided anastomoses using the robot.
3. Cite data supporting various approaches in the robotic setting.

**Director:** Eric Johnson, MD, Cleveland, OH

7:00 - 7:30 am	<p><b>Debate #1:</b> <b>The Surgical Robot: Expensive Beast or Cost Saver?</b></p> <p><b>Introduction</b> Eric Johnson, MD, Cleveland, OH</p> <p><b>Expensive Beast!</b> Conor Delaney, MD, PhD, Cleveland, OH</p> <p><b>Cost Saver!</b> Amir Bastawrous, MD, Seattle, WA</p> <p><b>Rebuttal Expensive Beast!</b> Conor Delaney, MD, PhD, Cleveland, OH</p> <p><b>Rebuttal Cost Saver!</b> Amir Bastawrous, MD, Seattle, WA</p> <p><b>Conclusion</b> Eric Johnson, MD, Cleveland, OH</p>
7:00 am	
7:05 am	
7:10 am	
7:15 am	
7:20 am	
7:25 am	
7:30 - 8:00 am	<p><b>Debate #2:</b> <b>Intra-corporeal Robotic Anastomosis: Happy Patient or a Bridge Too Far?</b></p> <p><b>Introduction</b> Eric Johnson, MD, Cleveland, OH</p> <p><b>Happy Patient!</b> Jamie Cannon, MD, Birmingham, AL</p> <p><b>Bridge Too Far!</b> Joshua Bleier, MD, Philadelphia, PA</p> <p><b>Rebuttal Happy Patient!</b> Jamie Cannon, MD, Birmingham, AL</p> <p><b>Rebuttal Bridge Too Far!</b> Joshua Bleier, MD, Philadelphia, PA</p> <p><b>Conclusion</b> Eric Johnson, MD, Cleveland, OH</p>
7:30 am	
7:35 am	
7:40 am	
7:45 am	
7:50 am	
7:55 am	
8:00 am	<b>Adjourn</b>

**Monday, June 3****Abstract Session**

CME Credit Hours: 1.5

**Lightning Talks**

8:00 – 9:30 am

Room: 26A-C

- Co-Moderators:** Alexander Hawkins, Nashville, TN  
Dana Sands, MD, Weston, FL
- 8:00 am **Introduction**  
Alexander Hawkins, Nashville, TN  
Dana Sands, MD, Weston, FL
- 8:08 am **LT1 Overprescription of Opioids Following Outpatient Anorectal Surgery: A Single Institution Study**  
D. Livingston-Rosanoff<sup>\*1</sup>, B.L. Rademacher<sup>1</sup>, C. Glover<sup>1</sup>, M. Paulson<sup>1</sup>, E. Lawson<sup>1</sup>; <sup>1</sup>Madison, WI
- 8:11 am **LT2 Terminal Ileum Intubation During Screening Colonoscopy: Do I Really Need You Go That Far?**  
I. Sapci<sup>\*1</sup>, A.C. Aiello<sup>1</sup>, E. Gorgun<sup>1</sup>, S.R. Steele<sup>1</sup>, M.A. Valente<sup>1</sup>; <sup>1</sup>Cleveland, OH
- 8:14 am **LT3 No Need to Watch the Clock: Persistence During Laparoscopic Sigmoidectomy for Diverticular Disease**  
J.L. Williams<sup>\*1</sup>, L. Stocchi<sup>1</sup>, A.R. Bhamra<sup>1</sup>, A.C. Aiello<sup>1</sup>, H. Kessler<sup>1</sup>, E. Gorgun<sup>1</sup>, C.P. Delaney<sup>1</sup>, S.R. Steele<sup>1</sup>; <sup>1</sup>University Heights, OH
- 8:17 am **Question and Answer for Presentations LT7, LT8, LT9 and LT10**
- 8:24 am **LT4 Analysis of Synchronously Resected Paired Primary Colorectal Cancers and Metastases Reveals Discordance in Mismatch Repair Protein Expression**  
C.W. Steele<sup>\*1</sup>, C. Roxburgh<sup>1</sup>, P.U. Horgan<sup>1</sup>; <sup>1</sup>Lanarkshire, United Kingdom
- 8:27 am **LT5 Conditional Survival of Patients with Complete Clinical Response Managed Non-operatively – What is the Risk of Recurrence after Achieving 1-Year Disease-Free? Data from a Systematic Review with Implications for Surveillance Strategies**  
R. Perez<sup>\*1</sup>, A. Habr-Gama<sup>2</sup>, B. Borba Vailati<sup>1</sup>, L. Fernandez<sup>2</sup>, G. Pagin São Julião<sup>1</sup>, M. Dattani<sup>3</sup>, M. Kalady<sup>4</sup>, N. Figueiredo<sup>2</sup>; <sup>1</sup>Sao Paulo, Sao Paulo, Brazil, <sup>2</sup>Lisbon, Portugal, <sup>3</sup>Basingstoke, United Kingdom, <sup>4</sup>Cleveland, OH
- 8:30 am **LT6 When Less is More: Neoadjuvant Short-Course Intensity-Modulated Radiation Therapy Followed by Consolidation Chemotherapy for Rectal Cancer is Associated with High Complete Response Rate**  
L.C. Duraes<sup>\*1</sup>, J. Efron<sup>1</sup>, S. Gearhart<sup>1</sup>, S. Fang<sup>1</sup>, C. Atallah<sup>1</sup>, A. Gabre-Kidan<sup>1</sup>, H. Chung<sup>1</sup>, B. Safar<sup>1</sup>; <sup>1</sup>Baltimore, MD
- 8:33 am **Question and Answer for Presentations LT4, LT5 and LT6**
- 8:39 am **LT7 Opioid Prescriptions After Colorectal Surgery Increased After Implementation of the Controlled Substances Act**  
S. Vemuru<sup>1</sup>, S.C. Hoang<sup>1</sup>, T. Hassinger<sup>1</sup>, C. Friel<sup>1</sup>, T. Hedrick<sup>1</sup>; <sup>1</sup>Charlottesville, VA
- 8:42 am **LT8 Opioid Prescribing Patterns after Anorectal Surgery**  
J.A. Leinicke<sup>\*1</sup>, Z. Senders<sup>2</sup>, V. Carbajal<sup>2</sup>, A. Wogsland<sup>2</sup>, S.L. Stein<sup>2</sup>, E. Steinhagen<sup>2</sup>; <sup>1</sup>Omaha, NE, <sup>2</sup>Cleveland, OH
- 8:45 am **LT9 Outcomes After Intracorporeal versus Extracorporeal Anastomosis in Minimally-Invasive Colorectal Surgery**  
K.L. Mirza<sup>\*1</sup>, C. Wickham<sup>1</sup>, A. Sabour<sup>1</sup>, S. Lee<sup>1</sup>, A.M. Kaiser<sup>1</sup>; <sup>1</sup>Los Angeles, CA
- 8:48 am **LT10 Are There Differences in Adenoma Rates by Race for Patients Younger than 50?**  
A. Klinger<sup>\*1</sup>, H. Green<sup>1</sup>, D.J. Gunnells<sup>1</sup>, C. Eckholdt<sup>1</sup>, D. Fort<sup>1</sup>, D.A. Margolin<sup>1</sup>; <sup>1</sup>New Orleans, LA
- 8:51 am **Question and Answer for Presentations LT7, LT8, LT9 and LT10**
- 8:57 am **LT11 Does Three-Dimensional MRI for Perianal Crohn's Disease Help the Colorectal Surgeon? – A Prospective Study**  
N. Smith<sup>\*1</sup>, B. D'Souza<sup>1</sup>, D.C. Lam<sup>1</sup>, E. Yong<sup>1</sup>; <sup>1</sup>Melbourne, Victoria, Australia

## Monday, June 3

## Lightning Talks (continued)

- 9:03 am **LT12** **Is Synoptic Reporting Necessary for Crohn's Disease Surgical Pathology? Variability in Pathology Reports at Two Inflammatory Bowel Disease Referral Centers**  
A. D'Angelo\*<sup>1</sup>, M.A. Krezalek<sup>1</sup>, Z. Dee<sup>2</sup>, M. Jung<sup>2</sup>, K. Zaghiyan<sup>2</sup>, P. Fleshner<sup>2</sup>, A.L. Lightner<sup>1</sup>; <sup>1</sup>Rochester, MN, <sup>2</sup>Los Angeles, CA
- 9:06 am **LT13** **Radiofrequency Treatment for Fecal Incontinence: Longest Term Results**  
O. Vergara-Fernández\*<sup>1</sup>, J. Arciniega-Hernández<sup>1</sup>; <sup>1</sup>Mexico City, Mexico
- 9:09 am **LT14** **Is Intervention at Time of Visible Confirmation of External Rectal Prolapse "Too Little, Too Late" To Offer a Meaningful Surgical Impact on Patient Bowel Function?**  
P.M. Cavallaro\*<sup>1</sup>, L.R. Savitt<sup>1</sup>, H. Bonnette<sup>1</sup>, C. Hunt<sup>1</sup>, K. Kennedy<sup>1</sup>, H. Kunitake<sup>1</sup>, R. Ricciardi<sup>1</sup>, L. Bordeianou<sup>1</sup>; <sup>1</sup>Boston, MA
- 9:12 am **Question and Answer for Presentations LT11, LT12, LT13 and LT14**
- 9:18 am **LT15** **Defining Anastomotic Leaks Following Colorectal Surgery: Results of a National Survey**  
V.T. Daniel\*<sup>1</sup>, K. Alavi<sup>1</sup>, J. Davids<sup>1</sup>, P. Sturrock<sup>1</sup>, C. Harnsberger<sup>1</sup>, J. Maykel<sup>1</sup>; <sup>1</sup>Worcester, MA
- 9:21 am **LT16** **A Three-Dimensional Printed Pelvic Model is Useful for Education About Lateral Lymph Node Dissection: A Randomized Controlled Trial**  
D. Hojo\*<sup>1</sup>, K. Muroho<sup>1</sup>, H. Nozawa<sup>1</sup>, K. Kawai<sup>1</sup>, K. Hata<sup>1</sup>, T. Tanaka<sup>1</sup>, T. Nishikawa<sup>1</sup>, Y. Shuno<sup>1</sup>, M. Kaneko<sup>1</sup>, K. Sasaki<sup>1</sup>, M. Hiyoshi<sup>1</sup>, S. Emoto<sup>1</sup>, S. Hirofumi<sup>1</sup>, S. Ishihara<sup>1</sup>; <sup>1</sup>Tokyo, Japan
- 9:24 am **Question and Answer for Presentations LT15 and LT16**
- 9:30 am **Adjourn**

**Monday, June 3****Symposium**

CME Credit Hours: 1.5

MOC Credit Hours: 1.5

**Rectal Cancer****①②③④⑤⑥***Supported in part by Applied Medical***8:00 – 9:30 am****Room: Grand Ballroom A/B** Spanish Translation

The outcomes of rectal cancer surgery remain highly variable. Tremendous differences have been reported relative to sphincter-sparing versus permanent stoma operations, surgical morbidity, post-operative mortality, local tumor recurrence, and survival. Further, variations also occur in the utilization of a multidisciplinary evaluation to include tumor board discussion, radiological staging and pathological evaluation, as well as adjuvant/neoadjuvant chemoradiation therapy. Recently, there has been involvement of the American College of Surgeons and the Commission on Cancer to educate and help implement a quality assurance program.

Over the past few years, several novel approaches to treating both early-stage and locally advanced rectal cancer are challenging the traditional standard of care. While the novel treatment paradigms aim to tailor multidisciplinary management and offer options to patients based on their disease characteristics, it is critical for surgeons and physicians to understand: (1) the quality standards and benchmark outcomes associated with the standard of care; (2) the nature of novel treatment approaches as well as the extent and the strength of the evidence associated with them; (3) how to practically integrate above knowledge and apply them to make treatment recommendations and decisions in daily practice.

This session will describe the key measures of high-quality rectal cancer care including surgical and multimodality therapies, summarize the benchmark outcomes that should be expected with traditional standard of care, discuss novel treatment paradigms along with available evidence, and provide case examples illustrating practical application of existing evidence.

**Gap Analysis**

**What Is:** Significant variability continues to impact on the care and the outcomes of patients with rectal cancer. Healthcare providers may not routinely participate in the multi-disciplinary team approach to the management of both early-stage and locally-advanced rectal carcinoma. They may not be aware of the emerging novel treatment paradigms for rectal cancer or cannot articulate either the evidence or the strength of the evidence that support the emerging treatment paradigms or could benefit from synthesis of evidence toward practical application in daily patient cases.

**What Should Be:** Physicians should routinely engage in discussion of all rectal cancer cases in a multi-disciplinary team setting that includes colorectal cancer radiologists, pathologists, surgeons, medical oncologists, and radiation oncologists. Outcomes should be more uniform to include utilization of surgical approaches following oncological principles.

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

1. Evaluate the variability in rectal cancer surgery and understand the benchmark outcomes associated with standard of care.
2. Articulate emerging treatment paradigms that address the integration of surgical resection in combination with medical and radiation oncologic treatments that may modify the current standard of care and assess the strength of the available evidence associated with these emerging paradigms.
3. Describe the outcomes associated with various surgical approaches for rectal cancer.
4. Describe the work-up, evaluation and approach for recurrent rectal cancer.

**Co-Directors:** **Rebecca Hoedema, MD**, Grand Rapids, MI  
**Scott Steele, MD, MBA**, Cleveland, OH

8:00 am	<b>Introduction</b> Rebecca Hoedema, MD, Grand Rapids, MI Scott Steele, MD, MBA, Cleveland, OH
8:05 am	<b>Total Neoadjuvant Chemotherapy</b> Matthew Mutch, MD, St. Louis, MO
8:17 am	<b>Beyond Organ Preservation: Selection and Failure - What Next?</b> Rodrigo Perez, MD, PhD, Sao Paulo, Brazil
8:29 am	<b>Update on Trials in Rectal Cancer - What Does It Mean for My Patients?</b> Julio Garcia-Aguilar, MD, New York, NY
8:41 am	<b>Recurrent Rectal Cancer - Multidisciplinary Approach</b> Matthew Kalady, MD, Cleveland, OH
8:53 am	<b>NOSES for Rectal Cancer</b> Chuan-Gang Fu, MD, PhD Shanghi, Peoples Republic of China
9:05 am	<b>Case Discussion with Panel/ Questions &amp; Answers</b> Rebecca Hoedema, MD, Grand Rapids, MI Scott Steele, MBA, Cleveland, OH
9:30 am	<b>Adjourn</b>



**Monday, June 3**

**Symposium**

CME Credit Hours: 1.5

**Technical Pearls: Minimally Invasive Colectomy, Step-By-Step**

①②⑤⑥

*Supported in part by Applied Medical*

**8:00 – 9:30 am**

**Room: Grand Ballroom C**

Over the past two decades, laparoscopic assisted colectomy has slowly evolved to become a mainstay in colorectal surgery. During this evolution, multiple different laparoscopic approaches have been described including medial to lateral, lateral to medial, hand assisted, and others. Each of these approaches require a slightly different appreciation and knowledge of the colon anatomy and relationship to adjacent organs. Since each patient may present with slightly different anatomy, disease processes, and prior history of abdominal surgery, it is important for the practicing colorectal surgeon to be familiar with alternate laparoscopic approaches to allow them to vary their technique to meet the specific needs of the patient.

This session will be a video heavy series of presentations by expert laparoscopic and robotic colorectal surgeons providing their pearls of wisdom for multiple different approaches for right and left colectomy.

**Gap Analysis**

**What Is:** Colorectal surgeries are performed by a large number of general and colorectal surgeons across the country. However, opportunities for continued medical education for practicing surgeons is limited.

**What Should Be:** The speakers will present video vignettes demonstrating various approaches to common steps of minimally invasive colectomies to help address challenges presented by different pathologies and patient factors.

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

1. Describe the primary vascular supply to the different segments of the colon, the neighboring organs, and a stepwise approach to their safe identification
2. Describe at least two approaches to mobilize and perform oncologic mesenteric resection for each segment of the colon.
3. Discuss the steps involved for minimally invasive intracorporeal ileocolic anastomosis.
4. Discuss the use of robotics for laparoscopic colectomy.

**Co-Directors:** Arida Siripong, MD, Grand Rapids, MI  
Mark Whiteford, MD, Portland, OR

8:00 am **Introduction**  
Arida Siripong, MD, Grand Rapids, MI  
Mark Whiteford, MD, Portland, OR

8:05 am **Getting To The Root: Critical Anatomy for Right Colectomy**  
Molly Ford, MD, Nashville, TN

8:09 am	<b>The Inside Scoop: Medial to Lateral Right Colectomy for Cancer</b> Bradley Champagne, MD, Cleveland, OH
8:14 am	<b>Bottoms Up: Inferior to Superior Mobilization for Ileocolic Crohn's</b> Paul Wise, MD, St. Louis, MO
8:19 am	<b>Gimme a Hand: Hand Assisted, Top Down Right Colectomy for Cancer</b> Karin Hardiman, MD, PhD, Ann Arbor, MI
8:24 am	<b>Robotic Intracorporeal Ileocolic Anastomosis. Perfect Robotic Indication</b> Mark Soliman, MD, Orlando, FL
8:29 am	<b>Straight Sticks Ileocolic Intracorporeal Anastomosis- I've Got This</b> Sami Chadi, MD, Toronto, CANADA
8:34 am	<b>Panel Discussion on Laparoscopic Right Colectomy</b>
8:45 am	<b>All About the Vessels and the Planes: The Right way to do the Left</b> Gregory Kennedy, MD, Birmingham, AL
8:49 am	<b>Insider's Perspective: Medial to Sigmoid Colon Mobilization</b> Kelly Garrett, MD, New York, NY
8:54 am	<b>Familiar and Safe: Lateral to Medial Mobilization of the Sigmoid Colon</b> James Ogilvie, MD, Grand Rapids, MI
8:59 am	<b>Over the Top: Hand Assisted Splenic Flexure Mobilization</b> David Vargas, MD, New Orleans, LA
9:04 am	<b>True Medial to Lateral Splenic Flexure Mobilization: IMV First Approach</b> Mark Whiteford, MD, Portland, OR
9:09 am	<b>Robot: Not Just for the Pelvis Anymore: Robotic Complex Diverticular Surgery</b> David Larson, MD, Rochester, MN
9:14 am	<b>When You Really Need a Hand: Hand-assisted Left Colectomy for the Morbidly Obese</b> Jennifer Rea, MD, Lexington, KY
9:19 am	<b>Panel Discussion on Laparoscopic Left Colectomy</b>
9:30 am	<b>Adjourn</b>

## Refreshment Break and E-poster Presentations in Exhibit Hall C

9:30 – 10:00 am

Schedule of E-poster presentations see pages 121-163

Monday, June 3

### Harry E. Bacon, MD, Lectureship

CME Credit Hours: .75

10:00 – 10:45 am

Room: Grand Ballroom A/B

Spanish Translation

### “Challenges”



**Mark Malangoni, MD**

Former Associate Executive Director  
American Board of Surgery  
Taylor, MI

Introduction: **David A. Margolin, 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 the American Society of Colon and Rectal Surgeons and the American Board of Colon and Rectal Surgery. 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).

Monday, June 3

### Presidential Address

CME Credit Hours: .75

10:45 – 11:30 am

Room: Grand Ballroom A/B

Spanish Translation

### Personal Adversity



**David Margolin, MD, FACS, FASCRS**

Professor and Director Colon and Rectal Surgical Research  
The Ochsner Clinic Foundation  
The University of Queensland School of Medicine,  
Ochsner Clinical School

Introduction: **Charles Whitlow, MD**

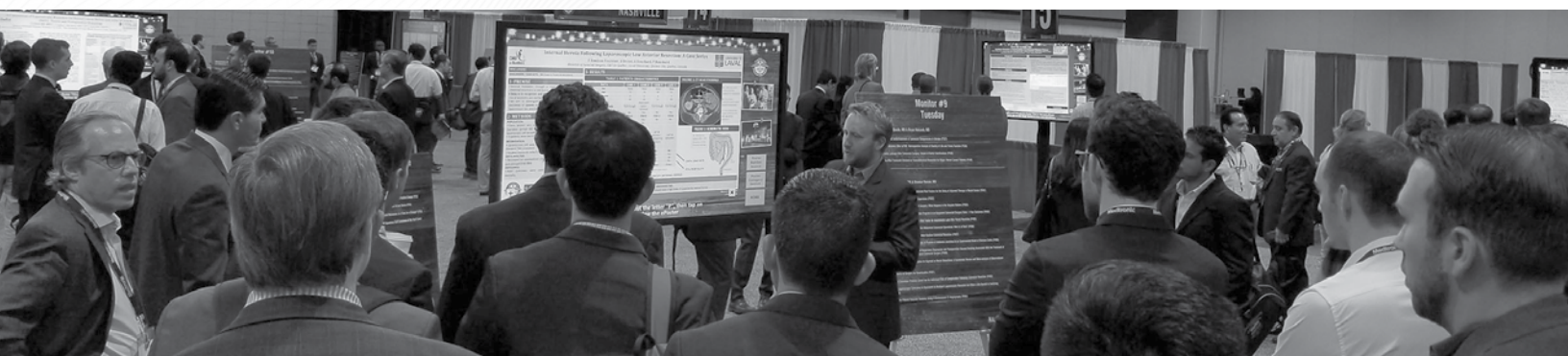
Dr. David A. Margolin, New Orleans, LA, Director of Colorectal Research of Ochsner Clinic Foundation Hospital, was elected President of the American Society of Colon and Rectal Surgeons (ASCRS) at the Society's 2018 Annual Scientific Meeting in Nashville, TN.

Dr. Margolin first served on the ASCRS Executive Council as a member-at-large from 2013 to 2016, as vice president 2016 – 2017 and as president-elect 2017 – 2018. During his tenure as a Fellow of the ASCRS, he has served on several committees including Professional Development (2000–04), Socioeconomic (past Chair) (member 1998 – 2012), and Website (2009–2017). He also served as Associate Editor (2007–17) and Web Editor (2009–17) of *Diseases of Colon and Rectum* and as ASCRS representative to the Current Procedural terminology (CPT) (2001–05, 2008) and the Relative Value Update Committee (RUC) (2002–05) of the American Medical Association.

## Complimentary Box Lunch and E-poster Presentations in Exhibit Hall C

11:30 am – 12:45 pm

Schedule of E-poster presentations see pages 121-163



## Monday, June 3

## Abstract Session

CME Credit Hours: 1.25

## Pelvic Floor

①②

12:45 – 2:00 pm

Room: 26A-C

Co-Moderators:	Anders Mellgren, MD, Chicago, IL Leslie Roth, MD, Providence, RI	1:25 pm	<b>M6</b> Sacral Neuromodulation Device-Related Complications: A Single Center Experience Y. Rojas-Khalil <sup>*</sup> , A. Wise <sup>1</sup> , J. Jordan <sup>1</sup> , S. Galandiuk <sup>1</sup> , R.W. Farmer <sup>1</sup> ; <sup>1</sup> Louisville, KY
12:45 pm	<b>Introduction</b> Anders Mellgren, MD, Chicago, IL Leslie Roth, MD, Providence, RI	1:30 pm	<b>Discussion</b>
12:50 pm	<b>M1</b> InterStim Peripheral Nerve Evaluation (PNE) for Fecal Incontinence: High-Fidelity Testing for Fecal Incontinence B. Das <sup>*</sup> , A.N. Godshalk Ruggles <sup>1</sup> ; <sup>1</sup> Houston, TX	1:32 pm	<b>M7</b> Laparoscopic Ventral Mesh Rectopexy. Is It Still A Safe Procedure? L. Ferrari <sup>1</sup> , K. Cuiñas <sup>*</sup> , A. Schizas <sup>1</sup> , A. Williams <sup>1</sup> ; <sup>1</sup> London, United Kingdom
12:55 pm	<b>Discussion</b>	1:37 pm	<b>Discussion</b>
12:57 pm	<b>M2</b> Botulinum Toxin A versus Electrogalvanic Stimulation for Levator Ani Syndrome: Is One a More Effective Therapy? E. Nugent <sup>*</sup> , M. Beal <sup>1</sup> , G. Sun <sup>1</sup> , M. Zutshi <sup>1</sup> ; <sup>1</sup> Cleveland, OH	1:39 pm	<b>M8</b> Efficacy of Sacral Nerve Stimulation for Fecal Incontinence is Limited By Inconsistent Long-term Monitoring M. Sheno <sup>i</sup> <sup>*</sup> , T. Reidy <sup>1</sup> , D. Maun <sup>1</sup> , R. Melbert <sup>1</sup> , B. Tsai <sup>1</sup> ; <sup>1</sup> Indianapolis, IN
1:02 pm	<b>Discussion</b>	1:44 pm	<b>Discussion</b>
1:04 pm	<b>M3</b> Patients' Pathway in a Tertiary Referral Pelvic Floor Unit K. Cuiñas <sup>*</sup> , L. Ferrari <sup>1</sup> , C. Igbedioh <sup>1</sup> , S. Morris <sup>1</sup> , D. Solanki <sup>1</sup> , A. Williams <sup>1</sup> , A. Schizas <sup>1</sup> ; <sup>1</sup> London, United Kingdom	1:46 pm	<b>Question and Answer</b>
		2:00 pm	<b>Adjourn</b>
1:09 pm	<b>Discussion</b>		
1:11 pm	<b>M4</b> Making an IMPACT through Multidisciplinary Consensus: A Report from the Pelvic Floor Disorders Consortium L. Bordeianou <sup>*</sup> ; <sup>1</sup> Chicago, IL		
1:16 pm	<b>Discussion</b>		
1:18 pm	<b>M5</b> A Comprehensive Analysis of Bowel Function After J-pouch for Ulcerative Colitis: Are We Missing the Forest for the Trees? P.M. Cavallaro <sup>*</sup> , G.C. Lee <sup>1</sup> , L.R. Savitt <sup>1</sup> , I. Kazaz <sup>1</sup> , C. Hunt <sup>1</sup> , H. Kunitake <sup>1</sup> , R. Ricciardi <sup>1</sup> , L. Bordeianou <sup>1</sup> ; <sup>1</sup> Boston, MA		
1:23 pm	<b>Discussion</b>		

**Monday, June 3****Symposium**

CME Credit Hours: 1.25

MOC Credit Hours: 1.25

**Current Management of Crohn's Disease. Joint ASCRS/SSAT Symposium****1 2 3 5 6****12:45 - 2:00 pm****Room: Grand Ballroom C**

Crohn's disease is a complex intestinal disorder whose cause and effect remain incompletely understood, but some insights into its associated immune dysfunction as well as disease distribution and behavior have been realized. We now appreciate the disease can be localized to the terminal ileum, large bowel, or ileocolon with concurrent or separately associated upper gastrointestinal or anoperineal disease. The disease typically begins as an inflammatory process that generally evolves to stricturing or penetrating behavior, but the chronic inflammation also increases the patient's risk of developing neoplasia in the affected bowel. A multidisciplinary approach to the management of Crohn's disease has been adopted by many centers with surgery remaining an integral part of the treatment strategy despite advances in medical therapy.

Glucocorticoids were the historic drug of choice for moderate or severe Crohn's disease, but associated side effects limit their long-term use. Newer medications, such as immunomodulators and biologic agents, were developed to allow for discontinuation or avoidance of glucocorticoids. Surgical intervention is warranted when medical therapy fails to safely restore an acceptable quality of life, and the choice of operation is dependent upon many disease- and patient-driven factors. Unfortunately, symptomatic disease commonly recurs following bowel resection despite elimination all visible evidence of disease at the time of the index operation.

The use of medications as a first-line approach is inappropriate in some patients such as those with intra-abdominal abscesses resulting from penetrating disease where immune suppressing drugs are initially avoided. After the infection is controlled by non-operative means, the role of subsequent medical therapy versus surgery has been debated.

Anoperineal involvement by Crohn's disease can manifest itself in many forms, but fistulizing behavior is sometimes the most debilitating form. A multidisciplinary approach is usually advocated and many of these patients with minimal rectal inflammation can be surgically managed using a variety of operative approaches depending upon multiple variables.

Most patients with neoplasia complicating their underlying large bowel inflammation were previously referred for operative management instead of medical therapy, but recent opinions argue for a more conservative approach, and, if an operation is performed, the extent of resection remains controversial.

Through a structured symposium focusing on both the non-operative and operative treatment of Crohn's disease, we propose to define the role of bowel-sparing procedures, offer an approach to

intra-abdominal abscesses, describe the management of recurrent disease of the terminal ileum, discuss the issues associated with neoplasia, and review the treatment options for anorectal fistulas. The symposium will thoroughly examine these disease-related issues and provide evidence-based practice guidance.

**Gap Analysis**

**What Is:** Our knowledge of the behavior of Crohn's disease is constantly advancing and our management of the disorder is accordingly evolving.

**What Should Be:** Surgeons should appreciate the stricturing, penetrating, and neoplastic complications of Crohn's disease affecting various intestinal locations, and understand the principles associated with a multidisciplinary approach to disease management.

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

1. Identify the indications and options for bowel- and sphincter-sparing approaches to large bowel disease.
2. Explain the subsequent treatment of patients with a resolved intra-abdominal abscess.
3. Recognize the benefits and risks associated with endoscopic and surgical management of recurrent disease of the neo-terminal ileum.
4. Explain the management of neoplasia complicating large bowel disease.
5. Describe the treatment of fistulizing anoperineal disease.

**Co-Directors:** **Amy L. Lightner, MD**, Cleveland, OH  
**Scott A. Strong, MD**, Chicago, IL

12:45 pm

**Introduction**

Amy L. Lightner, MD, Cleveland, OH  
Scott A. Strong, MD, Chicago, IL

12:48 pm

**Large Bowel Disease - Ileostomy or Sphincter-Sparing Procedure**

Luca Stocchi, MD, Cleveland, OH

## Monday, June 3

## Current Management of Crohn's Disease. Joint ASCRS/SSAT Symposium (continued)

12:59 pm	<b>Ileocolostomy Stenosis – Medical, Endoscopic, or Operative Management</b> Anthony De Buck Van Overstraeten, MD, Toronto, ON, Canada	1:21 pm	<b>Simple Anorectal Fistula – Medical or Operative Management</b> Nicola Fearnhead, MD, Cambridge, United Kingdom
1:10 pm	<b>Resolved Intra-Abdominal Abscess – Medical or Operative Management</b> Walter Koltun, MD, Hershey, PA	1:32 pm	<b>Colon Neoplasia – Surveillance, Colectomy, or Proctocolectomy</b> Pokala Kiran, MD, New York, NY
		1:43 pm	<b>Discussion</b>
		2:00 pm	<b>Adjourn</b>

## Monday, June 3

## Symposium

CME Credit Hours: 1.25

## When Do You Change Your Approach? A Framework for Translating Evolving Evidence into Practice Change

④⑤⑥

12:45 – 2:00 pm

Room: Grand Ballroom A/B Spanish Translation

Surgery evolves, and no surgeon's practice is the same as it was when they trained. Each surgeon is challenged with the task of identifying new technologies and determining whether to incorporate evolving technology/techniques into their practice.

**Gap Analysis**

**What is:** Among ASCRS membership there is no clear framework to guide surgeons in their decisions to incorporate new approaches (techniques, technologies) into their practice.

**What should be:** Surgeons should approach emerging technologies methodically, in a way that weighs current evidence and also considers a surgeon's individual practice context.

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

1. Recognize levels of evidence, and the implications of each
2. Recognize what approaches should be considered "experimental"
3. Determine which types of approaches require formal education/training before attempting
4. Consider practice-specific barriers, risks, and rewards associated with incorporating a new technology
5. Explain supply chain cost measures and comparative value analysis of implementation of new technology

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

12:45 pm	<b>Introduction and Opening Comments</b> David Etzioni, MD, Phoenix, AZ Larissa Temple, MD, Rochester, NY
12:50 pm	<b>Weighing the Evidence</b> Marcia Russell, MD, Los Angeles, CA
1:01 pm	<b>Identifying New Approaches for my Practice: How Much Evidence Before I Uptake?</b> Mark Whiteford, MD, Portland, OR
1:12 pm	<b>Hospital as Friend or Foe: Will my Hospital Supply Chain Say Yes to A New Technology?</b> John Hundt, MBA, Baltimore, MD
1:23 pm	<b>How Do I Monitor the Outcomes of a New Procedure?</b> Scott Steele, MD, MBA, Cleveland, OH
1:34 pm	<b>Closing Comments</b> David Etzioni, MD, Phoenix, AZ Larissa Temple, MD, Rochester, NY
1:38 pm	<b>Panel Discussion</b>
2:00 pm	<b>Adjourn</b>

**Monday, June 3**

Abstract Session

CME Credit Hours: 1.5

**Basic Science 1 2**

2:00 - 3:30 pm

Room: 26A-C

Co-Moderators: Karin Hardiman, MD, PhD, Ann Arbor, MI  
David Stewart, Sr., MD, Tucson, AZ

2:00 pm Introduction

Karin Hardiman, MD, PhD, Ann Arbor, MI  
David Stewart Sr., MD, Tucson, AZ

2:05 pm **M10** Efficacy of Adipose Derived Stem Cells to Reduce Risk of Anastomotic Leak in Colorectal Surgery: A Rat Model

A. Morgan<sup>\*1</sup>, A. Zheng<sup>1</sup>, K. Linden<sup>1</sup>, S. Brown<sup>1</sup>,  
J. Gaughan<sup>1</sup>, P. Zhang<sup>1</sup>, F. Spitz<sup>1</sup>, M. Kwiatt<sup>1</sup>;  
<sup>1</sup>Woodbury, NJ

2:10 pm Discussion

2:13 pm **M11** 16s rRNA Taxonomic Analysis of the Gut Mucosal Microbiome and Its Associated with the Development of Complications Following Colorectal Surgery

A. Scott<sup>\*1</sup>, N. Ladwa<sup>1</sup>, J. McDonald<sup>1</sup>,  
J.L. Alexander<sup>1</sup>, J. Marchesi<sup>1</sup>, J.M. Kinross<sup>1</sup>;  
<sup>1</sup>London, United Kingdom

2:18 pm Discussion

2:21 pm **M12** Commensal Enterococcus Faecalis Cooperates with Plasminogen for Induction of a Migratory and Invasive Phenotype of Colon Cancer Cells

A.J. Williamson<sup>\*1</sup>, R. Jacobson<sup>1</sup>, S. Gaines<sup>1</sup>, H.Y. Koo<sup>1</sup>, N. Hyman<sup>1</sup>, O. Zaborina<sup>1</sup>,  
J. Alverdy<sup>1</sup>, B.D. Shogan<sup>1</sup>; <sup>1</sup>Chicago, IL

2:26 pm Discussion

2:29 pm **M13** Autophagic Induction Prevents Anal Cancer When There is Already Established Low-grade Dysplasia

B.L. Rademacher<sup>\*1</sup>, A. Auyeung<sup>1</sup>, J. Chang<sup>1</sup>, M. Bean<sup>1</sup>, M. Gehin<sup>1</sup>, E.H. Carchman<sup>1</sup>;  
<sup>1</sup>Madison, WI

2:34 pm Discussion

2:37 pm

**M14** Bone Marrow-derived Mesenchymal Stem Cells Promote Colorectal Cancer Progression via CCR5

G. Nishikawa<sup>\*1</sup>, K. Kawada<sup>1</sup>, Y. Sakai<sup>1</sup>; <sup>1</sup>Kyoto, Japan

2:42 pm Discussion

2:45 pm

**M15** Protein Tyrosine Phosphatase Receptor Type F: A Novel Target for Colorectal Cancer?

T. Gan<sup>\*1</sup>, A. Stevens<sup>1</sup>, Y.M. Wen<sup>1</sup>, X. Xiong<sup>1</sup>,  
H. Weiss<sup>1</sup>, B.M. Evers<sup>1</sup>, T. Gao<sup>1</sup>;  
<sup>1</sup>Lexington, KY

2:50 pm Discussion

2:53 pm

**M16** Changes in the Enteric Serotonin Signaling System Following Low Anterior Resection

T. Ridolfi<sup>\*1</sup>, J.J. Blank<sup>1</sup>, K.Y. Hu<sup>1</sup>, C. Peterson<sup>1</sup>, K. Ludwig<sup>1</sup>; <sup>1</sup>Milwaukee, WI

2:58 pm Discussion

3:01 pm

**M17** Bone Marrow Mesenchymal Stem Cell Transplantation Can Promote the Repair of Damaged Anal Sphincter Structure and Function

X. Lid<sup>\*1</sup>; <sup>1</sup>Shanghai, China

3:06 pm Discussion

3:09 pm

**M18** The FACT Inhibitor CBL0137 Augments Radiation and Chemotherapy in Rectal Cancer and Inhibits Cancer Stem Cells

D. Liska<sup>\*1</sup>, S. Xiang<sup>1</sup>, S. De<sup>1</sup>, J. DeVecchio<sup>1</sup>,  
S. Ferrandon<sup>1</sup>, A.D. Adams<sup>1</sup>, E. Huang<sup>1</sup>,  
G. Stark<sup>1</sup>, M. Kalady<sup>1</sup>; <sup>1</sup>Cleveland, OH

3:14 pm Discussion

3:17 pm Question and Answer

## Monday, June 3

Abstract Session

CME Credit Hours: 1.5

## Video Session

①②③④⑤⑥

2:00 - 3:30 pm

Room: Grand Ballroom C

Co-Moderators: Alessandro Fichera, MD, Chapel Hill, NC  
Ali Mahmood, MD, Sugar Land, TX

2:00 pm Introduction

Alessandro Fichera, MD, Chapel Hill, NC  
Ali Mahmood, MD, Sugar Land, TX

2:05 pm **M20** Laparoscopic Ventral Mesh Rectopexy with  
Biologic Mesh – Case Review and Video  
Demonstration

G. Low<sup>\*1</sup>, E. Noren<sup>1</sup>, S. Lee<sup>1</sup>; <sup>1</sup>Los Angeles, CA

2:09 pm Discussion

2:11 pm **M21** Transanal Minimally Invasive Surgery (TAMIS)  
for Redo Proctectomy in Patients with  
Chronic Anastomotic Leak

C. Harnsberger<sup>\*1</sup>, K. Alavi<sup>1</sup>, J. Davids<sup>1</sup>, P.  
Sturrock<sup>1</sup>, C. Ellis<sup>1</sup>, J. Maykel<sup>1</sup>; <sup>1</sup>Worcester, MA

2:15 pm Discussion

2:17 pm **M22** ICG-guided Laparoscopic Lateral Lymph  
Node Dissection in Rectal Cancer

K. Kawada<sup>\*1</sup>, M. Yoshitomi<sup>1</sup>, S. Inamoto<sup>1</sup>,  
Y. Itatani<sup>1</sup>, R. Mizuno<sup>1</sup>, K. Hida<sup>1</sup>, Y. Sakai<sup>1</sup>;  
<sup>1</sup>Kyoto, Japan

2:21 pm Discussion

2:23 pm **M23** Extended Right Colectomy with Complete  
Mesocolic Excision

G.S. Charak<sup>\*1</sup>, F.F. Quezada<sup>1</sup>, J. Garcia Aguilar<sup>1</sup>;  
<sup>1</sup>New York, NY

2:27 pm Discussion

2:29 pm **M24** Episioproctotomy and Perineal  
Reconstruction for Recurrent Rectovaginal  
Fistula

S.J. Marecik<sup>\*1</sup>, A. Al-Khamis<sup>1</sup>, A. Abcarian<sup>1</sup>,  
K. Kochar<sup>1</sup>, J. Park<sup>1</sup>; <sup>1</sup>Park Ridge, IL

2:33 pm Discussion

2:35 pm

**M25** Pull-through Conformal Sphincter  
Preservation Operation for Ultra-low  
Rectal Cancer

W. Zhang<sup>\*1</sup>, G. Sun<sup>1</sup>, X. Zhu<sup>1</sup>, Z. Lou<sup>1</sup>, X. Gao<sup>1</sup>,  
H. Gong<sup>1</sup>, L. Hao<sup>1</sup>, R. Meng<sup>1</sup>;  
<sup>1</sup>Shanghai, China

Discussion

2:39 pm

2:41 pm

**M26** Transanal Excision of Early Anorectal  
Neoplasia with Endoluminal Robotic  
Platform

J. Walters<sup>\*1</sup>, A.E. Graham<sup>1</sup>, V.J. Obias<sup>1</sup>;  
<sup>1</sup>Washington, District of Columbia

Discussion

2:45 pm

2:47 pm

**M27** Robotic Right Hemicolectomy with  
Complete Mesocolic Excision and  
D3 Lymph Node Dissection

I. Hameed<sup>1</sup>, P. Aggarwal<sup>\*1</sup>, W.R. Martin<sup>1</sup>;  
<sup>1</sup>New York, NY

Discussion

2:51 pm

2:53 pm

**M28** Transperineal Total Pelvic Exenteration in  
the Prone Jackknife Position

D. Uematsu<sup>\*1</sup>, G. Akiyama<sup>1</sup>, T. Sugihara<sup>1</sup>,  
A. Magishi<sup>1</sup>, K. Ono<sup>1</sup>, T. Sano<sup>1</sup>; <sup>1</sup>Saku, Japan

Discussion

2:57 pm

2:59 pm

**M29** Step-by-step Lateral-node Dissection for  
Rectal Cancer –Training Minimally Invasive  
Surgeons in the Cadaver Laboratory and  
Differences with In vivo Dissection

R. Perez<sup>\*1</sup>, B. Borba Vailati<sup>1</sup>, G. Pagin São  
Julião<sup>1</sup>, M. Bun<sup>2</sup>, C. Peralta<sup>3</sup>, T. Konishi<sup>4</sup>,  
G. Choi<sup>5</sup>, J. Azevedo<sup>1</sup>; <sup>1</sup>Sao Paulo, Brazil,  
<sup>2</sup>Buenos Aires, Argentina, <sup>3</sup>Tucuman,  
Argentina, <sup>4</sup>Tokyo, Japan, <sup>5</sup>Daegu, Korea (the  
Republic of)

Discussion

3:03 pm

## Monday, June 3

## Video Session (continued)

3:05 pm	<b>The ASCRS Barton Hoexter, MD, Best Video Award</b>	3:09 pm	Discussion
	<b>M30</b> Laparoscopic Lateral-node Dissection for Rectal Cancer See one, Do One & Teach One? R. Perez <sup>*1</sup> , G. Pagnin São Julião <sup>1</sup> , B. Borba Vailati <sup>1</sup> , C.M. Cabrera Ordonez <sup>1</sup> , J. Azevedo <sup>1</sup> , A. Habr-Gama <sup>1</sup> , L. Fernandez <sup>2</sup> , T. Konishi <sup>3</sup> ; <sup>1</sup> Sao Paulo, Brazil, <sup>2</sup> Lisbon, Portugal, <sup>3</sup> Tokyo, Japan	3:11 pm	<b>M31</b> Mechanical Findings During Redo IPAA Referred to as "Crohn's of the Pouch" D.M. Schwartzberg <sup>*1</sup> , M. Anderson <sup>1</sup> , T.H. Kirat <sup>1</sup> , E. Esen <sup>1</sup> , F.H. Remzi <sup>1</sup> ; <sup>1</sup> New York, NY
		3:15 pm	Discussion
		3:17 pm	Question and Answer
		3:30 pm	Adjourn

## Monday, June 3

## Symposium

CME Credit Hours: 1.5

## ASCRS/ACS Partnership to Support the Colorectal Surgeon

①③④⑤⑥

2:00 – 3:30 pm

Room: Grand Ballroom A/B Spanish Translation

This session will highlight some of the myriad of synergies between the American Society of Colon and Rectal Surgeons (ASCRS) and the American College of Surgeons (ACS). Programs where the ACS offers direct benefit to the colorectal surgeon beyond benefits offered by the ASCRS will be discussed.

## Gap Analysis

**What Is:** Awareness that the ACS offers an annual clinical congress.

**What Should Be:** The desire to participate in numerous ACS activities and programs designed to help colorectal surgeons.

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

1. Review the health policy and advocacy accomplishments of the ACS-PAC.
2. Discuss the educational offerings which benefit colorectal surgeons.
3. Describe the quality programs available to colorectal surgeons.

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

2:00 pm	<b>Introduction</b> Patricia Turner, MD, Chicago, IL Steven Wexner, MD, PhD (Hon), Weston, FL
2:05 pm	<b>ACS Quality Programs Help Colorectal Surgeons Improve Quality Care</b> Clifford Ko, MD, Los Angeles, CA
2:17 pm	<b>ACS Educational Programs for Colorectal Surgeons</b> Ajit Sachdeva, MD, Chicago, IL
2:30 pm	<b>The Commission on Cancer Colorectal Surgery Programs</b> Heidi Nelson, MD, Rochester, MN
2:42 pm	<b>How Advocacy and Health Policy Engagement Helps Us Help Our Patients</b> Frank Opelka, MD, Washington, DC
2:55 pm	<b>Working with the ACS to Further Our Common Goals: How to Get Involved</b> David Hoyt, MD, Chicago, IL
3:08 pm	Panel Discussion/Questions and Answers
3:30 pm	Adjourn



**Refreshment Break and E-poster Presentations in Exhibit Hall C**

3:30 - 4:00 pm

Schedule of E-poster presentations see pages 121-163

**Monday, June 3**

**Symposium**

CME Credit Hours: .75

**Best of the Diseases of the Colon & Rectum Journal**

126

4:00 - 4:45 pm

Room: Grand Ballroom A/B Spanish Translation

This symposium is designed for the practicing colorectal surgeon who has a desire to stay up to date on the latest in the management of colon and rectal diseases. Due to increasing demands of daily practice, the ability to stay current on the highest quality and most-cited publications can be difficult. In this symposium, we will review and summarize the most highly cited papers from the Diseases of the Colon and Rectum over the last 2 years. Presentations and discussion will focus on study design and results, practical implications of the data and a critical review of submitted work.

**Gap Analysis**

**What Is:** High quality published research is frequently missed by health care providers and this may compromise further improvements in research and clinical care.

**What should be:** Manuscripts of high quality should be valid, well known and value-added to the practicing health care provider.

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

1. Describe the basics of the top papers published in the DC&R.
2. Distinguish the qualities of a manuscript that provides value to the practicing surgeon.
2. Identify further questions that warrant additional research.
4. Identify at least one key point from the presentations that will guide further research or change practice patterns for the care of patients with colorectal disease

**Director:** Susan Galandiuk, MD, Louisville, KY

4:00 pm	<b>Introduction</b> Susan Galandiuk, MD Louisville, KY
4:05 pm	<b>Accuracy of MRI in Restaging Locally Advanced Rectal Cancer After Preoperative Chemoradiation</b> Joris. J. van der Broek, MD Alkmaar, the Netherlands
4:15 pm	<b>Baseline T Classification Predicts Early Tumor Regrowth After Nonoperative Management in Distal Rectal Cancer After Extended Neoadjuvant Chemoradiation and Initial Complete Clinical Response</b> Rodrigo Perez, MD, PhD São Paulo, Brazil
4:25 pm	<b>Financial Impact of Colorectal Cancer and Its Consequences: Associations Between Cancer-Related Financial Stress and Strain and Health-Related Quality of Life</b> Linda Sharp, PhD Newcastle upon Tyne, United Kingdom
4:35 pm	<b>Elevated Venous Thromboembolism Risk Following Colectomy for IBD Is Equal to Those for Colorectal Cancer for Ninety Days After Surgery</b> Timothy J. Ridolfi, MD Milwaukee, Wisconsin
4:45 pm	<b>Adjourn</b>

**Monday, June 3**

No CME Credit Awarded

**New Technologies Symposium**

Refreshments will be served.

