



**ASCRS**

American Society of  
Colon & Rectal Surgeons

# 2020 ASCRS Annual Scientific Meeting

**June 6 - 10, 2020**

John B. Hynes Veterans  
Memorial Convention Center  
Boston, MA

**Preliminary Program**

**Connect 2020**

[www.fascrs.org](http://www.fascrs.org)  
#ASCRS20

# Table of Contents

## General Information

### Friday, June 5

Pelvic Floor Disorders Consortium

### Saturday, June 6

<b>Hands-on Workshop:</b> Advanced Robotics for the Practicing Surgeon	21
<b>Symposium:</b> Advanced Methods for the Management of Ventral Rectopexy	22
<b>Symposium:</b> How to Grow Your Pelvic Floor Practice: From Solo to Center	23
<b>Hands-on Workshop:</b> Advanced Methods for the Management of Ventral Rectopexy	25
<b>Hands-on Workshop:</b> Advanced Ultrasound - Anal Sphincter Imaging and Imaging of the Pelvic Floor	26
<b>Hands-on Workshop:</b> Anorectal Physiology Testing and Sacral Nerve Stimulation	27
<b>Symposium:</b> Practice Management	28
<b>Symposium:</b> Advanced Practice Provider/Allied Health	29
<b>Workshop:</b> Question Writing: Do You Know How to Write the Perfect Exam Question?	30
<b>Workshop:</b> Early Career Mock Orals and More	31

### Sunday, June 7

<b>Symposium:</b> Critical Review of Manuscripts	33
<b>Symposium and Hands-on Workshop:</b> Advanced Endoscopy	34
<b>Symposium:</b> Core Subject Update	35
<b>Symposium:</b> Video-Based Education Premieres: Robotic and Laparoscopic Techniques	36
<b>Symposium:</b> Early Career Speed Mentoring	37
ASCRS <b>Connect</b> Awards - President's Luncheon	38
Welcome and Opening Announcements	38
Humanities in Surgery Lectureship	38
<b>Symposium:</b> The Challenge of Caring for Geriatric Patients— Adopting Novel Studies in Everyday Practice	39
<b>Symposium:</b> Knowing and Managing Your Digital Footprint	40
<b>Symposium:</b> The Data is in the Details: Data-Driven IBD Case Studies	41
<b>Symposium:</b> How to Manage and Prevent Complications	42
ASCRS Welcome Reception – ASCRS <b>CONNECTS</b> in Boston!	43