4:45 - 6:15 pm

Room: Grand Ballroom A/B Spanish Translation*Supported in part by independent educational grants from:*

*TI Health*  
*Check Cap*  
*Heron Therapeutics*  
*Intuitive*  
*Isoray Technologies*  
*Surgical Safety Technologies/OR Black Box*  
*SafeHeal*  
*Verb Surgical*

The New Technologies Symposium has become a featured annual event at the ASCRS Scientific meeting and serves as a unique opportunity to work with ASCRS members and industry to explore and present new technologies to the membership in a non-CME format.

This year we will feature a disruptive technology panel consisting of invited panelists consisting of Industry leaders. This will be a lively event with attendee participation. There will also be abstract presentations.

<b>Co-Directors:</b> Eric Haas, MD, Houston, TX Patricia Sylla, MD, New York, NY	5:25 pm  4:45 pm 4:46 pm 4:50 pm 4:55 pm 4:57 pm 5:02 pm 5:04 pm 5:09 pm 5:11pm 5:16 pm 5:18 pm 5:23 pm	<b>Introduction</b> Eric Haas, MD, Houston, TX Patricia Sylla, MD, New York, NY  <b>New Technology Social Media Forum</b>  <b>Innovative Protection of Colorectal Anastomosis Using a Temporary Non-invasive Bypass Sheath</b> Antonio d' Urso, MD, Italy  <b>Question and Answer</b>  <b>Swallow and Forget: Prepless X-Ray Imaging Capsule for Polyp Detection</b> Seth Gross, MD, New York, NY  <b>Question and Answer</b>  <b>OR Black Box: Using Data to Study, Predict and Mitigate Surgical Risk and Improve Patient Safety</b> Jordan Bohnen, MD, Boston, MA  <b>Question and Answer</b>  <b>Implantable Brachy Mesh for Intra-op Delivery of Radiation to Locally Advanced Rectal Cancer</b> Andrew Farach, MD, Houston, TX  <b>Question and Answer</b>  <b>3D Modelling of Pelvic Anatomy for Colorectal Cancer and Dynamic Function Simulation</b> Christos Kontovounisios, London, United Kingdom  <b>Question and Answer</b>	5:30 pm 5:32 pm 5:37 pm 5:39 pm 5:44 pm 5:46 pm 5:51 pm 5:53 pm 5:58 pm 6:13 pm 6:15 pm	<b>Next Generation Ostomy Care: The Alfred SmartBag System</b> Samuel Eisenstein, MD, San Diego, CA  <b>Question and Answer</b>  <b>Fluorescence-imagining in Colorectal Surgery: Next Generation and Beyond</b> Roel Hompes, MD, Oxfordshire, United Kingdom  <b>Question and Answer</b>  <b>Robotic Innovations in Colorectal Resection with ICA Using Natural-orifice Techniques</b> Jean-Paul LeFave, MD, Houston, TX  <b>Question and Answer</b>  <b>Go Live with On-Demand Experts: Scaling Surgical Technique Through Collaborative Augmented Reality</b> Nadine Hachach-Haram, MD, London  <b>Question and Answer</b>  <b>Welcome to Verb: Digital Surgery Combining Robotics, Big Data and Machine Learning</b> Eduardo Parra-Davila, MD, Celebration, FL  <b>Question and Answer</b>  <b>Wrap-up</b>  <b>Adjourn</b>
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6:30 – 8:00 pm

HILTON: Hope Ballroom A/B, 3rd Floor

**Residents' Reception**

Open to residents and colorectal program directors only.

Network with colon and rectal surgery program directors and members of the ASCRS Residents Committee to learn more about the specialty and the 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.

**Tuesday, June 4****Meet the Professor Breakfasts**

CME Credit Hours: 1

6:30 – 7:30 am

**Limit: 32 per breakfast • Fee \$50 • Tickets Required • Continental Breakfast**

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

- T-1** HPV-Related Anorectal Disease -  
Case-Based Discussion **SOLD OUT**  
①②  
Room: 10  
Stephen Goldstone, MD, New York, NY  
Mark Welton, MD, Minneapolis, MN
- T-2** Taking Your Research Idea from Concept to Reality  
②④⑥  
Room: 11  
Valentine Nfonsam, MD, Tucson, AZ  
Scott Strong, MD, Chicago, IL

- T-3** Complex Hemorrhoidal Disease  
①② **SOLD OUT**  
Room: 12  
Timothy Ridolfi, MD, Madison, WI  
Massarat Zutshi, MD, Cleveland, OH
- Objective:** At the conclusion of this session, participants should be able to:
1. Describe the procedures and approaches discussed in this session.

**Norman D. Nigro, MD, Research Lectureship**

CME Credit Hours: .75

7:30 – 8:15 am

Room: Grand Ballroom A/B **Spanish Translation****Colorectal Cancer in Patients Under the Age of Fifty**

**James Church, MD**  
Department of Colorectal Surgery,  
Digestive Disease and  
Surgery Institute,  
Cleveland Clinic Foundation  
Cleveland, OH

**Introduction: Ian C. Lavery, MD**

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

**Tuesday, June 4****Symposium**

CME Credit Hours: .75

**Harnessing Social Media to Advance #ColorectalSurgery**

③④⑤⑥

8:15 - 9:00 am

Room: Grand Ballroom A/B **Spanish Translation**

The term 'social media' describes a variety of outlets, including but not limited to Facebook, Twitter, LinkedIn, Instagram, YouTube, blogs, google+, and more. The use of these outlets in medicine has skyrocketed in recent years for a variety of reasons, including education, discussion, networking, outreach, humor, and many others. Hashtags allow posts related to a common theme or topic to be tracked, and the #ColorectalSurgery hashtag has gained significant momentum.

While the benefits of social media continue to expand, many of these are poorly understood by practicing physicians. Furthermore, engaging in social media can be time consuming. It also has a number of possible negative consequences.

This symposium will discuss some of the specifics of how a surgeon can harness the power of social media to all aspects related to #ColorectalSurgery.

The #ColorectalResearch effort is very much in line with the ASCRS Social media committee mission statement, which is: "to assist health care providers with a specific interest in diseases of the colon, rectum and anus to achieve high-quality patient care by providing an interactive venue for discussion, information and education regarding all aspects of colorectal disease utilizing several multimedia platforms in various social media outlets."

**Gap Analysis**

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

**What Should Be:** An in depth understanding of social media and #colorectalsurgery is essential in today's practice of medicine. Colorectal surgeons should understand the advantages (and disadvantages) of this and how it is applicable to daily practice.

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

1. Describe what how #ColorectalSurgery can be used to keep up on the latest research.
2. Recognize how to network with senior faculty using social media.
3. Describe the potential dangers / omissions of social media including conflict of interest disclosure.

**Co-Directors:** Kyle Cologne, MD, Los Angeles, CA  
Sharon Stein, MD, Cleveland, OH

8:15 am	<b>Introduction</b> Kyle Cologne, MD, Los Angeles, CA Sharon Stein, MD, Cleveland, OH
8:17 am	<b>#ColorectalResearch: Using Social Media to Advance the Science</b> Deborah Keller, MD, New York, NY
8:25 am	<b>Networking Through #SoMe: How to Make the Most of Virtual Mentors</b> Govind Nandakumar, MD, Bangalore, India
8:35 am	<b>The European Perspective: How a Structured Approach to Social Media has Changed the World</b> Richard Brady, MD, Newcastle Upon Tyne, United Kingdom
8:45 am	<b>Social Media and Ethics: From Conflict of Interest Disclosure to Promoting Your Own Research - What are the Rules?</b> Nancy Baxter, MD, PhD, Toronto, ON, Canada
9:00 am	<b>Adjourn</b>

**Tuesday, June 4****Symposium**

CME Credit Hours: .75

**Management of Anal Dysplasia****1 2 5 6**

8:15 - 9:00 am

Room: Grand Ballroom C

The incidence of anal cancer is increasing due to rising rates of human papilloma virus (HPV) infection. HPV infection can lead to anal high-grade squamous intraepithelial lesions (HSIL) that can be identified with high-resolution anoscopy (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, HSIL, 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 with or without HSIL treatment.

**Gap Analysis**

**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 HSIL and use of HRA. They are unaware or have misconceptions related to results of treatment of anal HSIL in preventing cancer.

**What Should Be:** Colon and rectal surgeons should have a thorough understanding of anal dysplasia. Even if surgeons do not believe in treatment of HSIL to prevent cancer they must understand the most recent data and how treatment can be accomplished utilizing multiple modalities. If the surgeon does not want to perform HRA they can utilize ancillary clinicians with proper training to fill this need.

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

1. Explain the most recent data regarding anal dysplasia treatment versus observation.
2. Identify treatment options for anal HSIL.
3. Recall the role of advanced practice clinicians in a surgical clinical practice.
4. Identify how to recognize possible atypical presentation of anal cancer and dysplasia.

**Co-Directors:** **Stephen Goldstone, MD, New York, NY**  
**Naomi Jay, RN, NP, PhD, San Francisco, CA**

8:15 am	<b>Introduction to the Symposium and the Most Recent Data on Treatment and Expectant Management of HSIL to Prevent Anal Cancer</b> Stephen Goldstone, MD, New York, NY
8:25 am	<b>HRA Guided Ablative Therapy for Anal HSIL</b> Stephen Goldstone, MD, New York, NY
8:30 am	<b>Topical Therapy for Treatment of Anal Dysplasia</b> Naomi Jay, RN, NP, PhD, San Francisco, CA
8:40 am	<b>Atypical Presentation of Cancer and Anal Dysplasia</b> Joseph Terlizzi, Jr., MD, New York, NY
8:45 am	<b>Utilization of Advanced Practice Clinicians in Management of Anal Dysplasia</b> Naomi Jay, RN, NP, PhD, San Francisco, CA
8:50 am	<b>Questions</b> All Faculty
9:00 am	<b>Adjourn</b>

**Refreshment Break and E-poster Presentations in Exhibit Hall C**

9:00 - 9:30 am

Schedule of E-poster presentations see pages 121-163

## Tuesday, June 4

## Abstract Session

CME Credit Hours: 1.25

## Neoplasia II

①②

9:30 – 10:45 am

Room: 26A-C

Co-Moderators: Evie Carchman, MD, Madison, WI  
David Dietz, MD, Cleveland, OH

9:30 am Introduction

Evie Carchman, MD, Madison, WI  
David Dietz, MD, Cleveland, OH

9:35 am **T1** Reproducibility and Diagnostic Accuracy of Endoscopic Tumor Response Assessment After Neoadjuvant Therapy for Distal Rectal Adenocarcinoma: On Behalf of the OPRA Trial Consortium  
S. Felder<sup>\*1</sup>, S. Patil<sup>2</sup>, J. Garcia Aguilar<sup>2</sup>; <sup>1</sup>Tampa, FL, <sup>2</sup>New York, NY

9:39 am Discussion

9:41 am **T2** Exophytic Condyloma: As Benign As We Think?  
S. Jochum<sup>\*1</sup>, W. Tian<sup>1</sup>, T. Saclarides<sup>1</sup>, J. Favuzza<sup>1</sup>, A.R. Bhama<sup>1</sup>, J. Poirier<sup>1</sup>, S. Jakate<sup>1</sup>, D. Hayden<sup>1</sup>; <sup>1</sup>Chicago, IL

9:45 am Discussion

9:47 am **T3** Who Should Get Lateral Pelvic Lymph Node Dissection After Neoadjuvant Chemoradiation?  
S. Malakorn<sup>\*1</sup>, B.K. Bednarski<sup>1</sup>, Y. You<sup>1</sup>, G.J. Chang<sup>1</sup>; <sup>1</sup>Houston, TX

9:51 am Discussion

9:53 am **T4** Prediction of Colorectal Cancer Recurrence Can Be Improved Using an Artificial Neural Network Versus Standard Statistical Method: Initial Investigation Using Clinical Data of a Single Tertiary Hospital  
S. Park<sup>\*1</sup>, D. Kwon<sup>1</sup>, J. Park<sup>1</sup>, H. Kim<sup>1</sup>, G. Choi<sup>1</sup>, M. Lee<sup>1</sup>; <sup>1</sup>Daegu, Korea (the Republic of)

9:57 am Discussion

9:59 am

**T5** How Often Do Pathology Reports for Malignant Colorectal Polyps Contain Sufficient Information for Colorectal Surgeons to Make Clinic

T. Gimon<sup>\*1</sup>, M.A. Dykstra<sup>1</sup>, W.D. Buie<sup>1</sup>,  
T. MacLean<sup>1</sup>; <sup>1</sup>Calgary, AB, Canada

10:03 am

Discussion

10:05 am

**T6** Colorectal Cancers African Americans: A Unique Pattern of Molecular Origins  
T. Hassab<sup>\*1</sup>, J. Church<sup>1</sup>, M. Kalady<sup>1</sup>; <sup>1</sup>Cleveland, OH

10:09 am

Discussion

10:11 am

**T7** Evolution of Cytoreductive Surgery and HIPEC for Colorectal Peritoneal Metastases: 8-Year Single Institutional Experience  
V. Narasimhan<sup>\*1</sup>, T. Pham<sup>1</sup>, R. Ramsay<sup>1</sup>, S. Warrior<sup>1</sup>, A. Heriot<sup>1</sup>; <sup>1</sup>Melbourne, Victoria, Australia

10:15 am

Discussion

10:17 am

**T8** Is Adjuvant Chemotherapy Beneficial for Patients with Locally Advanced Rectal Cancer Who Have Achieved a Complete Pathological Response?  
S. Hunter-Smith<sup>\*1</sup>, M. Liang<sup>2</sup>, I. Hayes<sup>1</sup>, J. Liang<sup>1</sup>; <sup>1</sup>Parkville, Victoria, Australia, <sup>2</sup>Kampong Java, Singapore

10:21 am

Discussion

10:23 am

**T9** Adjuvant Chemotherapy Does Not Affect Relapse-Free Survival in Patients with Stage II & III Rectal Cancer after Neoadjuvant Chemoradiation & Total Mesorectal Excision  
R. Voss<sup>1</sup>, M.T. Roper<sup>\*1</sup>, J.C. Lin<sup>1</sup>, J.H. Ruan<sup>1</sup>, M. Tam<sup>1</sup>, M. Sherman<sup>1</sup>, M.H. Al-Temimi<sup>1</sup>, W. Tseng<sup>1</sup>, D. Klaristenfeld<sup>1</sup>, M.J. Tomassi<sup>1</sup>; <sup>1</sup>San Diego, CA

10:27 am

Discussion

Tuesday, June 4

## Neoplasia II (continued)

10:29 am **T10 Venous Thromboembolism (VTE) in Colon Cancer: A Population-based Cohort Study of VTE Rates Following Surgery and During Adjuvant Chemotherapy**  
S.V. Patel<sup>1</sup>, L. Zhang<sup>\*1</sup>, S. Wei<sup>1</sup>, S. Merchant<sup>1</sup>, S. Nanji<sup>1</sup>, P.D. James<sup>1</sup>, C.M. Booth<sup>1</sup>;  
<sup>1</sup>Kingston, ON, Canada

10:33 am Discussion

10:35 am Question and Answer

10:45 am Adjourn

Tuesday, June 4

Symposium

CME Credit Hours: 1.25

## Avoiding Burnout and Achieving Optimal Work-Life Balance

①③④⑤

9:30 - 10:45 am

Room: Grand Ballroom A/B

Spanish Translation

Physician burnout is a critical problem facing the healthcare system in the United States. A recent study showed an increased rate of physician burnout with 54% of physicians reporting at least one symptom of burnout in 2014 compared with 45.5% in 2011 (Shanafelt et al.). Physician burnout has been linked with higher rates of medical errors, poor patient experience, inefficiencies in care and provider attrition. A survey of nearly 7,000 U.S. physicians, published in 2016 reported that one in 50 planned to leave medicine altogether in the next two years, while one in five planned to reduce clinical hours over the next year. Hospitals, academic medical centers and health systems are increasingly engaged as the “cost” of provider burnout is significant as is the negative impact it can have on local culture. Several solutions to burnout have been suggested including establishing an environment conducive to a healthy work-life balance, reducing administrative burdens, and increasing physician engagement and leadership. This session will focus on framing the issue of physician burnout as well as identify national efforts designed to achieve ideal work-life balance.

## Gap Analysis

**What Is:** Many physicians fail to recognize the negative impact of stress, exhaustion, and isolation on their personal well-being and professional performance. Many more feel powerless to affect changes to optimize their career satisfaction and prevent burnout.

**What Should Be:** Physicians should be able to recognize when barriers exist to achieving optimal performance and job satisfaction, and how these can lead to burnout. Physicians should have strategies to affect change in their personal and professional lives to prevent burnout and increase job satisfaction and performance.

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

1. Recognize the symptoms and adverse consequences of burnout among healthcare providers.

2. Describe how personal values, local work environment, and national healthcare culture contribute to the development of physician burnout.
3. Describe strategies at the personal, institutional, and national level to prevent physician burnout.
4. Explain the positive and negative implications of the term “work-life balance.”
5. Describe how personal happiness and a sense of meaning affect job satisfaction.

**Co-Directors:** **W. Conan Mustain, MD**, Little Rock, AR  
**Sonia Ramamoorthy, MD**, San Diego, CA

9:30 am **Introduction**  
W. Conan Mustain, MD, Little Rock, AR  
Sonia Ramamoorthy, MD, San Diego, CA

9:35 am **Understanding Burnout**  
Robert W. Beart, Jr., MD, Crystal Bay, NV

9:55 am **It's About More Than Resilience**  
James Merlino, MD, Chicago, IL

10:15 am **Creating the Life in Medicine that You Want**  
Nisha Mehta, MD, Charlotte, NC

10:35 am Panel Discussion

10:45 am Adjourn

Tuesday

**Tuesday, June 4****Symposium**

CME Credit Hours: 1.25

MOC Credit Hours: 1.25

**My Microbiome Made Me Do It****1 2 6****9:30 - 10:45 am****Room: Grand Ballroom C**

New technology has driven major advances in our understanding and delineation of the microbiome. Dysbiosis has been implicated in the pathogenesis of IBD, the development and metastatic potential of colorectal cancer and the causation of anastomotic leak. This symposium will explore these exciting and rapidly evolving areas and will help those attending separate the hype from the science.

**Gap Analysis**

**What Is:** There are major gaps in the knowledge base of colorectal surgeons regarding the role of the microbiome in health and disease.

**What Should Be:** Colorectal surgeons should have an understanding of evolving concepts and data.

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

1. Describe the potential role of the microbiome in the causation of anastomotic leak.
2. Recognize emerging concepts in the role of the microbiome in the development and metastatic potential of colorectal cancer.
3. Explain the potential role of dysbiosis in the pathogenesis of IBD and C difficile disease.

**Co-Directors:** **Nancy Baxter, MD, PhD**, Toronto, ON, Canada  
**Neil Hyman, MD**, Chicago, IL

9:30 am	<b>Introduction</b> Nancy Baxter, MD, PhD, Toronto, ON, Canada Neil Hyman, MD, Chicago, IL
9:35 am	<b>The Human Microbiome in Health and Disease</b> Heidi Nelson, MD, Rochester, MN
9:45 am	<b>Role of the Microbiome in the Pathogenesis of Anastomotic Leak</b> Benjamin Shogan, MD, Chicago, IL
9:55 am	<b>How Does the Microbiome Influence the Development and Metastatic Potential of Colorectal Cancer?</b> Sara Gaines, MD, Chicago, IL
10:05 am	<b>Evolving Concepts in C Dificile Colitis</b> David Stewart Sr., MD, Tucson, AZ
10:15 am	<b>Panel</b>
10:45 am	<b>Adjourn</b>





Tuesday, June 4

**Masters in Colorectal Surgery Lectureship Honoring Ian C. Lavery, MD**

CME Credit Hours: .75

10:45 - 11:30 am

Room: Grand Ballroom A/B

Spanish Translation

**How to Build a Prestigious Career**

**Tracy Hull, MD, FACS, FASCRS**  
 Professor of Surgery  
 Cleveland Clinic Lerner College of Medicine of Case Western Reserve University  
 Department of Colon and Rectal Surgery  
 The Cleveland Clinic Foundation  
 Cleveland, Ohio

Introduction: Conor Delaney, MD, PhD

The Masters in Colorectal Surgery Lectureship honors a different surgeon each year who has made a considerable contribution to the specialty and to the Society. The 2019 lectureship honors Ian C. Lavery, MD.

**Complimentary Box Lunch and E-Poster Presentations in Exhibit Hall C**

11:30 am - 1:00 pm

Schedule of E-poster presentations see pages 121-163

**Women in Colorectal Surgery Luncheon**

11:30 am - 1:00 pm

HILTON: Superior Ballroom D, 5th Floor

Fee: \$30 • Registration Required

Supported by Johnson &amp; Johnson (Ethicon)

The Women's Luncheon offers an opportunity for women to renew friendships and make new contacts. Female surgeons, residents and medical students attending the Annual Meeting are welcome. Trainees are particularly encouraged to attend as the Women's Luncheon provides an opportunity to meet experienced colon and rectal surgeons from a variety of settings.

**Memorial Lectureship Honoring Philip H. Gordon, MD**

CME Credit Hours: .75

1:00 - 1:45 pm

Room: Grand Ballroom A/B

Spanish Translation

**Colorectal Cancer Screening. Is 40 the New 50?**

**Carol Ann Vasilevsky, MD**  
 Chief Division of Colon & Rectal Surgery  
 Jewish General Hospital  
 Montreal Quebec  
 Canada

Introduction: David Beck, MD

This lectureship honors a recently deceased, high-ranking member of the society, and is selected by the ASCRS Executive Council.

## Tuesday, June 4

Abstract Session

CME Credit Hours: 1.5

## General Surgery Forum

①②

1:45 – 3:15 pm

Room: 26A-C

Co-Moderators: Russell Farmer, MD, Louisville, KY  
Laila Rashidi, MD, Galveston, TX

1:45 pm

## Introduction

Russell Farmer, MD, Louisville, KY  
Laila Rashidi, MD, Galveston, TX

1:50 pm

**GS1** What Are the Contributions of  
Tumor Location, Site of Metastases, and  
KRAS status to Prognosis in Colorectal  
Cancer Patients with Isolated Liver or  
Lung Metastases?

P.M. Cavallaro<sup>\*1</sup>, G. Lee<sup>1</sup>, C. Stafford<sup>1</sup>, J. Clark<sup>1</sup>,  
J. Cusack<sup>1</sup>, R. Ricciardi<sup>1</sup>; <sup>1</sup>Boston, MA

1:54 pm

## Discussant

Monica Zipple, MD, Pontiac Michigan

1:56 pm

## Question and Answer

1:58 pm

**GS2** Colon Preservation Utilizing Advanced  
Endoscopic Techniques for Management of  
Complex Polyps

C. Wickham<sup>\*1</sup>, J. Wang<sup>1</sup>, K.L. Mirza<sup>1</sup>,  
E. Noren<sup>1</sup>, J. Shin<sup>1</sup>, S. Lee<sup>1</sup>, K. Cologne<sup>1</sup>; <sup>1</sup>South  
Pasadena, CA

2:02 pm

## Discussant

Michelle Tomasa Roper, MD, San Diego, CA

2:04 pm

## Question and Answer

2:06 pm

**GS3** Systematic Review and Meta-analysis on  
Colorectal Cancer Findings on Colonoscopy  
after CT-confirmed Acute Diverticulitis

C. Koo<sup>\*1</sup>, J. Chang<sup>1</sup>, N. Syn<sup>1</sup>, L. Wee<sup>1</sup>,  
R. Mathew<sup>1</sup>; <sup>1</sup>Singapore, Singapore

2:10 pm

## Discussant

Ada Grahma, MD, Washington, DC

2:12 pm

## Question and Answer

2:14 pm

**GS4** Postoperative Complications  
Following Sacral Nerve Stimulation for Fecal  
Contenance: Are There Any Risk Factors?

S. Qureshi<sup>1</sup>, Y. Hong<sup>1</sup>, W. Hassaballa<sup>1</sup>,  
H. Liang<sup>1</sup>, T. Hull<sup>2</sup>, M. Zutshi<sup>2</sup>, S.D. Wexner<sup>\*1</sup>,  
G. da Silva-southwick<sup>1</sup>; <sup>1</sup>Weston, FL,  
<sup>2</sup>Cleveland, OH

2:18 pm

## Discussant

Alex Ky, MD, New York, NY

2:20 pm

## Question and Answer

2:22 pm

**GS5** Resident Attitudes Towards the Role of  
Robotic Surgery and the Implementation of  
an Elective Robotic Surgery Curriculum

V.M. Baratta<sup>\*1</sup>, D. Heller<sup>1</sup>, H. Einarsdottir<sup>1</sup>;  
<sup>1</sup>New Haven, CT

2:26 pm

## Discussant

Ashley Hill, MD, Pittsburgh, PA

2:28 pm

## Question and Answer

2:30 pm

**GS6** Injury Characteristics and Outcomes of  
Patients with Inflammatory Bowel Disease  
after Trauma: A Propensity Score Matched  
Analysis

B.E. Haac<sup>\*1</sup>, A. Nemirovsky<sup>1</sup>, W.A. Teeter<sup>2</sup>,  
A. Geyer<sup>3</sup>, R.K. Cross<sup>1</sup>, D.M. Stein<sup>1</sup>, A.C.  
Bafford<sup>1</sup>; <sup>1</sup>Baltimore, MD, <sup>2</sup>Chapel Hill, NC,  
<sup>3</sup>Wright-Patterson AFB, OH

2:34 pm

## Discussant

Lily Saadat, MD, Boston, MA

2:36 pm

## Question and Answer

2:38 pm

**GS7** Redo Ileal Pouch Anal Anastomosis  
after a Failed Pouch in Patients with  
Crohn's Disease: Is it Worth Trying?

O.A. Lavryk<sup>\*1</sup>, L. Stocchi<sup>1</sup>, S. Shawki<sup>1</sup>,  
A.C. Aiello<sup>1</sup>, J. Church<sup>1</sup>, S. Steele<sup>1</sup>, T. Hull<sup>1</sup>;  
<sup>1</sup>Cleveland, OH

2:42 pm

## Discussant

Olga A Lavryk, MD, Cleveland, OH

Tuesday, June 4

**General Surgery Forum** (continued)

- |         |   |         |  |
|---------|---|---------|--|
| 2:44 pm | Question and Answer   | 2:54 pm | <b>GS9</b> Characteristics of Patients Seeking Second Opinions at a Multidisciplinary Colorectal Cancer Clinic<br>A.C. De Roo <sup>*1</sup> , A.M. Morris <sup>2</sup> , J. Vu <sup>1</sup> , A.D. Schuman <sup>1</sup> , K. Abbott <sup>1</sup> , P. Kandagatla <sup>1</sup> , K. Hardiman <sup>1</sup> , S. Hendren <sup>1</sup> ; <sup>1</sup> Ann Arbor, MI, <sup>2</sup> Stanford, CA |
| 2:46 pm | <b>GS8</b> Surgical Morbidity is Impacted by Alterations in Body Fat Distribution Associated with Neoadjuvant Chemoradiation for Locally Advanced Rectal Cancer<br>L. Hendrick <sup>*1</sup> , V. Lippuner <sup>1</sup> , T. Speaks <sup>1</sup> , T. Scharr <sup>1</sup> , A. Fleming <sup>1</sup> , W. Guerrero <sup>1</sup> , E.S. Glazer <sup>1</sup> , A. Dyer <sup>1</sup> , D. Shibata <sup>1</sup> ; <sup>1</sup> Memphis, TN | 2:58 pm | <b>Discussant</b><br>Miquell Miller, MD, Stanford, CA  |
| 2:50 pm | <b>Discussant</b><br>Austin Cannon, MD, Salt Lake City, UT  | 3:00 pm | <b>Question and Answer</b>   |
| 2:52 pm | <b>Question and Answer</b>  | 3:02 pm | <b>Question and Answer for All Abstract Presenters</b>   |
|         |   | 3:15 pm | <b>Adjourn</b>   |

Tuesday



**Tuesday, June 4**

**Symposium**

**CME Credit Hours: 1.5**

## **Advanced Endoscopy/Intraluminal Surgery: Raising the Bar for Detection and Non-Resectional Management of Advanced Polyps**

**1 2 5 6**

**1:45 - 3:15 pm**

**Room: Grand Ballroom C**

Colorectal cancer is preventable in many cases if the precursor lesion is detectable and removable. Standard colonoscopic polypectomy techniques are used for the removal of the majority of polyps but are inadequate for larger polyps or those in difficult to reach locations. Several new technologies have enhanced the ability of the endoscopist to detect, evaluate and remove polyps safely, thus obviating the need for colectomy in certain instances. Included in these newer techniques are chromoendoscopy, endoscopic mucosal dissection (EMR), endoscopic submucosal dissection (ESD), over-the-scope assist devices, and endoluminal closure devices. This session is designed to introduce colorectal surgeons to current and developing techniques and technology for these procedures and guide them in the appropriate selection of neoplasms for such treatments.

### **Gap Analysis**

**What Is:** There is a lack of familiarity and/or comfort with the alternative techniques that are available for the treatment of advanced polyps, leading to a substantial number of polyps being treated by colectomy that could potentially be amenable to removal by ESD or EMR.

**What Should Be:** Surgeons who perform colonoscopy should be adept at (or at least familiar with) alternative methods for treating difficult colonic polyps, in order to minimize both the need for colectomy as well as the risk of morbidity related to polypectomy.

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

1. Select appropriate techniques for increasing polyp detection and characterization.
2. Determine which polyps are suitable for EMR or ESD.
3. Select a technique for defect closure after polypectomy if needed.
4. Describe the role for a combined laparoscopic and endoscopic approach.

**Co-Directors:** **Kelley Garrett, MD, New York, NY**  
**Charles Whitlow, MD, New Orleans, LA**

1:45 pm

### **Introduction**

Kelley Garrett, MD, New York, NY  
Charles Whitlow, MD, New Orleans, LA

1:50 pm

**Hide and Seek: Advanced Endoscopic Imaging for Detection of Polyps and Dysplasia**  
Shamita Shah, MD, New Orleans, LA

2:00 pm

**Endoscopic Mucosal Resection - More Than Just a Snare**  
Matt Zelhart, MD, New Orleans, LA

2:10 pm

**Digging In - Endoscopic Submucosal Dissection**  
I. Emre Gorgun, Cleveland, OH

2:20 pm

**Endoscopic Assist Devices - Lending a Hand**  
Jennifer Hrabe, Iowa City, IA

2:30 pm

**That's a Big Hole, Now What?? Endoscopic Closure Devices**  
Jeffrey Milsom, New York, NY

2:40 pm

**Considering Both Sides: Combined Endoscopic and Laparoscopic Surgery**  
Sang Lee, MD, Los Angeles, CA

2:50 pm

**Panel Discussion**

3:15 pm

**Adjourn**

Tuesday, June 4

Symposium

CME Credit Hours: 1.5

**Enhancing the Physician Patient Relationship**

①③④⑤⑥

1:45 – 3:15 pm

Room: Grand Ballroom A/B Spanish Translation

The relationship between the patient and surgeon is held sacred. Patients enter the healthcare system at the most vulnerable time of their lives, and they experience a variety of emotions, including uncertainty and fear. Patients given a diagnosis with an associated ominous prognosis may develop secondary diagnoses such as clinical depression and anxiety disorders. Communication lapses may lead to significant confusion regarding diagnosis, treatment, and follow-up care. Patients rely on physicians and other providers for clarity, reassurance, and support. Physicians, surgeons in particular, have an outstanding opportunity to deliver compassion, empathy, and hope to assist patients and their families in their journey to navigate the healthcare labyrinth.

At the heart of the physician-patient relationship is effective communication. Like any other skill set in medicine, effective communication is something that can be learned, improved, and maintained. Individuals who gain admission into medical school, complete training and begin surgical practice cannot be presumed to possess good communication skills.

Good communication enhances the physician-patient relationship and includes more than just empathy and compassion. There is compelling evidence that good communication skills: improve quality and safety, enhances patient satisfaction, and may ultimately reduce physician burn-out.

**Gap Analysis**

**What Is:** The delivery of high quality, safe healthcare with empathy and compassion is the goal of every healthcare organization and physician. In today's complex and changing world of healthcare delivery, our ability to successfully meet this goal is increasingly challenged. Physicians are required to manage more regulation, increased disease complexity, rising consumerism, and the demand for higher productivity. There is limited information to understand how to improve personal development, including communication skills, in order to enhance the physician-patient relationship.

**What Should Be:** Physicians should have access to information and educational materials to improve their communication skills and therefore better manage patient encounters and enhance the physician-patient relationship.

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

1. Describe the key components of effective communication.
2. Recognize how enhanced communication skills may improve surgical teamwork as well as improve the physician-patient relationship.
3. Apply communication skills to improve specific situational experiences of the physician-patient relationship.
4. Describe how the improved patient care experience increases quality and safety.

**Co-Directors:** William Cirocco, MD, Columbus, OH  
James Merlino, MD, Chicago, IL

1:45 pm	<b>Introduction and Patient Experience: It's Not About Happiness</b> James Merlino, MD, Chicago, IL
1:55 pm	<b>Why is this Important to Physicians?</b> Melissa Times, MD, Cleveland, OH
2:05 pm	<b>Critical Skills for Relationship Centered Care</b> Laura Cooley, PhD, Lexington, KY
2:15 pm	<b>Leveraging Teamwork to Improve the Care of Patients</b> Kim Pyles, FACHE, New Orleans, LA
2:25 pm	<b>Navigating 'turbulence' in the Physician-Patient Relationship: Prepare for the Negative the Physician-Patient Relationship</b> William Cirocco, MD, Columbus, OH
2:35 pm	<b>Effective Conflict Resolution</b> Mariana Berho, MD, Hollywood, FL
2:45 pm	<b>Panel Discussion</b>
3:15 pm	<b>Adjourn</b>

**Refreshment Break in Grand Ballroom Foyer**

3:15 – 3:30 pm

**Tuesday, June 4**

3:30 – 4:30 pm

Room: Grand Ballroom A/B **Spanish Translation****ASCRS Annual Business Meeting and State of the Society Address**

All registrants are invited to attend the Society's Annual Business Meeting to hear reports on Society initiatives and approve proposed nominees for Fellowship and Honorary Fellowship. Outgoing ASCRS President, Dr. David Margolin, will present a State of the Society Address and honor this year's award recipients.

- I. Call to Order – Dr. David A. Margolin
- II. Approval of 2018 Business Meeting Minutes – Dr. David A. Margolin
- III. Memorials – Dr. Thomas Read
- IV. Treasurer's Report – Dr. Conor P. Delaney
- V. Scientific Program Report – Dr. Brian Kann
- VI. DC&R Editor-in-Chief Report – Dr. Susan Galandiuk
- VII. Barton Hoexter Best Video Award – Dr. David A. Margolin
- VIII. Research Foundation Report – Dr. Scott Strong
- IX. Recognition of Question Writers – Dr. Tracy Hull
- X. Election and Elevations of Members – Dr. David A. Margolin
- XI. State of the Society Address – Dr. David A. Margolin
- XII. Nominating Committee Report – Dr. Charles Littlejohn
- XIII. New Business – Dr. David A. Margolin
- XIV. Introduction of New President
- XV. Next Meeting – June 6-10, 2020, Hynes Convention Center, Boston, MA
- XVI. Adjournment

Tuesday, June 4

Symposium

CME Credit Hours: 1

## Drinks and Disputes: The After Hours Debates

①②

4:30 - 5:30 pm

Room: Grand Ballroom A/B

Spanish Translation

### Debate I: What is the Optimal Sphincter-Sparing Option for Fistula-in Ano?

4:30 - 5:00 pm

### Debate II: Do anti-TNF Agents and Other Biologics Increase the Risk of Complication in Operations for Inflammatory Bowel Disease?

5:00 - 5:30 pm

Fistula-in-ano presents as one of the most common anorectal diseases encountered by the colorectal surgeon. Symptoms of pain and drainage lead patients to seek medical attention. Treatment failures and associated morbidities cause frustration for the patient and the surgeon. Obliteration of the internal opening has long been held as the key to resolution of a fistula caused by cryptoglandular infection. Numerous ways to accomplish this end have been described and include: 1) unroofing the entire tract and openings (fistulotomy), 2) occlusion of the tract and opening with a collagen plug, 3) occlusion of the opening alone (rectal mucosal or full-thickness flap), and 4) transection of the tract near its origin (ligation of the intersphincteric fistula tract [LIFT]). A variety of factors impact the selection of which treatment is appropriate to the individual patient. Unfortunately, our knowledge as surgeons suffers from the lack of quality research comparing one treatment modality with another.

A partial or full-thickness rectal flap can be created and used to cover the internal opening of an anal fistula. Success rates with this method range from 60 to 90% with no or minor effects on continence. Failures seem to be most associated with flap ischemia or involvement by Crohn's disease. The LIFT procedure is a relatively recent addition to the surgeon's options for treatment of anal fistulas. As such there is only preliminary data available which shows fistula healing rates of 60 to 80% with no adverse effects on continence.

The decision as to which of the available treatment is appropriate for the individual patient depends on patient factors, fistula anatomy and etiology, and the risk/benefit profile of the treatment. A thorough understanding of these factors is essential to high quality outcomes in the treatment of anal fistulas.

Do anti-TNF Agents and Other Biologics Increase the Risk of Complication in Operations for Inflammatory Bowel Disease?

Remicade was first approved by the FDA in 2005 for the treatment of inflammatory bowel disease, and several other agents have been developed since then. Despite the fact that these agents can be very effective in the treatment of Crohn's disease and ulcerative colitis, many patients will still ultimately require surgical intervention.

Several studies have demonstrated worse surgical outcomes in patients being treated with these medications, while other studies have found no difference. This has led some surgeons to favor staged procedures in patients with ulcerative colitis and more judicious use of diverting stomas in patients with Crohn's disease.

#### Gap Analysis

##### What is:

**Debate I:** There are various sphincter-sparing treatment options for the treatment of anal fistulas, however it is unclear which option is optimal in which clinical situation.

**Debate II:** Anti-TNF agents and biologics are commonly used on patients with inflammatory bowel disease who ultimately require surgical intervention, however it is not clear if they increase surgical complications or not.

##### What should be:

**Debate I:** Surgeons will understand the indications, success rates, and complications of the treatments available for anal fistulas.

**Debate II:** Surgeons will understand the optimal surgical treatment of patients with inflammatory bowel disease who are currently treated with anti-TNF agents and other biologics.

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

1. Describe the different treatment modalities available for anal fistula
2. Develop an algorithm for the management of different types of anal fistula
3. Explain the risks of surgical intervention in patients treated with anti-TNF and other biologic agents

**Director:** Bradley Champagne, MD, Cleveland, OH

Tuesday, June 4

**Debate I: What is the Optimal Sphincter-Sparing Option for Fistula-in Ano?** (continued)

4:30 – 5:00 pm

Room: Grand Ballroom A/B Spanish Translation

4:30 pm	<b>Introduction</b> Bradley Champagne, MD, Cleveland, OH	4:49 pm	<b>Rebuttal The LIFT Procedure is the Optimal Treatment of Anal Fistula</b> Peter Cataldo, MD, Burlington, VT
4:35 pm	<b>The LIFT Procedure is the Optimal Treatment of Anal Fistula</b> Peter Cataldo, MD, Burlington, VT	4:52 pm	<b>Rebuttal Endorectal Advancement Flap is the Optimal Treatment of Anal Fistula</b> Juan Nogueras, MD, Weston, FL
4:39 pm	<b>Endorectal Advancement Flap is the Optimal Treatment of Anal Fistula</b> Juan Nogueras, MD, Weston, FL	5:00 pm	<b>Concluding Remarks</b> Bradley Champagne, MD, Cleveland, OH
4:43 pm	<b>Rebuttal The LIFT Procedure is the Optimal Treatment of Anal Fistula</b> Peter Cataldo, MD, Burlington, VT		
4:46 pm	<b>Rebuttal Endorectal Advancement Flap is the Optimal Treatment of Anal Fistula</b> Juan Nogueras, MD, Weston, FL		

**Debate II: Do anti-TNF Agents and Other Biologics Increase the Risk of Complication in Operations for Inflammatory Bowel Disease?**

5:00 – 5:30 pm

5:00 pm	<b>Introduction</b> Bradley Champagne, MD, Cleveland, OH	5:16 pm	<b>Rebuttal Anti-TNF Agents/Biologics DO NOT Increase the Risk of Surgical Complications</b> Amy Lightner, MD, Cleveland, OH
5:05 pm	<b>Anti-TNF Agents /Biologics DO Increase the Risk of Surgical Complications</b> Phillip Fleshner, MD, Los Angeles, CA	5:19 pm	<b>Rebuttal Anti-TNF Agents /Biologics DO Increase the Risk of Surgical Complications</b> Phillip Fleshner, MD, Los Angeles, CA
5:09 pm	<b>Anti-TNF Agents/Biologics DO NOT Increase the Risk of Surgical Complications</b> Amy Lightner, MD, Cleveland, OH	5:22 pm	<b>Rebuttal</b> Amy Lightner, MD, Cleveland, OH
5:13 pm	<b>Rebuttal Anti-TNF Agents /Biologics DO Increase the Risk of Surgical Complications</b> Phillip Fleshner, MD, Los Angeles, CA	5:25 pm	<b>Concluding Remarks</b> Bradley Champagne, MD, Cleveland, OH
		5:30 pm	<b>Adjourn</b>



**ASCRS Fellowship Reception**

Tuesday, June 4, 5:30 pm - 6:30 pm

HILTON-Hope Ballroom A/B/C, 3rd FL

*Supported by Olympus America Inc.***ASCRS Blues Fest- Farewell Reception**

Tuesday, June 4, 6:30 - 8:00 pm

*Supported by TransEnterix, Inc.*

**ASCRS Blues Fest- Farewell Reception** will feature Blues inspired Hors' devours, drinks and some great entertainment. There is no additional cost for a ticket for full-paying Members and Fellows. Members/Fellows must indicate whether they want to attend the event when registering for the meeting. All other registration categories must purchase a ticket. The cost for additional tickets is \$150 per ticket.

Wednesday, June 5

## Meet the Professor Breakfasts

CME Credit Hours: 1

7:00 – 8:00 am

Limit: 32 per breakfast • Fee \$50 • Tickets Required • Continental Breakfast

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

### W-1

Managing Pouch Complications

①③

Room: 10

Juan Nogueras, Weston, FL

Skandan Shanmugan, MD, Philadelphia, PA

### W-2

Coding/Billing

**SOLD OUT**

①④⑤

Room: 11

Steven Sentovich, MD, Duarte, CA

Guy R. Orangio, MD, New Orleans, LA

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

1. Describe the procedures and approaches discussed in this session.

**Wednesday, June 5****Symposium**

CME Credit Hours: 1

**Coffee and Controversies****①②③④⑤⑥**

7:00 – 8:00 am

Room: Grand Ballroom A/B **Spanish Translation****Debate #1: Long Course Chemoradiation vs. Short Course for Locally Advanced Rectal Cancer**

7:00 – 7:30 am

**Debate #2: Elective Colectomy for Complicated Diverticulitis**

7:30 – 8:00 am

While both Europeans and American have access to the same large prospective studies, the two continents have dramatically different approaches to the delivery of neoadjuvant radiation therapy for rectal cancer. Short course radiation is the preferred treatment in the majority of European countries, while long course chemoradiation is the norm in the United States. Recent changes in the NCCN guidelines have allowed for the use of short course therapy, yet most institutions have been resistant to adoption of this modality. As bundled care looms on the horizon, the payors may drive the neoadjuvant regimen in the future.

With improved diagnostic imaging, interventional techniques and antimicrobial therapy, non-operative treatment of complicated diverticulitis has become feasible. Current recommendations still require elective sigmoid resection for patients with complicated disease. Some studies now suggest that it may be possible to manage these patients expectantly. The risks of surgery must be weighed against the quality of life and risk of catastrophic recurrent attacks.

Through instructional debate, national experts on these subjects will present the data to support their arguments and refute those of their opponent.

**Gap Analysis**

**What Is:** There is a lack of knowledge about the options for neoadjuvant radiation for rectal cancer and the non-operative options for the elective treatment of complicated diverticulitis.

**What Should Be:** The future will likely mandate for the best treatment that can be obtained the most economically. Data driven knowledge supporting each of these modalities will allow physicians to improve treatment for their patients with locally advanced rectal cancer and diverticulitis.

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

1. Explain the advantages and disadvantages of short and long course neoadjuvant radiation for rectal cancer.
2. Understand how to incorporate short course neoadjuvant radiation into the algorithm for the treatment of rectal cancer.
3. Determine if observation (rather than surgery) is a viable option in the elective treatment of complicated diverticulitis.