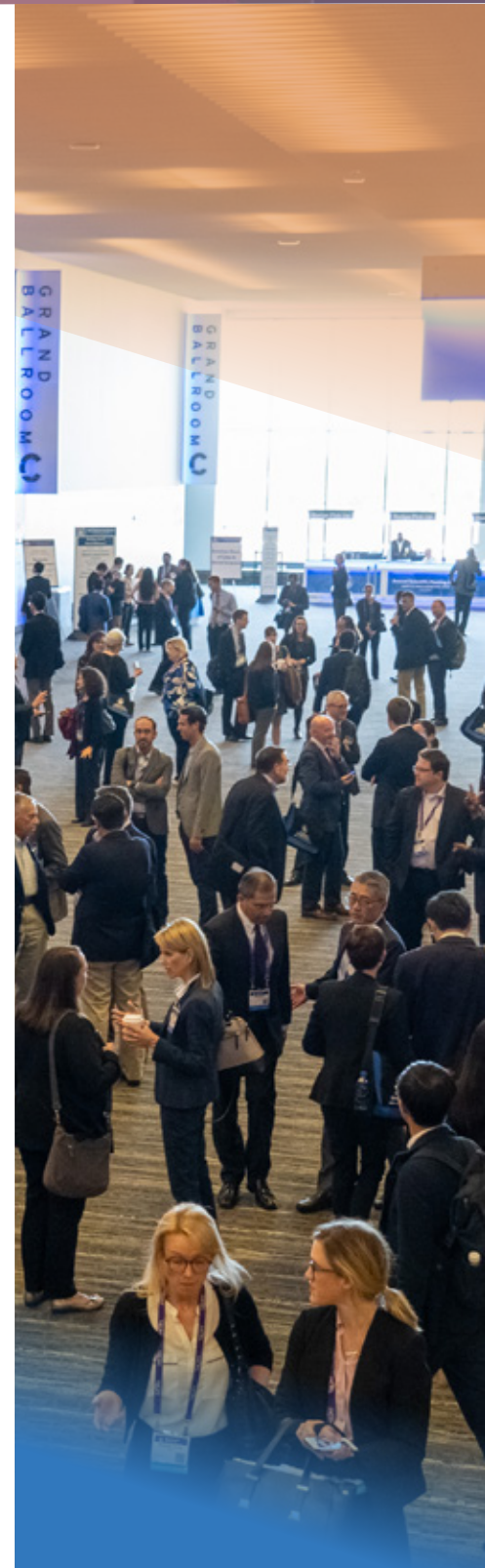
# Table of Contents

## Monday, June 8

Speed Mentoring Breakfast	43
<b>Symposium:</b> Creating a Culture of Success	44
Harry E. Bacon, MD, Lectureship	45
<b>Symposium:</b> Dealing with Anal Fistulas: How to Create Truly Grateful Patients	46
<b>Symposium:</b> Quality Measurement and Quality Improvement: A Primer for Surgeons	47
<b>Symposium:</b> Uncommon, Complex Anorectal Procedures—Videos, Tips and Tricks	48
<b>Symposium:</b> A Practical Guide to the ACS CoC National Accreditation Program for Rectal Cancer	49
<b>Symposium:</b> New Technologies (Non-CME)	50
Residents' Reception	50

## Tuesday, June 9

LGBTQ+ and Allies Breakfast	51
Diversity Breakfast	51
<b>Symposium:</b> Best Practices When Resources are Sparse, Practicing in a Rural or Non-Academic Setting	51
ASCRS Annual Business Meeting and State of the Society Address	52
Ernestine Hambrick, MD, Lectureship	52
Women and Allies for Women in Colorectal Surgery Luncheon	53
Masters in Colorectal Surgery Lectureship <i>Honoring Robert D. Fry, MD</i>	53
<b>Symposium:</b> A Brave New Interdisciplinary World: Pelvic Floor Disorders	54
<b>Symposium:</b> The Perfect Stoma	55
<b>Symposium:</b> CODE BLUE: A Colorectal Game Show	56
<b>Symposium:</b> Presidential Address	57
All-Attendee President's Reception: <b>CONNECT</b> with Your Colleagues and Friends	57



# Table of Contents

## Wednesday, June 10

<b>Symposium:</b> Clashes Over Coffee	58
<b>Symposium:</b> Complete Response after Neoadjuvant Therapy for Rectal Cancer: Cases and Considerations	59
<b>Symposium:</b> Best of the <i>Diseases of the Colon &amp; Rectum</i> Journal	60
<b>Symposium:</b> Practice of the Future	61
Norman D. Nigro, MD, Research Lectureship	62
<b>Symposium:</b> What Does Success Look Like after Anterior Resection?	62
<b>Symposium:</b> Pain Management in the Era of the Opioid Crisis	63
<b>Symposium:</b> How to Create the Perfect Anastomosis	64
<b>Symposium:</b> Current Challenges in Colon Cancer	65
<b>Symposium:</b> Knowing How to Use and Interpret MRI Will Make You a Better Colorectal Surgeon!	67



# Education Information

## Program Leadership



Timothy Ridolfi, MD, MS  
Program Chair



Nicole Saur, MD  
Program Vice Chair



Scott Regenbogen, MD, MPH  
Program Vice Chair

## 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 hands-on workshops, podium presentations followed by audience questions and critiques, panel discussions, ePoster 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.

# Education Information

## 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 33.75 *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.

## Method of Participation

Participants must be registered for the conference and attend the session(s). Each participant will receive a username and password for completion of the online evaluation form for the ASCRS 2020 Annual Scientific Meeting. Participants must complete an online evaluation form for each session they attend to receive credit. There are no prerequisites unless otherwise indicated.

ASCRS requests that attendees complete the online evaluations by August 31, 2020.

## Self-Assessment Credit

Many of the sessions offered will be designated for self-assessment credit, applicable to Part 2 of the ABCRS MOC program. To claim self-assessment credit, attendees must participate in a post-test. Information/instructions will be sent to all meeting registrants prior to the Annual Meeting.

Application for Nursing Accreditation is in process.

## 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.

**Please Note:** Times and speakers are subject to change.



# General Meeting Information

## Disclaimer

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

## Disclosures and Conflict of Interest

In compliance with the standards of the Accreditation Council for Continuing Medical Education and ASCRS, faculty 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 app and Program Book. All perceived conflicts of interest will be resolved prior to presentation; and, if not resolved, the presentation will be denied.

## Code of Conduct

ASCRS is a listening organization focused on its participants. ASCRS 2020 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 is 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 you for helping to make this a welcoming event for all.