Director: Steven Hunt, MD, St. Louis, MO

**Debate I: Long Course Chemoradiation vs. Short Course for Locally Advanced Rectal Cancer**

7:00 – 7:30 am

7:00 am **Long Course Chemoradiation or Short Course: What is the Issue? I Thought This Was Decided**  
Steven Hunt, MD, St. Louis, MO

7:05 am **Long Course is the Tried and True in Neoadjuvant Therapy**  
Martin Weiser, MD, New York, NY

7:14 am **Welcome to the Future: Short Course – Better Learn to Love It**  
Thomas Read, MD, Gainesville, FL

7:23 am **Panel Head to Head**

**Debate II: Elective Colectomy for Complicated Diverticulitis**

7:30 – 8:00 am

7:30 am **Modern Therapy Has Moved the Needle: Do I Still Need to Resect the Colon for Every Abscess?**  
Steven Hunt, MD, St. Louis, MO

7:35 am **The Data is Clear: Elective Colectomy is Indicated After Complicated Diverticulitis**  
Andreas Kaiser, MD, Los Angeles, CA

7:44 am **Don't Automatically Resect for Complicated Disease: The Risk Outweighs the Benefits**  
Jason Hall, MD, Boston, MA

7:53 am **Panel Head to Head**

8:00 am **Adjourn**

## Wednesday, June 5

## Abstract Session

CME Credit Hours: 1.25

## Outcomes

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8:00 – 9:15 am

Room: Grand Ballroom C

Co-Moderators: Jason Hall, MD, Boston, MA  
Debby Keller, MD, New York, NY

8:00 am Introduction

Jason Hall, MD, Boston, MA  
Debby Keller, MD, New York, NY8:05 am **Killingback Award Winner****W1** The Impact of Social Deprivation on Stage of Presentation of Colorectal Cancer in a Western Sydney PopulationE. MacDermid<sup>1</sup>, J. Pasch<sup>1</sup>, K.Y. Fok<sup>1</sup>, L. Pasch<sup>3</sup>, C. Premaratne<sup>1</sup>, K. Kotecha<sup>1</sup>, W. Barto<sup>1</sup>, T. El Khoury<sup>1</sup>; <sup>1</sup>NSW, Australia, <sup>2</sup>Sydney, Australia

8:09 am Discussion

8:11 am **W2** Functional Decline after High Risk Colorectal Procedures in Older AdultsA.C. De Roo<sup>\*1</sup>, Y. Li<sup>1</sup>, P. Abrahamse<sup>1</sup>, S. Regenbogen<sup>1</sup>, P. Suwanabol<sup>1</sup>; <sup>1</sup>Ann Arbor, MI

8:15 am Discussion

8:17 am **W3** The Harmful Association Between Robotic Surgery and Colorectal Cancer Surgery Amongst Frail PatientsB.D. Lo<sup>\*1</sup>, I. Leeds<sup>1</sup>, M. Sundel<sup>1</sup>, S. Gearhart<sup>1</sup>, G. Nisly<sup>1</sup>, B. Safar<sup>1</sup>, C. Atallah<sup>1</sup>, S. Fang<sup>1</sup>; <sup>1</sup>Baltimore, MD

8:21 am Discussion

8:23 am **W4** Low Anterior Resection Syndrome After Transanal Total Mesorectal Excision - A Comparison With The Conventional Top to Bottom ApproachC. Foo<sup>\*1</sup>, W. Law<sup>1</sup>, O. Lo<sup>1</sup>, R. Wei<sup>1</sup>, K. Ng<sup>1</sup>, J.S. Tsang<sup>1</sup>, J. Yip<sup>1</sup>; <sup>1</sup>Hong Kong, Hong Kong

8:27 am Discussion

8:29 am **W5** Impact of the ACA Medicaid Expansion on Rates of Surgery for Diverticulitis in Medicaid Patients: Does Increased Access Result in Increased Utilization?E. Eguia<sup>\*1</sup>, T. Classen<sup>2</sup>, M. Choudhry<sup>1</sup>, M. Singer<sup>1</sup>, J. Eberhardt<sup>1</sup>; <sup>1</sup>Maywood, IL, <sup>2</sup>Chicago, IL

8:33 am Discussion

8:35 am

**W6** Regional Variation in the Utilization of Laparoscopy for the Treatment of Rectal Cancer: The Importance of Fellowship Training SitesJ.E. Springer<sup>\*1</sup>, A. Doumouras<sup>1</sup>, N. Amin<sup>1</sup>, M. Cadeddu<sup>1</sup>, C. Eskicioglu<sup>1</sup>, D. Hong<sup>1</sup>; <sup>1</sup>Hamilton, ON, Canada

8:39 am Discussion

8:41 am

**W7** Predicting Post-operative Complications Following Elective Colorectal Surgery - Clinical Utility of a CRP-based ApproachJ.H. Park<sup>\*1</sup>, J. McGovern<sup>1</sup>, J. Aithie<sup>1</sup>, N. Woodley<sup>1</sup>, L. Moyes<sup>1</sup>, P. Witherspoon<sup>1</sup>; <sup>1</sup>Glasgow, United Kingdom

8:45 am Discussion

8:47 am

**W8** Strategies of Culturally Competent Providers to Mitigate Inequities in Care for Diverse Colorectal Cancer Patients: A Mixed Methods Comparison StudyM. Miller<sup>\*1</sup>, M. Liu<sup>1</sup>, S. Bereknyei Merrell<sup>1</sup>, C. Kin<sup>1</sup>, A.M. Morris<sup>1</sup>; <sup>1</sup>Stanford, CA

8:51 am Discussion

8:53 am

**W9** Opioid Prescriptions after Hemorrhoidectomy: A Need for Evidence Based GuidelinesP. Lu<sup>\*1</sup>, A.C. Fields<sup>1</sup>, R.E. Scully<sup>1</sup>, V.M. Welten<sup>1</sup>, R. Bleday<sup>1</sup>, J. Irani<sup>1</sup>, J. Goldberg<sup>1</sup>, N. Melnitchouk<sup>1</sup>; <sup>1</sup>Boston, MA

8:57 am Discussion

8:59 am

**W10** Does a Colorectal Enhanced Recovery Program Impact Ostomy Related Readmissions?R.H. Hollis<sup>\*1</sup>, T.L. White<sup>1</sup>, M.S. Morris<sup>1</sup>, J.A. Cannon<sup>1</sup>, G. Kennedy<sup>1</sup>, D.I. Chu<sup>1</sup>; <sup>1</sup>Birmingham, AL

9:03 am Discussion

9:05 am

Question and Answer

9:15 am

Adjourn

## Wednesday, June 5

Abstract Session

CME Credit Hours: 1.25

## Education

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8:00 - 9:15 am

Room: 26A-C

Co-Moderating:	Cary Aarons, MD, Philadelphia, PA Howard Ross, MD, Philadelphia, PA	8:26 am	<b>W18</b> Preliminary Validity Evidence for a Novel taTME Transanal Endoscopic Purse String Simulator J.K. Chau <sup>*1</sup> , E. Bilgic <sup>1</sup> , T. Hada <sup>1</sup> , M. Trepanier <sup>1</sup> , H. Naghawi <sup>1</sup> , P. Kaneva <sup>1</sup> , C. Mueller <sup>1</sup> , L. Lee <sup>1</sup> ; <sup>1</sup> Mont-Royal, QC, Canada
8:00	Introduction Cary Aarons, MD, Philadelphia, PA Howard Ross, MD, Philadelphia, PA		
8:05 am	<b>W15</b> Gender Disparities in the Experiences of Colon and Rectal Surgeons A. Person <sup>*1</sup> , A. Easterday <sup>1</sup> , D. Mukkai Krishnamurthy <sup>1</sup> ; <sup>1</sup> Omaha, NE	8:31 am	<b>Discussion</b>
8:10 am	<b>Discussion</b>		
8:12 am	<b>W16</b> What Is The Impact of National Colorectal Cancer Awareness Month on Colonoscopy Screening Rates And Public Interest In Colorectal Cancer? H.J. Pantel <sup>*1</sup> , D.A. Kleiman <sup>1</sup> , J.T. Saraidaridis <sup>1</sup> , A.H. Kuhnen <sup>1</sup> , P.W. Marcello <sup>1</sup> , R. Ricciardi <sup>2</sup> ; <sup>1</sup> Burlington, MA, <sup>2</sup> Boston, MA	8:38 am	<b>Discussion</b>
8:17 am	<b>Discussion</b>		
8:19 am	<b>W17</b> Trainee Participation in Screening Colonoscopies: How Does it Impact Quality? I. Sapci <sup>*1</sup> , A.C. Aiello <sup>1</sup> , T. Hassab <sup>1</sup> , E. Gorgun <sup>1</sup> , T. Hull <sup>1</sup> , B.J. Champagne <sup>1</sup> , S.R. Steele <sup>1</sup> , M.A. Valente <sup>1</sup> ; <sup>1</sup> Cleveland, OH	8:40 am	<b>W19</b> Colon and Rectal Surgery Robotic Training Programs: An Evaluation of Gender Disparities K. Foley <sup>*1</sup> , K.M. Izquierdo <sup>1</sup> , M. von Muchow <sup>2</sup> , A. Ferrara <sup>1</sup> , R. Mueller <sup>1</sup> , A. Bastawrous <sup>3</sup> , R.K. Cleary <sup>4</sup> , M. Soliman <sup>1</sup> ; <sup>1</sup> Orlando, FL, <sup>2</sup> St. Paul, MN, <sup>3</sup> Seattle, WA, <sup>4</sup> Ann Arbor, MI
8:24 am	<b>Discussion</b>	8:45 am	<b>Discussion</b>
		8:47 am	<b>W20</b> Development of a Novel Curriculum for Teaching Colonic Endoscopic Submucosal Dissection (cESD): Leveraging the Power of Education Science K.J. Dickinson <sup>*1</sup> , B.J. Dunkin <sup>1</sup> , B.L. Bass <sup>1</sup> , A.B. Ali <sup>1</sup> , J. Nguyen-Lee <sup>1</sup> , S. Zajac <sup>1</sup> ; <sup>1</sup> Houston, TX
		8:54 am	<b>Discussion</b>
		9:15 am	<b>W21</b> Preclinical to Clinical Learning Curve Experience - Advanced Skills Acquisition of Endoluminal Flexible Articulating Surgical Platform K. Momose <sup>*1</sup> , Y. Kono <sup>1</sup> , T. Al Zghari <sup>1</sup> , J.W. Milsom <sup>1</sup> , S.K. Sharma <sup>1</sup> ; <sup>1</sup> New York, NY
			<b>Adjourn</b>

## Refreshment Break in Foyer

9:15 - 9:30 am

**Wednesday, June 5****Symposium****CME Credit Hours: 1.25****MOC Credit Hours: 1.25****Hereditary Cancer Syndromes: What the Colorectal Surgeon Really Needs to Know****1 2 3 5 6****8:00 – 9:15 am****Room: Grand Ballroom A/B** Spanish Translation

Inherited predisposition is still an underappreciated aspect of the colorectal cancer work-up and management. No matter the type of practice, every colorectal surgeon will see patients with hereditary colorectal cancer, so understanding the various facets in management is vital to delivering quality patient care. This seminar will highlight several of the more challenging areas of identification and management of hereditary colorectal cancer patients, including a better understanding of genetic test results and pathways for counseling, additional testing for extracolonic risks in patients with a “positive” result, data on chemoprevention and chemotherapy in the setting of hereditary colorectal cancer, and discussion of the growing numbers of young-onset colorectal cancer patients and how best to surveil these patients after their diagnosis.

**Gap Analysis**

**What Is:** In order for a clinician to best understand the nuances of care as it relates to hereditary colorectal cancer, they would have to sift through the literature which becomes burdensome in a busy practice. Therefore, there is a need to present this information in a concise, useable fashion to improve care for patients with hereditary colorectal cancer.

**What Should Be:** Patients with hereditary colorectal cancer should be appropriately recognized, diagnosed, counseled, and treated.

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

1. Recognize and interpret genetic testing results and know how to utilize resources such as genetic counseling and a registry to improve patient outcomes.
2. Describe the indications for chemoprevention and understand the options for chemotherapy in colorectal cancer when a patient is mutation positive.
3. Discuss the incidence of young-onset colorectal cancer and better understand management and follow up of this growing group of patients.

**Co-Directors:** **Molly Ford, MD**, Nashville, TN  
**Paul E. Wise, MD**, St. Louis, MO

8:00 am	<b>Introduction</b> Molly Ford, MD, Nashville, TN Paul E. Wise, MD, St. Louis, MO
8:05 am	<b>Chemoprevention and Chemotherapy – What’s New for Hereditary Colorectal Cancer Syndromes?</b> Katerina Wells, MD, Dallas, TX
8:15 am	<b>Young-Onset Colorectal Cancer – Hereditary or Not, Here It Comes!</b> Karin Hardiman, MD, PhD, Ann Arbor, MI
8:25 am	<b>Interpretation of Genetic Test Results: The Importance of Genetic Counseling and Registries</b> Heather Hampel, MS, LGC, Columbus, OH
8:35 am	<b>Patient as a Whole – What Else to Look for in Patients with Hereditary Colorectal Cancer Syndromes?</b> Emily Steinhagen, MD, Cleveland, OH
8:45 am	<b>Case Discussion with Panel and Audience Questions</b>
9:15 am	<b>Adjourn</b>

## Wednesday, June 5

Abstract Session

CME Credit Hours: 1.25

## Inflammatory Bowel Disease

①②

9:30 - 10:45 am

Room: 26A-C

Co-Moderators: Scott Regenbogen, MD, Ann Arbor, MI  
Emily Steinhagen, MD, Cleveland, OH

9:30 am Introduction  
Scott Regenbogen, MD, Ann Arbor, MI  
Emily Steinhagen, MD, Cleveland, OH

9:35 am **ESCP Best Paper**  
**W25** Therapy Refractory Ulcerative Colitis Patients May Benefit from Appendectomy; Long-term Clinical Results from a Multicenter Prospective Cohort Series  
M.E. Stellingwerf<sup>1</sup>, S. Sahami<sup>1</sup>, D. C. Winter<sup>2</sup>, S. Martin<sup>2</sup>, G. R. D'Haens<sup>1</sup>, G. Cullen<sup>2</sup>, G. Doherty<sup>2</sup>, W. A. Bemelman<sup>1</sup> & C. J. Buskens<sup>1</sup>  
<sup>1</sup>Amsterdam, Netherlands, <sup>2</sup>Dublin, Ireland

9:39 am Discussion

9:41 am **W26** Conditional Survival after Ileal Pouch-Anal Anastomosis: Does Long-term Pouch Survival Improve with Time?  
A.E. Feinberg<sup>\*1</sup>, O.A. Lavryk<sup>1</sup>, A.C. Aiello<sup>1</sup>, T. Hull<sup>1</sup>, S. Steele<sup>1</sup>, L. Stocchi<sup>1</sup>, S. Holubar<sup>1</sup>;  
<sup>1</sup>Cleveland, OH

9:45 am Discussion

9:47 am **W27** Clinical and Genetic Factors Associated with Complications after Crohn's Ileocollectomy  
B. Kline<sup>\*1</sup>, T. Weaver<sup>1</sup>, A. Berg<sup>1</sup>, D. Brinton<sup>1</sup>, S. Deiling<sup>1</sup>, W. Koltun<sup>1</sup>; <sup>1</sup>Hershey, PA

9:51 am Discussion

9:53 am **W28** Cost-Benefit Limitations of Extended Venothromboembolism Prophylaxis Following Surgery for Crohn's Disease  
I. Leeds<sup>\*1</sup>, J. Canner<sup>1</sup>, S. DiBrito<sup>1</sup>, B. Safar<sup>1</sup>;  
<sup>1</sup>Baltimore, MD

9:57 am Discussion

9:59 am

**W29** The Ideal Ileal Pouch: The Significance of Ileal Pouch Physiologic Parameters (Pouch Compliance/Distensibility and Pouch Anal Pressure Gradients) on Pouch Function  
J.C. Melvin<sup>\*1</sup>, C.P. Heise<sup>1</sup>, E.H. Carchman<sup>1</sup>, B.A. Harms<sup>1</sup>; <sup>1</sup>Madison, WI

10:03 am Discussion

10:05 am **W30** Surgery, Stomas, and Depression and Anxiety in Inflammatory Bowel Disease - A Retrospective Cohort Analysis of Privately Insured Patients  
L.A. Sceats<sup>\*1</sup>, M. Dehghan<sup>2</sup>, K. Rumer<sup>1</sup>, A. Trickey<sup>2</sup>, A.M. Morris<sup>2</sup>, C. Kin<sup>2</sup>; <sup>1</sup>Menlo Park, CA, <sup>2</sup>Palo Alto, CA

10:09 am Discussion

10:11 am **W31** Exposure to Anti-TNF Medications Increases the Incidence of Pouchitis After Restorative Proctocolectomy in Patients with Ulcerative Colitis  
M. Bertucci Zoccali<sup>\*1</sup>, K.B. Skowron<sup>1</sup>, L.M. Cannon<sup>1</sup>, R.D. Hurst<sup>1</sup>, K. Umanskiy<sup>1</sup>, D.T. Rubin<sup>1</sup>, N. Hyman<sup>1</sup>, B.D. Shogan<sup>1</sup>;  
<sup>1</sup>Chicago, IL

10:15 am Discussion

10:17 am **W32** What Factors are Associated with the Eventual Need for a Permanent Ileostomy after Sphincter-Preserving Surgery for Crohn's Colitis?  
N.P. McKenna<sup>\*1</sup>, K.A. Bews<sup>1</sup>, E.B. Habermann<sup>1</sup>, E.J. Dozois<sup>1</sup>, A.L. Lightner<sup>1</sup>, K.L. Mathis<sup>1</sup>; <sup>1</sup>Rochester, MN

10:21 am Discussion

## Wednesday, June 5

## Inflammatory Bowel Disease (continued)

10:23 am	<b>W33</b> Pre-operative Opioid Use Predicts Major Complications in Crohn's Patients Undergoing Elective Ileocolic Resection S.J. O'Brien <sup>*1</sup> , R. Chen <sup>1</sup> , V. Stephen <sup>1</sup> , R.W. Farmer <sup>1</sup> , J. Jordan <sup>1</sup> , S. Manek <sup>1</sup> , M. Schmidt <sup>1</sup> , S. Galandiuk <sup>1</sup> ; <sup>1</sup> Louisville, KY	10:29 am	<b>W34</b> Multivariate Prediction of Intraoperative Abandonment of Ileal Pouch Anal Anastomosis K. Poh <sup>1</sup> , Y. Hong <sup>1</sup> , T. Moreno Djadou <sup>1</sup> , L. Stocchi <sup>2</sup> , T. Hull <sup>2</sup> , D. Maron <sup>1</sup> , S.D. Wexner <sup>*1</sup> , G. da Silva-southwick <sup>1</sup> ; <sup>1</sup> Weston, FL, <sup>2</sup> Cleveland, OH
10:27 am	Discussion	10:33 am	Discussion
		10:35 am	Question and Answer
		10:45 am	Adjourn

## Wednesday, June 5

## Symposium

CME Credit Hours: 1.25

MOC Credit Hours: 1.25

## Advances and Controversies in the Management of Diverticulitis

①②③④⑤⑥

9:30 – 10:45 am

Spanish Translation

Room: Grand Ballroom A/B

The incidence of diverticulitis continues to increase. As our understanding of its natural history improves, identifying the best strategies for management have become increasingly challenging. Not all patients and episodes of acute diverticulitis are equal. Management of acute diverticulitis can range from observation to antibiotic therapy to surgery depending upon the individual patient. This symposium will review the indications for antibiotic therapy for acute diverticulitis, follow-up evaluation after an attack of diverticulitis, timing of surgery for recurrent diverticulitis and surgical management of acute diverticulitis.

## Gap Analysis

**What Is:** Every patient with acute diverticulitis is treated with antibiotic therapy. Elective resection is routinely offered for recurrent diverticulitis, urgent surgery for diverticulitis often results in colostomy for these patients.

**What Should Be:** A clear approach to an individualized treatment regimen for patients with uncomplicated and recurrent diverticulitis. Minimize the risk of a colostomy for urgent surgery for diverticulitis.

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

1. Appropriately prescribe the use of antibiotic therapy for acute uncomplicated diverticulitis
2. Recognize the indications for elective surgery for patients with recurrent diverticulitis
3. Describe the appropriate procedure for patient requiring urgent surgery for acute diverticulitis

**Co-Directors:** Marylise Boutros, MD, Montreal, QC, Canada  
Matthew Mutch, MD, St. Louis, MO

9:30 am	<b>Introduction</b> Marylise Boutros, MD, Montreal, QC, Canada Matthew Mutch, MD, St. Louis, MO
9:35 am	<b>Uncomplicated Diverticulitis – Are Antibiotics Necessary?</b> Sean Langenfeld, MD, Omaha, NE
9:45 am	<b>Follow-Up After Diverticulitis – When is a Colonoscopy Appropriate?</b> Kelly Garrett, MD, New York, NY
9:55 am	<b>Recurrent Diverticulitis – When is Elective Resection Really Indicated?</b> Alexander Hawkins, MD, Nashville, TN
10:05 am	<b>Urgent Surgery for Acute Diverticulitis – When to Operate and What to Do</b> Charles Friel, MD, Charlottesville, VA
10:15 am	<b>Diverticular Abscess – Acute and Long-Term Management</b> Alberto Arezzo, MD, Turin, Italy
10:25 am	<b>Panel discussion</b>
10:45 am	Adjourn



**Wednesday, June 5****Symposium**

CME Credit Hours: 1.25

**Healthcare Economics: Policy Implications in the Future of Medicine****1 2 3 4 5 6****9:30 - 10:45 am****Room: Grand Ballroom C**

Economics in healthcare is an important topic on many levels including hospitals, healthcare systems, patients and physicians. Surgeons are in the center of this system and must be knowledgeable about the history, current status and future possibilities of healthcare economics in order to adequately understand the business of medicine. This ensures that the surgeon is able to make informed decisions and negotiate intelligently in their own practices, with administrators, and when considering political support.

Healthcare economics is an often confusing and changing subject with many different aspects. For instance, the economics of our national healthcare system affects all people including patients, physicians, and hospitals, and it is the umbrella under which all other economic considerations are constructed and include how physicians code and bill for services and how surgical practices construct employment contracts to determine what compensation plans are appropriate for surgeons. These important issues as well as the status of our national healthcare system and its impact on Colorectal Surgery before and after the Affordable Care Act will be discussed.

**Gap Analysis**

**What Is:** There is a lack of understanding of the Affordable Care Act, how CPT billing codes are determined, and how surgeons should be compensated for services.

**What Should Be:** Surgeons must have a thorough understanding of our current healthcare system and how it has affected physicians, how surgeons are represented in RUC, and how current Colorectal Surgeons are compensated.

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

1. Recall the history of the Affordable Care Act and how it has affected healthcare.
2. Recognize how CPT codes are determined and how Colorectal Surgeons are represented in the Relative Value Scale Update Committee (RUC).
3. Explain the results of the ASCRS Compensation Survey.

**Co-Directors:** Jennifer Ayscue, MD, Washington, DC  
Walter Peters, Jr., MD, Dallas, TX

9:30 am	<b>Introduction</b> Jennifer Ayscue, MD, Washington, DC Walter Peters, Jr., MD, Dallas, TX
9:35 am	<b>The ACA in the Age of Trump: What Has Changed, Where are We Going?</b> Srinivas Ivatury, MD, Lebanon, NH
9:50 am	<b>Cracking the Code: The Mysteries of the CPT and RUC</b> William Harb, MD, Nashville, TN
10:05 am	<b>What is a Colorectal Surgeon Worth? The ASCRS Compensation Survey</b> Walter Peters, Jr., MD, Dallas, TX
10:20 am	<b>Panel Discussion</b>
10:45 am	<b>Adjourn</b>

Wednesday, June 5

## Ernestine Hambrick, MD, Lectureship

CME Credit Hours: .75

10:45 - 11:30 am

Room: Grand Ballroom A/B Spanish Translation

### Mentoring in the #Metoo Era



**Nancy Baxter, MD, PhD**  
 Professor of Surgery, University of Toronto  
 Associate Dean, University of Toronto  
 Head, General Surgery  
 St. Michael's Hospital  
 Toronto, ON  
 Canada

**Introduction: Ann C. Lowry, 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 screening and prevention of colon and rectal cancer. In addition, she has volunteered many hours working for ASCRS including serving as vice president.

### Lunch on your own

11:30 am - 12:30 pm



Wednesday, June 5

Abstract Session

CME Credit Hours: 1.5

Quality

1 2

12:30 - 2:00 pm

Room: 26A-C

Co-Moderators: Joshua Bleier, MD, Philadelphia, PA  
Arden Morris, MD, Stanford, CA

12:30 pm Introduction  
Joshua Bleier, MD, Philadelphia, PA  
Arden Morris, MD, Stanford, CA

12:35 pm **ACPGBI Travelling Fellow**  
**W40** Prioritizing Safety in Exenterative Surgery  
M. Dean<sup>\*1</sup>, N. Fearnhead; Cambridge, UK

12:39 pm Discussion

12:41 pm **W41** Transverse Abdominis Plane (TAP) Block in  
Colorectal Surgery: Does Timing Matter?  
A. Crawford<sup>\*1</sup>, L. Dosselman<sup>1</sup>, C. Hart<sup>1</sup>,  
Z. Roberts<sup>1</sup>, P. Prajapati<sup>1</sup>, W. Peters<sup>1</sup>,  
J. Fleshman<sup>1</sup>, K.O. Wells<sup>1</sup>; <sup>1</sup>Dallas, TX

12:45 pm Discussion

12:47 pm **W42** Embedding Opioid Reduction Strategies  
in Established Enhanced Recovery after  
Surgery Programs: Perioperative Outcomes  
from a Multi-disciplinary Approach  
A. Sarin<sup>\*1</sup>, S. Porten<sup>1</sup>, L. Chen<sup>1</sup>, J. Lager<sup>1</sup>,  
L. Chen<sup>1</sup>; <sup>1</sup>San Francisco, CA

12:51 pm Discussion

12:53 pm **W43** Implementation of the ACS NAPRC  
Synoptic Operative Report: A Mixed  
Methods Study  
A.M. Morris<sup>\*1</sup>, S. Bidwell<sup>1</sup>, G. Poles<sup>2</sup>,  
S. Berekyei Merrell<sup>1</sup>, T. Report Committee<sup>3</sup>;  
<sup>1</sup>Stanford, CA, <sup>2</sup>Rochester, NY, <sup>3</sup>Chicago, IL

12:57 pm Discussion

12:59 pm **W44** Impact of Enhanced Recovery after Surgery  
Program Implementation on Index Hospital  
Cost Centers  
P.A. Najjar<sup>\*1</sup>, A.C. Fields<sup>1</sup>, R. Bleday<sup>1</sup>;  
<sup>1</sup>Boston, MA

1:03 pm Discussion

#1:05 pm

**W45** Assessing the Quality of  
Rectal Cancer Pathology Reports in  
NRG Oncology/NSABP R-04  
S. Sho<sup>\*1</sup>, G. Yothers<sup>1</sup>, L.H. Colangelo<sup>1</sup>,  
P.A. Ganz<sup>1</sup>, M.J. O'Connell<sup>2</sup>, R.W. Beart<sup>2</sup>,  
C.Y. Ko<sup>1</sup>, M.M. Russell<sup>1</sup>; <sup>1</sup>Los Angeles, CA,  
<sup>2</sup>Glendale, CA

Discussion

1:09 pm

1:11 pm

**W46** Reaching for the Stars: Data Accuracy and  
Predictors of Highly Rated Colon and Rectal  
Surgeons on an Online Physician Rating  
Website  
S.S. Hill<sup>\*1</sup>, C.M. Hoang<sup>1</sup>, N. Melnitchouk<sup>2</sup>, C.  
Harnsberger<sup>1</sup>, P. Sturrock<sup>1</sup>, K. Alavi<sup>1</sup>,  
J. Maykel<sup>1</sup>, J. Davids<sup>1</sup>; <sup>1</sup>Worcester, MA,  
<sup>2</sup>Boston, MA

Discussion

1:15 pm

1:17 pm

**W47** Preoperative Activity Level is Associated  
with Risk of Postoperative Complications  
Following Elective Colorectal Surgery:  
A Prospective Pilot Study Using Wearable  
Technology  
T. Hassinger<sup>\*1</sup>, E. Myers<sup>1</sup>, E.D. Krebs<sup>1</sup>,  
D.L. Chu<sup>1</sup>, W. Kane<sup>1</sup>, A. Charles<sup>1</sup>,  
R. Thiele<sup>1</sup>, S.C. Hoang<sup>1</sup>, C. Friel<sup>1</sup>, T. Hedrick<sup>1</sup>;  
<sup>1</sup>Charlottesville, VA

Discussion

1:21 pm

1:23 pm

**W48** Centralizing Rectal Cancer Surgery:  
What is the Impact on Travel for Patients?  
Z. Xu<sup>\*1</sup>, C.T. Aquina<sup>1</sup>, C.F. Justiniano<sup>1</sup>,  
A.Z. Becerra<sup>2</sup>, F.P. Boscoe<sup>3</sup>, M.J. Schymura<sup>3</sup>,  
L.K. Temple<sup>1</sup>, F. Fleming<sup>1</sup>; <sup>1</sup>Rochester, NY,  
<sup>2</sup>Silver Spring, MD, <sup>3</sup>Albany, NY

Discussion

1:27 pm

1:29 pm

**W49** Development of a Patient Peer-led Social  
Media Platform to Deliver Support to  
Ostomy Patients  
R. Fearn<sup>\*1</sup>; <sup>1</sup>London, United Kingdom

Discussion

1:33 pm

1:35 pm

Question and Answer

2:00 pm

Adjourn

## Wednesday, June 5

## Symposium

CME Credit Hours: 1.5

MOC Credit Hours: 1.5

## Mission Impossible: Preparing for and Navigating the Difficult and Unexpected Operative Scenario

①②③④⑤⑥

12:30 – 2:00 pm

Room: Grand Ballroom A/B Spanish Translation

“The novice surgeon gains judgment and skill by confronting difficult and challenging cases after such experience results in less than optimal outcomes.” This “paraphrased” axiom reflects a painful admission summarizing the reality of every surgeon as they ascend the steep learning curve towards becoming a master of this profession and craft. No simulation can adequately prepare a young surgeon for these difficult and sometimes seemingly impossible cases and operative scenarios. This symposium strives to tackle this issue by presenting the challenging scenarios and calling upon the experienced surgeon to demonstrate how they anticipate the at-risk situation and share their view of the essentials of patient and surgeon preparation and highlight key operative maneuvers and techniques necessary to successfully navigate these trying operative scenarios.

### Gap Analysis

**What Is:** *Young surgeons gain knowledge through experience, but there are times when a surgeon may find themselves in the heat of battle needing real-time advice or tricks to get out of a sticky situation*

**What Should Be:** *Young surgeons have access to senior surgeons and/or the tools needed to identify difficult operative scenarios and the skills required to successfully overcome these challenges*

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

1. Identify potential challenging operative scenarios and mitigate those challenges through preoperative planning and preparation.
2. Utilize technical “tips & tricks” for dealing with difficult operative scenarios.
3. Improve their overall understanding and appreciation for difficult operative scenarios and gain confidence in their care of these patients.

**Co-Directors:** **Shaun Brown, DO**, Fort Bragg, NC  
**H. David Vargas, MD**, New Orleans, LA

12:30 pm	<b>Introduction</b> Shaun Brown, DO, Fort Bragg, NC H. David Vargas, MD, New Orleans, LA
12:35 pm	<b>I Divided the IMA and the Entire Left Colon Died!</b> Janice Rafferty, MD, Cincinnati, OH
12:47 pm	<b>Game time Decision - I Can't Double Staple!</b> David Beck, MD, New Orleans, LA
1:00 pm	<b>Colostomy Closure and the Case of the “Missing Rectum”</b> Joseph Carmichael, MD, Orange, CA
1:12 pm	<b>Recurrent Rectovaginal Fistula “Decisions-Decisions”</b> Najjia Mahmoud, MD, Philadelphia, PA
1:24 pm	<b>On Table Lavage for Large Bowel Obstruction - “Making Friends in the OR!”</b> Sean Glasgow, MD, St. Louis, MO
1:36 pm	<b>“To Be or Not to Be” - The Fate of the Anastomotic Sinus</b> Jorge Marcet, MD, Tampa, FL
1:50 pm	<b>Audience Questions</b>
2:00 pm	<b>Adjourn</b>

**Wednesday, June 5****Symposium**

CME Credit Hours: 1.5

MOC Credit Hours: 1.5

**Benign Anorectal - Complex Problems, Advanced Techniques, and Special Populations****126****12:30 - 2:00 pm****Room: Grand Ballroom C**

Prompt diagnosis and comprehensive treatment of anorectal diseases is one of the cornerstones of colorectal expertise. While many patients are straightforward, those with special circumstances such as pregnancy, immunosuppression, anti-coagulation, or spinal cord injury may present additional challenges. Outcomes may be enhanced using newer techniques and technological advances.

**Gap Analysis**

**What Is:** Multiple treatment options exist for various complex anorectal conditions, and since these complexities do not occur in high frequency, determining best practices may prove difficult.

**What Should Be:** Recognize various treatment options that exist and how to individualize care in for special patient populations

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

1. Recognize advanced surgical treatment options for various complex anorectal conditions.
2. Describe new technological advancements in the treatment of complex anorectal conditions.
3. Recognize the special patient populations that exist with anorectal diseases, such as the immunocompromised or pregnant patient.

**Co-Directors:** **W. Brian Perry, MD, San Antonio, TX**  
**Michael Valente, MD, Cleveland, OH**

12:30 pm	<b>Introduction</b> W. Brian Perry, MD, San Antonio, TX Michael Valente, MD, Cleveland, OH
12:33 pm	<b>Management of Complex Hemorrhoidal Disease</b> Maria Martinez Ugarte, MD, San Antonio, TX
12:45 pm	<b>Anorectal Abscesses Are NOT All Created Equally</b> David Liska, MD, Cleveland, OH
12:57 pm	<b>Fistula-in-Ano - Too Many Options?</b> Joshua Tyler, MD, Biloxi, MS
1:09 pm	<b>"My Butt Hurts" - Management of Painful Anorectal Conditions</b> James Tiernan, MD, PhD, Leeds, United Kingdom
1:21 pm	<b>Pilonidal Disease and Hidradenitis Supportiva</b> Fia Ya, MD, Fort Sam Houston, TX
1:33 pm	<b>Is It a Rash or an Infection? Management of Perianal Dermatologic and Infectious Conditions</b> Evie Carchman, MD, Madison, WI
1:45 pm	<b>Panel Discussion</b>
2:00 pm	<b>Adjourn</b>

## Wednesday, June 5

## Abstract Session

CME Credit Hours: 1.5

## Benign Disease

①②

2:00 – 3:30 pm

Room: 26A-C

Co-Moderators	Thomas Cataldo, MD, Boston, MA W. Forrest Johnston, MD, New Orleans, LA	2:39 pm	Discussion
2:00 pm	<b>Introduction</b> Thomas Cataldo, MD, Boston, MA W. Forrest Johnston, MD, New Orleans, LA	2:41 pm	<b>W56 Management of Non-Operative Diverticulitis: Is Surgical Admission Always Best?</b> R. Malizia <sup>*1</sup> , J. Martinolich <sup>1</sup> , K. Williams <sup>1</sup> , P. Tewari <sup>1</sup> , A. Ata <sup>1</sup> , B.T. Valerian <sup>1</sup> , A. Chismark <sup>1</sup> , J. Canete <sup>1</sup> , S. Stain <sup>1</sup> , E. Lee <sup>1</sup> ; <sup>1</sup> Albany, NY
2:05 pm	<b>W50 Choosing Wisely: Reduction in CT-scans for Perianal Abscesses</b> A. Mukerji <sup>*1</sup> , B. Konz <sup>1</sup> , G. Gantt <sup>1</sup> , N. Mantilla <sup>1</sup> , J. Harrison <sup>1</sup> , J. Cintron <sup>1</sup> , V. Chaudhry <sup>1</sup> ; <sup>1</sup> Chicago, IL	2:45 pm	Discussion
2:09 pm	Discussion	2:47 pm	<b>W57 Treatment Failure After Conservative Management of Acute Diverticulitis: A Nationwide Readmission Database Analysis</b> S. Al-Masrouri <sup>*1</sup> , F. Alrashid <sup>1</sup> , K. Zhao <sup>1</sup> , N. Morin <sup>1</sup> , C. Vasilevsky <sup>1</sup> , G. Ghitulescu <sup>1</sup> , J. Faria <sup>1</sup> , M. Boutros <sup>1</sup> ; <sup>1</sup> Montreal, QC, Canada
2:11 pm	<b>W51 Sessile Serrated Polyposis: Not an Inherited Genetic Disease</b> C.E. Cauley <sup>*1</sup> , T. Hassab <sup>1</sup> , A.E. Feinberg <sup>1</sup> , J. Church <sup>1</sup> ; <sup>1</sup> Cleveland, OH	2:51 pm	Discussion
2:15 pm	Discussion	2:53 pm	<b>W58 Prospective Evaluation of a Standardized Enhanced Recovery Protocol Following Anorectal Surgery</b> S.J. Ivatury <sup>*1</sup> , A. Swarup <sup>2</sup> , M. Wilson <sup>1</sup> , L. Wilson <sup>1</sup> ; <sup>1</sup> Lebanon, NH, <sup>2</sup> Boston, MA
2:17 pm	<b>W52 The Clinical Utility of Water-Soluble Contrast Enema Prior to Stoma Reversal</b> G. Low <sup>*1</sup> , K.L. Mirza <sup>1</sup> , A. Sabour <sup>1</sup> , T. Tejura <sup>1</sup> , K. Cologne <sup>1</sup> ; <sup>1</sup> Los Angeles, CA	2:57 pm	Discussion
2:21 pm	Discussion	2:59 pm	<b>W59 Comparison of LIFT vs BioLIFT for the Treatment of Trans-sphincteric Anal Fistula: A Retrospective Analysis</b> T.M. Zwiep <sup>*1</sup> , R. Gilbert <sup>1</sup> , R.P. Boushey <sup>1</sup> , H. Moloo <sup>1</sup> , I. Raiche <sup>1</sup> , L. Williams <sup>1</sup> , M. Reilly <sup>1</sup> ; <sup>1</sup> Ottawa, ON, Canada
2:23 pm	<b>W53 Double Channel Endoscopy, A Useful Approach to Advanced Endoscopic Polypectomy</b> H.J. Pantel <sup>*1</sup> , J.N. Cohan <sup>2</sup> , C. Donahue <sup>1</sup> , D.A. Kleiman <sup>1</sup> , J.T. Saraidaridis <sup>1</sup> , P.W. Marcelllo <sup>1</sup> ; <sup>1</sup> Burlington, MA, <sup>2</sup> Salt Lake City, UT	3:03 pm	Discussion
2:27 pm	Discussion	3:05 pm	<b>W60 What Determines Perfect Patient Evaluation of Surgery for Hemorrhoids – Results of Prospective Double Blind Randomized Trial</b> D. Danys <sup>1</sup> , G. Makunaite <sup>1</sup> , A. Mainelis <sup>1</sup> , E. Poskus <sup>1</sup> , V. Jotautas <sup>1</sup> , S. Mikalauskas <sup>1</sup> , K. Strupas <sup>1</sup> , T. Poskus <sup>*1</sup> ; <sup>1</sup> Vilnius, Lithuania
2:29 pm	<b>W54 Colonoscopy After Acute Diverticulitis, Necessary or Antiquated Medicine? A Community-Hospital Experience</b> J. Payne <sup>*1</sup> , E. Itenberg <sup>1</sup> ; <sup>1</sup> Pontiac, MI	3:09 pm	Discussion
2:33 pm	Discussion	3:11 pm	Question and Answer
2:35 pm	<b>W55 C Reactive Protein (CRP) Trajectory Predicts for the Likely Need of Intervention in Acute Diverticulitis</b> N. Ahmadi <sup>*1</sup> , T.J. Kim <sup>1</sup> , S.E. Ayoubi <sup>1</sup> , P. Ravindran <sup>1</sup> , C.M. Byrne <sup>1</sup> , C.J. Young <sup>1</sup> ; <sup>1</sup> Mosman, New South Wales, Australia	3:30 pm	Adjourn

**Wednesday, June 5****Symposium****CME Credit Hours: 1.5****MOC Credit Hours: 1.5***Supported by the Education Fund of the ASCRS***Is It Really Unresectable? Management of Advanced and Recurrent Colorectal Cancer****①②③④⑤⑥****2:00 - 3:30 pm****Room: Grand Ballroom C**

New management strategies for patients with advanced and recurrent colorectal cancer have evolved in recent years. While patient selection remains the critical factor for success, refined imaging tools, effective chemotherapeutic regimens, advanced radiation techniques have enabled more effective surgical resections. Previous limits of resectability have been extended, contributing to improved survival and quality of life. It is imperative that the surgeon has a thorough understanding of when curative-intent treatment is feasible, when adjunctive multimodality treatment is beneficial, what it takes to assemble a team for multi-visceral resection, and how to judge when risks outweigh benefits of resection.

**Gap Analysis**

**What Is:** Management of advanced and recurrent colorectal cancer is challenging. Surgical treatment offers the best chance for potential cure and improved quality of life. However, some patients are not being referred for potentially curative intent surgical intervention. A thorough understanding of the boundaries of resectability, the benefits and risks of intervention and the outcomes at specialized centers is needed.

**What Should Be:** Every pelvis surgeon, whether working at a specialized center or not, should understand the key decision-making factors, the importance of multimodality therapy, the boundaries of resectability so that they can assist in triaging the patient to the appropriate care pathway.

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

1. Formulate a clinical algorithm for decision-making regarding advanced and recurrent colorectal cancer.
2. Identify the boundaries of resectability when tumor involves the lateral pelvic sidewall and the posterior sacral bone.
3. Describe elements contributing to a successful RO multivisceral pelvic resection

**Co-Directors:** **David Larson, MD, Rochester, MN**  
**Y. Nancy You, MD, Houston, TX**

2:00 pm	<b>Introduction</b> David Larson, MD, Rochester, MN Y. Nancy You, MD, Houston, TX
2:03 pm	<b>Algorithm for Pre-Operative Assessment and Selection</b> Per Nilsson, MD, Stockholm, Sweden
2:15 pm	<b>Adjunct Tools: Can They Extend the Limits of Resection?</b> Brian Bednarski, MD, Houston, TX
2:27 pm	<b>Multi-visceral Pelvic Surgery with RO Margin: Resection and Reconstruction</b> Philip Paty, MD, New York, NY
2:42 pm	<b>Lateral and Pelvic Sidewall Involvement: Where is the Limit</b> Peter Sagar, MD, Leeds, United Kingdom
2:55 pm	<b>Resection with Sacrectomy? How to Decide</b> David Larson, MD, Rochester, MN
3:07 pm	<b>Illustrative Case &amp; Q/A</b>
3:30 pm	<b>Adjourn</b>

**Wednesday, June 5****Symposium****CME Credit Hours: 1.5****Robotics: Practical Tips and Tricks****①②④⑤****2:00 – 3:30 pm****Room: Grand Ballroom A/B****Spanish Translation**

The adoption of the robotic approach to colorectal surgery continues to increase and has resulted in a minimally invasive alternative that is decreasing the prevalence of traditional open surgery. Surgeons are expanding the boundaries of what can be done via a minimally invasive approach. It is important for colorectal surgeons to monitor the landscape of novel approaches to determine the effectiveness of these approaches and the role for minimally invasive surgery alternatives in practice.

This session will feature lectures with instructional videos. Topics covered will include the role for robotics to various colorectal operations, what technology is currently available and, on the horizon, technical tips and tricks for challenging portions of robotic surgeries, and demonstrations of how robotics can advance a minimally invasive approach.

This course is aimed at three populations of surgeons:

- 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.
- Practicing colon and rectal surgeons who do not currently do robotic surgery but wish to introduce robotic surgery into their practice.
- Colon and rectal residents that are interested in robotics

**Gap Analysis**

**What Is:** Colorectal surgeons need to be familiar with the capabilities of robotic surgery, and how robotics can increase what can be done via a minimally invasive approach. Many surgeons need awareness and/or updates on robotic approaches to various colorectal operations, and what new minimally invasive alternatives are on the horizon.

**What Should Be:** Colorectal surgeons should be familiar with advanced minimally invasive options for several colorectal operations and what current advances may make these operations more effective. This will allow our membership to make an educated choice as to how and when to incorporate robotics into their practice.

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

1. Describe what robotic systems are currently available and what their differences are.
2. Recognize robotic approaches to several colorectal operations and how robotics improves the conduct of these operations.
3. Discuss the use of robotic surgery in rectal cancer patients.

**Co-Directors:** **Jamie Cannon, MD**, Birmingham, AL  
**Robert Cleary, MD**, Ann Arbor, MI

2:00 pm	<b>Introduction</b> Jamie Cannon, MD, Birmingham, AL Robert Cleary, MD, Ann Arbor, MI
2:05 pm	<b>Robotic Rectopexy: Ventral or Dorsal?</b> Sarah Vogler, MD, St. Paul, MN
2:20 pm	<b>The Role for Robotic Approach to Rectal Cancer</b> George Chang, MD, Houston, TX
2:35 pm	<b>Port Placement and Robotic Arm Tips and Tricks</b> Amir Bastawrous, MD, Seattle, WA
2:45 pm	<b>The Role for Immunofluorescence in Colorectal Surgery</b> Wolfgang Gaertner, MD, Minneapolis, MN
2:55 pm	<b>Transanal Robotic Surgery</b> Cesar Santiago, MD, Tampa, FL
3:05 pm	<b>Single Port Robotic Surgery</b> Vincent Obias, MD, Washington, DC
3:15 pm	<b>What Does the Future of Robotic Surgery Look Like?</b> Alessio Pigazzi, MD, PhD, Orange, CA
3:25 pm	<b>Discussion</b>
3:30 pm	<b>Adjourn</b>



# E-Poster Presentations

Each E-poster has been assigned a specific presentation time when the author will present their research at a dedicated monitor and answer questions.

The E-poster presentation and viewing area is in Exhibit Hall C and open during normal exhibit hours.

## Dedicated Presentation Times

### Monday, June 3

9:35 am – 9:55 am  
11:40 am – 12:35 pm  
3:35 pm – 3:55 pm

### Tuesday, June 4

9:05 am – 9:25 am  
11:40 am – 12:50 pm

### Monday, June 3

#### Monitor #1 - Neoplastic Disease

**Co-moderators:** Piyush Aggarwal, MD, *Walnut Creek, CA*  
Charles Ternent, MD, *Omaha, NE*

- 9:35 am **Anatomical Characteristics and Classifications of Henle's Trunk in Laparoscopic Right Hemicolectomy - a Nationwide Multicenter Clinical Trial in China (P1)**  
Z. He\*, B. Feng: Shanghai, CHINA
- 9:40 am **Neoadjuvant Therapy Resistant Locally Advanced Rectal Cancer: When to Jump Ship? (P2)**  
E. Esen, T.K. Yozgatli, E. Aytac\*, A.C. Akbaba, V. Ozben, B. Baca, I. Hamzaoglu, T. Karahasanoglu, S. Zenger, B. Sengun, O. Agcaoglu, B. Gurbuz, E. Balik, D. Bugra, Surgery, D. Sezen, B. Sahin: Istanbul, TURKEY
- 9:45 am **Every Hour Counts: The Price of Longer Procedures on Patient Morbidity in Colon Cancer (P3)**  
A. Azin\*, D. Hirpara, M. Khorasani, A. Draginov, F.A. Quereshy, S.A. Chadi: Toronto, ON, CANADA
- 9:50 am **Prognostic Factors in Long-term Oncologic Outcomes after Curative Resection Following Stent Insertion for Obstructing Colon Cancer (P4)**  
S. Bae\*, I. Cho, W. Jeong, S. Baek: KOREA (THE REPUBLIC OF)

### Monday, June 3

#### Monitor #2 - Quality

**Co-moderators:** Evangelos Messaris, MD, *Boston, MA*  
Rahila Essani, MD, *Temple, TX*

- 9:35 am **A Survey of Practice Patterns in Endoscopic Tattooing (P5)**  
E. Martin\*, R. Daigle: Calgary, Alberta, CANADA
- 9:40 am **A Propensity Score Matched Comparison of Short-term Perioperative Outcomes after Laparoscopic and Robotic Right Colectomies: an Analysis from the National Surgical Quality Improvement Program Database (P6)**  
A.T. Masson\*, P. Goffredo, A. Utria, B. Karlsdottir, J. Cromwell, I. Hassan: Iowa City, IA
- 9:45 am **Impact of Perioperative Variables According to the Start Time of Laparoscopic Colorectal Surgery (P7)**  
M. Matzner Perfumo\*, M.E. Peña, J.M. Piatti, N. Rotholtz: Buenos Aires, ARGENTINA
- 9:50 am **The Relaparoscopy Threshold in Colorectal Surgery (P8)**  
M. Matzner Perfumo\*, J.M. Piatti, M. Laporte, M. Bun, N. Rotholtz: Buenos Aires, ARGENTINA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Monday, June 3****Monitor #3 - Basic Science**

**Co-moderators:** Lillias Maguire, MD, *Ann Arbor, MI*  
J. Joshua Smith, MD, *New York, NY*

9:35 am **Effects of Immunonutritional Intervention of Chemotherapy and Gut Microbiota Deviation in Mice Colon Cancer Model (P9)**  
J. Lu\*, Z. Xue, Z. Li, J. Yu, Y. Xiao: Beijing, CHINA

9:40 am **High Tumor Mutation Burden Correlates with Complete Response to Neoadjuvant Chemoradiotherapy in Patients with Locally Advanced Rectal Cancer (P10)**  
M.R. Marco\*, J.M. Tchack, C. Chen, J. Smith, J. Shia, J. Garcia Aguilar, R. Pelosof: Wayne, NJ

9:45 am **Zebrafish Embryo as Avatar of Patients with Colorectal Cancer and Hepatic Colorectal Metastasis: Preliminary Experience Toward a Personalized Medicine (P11)**  
G. Di Franco, M. Palmeri, N. Furbetta, D. Gianardi, L. Morelli\*, A. Usai, V. Raffa: Pisa, ITALY; S. Latteri: Catania, ITALY

9:50 am **Co-expression of COMP, SFRP4, LEF-1 and PDGFRB Indicates Worse Survival for Colon Cancer Patients Especially in the Young (P12)**  
V.N. Nfonam\*, P. Omesiete, A. Cruz, J. Jandova: Tucson, AZ

**Monday, June 3****Monitor #4 - Benign Disease**

**Co-moderators:** Erin King-Mullins, MD, *Fayetteville, GA*  
Chitra Sambasivan, MD, *Albuquerque, NM*

9:35 am **Recent Advances and Comparison Of Different Fistula-In-Ano Classifications: Has The Problem Been Solved? (P13)**  
P. Garg; Haryana, INDIA; A. A Kalyanshetti\*: Maharastra, INDIA; Y. Gehlot: Karnataka, INDIA; A. Joshi: Madhya Pradesh, INDIA

9:40 am **Recurrent Diverticulitis: Is It All In The Family? (P14)**  
T. Al-Malki, R. Garfinkle\*, E. Kmiotek, N. Morin, C. Vasilevsky, G. Ghitulescu, M. Boutros, V. Pelsser: Montreal, QC, CANADA

9:45 am **Impact of Immunosuppression on Mortality and Major Morbidity Following Sigmoid Colectomy for Diverticulitis: A Propensity-Score Weighted Analysis of the National Inpatient Sample (P15)**  
S. Al-Masrouri\*, F. Alrashid, N. Morin, C. Vasilevsky, G. Ghitulescu, J. Faria, M. Boutros, K. Zhao: Montreal, QC, CANADA

9:50 am **Fat Grafting: A Novel Technique for Difficult Ostomy Management (P16)**  
M. Asai\*, A. Stefanou, S. Nalamati, I. Saab, D. Yoho, A. Siddiqui, H. Ahmad, T. Ivanics: Detroit, MI

**Monday, June 3****Monitor #5 - Education**

**Co-moderators:** Matthew Brady, MD, *Orange, CA*  
Lindsay Goldstein, MD, *Gainesville, FL*

9:35 am **Can Stapler Hemorrhoidectomy be Considered as a Gold Standard for Treatment of Grade 3 and Grade 4 Hemorrhoids? A Study and Review (P17)**  
J. Maheshwari: Jaipur, INDIA; B.B. Agarwal\*: Delhi, INDIA

9:40 am **Laser Strictureplasty in Rectal Strictures: Case Series of 4 Patients (P18)**  
J. Maheshwari: Jaipur, INDIA

9:45 am **Comparison of Burnout Among Surgery Residents and Attending Surgeons (P19)**  
F. Alkhalifa\*, F. Abdul Raheem, Y. Hassan, S. Al-Saddah: Jabriya, KUWAIT; J. Alabbad: Safat, KUWAIT

9:50 am **Live Surgery for Minimally Invasive Colorectal Training: A Friend or a Foe (P20)**  
U.K. Unal, E. Esen, B.S. Yilmaz, E. Aytac\*, I.A. Bilgin, V. Ozben, B. Baca, I. Hamzaoglu, T. Karahasanoglu, E. Ozoran, O. Agcaoglu, E. Balik, D. Bugra: Istanbul, TURKEY

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Monday, June 3****Monitor #6 - Inflammatory Bowel Disease**

**Co-moderators:** Samuel Eisenstein, MD, *La Jolla, CA*  
Vitaliy Poylin, MD, *Boston, MA*

9:35 am **Rectal Cancer Survival Outcomes in Inflammatory Bowel Disease: Are They Worse?** (P21)

A.M. Alsughayer\*, F. Grass, K.L. Mathis, A.L. Lightner: Rochester, MN

9:40 am **Appraisal of Totally Handsewn Side to Side Isoperistaltic Anastomosis in High Risk Crohn's Disease Patients** (P22)

V. Celentano\*, K. Flashman: Portsmouth, UNITED KINGDOM

9:45 am **Greater Loss of Bowel Length, More Ileostomies and Complications in Emergency Resection for Ileocolonic Crohn's Disease. A Single Centre 8 Years Experience** (P23)

V. Celentano\*, D. O'Leary, K. Flashman, F. Sagias, J. Conti, A. Senapati, J. Khan: Portsmouth, UNITED KINGDOM; A. Caiazzo: Naples, ITALY

9:50 am **Ileocolic Anastomosis for Crohn's Disease vs. Colon Cancer: Does Diagnosis Influence Short-term Outcomes?** (P24)

T.B. Cengiz\*, C. Mascarnhas, A.C. Aiello, L. Stocchi, T. Hull, S. Steele, S. Holubar: Cleveland, OH

**Monday, June 3****Monitor #7 - Outcomes**

**Co-moderators:** Alexander Hawkins, MD, *Nashville, TN*  
Marco Ferrara, MD, *Orlando, FL*

9:35 am **Management of Bleeding after Transanal Endoscopic Surgery and Predictors of Bleeding** (P25)

H.S. AlAdawi\*, A. Ghuman, A.A. Karimuddin, T. Phang, M.J. Raval, C.J. Brown: Vancouver, BC, CANADA

9:40 am **National Trends of Emergency Room Visits and Emergency Admissions for Dehydration in Patients with Ileostomies** (P26)

M. Alqahtani\*, M. Abou Khalil, C. Vasilevsky, N. Morin, G. Ghitulescu, J. Faria, M. Boutros, K. Zhao: Montreal, QC, CANADA

9:45 am **Can Hospital Readmission for Dehydration in Patients with a Diverting Loop Ileostomy be Predicted? A National Readmission Database Analysis** (P27)

M.A. Alqahtani\*, S. Al-Masrouri, N. Morin, C. Vasilevsky, G. Ghitulescu, J. Faria, M. Boutros, K. Zhao: Montreal, QC, CANADA

9:50 am **Laparoscopic Compared to Open Splenic Flexure Mobilization Is Associated With Decreased Risk of Splenic/Pancreatic Injury and Peri-operative Blood Transfusion Without A Significant Increase In Operative Time: An ACS-NSQIP Propensity Score-Adjusted Analysis** (P28)

F. Alrashid\*, S. Al-Masrouri, N. Morin, C. Vasilevsky, J. Faria, G. Ghitulescu, M. Boutros, K. Zhao: Montreal, QC, CANADA

**Monday, June 3****Monitor #8 - Pelvic Floor Disorders**

**Co-moderators:** Alessandra Gasior, MD, *Columbus, OH*  
Gifty Kwakye, MD, *Ann Arbor, MI*

9:35 am **Has the Use of Minimally Invasive Techniques for Full Thickness Rectal Prolapse Affected Long-term Recurrence Rates?** (P29)

S. Bibi\*, J.L. Parker, J.W. Ogilvie, M. Luchtefeld: Grand Rapids, MI

9:40 am **The Impact of Laparoscopic Technique on the Rate of Perineal Hernia after Abdominoperineal Resection of the Rectum** (P30)

A. Black\*, T. Phang, A.A. Karimuddin, R. Robertson, M.J. Raval, C.J. Brown: Vancouver, BC, CANADA

9:45 am **The Use of Hyoscyamine in Fecal Incontinence** (P31)

A. Casano\*, A. Crume, J. Waldron, M. Murday: Salt Lake City, UT

9:50 am **Fecal Incontinence after Acute Stroke (Finish Study): A Prospective Longitudinal Study** (P32)

J. Corra\*, G. Lucente, A. Piqueras, J. Serra, M. Hernández, S. Domenech, M. Millan, D. Parés: Badalona, SPAIN

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Monday, June 3****Monitor #9 - Neoplastic Disease**

- Co-moderators:** Laila Rashidi, MD, *Galveston, TX*  
Ankit Sarin, MD, *San Francisco, CA*
- 9:35 am **Familial Adenomatous Polyposis Prevalence and APC Mutation Spectrum in University of South Alabama Regional Patient Population (P33)**  
L. Grimm, L. Gibson\*, J. Blount, B. Wang: Mobile, AL
- 9:40 am **Do Diagnostic and Procedure Codes within Population-based, Administrative Datasets Accurately Identify Patients with Rectal Cancer? (P34)**  
R. Gilbert\*, R. Auer, H. Moloo, R.P. Boushey, M. Reilly, D. Rothwell, C. vanWalraven: Ottawa, ON, CANADA; T. Gomes: Toronto, ON, CANADA
- 9:45 am **Positive Circumferential Resection Margins Following Locally Advanced Colon Cancer Surgery: Risk Factors and Survival Impact (P35)**  
P. Goffredo\*, A.T. Masson, J. Hrabe, I. Gribovskaja-Rupp, M. Kapadia, I. Hassan, T. Ginader: Iowa City, IA; Y. You: Houston, TX
- 9:50 am **Does Adjuvant Chemotherapy Benefit High-Risk Stage 2 Colon Cancer: A Nomogram to Predict Reduction in 5-year Mortality Risk with Adjuvant Chemotherapy (P36)**  
A.E. Graham\*, A. Sparks, B. Umapathi: Washington, DC

**Monday, June 3****Monitor #10 - Outcomes**

- Co-moderators:** Emily Carter Paulson, MD, *Philadelphia, MA*  
Gabriela Poles, MD, *Rochester, MD*
- 9:35 am **Does Robotic Right Hemicolectomy Reduce the Risk of Incisional Hernia? (P37)**  
M. Asai\*, S. Nalamati, S. Webb, M. Shukairy: Detroit, MI
- 9:40 am **Does 81 mg Aspirin Reduce the Risk of Postoperative Deep Vein Thrombosis? (P38)**  
M. Asai\*, C. Reickert, A. Stefanou, R. Kalu, C. Fisher: Detroit, MI

- 9:45 am **Turnbull Cutait Is A Safe Option Prior To Considering A Permanent Stoma (P39)**  
B. Bandi\*, A. Jarrar, L. Stocchi, S.R. Steele, J. Church, T. Hull: Cleveland Heights, OH

- 9:50 am **In-hospital Opioid Use among Patients Undergoing Sigmoidectomy for Diverticular Disease (P40)**  
A. Bastawrous\*: Seattle, WA; I. Shih, Y. Li: Sunnyvale, CA; R.K. Cleary: Ann Arbor, MI

**Monday, June 3****Monitor #11 - Quality**

- Co-moderators:** Louis Barfield, MD, *Baton Rouge, LA*  
Karen Sherman, MD, *Raleigh, NC*
- 9:35 am **"To Be or Not to Be" for Suturing of the Rectal Wall Defect after TEM/TAMIS? (P41)**  
A. Dulskas\*, P. Kavaliauskas, E. Stratilatovas: Vilnius, LITHUANIA; N.E. Samalavicius: Klaipeda, LITHUANIA
- 9:40 am **Outcomes and Effects of Carbohydrate Loading in Diabetic Colorectal Surgery Patients Enrolled in an Enhanced Recovery after Surgery (ERAS) Pathway (P42)**  
A.C. Fabrizio\*, L.J. Maldonado, J. Irani, N. Melnitchouk, J. Goldberg, R. Bleday: Boston, MA
- 9:45 am **"Nudging a Surgeon": Choice-Architecture and Decision-Making in Surgery (P43)**  
A.O. Farooq\*, W.D. Buie: Calgary, AB, CANADA
- 9:50 am **A Patient-centered Remote Care Pathway to Manage Postoperative Complications in Ostomates (P44)**  
R. Fearn\*: London, UNITED KINGDOM

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Monday, June 3****Monitor #12 - Neoplastic Disease**

**Co-moderators:** Lyen Huang, MD, *Salt Lake City, UT*  
Kelly Tyler, MD, *Springfield, MA*

9:35 am **Serial Assessment of Bowel Function and Quality of Life following Transanal Endoscopic Microsurgery for Rectal Tumors (P45)**  
P.B. Yaffe\*, K. Clouston, D. Hochman, R.M. Helewa, B. Yip, R. Silverman, J. Park: Winnipeg, MB, CANADA

9:40 am **Comparison Between Prophylactic and Selective Lateral Pelvic Lymphadenectomy for Lower Rectal Cancer: Retrospective Single Institution Study of 355 Patients (P46)**  
S. Yamaguchi\*, Y. Hirano, T. Ishii, H. Kondo, K. Hara, A. Suzuki: Hidaka, JAPAN

9:45 am **Optimal Treatment Strategy for Rectal Cancer Based on the Risk Factors for Recurrence Patterns (P47)**  
T. Yamamoto\*, K. Kawada, K. Hida, R. Ganeko, Y. Sakai: Kyoto, JAPAN

9:50 am **Comparison of Pathology and Specimen Quality of Transanal Total Mesorectal Excision (taTME) with Minimally Invasive Total Mesorectal Excision (TME) for Rectal Cancer (P48)**  
V. Lao, D. Krizzuk, K. Poh, M. Berho, G. da Silva-southwick, E. Weiss, S.D. Wexner\*, D.R. Sands: Weston, FL

**Monday, June 3****Monitor #13 - Quality**

**Co-moderators:** Anuradha Bhama, MD, *Chicago, IL*  
Mary Kwaan, MD, *Los Angeles, CA*

9:35 am **Oh My Aching Hemorrhoids: Surgeons' Perceptions and Opioid Prescribing Patterns Following Anorectal Surgery (P49)**  
S. Vemuru\*, E.D. Krebs, S.C. Hoang, T. Hedrick, C. Friel: Charlottesville, VA

9:40 am **Post-Discharge Opioid Consumption after Colectomy: Does Operative Approach Matter? (P50)**  
J. Vu\*, M. Englesbe, C. Brummett, J. Waljee, P. Suwanabol, R.K. Cleary: Ann Arbor, MI

9:45 am **The Role of Glycemic Endothelial Drink in Reducing Acute Kidney Injury as part of the ERAS Protocol (P51)**  
R.A. Weinheimer\*, I. James, E. Askenasy: Houston, TX

9:50 am **Impact of Multidisciplinary Conference Implementation on Quality of Rectal Cancer Care at a Canadian Tertiary Centre (P52)**  
H. Yoon\*, A.A. Karimuddin, M.J. Raval, T. Phang, C.J. Brown: Vancouver, BC, CANADA

**Monday, June 3****Monitor #14 - Neoplastic Disease**

**Co-moderators:** Jeffrey Douaiher, MD, *Walnut Creek, CA*  
Anne Mongiu, MD, *Brooklyn, NY*

9:35 am **The Relationship Between Aortoiliac Calcification and Long-term Oncologic Outcome in Patients Undergoing Rectal Cancer Resection (P53)**  
K. Knight\*, P.U. Horgan, D. McMillan, J.H. Park, C. Roxburgh, K. Boland: Glasgow, UNITED KINGDOM

9:40 am **The Impact of Anal Intra-Epithelial Neoplasia on Disease Characteristics and Outcomes in Patients with Anal Squamous Cell Carcinoma (P54)**  
K. Knight\*, J. Anderson, R. McKee, J. Choong, F. Duthie, C. Roxburgh, K. Burton, A. McDonald: Glasgow, UNITED KINGDOM

9:45 am **The Effects of Mismatch Repair Deficiency Screening in Surgical Management of Colorectal Cancer (P55)**  
K.E. Koch\*, P. Goffredo, J. Hrabec, I. Gribovskaja-Rupp, M. Kapadia, A. Snow, A. Bellizzi: Iowa City, IA

9:50 am **Different Oncologic Impact of Mesocolic Lymph Node Metastasis Between Right and Left Colon Cancer after Curative Colectomy: Results of Anatomical Mapping of Harvested Lymph Nodes in 1,429 Patients Undergoing D3 Dissection (P56)**  
T. Konishi\*, T. Tominaga, T. Yamaguchi, T. Nagasaki, T. Akiyoshi, Y. Fujimoto, S. Nagayama, Y. Fukunaga, M. Ueno: Tokyo, JAPAN

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Monday, June 3****Monitor #15 - Neoplastic Disease**

**Co-moderators:** David Dietz, MD, *Cleveland, OH*  
Dana Hayden, MD, *Chicago, IL*

- 9:35 am **Prophylactic Gynecologic Surgery at Time of Colectomy Benefits Women with Lynch Syndrome and Colorectal Cancer: A Markov Analysis (P57)**  
A. Ofshteyn\*, B. Jiang, K. Bingmer, S.L. Stein, E. Steinhagen, J.M. Nakayama, C.J. Gallego: Cleveland, OH
- 9:40 am **Disparities in Adequate Neoadjuvant Radiation Dosing for Treatment of Rectal Cancer (P58)**  
A. Ofshteyn\*, K. Bingmer, R.A. Charles, D. Dietz, E. Steinhagen, S.L. Stein: Cleveland, OH
- 9:45 am **Medium Rectum Squamous Cell Carcinoma (P59)**  
E.S. Oliveira, P.H. Correia, P.M. Saffi, P.P. Thomé, R.C. Melo, M. Crosara Teixeira, J.B. Oliveira\*: Brasília, BRAZIL
- 9:50 am **Impact of Lack or Poor Response to Chemoradiotherapy on Radial Margin Positivity Rates in Locally Advanced Rectal Cancer-An ACS-NSQIP Analysis (P60)**  
A. Ore\*, C. Cordova, C. Gabrielle, J. Quinn, T. Cataldo, V. Poylin, E. Messaris, M.J. Abrams: Boston, MA

**Monday, June 3****Monitor #16 - Benign Disease**

- Co-moderators:** I. Ethem Gecim, MD, *Ankara, Turkey*  
Angela Kuhnen, MD, *Burlington, MA*
- 9:35 am **Clinical Symptoms and the Outcome of C. Difficile Infection in Rectal Cancer Patients after Rectal Resection and Ileostomy-repair Operation (P61)**  
S. Yeom\*, H. Kim, Y. Kim, C. Kim, S. Lee: Hwasun-gun, KOREA (THE REPUBLIC OF)
- 9:40 am **The Diagnosis and Surgical Management of Tailgut Cysts: A Rare Case Report (P62)**  
K. Zhang\*, J. Li, T. Liu, J. Shi: Changchun, CHINA

- 9:45 am **Pursestring Versus Linear Skin Closure at Loop Ileostomy Reversal: A Systematic Review and Meta-Analysis (P63)**  
N. Zhang\*, M. Gachabayov, H. Lee, A. Dyatlov, R. Bergamaschi: Scarsdale, NY

- 9:50 am **Clinical study of the TST-STARR Plus in the treatment of Severe Prolapsed Hemorrhoids (P64)**  
Z. Zhang\*: Xuzhou, CHINA

**Monday, June 3****Monitor #17 - Neoplastic Disease**

**Co-moderators:** Ellen Bailey, MD, *Columbus, OH*  
Michelle Cowan, MD, *Aurora, CO*

- 9:35 am **Long Term Outcomes Following Laparoscopic Versus Open Rectal Cancer Surgeries - A Propensity Matched Analysis from a South Asian Tertiary Care Cancer Centre (P65)**  
S.P. Sasi\*, V. Chaudhari, S. Kannan, D. Kumar K G, U. Tantravahi, S. Kumar, A.L. Desouza, A. Saklani: Mumbai, INDIA
- 9:40 am **Short Term Outcomes Following Laparoscopic Versus Open Rectal Cancer Surgery Post Neoadjuvant Radiotherapy-A Propensity Matched Analysis from a South Asian Tertiary Care Cancer Centre (P66)**  
S.P. Sasi\*, U. Tantravahi, S. Kumar, J. Rohila, N. Aggarwal, S. Kannan, A.L. Desouza, A. Saklani: Mumbai, INDIA

- 9:45 am **Pathology Reporting of Rectal Cancer Specimens: What We Can Do Better (P67)**  
P. Shenoy\*, T. Colbert, L. Shaffer, K. Khanduja: Columbus, OH

- 9:50 am **Intraoperative Colonoscopy Can Find Complications of Anastomosis Early in Colorectal Surgery (P68)**  
S. Shin\*, H. Kim, H. Cho, R. Yoo, S. Han: Suwon, KOREA (THE REPUBLIC OF)

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Monday, June 3****Monitor #1 - Quality**

**Co-moderators:** Samuel Eisenstein, MD, *La Jolla, CA*  
Gabriela Poles, MD, *Rochester, MD*

- 11:40 am **Anatomical Identification of Trans-abdominal TME Terminal Line and Trans-anal TME Start Line (P69)**  
W.M. Ghareeb\*, P. Chi, X. Wang, W. Wang:  
Fuzhou, CHINA
- 11:45 am **Implementation Costs for Enhanced Recovery after Surgery (ERAS) Protocols - Practical or Prohibitive? (P70)**  
M.M. Alvarez-Downing\*, R.J. Chokshi: Newark, NJ
- 11:50 am **Optimizing ERAS Fluid Management: Association of Intraoperative Fluid Volume and Recovery Following Colorectal Surgery (P71)**  
K. Gupta, S. McCluskey, A E. Pearsall, R. McLeod, J. Victor: Toronto, ON, CANADA; A. Caycedo\*, T. Hick: Sudbury, ON, CANADA; S. Forbes: Hamilton, ON, CANADA
- 11:55 am **Tradition Versus Value: Is there Utility in Protocolized Postoperative Laboratory Testing after Elective Colorectal Surgery? (P72)**  
N.P. McKenna\*, E.B. Habermann, A.E. Glasgow, R. Cima: Rochester, MN
- Noon **Rectal Pain and CT Utilization in the Emergency Department (P73)**  
E. Hayakawa\*, B.A. Kerner, M. Pershing:  
Columbus, OH
- 12:05 pm **Office Visits Prior to Colonoscopy: Does it Make a Difference? (P74)**  
E. Hayakawa\*, B.A. Kerner, M. Pershing:  
Columbus, OH
- 12:10 pm **Outcomes of Single Incision Laparoscopic Surgery (SILS) in Colorectal Surgery: A Single Centre Experience (P75)**  
P.M. Yang, V.R. Rajalingam\*, Y. Abou El Ella, A.P. Kisiel, A. Ehsan, D.T. Tan, S. Azam, Z.S. Ahmed, P.O. Kumar, S. Zaman, O. Oluwajobi, P.W. Waterland: Dudley, UNITED KINGDOM

- 12:15 pm **Colorectal Cancer Registries: Comparing the United Kingdom and United States of America and the Call for International Standardization (P76)**  
S. Nikolaou\*, P. Tekkis, C. Kontovounisios:  
London, UNITED KINGDOM; J. Taylor, M. Stem, H. Chung, J. Efron, B. Safar: Baltimore, MD
- 12:20 pm **Enhanced Recovery Offers Feasible Value in Rural Colorectal Surgery (P77)**  
L. Smucker\*, L. Ocegueda, R. Monzon, C. Kennedy, M. Scribani, J. Victory, A. Powers:  
Cooperstown, NY
- 12:25 pm **Opioid Prescribing Patterns and Patient Use at Discharge after Colorectal Surgery (P78)**  
T.H. Aulet\*, M. Fujii, E. Jones, T.P. Ahern, K. Evans, P. Cataldo, J. Moore, A. Pius: Burlington, VT
- 12:30 pm **What Really Influences the Decision for Resection in Colon Cancer Patients? Medical Factor vs. Non-medical Factors (P79)**  
M. Lin\*, C. Foglia, S.Y. Chao: Queens, NY; J.C. Hsieh: Ames, IA

**Monday, June 3****Monitor #2 - Neoplastic Disease**

- Co-moderators:** Wolfgang Gaertner, MD, *Minneapolis, MN*  
Mukta Krane, MD, *Seattle, WA*
- 11:40 am **Outcomes Following Selective Splenic Flexure Mobilization in the Robotic Era (P80)**  
M.K. Zipple\*, A. Chonghasawat, F. Tootla: Keego Harbor, MI
- 11:45 am **Organ Preservation in Rectal Cancer: Bonus or Ultimate Goal? (P81)**  
A. Erkan\*, A.J. Mendez, R. Yap, J. Kelly, G.J. Nassif, T.C. deBeche-Adams, M.R. Albert, J.R. Monson: Orlando, FL
- 11:50 am **Assessment of Learning Curve of taTME by Multidimensional CUSUM Analysis (P82)**  
K. Poh, Y. Hong, V. Lao, D. Krizzuk, G. da Silva-southwick, J. Nogueras, S.D. Wexner\*, D.R. Sands: Weston, FL
- 11:55 am **Colorectal Squamous Cell Carcinoma: A Population-Based Study of Rare Tumor Type (P83)**  
D. Donato-brown, J. Murphy\*: London, UNITED KINGDOM; A. Antoniou: Harrow, UNITED KINGDOM

All e-poster presenters are noted with an \*.

## E-Poster Presentations

Noon	<b>CD4/CD8 Ratio as a Novel Marker for Increased Risk of High-Grade Anal Dysplasia and Anal Cancer in HIV+ Patients (P84)</b> C.B. Geltzeiler*, Y. Xu, C.I. Voils, Y. Ghouse, J. Beczkiewicz, R. Sriker: Madison, WI		
12:05 pm	<b>Can the Normalized Carcinoembryonic Antigen (CEA) during Neoadjuvant Chemoradiation Predict Tumor Recurrence after Curative Resection in Patients with Locally Advanced Rectal Cancer? (P85)</b> Y. Hong, K. Poh, D. Krizzuk, A. Nagarajan, S. Amarnath, J. Noguera, S.D. Wexner*, G. da Silva-southwick: Weston, FL	11:40 am	<b>Monday, June 3</b> <b>Monitor #3 - Outcomes</b> <b>Co-moderators:</b> Sook Hoang, MD, Charlottesville, VA Kelly Tyler, MD, Springfield, MA
12:10 pm	<b>Internal Hemorrhoid Harboring Adenocarcinoma: A Case Report (P86)</b> M. Caparelli*, J. Batey, C. Barrat: Blue Ash, OH	11:45 am	<b>The Impact of a Multidisciplinary Team and Cancer-Specific Tumor Board in Improving Processes and Outcomes in Patients with Rectal Cancer (P91)</b> J. Swords*, G. Iliff, P.F. Rider, J. Hunter, L. Grimm, B. Wang: Mobile, AL
12:15 pm	<b>A Rare Case of Inflammatory Myofibroblastic Tumor of the Appendix Accompanied with Acute Appendicitis (P87)</b> Y. Park*, S. Oh, J. Lee: Uijeongbu, KOREA (THE REPUBLIC OF)	11:50 am	<b>Opioid Requirements in Laparoscopic Colectomies: Do ERAS Protocols Make a Difference? (P92)</b> M. Ziegler, H. Wasvary, S. Kawak*, J. Wasvary: Royal Oak, MI
12:20 pm	<b>The Stromal Phenotypic Subtype and Increased Risk of Local Recurrence after Rectal Cancer Surgery (P88)</b> C. Roxburgh*, K. Knight, J.H. Park, C.W. Steele, P.U. Horgan, D. McMillan, K. Pennel, J. Edwards, A. Roseweir: Glasgow, UNITED KINGDOM; N. Caixeiro, S. Lee: New South Wales, AUSTRALIA	11:55 am	<b>Hand-assisted Laparoscopy Versus Straight Laparoscopy for Colorectal Surgery - A Systematic Review and Meta-analysis (P93)</b> A.O. Frois*, Y. Huang, C.J. Young: New South Wales, AUSTRALIA
12:25 pm	<b>Initial Experience and Early Outcomes of a Newly Established Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy Program Led by a Colorectal Surgeon at a Single Institution (P89)</b> C. Wickham*, K.L. Mirza, E. Noren, M.P. Duldulao, S. Kulkarni, J. Shin: South Pasadena, CA	Noon	<b>Transanal Endoscopic Resection in Advanced Rectal Cancer Following Neoadjuvant Chemoradiotherapy: Safe and Effective? (P94)</b> Y. Chen*, T. Chen: Taichung, TAIWAN
12:30 pm	<b>Deep Neural Networks Assisted Diagnosis For Metastatic Pelvic Lymph Nodes (P90)</b> Y. Lu*: Qingdao, CHINA; Z. Zhang: Chicago, IL	12:05 pm	<b>Latrogenic Genitourinary Injuries in Colorectal Surgery: Outcomes and Risk Factors for Early and Late Intervention from a Nationwide Cohort (P95)</b> T. Liu*, P. McClelland, G. Ozuner, H. Burkholder, T. Beninato, M. Zenilman: Brooklyn, NY
			<b>Racial Differences in the Incidence, Presentation, and Outcomes of Early and Standard Onset Colorectal Cancer (P96)</b> A.E. Graham*, A. Sparks, B. Umaphathi: Washington, DC

All e-poster presenters are noted with an \*.



## E-Poster Presentations

- 12:10 pm **The Effect of Tobacco Smoking on Organ-Space Surgical Site Infections after Creation of Gastro-Intestinal Anastomoses (P97)**  
D.D. Zhang\*, F. Dossa, N. Baxter: Toronto, ON, CANADA
- 12:15 pm **Nodal Harvest for Right-Sided Colon Cancer: A Case-Matched Assessment of Laparoscopic vs. Robotic Approaches (P98)**  
R. Batra\*, M. Fuglestad, H. Hernandez, K. Samson, J.A. Leinicke, S. Langenfeld: Omaha, NE
- 12:20 pm **Impact of a Novel Wound Retractor with Continuous Irrigation on Surgical Site Infection Following Colectomy (P99)**  
A.J. Malek\*, H.T. Papaconstantinou, J.S. Thomas, L.N. Sager: Temple, TX
- 12:25 pm **A New Robotic Colon and Rectal Surgery Program : A Two-Year Experience (P100)**  
A.M. Dinallo\*, D. Craigg, T. Desai, T. Bourdeau, J. Spence, A. Chudzinski: Tampa, FL
- 12:30 pm **A Novel Preoperative Risk Score to Predict Lymph Node Positivity for Rectal Neuroendocrine Tumors: An NCDB Analysis to Guide Operative Technique (P101)**  
A.C. Gamboa\*, Y. Liu, M.Y. Zaidi, R.M. Lee, G. Balch, C. Staley, M.C. Russell, K. Cardona, P.S. Sullivan, S. Maithel: Atlanta, GA
- 11:50 am **The Association Between Primary Tumor Location and Risk Factors for Recurrence in Patients Who Underwent Curative Resection for Stage II Colon Cancer (P104)**  
A. Obana\*, M. Koyama, K. Kitamura, T. Matsumura, K. Karikomi, T. Suwa: Kashiwa, JAPAN
- 11:55 am **T1 Colorectal Cancer Underwent Additional Surgical Resection Following Endoscopic Resection. (P105)**  
Y. Mizuuchi\*, Y. Tanabe, M. Sada, Y. Kitaura, Y. Watanabe, N. Suehara, K. Nishihara, T. Nakano: Kitakyushu City, JAPAN
- Noon **Tailoring the Radiotherapy Approach in Patients with Anal Squamous Cell Carcinoma Based on Inguinal Sentinel Lymph Node Biopsy (P106)**  
P. De Nardi\*, G. Burtulo, R. Rosati, P. Passoni, N. Slim, M. Ronzoni, C. Canevari, D. Parolini, L. Massimino: Milan, ITALY; M. Mistrangelo, P. Franco, P. Cassoni, A. Lesca, V. Testa: Turin, ITALY
- 12:05 pm **Oncologic Impact of Anatomic Extent of Metastatic Lymph Nodes Metastasis in Stage III Colon Cancer: Implications for Choice of Adjuvant Chemotherapy (P107)**  
I. Woo, J. Park, S. Park\*, H. Kim, G. Choi, B. Kang, J. Kim: Daegu, KOREA (THE REPUBLIC OF)
- 12:10 pm **Short- And Long-Term Outcomes of High Tie Versus Low Tie With Lymph Node Dissection Around the Inferior Mesenteric Artery in Sigmoid Colon or Rectal Cancer Surgery (P108)**  
X. Li\*: Shanghai, CHINA
- 12:15 pm **Comparison of Single or Staged Surgical Management in Acute Obstructive Non-metastatic Colorectal Cancer Patients Aged Over 75: Experience in National Center of Gerontology in China (P109)**  
J. Cui\*, G. Zhao, X. Cao, G. Xiao: Beijing, CHINA
- 12:20 pm **Does Appendectomy Before Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Appendiceal Neoplasm Influence Survival? (P110)**  
J. Kaplan\*, W.B. Gaertner, C. Jensen, T. Tuttle: Minneapolis, MN
- 12:25 pm **Faster Region-based Convolutional Neural Network-Aided Diagnosis for Rectal Cancer Circumferential Resection Margin of MRI Images (P111)**  
Y. Lu, X. Zhang, Y. Gao, D. Wang: Qingdao, CHINA; Z. ZHANG\*: Chicago, IL

**Monday, June 3****Monitor #4 - Neoplastic Disease**

**Co-moderators:** Alex Ky, MD, New York, NY  
Ankit Sarin, MD, San Francisco, CA

- 11:40 am **Short Term Outcomes of Stents in Obstructing Rectal Cancer. Systematic Review and Meta-analysis (P452)**  
H.M. Halawani\*, E. Alshehrani, R. Alamoudi, S. Jambi, N. Farsi, M. Nassif, N. Akeel, N.H. Trabulsi: Jeddah, SAUDI ARABIA
- 11:45 am **Appendiceal Adenocarcinoma: Overall Survival Associated with Adjuvant Chemotherapy is Lower than Expected (P103)**  
J.V. Gahagan\*, M.D. Whealon, M.D. Jafari, S.D. Mills, A. Pigazzi, M. Stamos, J. Carmichael: Orange, CA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:30 pm **Survival Outcomes of Appendiceal Mucinous Neoplasms by Histological Type and Stage: Analysis of 266 Cases in a Multicenter Collaborative Retrospective Clinical Study (P112)**  
S. Noura\*, T. Takeda, T. Hata, C. Matsuda, T. Mizushima, H. Yamamoto, Y. Doki, T. Sueda, M. Ikenaga, H. Mizuno, A. Ogawa, T. Fukata, H. Osawa, H. Tamagawa, Y. Ide, S. Okamura: Osaka, JAPAN; K. Murata, H. Takemoto, K. Konishi: Hyogo, JAPAN; M. Mori: Fukuoka, JAPAN

**Monday, June 3****Monitor #5 - Neoplastic Disease**

**Co-moderators:** Louis Barfield, MD, *Baton Rouge, LA*  
Gokhan Ozuner, MD, *Brooklyn, NJ*

11:40 am **Disparities in Outcomes of Abdominoperineal Resection Between Patients with Anal and Rectal Cancer (P113)**  
J. Idrees\*, K. Bingmer, D. Dietz, R.A. Charles, E. Steinhagen, S.L. Stein: Cleveland, OH

11:45 am **CapeOx With Sequential Apatinib in Treating Rectal Cancer as Ideal Neo-adjuvant Chemotherapy — A Primary Report on a New Preoperative Only Chemotherapy Strategy (P114)**  
J. Liu\*, Y. Dong, X. He, X. Wang, L. Li: Chengdu, CHINA; T. Phang: Vancouver, BC, CANADA

11:50 am **Case Report: Primary Lung Cancer with Solitary Metastasis to Rectosigmoid Colon (P115)**  
R. Deldar\*: Washington, DC; I. Rizvi: McLean, VA; G.L. Chen: Fairfax, VA

11:55 am **Multicenter Preliminary Results of Neoadjuvant Chemotherapy Prior Elective Surgery Following Self-expanding Metallic Stents for Obstructing Left-sided Colonic Cancer (P588)**  
Z. Wang\*, J. Han: Beijing, CHINA; Y. Dai: Jinan, CHINA; X. Li: Changsha, CHINA; Q. Qian: Wuhan, CHINA; G. Wang: Shijiazhuang, CHINA

Noon **Validation of Biomarkers of Preoperative Chemoradiotherapy for Advanced Low Rectal Cancer and Extraction of the High-risk Group of Recurrence (P117)**  
A. Tsuruta\*, Y. Watanabe, T. Ueno, T. Nagasaka, H. Tanioka: Kurashiki, JAPAN

12:05 pm **Determining the Learning Curve of taTME in the Single-Surgeon-Team Setting (P118)**  
A. Caycedo\*, G. Ma, J. Caswell, M. Conlon: Sudbury, ON, CANADA

12:10 pm **Racial Group Comparison of KRAS Testing and Mutation Rates in Metastatic Colorectal Cancer (P119)**  
M.K. Zipple\*, F. Tootla: Keego Harbor, MI

12:15 pm **A Main Cause for the Impairment of Anal Function after Intersphincter Resection: From Pathology to Clinical Practice (P120)**  
W. Zhang\*, G. Sun, Z. Lou, X. Gao, G. Yu, C. Bai: Shanghai, CHINA

12:20 pm **Long-term Oncologic Outcomes of Primary Rectal Cancer Treated with Laparoscopic Approach: A 12 Years Cohort Study (P121)**  
V. Courval\*, F. Letarte, S. Drolet, C. Marcoux, A. Brind'Amour, M. Bellavance, L. Gosselin, A. Bouchard, P. Bouchard: Lac-Des-Écorces, QC, CANADA

12:25 pm **Is Completion Resection Necessary Following Endoscopic Resection of T1 Polyp Cancers? (P122)**  
R.K. Griggs\*, E.D. Courtney: Bath, UNITED KINGDOM

12:30 pm **The Clinical Outcomes of Hyperthermic Intraperitoneal Chemotherapy after Complete Cytoreduction with Concurrent Liver Surgery in Patients with Synchronous Peritoneal and Liver Metastases from Colorectal Origin (P123)**  
Y. Jeon\*, E. Park, J. Lim, S. Baik: Seoul, KOREA (THE REPUBLIC OF)

**Monday, June 3****Monitor #6 - Benign Disease**

**Co-moderators:** Alexander Hawkins, MD, *Nashville, TN*  
Vitaliy Poylin, MD, *Boston, MA*

11:40 am **Predictive Factors of Recurrence after Anal Condyloma Treatment (P124)**  
A.G. Canelas\*, L. Pereyra, M. Matzner Perfumo, M. Bun, M. Laporte, N. Rotholtz: Buenos Aires, ARGENTINA

11:45 am **Extensive Perineal and Scrotal Emphysema as Presentation of Anal Fistula (P125)**  
B. Raad, T. Kurdi\*, F. Kistawi: Madinah, SAUDI ARABIA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

11:50 am	<b>Chronic Fecal Incontinence Secondary to Lidocaine/Bupivacaine Induced Myotoxicity of Anal Sphincter Complex: A Case Report (P126)</b> A. Dakwar*, M.S. Zoumberos, J. Williams: Tampa, FL	<b>Monday, June 3</b>	
		<b>Monitor #7 - Inflammatory Bowel Disease</b>	
		<b>Co-moderators:</b>	<b>Scott Daugherty, MD, Baton Rouge, LA</b> <b>Alessandra Gasior, MD, Columbus, OH</b>
11:55 am	<b>Evaluation of Practice Patterns of Chemodeneration for Chronic Anal Fissure (P127)</b> A.R. Bhama*: Chicago, IL; J. Mizell: Little Rock, AR; N. Melnitchouk: Boston, MA; K.N. Zaghiyan: Los Angeles, CA; K.L. Sherman: Durham, NC	11:40 am	<b>A Case of Endoscopic Balloon Dilation of Ileocecal Valve Stricture (P135)</b> R.E. NeMoyer*, K.D. Donohue, C. Anderson, N. Maloney Patel: New Brunswick, NJ
Noon	<b>Laparoscopic Sigmoid Colectomy for a Ureterocolic Fistula Secondary to Diverticulitis: A Case Report (P128)</b> J. Koury*, D. Reddy: Harrisburg, PA	11:45 am	<b>Variability in Pathology Reporting of Ulcerative Colitis Colectomy Specimens Reveal a Need for Standardized Reporting. (P136)</b> M.A. Krezalek*, A. D'Angelo, A.L. Lightner: Rochester, MN; M. Jung, Z. Dee, K.N. Zaghiyan, P. Fleshner: Los Angeles, CA
12:05 pm	<b>Patient Age Should Not Determine Elective Resection for Acute Diverticulitis (P129)</b> M.F. Bekhit*, B. Warren, K. Safcsak, B. Castro, M.L. Cheatham, I. Bhullar: Orlando, FL	11:50 am	<b>Short and Long-term Outcomes of One-stage Stapled Ileal Pouch Anal Anastomosis for Ulcerative Colitis (P137)</b> K. Tatsumi*, A. Sugita, K. Koganei, R. Futatsuki, H. Kuroki, H. Kimura, T. Fukushima: Yokohama, JAPAN
12:10 pm	<b>Modified Van Assche MRI-based Score for Assessing Clinical Status of Anal Fistula (P130)</b> W. Wang*, H. He, C. Cao: Chengdu, CHINA	11:55 am	<b>Reoperation Surgery Following IPAA: Is There a Role for Laparoscopy? (P138)</b> S. Yellinek, H. Gilshtein, D. Krizzuk, S.D. Wexner*: Weston, FL
12:15 pm	<b>Current US Preoperative Bowel Preparation Trends: A 2018 Survey of the American Society of Colon and Rectal Surgeons Members (P131)</b> S. McChesney*, M. Zelhart, R.L. Nichols, R.L. Green: New Orleans, LA	Noon	<b>Associations Between Multiple Immunosuppressive Treatments Before Surgery and Surgical Morbidity in Patients with Ulcerative Colitis during the Era of Biologics (P139)</b> M. Uchino*, H. Ikeuchi, T. Bnado, H. Sasaki, Y. Horio, T. Minagawa, R. Kuwahara, Y. Goto, T. Chohnno, Y. Takesue; Nishinomiya, JAPAN
12:20 pm	<b>Minimally Invasive Robotic Extended Cecal Wedge Resection for Benign Cecal/ Proximal Ascending Colon Polyps (P132)</b> J. Golzarian*: Huntsville, AL	12:05 pm	<b>Actinomycosis of the Appendix Mimicking Cecal Tumor: A Case Report (P140)</b> I. Cho*: Daegu, KOREA (THE REPUBLIC OF)
12:25 pm	<b>Utility Of Routine Interval Elective Colectomy Following Initial Episode Of Complicated Diverticulitis: A Disease Simulation and Decision Model (P133)</b> J. Nudel*, S.W. de Geus, J.F. Tseng, J. Hall, J. Srinivasan, J. Woodson: Boston, MA; C. Hur: New York, NY; A. Ali: New Orleans, LA	12:10 pm	<b>Optimal Surgical Approach to Crohn's Disease Patients with a Complex Fistula. Ligation of Intersphincteric Fistula Tract (LIFT) or Rectal Advancement Flap (FLAP)? (P141)</b> A. Mujukian*, A. Truong, P. Fleshner, K.N. Zaghiyan: Los Angeles, CA
12:30 pm	<b>What is the Impact of Diverticular Abscess Drainage on Decision to Offer Surgery? (P134)</b> C. Mccarthy, P. Mueller, P.M. Cavallaro*, K. Kennedy, L. Bordeianou, R. Bleday: Boston, MA; M. Rubin: Salem, MA; T.D. Francone: Newton, MA	12:15 pm	<b>Mortality after Surgery for IBD: Why do Patients Die? (P142)</b> C.R. Mascarenhas*, S. Holubar, T.B. Cengiz, S.R. Steele, T. Hull: Cleveland, OH

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:20 pm	<b>Recurrence of Clostridium Difficile and Cytomegalovirus Infections in Patients with Ulcerative Colitis Who Undergo Ileal Pouch-Anal Anastomosis (P143)</b> J. Pastrana Del Valle*, J. Feuerstein, J. Cataneo, V. Poylin, G.C. Lee, R.A. Hodin, L. Bordeianou, H. Kunitake: Boston, MA	Noon	<b>Application of Optical Metabolic Imaging in a Novel Preclinical Treatment Model of Anal Cancer (P150)</b> B.L. Rademacher*, M. Conti, B.B. Patin, E.H. Carchman, P.F. Favreau: Madison, WI
12:25 pm	<b>Surgical Management of Rectovaginal Fistula in Crohn's Disease (P144)</b> I. Sapci*, M. Zutshi, N. Akeel, T. Hull: Cleveland, OH	12:05 pm	<b>Targeting Colon Cancer Stem Cell Survival with a Novel Connexin43 Mimetic Peptide (P151)</b> F. Adkins, J. Sabile*, J. Smyth, R. Gourdie, D. Grider, J. Vaughn, S. Lamouille: Roanoke, VA
12:30 pm	<b>Extended Thromboprophylaxis Following Colorectal Surgery in Patients with Inflammatory Bowel Disease: A Comprehensive Systematic Clinical Review (P145)</b> T.J. McKechnie*, J. Wang, J.E. Springer, S. Forbes, C. Eskicioglu: Hamilton, ON, CANADA	12:10 pm	<b>16S rRNA Taxonomic Analysis of the Appendix Bacterial Microbiome in Health and Disease (P152)</b> A. Scott*, N. Nachiappan, J.L. Alexander, J. Marchesi, J.M. Kinross: London, UNITED KINGDOM
<b>Monday, June 3</b>			
<b>Monitor #8 - Basic Science</b>			
<b>Co-moderators:</b>	<b>Irena Gribovskaja-Rupp, MD, Iowa City, IA</b> <b>Evangelos Messaris, MD, Boston, MA</b>	12:15 pm	<b>A Dinucleotide Deletion in the CD24 Gene is a Potential Risk Factor for Colorectal Cancer (P153)</b> L. Segev*, I. Naboishchikov, D. Kazanov, E. Bernstein, M. Shaked, N. Arber, S. Shapira: Tel-Aviv, ISRAEL; A. Nissan: Tel Hashomer, ISRAEL
11:40 am	<b>Role of Interleukin 10 Genetic Polymorphisms in Mexican Patients with Rectal Cancer (P146)</b> J. de León Rendón*, J.A. Villanueva-Herrero, M. Recalde Rivera, D. Vargas Velásquez, B. Jimenez-Bobadilla, J. Ángeles Martínez, R. López Pérez, N. Gracida Mancilla: Mexico City, MEXICO	12:20 pm	<b>Clinical Implications of Distinct Tumor Microenvironment Signatures between Early and Late-onset Colorectal Cancer (P154)</b> R. Siddharthan*, R. Ruhl, R. Martindale, S. Anand, L. Tsikitis: Portland, OR
11:45 am	<b>The Efficiency and Mechanisms of Chinese Herbal enema prescription(DHEP) for Inhabiting inflammatory response, regulating intestinal microbiota in Ulcerative Colitis (P147)</b> K. Ding*, D. Gong-Jian, D. Yang, Z.S. Min: Nanjing, CHINA	12:25 pm	<b>Atherosclerotic Risk Assessment and Computed Tomography Angiography Predicting the Critical Hemodynamic Alteration of the Marginal Artery after High Ligation of the Inferior Mesenteric Artery in Rectosigmoid Colon Cancer Patients (P155)</b> G. Son*: Yangsan-si, KOREA (THE REPUBLIC OF)
11:50 am	<b>Efficacy of Sacral Nerve Stimulation for Treatment of Fecal Incontinence (P148)</b> A. Hayden*, G. Blestel, Y. Yurko: Greenville, SC	12:30 pm	<b>Reduction of Colonic Blood Flow in Pedicled Colonic Segments in Rats and its Consequences for Anastomotic Leakage (P156)</b> K. Kawada, Y. Sakai: Kyoto, JAPAN; T. Wada*: Otsu city, JAPAN
11:55 am	<b>Amphiphilic Polypeptide-based Micelles Delivering 20(S)-ginsenoside Rg3 and Curcumin to Treat Colorectal Adenocarcinoma (P149)</b> J. Li*, K. Zhang, J. Shi, T. Liu: Changchun, CHINA		