# General Meeting Information

## Meeting Accommodations

All meeting activities will be held at the John B. Hynes Veterans Memorial Convention Center in Boston, MA unless otherwise noted.

### John B. Hynes Veterans Memorial Convention Center

900 Boylston Street  
Boston, MA 02115  
Map: [Click here](#)

### Complimentary Wi-Fi Available

Complimentary Wi-Fi will be provided in the John B. Hynes Veterans Memorial Convention Center.

### Parking

Within a three-block walk of the John B. Hynes Veterans Memorial Convention Center are numerous parking garages totaling over 4,400 spaces. There is limited meter parking available around the Convention Center and adjacent streets. [Download the PDF](#) guide of nearby garages for a full list of options.

## Hotel Accommodations

ASCRS has secured sleeping rooms throughout the downtown area near the Convention Center at discounted rates. Rates are based on availability and subject to state and local fees/taxes.

All reservations require a first night room deposit, or guests can guarantee reservations with a major credit card. Make any necessary cancellations at least 72 hours before the scheduled date of arrival to avoid a cancellation charge. Hotel check-in time is 3:00 pm and check-out is Noon.

### Beware of Unauthorized Hotel Solicitations

ASCRS does not contract with any provider for hotel reservations associated with our meeting. While other hotel resellers may contact you offering accommodations for your trip, they are not endorsed by or affiliated with the meeting. Beware that entering into financial agreements with non-endorsed companies can have costly consequences. Should you be contacted by any agency other than ASCRS, please email ASCRS at [ascrs@fascrs.org](mailto:ascrs@fascrs.org) with the details.

### Sheraton Boston Hotel – Headquarters Hotel

39 Dalton Street  
Boston, MA 02199 USA  
Reservations: [Click Here](#)  
Toll-Free Reservations: +1 888-627-7054

**Be sure to make reservations by May 11, 2020;** afterward, the discounted room rates may not apply.

### Parking

On-site parking is available at the Sheraton Boston Hotel for \$42 USD. Valet parking is also available at a rate of \$58 USD daily.





# General Meeting Information

## Hilton Boston Back Bay

40 Dalton Street

Boston, MA 02115 USA

Reservations: [Click Here](#)

Toll-Free Reservations: +1 800-445-8667

**Be sure to make reservations by May 18, 2020;** afterward, the discounted room rates may not apply.

## Parking

On-site parking is available at the Hilton Boston Back Bay for \$50 USD. Valet parking is not available at this hotel.

## Westin Copley Place, Boston

10 Huntington Avenue

Boston, MA 02116 USA

Reservations: [Click Here](#)

Toll-Free Reservations: +1 800-325-3535

**Be sure to make reservations by May 7, 2020;** afterward, the discounted room rates may not apply.

## Parking

Off-site parking is available at the Westin Copley Place, Boston for \$40 USD. Valet parking is also available at a rate of \$65 USD daily.

## Airport Transportation Information

Boston Logan International Airport (BOS) is about 16 miles from the John B. Hynes Veterans Memorial Convention Center.

**Taxi Service** - The estimated taxi fare from BOS to the Convention Center and hotels is about \$32 (one way). Taxis are available at each terminal on Arrivals Level (curbside).

**Logan Express** - The Logan Express bus service is operated on first-come, first-served basis. Reservations are not available for this service. FREE to ride from BOS to the Convention Center; return trip from Convention Center to BOS is \$3 by credit/debit card ONLY.

Logan Express stops at all terminals. Scheduled times for departing BOS are every 20 minutes. Bus route time is influenced by traffic conditions. Be sure to allow extra time during rush hour periods. More information about Logan Express is available twenty-four hours, 1-800-235-6426, Press Option 2 or [click here](#).

**Ride Share (Uber/Lyft)** - Customers using a ride share service may only be picked up in designated areas that are all located on the lower level (Arrivals) at the airport. All designated pick-up areas are signed "App Ride/TNC."

**Private Car (Carey)** - To book a private car, create an account on the [Carey website](#). Once an account is created you can either make reservations through the phone number listed or online. You can also download the app on an iPhone or Android device. Once logged into your account you will need to create your reservation, which will include your pick-up location, date, time and passenger options. After entering your travel details, select "continue". When you select continue, it will then ask if you would like to apply a promo code or account number. You will click "yes" and select "Promo Code". Enter your code (KLATAS), select "apply & continue" to your vehicle selection. Select your vehicle option and click "review & confirm"; you will then enter payment info. Once booking is complete you can find your reservation in the "My Reservations" tab of your account. Call 800-336-4646 or visit [www.carey.com](http://www.carey.com) if you have additional questions.



# General Meeting Information

## Car Rental Partners

Avis is the official car rental service for the ASCRS 2020 Annual Scientific Meeting. We encourage you to enroll in either Avis®, Budget® or both. Discount codes can be found below.

An advanced reservation is recommended. First, create an Avis or Budget account; you'll need your driver's license and credit card. You can rent a car without an account, but you'll lose the benefit of skipping the counter.

If you already have a profile, add the ASCRS' discount codes, D619101 for AVIS Wizard and D958401 for Budget Fastbreak, to your account to receive the special rates and benefits. Negotiated insurance coverage is not included.

## Weather and Meeting Attire

Boston has an average high temperature of 79 degrees Fahrenheit/26 degrees Celsius in June, with an average low temperature of 61 degrees Fahrenheit/16 degrees Celsius. Attire for the conference is business casual. Because meeting room temperatures sometimes fluctuate, attendees may wish to bring a sweater or jacket.



## Social Events

### ASCRS **Connect** Awards President's Luncheon

Sunday, June 7, Noon – 1:15 pm • Fee: \$10 per person

Join us for the first annual ASCRS **Connect** Awards luncheon hosted by ASCRS President Dr. Tracy Hull. She will be honoring those involved in the well- and not so well-known achievements of colorectal surgery in 2019.

### Welcome Reception

#### ASCRS **CONNECTS** in BOSTON!

Sunday, June 7, 6:30 – 8:30 pm

Complimentary to all registered attendees

The Welcome Reception will be held at the Sheraton Boston Hotel in the Grand Ballroom complex. This opening event will highlight the unique attributes of Boston from the city's ethnic neighborhoods of Little Italy, Seaport District and Chinatown. Explore the city's nostalgic past, as well as the present and highlights of some of the innovations, popular culture icons and accomplishments that have evolved from the Cradle of Liberty and Bostonians. Don't miss this opportunity to gather with current and former colleagues.

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

### Residents' Reception

Monday, June 8, 6:30 – 8:00 pm • Complimentary

An opportunity for general surgery residents to network with colorectal surgery program directors. Learn more about the specialty and the Society. Cocktails and hors d'oeuvres will be served. Residents can win a copy of the "ASCRS Textbook of Colon and Rectal Surgery, Second Edition".

Open to General Surgery residents and Colorectal Surgery program directors only.

### Women and Allies for Women in Colorectal Surgery Luncheon

Tuesday, June 9, 11:30 am – 1:00 pm • Fee: \$30 per person

The Women's Luncheon offers an opportunity for everyone to renew friendships and make new contacts. While the focus of the luncheon is unique challenges and opportunities specifically facing women in colorectal surgery, any Annual Meeting attendee who supports the advancement of women is welcome to attend. Trainees are particularly encouraged to attend, as this Luncheon provides an opportunity to interact with experienced colon and rectal surgeons from a variety of settings. Please mark the registration form if you plan to attend.

# Connect 2020



## Social Events

### All-Attendee President's Reception: Connect with Your Colleagues and Friends

Tuesday, June 9, 6:00 – 7:30 pm

#### ASCRS CONNECTS: All-Attendee President's Reception

Join your colleagues, friends and industry partners at this last opportunity to connect as we close out ASCRS 2020 Scientific Annual Meeting. Enjoy complimentary hors d'oeuvres, drinks and some great entertainment in a casual environment. 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. Additional tickets are \$150 per person.

### Pelvic Floor Festival

Join us in Boston for the premiere discussions on pelvic floor disorders, for two days of lectures and workshops at the Pelvic Floor Festival. This festival consists of the 4th Annual Meeting of the Pelvic Floor Disorders Consortium on Friday, June 5th, followed by two symposiums and six available workshops on Saturday, June 6th.

With representatives from different subspecialties, the Pelvic Floor Disorders Consortium takes a multidisciplinary approach to enhancing patient care.

For 2020, the spotlight will be on multicompartiment pelvic organ prolapse (POP). Members of the Pelvic Floor Consortium will convene for a full day of discussion of the best algorithms of care for patients presenting with multicompartiment POP. Join us for this important day of discussion, debate, and consensus. To register for the Pelvic Floor Consortium please [Click Here](#)

Saturday continues with symposiums and workshops.