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## E-Poster Presentations

**Monday, June 3****Monitor #9 – Education****Co-moderators:** Gifty Kwakye, MD, *Ann Arbor, MI*Emily Steinhagen, MD, *Cleveland, OH*11:40 am **Colon and Rectal Robotic Surgery Curriculum: Does Expansion Mean Dilution? (P157)**

K.M. Izquierdo\*, K. Foley, A. Ferrara, R. Mueller, M. Soliman: Orlando, FL; M. von Muchow: St. Paul, MN; A. Bastawrous: Seattle, WA; R.K. Cleary: Ann Arbor, MI

11:45 am **Assessing Patient Education and Concerns Prior to Surgery with Ostomy Creation (P158)**

M.E. Kelly\*, C. Jiang, W.A. Lindberg, J.T. Brady, E. Steinhagen, S.L. Stein: Cleveland, OH

11:50 am **Long-Term Assessment of a Targeted Intervention to Reduce Intraoperative Costs (P159)**

A. Lam\*: Chicago, IL; K. Kuchta, J. Paruch, J.P. Muldoon: Evanston, IL

11:55 am **Perforated Diverticulitis of the Sigmoid Colon Contained within an Inguinal Hernia Sac (P160)**

A. Piszker, Y.F. Lee\*, J.E. Roberts, R.K. Cleary: Ypsilanti, MI

Noon **Colorectal Surgical Education Through Twitter: Extending the Conversation Beyond the Operating Room (P161)**

V.C. Nikolian\*, Ann Arbor, MI; S.R. Steele: Cleveland, OH

12:05 pm **Assessment of Research Creativity Competencies Among Surgical Trainees (P162)**

D. Parés\*, M. Cremades, F. Espin, J. Troya, J. Corral, J. Fernandez-Llamazares, J. Julian, A. Aguilar: Badalona, SPAIN

12:10 pm **Colorectal Surgical Training in Italy: A Strategic Survey of the Young Group of the Italian Society of Colorectal Surgery (Y-SICCR) (P163)**

G. Pellino\*: Aversa, ITALY; J. Martellucci, A. Sturiale: Florence, ITALY; E. Moggia: Tortona, ITALY; E. Novelli: Novara, ITALY; F. Pata, G. Gallo: Catanzaro, ITALY; M. Trompetto: Vercelli, ITALY

12:15 pm

**Intestinal Anastomosis Training Utilizing 3D Printed Simulated Bowel Offers the Opportunity for a Low Cost Effective Mastery Learning Curriculum (P164)**

G. Rolland\*, E.M. Ritter, W. Sweeney, G. McNamee, P. Liacouras: Bethesda, MD

12:20 pm

**How to Get Ahead: Young Colorectal Surgeons Reflect on their First Few Years in Practice (P165)**

J.T. Saraidaridis\*, C.A. Donahue, A.H. Kuhnen, D.A. Kleiman, P.W. Marcello, D. Schoetz, P.L. Roberts, E.M. Breen: Burlington, MA

12:25 pm

**Participation in a taTME Course Facilitates Adoption of the Technique (P166)**

S. Sevak\*, A. Erkan, A.J. Mendez, G.J. Nassif, M.R. Albert, J.R. Monson, T.C. deBeche-Adams: Orlando, FL; A. Hill: Fort Lauderdale, FL

12:30 pm

**Trans-Anal Strictureplasty: A Novel Approach to a Relatively Common Problem (P167)**

H.A. Turaihi\*, H. Wasvary, M. Ziegler: Royal Oak, MI

**Monday, June 3****Monitor #10 – Outcomes****Co-moderators:** Vlad Simianu, MD, *Seattle, WA*  
Elizabeth Wick, MD, *San Francisco, CA*

11:40 am

**Incidence and Prognosis of Pulmonary Metastasis in Colorectal Cancer Stratified by Primary Tumor Location at Initial Diagnosis: A SEER-Based Study (P168)**

Z. Wang\*, S. Lei, Y. Ge: Wuhan, CHINA

11:45 am

**Who is at Greatest Risk for Incisional Hernia after Loop Ileostomy Closure? (P169)**

K.A. Kelly-Schuette\*, R. Kyriakakis, J.W. Ogilvie: Grand Rapids, MI

11:50 am

**The Effect of Neoadjuvant Radiotherapy on Faecal Incontinence, Low Anterior Resection Syndrome and Anal Manometric Findings after Total Mesorectal Excision (P170)**

C. Foo\*, N. Shum, R. Wei, O. Lo, W. Law, H. Choi: Hong Kong, HONG KONG

11:55 am

**Laparoscopic Approach to Malignant Colonic Obstruction Improves Short Term Morbidity & Mortality (P171)**

Z. Moghadamyeghaneh\*, H. Talus, G. Ballantyne: Brooklyn, NY; A. Pigazzi, M. Stamos: Irvine, CA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

Noon	<b>Impact of Auricular Neurostimulation in Patients Undergoing Colorectal Surgery with an Enhanced Recovery Protocol: A Randomized, Controlled Trial (P172)</b> J.J. Blank*, Y. Liu, Z. Yin, T. Ridolfi, K. Ludwig, M.F. Otterson, C. Peterson, C. Spofford: Milwaukee, WI	<b>Monday, June 3</b> <b>Monitor #11 - Neoplastic Disease</b>
12:05 pm	<b>Can a Non-formal Colorectal Robotics Program Achieve the Same Clinical Outcomes for Robotic Colon Surgery (P173)</b> E. King*, L. Anewenah, M. Weaver, D. Choat, W. Ambroze, M. Schertzer: Atlanta, GA	<b>Co-moderators:</b> Deborah Keller, MD, <i>New York, NY</i> George Nassif, MD, <i>Altamonte Springs, FL</i>
12:10 pm	<b>A Propensity-matched Comparison of Robotic, Laparoscopic and Open Colorectal Surgery in Colorectal Cancer (P174)</b> B. Nasri*, N. Gupta, K. Singh, N. Patel, T. Glass, J. Saxe: Carmel, IN; M. Calin: Glen Ridge, NJ	11:40 am <b>Single Center Experience and Early Adaptation of Robotic and Laparoscopic Assisted Transanal Total Mesorectal Excision (TaTME) (P179)</b> S.G. Lee*, M. Landry, M. Casillas, A. Russ: Knoxville, TN
12:15 pm	<b>Outcomes of Radiation Therapy for Squamous Cell Cancer of the Rectum, an Observational Study Utilizing the National Cancer Database (P175)</b> M. Skancke*, J.O. Paull, A.E. Graham, V.J. Obias: Washington, DC	11:45 am <b>Is There a Relationship Between Body Mass Index, Nutritional Status, and Survival Rates in Rectal Cancer Patients? (P180)</b> H. Park*, A.H. Kaji, B.A. Petrie: Torrance, CA
12:20 pm	<b>The Prognosis of Adeno, Adenosquamous and Squamous Carcinomas of the Colon and Rectum, a National Cancer Database Observational Study (P176)</b> M. Skancke*, J.O. Paull, A.E. Graham, V.J. Obias: Washington, DC	11:50 am <b>The Impact of Socioeconomic Status on the Surgical Treatment of Rectal Cancer at Community Versus Academic Centers: A National Cancer Database Study (P181)</b> K. Johnson*: Wilkes Barre, PA
12:25 pm	<b>What is the Optimal Length of Opioid Prescription after Hemorrhoidectomy? (P178)</b> P. Lu*, A.C. Fields, R.E. Scully, R. Bleday, J. Irani, J. Goldberg, N. Melnitchouk, T. Andriotti: Boston, MA	11:55 am <b>Initial Colorectal Surgery Choice, Repeat Interventions, and Causes of Mortality in a Familial Adenomatous Polyposis Patient Registry (P182)</b> A.R. Cannon*, B. Pickron, M. Keener, D. Neklason: Salt Lake City, UT
		Noon <b>Novel Approach: Combined Endoscopic Robotic Surgery for Complex Polyp Resection (P183)</b> A.T. Jones, M. Zelhart*: New Orleans, LA
		12:05 pm <b>Conventional Laparoscopy Versus Transanal Total Mesorectal Excision(taTME) for Rectal Cancer after Neoadjuvant Chemoradiation: Long-Term Follow-up Results (P184)</b> P. Chen*: Taipei, TAIWAN; S. Yang: Yilan, TAIWAN
		12:10 pm <b>Accurately Predicting Pathological Complete Response after Neoadjuvant Chemoradiotherapy for Rectal Cancer Using XGBoost Machine Learning Model: Results of a Retrospective Study on 870 Patients (P185)</b> X. Wang*, W.M. Ghareeb, P. Chi: Fuzhou, CHINA
		12:15 pm <b>Education and Engagement: Key Factors Enabling Colorectal Cancer Patients to Promote Benefits of Screening Amongst their Siblings, a Randomised Controlled Trial (P186)</b> D. Shan, T. Lim, K. Tan, J. Kh Tan*: Singapore, SINGAPORE

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## E-Poster Presentations

12:20 pm	<b>Nomograms that Predict the Response to Preoperative Chemoradiotherapy in Patients with Lower Rectal Cancer (P187)</b> K. Kawai*, S. Ishihara: Tokyo, JAPAN	Noon	<b>Robotic Complete Mesocolic Excision Versus Conventional Laparoscopic Colectomy for Transverse Colon Cancer: A Comparison of Short-term Outcomes Between Two Approaches (P194)</b> V. Ozben*, C. de Muijnck, E. Aytac, B. Baca, I. Hamzaoglu, T. Karahasanoglu, B. Sengun, S. Zenger, O. Agcaoglu, E. Balik, D. Bugra: Istanbul, TURKEY
12:25 pm	<b>A Development of a Novel LED Marking Clip to Detect the Tumor Location in Laparoscopic Surgery (P188)</b> M. Sasaki*, N. Miyoshi, S. Fujino, T. Hata, C. Matsuda, T. Mizushima, Y. Doki: Osaka, JAPAN; Y. Wada: Tokushima, JAPAN	12:05 pm	<b>Trends in Uptake of Minimally Invasive Surgery for Colorectal Cancer Resection: A Bi-national Perspective (P195)</b> K.J. Zhu*, S. Bell, S. Warriar, J.C. Kong: Melbourne, AUSTRALIA
12:30 pm	<b>Use of Da Vinci Xi System for Totally Robotic Total/subtotal Colectomy: A Comparative Analysis with Conventional Laparoscopy (P189)</b> V. Ozben*, C. de Muijnck, I.A. Bilgin, E. Aytac, B. Baca, I. Hamzaoglu, T. Karahasanoglu, M. Karabork, E. Ozoran, S. Zenger, E. Balik, D. Bugra: Istanbul, TURKEY	12:10 pm	<b>The Impact of Arteriosclerosis on Postoperative Complications in Laparoscopic Surgery for Colorectal Cancer (P196)</b> S. Morita*, M. Tsuruta, K. Okabayashi, T. Ishida, K. Shigeta, Y. Kitagawa: Tokyo, JAPAN; H. Hasegawa: Ichikawa-shi, JAPAN
<b>Monday, June 3</b>			
<b>Monitor #12 – Neoplastic Disease</b>			
<b>Co-moderators:</b> Hermann Kessler, MD, <i>Cleveland, OH</i> Tal Rafaeli, MD, <i>Houston, TX</i>			
11:40 am	<b>Short Term Morbidity after Recurrent Rectal Cancer Surgery (P190)</b> F. Grass*, J. Ansell, E.J. Dozois, S.R. Kelley, D. Larson, K.L. Mathis: Rochester, MN; N. Mishra: Phoenix, AZ; D. Colibaseanu, A. Merchea: Jacksonville, FL	12:15 pm	<b>Pathological Response is an Independent Predictor of Survival in Patients Treated with Neoadjuvant Chemoradiotherapy for Locally Advanced Rectal Cancer (P197)</b> J. On, C. MacKay*, G. Ramsay, G. Murray, C. Parnaby, J. Shim: Aberdeen, UNITED KINGDOM
11:45 am	<b>Rate and Cause of Anastomotic Failure in Patients with Hand-sewn Colo-anal Anastomosis Following Surgery for Rectal Cancer (P191)</b> F. Grass*, J. Ansell, K.L. Mathis, E. Duchalais, D. Larson, E.J. Dozois: Rochester, MN	12:20 pm	<b>Long-Term Outcomes following Two Segmental Resections and Extended Resection in Patients with Synchronous Colorectal Cancer (P198)</b> B. Lauritz*, I. Hayes, J. Liang: Melbourne, AUSTRALIA; M. Liang: Singapore, SINGAPORE
11:50 am	<b>Adjuvant Chemotherapy Reduces the Risk of Recurrence in Lower Rectal Cancer with ypN2 Disease after Preoperative Chemoradiation and Total Mesorectal Excision (P192)</b> H. Nozawa*, K. Kawai, K. Hata, T. Tanaka, T. Nishikawa, K. Sasaki, Y. Shuno, M. Kaneko, M. Hiyoshi, S. Emoto, K. Muroto, S. Hirofumi, S. Ishihara: Tokyo, JAPAN	12:25 pm	<b>Application of Trans-Rectal Extraction of Specimen with Double Stapling Anastomoses of 3D Laparoscopic Resection in Middle Rectal Cancer (P199)</b> F. Ji*, K. Wang, W. Gao, Z. Zhu, C. Fu: Shanghai, CHINA
11:55 am	<b>The Change of Surgical Treatment for Elderly patients with Colorectal Cancer in Japan (P193)</b> M. Takahashi*, K. Sakamoto: Tokyo, JAPAN	12:30 pm	<b>Response to Neoadjuvant Therapy in Patients with Early-onset Rectal Cancer (P200)</b> C. Foppa*, F. Cianchi: Florence, ITALY; M. Montorsi, A. Maroli, M. Carvello, A. Spinelli: Milan, ITALY

All e-poster presenters are noted with an \*.

## E-Poster Presentations

## Monday, June 3

## Monitor #13 - Pelvic Floor Disorders

- Co-moderators:** Anne Mongiu, MD, *Brooklyn, NY*  
David Stewart Sr., MD, *Tucson, AZ*
- 11:40 am **A Need Unmet: Despite an Increase in Robotic Rectopexy, Half of Female Rectal Prolapse Repairs in the United States May Fail to Address Multi-compartment Pelvic Organ Prolapse (P201)**  
T. Curran\*, S. Allen, V.V. George, A. Edenfield: Charleston, SC; S. Vogler: Minneapolis, MN
- 11:45 am **Reduced-port Laparoscopic Suture Rectopexy Using a Novel Magnetic Retractor (P202)**  
R.I. Diaz Jara, L.K. Welsh, G. Davalos\*, D. Portenier, A.D. Guerron, B.Y. Lan: Durham, NC
- 11:50 am **Pudendal Nerve Cryoablation for Chronic Pelvic Pain (P203)**  
S. Fox\*, K. Griffen, G. Blestel, Y. Yurko, J. Hinshelwood: Greenville, SC
- 11:55 am **Surgery for Pelvic Floor Disorder: Analysis over Two Decades in a UK Community Hospital (P204)**  
M. Jitsumura, S. Heydari Khajehpour, R.J. Lawrance, I. Mallick\*: Bournemouth, United Kingdom
- Noon **Sacral Nerve Stimulation Can Improve Fecal Incontinence in Patients with Prior Low Anterior Resection (P205)**  
K.M. Izquierdo\*, A. Green, J. Neuman, M. Ferrara, R. Mueller, J. Gallagher, A. Ferrara: Orlando, FL
- 12:05 pm **It Takes of Village: The First 100 Patients Seen in a True Multidisciplinary Pelvic Floor Clinic (P206)**  
S. Jochum\*, H. Legator, S. Dugan, J. Favuzza, T. Saclarides, D. Hayden, C. Brincat, K. Robinson: Chicago, IL
- 12:10 pm **Surgical Treatment of Symptomatic Rectocele: Initial Experience with a Transvaginal Technique with Biosynthetic Absorbable Mesh (P207)**  
G.T. Kappaz\*, C.D. Bussons, F.L. Moreira, E.L. Lima, A. Genovesi, B. Zilberstein, J.A. Ferreira: Sao Paulo, BRAZIL
- 12:15 pm **Sacral Nerve Stimulator in the Treatment of Rectal Prolapse (P208)**  
A.J. Ky\*, J. Mai, S. Chen, C. Chan: New York, NY

- 12:20 pm **Management Options and Outcomes for Rectovaginal Fistula: A Population-Based Analysis of 70 Patients (P209)**  
H. Lin\*, Y. Xu, Q. Zhou, Z. Liu, R. Ghoorun, D. Ren: Guangzhou, CHINA; H. Chen: Foshan, CHINA

- 12:25 pm **Clinical Implication of Solitary Rectal Ulcer Syndrome (P210)**  
E.M. Mustaf\*: Amman, JORDAN

- 12:30 pm **Does the Length of the Prolapsed Rectum Impact Outcome of Surgical Repair? (P211)**  
E. Nugent\*, A.R. Spivak, T. Hull, M. Zutshi: Cleveland, OH

## Monday, June 3

## Monitor #14 - Benign Disease

- Co-moderators:** N. Arjun Jeganathan, MD, *Hershey, PA*  
Lillis Maguire, MD, *Minneapolis, MN*
- 11:40 am **Short and Long-term Results of Managing 386 Mucohemorrhoidal Prolapse Cases with Mucopexy-Recto Anal Lifting (MuRAL), a Minimally Invasive and Standardized Treatment (P212)**  
M. Venturi, C. Vergani: Milano, ITALY; C. Pagano\*, C. Bertani: Vizzolo Predabissi, ITALY
- 11:45 am **Rectourethral Fistula Repair with Rectal Advancement Flap and Interpositional Biological Mesh: A Case Series (P213)**  
D. Borsuk\*, D. Kim, J. Tremblay, A. Al-Khamis, K. Kochar, S.J. Marecik, J. Park: Park Ridge, IL; A. Studniarek: Chicago, IL
- 11:50 am **Outpatient Hemorrhoid Referrals to a Colorectal Surgeon and Diagnostic Accuracy: Is it Really a "Hemorrhoid?" (P214)**  
S.M. Eftaiha\*, S. Alva, M. Audett, J. Calata, B. Chinn, J. Lucking, J. Notaro, K. Wilkins: Edison, NJ
- 11:55 am **Epiploic Appendagitis: Still Going Unnoticed? (P215)**  
C. Sommerhalder\*, Z. Zhu, L.T. Gallagher, A.V. Nguyen, L. Rashidi: Galveston, TX
- Noon **Outcomes of Surgical Management in Chronic Idiopathic Constipation Patients (P216)**  
B. Wu\*, T. Chen, J. Liang: Taipei, TAIWAN

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## E-Poster Presentations

12:05 pm	<b>Athermal Fissurectomy with Plastic Primary Wound Closure in Chronic Fissura-in-ano - Presentation of a New Technique (P217)</b> F. Pakravan*, C. Helmes, S. Ganzera, I. Alldinger: Duesseldorf, GERMANY	11:45 am	<b>Implementation of ERAS Protocol in Colorectal Surgery at the Rancagua Regional Hospital: Preliminary Results (P224)</b> G. Montesinos*, C. Navarro, J. Escarate, D. Arellano, S. Conejeros, P. Larrachea: Rancagua, CHILE
12:10 pm	<b>Laparoscopically Assisted Endoscopic Polypectomy - Is the Effort Justified? (P218)</b> F. Pakravan*, C. Helmes, S. Ganzera, I. Alldinger: Duesseldorf, GERMANY	11:50 am	<b>Comparison of Short-Term Outcomes of Incisionless and Small Invasion Laparoscopic Surgery in the Treatment of Rectal Cancer (P225)</b> C. Fu*, T. Du: Shanghai, CHINA
12:15 pm	<b>FiLaC Via Fistuloscope a New Way for Complex Anal Fistula with Deep Tracks (P219)</b> C. Wang*, H. Liang, Y. Yao, L. Yin, Y. Cao: Shanghai, CHINA	11:55 am	<b>Totally Laparoscopic Extended Sigmoid Colon Resection with Transvaginal Specimen Extraction (P226)</b> C. Fu*: Shanghai, CHINA
12:20 pm	<b>Operative Incision and Drainage for Perirectal and Perianal Abscesses: What are Risk Factors for Prolonged Length of Stay, Reoperation, and Readmission? (P220)</b> S. Sho*, A. Dawes, F. Chen, M.M. Russell, M. Kwaan: Los Angeles, CA	Noon	<b>Complete Mesocolic Excision Vs Conventional Colectomy for Right Colon Cancer (P227)</b> S. Nadkarni*, O. Kannappan, J. Noronha, A. Saklani, A.L. Desouza: Mumbai, INDIA
12:25 pm	<b>Thermographic Mapping is a Feasible Method to Monitor the Peristomal Skin Condition of Stoma Patients (P221)</b> R. Fearn*: London, UNITED KINGDOM	12:05 pm	<b>Pathological Analysis of the Surgical Specimens in Emergency Colectomies for Colorectal Cancer Performed at the Rancagua Regional Hospital (RRH) during the Period 2016-2018 (P228)</b> G. Montesinos*, J. Escarate, C. Navarro, D. Arellano, S. Conejeros, P. Larrachea: Rancagua, CHILE
12:30 pm	<b>Prognosis after Radical Surgery for High Intersphincteric Fistula-in-ano: A Retrospective Study to Highlight the Importance of the Conjoined Longitudinal Muscle Detected by Endoanal Ultrasound (P222)</b> S. Hisano*, Y. Tsuji, S. Takano, K. Fukami, K. Yamada, M. Takano: Kumamoto, JAPAN	12:10 pm	<b>Clinicopathologic Analysis of Lateral Margin and Mesorectal Spread of Rectal Cancer with Whole-mount Section (P229)</b> S. Nam*, J. Kang: Goyang, KOREA (THE REPUBLIC OF)
<b>Monday, June 3</b>		12:15 pm	<b>The Accuracy of Mr TRG for Prediction of Tumor Response and Oncologic Outcomes in Rectal Cancer after Preop. CRT: Correlation with Pathologic TRG (P230)</b> J. Kang*, M. Cho, H. Hur, B. Min, K. Lee, N. Kim, S. Kim, J. Lim: Seoul, KOREA (THE REPUBLIC OF)
<b>Monitor #15 - Neoplastic Disease</b>		12:20 pm	<b>Diagnostic Efficacy of Cytology and DNA Genotyping in Comparison with High Resolution Anoscopy (HRA) in HPV-Related Anal Diseases (P231)</b> C. Ratto*, V. De Simone, M. Goglia, F. Litta, R. Orefice, A. Parello, A. Borghetti, A. Cingolani: Rome, ITALY
<b>Co-moderators:</b>	<b>Jeffrey Barton, MD, New Orleans, LA</b> <b>Ziad Kronfol, MD, Baytown, TX</b>		
11:40 am	<b>Treatment Completion and Delay in Stage II and III Rectal Cancer: A Population Based Study in Appalachian Kentucky and the Effect on Survival (P223)</b> T. Gan*, J. Patel, Q. Chen, B. Huang, C. Huerta, B.M. Evers: Lexington, KY		

All e-poster presenters are noted with an \*.

## E-Poster Presentations

- 12:25 pm **Role and Benefit of Laparoscopic Colorectal Resection with Open Liver Resection (Hybrid) in Treatment of Colorectal Cancer with Synchronous Liver Metastases (P232)**  
K. Choi, J. Lee\*, Y. Han, M. Cho, H. Hur, B. Min, N. Kim, K. Lee: Seoul, KOREA (THE REPUBLIC OF)
- 12:30 pm **Predictive Factors and Clinical Outcomes for Non-Restorative Rectal Cancer Surgery: A Binational Registry Study (P233)**  
N. Smith\*, J.C. Kong, J. McCormick, C. Lynch, A. Heriot, S. Warriar: St. Kilda, AUSTRALIA
- Monday, June 3**  
**Monitor #16 - Outcomes**
- Co-moderators:** Mary Kwaan, MD, Los Angeles, CA  
Lyen Huang, MD, Salt Lake City, UT
- 11:40 am **Changes in Patient Reported Outcomes Amongst Patients Undergoing Surgical Treatment for Benign Anorectal Disease (P234)**  
A. Granfield\*, Z. Xu, J.R. Speranza, F. Fleming, C. Cellini, R. Salloum, G. Poles, L.K. Temple: Rochester, NY
- 11:45 am **Robotic Colon Surgery: A Matter of Time -- How Length of Stay Changes in Robotic Colectomies (P235)**  
K. Mobli\*, J. Perez, L. Rashidi: Galveston, TX
- 11:50 am **The Association Between Pre-operative Oral Antibiotics and the Incidence of Post-operative Clostridium Difficile Infection in Adults Undergoing Elective Colorectal Resection: A Systematic Review and Meta-Analysis (P236)**  
S. Khorasani\*, F. Dossa, A. de Buck van Overstraeten: Toronto, ON, CANADA; T.J. McKechnie: Hamilton, ON, CANADA
- 11:55 am **A Randomized Controlled Trial Investigating Regular Diet Versus Clear Liquid Diet Immediately following Elective Colorectal Surgery (P237)**  
A.E. Gough: Casper, WY; K.N. Zaghiyan, P. Fleshner\*: Los Angeles, CA
- Noon **Tying and Tearing in Robotic and Laparoscopic Intracorporeally Hand-Sewn Ileocolic Anastomoses. A Propensity Score Matched Prospective Study (P238)**  
R. Bendl\*: Norwalk, CT; G. Angelos: Sioux Falls, SD; M. Gachabayov, R. Bergamaschi: Valhalla, NY
- 12:05 pm **The Relative Effects of Obesity, Diabetes and Elevated Hemoglobin A1c on Post-Operative Wound Infections after Colorectal Surgery (P239)**  
L. Cunningham\*, T. Yoo, A. Gasior, A. Traugott, M. Arnold, A. Harzman, S. Husain: Columbus, OH
- 12:10 pm **23-hour Right Hemicolectomy Feasibility Study (P240)**  
D. Borsuk, K. Kochar, J. Park, S.J. Marecik: Park Ridge, IL; A. Studniarek\*: Chicago, IL
- 12:15 pm **Factors Associated with Positive Circumferential Resection Margin after Proctectomy for Rectal Cancer (P241)**  
H. Hernandez\*, B.R. Hall, R. Batra, M. Fuglestad, J.A. Leinicke, S. Langenfeld: Omaha, NE
- 12:20 pm **Robotic, Laparoscopic and Open Colectomies: A Comparison of Outcomes Using the American College of Surgeons National Surgical Quality Improvement Program (P242)**  
M.K. Miller\*, L. Hajirawala, G.R. Orangio, K. Davis, J. Barton, C. Leonardi: New Orleans, LA
- 12:25 pm **Laparoscopic Resection in Patients 80 Years Old and Older (P243)**  
J.H. Marks\*, B. Anderson, H. Schoonyoung, A.R. Spivak, A. Williams: Wynnewood, PA
- 12:30 pm **Do Minimally Invasive Surgical Techniques Change the Way Colorectal Surgery Affects Patients? (P244)**  
X. Khaja\*, J. Church: Cleveland, OH; R. Kiran: New York, NY
- Monday, June 3**  
**Monitor #17 - Quality/Basic Science**
- Co-moderators:** Jonathan Laryea, MD, Little Rock, AR  
Valentine Nfonsam, MD, Tucson, AZ
- 11:40 am **The Impact of Opioids on Delirium and Outcomes in the Elderly Undergoing Colorectal Surgery (P248)**  
D.S. Keller\*, R.P. Kiran: New York, NY
- 11:45 am **The IGF-1R inhibitor NVP-ADW742 Sensitizes Radioresistant Human Colorectal Cancer to Radiotherapy (P245)**  
K. Wang\*, W. Gao, Z. Zhu, B. Lu, F. Ji, C. Fu: Shanghai, CHINA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

11:50 am	<b>The Standardization of Outpatient Procedure (STOP) Narcotics after Anorectal Surgery: A Prospective Non-Inferiority Study to Reduce Opioid Use (P246)</b> L. Hartford, P.B. Murphy, D. Gray, A. Maciver, C. Clarke, L. Allen, C. Garcia-Ochoa, K. Leslie, J. Van Koughnett*: London, ON, CANADA
11:55 am	<b>Clinical Outcomes and Healthcare Provider Compliance with ERAS Pathways in Elective Colorectal Surgery (P247)</b> R. Irons*, L. Valenti, M. Dobrowolski, J. Marcotte, M. Kwiatt, S. McClane: Camden, NJ
Noon	<b>Can ERAS be Implemented in a Tertiary Care Center with a Low Socioeconomic Population? (P249)</b> D. Kay*, S. Kumar, D. Davenport, A. Bhakta, K.W. Murphy: Lexington, KY
12:05 pm	<b>Postoperative Morbidity and Readmission Risk Following Abdominoperineal Resection: An Opportunity for Improvement (P250)</b> D.T. Thompson*, P. Goffredo, A. Beck, I. Gribovskaja-Rupp, J. Hrabe, M. Kapadia, I. Hassan: Iowa City, IA
12:10 pm	<b>Effect of Prophylactic Tamsulosin with Early Urinary Catheter Removal on Rates of Urinary Retention after Colorectal Surgery (P251)</b> A. Ghuman*: Abbotsford, BC, CANADA; M. Athwal, N. Kasteel, M.J. Raval, C.J. Brown, A.A. Karimuddin, T. Phang: Vancouver, BC, CANADA
12:15 pm	<b>The Impact of TAP Blocks on Length of Stay in an ERAS Protocol (P252)</b> M. Preston, W.C. Mustain, J. Mizell, J.A. Laryea*, K. Stoner, G. Mehaffey: Little Rock, AR
12:20 pm	<b>Evaluation of Quality Outcomes for Complex Colorectal Surgery Patients (P253)</b> T. Reif de Paula*, D.S. Keller, J.M. Kiely, D. Feingold, D.P. Geisler, S. Lee-Kong, A.M. Al-Mazrou, R.P. Kiran: New York, NY
12:25 pm	<b>Use of C-reactive Protein (CRP) as Predictive Marker in Detecting Colorectal Anastomotic Leaks: Is It Reliable? (P254)</b> L. Chen*, R. Mathew: Singapore, SINGAPORE
12:30 pm	<b>Alvimopan Use in the Setting of Abdominoperineal Resection: A Retrospective Cohort Study (P255)</b> K.Y. Hu*, R. Henning, L. Rein, A. Szabo, C. Peterson, K. Ludwig, T. Ridolfi: Milwaukee, WI

All e-poster presenters are noted with an \*.

### Monday, June 3 Monitor #1 - Neoplastic Disease

<b>Co-moderators:</b>	Jennifer Davids, MD, Worcester, MA Nelya Melnitchouk, MD, Boston, MA
3:35 pm	<b>Lung Metastasis in Newly Diagnosed Colorectal Cancer: A Population-Based Study (P256)</b> H. Wang*, X. Liu, Q. Zhao: Shanghai, CHINA
3:40 pm	<b>Comparative Study of 2D Conventional Argumented CT Versus 3D Vascular Reconstruction for Vessels Evaluation Before Right Hemicolectomy (P257)</b> H. Wang*, Y. Shi, X. Liu, Q. Zhao, S. Li, F. Shen, Z. Jin: Shanghai, CHINA
3:45 pm	<b>Tumor Deposits and Distal Tumor Spread in Rectal Cancer (P258)</b> S. Yellinek, D. Krizzuk, M. Abu Gazala, H. Gilshtein, S.D. Wexner*, M. Berho: Weston, FL
3:50 pm	<b>Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy in Appendiceal and Colorectal Neoplasms: Outcomes and Survival (P259)</b> T. Moreno Djadou, K. Poh, S. Yellinek, C. Simpfendorfer, G. da Silva-southwick, S.D. Wexner*: Weston, FL; H. Fayazzadeh, K. El-Hayek: Cleveland, OH

### Monday, June 3 Monitor #2 - Neoplastic Disease

<b>Co-moderators:</b>	Christopher Buzas, MD, Danville, PA Erin King-Mullins, MD, Fayetteville, GA
3:35 pm	<b>A Novel Method for Anvil Placement during Laparoscopic Resection of Middle or Upper Rectal Cancer with Transrectal Specimen Extraction Surgery (P260)</b> Z. Zhou*, T. Du, C. Fu: Shanghai, CHINA
3:40 pm	<b>Role of Prognostic Nutritional Index in Rectal Cancer Patients Who Receive Neo-Adjuvant Chemoradiotherapy: Does it Really Predict Treatment Response and Outcome? (P261)</b> A.M. Gupta*, A. Khan, S. Ganguly, P. Patil, S. Mehta, A.L. Desouza, A. Saklani: Mumbai, INDIA

## E-Poster Presentations

3:45 pm **Surgical Resection of Locoregionally Recurrent Colon Cancer: Results from Two Large Tertiary Referral Centers in the USA and UK (P262)**  
J. Tiernan\*, J. Helliwell, P. Sagar: Leeds, UNITED KINGDOM; A. Jarrar, B. Bandi, R. Sheth, S. Steele: Cleveland, OH

3:50 pm **Laparoscopy as a Useful Adjunct to Colonoscopic Polypectomy: A Case Series (P263)**  
M. Caparelli\*, A. Duda, C. Barrat: Blue Ash, OH

**Monday, June 3****Monitor #3 - Neoplastic Disease**

**Co-moderators:** Yosef Nasser, MD, Los Angeles, CA  
Sanda Tan, MD, Gainesville, FL

3:35 pm **Robotic Pelvic Exenteration: Experience from an Exenteration Unit and Systematic Review (P264)**  
N. Smith\*, D. Murphy, A. Heriot, S. Warriar, N. Lawrentshuck, J. McCormick, C. Lynch: Melbourne, AUSTRALIA

3:40 pm **Minimally Invasive Multivisceral Resection of T4b Colorectal Cancer - a Single-Institution Experience (P265)**  
T.S. Suhardja\*, H.S. Chouhan: Dandenong, AUSTRALIA; J. Kwak, J. Kim, S. Kim: Seoul, KOREA (THE REPUBLIC OF)

3:45 pm **Complete Mesocolic Excision and Extended Lymph Node Dissection for Right Colon Cancer: A Single-Centre Experience (P266)**  
T.S. Suhardja\*, H.S. Chouhan: Dandenong, AUSTRALIA; J. Kwak, J. Kim, S. Kim: Seoul, KOREA (THE REPUBLIC OF)

3:50 pm **Sarcopenia is a Risk Factor for Readmission and Surgical Complications in Abdominal Operations for Colon and Rectal Cancer (P267)**  
K.P. Terracina\*, J.M. Ayscue, J.F. Fitzgerald, T.J. Stahl, B.L. Bello, M. Bayasi: Washington, DC; M.J. Wheeler: Omaha, NE

**Monday, June 3****Monitor #4 - Neoplastic Disease**

**Co-moderators:** David Dietz, MD, Cleveland, OH  
Samantha Hendren, MD, Ann Arbor, MI

3:35 pm **Colorectal Angiosarcoma: A Rare and Deadly Disease (P268)**  
G. Nisly\*, S. Carbanaru, L. Voltaggio, B.D. Lo, M. Sundel, I. Leeds, S. Fang: Baltimore, MD

3:40 pm **The Finding of Invasive Cancer in Patients Thought to have Large Sessile Adenomas Who are Evaluated for Endoscopic Submucosal Dissection (ESD) and/or Endoscopic Mucosal Resection (EMR) in the OR Setting: Incidence and Characteristics (P269)**  
D. Niyagama Gamage\*, N. Mitra, V. Cekic, X. Yan, S. HMC, R. Whelan: Bronx, NY

3:45 pm **The Impact of Ex Vivo Porcine and Bovine Endoscopic Submucosal Dissection (ESD) Training on a Clinical Colorectal ESD/ Endoscopic Mucosal Resection (EMR) Polyp Program's Success Rate (P270)**  
D. Niyagama Gamage\*, N. Mitra, V. Cekic, X. Yan, S. HMC, R. Whelan: Bronx, NY

3:50 pm **Neoadjuvant Chemo-radiation Versus Adjuvant Chemotherapy for Locally Advanced Adenocarcinoma of the Rectosigmoid Junction (P271)**  
A. Salami, T. Obaid, N. Nweze\*, M. DeLeon, A.R. Joshi: Philadelphia, PA; L. Force, S.D. Wexner: Weston, FL

**Monday, June 3****Monitor #5 - Neoplastic Disease**

**Co-moderators:** Alessandro Fichera, MD, Chapel Hill, NC  
Hermann Kessler, MD, Cleveland, OH

3:35 pm **Kaposi's Sarcoma Presenting as Rectal Bleeding: A Case Report (P272)**  
B.J. Kulow\*, M. Hughes: Dallas, TX

3:40 pm **A Comparative Analysis of Minimal Invasive Approach and Conventional Open Surgery for Pelvic Exenteration in Locally Advanced Colorectal Cancer (P273)**  
N.A. Kumar\*, S.P. Sasi, A.L. Desouza, A. Saklani: Mumbai, INDIA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

3:45 pm **Pelvic Inlet Rectal Cancer: Is there a Need for Neo-adjuvant Radiation?** (P274)  
S. Kumar\*, U. Tantravahi, D. Kumar K G, J. Rohila, S.P. Sasi, N. Aggarwal, A.L. Desouza, A. Saklani: Mumbai, INDIA

3:50 pm **Do We Need Radical Surgery for Clinically Early Stage of Right Side Colon Cancer? A Retrospective Review of Clinical Stage I** (P275)  
H. Kwak\*, C. Kim: Gwangju, KOREA (THE REPUBLIC OF)

**Monday, June 3****Monitor #6 - Neoplastic Disease**

**Co-moderators:** Valentine Nfonsam, MD, Tucson, AZ  
Ankit Sarin, MD, San Francisco, CA

3:35 pm **Prognostic Impact of Persistent Lower Neutrophil-to-lymphocyte Ratio during Preoperative Chemoradiotherapy in Locally Advanced Rectal Cancer Patients: A Propensity Score Matching Analysis** (P276)  
J. Kang\*, E. Park, S. Baik, K. Lee, Y. Cha: Seoul, KOREA (THE REPUBLIC OF)

3:40 pm **Perineal Wound Complications Following Extralevator Abdominoperineal Excision for Locally Advanced Low Rectal Cancer** (P589)  
J. Han, Z. Wang\*, G. Wei, Z. Gao, Y. Yang, B. Zhao: Beijing, CHINA

3:45 pm **Long-term Oncologic Outcomes for Patients with Tumor Scatter** (P278)  
S. Jochum\*, T. Saclarides, J. Favuzza, A.R. Bhama, D. Hayden, E. Ritz, S. Jakate: Chicago, IL

3:50 pm **Lessons Learned about Performing ESD with a Colonoscope Overtube Device that Creates a Work Space and Permits Tissue Retraction in an Ex Vivo Bovine Colon/Rectum Model**  
**Lessons Learned about Performing ESD with a Colonoscope Overtube Device that Creates** (P279)  
N. Mitra\*, D. Niyagama Gamage, X. Yan, V. Cekic, S. HMC, R. Whelan: Bronx, NY

**Monday, June 3****Monitor #7 - Outcomes**

**Co-moderators:** Scott Regenbogen, MD, Ann Arbor, MI  
Sharon Stein, MD, Cleveland, OH

3:35 pm **Transvaginal Rectopexy Using the Flex® Colorectal Drive Robotic System: A Proof-of-concept Approach to Rectal Prolapse** (P301)  
J.O. Paull\*: Silver Spring, MD; A.E. Graham, V.J. Obias, S. Stein, B. Umaphathi, A. al slami, N. Pudalov: Washington, DC

3:40 pm **Robotic Colorectal Outcomes: An Analysis of 511 Cases by a Single Provider** (P281)  
J.O. Paull\*: Silver Spring, MD; A.E. Graham, V.J. Obias, A. al slami, N. Pudalov: Washington, DC

3:45 pm **Association Between Teaching Status and Outcomes for Rectal Cancer Patients with Medicaid or No Insurance in Commission on Cancer Hospitals.** (P282)

C. Ellis\*, C. Harnsberger, J. Davids, K. Alavi, J. Maykel: Worcester, MA; K. Stitzenberg; Chapel Hill, NC

3:50 pm **Risk Factors Including Surgeon Case Volume for Intestinal Anastomotic Leaks** (P283)  
K. Kong\*, D. Hakakian, Z.H. Nemeth, D.A. Bogdanovski, S.R. Paglinco, P.A. Stopper, R.H. Rolandelli: Morristown, NJ

**Monday, June 3****Monitor #8 - Outcomes**

**Co-moderators:** Mala Murthy Balakumar, MD, Garden City, NY  
Molly Ford, MD, Nashville, TN

3:35 pm **Effect of Enhanced Recovery Protocol on Length of Stay and Readmission Rate in Patients Undergoing a Colectomy With or Without Stoma Creation: Does Type of Stoma Matter?** (P284)  
J. Guardado\*, P. Maerz, E. Greenleaf, G. Ortenzi, N.A. Jeganathan, M. Deutsch, J. Scow, F. Puleo: Hershey, PA; E. Messaris: Boston, MA

3:40 pm **The Impact of Tumor Location on Outcomes in Patients with Right Sided Colon Cancer** (P285)  
C. Wai, A. Artinyan, Y. Nasseri\*, C. Sutanto, R. Zhu, J. Cohen: Los Angeles, CA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

3:45 pm **Do Different Minimally Invasive Techniques Affect Clinical and Short Term Outcomes in Right Colectomies? (P286)**  
K. Mobli\*, J. Perez, L. Rashidi: Galveston, TX

3:50 pm **Effect of Regional Anesthesia Block on Postoperative Opioid Consumption after Laparoscopic Colorectal Surgery: Retrospective Analysis (P287)**  
J.A. Calafell\*: Farmington, CT

**Monday, June 3****Monitor #9 - Outcomes**

**Co-moderators:** Lyen Huang, MD, *Salt Lake City, UT*  
Elizabeth Wick, MD, *San Francisco, CA*

3:35 pm **Does Day of the Week Impact Length of Stay in Colorectal Patients under ERAS Pathways? (P288)**  
R. Hilli\*, H.A. Turaihi, H. Wasvary, S. Kawak: Royal Oak, MI

3:40 pm **Adipose Tissue Grafting in the Management of Anastomotic Leak after Low Anterior Resection (P289)**  
W. Tan\*, G. Nash, B.J. Mehrara: New York, NY

3:45 pm **Outcomes of Patients with Diabetes Undergoing ERAS Colorectal Surgery: A Retrospective Multi-centre Case Control Study (P290)**  
M. Li\*, M. Laffin, J. Grab, Q. Daviduck, H. Wang: Edmonton, AB, CANADA

3:50 pm **Outcomes of Conversion from Minimally Invasive to Open Proctectomy for Rectal Adenocarcinoma: A NSQIP Analysis (P291)**  
S.S. Hill\*, C. Harnsberger, A. Wyman, P. Sturrock, J. Maykel, K. Alavi, J. Davids: Worcester, MA

**Monday, June 3****Monitor #10 - Quality/Neoplastic Disease**

**Co-moderators:** Charles Friel, MD, *Charlottesville, VA*  
Irena Gribovskaja-Rupp, MD, *Iowa City, IA*

3:35 pm **Sacral Nerve Stimulation: The Quality of Reported Randomized, Controlled Trials in the Last Ten Years (P292)**  
J. Corral\*, A. Fernandez, C. Gené, J. Troya, S. Vela, M. Pacha, J. Julian, D. Parés: Badalona, SPAIN

3:40 pm **Comparison of Short-term Clinical Efficacy and Quality of Life after Transrectal Natural Orifice Specimen Extraction, Mini-laparotomy, and Traditional Open Surgery for the Treatment of Colorectal Cancer (P293)**  
K. Wang\*, Z. Zhu, C. Fu, W. Gao: Shanghai, CHINA

3:45 pm **Ertapenem Used as Surgical Prophylaxis Prevents SSI but Contributes to Antimicrobial Resistance (P294)**  
C.F. Fong\*, P. Denoya: New York, NY; L. Zielinski: Bronx, NY

3:50 pm **Post-Discharge Opioid Use after Major Colorectal Surgery is Predicted by Opioid Use in the 24 Hours Prior to Discharge (P295)**  
R. Gunter\*, D. Livingston-Rosanoff, B.L. Rademacher, C. Glover, M. Paulson, E. Lawson: Madison, WI

**Monday, June 3****Monitor #11 - Quality**

**Co-moderators:** Marco Ferrara, MD, *Orlando, FL*  
Lindsey Goldstein, MD, *Gainesville, FL*

3:35 pm **Current Status of Robotic Colorectal Surgery in Australasia: A Questionnaire Survey of Consultant Members of the CSSANZ (P296)**  
K.N. Buxey\*, G. Newstead, F. Lam: Sydney, AUSTRALIA

3:40 pm **Uptake of a Telehealth Peer Support Program for Stoma Patients (P297)**  
R. Fearn\*: London, UNITED KINGDOM

All e-poster presenters are noted with an \*.

## E-Poster Presentations

3:45 pm **Implementation of Liposomal Bupivacaine Transversus Abdominis Plane Blocks for Colectomy and Ileostomy Reversal into the Enhanced Recovery Protocol (P298)**  
A.C. Fields\*, L.J. Maldonado, N. Melnitchouk, J. Goldberg, R. Bleday, M. Stopfkuchen-Evans, Z. Xiong, A. Kachalia: Boston, MA

3:50 pm **Minimal Effect of Universal Extended Prophylaxis on Rates of Venous Thromboembolic Events after Colorectal Surgery in a Tertiary Care Center. Is Compliance the Problem? (P299)**  
C. Cordova, D. Wong, M. Cotter, E. Messaris, T. Cataldo, V. Poylin\*: Boston, MA

**Monday, June 3****Monitor #12 - Pelvic Floor Disorder**

**Co-moderators:** Daniel Herzig, MD, *Portland, OR*  
Lucia Oliveira, MD, *Rio de Janeiro, Brazil*

3:35 pm **Ventral Rectopexy in Rectal Prolapse by POPS-OP after Longo Modified by Hosseini-Pakravan - Good Results in Short-term Follow-up (P300)**  
F. Pakravan\*: Duesseldorf, GERMANY; M.K. Walz, P.F. Alesina: Essen, GERMANY; V. Hosseini: Shiraz, IRAN (THE ISLAMIC REPUBLIC OF)

3:40 pm **Ventral Mesh Rectopexy Versus Suture Rectopexy for Rectal Prolapse: Outcomes and Factors Related to Recurrence (P302)**  
T. Reif de Paula\*, D.S. Keller, S. Lee-Kong, D. Feingold, J.M. Kiely, G. Yu, H. Zhang, R.P. Kiran: New York, NY

3:45 pm **Retained Colonic Transit Markers in the Appendix - A Clinical Dilemma (P303)**  
R.B. Scott\*: Hartford, CT; A. Ayers: Bloomfield, CT

**Monday, June 3****Monitor #13 - Inflammatory Bowel Disease**

**Co-moderators:** Mukta Krane, MD, *Seattle, WA*  
Mary Kwaan, MD, *Los Angeles, CA*

3:35 pm **"It Was My Decision": A Qualitative Analysis of Surgical Decision-making in Patients with Ulcerative Colitis (P304)**  
J.N. Cohan\*: Salt Lake City, UT; R.K. Hofer: Boston, MA; Y.M. Kelly, E. Finlayson, A. Kata: San Francisco, CA

All e-poster presenters are noted with an \*.