#### 7:30 am – Noon

Advanced Methods for the Management of Ventral Rectopexy Symposium

How to Grow Your Pelvic Floor Practice: From Solo to Center Symposium

#### 1:00 – 3:00 pm

Advanced Methods for the Management of Ventral Rectopexy Hands-on Workshop

Advanced Ultrasound – Anal Sphincter Imaging and the Imaging of the Pelvic Floor Hands-on Workshop

Anorectal Physiology Testing and Sacral Nerve Stimulation Hands-on Workshop

#### 3:30 – 5:30 pm

Advanced Methods for the Management of Ventral Rectopexy Hands-on Workshop

Advanced Ultrasound – Anal Sphincter Imaging and the Imaging of the Pelvic Floor Hands-on Workshop

Anorectal Physiology Testing and Sacral Nerve Stimulation Hands-on Workshop

See pages 22-27 for more information.



# General Meeting Information

## Registration

### Hours:

Friday, June 5	3:00 pm - 6:00 pm
Saturday, June 6	6:30 am - 5:00 pm
Sunday, June 7	6:30 am - 6:00 pm
Monday, June 8	6:30 am - 5:00 pm
Tuesday, June 9	7:30 am - 5:00 pm
Wednesday, June 10	7:30 am - 2:00 pm

## Exhibit Hours

Location: Hall C & D, John B. Hynes Veterans Memorial Convention Center  
Sunday, June 7, 3:30 pm - 6:30 pm

Monday, June 8, 9:00 am - 1:00 pm  
3:30 - 7:00 pm  
AM refreshment break  
Lunch available for attendees  
PM Refreshment Break

Tuesday, June 9, 9:00 am - 1:30 pm  
AM refreshment break  
Lunch available for attendees

For questions or to secure exhibit space, sponsorship and marketing opportunities contact:  
Jim Anderson, Manager, Sponsorship & Exhibits Sales  
American Society of Colon and Rectal Surgeons (ASCRS)  
847-686-2308

Trina Jordan, CEM, Manager, Meetings & Expositions  
American Society of Colon and Rectal Surgeons (ASCRS)  
678-303-3057

Sue Hoffman, Sales Coordinator  
American Society of Colon and Rectal Surgeons (ASCRS)  
847-686-2307



# General Meeting Information

## Speaker Ready Room

### Hours:

Friday, June 5	3:00 pm - 6:00 pm
Saturday, June 6	6:00 am - 5:00 pm
Sunday, June 7	6:30 am - 6:00 pm
Monday, June 8	6:30 am - 6:00 pm
Tuesday, June 9	7:00 am - 6:00 pm
Wednesday, June 10	7:00 am - 3:00 pm

## Child Care Services

Please contact the concierge at the hotel at which you are staying for a list of bonded, independent child care services.

## Cancellation Policy

Notification of cancellation must be submitted in writing. Cancellations received on or before May 21, 2020, will be refunded, minus a \$100 USD cancellation fee. Refunds will not be granted after this date and will not be given for no-shows. Substitutions are allowed at any time, but must be submitted in writing and must be of the same member status. Send requests to ASCRS at [ascrs@fascrs.org](mailto:ascrs@fascrs.org).

## Foreign Visa Requirements

Visa requirements vary based on national origin, current residence, previous travel and passport eligibility.

- The U.S. Department of State is the most trusted source for up-to-date information on visa <https://travel.state.gov/content/travel/en/passports.html> and passport issues.
- The Visa Waiver Program (VWP) enables most citizens or nationals of participating countries to travel to the United States for tourism or business for stays of 90 days or less without first obtaining a visa, when they meet certain requirements.
- The Visa Wizard is a tool to help travelers understand what type of visa they may need.

## How do I apply?

We recommend that you apply for a visa as soon as possible. You will need to complete an application and provide a photograph. An interview may be required. Contact the U.S. Embassy or consulate in your country for specific application procedures and estimated wait times for interview appointments.

## Not a member? Join now to save on registration!

Members save \$365 off the price of 2020 Annual Scientific Meeting registration. If you plan to attend the meeting, your membership will pay for itself, plus offer you:

- Print and electronic subscription to Diseases of the Colon and Rectum
- Complimentary access to CREST®, our robust online education portal.
- Listing in Find a Surgeon search engine on the ASCRS website.
- Discounted pricing on products.
- Access to an extensive members-only resource library.
- Ability to post job openings and your resume on our job board.
- ...and much more.

ASCRS is the professional home of more than 3,900 healthcare professionals who work in the field of colon and rectal surgery. We're dedicated to advancing and promoting the science and treatment of patients with diseases affecting the colon, rectum and anus through education, advocacy and fellowship. Join us.

# Schedule at a Glance

## Friday, June 5, 2020

### 8:00 am – 4:00 pm

Pelvic Floor Disorders Consortium

### 3:00 – 6:00 pm

Registration Hours

Speaker Ready Room Hours

## Saturday, June 6, 2020

### 6:00 am – 5:30 pm

Speaker Ready Room Hours

### 6:30 am – 5:00 pm

Registration Hours

### 7:00 am – Noon

Hands-on Workshop: Advanced Robotics for the Practicing Surgeon

### 7:30 am – Noon

Advanced Methods for the Management of Ventral Rectopexy Symposium

How to Grow Your Pelvic Floor Practice: From Solo to Center Symposium

### 8:00 am – Noon

Practice Management Symposium

Advance Practice Provider/Allied Health Symposium

### Noon – 1:00 pm

Networking Lunch for Practice Management and Pelvic Floor Festival Hands-on Workshop Participants (Advanced Methods for the Management of Ventral Rectopexy, Advanced Ultrasound - Anal Sphincter Imaging and Imaging of the Pelvic Floor and Anorectal Physiology Testing and Sacral Nerve Stimulation)

### 1:00 – 3:00 pm

Hands-on Workshop: Advanced Methods for the Management of Ventral Rectopexy

Hands-on Workshop: Advanced Ultrasound – Anal Sphincter Imaging and Imaging of the Pelvic Floor

Hands-on Workshop: Anorectal Physiology Testing and Sacral Nerve Stimulation

### 1:00 – 4:00 pm

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

# Schedule at a Glance

## Saturday, June 6, 2020 (continued)

### 1:00 – 5:30 pm

Early Career Mock Orals and More Workshop

### 3:30 – 5:30 pm

Hands-on Workshop: Advanced Methods for the Management of Ventral Rectopexy

Hands-on Workshop: Advanced Ultrasound – Anal Sphincter Imaging and Imaging of the Pelvic Floor

Hands-on Workshop: Anorectal Physiology Testing and Sacral Nerve Stimulation

## Sunday, June 7, 2020

### 6:30 am – 6:00 pm

Registration Hours

Speaker Ready Room Hours

### 7:00 – 9:00 am

Critical Review of Manuscripts Symposium

### 7:30 – 9:45 am

Advanced Endoscopy Symposium

### 8:00 – 10:00 am

Core Subject Update

### 8:30 – 10:00 am

Video-Based Education Premieres: Robotic and Laparoscopic Techniques

Quick Shots Abstract Presentations

### 10:00 am – Noon

Hands-on Workshop: Advanced Endoscopy

### 10:15 – 11:45 am

Early Career Speed Mentoring Symposium

Plenary I Abstract Session

### Noon – 1:15 pm

ASCRS **Connect** Awards President's Luncheon

### 1:30 – 2:00 pm

Welcome and Opening Announcements



# Schedule at a Glance

## Sunday, June 7, 2020 (continued)

### 2:00 – 2:45 pm

Humanities in Surgery Lectureship

### 3:00 – 4:15 pm

The Challenge of Caring for Geriatric Patients—Adopting Novel Studies in Everyday Practice Symposium

Knowing and Managing Your Digital Footprint Symposium

Plenary II Abstract Session

### 4:30 – 5:45 pm

How to Manage and Prevent Complications

The Data is in the Details: Data-Driven IBD Case Studies Symposium

Plenary III Abstract Session

### 6:30 – 8:30 pm

ASCRS Welcome Reception - ASCRS **CONNECTS** in Boston

## Monday, June 8, 2020

### 6:30 am – 5:00 pm

Registration Hours

### 6:30 am – 6:30 pm

Speaker Ready Room Hours

### 7:00 – 8:00 am

Speed Mentoring Breakfast

### 8:00 – 9:15 am

Creating a Culture of Success Symposium

General Surgery Forum Abstract Session

Quick Shots Abstract Presentations

### 9:15 – 10:00 am

ePoster Presentations

### 10:00 – 10:45 am

Harry E. Bacon, MD, Lectureship

# Schedule at a Glance

## Monday, June 8, 2020 (continued)

### 11:30 am – 12:45 pm

ePoster Presentations

### 12:45 – 2:00 pm

Dealing with Anal Fistulas: How to Create Truly Grateful Patients Symposium

Quality Measurement and Quality Improvement: A Primer for Surgeons Symposium

Plenary IV Abstract Session

### 2:15 – 3:45 pm

Uncommon, Complex Anorectal Procedures—Videos, Tips and Tricks Symposium

A Practical Guide to the ACS CoC National Accreditation Program for Rectal Cancer Symposium