3:40 pm **One Stage Restorative Proctocolectomy with a Stapled Ileal Pouch-anal Anastomosis Using Hand-assisted Laparoscopic Surgery (HALS) and Laparoscope-assisted Open Surgery (LAOS) Procedure for Ulcerative Colitis (P305)**  
H. Kimura\*, R. Kunisaki, K. Tatsumi, K. Koganei, A. Sugita, I. Endo: Yokohama, JAPAN

3:45 pm **The Long-term Diagnostic Delay is Common among patients with Crohn's Disease in Eastern China—A Cohort Multi-center Study (P306)**  
L.C. Qiao\*, P. Zhu, B. Yang: Nanjing, CHINA

3:50 pm **Loss of Runt-related Transcription Factor 3 (RUNX3) Immunoreactivity in Non-neoplastic Rectal Mucosa May Predict the Occurrence of Ulcerative Colitis-associated Colorectal Cancer (P307)**  
K. Hata\*, T. Shinagawa, T. Tanaka, K. Kawai, H. Nozawa, S. Ishihara: Tokyo, JAPAN

**Monday, June 3****Monitor #14 - Benign Disease**

**Co-moderators:** John Byrn, MD, *Ann Arbor, MI*  
Jennifer Hrabe, MD, *Iowa City, IA*

3:35 pm **A Retrospective Analysis of Low-grade Appendiceal Mucinous Neoplasms (LAMN) Post Appendectomy (P308)**  
M.T. Roper\*, M.J. Tomassi, J. Kupferman, D. Klaristenfeld: San Diego, CA

3:40 pm **Open Versus Laparoscopic Colectomy for Sigmoid Volvulus: A Case-Match Analysis from the ACS NSQIP (P309)**  
M. Camargo\*, T.B. Cengiz, S. Steele, C.P. Delaney, H. Kessler: South Euclid, OH; A.C. Aiello: Cleveland, OH

3:45 pm **The Utilization of an Absorbable Mesh after Ostomy Reversal Does Not Decrease Incisional Hernia Rates (P310)**  
R.B. Scott\*: Hartford, CT; B. Gontarz, U. Siddiqui: Farmington, CT; R. Lewis: Bloomfield, CT

3:50 pm **Preventing Readmission Following Ileostomy Creation (P311)**  
W. Sellers\*: Salt Lake City, UT

## E-Poster Presentations

**Monday, June 3****Monitor #15 - Benign Disease**

- Co-moderators:** David Etzioni, MD, *Phoenix, AZ*  
I. Ethem Gecim, MD, *Ankara, Turkey*
- 3:35 pm **Single-port Laparoscopic Appendectomy for Acute Appendicitis During Pregnancy (P312)**  
I. Cho\*: Daegu, KOREA (THE REPUBLIC OF)
- 3:40 pm **It's Not All Hemorrhoids: Anal Fissure and Fistula in Ano Are Underappreciated by Referring Physicians (P313)**  
M.E. Lipson\*, T. MacLean, I. Datta, R. Deardon, Y. Kim, N. Kasteel, M. Kwan: *Calgary, AB, CANADA*
- 3:45 pm **A New Minimally Invasive Sphincter-saving Procedure to Treat Highly Complex Anal Fistulas: Transana Opening of Intersphincteric Space (Tropis) Procedure in 238 High Complex Anal Fistulas (P314)**  
P. Garg: Panchkula, INDIA; Y. Gehlot\*: Bangalore, INDIA; A. Joshi: Neemuch, INDIA; A. Kalyanshetti: Kamothe, INDIA
- 3:50 pm **Laying Open and Curettage Under Local Anesthesia (LOCULA) - A Minimally Invasive Procedure for Pilonidal Sinus: Pilonidal Disease Management Needs a Paradigm Shift from More to Less (P315)**  
P. Garg: Panchkula, INDIA; A. Joshi: Neemuch, INDIA; Y. Gehlot\*: Bangalore, INDIA; A. Kalyanshetti: Kamothe, INDIA

**Monday, June 3****Monitor #16 - Benign Disease**

- Co-moderators:** Frank Caliendo, MD, *Garden City, NJ*  
Dean P. Pappas, MD, *Garden City, NY*
- 3:35 pm **Colorectal Complications Associated with the Essure® Permanent Birth Control Device: First Case Report and Review of the Literature (P316)**  
E.M. Bianchi\*, T. Adegboyega, S. Shih, C. Zhang, D. Rivadeneira: *Glen Oaks, NY*; T. Goldman: *Huntington, NY*
- 3:40 pm **Perioperative Risk Factors for Clostridium Difficile Infection after Colectomy (P317)**  
Z.H. Nemeth\*, K. Kong, D. Hakakian, M.J. Elander, R.H. Rolandelli: *Morristown, NJ*

- 3:45 pm **Trends in Diagnosis and Management of Cecal Diverticulitis (P318)**  
S. Yelika, J. Simon\*: *Coram, NY*
- 3:50 pm **Ligation of Intersphincteric Fistula Tract with Bioprosthetic Mesh Offers a Promising Relief for Patients Suffering from Anal Fistula: A Review of LIFT Outcomes Data (P319)**  
M. Casillas, A. Russ, M. Johnson\*, M. Abraham, R. Lewis: *Knoxville, TN*

**Monday, June 3****Monitor #17 - Education/Neoplastic Disease**

- Co-moderators:** Ellen Bailey, MD, *Columbus, OH*  
Jonathan Laryea, MD, *Little Rock, AR*
- 3:35 pm **Comparison of Short-term Outcomes of 3D Laparoscopic Extralevator Abdominoperineal Excision Versus Conventional Abdominoperineal Resection in Low Rectal Cancer (P320)**  
W. Gao\*, C. Fu, K. Wang, B. Lu, Z. Zhu: *Shanghai, CHINA*
- 3:40 pm **Standardizing Robotic-assisted Colorectal Training: Assessment of the Resident Experience (P321)**  
A. Hill\*, A. Reichstein, J.T. McCormick: *Pittsburgh, PA*; R. Brookover: *Albany, NY*
- 3:45 pm **A Case of Retroperitoneal Necrotizing Fasciitis: A Rare and Deadly Spread (P322)**  
S. Ikram\*, D. Thompson, D. Satyapal, G. Kaur, A. Dabra: *Scunthorpe, UNITED KINGDOM*
- 3:50 pm **Multi-specialty Rectal Cancer Teaching Symposium for Post-graduate Trainees: Needs Assessment and Pilot Session (P323)**  
J. Van Koughnett\*: *London, ON, CANADA*

All e-poster presenters are noted with an \*.



## E-Poster Presentations

**Tuesday, June 4****Monitor #1 - Neoplastic Disease**

- Co-moderators:** Russell Farmer, MD, *Louisville, KY*  
Seth Felder, MD, *Tampa, FL*
- 9:05 am **Stomas in Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Colorectal and Appendiceal Neoplasms: Risk Factors and Outcomes (P324)**  
T. Moreno Djadou, K. Poh, S. Yellinek, C. Simpfendorfer, S.D. Wexner\*, G. da Silva-southwick: Weston, FL; H. Fayazzadeh, K. El-Hayek: Cleveland, OH
- 9:10 am **Value of the Multidisciplinary Team (MDT) for Patients with Rectal Cancer (P325)**  
C.A. Barros de Sousa, W. Hassaballa, S. Qureshi, L. Arroyo, G. da Silva-southwick, M. Berho, S.D. Wexner\*: Weston, FL
- 9:15 am **Colorectal Anastomotic Breakdown 3 Months after Low Anterior Resection for an Upper Rectal Cancer (P326)**  
L.R. White\*, A. Jose, R. Martinez, A.A. Pena: Edinburg, TX
- 9:20 am **Accuracy of MRI Restaging Compared with Histopathological of the Locally Advanced Rectal Cancer Patients after Neoadjuvant Chemoradiotherapy (P327)**  
S. Worathanmanon\*, S. Laohawiriyakamol, T. Tubtawee, K. Kanjanapradit: Hatyai, THAILAND

**Tuesday, June 4****Monitor #2 - Neoplastic Disease**

- Co-moderators:** Irena Gribovskaja-Rupp, MD, *Iowa City, IA*  
Ian Paquette, MD, *Cincinnati, OH*
- 9:05 am **Endoscopic Submucosal Dissection (ESD) Versus Transanal Endoscopic Microsurgery (TEM) for the Treatment of Early Rectal Cancer: Comparison of Long Term Outcomes (P328)**  
C.M. Kimura\*, C.F. Marques, C. Nahas, R.A. Pinto, I. Ceconello, S. Nahas, F.S. Kawaguti, F. Maluf-Filho: São Paulo, BRAZIL
- 9:10 am **Non Specific, Acute Pouchitis in Patients with Familial Adenomatous Polyposis: Less Common than We Think (P329)**  
M. Abbass\*, J. Church: Cleveland, OH; N. Hyman: Chicago, IL

- 9:15 am **Pelvic Exenteration for Non-Colorectal Malignancy Requiring Proctectomy: Surgical and Oncologic Outcomes (P330)**  
C.E. Cauley\*, T. Hassab, A. Jarrar, M. Camargo, M.A. Valente, M. Kalady, E. Gorgun, S. Steele: Cleveland, OH
- 9:20 am **Presentation Pattern, Molecular Features and Outcomes Differ According to Tumor Location in Early-onset Colorectal Cancer (P331)**  
A. Maroli, M. Carvello, A. Spinelli, M. Montorsi: Milan, ITALY; C. Foppa\*, F. Cianchi: Florence, ITALY

**Tuesday, June 4****Monitor #3 - Neoplastic Disease**

- Co-moderators:** Karin Hardiman, MD, PhD, *Ann Arbor, MI*  
Lyen Huang, MD, *Salt Lake City, UT*
- 9:05 am **Characteristics of Colorectal Cancer in Patients Under 40: Findings of a Nationwide Database (P332)**  
A.E. Graham\*, A. Sparks, V. Obias: Washington, DC; J.O. Paull: Bethesda, MD
- 9:10 am **The Clinical Utility of the Systemic Inflammatory Response in Patients with Anal Squamous Cell Carcinoma (P333)**  
K. Knight\*, P.U. Horgan, R. McKee, J. Anderson, D. McMillan, J. Choong, C. Roxburgh, A. McDonald: Glasgow, UNITED KINGDOM
- 9:15 am **The Impact of Obesity on the Mesorectal Quality in a Laparoscopic Approach for Rectal Cancer (P334)**  
V. Courval\*, C. Marcoux, A. Brind'Amour, M. Bellavance, L. Gosselin, A. Bouchard, P. Bouchard, F. Letarte, S. Drolet: Québec City, QC, CANADA
- 9:20 am **Development of a Multidisciplinary Colorectal Cancer Clinic (P335)**  
J. Vu\*, L. Maguire, A.C. De Roo, S. Regenbogen, S. Hendren, K. Hardiman: Ann Arbor, MI; A.M. Morris: Palo Alto, CA; A. Mukkamala: Cleveland, OH

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Tuesday, June 4****Monitor #4 - Neoplastic Disease**

**Co-moderators:** Pedro Basilio, MD, *Rio de Janeiro, Brazil*  
Samantha Hendren, MD, *Ann Arbor, MI*

- 9:05 am **Comparison Of Lymph Node Harvest Following Emergency Laparoscopic Versus Open Colectomy For Cancer: An ACS-NSQIP Propensity-Score Matched Study (P336)**  
E. Salama\*, J. Abou Khalil, C. Vasilevsky, N. Morin, G. Ghitulescu, J. Faria, M. Boutros: Montreal, QC, CANADA
- 9:10 am **Enhanced Anoscopy in Detection of Anal Squamous Intraepithelial Lesions (P337)**  
S. Mansoor\*, B. Bresseur, F. Marchetti: Miami, FL
- 9:15 am **Oncologic and Surgical Outcomes of Pelvic Exenteration for Locally Invasive Primary and Recurrent Rectal Cancer (P338)**  
M. Camargo\*, A. Jarrar, S. Shawki, M. Kalady, C.P. Delaney, S. Steele: South Euclid, OH
- 9:20 am **Deep Learning to Predict Response to Neoadjuvant Chemoradiation in Locally Advanced Rectal Cancer Using the Initial Staging Pelvic MRI (P339)**  
D.S. Keller\*, H. Shaish, S. Jambawalikar, L.H. Schwartz, R. Vanguri, P.M. Armenta, A. Del Portillo, M.J. Gollub: New York, NY

**Tuesday, June 4****Monitor #5 - Neoplastic Disease**

**Co-moderators:** Sandy Fang, MD, *Baltimore, MD*  
Chitra Sambasivan, MD, *Albuquerque, NM*

- 9:05 am **Aggregate Morbidity and Mortality of Defunctioning Loop Ileostomies from Formation to Closure: A Large Population Retrospective Cohort Analysis (P340)**  
M. Yang\*, A. McClure, K. Wanis, K. Vogt, J. Van Koughnett, M. Ott, C. Vinden: London, ON, CANADA
- 9:10 am **Metastatic Colon Cancer and the Importance of Primary Tumor Laterality - An NCDDB Analysis of Right- Versus Left-Sided Colon Cancer (P341)**  
B. Zhao\*, N. Lopez, S. Eisenstein, G.T. Schnickel, J.K. Sicklick, S. Ramamoorthy, B.M. Clary: La Jolla, CA

- 9:15 am **Recurrence Risk Factors after Infrared Coagulation for High-grade Anal Intraepithelial Neoplasia (P342)**  
J. Corral\*, D. Parés, F. Garcia-Cuyàs, B. Revollo, S. Videla, J. Julian, B. Clotet, G. Sirera: Barcelona, SPAIN

- 9:20 am **Can Survival be Improved by Meeting the Standards of the National Accreditation Program for Rectal Cancer? (P343)**  
J.T. Brady\*, K. Bingmer, J. Bliggenstorfer, D. Dietz: Cleveland, OH; Z. Xu, F. Fleming: Rochester, NY; F. Remzi: New York, NY; J.R. Monson: Orlando, FL

**Tuesday, June 4****Monitor #6 - Neoplastic Disease**

**Co-moderators:** Emily Miraflor, MD, *Oakland, CA*  
Ankit Sarin, MD, *San Francisco, CA*

- 9:05 am **Clinicopathologic Characteristics of Sporadic Young Korean Colorectal Cancer Patients: Comparison with Older Patients (P344)**  
M. Alessa\*, ALahsa, SAUDI ARABIA; Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim: Seoul, KOREA (THE REPUBLIC OF)
- 9:10 am **3D Laparoscopic Resection for Low Rectal Cancer with Transrectal Specimen Extraction Surgery (P345)**  
C. Fu\*: Shanghai, CHINA
- 9:15 am **The Impact of Residual Intestinal Length on Anastomotic Leakage following DST Reconstruction in Laparoscopic Colorectal Cancer Surgery (P346)**  
A. Makino\*, M. Tsuruta, K. Okabayashi, T. Ishida, K. Shigeta, Y. Kitagawa: Tokyo, JAPAN; H. Hasegawa: Chiba, JAPAN
- 9:20 am **Comparison Between Neoadjuvant Chemotherapy and Upfront Surgery for Patients with Resectable and Synchronous Colorectal Cancer Hepatic Metastases (P347)**  
J. Lee\*, Y. Han, M. Cho, H. Hur, K. Lee, N. Kim, B. Min: Seoul, KOREA (THE REPUBLIC OF)

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Tuesday, June 4****Monitor #7 - Neoplastic Disease**

**Co-moderators:** Jennifer Davids, MD, *Worcester, MA*  
Michael Valente, MD, *Cleveland, OH*

- 9:05 am **Cost-effectiveness Analysis of Screening Versus Prophylactic Surgery for Management of Colorectal Cancer Risk in Lynch Syndrome (P348)**  
M. Wright\*, A. Verma, C. Ternent: Omaha, NE; R. Rojas: Santiago, CHILE
- 9:10 am **Decoding the Total Proctocolectomy Experience in the Indian Subcontinent: Eighty Patients over 8 Years (P349)**  
K. Dutt\*, A. Saklani: Mumbai, INDIA
- 9:15 am **The Impact of Learning Curve in Robotic Rectal Cancer Surgery on Histopathologic Outcomes: A Systematic Review and Meta-analysis (P350)**  
A. Dyatlov\*: Hagerstown, MD; M. Gachabayov, R. Bergamaschi: Valhalla, NY
- 9:20 am **Appendiceal Neoplasms as Incidental Finding in Emergency Appendectomies Performed in Regional Hospital of Rancagua, Chile (P351)**  
J. Escarate\*, G. Montesinos, C. Navarro, D. Arellano, S. Conejeros, P. Larrachea: Rancagua, CHILE

**Tuesday, June 4****Monitor #8 - Benign Disease**

**Co-moderators:** Peter Marcello, MD, *Burlington, MA*  
Elizabeth Wick, MD, *San Francisco, CA*

- 9:05 am **Ultrasound-guided Tailored Lateral Internal Sphincterotomy (UT-LIS) for Treatment of Chronic Anal Fissure (P352)**  
A. Nordholm-Carstensen\*, P. Krarup: Koege, DENMARK; H. Perregaard, K.B. Hagen: Copenhagen NV, DENMARK
- 9:10 am **Interval CT Imaging Detects Smoldering Diverticulitis after Medical Management of Index Episode (P353)**  
K.L. Mirza\*, C. Wang, C. Wickham, G. Low, A.M. Kaiser: West Hollywood, CA

- 9:15 am **Syndromic Pilonidal Sinus Correlates with Pelvic-girdle Acne Inversa (P354)**  
M. Farajzadeh\*; Tel Aviv, ISRAEL  
B.C. Cosman, B. Abbadessa, S. Eisenstein, N. Lopez, L. Parry, S. Ramamoorthy: San Diego, CA
- 9:20 am **Rectal Advancement Flap (RAF) and Interpositional Biological Mesh as the Method of Choice for Low Rectovaginal Fistulas (P355)**  
D. Borsuk, D. Kim, J. Tremblay, A. Al-Khamis, K. Kochar, S.J. Marecik, J. Park: Park Ridge, IL; A. Studniarek\*: Chicago, IL

**Tuesday, June 4****Monitor #9 - Benign Disease**

**Co-moderators:** Anuradha Bhamra, MD, *Chicago, IL*  
Jennifer Hrabe, MD, *Iowa City, IA*

- 9:05 am **Selective Versus 6-Column Mucopexy in Transanal Hemorrhoidal Dearterialization: Is Less More? (P356)**  
J.O. Paull\*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al slami: Washington, DC
- 9:10 am **Does Cessation of the Preoperative Antibiotic Prophylaxis in Loop Ileostomy Closure Reduce Postoperative Readmissions for C. Difficile Infection? (P357)**  
A.S. Kulaylat\*, C. Ryan, K. McKenna, W. Koltun, F. Puleo: Hershey, PA; E. Messaris: Boston, MA
- 9:15 am **Intracorporeal Versus Extracorporeal Anastomosis for Robotic Left Hemicolectomy: A Comparison of Outcomes (P358)**  
J.O. Paull\*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al slami: Washington, DC
- 9:20 am **Clinical Outcomes of Ileostomy Closure According to Timing During Adjuvant Chemotherapy after Rectal Cancer Surgery (P359)**  
J. Kwak\*, Y. Choi, N. Ha, T. Lee, S. Baek, J. Kim, S. Kim: Seoul, KOREA (THE REPUBLIC OF)

All e-poster presenters are noted with an \*.

## E-Poster Presentations

## Tuesday, June 4

## Monitor #10 - Inflammatory Bowel Disease/Benign Disease

Co-moderators: Jessica Cohan, MD, Salt Lake City, UT  
Julia Saraidaridis, MD, Burlington, MA

- 9:05 am Outcomes In Fistula Treatment Using Ligation of Intersphincteric Fistula Tract and Biologic Extracellular Matrix (P360)  
J.K. Lu, G. Apostolides\*: Towson, MD
- 9:10 am Results from the Phase I Trial of Autologous Mesenchymal Stem Cells Delivered on a Fistula Plug for Crohn's Rectovaginal Fistulizing Disease (P361)  
A.L. Lightner\*, E.J. Dozois, J. Fletcher, A. Dietz, J. Friton, W. Faubion: Rochester, MN
- 9:15 am A Single-Center Experience of Transanal Ileal Pouch-Anal Anastomosis for Inflammatory Bowel Disease (P362)  
A. Truong\*, P. Fleshner, K.N. Zaghiyan: Los Angeles, CA
- 9:20 am A New and Emerging Therapy for the Treatment of Ulcerative Colitis: Sacral Nerve Stimulation (P363)  
M. Ni, S. Zhang, M. Li, Z. Fan, J. Li, Z. Chen\*, Y. Liu: Nanjing, CHINA; J. Chen: Baltimore, MD

## Tuesday, June 4

## Monitor #11 - Outcomes

- Co-moderators: David Etzioni, MD, Phoenix, AZ  
Emily Carter Paulson, MD, Philadelphia, PA
- 9:05 am A Cost and Outcomes Analysis of Colorectal Surgery Patients Post-Implementation of Enhanced Recovery after Surgery (ERAS) Protocol at an Academic Medical Center (P364)  
R. Lewis\*, B. Daley, J. McLoughlin, J. Taylor, D. Lighter: Knoxville, TN
- 9:10 am The Impact of an Enhanced Recovery Program on Loop Ileostomy Closure (P365)  
R. Brookover\*, J.J. Canete, J.C. Sheehan, B.T. Valerian, A. Chismark, E.C. Lee: Albany, NY
- 9:15 am Value of an Interactive Phone Application in an Enhanced Recovery Program (P366)  
D. Schlund\*, J. Poirier, D.M. Hayden, T. Saclarides, J. Favuzza: Chicago, IL; B.A. Orkin: Celebration, FL

All e-poster presenters are noted with an \*.

9:20 am

Optimizing Discharge Decision-making In Colorectal Surgery: An Audit Of Discharge Practices In A Newly Implemented Enhanced Recovery Pathway (P367)  
N. Caminsky\*, D. Hamad, H. He, M. Boutros, J.F. Fiore, K. Zhao, L.S. Feldman, L. Lee: Montreal, QC, CANADA

## Tuesday, June 4

## Monitor #12 - Outcomes

- Co-moderators: Devi Krishnamurty, MD  
Diego Marines, MD, Houston, TX
- 9:05 am The Use of Multimodal Analgesia to Achieve Opioid Free Colorectal Surgery (P368)  
G.J. Nassif, R. Yap\*, G. Hwang, J. Kelly, T.C. deBeche-Adams, M.R. Albert, J.R. Monson: Orlando, FL
- 9:10 am Improved High-Quality Colon Cleansing with 1 L NER1006 Versus 2 L Polyethylene Glycol + Ascorbate or Oral Sulfate Solution (P369)  
M. Sher\*, New Hyde Park, NY; P. Sharma; Kansas City, KS; A. Repici: Milan, ITALY; H. Franklin: Bridgewater, NJ; D. Baumgart: Edmonton, AB, CANADA
- 9:15 am Hospital factors and 30-day Readmission Rates in Colorectal Surgery (P370)  
E. Cousin-Peterson\*, H. Janjua, P.C. Kuo: Tampa, FL
- 9:20 am Opioid Prescribing Patterns after Anorectal Surgery: Are We Over-Prescribing? (P371)  
D. Meyer\*, C.M. Hoang, J. McDade, J. Davids, P. Sturrock, J. Maykel, K. Alavi, A. Purkayastha: Worcester, MA

## E-Poster Presentations

## Tuesday, June 4

## Monitor #13 - Pelvic Floor Disorders

- Co-moderators:** Brooke Gurland, MD, *Stanford, CA*  
Massarat Zutshi, MD, *Cleveland, OH*
- 9:05 am **What are the Safety Concerns of Surgical Mesh?** (P372)  
C. Stafford\*, H. Kunitake, L. Bordeianou, T.D. Francone, R. Ricciardi: Boston, MA
- 9:10 am **Laparoscopic Suture Rectopexy for Rectal Prolapse: A Single Institution Experience of 328 Cases** (P373)  
R. Takahashi\*, T. Yamana, T. Nakada, R. Nishio, K. Morimoto, R. Sahara: Tokyo, JAPAN
- 9:15 am **Does Decreased Length of Stay after Colorectal Surgery Translate into Increased Readmission Rates?** (P374)  
T. Yoo\*, L. Cunningham, A. Gasior, A. Traugott, M. Arnold, A. Harzman, S. Husain: Columbus, OH
- 9:20 am **Diverting Colostomy is an Effective and Reversible Method for Severe Hemorrhagic Radiation Proctitis** (P375)  
Z. Yuan\*, M. Zhu, L. Wang: Guangzhou, CHINA

## Tuesday, June 4

## Monitor #14 - Quality

- Co-moderators:** Deborah Keller, MD, *New York, NY*  
George Nassif, MD, *Altamonte Springs, FL*
- 9:05 am **A Web-Based Patient Engagement Platform Identified Areas for Improvement in Compliance with Pre-operative Care among Patients Undergoing Elective Colectomy or Proctectomy** (P376)  
K. Rumer\*, S. Bidwell, C. Kin: Stanford, CA
- 9:10 am **Impact of Patient Engagement Technology on Perioperative Outcomes in Colorectal Surgery under an Enhanced Recovery Program** (P377)  
M.J. Hernon\*, D.I. Chu, G. Kennedy, J.A. Cannon, M. Morris, L. Wood: Mountain Brook, AL
- 9:15 am **Predicting Postoperative Ileus after Colorectal Surgery in an Enhanced Recovery Protocol** (P378)  
C. Teng\*, S. Myers, W. Tsang, S. Lazar, M. Boisen, S. Esper, K. Subramaniam, J. Holder-Murray: Pittsburgh, PA

- 9:20 am **Does Pre-Operative Narcotic Tolerance Affect the Response to Transverse Abdominis Plane (TAP) Blocks Administered for Colon and Rectal Surgery?** (P379)  
A. Crawford\*, L. Dosselman, C. Hart, Z. Roberts, P. Prajapati, W.R. Peters, J. Fleshman, K.O. Wells: Dallas, TX

## Tuesday, June 4

## Monitor #15 - Basic Science/Education/Pelvic Floor Disorders

- Co-moderators:** Kristin Busch, MD, *Midland, MI*  
Valentine Nfonsam, MD, *Tucson, AZ*
- 9:05 am **Computerized Imaging Features of Rectal Wall and Perirectal Fat on T2-Weighted MRI are Associated with Complete Pathologic Tumor Stage Regression after Chemoradiation: Initial Results** (P380)  
Z. Wei\*, J. Antunes, K. Bera, A. Madabhushi, S. Viswanath, J.T. Brady, C.P. Delaney: Cleveland, OH; M. Yim: Rootstown, OH
- 9:10 am **Licochalcone A Suppresses Colorectal Cancer Cell Metastasis Capacity via Downregulation of MKK4/JNK** (P381)  
T. Yueh\*, M. Wu, C. Tsai, W. Chang, D. Bau: Taichung, TAIWAN; F. Remzi: New York, NY
- 9:15 am **Bilateral Gluteal Fasciocutaneous Advancement Flaps with and Without Compressing Tie-over Sutures in Treatment of Recurrent Pilonidal Disease** (P382)  
R. Zhu\*, C. Sutanto, A. Lee, M. Uffenheimer, S. Kohanzadeh, J. Cohen, Y. Nasser, A. Artinyan: Los Angeles, CA
- 9:20 am **Perioperative and Functional Outcomes after Rectal Prolapse Surgery - A Single Institution Experience of Multiple Surgical Procedures** (P383)  
D. Klaristenfeld, M.J. Tomassi, T. Catanzarite, B. Zhao\*: San Diego, CA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

**Tuesday, June 4****Monitor #16 - Neoplastic Disease**

- Co-moderators:** Andrew Russ, MD, *Knoxville, TN*  
Pasithorn Suwanabol, MD, *Ann Arbor, MI*
- 9:05 am **Preliminary Results of a Phase II Clinical Trial: Total Neoadjuvant Therapy Facilitates Organ Preservation for Patients Diagnosed with Locally Advanced Rectal Cancer (P384)**  
A. Abdalla\*, Z. Kafri, A. Aref, D. Ma: Grosse Pointe, MI; A. Alame, M. Barawi, S. Szpunar, P. Mazzara: Detroit, MI
- 9:10 am **Systematic Review and Meta-Analysis of Local Versus Radical Surgery for Early Rectal Cancer with or without Neoadjuvant or Adjuvant Therapy (P385)**  
A.K. Motamedi, C.J. Brown, M.J. Raval, A.A. Karimuddin, T. Phang\*, N.T. Mak: Vancouver, BC, CANADA
- 9:15 am **Surgical Proficiency Analyzed by Risk Adjusted Cumulative Sum (RA-CUSUM) with Surgical Outcomes Based on 506 Cases of Robotic Surgery for Rectal Cancer by a Single Surgeon (P386)**  
J. Lee\*, Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim: Seoul, KOREA (THE REPUBLIC OF)
- 9:20 am **Analysis of Indocyanine Green Fluorescence Imaging for Evaluation of Colonic Perfusion in Laparoscopic Colorectal Surgery (P387)**  
S. Han\*, H. Cho, H. Kim, R. Yoo, S. Shin: Suwon, KOREA (THE REPUBLIC OF)

**Tuesday, June 4****Monitor #17 - Neoplastic Disease**

- Co-moderators:** Ovunc Bardakcioglu, MD, *Las Vegas, NV*  
Gokhan Ozuner, MD, *Brooklyn, NJ*
- 9:05 am **Extramural Vascular Invasion on MRI as a Surrogate for High Risk Rectal Cancer is Predictive of Overall Recurrence (P388)**  
P. Prajapati, W. Peters, J. Fleshman, K.O. Wells, G. dePrisco, L. Jacob, R. Jones\*: Dallas, TX
- 9:10 am **Waiting >3 months Between Radiation and Salvage APR is Associated with Positive Margins in Patients with Anal Cancer Treated with Concurrent Chemoradiation (P389)**  
G.C. Lee\*, R. Ricciardi, C. Stafford, L. Bordeianou, H. Kunitake: Boston, MA; T.D. Francone: Newton, MA

- 9:15 am **Unplanned Conversions from Robotic and Laparoscopic Colectomy in Patients with Colon Cancer are Associated with Worse Outcomes: Identifying Key Factors from NSQIP (P390)**  
D.R. Latta\*, J.S. Park, P. Toselli: Allentown, PA; J. Sargeant: Bethlehem, PA
- 9:20 am **Comparison of Long-Term Oncological Outcomes after Curative Surgery between Right-Sided and Left-Sided Stage I-III Colon Cancer Patients (P391)**  
A. Mongkhonsupphawan, W. Riansuwan\*: Bangkok, THAILAND

**Tuesday, June 4****Monitor #1 - Neoplastic Disease**

- Co-moderators:** Christopher Buzas, MD, *Danville, PA*  
Russell Farmer, MD, *Louisville, KY*
- 11:40 am **Colorectal Cancer-Related Brain Metastasis: A Case Series (P392)**  
Y. Abo Elseud\*, A. Mohanty, J. Albarrak: Salmyia, KUWAIT
- 11:45 am **Practice Patterns of Adjuvant Chemotherapy Administration for Stage II Colon Cancer in the United States (P393)**  
A. Akhtar\*, A. Bhatt, A. Sill, S. Behen: Elkridge, MD
- 11:50 am **Comparison of Characteristics and Outcomes in Patients Presenting with Colorectal Cancer Among Young and Old Patients in a Middle Eastern Population (P394)**  
S. Al Ben Ali\*, F. Abdul Raheem, W. Burhamah: Hawally, KUWAIT; J. Alabbad: Jabriya, KUWAIT
- 11:55 am **Indocyanine Green-Enhanced Fluorescence to Assess Bowel Perfusion During Robotics-Assisted Rectal Surgery (P395)**  
H.G. Alawfi\*, N. Kim, B. Min, M. Cho, H. Hur, K. Lee, J. Lee, S. Yang, M. Alessa: Riyadh, SAUDI ARABIA
- Noon **Oncotype Dx® Testing Does Not Affect Clinical Practice in Stage IIa Colon Cancer (P396)**  
B. Allar\*, E. Messaris, V. Poylin, K. Messer, J. Quinn, T. Cataldo, B. Schlechter: Boston, MA

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:05 pm **Risk Score to Predict Positive Margin after Rectal Cancer Resection: An ACS NSQIP Targeted Proctectomy Database Analysis (P397)**  
M.H. Al-Temimi\*, W.R. Peters, J. Fleshman, K.O. Wells: Dallas, TX

12:10 pm **Functional Outcomes after Right-sided Colectomy for Colon Cancer (P398)**  
S. Baek\*, T. Lee, N. Ha, J. Kwak, J. Kim, S. Kim: Seoul, KOREA (THE REPUBLIC OF)

12:15 pm **Does Tumor Sidedness Affect Survival after CME with D3 Lymphadenectomy Followed by Adjuvant Chemotherapy in Patients with Stage II and III Colon Cancer? (P399)**  
T. Lee, S. Kim, J. Kim, J. Kwak, S. Baek\*, N. Ha, H. Park: Seoul, KOREA (THE REPUBLIC OF)

12:20 pm **Gastrointestinal Malignancies in Patients with Cowden Syndrome (P400)**  
F.J. Baky\*, M.A. Krezalek, D. Larson: Rochester, MN

12:25 pm **Large-scale Study of Intratumor Heterogeneity and Clonal Evolution of Colorectal Cancer (P401)**  
S. Banerjee\*, S. Kuang, X. Xu, X. Zhang, Y. Lu, J. Wang: Qingdao, CHINA; X. Liu: Shenzhen, CHINA

12:30 pm **Does Surgical Site Infection Affect Delivery of Adjuvant Chemotherapy for Colon and Rectal Cancer? (P402)**  
P.S. Berry\*, T. Hassinger, C. Friel, S.C. Hoang, T. Hedrick: Charlottesville, VA

12:35 pm **Regional Variation in the Administration of Adjuvant Chemotherapy: The Association of Colon and Rectal Surgery Fellowship Program Density (P403)**  
A. Bhatt\*, A. Akhtar, A. Sill, S. Behen: Baltimore, MD

12:40 pm **Outcomes are Worse for Immunosuppressed Anal Cancer Patients (P404)**  
K. Bingmer\*, A. Ofshteyn, R.A. Charles, D. Dietz, S.L. Stein, E. Steinhagen: Cleveland, OH

12:45 pm **Colonic Angiolipoma: An Enigma to Surgery (P405)**  
C. Brown-Stubbs\*, A. Okonkwo, A. Chase, J.S. Turner, C. Clark: Atlanta, GA

**Tuesday, June 4**  
**Monitor #2 - Neoplastic Disease**

**Co-moderators:** Diego Marines, MD, Houston, TX  
Laila Rashidi, MD, Galveston, TX

11:40 am **Clinical Staging Accuracy and the Role of Neoadjuvant Chemoradiotherapy for cT3N0 Rectal Cancer: Propensity Score Matched National Cancer Database Analysis (P406)**  
D. Burneikis\*, O.A. Lavryk, M. Kalady, S.R. Steele: Cleveland, OH

11:45 am **Development of Radiomics Based on Nomogram to Precisely Predict Conditional Risk of Site-Specific Relapse for Stage I-III Colon Cancer Patients Treated with Radical Surgery (P407)**  
G. Cai\*: Shanghai, CHINA

11:50 am **Is MRI Essential for Upper Rectal Cancers? (P408)**  
N. Jootun, N. Chander\*, I. Lindsey, C. Cunningham: Oxford, UNITED KINGDOM

11:55 am **Is Repeat MRI Important Following Neoadjuvant Treatment for Rectal Cancer? (P409)**  
N.R. Chander\*, N. Jootun, I. Lindsey, O.M. Jones, C. Cunningham: Oxford, UNITED KINGDOM

Noon **A Comparison of Cancer Care Delivery Postoperative Outcomes after Implementation of a Mobile Application (P410)**  
M.I. Chang\*, P.J. Stella, R.K. Cleary, M. Battaglia: Ypsilanti, MI; J.J. Griggs: Ann Arbor, MI

12:05 pm **Anorectal Malignant Melanoma: A Retrospective Analysis of 101 Cases from One Single Center (P411)**  
N. Chen\*, L. Wang, A. Wu: Beijing, CHINA

12:10 pm **Surgical Management of Huge Primary Pelvic Retroperitoneal Tumor: Two Cases Report (P412)**  
H. Chen\*, X. Guo, C. Li, Z. Zhang, Y. Lin, J. Deng: Foshan, CHINA

12:15 pm **A National Analysis of Surgical and Minimally Invasive Treatment Patterns for Early Stage Invasive Rectal Adenocarcinoma from 2004 to 2015 (P413)**  
D. Cheng\*, O. Bardakcioglu, C. St. Hill, C. Chan, D. Kirgan: Las Vegas, NV

All e-poster presenters are noted with an \*.

## E-Poster Presentations

- 12:20 pm **A Case of Disseminated Peritoneal Schistosomiasis Mimicking Carcinomatosis in a Patient with Colon Cancer (P414)**  
K. Chuquin\*, R. Goldstone, E. Neibart, D. Popowich: New York, NY
- 12:25 pm **Oncological and Survival Outcomes of Immediate Nonoperative Management after Chemoradiotherapy for Locally Advanced Rectal Cancer: Appraisal of Clinical Complete Response (P415)**  
G.C. Cotti\*, R.V. Pandini, O. Freitas Melro Braghiroli, C. Nahas, A.R. Imperiale, C.F. Marques, U. Ribeiro Junior, S. Nahas, L. Bustamante, R. Azambuja, C. Ortega, B. Salvajoli, P.M. Hoff: Sao Paulo, BRAZIL
- 12:30 pm **Large Cell Neuroendocrine Carcinoma (LCNEC) of the Colon Arising from a Tubulovillous Adenoma: A Case Report (P416)**  
J. Dameworth\*, D.P. Mistrot, D. Row, R. Shamos, F. Hahn: Phoenix, AZ
- 12:35 pm **Use of Serum Hematological Parameters and Lipid Profile as a Prognostic Tool in Rectal Cancer (P417)**  
J. de León Rendón\*, M. Recalde Rivera, D. Vargas Velásquez, B. Jimenez-Bobadilla, J.A. Villanueva-Herrero, R. López Pérez, N. Gracida Mancilla, L. Alarcón Bernés: Mexico City, MEXICO
- 12:40 pm **Comparative Study of Air Test and Methylene Blue Perfusion Test in the Detection of the Quality of Anastomosis in Laparoscopic Rectal Cancer Excision (Dixon) (P418)**  
H. Dong\*, W. Zhang, Y. Wang, X. Zhang, Y. Dai: Jinan, CHINA
- 12:45 pm **Can Clinical-CR Predict Pathologic-CR after Neoadjuvant Chemotherapy? —A Primary Study On Relationship Between Clinical Factors And pCR (P419)**  
Y. Dong\*, J. Liu, X. He, X. Wang, L. Li: Chengdu, CHINA; T. Phang: Vancouver, BC, CANADA

**Tuesday, June 4**  
**Monitor #3 – Neoplastic Disease**

**Co-moderators:** Joshua Bleier, MD, Philadelphia, PA  
Eric Johnson, MD, Cleveland, OH

- 11:40 am **Impact of PNI (Prognostic Nutritional Index) in Colorectal Cancer as a Predictor for Post Operative Morbidity and Mortality in Open, Laparoscopic and Robotic Surgeries - A South Asian Perspective (P420)**  
S.P. Sasi\*, J. Rohila, S. Ganguly, U. Tantravahi, S. Kumar, A.M. Gupta, A.L. Desouza, A. Saklani: Mumbai, INDIA
- 11:45 am **Intestinal Intussusception in Adult, an Unusual Case Report (P421)**  
L.D. Silva\*, R. Raphe, N. Alberici, R.B. Moreira, J.E. Nunes Franco Neto: Sao Bernardo do Campo, BRAZIL
- 11:50 am **Colorectal Cancer Presents at Advanced Age for White Female Population in The State of Pennsylvania (P422)**  
J. Singh\*: Baltimore, MD; N. Ahuja: New Haven, CT
- 11:55 am **Comparison of FDG PET/CT and CECT in the Evaluation of Postoperative Colorectal Carcinoma Patients with Elevated Serum CEA Levels (P423)**  
A. Agarwal, N. Purandare, M. M.V, S. Shah, A. Puranik, V. Rangarajan, A.E. Thomas\*, A. Saklani: Mumbai, INDIA
- Noon **Anatomical Validity of the Cranial First Approach in Laparoscopic Transverse Colon Cancer Surgery (P424)**  
T. Tonooka\*, N. Takiguchi, A. Ikeda, H. Soda, I. Hoshino, H. Gunji, K. Kawahara, Y. Nabeya: Chiba City, JAPAN

All e-poster presenters are noted with an \*.



## E-Poster Presentations

12:05 pm	<p><b>A Comparison of Rates of Incisional Hernia and Adhesional Intestinal Obstruction after Laparoscopic and Open Colorectal Cancer Surgery: A Cohort Study (P425)</b> D. Udayasiri*, I. Jones, I. Hastie, S. Shedda, R. Chandra, J. McCormick: Ivanhoe, AUSTRALIA; A. Skandarajah, I. Hayes: Melbourne, AUSTRALIA</p>		
12:10 pm	<p><b>Surgeons' and Pathologists' Comfort Level with Total Mesorectal Excision (TME) Grading for Rectal Cancer (P426)</b> J. Vu*, A.E. Kanters, S. Hendren, M. Banerjee, A. Sales: Ann Arbor, MI; N. Birkmeyer: Lebanon, NH</p>		
12:15 pm	<p><b>Revisiting Paget's Disease of the Anus: Literature Review and Analysis of Published Cases in the Literature (P427)</b> S. Yelika*: Coram, NY</p>		
12:20 pm	<p><b>Change in Anorectal Function after Standard Rectal Cancer Treatment (P428)</b> R. Yoo*, H. Cho, H. Kim, S. Shin: Suwon, KOREA (THE REPUBLIC OF)</p>		
12:25 pm	<p><b>Robotic Lateral Lymph Node Dissection Strategy for Rectal Cancer (P429)</b> W. Yuan*: Zhengzhou, CHINA</p>		
12:30 pm	<p><b>Colon Cancer in the Young; Contributing Factors and Short-Term Surgical Outcomes (P430)</b> M. Zeeshan*, M. Hamidi, K. Hanna, V. Pandit, P. Omesiete, A. Cruz, A.N. Ewongwo, B. Joseph, V.N. Nfonsam: Tucson, AZ</p>		
12:35 pm	<p><b>Early Removal of the Urinary Catheter after Colorectal Cancer Surgery Does Not Increase the Incidence of Acute Urinary Retention (P431)</b> W. Zhang*, H. Dong, X. Zhang, Y. Wang, Y. Dai: Jinan, CHINA</p>		
12:40 pm	<p><b>Does Age Matter in Treatment Selection and Prognosis of Metastatic Colorectal Cancer: Analysis of the National Cancer Data Base (P432)</b> L. Zheng*, M. Yang, X. Wang: Beijing, CHINA; J. Luo, X. Wang, C. Johnson, S.A. Khan, Y. Zhang: New Haven, CT</p>		
12:45 pm	<p><b>Therapy Options for T4 Lesion Rectal Cancer Patients Post-Prostatic Irradiation: A Case Series (P433)</b> T. Zitely*: Commack, NY; T. Sardinha, M. Sher: Hempstead, NY</p>		
			<p><b>Tuesday, June 4</b></p> <p><b>Monitor #4 - Neoplastic Disease</b></p> <p><b>Co-moderators:</b> Dana Hayden, MD, <i>Chicago, IL</i> Angela Kuhnen, MD, <i>Burlington, MA</i></p>
		11:40 am	<p><b>Screening Staus Independently Predicts Mortality in Colorectal Cancer: A 10 Year Single Centre Prospective Cohort Study (P434)</b> C. MacKay*, G. Ramsay, S. Chan, C. Parnaby, G. Murray: Aberdeen, UNITED KINGDOM</p>
		11:45 am	<p><b>Transanal Total Mesorectal Excision (TATME): Are We Doing it for the Right Indication? An Assessment of Online Video Resources (P435)</b> B. Mahendran*, M. Coleman: Plymouth, UNITED KINGDOM; A. Caiazzo: Naples, ITALY; V. Celentano: Portsmouth, UNITED KINGDOM</p>
		11:50 am	<p><b>Anastomotic Leakage after Anterior Resection for Rectal Cancer: A Single Center Review (P436)</b> C. Marcoux*, V. Courval, A. Brind'Amour, A. Bouchard, S. Drolet: Quebec City, QC, CANADA</p>
		11:55 am	<p><b>Delayed Coloanal Anastomosis of Turnbull-Cutait Does Not Reduce Anastomotic Leakage after Low Anterior Resection for Rectal Cancer but May Reduce its Clinical Impact (P437)</b> C. Marcoux*, V. Courval, R. Grégoire, A. Bouchard, S. Drolet: Québec City, QC, CANADA</p>
		Noon	<p><b>Goblet Cell Carcinoma of the Appendix: 4 Case Reports Presented with a Literature Review (P438)</b> R. Masia*, G. Parker, R. Guinto: Neptune, NJ</p>
		12:05 pm	<p><b>Is Simultaneous Laparoscopic Multi-Organ Resection Possible in Colorectal Surgery? (P439)</b> M. Matzner Perfumo*, M.E. Peña, J.M. Piatti, M. Bun, N. Rotholtz: Buenos Aires, ARGENTINA</p>
		12:10 pm	<p><b>Not All Presacral Tumors are Created Equal: Need for Operative Intervention Should be Based on Patient-specific Factors (P440)</b> J.C. Melvin*, E.H. Carchman, C.P. Heise: Madison, WI</p>

All e-poster presenters are noted with an \*.