Plenary V Abstract Session

### 3:45 – 4:15 pm

ePoster Presentations

### 4:15 – 6:15 pm

New Technologies Symposium (Non-CME)

### 6:30 – 8:00 pm

Residents' Reception - ASCRS **CONNECTS** in Boston

## Tuesday, June 9, 2020

### 7:00 am – 6:00 pm

Speaker Ready Room Hours

### 7:00 – 8:00 am

LGBTQ+ and Allies Breakfast

Diversity Breakfast

### 7:30 am – 5:00 pm

Registration Hours

### 8:00 – 9:00 am

Best Practices When Resources are Sparse, Practicing in a Rural or Non-Academic Setting Symposium

Research Forum Abstract Session

Quick Shots Abstract Presentations

# Schedule at a Glance

## Tuesday, June 9, 2020 (continued)

### 9:15 – 10:15 am

ASCRS Annual Business Meeting and State of the Society Address

### 10:15 – 10:45 am

ePoster Presentations

### 10:45 – 11:30 am

Ernestine Hambrick, MD, Lectureship

### 11:30 am – 1:00 pm

ePoster Presentations

Women and Allies for Women in Colorectal Surgery Luncheon

### 1:00 – 1:45 pm

Masters in Colorectal Surgery Lectureship *Honoring Robert D. Fry, MD*

### 2:00 – 3:15 pm

A Brave New Interdisciplinary World: Pelvic Floor Disorders Symposium

The Perfect Stoma Symposium

### 3:30 – 4:30 pm

CODE BLUE: A Colorectal Game Show

### 4:45 – 5:45 pm

Presidential Address

### 6:00 – 7:30 pm

All-Attendee President's Reception: **CONNECT** with Your Colleagues and Friends

# Schedule at a Glance

## Wednesday, June 10, 2020

### 7:00 am – 3:30 pm

Speaker Ready Room Hours

### 7:30 am – 2:00 pm

Registration Hours

### 8:00 – 9:00 am

Clashes Over Coffee Symposium

### 9:15 – 10:30 am

Complete Response after Neoadjuvant Therapy for Rectal Cancer: Cases and Consideration

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

Practice of the Future Symposium

### 10:45 – 11:30 am

Norman D. Nigro, MD, Research Lectureship

### 12:30 – 1:45 pm

What Does Success Look Like after Anterior Resection? Symposium

Videos Abstract Session

Pain Management in the Era of the Opioid Crisis Symposium

### 2:00 – 3:15 pm

How to Create the Perfect Anastomosis Symposium

Current Challenges in Colon Cancer Symposium

Knowing How to Use and Interpret MRI Will Make You a Better Colorectal Surgeon! Symposium

**Saturday, June 6****Workshop****CME Credit Hours: 5****Advanced Robotics for the Practicing Surgeon****7:00 am – Noon****Registration Required: Member Fee: \$670 • Non-Member Fee: \$800 • Limit: 20 participants**

The practicing surgeon will experience a highly customized and procedural-oriented, cadaver-based workshop 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. Participants will also receive hands-on access to FDA approved robotic systems on cadaveric platforms.

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

1. Describe the set-up and instrumentation of advanced robotic colorectal procedures
2. Explain different procedural approaches in robotic colorectal surgery and understand strengths 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, MPH, Boston, MA**  
**Vincent Obias, MD, Washington, DC**

7:30 am **Introduction - Workshop Overview**  
Todd Francone, MD, MPH, Boston, MA  
Vincent Obias, MD, Washington, DC

7:40 am **Breakout to Robotic Stations**  
Jamie Cannon, MD, Birmingham, AL  
Meagan Costedio, MD, Beachwood, OH  
Ron Landmann, MD, Jacksonville, FL  
Elizabeth Raskin, MD, Loma Linda, CA  
Mark Soliman, MD, Orlando, FL

Noon **Adjourn**

**Saturday, June 6****Symposium and Workshop\***

7:30 am - 5:30 pm

CME Credit Hours, Symposium: 4.5

CME Credit Hours, Each Workshop: 2

**Advanced Methods for the Management of Ventral Rectopexy**

7:30 am – Noon

**Symposium Only: Fee: \$50 (7:30 am – Noon) • Registration Required****Hands-on Workshop (includes symposium): Member Fee: \$500 • Non-Member Fee: \$625****Networking Lunch included • Registration Required***See page 25 for additional workshop details*

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

Ventral Rectopexy (VR) is the current gold standard for treatment of rectal prolapse in most countries outside of North America. 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 multicompartement pelvic floor defects. Limiting dissection to the anterior rectum minimizes autonomic nerve damage associated with posterior dissection and division of the lateral stalks.