## E-Poster Presentations

- 12:15 pm **Risk Factors for Upstaging of Rectal Cancer: Are We Correctly Predicting Disease Stage? (P441)**  
M.W. Meyers\*, W.B. Gaertner, C. Jensen:  
Minneapolis, MN; T. Curran: Charleston, SC; V.V. Simianu: Seattle, WA
- 12:20 pm **Perineal Wound Closure after Infra Levator Pelvic Exenteration - Is a Flap Closure Better than Primary Closure? (P442)**  
A. Mondal\*, S. Kumar, A.M. Gupta, N.A. Kumar, S.P. Sasi, A.L. Desouza, A. Saklani: Mumbai, INDIA
- 12:25 pm **T and N Staging of Colorectal Cancer: Usefulness of Structured MRI Report Templates Proposed by the European Society of Gastrointestinal and Abdominal Radiology (ESGAR) (P443)**  
N. Furbetta, G. Di Franco, M. Palmeri, L. Morelli\*, R. Cervelli, P. Boraschi, F. Donati, D. Caramella: Pisa, ITALY
- 12:30 pm **Establishing a Regional Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy Service: The Imperial College London Experience (P444)**  
D. Donato-brown, P. Ziprin, N. Gilfillan, A. Moutadjer, J. Murphy\*: London, UNITED KINGDOM
- 12:35 pm **Robotics Confers an Advantage in the Preservation of Urological Function after Rectal Surgery (P445)**  
J.C. Ngu\*, N. Teo, I. Wee: Singapore, SINGAPORE
- 12:40 pm **Reconstruction of the Perineal Defect after Pelvic Exenteration: Comparison of Three Flap Procedures (P446)**  
G. Pellino\*, D. Baird, S. Rasheed, C. Kontovounisios, P. Tekkis, K. Power, K. Ramsey: London, UNITED KINGDOM
- 12:45 pm **National Trends of Neoadjuvant Treatment for Rectal Cancer: Analysis of a 10-year Prospective Registry on Behalf of the Spanish Rectal Cancer Project (P447)**  
G. Pellino\*, R. Alós, E. García-Granero, J.V. Roig-Vila: Valencia, SPAIN; S. Biondo, E. Espín-Basany: Barcelona, SPAIN; A. Codina Cazador: Girona, SPAIN; J. Enríquez-Navascues: Donostia, SPAIN

**Tuesday, June 4**  
**Monitor #5 - Neoplastic Disease**

- Co-moderators:** Marco Ferrara, MD, *Orlando, FL*  
Charles Friel, MD, *Charlottesville, VA*
- 11:40 am **Majority of Patients Undergoing Colorectal Cancer Resection from 2010-2018 Have Not Participated in Colorectal Screening Programs (P448)**  
C.F. Fong\*, P. Denoya: New York, NY; D.F. Joseph, N. Munaganuru, B. Channer, J. Lacombe, E. Li: Stony Brook, NY
- 11:45 am **A Proposal for Standards of Histopathology Reporting for D3 Lymphadenectomy in Right Colon Cancer: The Mesocolic Sail and Superior Right Colic Vein Landmarks (P449)**  
A. Garcia-Granero\*, G. Pellino, F. Giner, M. Frasson, I. Grifo, L. Sanchez-Guillen, E. Garcia-Granero, A. Valverde-Navarro: Valencia, SPAIN
- 11:50 am **Anal Squamous Cell Carcinoma in the HIV Positive Population: A 15-year Case Series from an Urban Tertiary Care Center (P450)**  
A.E. Graham\*, B. Umaphathi: Washington, DC
- 11:55 am **Large Infra-levator Mammary-Type Myofibroblastoma in a Super Obese Woman (BMI > 60 kg/m<sup>2</sup>) (P451)**  
M.V. Gusev\*, A. Ko, M. Tam: Diamond Bar, CA
- Noon **A Systematic Review of the Management of Malignant Small Bowel Obstruction (P116)**  
S.P. Banting\*, O. Peacock, P. Waters, L. Craig, J. McCormick, S. Warriar, A. Heriot: Melbourne, AUSTRALIA
- 12:05 pm **Validation of Operative Procedures after Neoadjuvant Chemoradiotherapy in Terms of CRM (P453)**  
M. Hamada\*, T. Kobayashi, H. Miki: Hirakata, JAPAN
- 12:10 pm **Does it Matter Where You Get Your Surgery for Colorectal Cancer? (P454)**  
M. Hamidi\*, M. Zeeshan, K. Hanna, P. Omesiete, A. Cruz, A.N. Ewongwo, V. Pandit, B. Joseph, V.N. Nfonsam: Tucson, AZ

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:15 pm	<b>Surgical Omission in Locally Advanced Rectal Cancer: Racial and Socioeconomic Disparities (P455)</b> M. Whealon, J. Bleier, S.S. Shanmugan, N.M. Saur, C.B. Aarons, N. Mahmoud, E. Paulson, P.T. Hernandez*, S.J. Concors: Philadelphia, PA	<b>Tuesday, June 4</b>
		<b>Monitor #6 – Neoplastic Disease</b>
12:20 pm	<b>A Scoring System for Regional Lymph Node Metastases in Patients with ypT0-2 Rectal Cancer after Preoperative Chemoradiation: Organ Preservation or Completion Surgery (P456)</b> S. Huang*, P. Chi, Y. Huang: Fuzhou, CHINA	<b>Co-moderators:</b> Hermann Kessler, MD, Cleveland, OH Gokhan Ozuner, MD, Brookly, NJ
12:25 pm	<b>Application of MRI in Height Measurement of Low-middle Rectal Cancer and Assessment of Sphincter Preservation in Men and Women (P457)</b> J.B. Zhang*, H.X. Xu, L.C. qiao, P. Zhu, B. Yang: Nanjing, CHINA	11:40 am
12:30 pm	<b>An Up-to-date Predictive Model for Rectal Cancer Reflecting Tumor Biology and Clinical Factors (P458)</b> A. Jarrar*, D. Liska, J. Church, M. Kalady, C.P. Delaney, S. Steele: Cleveland, OH	11:45 am
12:35 pm	<b>The Clinical Challenge of Identifying Precancerous Lesions in the Young Adult Population: A Retrospective Study (P459)</b> D. Juan*, M. Stratton, A. Werner, W. Grimes: Shreveport, LA	11:50 am
12:40 pm	<b>The Influence of Chemosensitivity for 5-fluorouracil after Preoperative Chemoradiotherapy in Patients with Locally Advanced Rectal Cancer Using In Vitro Adenosine Triphosphate-based Chemotherapy Response Assay (P460)</b> S. Jun*, Y. Jeon, E. Park, J. Kang, S. Baik: Seoul, KOREA (THE REPUBLIC OF)	11:55 am
		Noon
		<b>HIPEC: Impact of Comorbidities on Post-operative Complications (P466)</b> M. Kilcoyne*, G. Gauvin, K. Ang, L. Selesner, B. Egleston, J. Farma, E. Sigurdson, S. Reddy: Philadelphia, PA
		12:05 pm
		<b>Long-term Voiding and Sexual Function in Young Male Patients after Robot-assisted TME for Rectal Cancer: A Cross-Sectional Study (P467)</b> H. Kim*, Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim: Seoul, KOREA (THE REPUBLIC OF)
		12:10 pm
		<b>Screening for Anal Cancer: Is Pap Smear an Adequate Method? (P468)</b> C.M. Kimura*, C. Nahas, J. Tapia, E.V. da Silva Filho, S. Nahas, I. Ceconello: Sao Paulo, BRAZIL
		12:15 pm
		<b>Transanal (TaTME) Versus Laparoscopic TME for Mid/Low Rectal Cancer: Oncological and Operative Outcomes (P469)</b> J.W. Kynaston*, M. Taylor, S. Dalton, E.D. Courtney: Bath, UNITED KINGDOM

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:20 pm	<b>Diverting Loop Ileostomy VS. Colostomy in Restorative Anterior Resection for Resectable Rectal Cancer: A Systematic Review and Meta-Analysis (P470)</b> A. Dyatlov; Chambersburg, PA; H. Lee*, M. Gachabayov, N. Zhang, R. Bergamaschi: Valhalla, NY		
12:25 pm	<b>Higher Propensity for Nodal Metastases Among Young-onset Rectal Cancers (P471)</b> M. Healy*, B.K. Bednarski, C. Eng, P. Das, M.A. Rodriguez-Bigas, J.M. Skibber, H. Kaur, R. Ernst, G. Chang, Y. You: Houston, TX		
12:30 pm	<b>Comparison of CT-based Radiomics Signature Between Left-sided and Right-sided of Stage III Colon Cancer (P472)</b> Y. Li*, Y. Lu: Shandong, CHINA; A. Eresen, Z. Zhang: Chicago, IL		
12:35 pm	<b>Stenting as Bridge to Surgery in Obstructed Colorectal Cancers: Long-term Oncological Outcomes and Patterns of Recurrence (P473)</b> A. Chok, H. Lim*, L.B. Samarakoon, R. Mathew: Singapore, SINGAPORE		
12:40 pm	<b>Comparison of Abdominoperineal Resection vs. Sphincter Saving Resection for Low-lying Rectal Cancer (P474)</b>  D. Lim*, J. Kuk, T. Kim, E. Shin: Bucheon, KOREA (THE REPUBLIC OF)		
12:45 pm	<b>Relationship Between Obesity and Early Onset of Colorectal Cancer in the Hispanic Population: Should Obese Hispanics Have an Earlier Screening Colonoscopy? (P475)</b> D. Luebbbers*, G. Keith, J. Lopez-Alvarenga, S. Narapureddy, A.A. Pena: Edinburg, TX		
			<b>Tuesday, June 4</b>
			<b>Monitor #7 - Benign Disease</b>
		<b>Co-moderators:</b>	Ziad Kronfol, MD, Baytown, TX Emily Mirafior, MD, Oakland, CA
		11:40 am	<b>Robotic Assisted Transanal Minimally Invasive Surgery (TAMIS) with da Vinci Xi for a Successful Removal of a Large Benign Distal Rectal Polyp (P476)</b> E.H. Cha*, D. Lisle: Baltimore, MD
		11:45 am	<b>Journey for Patients Following Ileostomy Creation is not Straightforward (P477)</b> D. Chan*, K. Tan: Singapore, SINGAPORE
		11:50 am	<b>Retrospective Research Minimally Invasive Treatment of Mid-low Rectovaginal Fistula (P478)</b> C. Chen*, L. Yin: Shanghai, CHINA
		11:55 am	<b>Immunodysfunction in the Setting of Fistula-in-Ano: Comparative Outcomes of HIV and Crohn's Disease Patients (P479)</b> D. Chester*, A. Okonkwo, J.S. Turner, A. Chase, C. Clark: Atlanta, GA
		Noon	<b>Coloarticular Fistula: A Rare but Potential Fatal Complication (P480)</b> N. Choudhury, P. Omesiete, V.N. Nfonsam, A.N. Ewongwo*: Tucson, AZ
		12:05 pm	<b>Laparoscopic Treatment of Enterolith Bowel Obstruction: Case Report (P481)</b> E.X. Delgadillo*: Neuchâtel, SWITZERLAND
		12:10 pm	<b>Adoption of the Small Bites Fascial Closure Technique: A Survey of Canadian General Surgeons (P482)</b> F. Dossa*, S.A. Acuna, C. Diep, N. Baxter: Toronto, ON, CANADA
		12:15 pm	<b>When Carcinogenic Pathways Fuse: Traditional Serrated Adenomas and Familial Adenomatous Polyposis (P483)</b> A.E. Feinberg*, D.E. Kearney, C.E. Cauley, M. Cruise, J. Church: Cleveland, OH
		12:20 pm	<b>Anal Fissure- Definitive Treatment Success Story With No Muscle Cut (P484)</b> M. Fulmes*: Brooklyn, NY; A. Chudner: Westchester, NY

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:25 pm	<b>A Novel Approach to Medical Management of Hidradenitis Suppurativa and Pilonidal Abscess Following Surgical Debridement and Excision (P485)</b> V. Grille*, G. Parker: Wall, NJ; M. Stecy: New Brunswick, NJ; M. Parker: Philadelphia, PA	11:50 am	<b>Lowering the Threat Level on Perianal Abscesses in the Safety-net Hospital ED: Do We Actually Need to Cover for MRSA? (P492)</b> P. Rosen*, S. Shraga, B. Silverstein, D. Gross, O. Zayko, T. Schwartz: Brooklyn, NY
12:30 pm	<b>Mucosal Prolapse: Unusual Anorectal "Mass" (P486)</b> S. He*, S. Fang, L. Voltaggio, A. Murphy, I. Leeds: Baltimore, MD	11:55 am	<b>Adult Patients with Hirschsprung's Disease - A National Analysis of Outcomes (P493)</b> D. Schlund*, S. Jochum, J. Favuzza, D.M. Hayden, S. Pillai, T. Saclarides, A.R. Bhama: Chicago, IL
12:35 pm	<b>A Real Pain in the Right Lower Quadrant: Endometriosis of the Appendix Presenting as Recurrent Appendicitis (P487)</b> E.M. Horrell*, S.N. Horst, A. Hawkins: Nashville, TN	Noon	<b>Are Women More Vulnerable To Mortality From Diverticulitis? (P495)</b> N.M. Sell*, C. Stafford, D. Chang, L. Bordeianou, T.D. Francone, H. Kunitake, R. Ricciardi, H. Khalili: Boston, MA
12:40 pm	<b>Three Cardinal Principles of Management of Complex Anal Fistula: Has the Mystery Been Finally Decoded? (P488)</b> P. Garg: Panchkula, INDIA; Y. Gehlot: Bangalore, INDIA; A. Joshi*: Neemuch, INDIA; A. A Kalyanshetti: Kamothe, INDIA	12:05 pm	<b>Anal Fissures - After a Failed Lateral Internal Sphincterotomy, Botulinum Toxin to the Rescue? (P496)</b> M. Stack*, S. Schechter, N. Shah: Providence, RI
12:45 pm	<b>Tailgut Cyst, Report of 24 Cases Single Center Experience (P489)</b> A.H. Sakr, H. Kim, Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim*: Mansoura, EGYPT	12:10 pm	<b>Liver Abscess in the Setting of Diverticular Disease; Should All Patients Have Colectomy? (P497)</b> C. Stafford*, L. Bordeianou, H. Kunitake, T.D. Francone, H. Khalili, R. Ricciardi: Boston, MA
<b>Tuesday, June 4</b>			
<b>Monitor #8 - Benign Disease</b>			
<b>Co-moderators:</b> Matthew Brady, MD, Orange, CA Anthony De Buck, MD, Toronto, ON, CANADA			
11:40 am	<b>Surgical Management of Anal Fistula: Results from an International Survey (P490)</b> C. Ratto*, U. Grossi, F. Litta, V. De Simone, R. Orefice, M. Goglia, A. Parello: Rome, ITALY	12:20 pm	<b>Mesenteric Cystic Lymphangioma in an Adult - A Case Report (P499)</b> D. Thompson*, S. Ikram, G. Kaur: Scunthorpe, UNITED KINGDOM
11:45 am	<b>The Immediate Sphincter Reconstruction Following a Fistulotomy Can Significantly Decrease the Risk of Continence Impairment in Patients Affected by Anal Fistula (P491)</b> C. Ratto*, F. Litta, V. De Simone, R. Orefice, M. Goglia, A. Parello: Rome, ITALY	12:25 pm	<b>Emergency Surgery for Right Colonic Diverticulitis Has a Low Morbidity Versus Left-Sided Disease (P500)</b> J.S. Tsang*, C. Foo, J. Yip, H. Choi, R. Wei, K. Ng, O. Lo, W. Law: Hong Kong, HONG KONG
		12:30 pm	<b>Abnormal Vital Signs are Common after Laparoscopic or Open Bowel Resection and are Poor Predictors of Anastomotic Leak (P501)</b> K. Twohig*, N. Hyman, B.D. Shogan, A. Mayampurath, A. Ajith: Chicago, IL; M. Jovanovic: Downers Grove, IL

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:35 pm	<b>The Bareness of External Anal Sphincter: A New Tech for Relapsed High Horseshoe Anal Fistula (P502)</b> Q. Wang*: Shanghai, CHINA	12:10 pm	<b>Performing Colectomy on Immunosuppressed Patients with Diverticulitis: How Can We Improve Outcomes? (P510)</b> M. Lin*, C. Foglia, S.Y. Chao: Queens, NY; J.C. Hsieh: Ames, IA
12:40 pm	<b>Role of Clipping in Delayed Hemorrhage Prevention Following Endoscopic Mucosal Resection of Large GI Lesions (P503)</b> W. Hassaballa, T. Erim, G. da Silva-southwick, E. Weiss, D. Maron, S.D. Wexner*: Weston, FL	12:15 pm	<b>3D Laparoscopic Surgery for Slow Transit Constipation by Transrectal Extraction of Specimens (P511)</b> B. Lu*, K. Wang, Z. Zhu, C. Fu: Shanghai, CHINA
<b>Tuesday, June 4</b>			
<b>Monitor #9 - Benign Disease</b>			
<b>Co-moderators:</b> Marylise Boutros, MD, Montreal, QC, CANADA I. Ethem Gecim, MD, Ankara, TURKEY			
11:40 am	<b>Percutaneous Transhepatic Access with Liquid Sclerotherapy and Coil Embolization of Peristomal Varices (P504)</b> D. Kuehler*, D. Latta, S. Morgan, D. Bub, J. Park, E. Hoffman: Allentown, PA	12:20 pm	<b>Ligation of the Intersphincteric Fistula Tract: Are There Any Factors Associated with Persistence/Recurrence? (P512)</b> P.B. Lynn*, F.M. Carrano, M. Grieco, J. Carter, A. Grucela, M. Bernstein: New York, NY
11:45 am	<b>Endometriosis: A Rare Cause of Rectal Obstruction (P505)</b> B.J. Kulow*, R. Crim, J.M. Downs: Dallas, TX	12:25 pm	<b>Perioperative Outcomes of Bascom Cleft Lift for Pilonidal Disease: A Single-Center Retrospective Review (P513)</b> C.W. Marengo*, D. Lammers, K. Morte, Q. Hatch: Tacoma, WA; M. McNevin: Spokane, WA
11:50 am	<b>Intestinal Tuberculosis in Setting of Terminal Ileitis in Patient with Septic Shock and Pneumonia (P506)</b> L. Kurth*, D.R. Latta, G. Bonomo, J.S. Park: Allentown, PA	12:30 pm	<b>Fistula Laser Closure (FiLaC™) for Fistula-in-ano - Yet Another Technique with 50% Healing Rates? (P514)</b> A. Nordholm-Carstensen*, P. Krarup: Koege, DENMARK; H. Perregaard, K.B. Hagen: Copenhagen NV, DENMARK
11:55 am	<b>Impact of Desmoid Disease and Anal Transitional Zone Neoplasia on Quality of Life after Ileal Pouch Anal Anastomosis in Patients with Familial Adenomatous Polyposis (P507)</b> O.A. Lavryk*, J. Church: Cleveland, OH	12:35 pm	<b>Pushing the Envelope in Endoscopic Submucosal Dissection - Is it Feasible and Safe in Scarred Lesions? (P515)</b> E. Nugent*, M. Sanaka, S. Steele, D. Liska, T. Hull, E. Gorgun, I. Sapci: Cleveland, OH
Noon	<b>The Analysis of Outcomes of Surgical Management for Colonoscopic Perforations: A 16-Years Experiences at a Single Institution (P508)</b> D. Lim*, J. Kuk, T. Kim, E. Shin: Bucheon, KOREA (THE REPUBLIC OF)	12:40 pm	<b>Treatment Strategies for Cryptoglandular Transsphincteric Anal Fistula: A Cost-Effectiveness Analysis (P516)</b> Y. O'Neill*, M.J. McCain, A. Thorson, G.J. Blatchford, M. Shashidharan, J. Beaty, B.M. Sadowski, Z.H. Torgersen, C. Ternent: Omaha, NE; R. Rojas Payacan: Chile, CHILE
12:05 pm	<b>Should We Operate on Renal Transplant Patients with Diverticulitis? Considerations from the National Inpatient Sample Database (P509)</b> M. Lin*, C. Foglia, S.Y. Chao: Queens, NY; J.C. Hsieh: Ames, IA	12:45 pm	<b>Mucopexy-Recto Anal Lifting (MuRAL) Procedure for Obstructed Defecation Syndrome Caused Due to Rectal Intussusception (P517)</b> T. Ono*: Osaka, JAPAN

All e-poster presenters are noted with an \*.

## E-Poster Presentations

## Tuesday, June 4

## Monitor #10 - Inflammatory Bowel Disease

**Co-moderators:** Cary Aarons, MD, Philadelphia, PA  
Alexis Grucela, MD, New York, NY

11:40 am **Colectomy Outcomes in the Elderly with Inflammatory Bowel Disease (P518)**  
P. Kandagatla\*, A. Tang, C. Reickert, A. Stefanou: Detroit, MI

11:45 am **Factors Associated with Readmission after Crohn's Ileocolectomy (P519)**  
B. Kline\*, T. Weaver, D. Brinton, S. Deiling, W. Koltun: Hershey, PA

11:50 am **Differences in Perioperative Factors and Surgical Outcomes between Crohn's Disease and Ulcerative Colitis in Pediatric Patients (P520)**  
K. Kong\*, D. Hakakian, A.J. Raskin, Z.H. Nemeth, R.H. Rolandelli: Morristown, NJ

11:55 am **Risk Factors for Complications after Abdominal Surgery in Crohn's Disease (P521)**  
C.M. Kimura\*, C.W. Sobrado Junior, M. Borba, N.S. Queiroz, A. Scanavini Neto, S. Nahas, I. Ceconello: São Paulo, BRAZIL

Noon **Complications of Ileostomy Closure after Ileal Pouch-Anal Anastomosis (IPAA): It's Not What You May Think (P522)**  
S. Whitney\*, C. LaChapelle, M. Plietz, J. George, S. Khaitov, A. Greenstein: New York, NY

12:05 pm **Does the Postoperative Inflammation in J Pouch and Anal Canal Need Treatment in Ulcerative Colitis Patients with Pouch Surgery? Historical Examination and New Treatment with Budesonide Foam Pouchitis (P523)**  
A. Sugita\*, K. Koganei, K. Tatsumi, R. Futatsuki, H. Kuroki, H. Kimura, T. Fukushima: Yokohama, JAPAN

12:10 pm **Infliximab Does Not Impair Anastomotic Healing in a Mouse Model (P524)**  
S. Gaines\*, S. Hyoju, A.J. Williamson, J. van Praagh, J. Alverdy, B.D. Shogan, N. Hyman, D. Rubin: Chicago, IL

12:15 pm **Laparoscopic-assisted Surgery for Complex Crohn's Disease: Is it Really Beneficial? (P525)**  
T.B. Cengiz\*, A.C. Aiello, T. Hull, S. Steele, C.P. Delaney, H. Kessler: Cleveland, OH

12:20 pm **Seasonal and Regional Analysis of Crohn's Disease and Ulcerative Colitis: Do Trends Exist? (P526)**  
M. Lin\*, C. Foglia, S.Y. Chao: Queens, NY; J.C. Hsieh: Ames, IA

12:25 pm **Mesentery Plexitis Related Refractory Pain with Minor Findings During Laparoscopy: Importance of Preoperative Diagnostic Workup to Guide Resection (P527)**  
A. Scanavini Neto\*, J.Z. Gil: Sao Paulo, BRAZIL

12:30 pm **Pelvic Pouch Excision: The Toronto Experience (P528)**  
A. Pooni\*, A. de Buck van Overstraeten, R. Gryfe, Z. Cohen, H. MacRae, E. Kennedy, M.S. Brar: Toronto, ON, CANADA

12:35 pm **Predictors of Reoperation Following Colectomy for Inflammatory Bowel Disease (P529)**  
L. Saadat\*, A.C. Fields, P. Lu, N. Melnitchouk, J. Irani, R. Bleday, J. Goldberg: Boston, MA

12:40 pm **Surgical Outcomes in Low Volume Versus High Volume Centers for Ulcerative Colitis: A Systematic Review (P530)**  
C.J. Brown: Vancouver, BC, CANADA; S. Moore\*, J. Daza Vargas, F. Dossa, N. Baxter: Toronto, ON, CANADA

## Tuesday, June 4

## Monitor #11 - Outcomes

**Co-moderators:** Devi Krishnamurthy, MD, Omaha, NE  
Sharon Stein, MD, Cleveland, OH

11:40 am **Robotic vs. Laparoscopic Colectomy for Diverticulitis: A Case-Matched Assessment of Short-Term Outcomes (P531)**  
M. Fuglestad\*, R. Batra, H. Hernandez, J.A. Leinicke, S. Langenfeld, K. Samson: Omaha, NE

11:45 am **The Impact of Obesity on Outcomes of Proctectomy for Cancer: Morbid Obesity is Associated Increased Risk of Superficial Surgical Site Infection and Composite Morbidity but Not Anastomotic Failure (P532)**  
P.J. Sweigert\*, E. Eguia, K.A. Ban, M.H. Nelson, J. Eberhardt, M.S. Baker, M. Singer: Chicago, IL

All e-poster presenters are noted with an \*.

## E-Poster Presentations

11:50 am	<b>Does the Routine Addition of Preoperative Immunonutrition to an Enhanced Recovery Protocol Impact Overall Postoperative Morbidity?</b> (P533) W. Sangster*, R. Mittal, J.L. Parker, M. Luchtefeld, J.W. Ogilvie: Grand Rapids, MI	12:30 pm	<b>Time Trends of Surgical Approach to Colorectal Resection Procedures between 2009 and 2015</b> (P541) S.M. Wren*, M.J. Curet: Palo Alto, CA; I. Shih, Y. Li: Sunnyvale, CA
11:55 am	<b>A NSQIP Analysis of Trends in Surgical Outcomes for Rectal Cancer: What Can We Improve Upon?</b> (P534) S. Sharp*, E.G. Arsoniadis, S. Wexner, Weston, FL; R. Malizia, A. Ata, S. Stain, B. Valerian, E.C. Lee: Albany, NY	12:35 pm	<b>Are Outcomes between Patients Undergoing Colovaginal and Colovesicular Fistula Repairs Similar?</b> (P542) D.J. Gunnells*, H. Green, A. Klinger, C. Velasco, H. Vargas: Metairie, LA
Noon	<b>Trends in Robotic Colorectal Surgery: Analysis of the ACS-NSQIP Database from 2013-2017</b> (P535) L. Hajirawala*, M.K. Miller, C. Leonardi, G.R. Orangio, K. Davis, J. Barton: New Orleans, LA	12:40 pm	<b>Same-day and Next-day Discharge after Laparoscopic Colectomy: Pushing the Envelope of Enhanced Recovery Pathways</b> (P543) N.P. McKenna*, K.A. Bews, E.B. Habermann, O.A. Shariq, K.T. Behm, S.R. Kelley, D. Larson: Rochester, MN
12:05 pm	<b>Colectomy Rates in Complicated Diverticulitis: Using a Novel Metric to Examine Hospital Variability in the Acute Management of Contained Perforations</b> (P536) S. Mohanty*, W.C. Chapman, R.L. Hoffman, T. Chan, R. Smith, P. Wise, S. Glasgow, S.R. Hunt, M. Mutch, M. Silveira: Saint Louis, MO	12:45 pm	<b>Tumor Sidedness, Recurrence and Survival: Another Important Difference between Localized Colon Cancer</b> (P544) S. Malakorn*, B.K. Bednarski, Y. You, G.J. Chang: Bangkok, TX
12:10 pm	<b>The Effects of Surgical Specialty on Elective Colectomy Outcomes: Single-Institution NSQIP Analysis</b> (P537) R. Pedraza*, J. Nguyen-Lee, R.A. Weinheimer, M.J. Snyder, H. Bailey: Houston, TX	<b>Tuesday, June 4</b> <b>Monitor #12 – Quality/Neoplastic Disease</b> <b>Co-moderators:</b> Ovunc Bardakcioglu, MD, Las Vegas, NV Lyen Huang, MD, Salt Lake City, UT	
12:15 pm	<b>Follow-up Standard From NCCN Will Improve One-year Survival Status of Chinese Colorectal Cancer Patients Or Not?</b> (P538) X. Li*, Y. Zeng, S. Zhang, X. Wang, L. Li: Chengdu, CHINA	11:40 am	<b>The Impact of Immunonutrition on Length of Stay Within an ERAS Protocol</b> (P545) K.P. Domek, W.C. Mustain, J. Mizell, J.A. Laryea*, P. Cosgrove: Little Rock, AR
12:20 pm	<b>A Randomized Controlled Trial Comparing THUNDERBEAT(TB, Olympus America Inc., Japan) to the Maryland LigaSure™ (Medtronic, USA) Energy Device during Laparoscopic Colon Surgery</b> (P539) J.W. Milsom*, K. Trencheva, K. Momose, M. Peev, P. Shukla, K. Garrett: New York, NY	11:45 am	<b>Prolonged Foley Catheterization with Pre-removal Cystogram after Surgical Repair of Colovesical Fistula: Are We Being too Vigilant?</b> (P546) D. Meyer*, S. Hill, A. Resnick, C. Harnsberger, J. Davids, K. Alavi, J. Maykel, P. Sturrock: Worcester, MA
12:25 pm	<b>The Determinants of Minimally Invasive Surgery for Colorectal Cancer in Emergency Versus Elective Settings</b> (P540) O. Osagiede*, A. Merchea, D. Colibaseanu, A. Spaulding, J. Cochuyt, J. Naessens, M. Crandall: Jacksonville, FL	11:50 am	<b>Effect of Web-based Perioperative Program on Self-Efficacy, Outpatient Calls and Emergency Department Visits of Patients Undergoing Elective Colorectal Surgery</b> (P547) S. Bidwell*, K. Rumer, A.M. Morris, C. Kin: Stanford, CA
		11:55 am	<b>One Size Does Not Fit All: Surgical Decision-Making for Rectal Prolapse</b> (P548) A. Lee*, C. Kin, A. Anand, B. Gurland: Stanford, CA

All e-poster presenters are noted with an \*.



## E-Poster Presentations

Noon	<b>Peritoneal Lavage Culture Analysis of 3D Laparoscopic and laparoscopy-assisted Anterior Resection of Rectal Cancer (P549)</b> Q. Jiang*, C. Fu: Shanghai, CHINA	12:45 pm	<b>Characteristics, Outcomes, and Trends in Colorectal Surgery in U.S. Veterans, a 10-year experience at a Tertiary Veterans Affairs Medical Center (P558)</b> M. Skancke*, J. Walters, L. Michel, F. Brody, J.E. Duncan: Washington, DC
12:05 pm	<b>Initiation of Enhanced Recovery after Surgery Protocol With Multimodal Analgesia Decreases Opiate Use in Colon and Rectal Surgery (P550)</b> D. Maun, H. Berke, W. Wrightson, F. Lane, T. Reidy, R. Melbert, B. Tsai*, W. Oh: Indianapolis, IN		
12:10 pm	<b>Should Accuracy of Rectal Cancer Staging Serve as a Standard for The National Accreditation Program for Rectal Cancer? (P551)</b> F. Adiliaghdam*, L. Bordeianou, H. Kunitake, T.D. Francone, C. Stafford, R. Ricciardi: Boston, MA	<b>Co-moderators:</b>	<b>David Dietz, MD, Cleveland, OH</b> <b>Elizabeth Wick, MD, San Francisco, CA</b>
12:15 pm	<b>Patient Compliance on Extended Venous Thromboembolism Prophylaxis after Major Colorectal Surgery: A Quality Analysis (P552)</b> R. Kumar*, M. Amashta, J. Tang, A. Abcarian, N. Mantilla, J. Harrison, V. Chaudhry: Chicago, IL	11:40 am	<b>Palliative Care Delivery to Patients with Advanced Appendiceal Adenocarcinoma: Are We Doing Enough? (P559)</b> P. Lu*, A.C. Fields, M. Rojas-Alexandre, N. Melnitchouk, K.C. Lee, C. Lindvall: Boston, MA
12:20 pm	<b>Using EMR to Implement and Track Compliance of a Unique Colon Bundle That Reduced Surgical Site Infection in Colorectal Surgery: A Single Institution Review (P553)</b> J.R. Barton, L. Gerson*: Huntingdon Valley, PA	11:45 am	<b>ERAS after Colorectal Surgery in Ontario, Canada. a Provincial Assessment of the Current Perioperative Practice, Barriers, and Utilization of ERAS Protocols (P560)</b> J.E. Springer*, A. Doumouras, S. Forbes, C. Eskicioglu, S. Lethbridge: Hamilton, ON, CANADA
12:25 pm	<b>A Novel Method of Determining Ways to Improve The Quality of Colorectal Services Provided in a Large University-based Colon and Rectal Clinic (P554)</b> V. Fikfak*, M.J. Snyder: Houston, TX	11:50 am	<b>Anastomotic Leak before and after Hospital Discharge: Is There any Difference in Clinical Outcome? (P561)</b> M. Matzner Perfumo, A. Angeramo*, J.M. Piatti, M. Bun, N. Rotholtz: Buenos Aires, ARGENTINA
12:30 pm	<b>Incomplete Colonoscopy, What Happens Next? A Multi-Center Review (P555)</b> M. Ng*, V. Chaudhry, A. Studniarek, A. Khurshudyan, G. Gantt, J. Nordenstam: Chicago, IL; D. Borsuk, J. Park: Park Ridge, IL	11:55 am	<b>Current Grading Systems of Acute and Chronic Diverticulitis are not Correlative of Operative Duration or Hospital Costs (P562)</b> R.F. Bautista*, A.S. Bhakta, D. Kay, T. Gan, J.M. Judge, D. Davenport: Lexington, KY
12:35 pm	<b>Impact of Introduction of a Second Robotic Surgical System on the Robotic Case Volumes at an Academic Surgical Center (P556)</b> A.E. Graham*, V. Obias: Washington, DC; J.O. Paull: Bethesda, MD	Noon	<b>Patient-Provider Gender Preference in Colorectal Surgery (P563)</b> R.L. Hoffman*, P.S. Bauer, T. Chan, P. Wise, M. Silveira, S. Glasgow, S.R. Hunt, M. Mutch, S. Mohanty, R. Smith: Saint Louis, MO
12:40 pm	<b>Completeness of Narrative Operative Reports for Rectal Cancer Surgery (P557)</b> A.E. Kanter*, J. Vu, K. Hardiman, S. Hendren: Ypsilanti, MI; A.D. Schuman, I. Van Wieren, A. Duby: Ann Arbor, MI	12:05 pm	<b>Early Oral Opiate Administration as Part of an Enhanced Recovery after Surgery Protocol Decreases Overall Opiate Consumption as Compared to Intravenous Patient Controlled Analgesia (P564)</b> S. Allen*, R. Cina, V.V. George, T. Curran: Charleston, SC

All e-poster presenters are noted with an \*.

## E-Poster Presentations

12:10 pm **Management of Foley Catheter after Colovesicular Fistula Takedown for Benign Disease (P565)**  
K.L. Mirza\*, C. Wickham, G. Low, M.P. Duldulao: South Pasadena, CA

12:05 pm **Comparison of the Size of Sentinel vs Non-Sentinel Lymph Nodes in Colorectal Cancer after Lymphatic Mapping (P571)**  
S. Saha\*, M. Elgamil, M. Arora, S. Kaushal, S. Grewal, P. Ng, W. Liu, A. Ahsan, D. Wiese: Flint, MI; R. Buttar: Ann Arbor, MI

**Tuesday, June 4****Monitor #14 - Neoplastic Disease**

**Co-moderators:** Ali Mahmood, MD, *Houston, TX*  
Craig Messick, MD, *Houston, TX*

11:40 am **Increasing Rates of Colon and Rectal Cancer Among the Younger Population in Sweden (P566)**  
J. Petersson\*, D. Bock, E. Angenete: Göteborg, SWEDEN; A. Martling, D. Saraste, K. Ekström Smedby: Stockholm, SWEDEN

12:10 pm **Stoma-related Complications with Permanent Colostomy after Laparoscopic Abdominoperineal Resection (APR) for Rectal Tumor (P572)**  
K. Sakamoto\*, Y. Okazawa, K. Mizukoshi, S. Munakata, M. Kawai, S. Ishiyama, K. Sugimoto, H. Kamiyama, M. Takahashi, Y. Kojima, Y. Tomiki: Tokyo, JAPAN

12:15 pm **Bowel Function after Ultralow Anterior Resection with or without Intersphincteric Resection (ULAR±ISR) for Low Lying Rectal Cancer: Comparative Cross Sectional Study from a Tertiary Referral Cancer Center (P573)**  
A.H. Sakr\*, S. Yang, Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim: Mansoura, EGYPT

11:45 am **Pathologic Outcomes Following Laparoscopic and Open Surgery for Rectal Cancer: A Contemporary Canadian Multi-Center Experience (P567)**  
A. Pooni\*, M.S. Brar, S. Schmocker, N. Baxter, E. Kennedy: Toronto, ON, CANADA; C.J. Brown: Vancouver, BC, CANADA; T. MacLean: Calgary, AB, CANADA; S. Liberman: Montreal, QC, CANADA; L. Williams: Ottawa, ON, CANADA; S. Drolet: Quebec City, QC, CANADA; D. Hochman: Winnipeg, MB, CANADA; M. Simunovic: Hamilton, ON, CANADA

11:50 am **Preserving Irradiated Distal Rectum Benefit Bowel Function after Rectal Cancer Resection with Neoadjuvant Therapy (P568)**  
Q. Qin\*, B. Huang, Y. Wu, X. Huang, L. Wang, W. Cao: Guangzhou, CHINA

11:55 am **Ready for the National Accreditation of Programs for Rectal Cancer? An Audit of Rectal Cancer Outcomes in the United States from the National Cancer Database (P569)**  
T. Reif de Paula\*, D.S. Keller, R.P. Kiran: New York, NY

Noon **Colon Conservation Techniques for Unresectable Colon Polyps in 100 Patients: A Single Institution's Algorithmic Approach (P570)**  
D. Klaristenfeld, M.J. Tomassi, M.T. Roper\*: San Diego, CA

**Tuesday, June 4****Monitor #15 - Benign Disease/Outcomes**

**Co-moderators:** Jeffrey Barton, MD, *New Orleans, LA*  
Jake Eisdorfer, MD, *Lawrence, NY*

11:40 am **Totally Robotic Excision of Ganglioneuroma Abutting Lt. Renal Vessels: Case Report (P574)**  
T. Kim\*, D. Lim, E. Shin: Bucheon-si, KOREA (THE REPUBLIC OF)

11:45 am **A Prospective Study to Evaluate Video-Assisted Anal Fistula Treatment (VAAFT) Combined with Advancement Flap for Treatment of Complex Anal Fistula (P575)**  
Y. Yao\*, C. Wang, Y. Cao, H. Liang: Shanghai, CHINA

11:50 am **Difficulties Differentiating Disparities in Diverticulitis: State-wide Evaluation Using the North Carolina State Inpatient Database (P576)**  
K. Kasten\*: Charlotte, NC

11:55 am **Cause of Death and Factors Affecting 5-Year Survival in 85+ Age Group Who Undergo Colectomy for Colon Cancer (P577)**  
R. Kaur\*, C.T. Aquina, F. Fleming, L.K. Temple, E. Ramsdale: Rochester, NY

All e-poster presenters are noted with an \*.

## E-Poster Presentations

Noon	<b>Transanal Hemorrhoidal Dearterialization Safe and Effective for the Anticoagulated Population: A Single Center Prospective Study (P578)</b> C. Zhang*, L. Anewenah, M. Weaver, N. Pierre, W. Ambroze, M. Schertzer: Atlanta, GA	11:55 am	<b>Short-term Safety of T4a Upper Rectal and Sigmoid Cancer Treated by Laparoscopic Radical Resection by Two Different Procedures: Natural Orifice Specimen Extraction Surgery Versus Conventional Assisted Incision (P585)</b> Z. Zhu*, K. Wang, B. Lu, W. Gao, C. Fu: Shanghai, CHINA
12:05 pm	<b>Outcomes of Simultaneous Liver Resection and Right Colectomy for Metastatic Right Colon Cancer in the US population (P579)</b> M.I. Orloff*, J. Lu, S. Kolakowski, D. Vyas, A. Dayama: French Camp, CA	Noon	<b>Preoperative Nomogram for Predicting the Probability of Transrectal Specimen Extraction after Laparoscopic Rectal Resections (P586)</b> Z. Zhou*, B. Huang, T. Du, C. Fu: Shanghai, CHINA
12:10 pm	<b>Travel Distance and Healthcare Utilization after Colorectal Surgery (P580)</b> S.T. Lumpkin*, X. Baldwin, K. Stitzenberg, T. Carey, L. Dunham: Chapel Hill, NC	12:05 pm	<b>One Year Surveillance After High-risk Adenoma in a Colorectal Cancer Screening Program. (P587)</b> F. Lopez-Kostner*, A.J. Zarate, A. Ponce, U. Kronberg, P. Peñaloza, R. Estela: Santiago, CHILE; T. Odagaki: Tokyo, JAPAN; S. Karelavic: Punta Arenas, CHILE
12:15 pm	<b>Does Size Matter? Analysis of the Impact of Stapler Size on the Risk of Anastomotic Complications in Colorectal Surgery (P177)</b> T. Reif de Paula, D. Feingold, S. Lee-Kong, G. Yu, H. Zhang, D.S. Keller, R.P. Kiran: New York, NY; M. Shah*: Providence, RI	12:10 pm	<b>Outcomes and Comparison of Two Robotic Platforms Performing Transanal Minimally Invasive Surgery for Rectal Neoplasia: A Case Series of 21 Patients (P277)</b> J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al Slami: Washington, DC
<b>Tuesday, June 4</b>			
<b>Monitor #16 - Neoplastic Disease</b>			
<b>Co-moderators:</b>	<b>Wolfgang Gaertner, MD, Minneapolis, MN</b> <b>Najjia Mahmoud, MD, Philadelphia, PA</b>	12:15 pm	<b>Outcomes in Left Hemicolectomies: The Benefits of the Robotic Approach (P280)</b> J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al Slami: Washington, DC
11:40 am	<b>Analysis of the Effect of Transanal Specimen Extraction -3D Laparoscopic Simultaneous Resection for Elderly Patient with Low Rectal Cancer and Liver Metastasis (P582)</b> T. Du*, Z. Zhou, C. Fu: Shanghai, CHINA	12:20 pm	<b>Quality of Life in Laparoscopic Mesh Ventral Rectopexy: A Single Centre Experience (P588)</b> M.A. Gok, M. Sadat, Z. Al-Khaddar, U. Khan, A. Ghosh*: Macclesfield, East Cheshire, UNITED KINGDOM
11:45 am	<b>pT1 Polyp Cancers: A Single Centre Experience and Outcomes (P583)</b> V.R. Rajalingam*, P.M. Yang, P.O. Kumar, A.P. Kisiel, D.T. Tan, S. Azam, A. Ehsan, Y. Abou El Ella, Z.S. Ahmed, S. Zaman, P.W. Waterland: West Midlands, UNITED KINGDOM	12:25 pm	<b>In the Era of ERAS, Which is Better: Lidocaine Infusion or Exparel? (P589)</b> B.K. Houlihan*, S.S. Shojaei, J. Shao, M. Bayasi, P. Pins: Washington, DC
11:50 am	<b>The Clinical Effect of Laparoscopic Trans-rectal Specimen Extraction Surgery for Colorectal Cancer (P584)</b> W. Gao*, K. Wang, Z. Zhu, T. Du, C. Fu: Shanghai, CHINA		

All e-poster presenters are noted with an \*.

# Disclosures of Conflicts of Interest

## Disclosure Policy and Disclosures

As required by the Accreditation Council for Continuing Medical Education (ACCME) and in accordance with the American Society of Colon and Rectal Surgeons (ASCRS) policy, all educational planners, presenters, instructors, moderators, authors, reviewers and other individuals in a position to control or influence the content of an activity must disclose all relevant financial relationships with any commercial interest that have occurred within the past 12 months. All identified conflicts of interest must be resolved and the educational content thoroughly vetted for fair balance, scientific objectivity, and appropriateness of patient care recommendations. It is required that a disclosure be provided to the learners prior to the start of the activity. Individuals with no relevant financial relationships must also inform the learners that no relevant financial relationships exist. Learners must also be informed when off-label, experimental/investigational uses of drugs or devices are discussed in an educational activity or included in related materials. Disclosure in no way implies that the information presented is biased or of lesser quality; it is incumbent upon course participants to be aware of these factors in interpreting the program contents and evaluating recommendations. Moreover, expressed views do not necessarily reflect the opinions of ASCRS.

## Program Committee Disclosures

Every person who is involved in the planning of this CME program has been asked to provide information regarding any financial relationships with commercial interest as defined by the ACCME. The following program committee members have indicated that they have financial relationships to disclose. They have agreed to disclose this to participants.

All identified conflicts of interest have been resolved.

# Disclosures of Conflicts of Interest

All identified conflicts of interest have been resolved.

First	Last	Financial Disclosure
Amir	Bastswrous	Intuitive: Honorarium, Speaking, Teaching
Ian	Bissett	Takeda: Consulting Fee, Consulting; Yuhan: Consulting Fee, Consulting
Liliana	Bordeianou	Ethicon: Consulting Fee, Consulting; UptoDate: Honorarium, Writing of a Chapter; TI Health: Salary, Research
Jamie	Cannon	Intuitive: Honorarium, Speaking, Teaching
Joseph	Carmichael	Ethicon: Honorarium, Speaking, Teaching; Medtronic: Honorarium, Speaking, Teaching
Bradley	Champagne	Medtronic: Honoraria, Consultant, Royalties
Lilian	Chen	Applied Medical: Honorarium, Teaching, Video reviewer for Applied ACT course
Robert	Cleary	Intuitive: Honorarium, Teaching, Education Speaking
Conor	Delaney	Consultant: Ethicon, Pharma, Steris, Merck, Takeda Pharmaceuticals International; Royalties: Lippincott and Elsevier
Samuel	Eisenstein	Auris Medical: Consulting Fee, Consulting
Robert	Fearn	TI Heath and Technologies Ltd.:Salary:Research
Nicola	Fearnhead	Janssen: Honorarium, Speaking, Teaching; Takeda: Expenses to attend Educational Meeting
Julio	Garcia-Aguilar	Johnson & Johnson (Ethicon): Honorarium, Consulting, Speaking; Medtronic: Honorarium, Consulting, Speaking; Intuitive: Honorarium, Consulting, Speaking
Stephen	Goldstone	Boston Scientific: Consulting Fee, Teaching, DiLumen: Consulting Fee, Consulting; TI Health: Consulting Fee, Advisory Committee
Emre	Gorgun	Boston Scientific: Consulting Fee, Teaching, DiLumen: Consulting Fee, Consulting; TI Health: Consulting Fee, Advisory Committee
Gonzalo	Hagerman	Medtronic, Honorarium, Speaking, Proctor
Heather	Hampel	Myriad Genetics: Grant/Research Support, Research; Genome Medical: Honorarium, Invitae: Honorarium, Ownership Interest, Advisory Committee
Tracy	Hull	Elsevier, Royalty
Andreas	Kaiser	Olympus America Inc.: Honorarium, Teaching, Intuitive: Honorarium, Consulting, Speaking, Teaching; McGraw-Hill Publisher: Royalty, Author; Uptodate: Royalty, Author
Deborah	Keller	Pacira Pharmaceuticals: Consulting Fee, Teaching
Paulo	Kotze	Abbvie: Consulting Fee, Consulting, Speaking; Janssen: Consulting Fee, Consulting, Speaking; Takeda: Consulting Fee, Consulting, Speaking; Pfizer: Consulting Fee, Consulting, Speaking
David	Larson	Titan medical 2017: Consulting fee, Consulting; Colon Channel, speaking fee, teaching
Sang	Lee	Olympus America Inc.: Consulting Fee, Consulting; Boston Scientific: Consulting Fee, Consulting; Lumendi: Consulting Fee, Consulting
Amy	Lightner	Takeda: Consulting Fee, Consulting
David	Liska	Heron Therapeutics: Consulting fee, Consulting
Vincent	Obias	Medrobotics: Honorarium, Consulting; Intuitive: Honorarium, Consulting
Lynn	O'Connor	Ethicon: Consultant

## Disclosures of Conflicts of Interest

First	Last	Financial Disclosure
James	Ogilvie	Cook: Consultant
Ian	Paquette	Medtronic: Consultant; Medtronic, Honoraria
Walter	Peters, Jr.	Ethicon: Consulting Fee, Consulting, Speaking, Teaching
Alessio	Pigazzi	Intuitive: Honorarium, Teaching; Ethicon: Honorarium, Teaching; Medtronic: Honorarium, Consulting, Teaching
Vitaly	Poylin	Bioserfices: Consultant
Jan	Rakinic	British Journal of Surgery, Royalties
Sonia	Ramamoorthy	Consultant: Ethicon Surgery, Heron Therapeutics; Ethicon, Honoraria, Advisory Committee
Beri	Ridgeway	Coloplast: Honorarium, Teaching, Advisory Committee; Ethicon, Inc.: Consulting Fee, Legal Expert
Cesar	Santiago	Intuitive: Honorarium, Teaching
Michael	Stamos	Consultancies: Stryker, Novadaq, Ethicon, Olympus America Inc.; Royalties: Elsevier
Sharon	Stein	Consultancies: Medtronics, Merck, Smith Medical; Honoraria: Merck, Medtronic, Smith Medical Merck: Honorarium, Research Support, Research, Speaking; Smith Medical: Honorarium, Advisory Committee
Scott	Strong	Ethicon: Consulting Fee, Consulting; Intuitive: Education/Training Support, Received Financial Support for Education/Training
Patricia	Sylla	Olympus America Inc.: Honorarium, Consulting; Ethicon: Honorarium, Consulting, Research; Medrobotics: Honorarium, Research, Consulting; GI Supply: Honorarium, Consulting; Heron Therapeutics: Honorarium, Consulting
Amy	Thorsen	Medtronic: Honorarium, Teaching
Sarah	Vogler	Intuitive: Honorarium, Speaking, Teaching
Steven	Wexner	Intuitive: Royalty, Consulting Fee, Consulting, Intellectual Property License; Medtronic: Royalty, Consulting Fee, Consulting, Intellectual Property License; KARL STORZ Endoscopy-America, Inc: Royalty, Intellectual Property License, Consulting Fee, Consulting, Intellectual Property License; Tigenix: Consulting Fee, Consulting
Richard L.	Whelan	Olympus America Inc. Corporation: Honorarium, research support ending Dec 2017, Research, Consulting, Speaking; Boston Scientific: Consulting, Research support, investigative research
Mark	Whiteford	Olympus America Inc. Endoscopy of the Americas: Consulting Fee, Consulting; Covidien/Medtronic: Consulting Fee, Consulting
Charles	Whitlow	Boston Scientific Corporation: Consulting Fee, Consulting
Paul	Wise	Cancer Prevention Pharmaceuticals, Inc.: Institutional Research Support, Research

## Product Theaters

Product Theaters are commercial presentations organized by Industry and designed to enhance your learning experience.

### Monday, June 3

11:40 am - 12:40 pm

**Supported by Pacira Pharmaceuticals, Inc.**

Visit Pacira in booth #730

#### **Optimizing Postsurgical Pain Management with EXPAREL® (bupivacaine liposome injectable suspension): Live Ultrasound and 3D Anatomy Demonstration**

Join us in an expert-led session on choosing the appropriate field block approach for different abdominal surgical procedures! A general surgeon and an anesthesiologist will walk you through their decision-making and collaborative approach to managing postsurgical pain in colorectal surgery. The experienced faculty will discuss the various abdominal field blocks and how they approach them from both an anesthesia and surgeon perspective. Using an illustrated 3D anatomy tool along with live ultrasound scanning, the faculty will demonstrate different approaches and discuss the administration of field blocks to achieve optimal postsurgical pain management.

### Tuesday, June 4

9:05 am - 9:30 am

**Supported by Boston Scientific**

#### **Advanced Flexible Endoscopy: A Critical Tool In The Colorectal Surgeon's Toolbox.**

Dr. Sang Lee, Chief of Colon and Rectal Surgery and Professor of Clinical Surgery,  
University of Southern California / Keck School of Medicine

Join Dr. Lee for an insightful lecture on incorporating advanced endoscopic techniques, to expand the possibilities for your patients. Dr. Lee will cover the adoption and mastery of a variety of tools and techniques to complement your Colorectal Surgery practice - including the use of Electrosurgical Knives, Novel Submucosal Lifting Solution, Tissue Retraction, Mechanical Hemostasis, Stenting, Dilation and EMR, ESD and CELS and FLEX techniques.

Visit Boston Scientific in booth #724

11:45 am - 12:45 pm

**Supported by Merck**

#### **Establishing Enhanced Recovery Pathways in Bowel Resection Surgery: An Integrated Approach**

Bidhan B. Das, MD

Visit Merck in booth #209

# Exhibits

## Exhibition Hall and Exhibitor Disclaimer

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.

By attending the ASCRS Annual Scientific Meeting, you acknowledge and accept that ASCRS has assumed no duty to review, investigate or otherwise approve and has not reviewed, investigated or otherwise approved the qualifications, quality, expertise, capabilities, skill, message, nature, value or competence of the exhibitor or of any product or service marketed by attendees and exhibitors. ASCRS specifically disclaims any liability for any damage to person or property arising out of your attendance at the Exhibit Hall and/or arising out of any exhibitor product or service. You further waive any and all claims, demands, actions or causes of action of any kind you may have directly or indirectly against ASCRS of any of its directors, officers, employees, agents and other representatives resulting from, arising out of, or in any way related to your attendance at the Exhibit Hall and/or your use or reliance on any exhibitor product or service.

## ASCRS Product/Service Endorsement Policy

It is the policy of the American Society of Colon & Rectal Surgeons not to endorse commercial products or services.



## Exhibits

## Silver Partner

**Booth 716****11Health**

2492 Walnut Avenue, Suite 104  
Tustin, California, 92780  
Phone: 714-478-3935  
Website: <http://www.11health.com/>  
Contact: Anhele Nino  
Contact Email: [anhele@11health.com](mailto:anhele@11health.com)

**Booth 322****Adler MicroMed, Inc.**

6842 Elaine Way  
San Diego, CA, 92120  
Phone: 811-393-9902  
Website: <http://www.adlermicromed.com>  
Contact: Jared Jones  
Contact Email: [sales@adlermicromed.com](mailto:sales@adlermicromed.com)

Adler offers the 1470nm neoLaser soft tissue diode laser for ablation of Anal Fistula, Pilonidal Sinus and Level 2 and 3 Hemorrhoids. Videos will be shown at the booth. Also the SapiMed line of single use, disposable, Hemorrhoid Ligators, Anoscopes, Sigmoidoscopy Kits, and Anal Dilators.

**Booth 707****Aesculap, Inc.**

3773 Corporate Parkway  
Center Valley, PA 18034  
Phone: 610-797-9300  
Website: <http://www.aesculapusa.com>  
Contact: Sally Wagner  
Contact Email: [info@aesculapusa.com](mailto:info@aesculapusa.com)

Aesculap, Inc., a B. Braun company, is part of a 180-year-old global organization focused on meeting the needs of an ever-changing healthcare community. Through close collaboration with its customers, Aesculap provides advanced technologies for general surgery, neurosurgery and closure technologies. For more information, call 800-282-9000 or visit [aesculapusa.com](http://aesculapusa.com).

**Booth 533****Agency for Medical Innovations, Inc.**

89 Front Street, Suite 309  
Marblehead, MA 01945  
Phone: 781-990-1806  
Website: <http://www.amisurgical.com>  
Contact: Andrew Bendheim  
Contact Email: [ABendheim@amisurgical.com](mailto:ABendheim@amisurgical.com)

AMI focuses on innovative products that benefit both the surgeon and the patient. Our US cleared devices in the colo-rectal area include a wireless Doppler system for hemorrhoid arterial ligations and mucopexies, and a knotless seton fistula drainage and a coring device for fistulectomies.

**Booth 722****AGI.medical**

1260 Salem Rd  
Clarksville, TN 37040  
Phone: 844-393-2433  
Website: <http://www.agi-medical.com>  
Contact: Oliver H. Pokk  
Contact Email: [oliverp@agi-medical.com](mailto:oliverp@agi-medical.com)

Our medical devices greatly improve patient safety and procedural outcomes. m-protect®3 is designed for procedures using circular staplers. It protects the sphincter and minimizes the risk of lacerations and/or perforations of the rectum and colon. FistuRasper® improves outcomes in minimally-invasive treatments of anal fistulas by completely debriding the fistula tract.

**Booth 638****American College of Surgeons Cancer Programs**

633 N Saint Clair Street  
Chicago, IL 60611  
Phone: 312-202-5735  
Website: <http://www.facs.org>  
Contact: Chantel Ellis  
Contact Email: [cellis@facs.org](mailto:cellis@facs.org)

The National Accreditation Program for Rectal Cancer's (NAPRC) goal is to ensure patients with rectal cancer receive appropriate care using a multidisciplinary approach. The NAPRC is based on successful international models that emphasize program structure, patient care processes, performance improvement, and performance measures. The NAPRC is administered by the American College of Surgeons Cancer Programs.

# Exhibits

## Booth 222

### American College of Surgeons

633 N. Saint Clair St.

Chicago, IL 60611

Phone: 312-202-5263

Website: <http://www.facs.org>

Contact: Amanda Bruggeman

Contact Email: [abruggeman@facs.org](mailto:abruggeman@facs.org)

The American College of Surgeons, Patient Education Program is dedicated to improving the quality of surgical patient care and promoting a better recovery through education and skills training. Patient and professional education programs are developed that utilize best practice, simulation, and sound evaluation criteria to ensure safe, cost effective outcomes. Come to booth 222 to see the award winning Ostomy Homes Skills Kit, or visit the Surgical Patient Education website at [www.surgicalpatienteducation.org](http://www.surgicalpatienteducation.org).

## Bronze Partner

### Booth 408

#### Applied Medical

22872 Avenida Empresa

Rancho Santa Margarita, CA 92688

Phone: 949-713-8277

Website: <http://www.appliedmedical.com>

Contact: Alyssa Loaiza

Contact Email: [alyssa.loaiza@appliedmedical.com](mailto:alyssa.loaiza@appliedmedical.com)

Applied Medical is dedicated to developing and providing technologies that enable advanced surgical procedures and optimize patient outcomes. It is our mission to achieve this while also reducing healthcare costs and offering unrestricted choice. Applied is committed to advancing minimally invasive surgery by offering clinical solutions and sophisticated training, including workshops, symposia and our simulation-based training programs.

## Booth 525

### BD (formerly Bard)

100 Crossing Blvd

Warwick, RI 02886

Phone: 800-556-6756

Website: <http://www.davol.com>

Contact: Brigid Blackburn

Contact Email: [davolinfo@crbard.com](mailto:davolinfo@crbard.com)

Bard has now joined BD, a global medical technology company that benefits countless lives worldwide. Our 65,000 associates help advance health by improving the ways that discovery, diagnostics and delivery of care are conducted – enhancing outcomes, better managing healthcare delivery costs, increasing efficiencies, improving healthcare safety, and expanding patient access.

## Booth 729

### Biom'Up USA, Inc.

412 W. 15th Street

New York, NY 10011

Phone: 774-454-1851

Website: <http://www.biomup.com>

Contact: Joelle Pecci

Contact Email: [g.makhoul@biomup.com](mailto:g.makhoul@biomup.com)

“Founded in 2005, Biom'up, a specialist in collagen-based absorbable medical devices for biosurgery, is creating innovative and clinically proven products that are used in many surgical specialties. Biom'up is committed to the design, development, and delivery of novel, high-performing solutions that make life easier for surgeons and better for patients.”

# Exhibits

## Booth 508

### BK Medical

8 Centennial Drive  
Peabody, MA 01960  
Phone: 978-326-1300  
Website: <http://www.bkmedical.com>  
Contact: Diane Rogne  
Contact Email: [info@bkmedical.com](mailto:info@bkmedical.com)

BK Medical, leaders in ultrasound for colorectal imaging, offer premium performance in small, lightweight systems. Our anorectal transducers provide complete 360-degree imaging and encapsulated automatic 3D, enabling you to image the layers of the rectal wall, see the extent of fistula tracts, visualize rectal tumors and assess anal sphincter tears.

### Silver Partner

## Booth 724

### Boston Scientific

100 Boston Scientific Way  
Marlborough, MA 01752  
Phone: 508-683-4166  
Website: <http://www.bostonscientific.com/en-US/Home.html>  
Contact: Ruth Bautz  
Contact Email: [bautzr@bsci.com](mailto:bautzr@bsci.com)

Boston Scientific is dedicated to transforming the lives of patients by advancing the diagnosis and treatment of a broad range of gastrointestinal conditions. We do this through the development of innovative diagnostic and therapeutic products for the surgeon performing flexible endoscopy, treating gastrointestinal conditions.

## Booth 721

### Braintree - A Part of Sebel Pharmaceuticals

60 Columbian St West  
Braintree, MA 02185  
Phone: 781-348-0723  
Website: <http://www.braintree.com>  
Contact: Patrice Pickering  
Contact Email: [Patrice.pickering@sebelapharma.com](mailto:Patrice.pickering@sebelapharma.com)

Braintree, A Part of Sebel Pharmaceuticals (subsidiary of Sebel Pharmaceuticals Inc., [www.sebelapharma.com](http://www.sebelapharma.com)) is a fully integrated specialty pharmaceutical company maintaining its own manufacturing, warehousing operations facilities, sales and marketing divisions and a pioneering research and development team. Current product line: GoLYTELY®, NuLYTELY®, and SUPREP® Bowel Prep Kit, Motofen® and Analpram HC®.

## Booth 640

### Calmoseptine, Inc.

16602 Burke Lane  
Huntington Beach, CA 92647  
Phone: 714-840-3405  
Website: <http://www.calmoseptine.com>  
Contact: Greg Dixon  
Contact Email: [Greg@calmoseptine.com](mailto:Greg@calmoseptine.com)

Calmoseptine® Ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal & vaginal fistulas and feeding tube site leakage. Calmoseptine® temporarily relieves discomfort and itching. Free samples at our booth!

## Booth 537

### Cleveland Clinic

9500 Euclid Avenue  
Cleveland, Ohio 44195  
Phone: 216-445-3832  
Website: <http://www.my.clevelandclinic.org>  
Contact: Kathrina Allen  
Contact Email: [allenk3@ccr.org](mailto:allenk3@ccr.org)

Cleveland Clinic  
Department of Colorectal Surgery Staff, Fellow and Alumni Booth

## Booth 630

### Clinical Genomics

1031 US Highway 202/206, Suite 100  
Bridgewater, NJ 08807  
Phone: 412-376-2770  
Website: <http://www.clinicalgenomics.com>  
Contact: Patty Jenkins  
Contact Email: [patty.jenkins@clinicalgenomics.com](mailto:patty.jenkins@clinicalgenomics.com)

Developer of products for the colorectal cancer care continuum: InSure® ONE™, a one sample fecal immunochemical test (FIT) for healthy adults to detect lower GI bleeding, and COLVERA®, a liquid biopsy blood test identifying circulating tumor DNA for detection of residual disease and early detection of recurrence in post-treatment patients.

# Exhibits

## Bronze Partner

### Booth 226

#### ConMed

488 Wheelers Farms Rd  
Milford, CT 06461  
Phone: 303-699-7600  
Website: <http://www.conmed.com/en>  
Contact: Chelsea Harmon  
Contact Email: [chelseaharmon@conmed.com](mailto:chelseaharmon@conmed.com)

CONMED is a global medical technology company specializing in the development and sale of surgical and patient monitoring products. Our services allow our physician customers to deliver high quality care and, as a result, enhanced clinical outcomes for their patients. Our broad portfolio of products are recognized as technological leaders by healthcare professionals across the world.

## Bronze Partner

### Booth 733

#### Cook Medical

750 Daniels Way  
Bloomington, IN 47402  
Phone: 800-468-1379  
Website: <http://www.cookmedical.com>  
Contact: Landry Culp  
Contact Email: [landry.culp@cookmedical.com](mailto:landry.culp@cookmedical.com)

A global pioneer in medical breakthroughs, Cook Medical is committed to creating effective solutions that benefit millions of patients worldwide. Today, we aim to be a leader in minimally invasive surgery, by investing in technologies and educational events that support laparoscopic, percutaneous, and endoscopic approaches. For more information, visit [www.cookmedical.com](http://www.cookmedical.com).

### Booth 426

#### CooperSurgical

75 Corporate Drive  
Trumbull, CT 06611  
Phone: 203-601-5200  
Website: <http://www.coopersurgical.com>  
Contact: Kathy Marino  
Contact Email: [domesticcs@coopersurgical.com](mailto:domesticcs@coopersurgical.com)

CooperSurgical will be highlighting our range of products including the Carter-Thomason Closure System for Laparoscopic Port Site Closure, and our LoneStar Colorectal Retractor System, Please see us at Booth # 426

### Booth 636

#### CS Surgical Inc.

662 Whitney Drive  
Slidell, LA 70461  
Phone: 985-781-8292  
Website: <http://www.cssurgical.com>  
Contact: Craig Simpson  
Contact Email: [cssurgicalinc@aol.com](mailto:cssurgicalinc@aol.com)

CS Surgical is your leading supplier of surgical instruments for the Colon & Rectal surgeon. Our exhibit will feature, 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, the FERGUSON PLASTIC RETRACTOR SET, rectal retractors, intestinal clamps, scissors, needle holders, probes and directors, and Welch Allyn products.

### Booth 523

#### Diversatek Healthcare

102 E Keefe Ave  
Milwaukee, WI 53212  
Phone: 414-755-4863  
Website: <http://www.diversatekhealthcare.com>  
Contact: Hayley Short  
Contact Email: [hshort@diversatek.com](mailto:hshort@diversatek.com)

"Diversatek Healthcare is a leader in GI diagnostic testing, providing a comprehensive portfolio of motility and reflux monitoring products as well as training and educational options to meet all of your clinical needs. Diversatek Healthcare also offers a wide range of devices and accessories for endoscopic procedures."

### Booth 521

#### Electro Surgical Instrument Company

275 Commerce Drive  
Rochester, NY 14623  
Phone: 585-444-0980  
Website: <https://electrosurgicalinstrument.com/>  
Contact: Karlee Schramm  
Contact Email: [sales@electrosurgicalinstrument.com](mailto:sales@electrosurgicalinstrument.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.

# Exhibits

## Booth 321

### Erbe USA

2225 Northwest Parkway

Marietta, GA 30067

Phone: 770-955-4400

Website: <http://www.erbe-usa.com>

Contact: Howard Justan

Contact Email: [howard.justan@erbe-usa.com](mailto:howard.justan@erbe-usa.com)

Erbe. Not just a purchase. A Partner.

We continue to strive towards innovative standards aimed at providing optimal endoscopic patient outcomes. Advanced spark recognition technology and the automatic dosing of power continue to make the VIO® 300 D/APC® 2 the preferred choice and premier ESU/APC system for endoscopy. Further, a modular system featuring the ERBEFLO® irrigation tubing line with 3-in-1 CleverCap®, the ECO2® Insufflator, and the ERBEJET® 2 Technology which provides needle-free, tissue-selective hydrodissection, all support the simplest to even the most advanced interventions.

## Booth 440

### Ferring Pharmaceuticals

100 Interpace Parkway

Parsippany, NJ 07054

Phone: 862-286-5099

Website: <http://www.ferringusa.com>

Contact: Samantha Belessis

Contact Email: [Samantha.belessis@ferring.com](mailto:Samantha.belessis@ferring.com)

Ferring Pharmaceuticals is a research-driven biopharmaceutical company devoted to identifying, developing and marketing innovative products in the fields of Reproductive Health, Women's Health, Gastroenterology, Orthopaedics, Urology and Endocrinology.

To view all of our US offerings, please visit [www.ferringusa.com](http://www.ferringusa.com).

## Booth 430

### Fujifilm Medical Systems, U.S.A.

419 West Avenue

Stamford, CT 06902

Website: <http://www.fujifilmusa.com/products/medical>

## Booth 539

### Hackensack Meridian Health

1967 Highway 34

Building C, Suite 104

Wall, NJ 07719

Phone: 732-751-3561

Website: <http://www.hackensackmeridianhealth.org>

Contact: Jodi Fendrick

Contact Email: [Jodi.fendrick@hackensackmeridian.org](mailto:Jodi.fendrick@hackensackmeridian.org)

Hackensack Meridian Health is a leading not-for-profit healthcare organization that is the largest, most comprehensive and truly integrated health care network in New Jersey, offering a complete range of medical services, innovative research and life-enhancing care aiming to serve as a national model for changing and simplifying healthcare delivery through partnerships with innovative companies and focusing on quality and safety.

## Booth 510

### Halo Medical Technologies

1805 Foulk Road

Wilmington, DE 19810

Phone: 302-475-2300

Website: <http://www.halomedtech.com/>

Contact: Jean Tigie

Contact Email: [jtigue@halomedtech.com](mailto:jtigue@halomedtech.com)

High-resolution affordable 2D/3D ultrasound for diagnosing defecation/pelvic floor disorders/fecal incontinence & rectal cancer. Unique & modern design tailored to transrectal & pelvic floor provides for easy and efficient 5-minute exams. EMR compatible/HIPPA compliant. Data & images are auto populated to an exportable report. Portable and stationary configurations. Booth #510

## Exhibits

## Bronze Partner

**Booth 438****Heron Therapeutics**

4242 Campus Pt Ct

Suite 200

San Diego, CA 92121

Phone: 858-251-4728

Website: <http://www.herontx.com>

Contact: Steven Rupiper

Contact Email: [srupiper@herontx.com](mailto:srupiper@herontx.com)

Heron's mission is to improve patient's lives by developing best-in-class medicines that address major unmet medical needs. Our portfolio includes SUSTOL® (granisetron), CINVANTI™ (aprepitant), and HTX-011—a local anesthetic currently in development that combines bupivacaine and meloxicam, designed to reduce postoperative pain and opioid usage for 72 hours.

## Gold Partner

**Booth 216****Intuitive**

1020 Kifer Road

Sunnyvale, CA 94086

Phone: 951-719-0388

Website: <http://www.intuitive.com>

Contact: Ashley Thornton

Contact Email: [Ashley.thornton@intusurg.com](mailto:Ashley.thornton@intusurg.com)

At Intuitive®, innovating for minimally invasive care is the passion that drives us. Our robotic-assisted da Vinci® Surgical System helps empower doctors and hospitals to make surgery less invasive than an open approach. Working with doctors and hospitals, we're continuing to develop new, minimally invasive surgical platforms and future diagnostic tools to help solve complex healthcare challenges around the world.

**Booth 608****Irrimax Corporation**

1665 Lakes Parkway

Suite 102

Lawrenceville, GA 30043

Phone: 770-807-3355

Website: <http://www.irrisept.com>

Contact: Kelly Herman

Contact Email: [admin@irrisept.com](mailto:admin@irrisept.com)

Irrimax Corporation is focused on helping prevent infections, reducing healthcare costs and improving patient outcomes. Our flagship product, Irrisept, is jet lavage containing low concentration Chlorhexidine Gluconate (CHG) 0.05% in sterile water for irrigation. Please visit [www.irrisept.com](http://www.irrisept.com) for more information.

## Platinum Partner

**Booth 600****Johnson & Johnson (Ethicon)**

One Johnson &amp; Johnson Plaza

New Brunswick, NJ 08933

Phone: 513-370-5230

Website: <http://www.ethicon.com>

Contact: Annie Havens

Contact Email: [ahavens@its.jnj.com](mailto:ahavens@its.jnj.com)

Ethicon, part of the Johnson & Johnson Medical Devices Companies, has made significant contributions to surgery for more than 100 years from creating the first sutures, to revolutionizing surgery with minimally invasive procedures. We deliver innovation through surgical technologies and solutions including sutures, staplers, energy devices, and adjunctive hemostats.

**Booth 424****KARL STORZ Endoscopy-America, Inc.**

2151 E. Grand Avenue

El Segundo, CA 90245

Phone: 424-218-8100

Website: <https://www.karlstorz.com>

Contact: Erica Lange

Contact Email: [communications@karlstorz.com](mailto:communications@karlstorz.com)

"KARL STORZ Endoscopy-America is a leading provider of state-of-the-art endoscopy solutions and precision instrumentation, offering products for virtually every minimally invasive surgical specialty — including colorectal procedures. Our reusable Minilaparoscopy Set is ideal for treating adults and includes an array of 3 mm instruments in the standard length of 36 cm."

# Exhibits

## Booth 634

### Konsyl

8050 Industrial Park Rd.  
Easton, MD 21601  
Phone: 410-822-5192  
Website: <http://www.konsyl.com>  
Contact: Jamie Campbell  
Contact Email: [jcampbell@konsyl.com](mailto:jcampbell@konsyl.com)

Konsyl Pharmaceuticals specializes in the sales and marketing of dietary supplements, OTC pharmaceutical products, and a medical device - Sitzmarks. Our brands are sold and distributed globally through a variety of direct, wholesale, and ecommerce channels.

### Bronze Partner

## Booth 812

### Lumendi LLC

253 Post Road West  
Westport, CT 06880  
Phone: 610-698-3833  
Website: <http://www.lumendi.com>  
Contact: Eric Coolidge  
Contact Email: [eric.coolidge@lumendi.com](mailto:eric.coolidge@lumendi.com)

Lumendi is dedicated to improving healthcare through the development of enabling medical technology that reduces the level of patient intervention; increases recovery rates and outcomes; and decreases costs. Lumendi's new DiLumen™ and DiLumen C2™ EIP devices are designed to improve minimally invasive interventions that treat a variety of GI disorders which currently require invasive surgery.

## Booth 428

### Mallinckrodt Pharmaceuticals

675 McDonnell Blvd.  
St. Louis, MO 63042  
Phone: 440-476-3029  
Website: <http://www.mallinckrodt.com>  
Contact: Tim Dress  
Contact Email: [tim.dress@mnk.com](mailto:tim.dress@mnk.com)

## Booth 727

### Medspira, LLC

2718 Summer Street NE  
Minneapolis, MN 55413  
Phone: 800-345-4502  
Website: <http://www.medspira.com>  
Contact: Judy Carter  
Contact Email: [jcarter@medspira.com](mailto:jcarter@medspira.com)  
Uniquely affordable, portable, and simple-to-use, the Medspira mcompass is the first ever anorectal manometry system designed to complement your workflow and office environment. A full range of medical professionals, including physician assistants and nurses can easily be trained to administer the exam.

### Platinum Partner

## Booth 400

### Medtronic

710 Medtronic Parkway  
Minneapolis, MN 55432  
Phone: 203-500-6203  
Website: <http://www.medtronic.com>  
Contact: David Dann  
Contact Email: [david.t.dann@medtronic.com](mailto:david.t.dann@medtronic.com)

Making healthcare better is our priority and we believe technology can play an even greater role in improving people's lives. In addition to alleviating pain, restoring health, extending lives, we work in partnership with others to create seamless, more efficient care. Learn how we're taking healthcare Further, Together at [Medtronic.com](http://Medtronic.com)."

# Exhibits

## Silver Partner

### Booth 209

#### Merck

2000 Galloping Hill Road  
Kenilworth, NJ 07033  
Phone: 08-740-6341  
Website: <http://www.merck.com>  
Contact: Andrea Throckmorton  
Contact Email: [andrea.throckmorton@merck.com](mailto:andrea.throckmorton@merck.com)

### Booth 816

#### Modernizing Medicine Gastroenterology (formerly gMed)

3600 FAU Blvd, Suite 202  
Boca Raton, FL 33431  
Phone: 561-880-2998  
Website: <http://www.modmed.com>  
Contact: Amy Horn  
Contact Email: [amy.horn@modmed.com](mailto:amy.horn@modmed.com)

Modernizing Medicine® Gastroenterology, formerly gMed®, provides the gastroenterology industry with an integrated health IT platform for private practices, ambulatory surgery centers and hospitals. Data-driven products and services include an EHR system, endoscopy report writer, practice management solution, patient engagement portal, value-based care solution, data analytics and revenue cycle management services.

### Booth 725

#### Next Science

10550 Deerwood Park Blvd #300  
Jacksonville, FL 32256  
Phone: 855-564-2762  
Website: <http://www.nextscience.com>  
Contact: Diana Proctor  
Contact Email: [dproctor@nextscience.com](mailto:dproctor@nextscience.com)

Next Science® pioneers innovative, proprietary technologies to address one of the leading causes of antimicrobial resistance, bacterial biofilms. With proven, experienced management and scientific leadership, Next Science and its partners deliver breakthrough solutions that see beyond the current limits imposed by powerful bacterial colonies.

## Silver Partner

### Booth 806

#### Olympus America, Inc.

3500 Corporate Pkwy  
Center Valley, PA 18034  
Phone: 800-401-1086  
Website: <http://www.olympus.com>  
Contact: Louis LaRiviere  
Contact Email: [louis.lariviere@olympus.com](mailto:louis.lariviere@olympus.com)

Our Medical Business works with health care professionals to combine our innovative capabilities in medical technology, therapeutic intervention, and precision manufacturing with their skills to deliver diagnostic, therapeutic and minimally invasive procedures to improve clinical outcomes, reduce overall costs and enhance quality of life for patients. For more information, visit [medical.olympusamerica.com](http://medical.olympusamerica.com) and [truetolife.com](http://truetolife.com).

## Silver Partner

### Booth 730

#### Pacira Pharmaceuticals, Inc.

5 Sylvan Way  
Parsippany, NJ 07054  
Phone: 973-254-4313  
Website: <http://www.pacira.com>  
Contact: Gigi Kisling  
Contact Email: [gigi.kisling@pacira.com](mailto:gigi.kisling@pacira.com)

Pacira Pharmaceuticals, Inc. is a specialty pharmaceutical company dedicated to advancing and improving postsurgical outcomes. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit [www.pacira.com](http://www.pacira.com).



# Exhibits

## Booth 821

### Prescient Surgical, Inc.

1585 Industrial Rd.  
San Carlos, CA 94070  
Phone: 650-999-0263  
Website: <http://www.prescientsurgical.com>  
Contact: Jonathan Coe  
Contact Email: [info@prescientsurgical.com](mailto:info@prescientsurgical.com)

Prescient Surgical, Inc. is a medical technology innovator that is dedicated to collaborating with hospitals to make surgery safer, improve the patient experience with surgery, and significantly improve post-operative outcomes. Its award-winning, first-in-class advanced technology, CleanCision, fights and defends against the sources of surgical site infection.

## Booth 421

### Prometheus Group, The

1 Washington St, Ste 303  
Dover, NH 03820  
Phone: 603-749-0733  
Website: <http://www.theprogrp.com>  
Contact: Richard Poore  
Contact Email: [dpoore@theprogrp.com](mailto:dpoore@theprogrp.com)

The Prometheus Group specializes in the manufacture and sales of diagnostic and rehabilitative medical devices. Drop by booth #421 and see our options for Anorectal Manometry with Paradoxical EMG, Multicompartment Pelvic Floor Ultrasound, and Pelvic Floor Rehabilitation. Visit [www.theprogrp.com](http://www.theprogrp.com) for more information on our products, services, and educational opportunities.

## Booth 624

### Redfield Corporation

336 West Passaic Street  
Rochelle Park, NJ 07662  
Phone: 201-845-3990  
Website: <http://www.redfieldcorp.com>  
Contact: Andrew Gould  
Contact Email: [info@redfieldcorp.com](mailto:info@redfieldcorp.com)

"Infrared Coagulation has long been the leading non-surgical treatment for internal hemorrhoids. Its use has expanded to the treatment of AIN, which an increasing number of colon & rectal surgeons have elected to do. The IRC2100™ is easy to use, safe, and well-tolerated, with clinical effectiveness proven for thirty years."

## Booth 211

### Shire

300 Shire Way  
Lexington, MA 02421  
Phone:  
Website: <http://www.shire.com>  
Contact:  
Contact Email:

"Shire is the global biotechnology leader serving patients with rare diseases and specialized conditions. We seek to push boundaries through discovering and delivering new possibilities for patients communities across our portfolio of therapeutic areas. Including Immunology, Hematology, Genetic Diseases, Internal Medicine, Ophthalmics, Oncology, and neuropsychiatry disorders."

## Gold Partner

## Booth 414

### Stryker

5738 Eagle Pass Drive  
Youngsville, LA 70592  
Phone: 905-520-8494  
Website: <http://www.stryker.com>  
Contact: Greg Barrow  
Contact Email: [greg.barrow@stryker.com](mailto:greg.barrow@stryker.com)

## Booth 423

### Suture Ease, Inc.

1735 N. First St.  
San Jose, CA 95112  
Phone: 415-495-7595  
Website: <http://www.sutureease.com>  
Contact: Scott Heneveld  
Contact Email: [scott@sutureease.com](mailto:scott@sutureease.com)

Suture Ease develops and markets novel technologies that combine efficacy and ease of use for laparoscopic procedures. The CrossBow Fascial Closure System, a Medical Design Excellence Award finalist, utilizes an innovative "snare guide" technology to enable simple and reliable port site wound closure.

## Exhibits

## Bronze Partner

**Booth 822****THD America, Inc.**

1731 SE Oralabor Road

Ankeny, IA 50021

Phone: 866-374-9442

Website: <http://thdamerica.com/>

Contact: Anna Wiegel

Contact Email: [awiegel@thdamerica.com](mailto:awiegel@thdamerica.com)

Through development of cutting edge technology for surgeons, THD has introduced a non-excisional surgical alternative to hemorrhoidectomy. With LED illuminated disposable anoscopies, portable anal manometry, and the only clinic based platform dedicated for early detection of anal cancer through HRA, THD advances screening and treatment options for colorectal medicine worldwide.

## Silver Partner

**Booth 613****Transenterix, Inc.**

635 Davis Drive Suite 300

Morrisville, NC 27560

Phone: 919-765-8400

Website: <http://www.transenterix.com>

Contact: Eric Smith

Contact Email: [info@transenterix.com](mailto:info@transenterix.com)

TransEnterix is a medical device company focused on the global commercialization of the Senhance™ Surgical system, the first and only digital laparoscopic platform, which provides robotic precision, added security through haptic feedback, surgeon camera control, and improved ergonomics -- while offering responsible economics.

**Booth 818****Twistle**

4011 Silver Ave SE

Albuquerque, NM 87108

Phone: 415-987-8217

Website: <http://www.twistle.com>

Contact: Sukhi Singh

Contact Email: [info@twistle.com](mailto:info@twistle.com)

Twistle's patient-engagement platform automatically delivers timely medical information, reminds patients about their appointments and recovery activities, and provides other critical information to adhere to instructions, maintain long-term wellness and manage chronic conditions.

**Booth 535****United Ostomy Associations of America, Inc.**

PO Box 525

Kennebunk, ME 04043

Phone: 800-826-0826

Website: <https://www.ostomy.org>

Contact: Susan Burns

Contact Email: [oa@ostomy.org](mailto: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 300+ Affiliated Support Groups in the United States provide vital peer support for patients and caregivers alike.

**Booth 628****Vioptix, Inc.**

39655 Eureka Drive

Newark, CA 94560

Phone: 510-226-5860

Website: <http://www.vioptix.com>

Contact: Melissa Liu

Contact Email: [lium@vioptix.com](mailto:lium@vioptix.com)

ViOptix is the recognized leader in real-time measurement of tissue viability. We give clinicians a revolutionary new capability – to obtain non-invasive, objective, real-time measurement of oxygen saturation (StO2) in the soft tissues affected by many surgical procedures – to help improve patient surgical outcomes by detecting problems before symptoms are visible.

# Exhibits

## Booth 607

### Wolters Kluwer

Two Commerce Square

2001 Market St

Philadelphia, PA 19103

Phone: 215-521-8300

Website: <http://www.shop.lww.com>

Contact: Joey-Rose Jester

Contact Email: [customerservice@lww.com](mailto:customerservice@lww.com)

Wolters Kluwer provides trusted clinical technology and evidence-based solutions that engage clinicians, patients, researchers, students, and the next generation of healthcare providers. With a focus on clinical effectiveness, research and learning, safety and surveillance, and interoperability and data intelligence, our proven solutions drive effect decision-making and consistent outcomes across the continuum of care.

## Booth 529

### Xodus Medical, Inc.

702 Prominence Drive

New Kensington, PA 15068

Phone: 724-337-5500

Website: <http://www.xodusmedical.com>

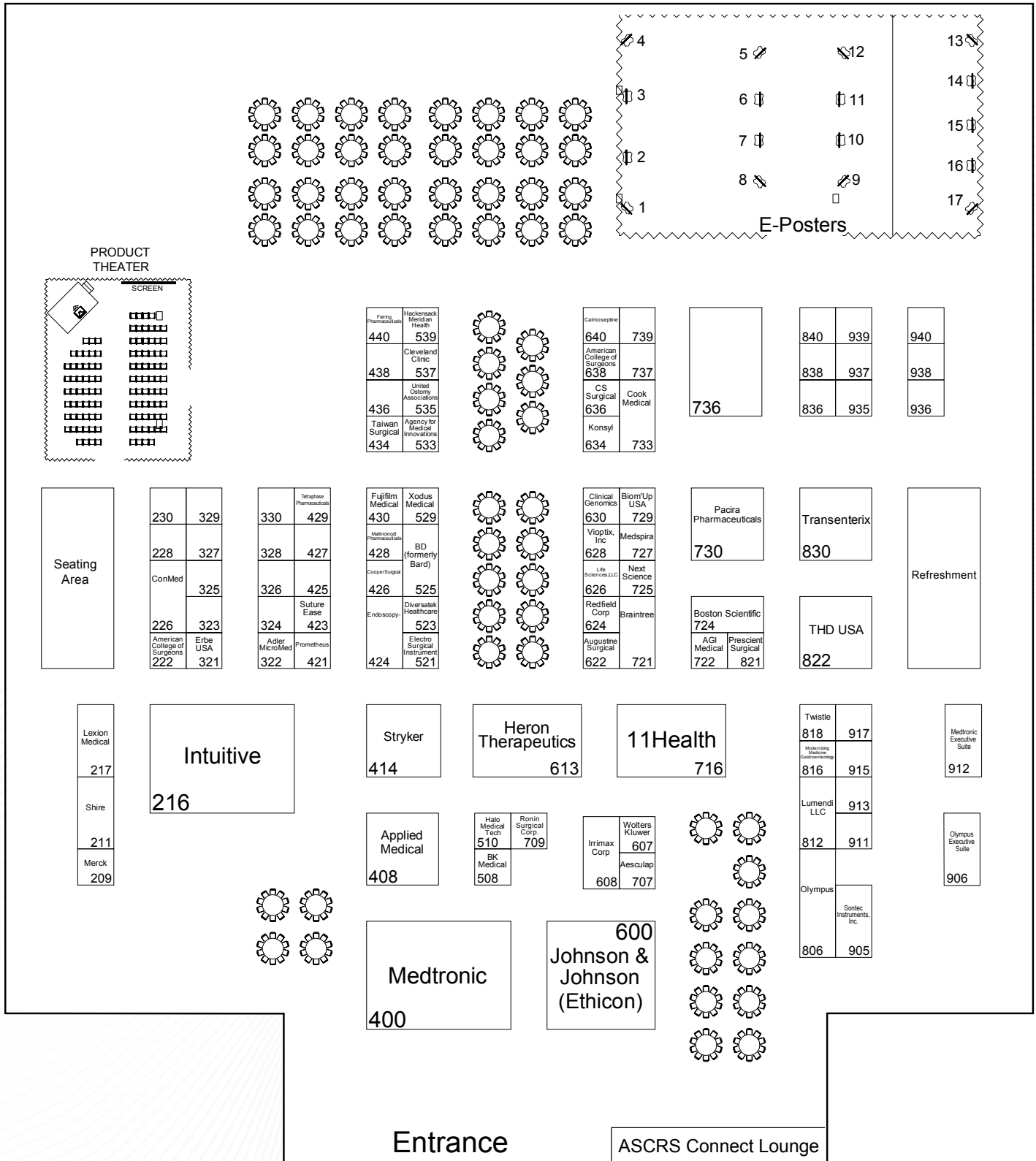
Contact: Ashley Emerick

Contact Email: [info@xodusmedical.com](mailto:info@xodusmedical.com)

Xodus Medical is making surgery safer with The Pink Pad XL advanced patient positioning system, the innovative, clinically-preferred product for increasing patient safety in Trendelenburg – preventing unwanted patient movement while protecting skin and nerves from injury and pressure-related complications. See our One-Step face and Arm Protectors for added patient protection.

One-Step face and Arm Protectors for added patient protection.

# Exhibit Hall Maps



# Exhibitor Booth Directory

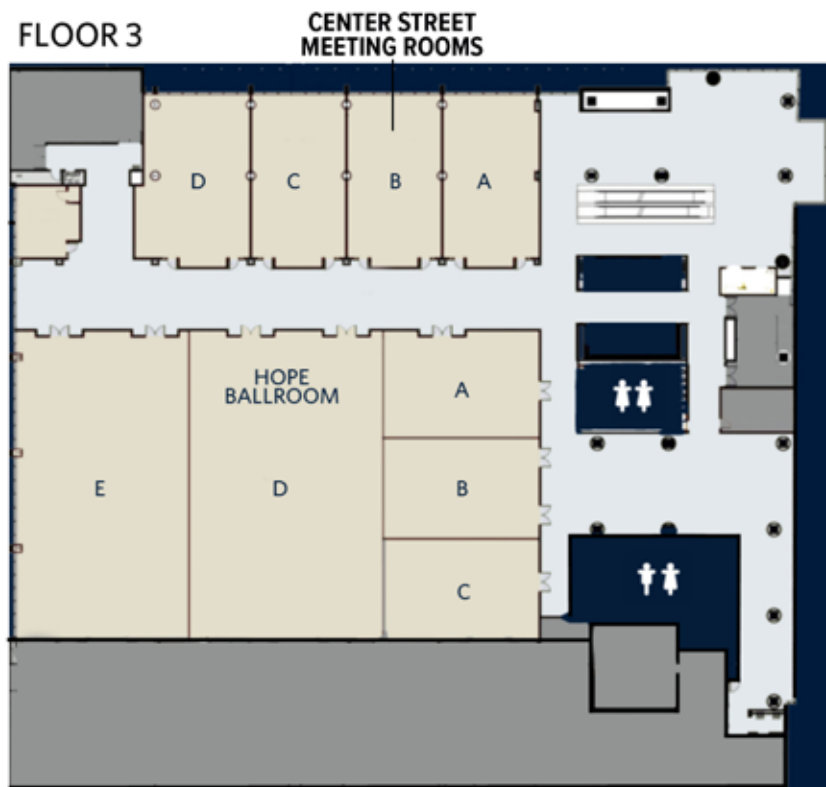
Company	Booth Number
TIHealth	716
Adler MicroMed, Inc.	322
Aesculap, Inc.	707
Agency for Medical Innovations, Inc.	533
AGI.medical	722
American College of Surgeons	222
American College of Surgeons Cancer Program	638
Applied Medical	408
BD (formerly Bard)	525
Biom 'Up USA, Inc.	729
BK Medical	508
Boston Scientific	724
Braintree - A Part of Sebelo Pharmaceuticals	721
Calmoseptine	640
Cleveland Clinic	537
Clinical Genomics	630
ConMed	226
Cook Medical	628
CooperSurgical	426
CS Surgical Inc.	636
Diversatek Healthcare	523
Electro Surgical Instrument Company	521
Erbe USA	321
Ferring Pharmaceuticals	440
Fujifilm Medical Systems U.S.A.	430
Halo Medical Technologies	510
Hackensack Meridian Health	539
Heron Therapeutics	438
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Irrimax Corporation	608
Johnson & Johnson (Ethicon)	600
KARL STORZ Endoscopy-America, Inc	424
Konsyl	634
Lexion Medical	217
Lumendi LLC	812
Mallinckrodt Pharmaceuticals	428
Medspira, LLC	727
Medtronic	400
Merck	209
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# Huntington Cleveland Convention Center Map



# HILTON: Cleveland Downtown Map



# Research Foundation of the ASCRS

## Meet the Challenge 2019

### Your Generosity Makes It All Possible

#### Gifts come in all shapes and sizes.

The generosity of members, friends and allies that supports the growth of the Society's Education Fund and donations to the Research Foundation is remarkable.

The number of hours, days and years of time that members have contributed to leadership, committee work, special projects, mentoring, presentations, alliances – every volunteer effort sung and unsung – on behalf of the Society and the Research Foundation has made a difference and will keep making a difference for the next 100 years.

Donors are Remarkable

Volunteers Are Remarkable

We celebrate YOUR generosity

Join us for the **Meet the Challenge** event during the Welcome Reception festivities at the Rock and Roll Hall of Fame. The Challenge – **to support colorectal research and the future of the specialty**– is a year-round effort that counts on the unfailingly generous spirit of members and friends of colorectal research.

Hiding your past as a pinball wizard?

An ace at arcade games?

Never tried but would like to?

Your donation to **Meet the Challenge** at the Welcome Reception will buy you tickets to play. Go ahead, challenge a colleague, form a team, diss the competition! It's all about the Challenge!

The Research Foundation would like to thank the Regional Societies that have generously supported the 2019 Meet the Challenge campaign to date.

**Pennsylvania Society of Colon and Rectal Surgeons**

**Southern California Society of Colon and Rectal Surgeons**

Donations to support the Meet the Challenge Campaign and the Education Fund are welcome at any time. For more information, please email [rf@fascrs.org](mailto:rf@fascrs.org) and a member of the staff will respond.





# FUTURE ASCRS MEETINGS

## FUTURE ASCRS MEETINGS

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*

June 3-7, 2023  
Washington State Convention Center  
*Seattle , WA*



The American Society of  
Colon & Rectal Surgeons  
One Parkview Plaza, Suite 800  
17W110 22nd St.  
Oakbrook Terrace, IL 60181  
Phone: (847) 686-2236  
Email: [ascrs@fascrs.org](mailto:ascrs@fascrs.org)

## 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](http://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  $\mu$ -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  $\geq 1.5\%$ ) 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<sup>+</sup>) 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.

USPI-MK3753-C-1508R000  
Revised: 08/2015



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Following Surgeries That Include Partial Bowel Resection With Primary Anastomosis,

# » ENTEREG Is the First and Only FDA-Approved Agent Indicated to Accelerate Time to GI Recovery

## 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.

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  $\geq 1.5\%$ ) 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%).

**Before prescribing ENTEREG, please read the accompanying Prescribing Information, including the Boxed Warning about potential risk of myocardial infarction with long-term use.**

For additional copies of the Prescribing Information, please call 800-600-6372, visit [entereg.com](http://entereg.com), or contact your Merck representative.

What could accelerated GI recovery mean for your patients?

**Let's talk about it at Booth 209**

**ENTEREG**<sup>®</sup>  
(alvimopan)  
capsules, 12 mg