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. Poor technique minimizes the functional benefit and increases the risk for complications. Formal training programs in VR can help to avoid complications and improve outcomes.

**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
4. Refine VR technique and improve efficiency

**Co-Directors:** **Brooke Gurland, MD, Stanford, CA**  
**James Ogilvie, Jr., MD, Grand Rapids, MI**  
**Andrew Stevenson, MD, Brisbane, Australia**

7:30 am	<b>Introduction</b> Brooke Gurland, MD, Stanford, CA	8:40 am	<b>LX VR – How I Do It</b> James Ogilvie, Jr., MD, Grand Rapids, MI
7:40 am	<b>Principles and Evolution of Procedures for Rectal Prolapse</b> Anders Mellgren, MD, PhD, Chicago, IL	8:55 am	<b>Break</b>
7:55 am	<b>Rectal Prolapse Outcomes: How Does Ventral Rectopexy Measure Up</b> Ian Paquette, MD, Cincinnati, OH	9:05 am	<b>Getting Started: VR/Initial Patient Selection and Booking Your First Few Cases</b> Konstantin Umanskiy, MD, Chicago, IL
8:10 am	<b>Testing? What Helps Me Prior to Prolapse/VR Repair?</b> Amy Thorsen, MD, Minneapolis, MN	9:30 am	<b>To Mesh or Not Mesh in Multicompartement Prolapse</b> Liliana Bordeianou, MD, Boston, MA Milena Weinstein, MD, Boston, MA
8:25 am	<b>RVR – How I Do It</b> Joseph Carmichael, MD, Orange, CA	9:45 am	<b>Management and Prevention of VR Complications</b> Elizabeth Raskin, MD, Loma Linda, CA

**Saturday, June 6****Advanced Methods for the Management of Ventral Rectopexy** (continued)

10:00 am	<b>Recurrent Rectal Prolapse: Where Does VR Fit In?</b> Kenneth Loh, MD, San Francisco, CA	11:15 am	<b>Managing Complicated VR Cases: Taking VR to the Next Level</b> Brooke Gurland, MD, Stanford, CA
10:15 am	<b>Pelvic Mesh and Sacrocolopexy Pearls Applicable to VR</b> Beri Ridgeway, MD, Cleveland, OH	11:30 am	<b>Cases and Panel Discussion</b> All Faculty
10:30 am	<b>Break</b>	Noon	<b>Adjourn</b>
10:45 am	<b>VR for ODS and IRP</b> Sara Vogler, MD, Cleveland, OH	Noon	<b>Lunch (Hands-on Workshop Participants Only)</b>
11:00 am	<b>Ergonomics and Improving VR Efficiency</b> Andrew Stevenson, MD, Brisbane, Australia	* See page 25 for all workshop details	

**Saturday, June 6****Symposium and Workshop\***

7:30 am – 5:30 pm

CME Credit Hours, Symposium: 4

CME Credit Hours, Each Workshop: 2

**How to Grow Your Pelvic Floor Practice: From Solo to Center Symposium**

7:30 am – Noon

**Symposium Only: Fee: \$50 (7:30 am – Noon) • Registration Required****Hands-on Workshop (includes symposium): Member Fee: \$500 • Non-Member Fee: \$625****Symposium (1:00 – 3:00 pm or 3:30 – 5:30 pm) • Limit: 30 participants • Networking Lunch included • Registration Required****See page 25 for additional workshop details**

Pelvic floor and functional bowel disorders refer to a series of symptoms and anatomic findings that are not life threatening but can be life altering. These disorders include: constipation, diarrhea, difficult evacuation, fecal incontinence, irritable bowel disorder, pelvic organ prolapse, pelvic pain and urinary dysfunction.

New technology, new surgical techniques and improved imaging techniques have transformed our ability to better treat patients with pelvic floor disorders. This has led to a growing need for increased awareness of these disorders amongst providers in all specialties and means to coordinate multidisciplinary pelvic floor care.

This symposium is geared to both practitioners who are new to the field and seasoned practitioners who want to share their own experiences at interactive sessions and panel discussions.

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

1. Evaluate patients with pelvic floor disorders by using data collection tools and pelvic floor physiology tests, such as anorectal manometry, ultrasound and defecography
2. Describe treatment pathways for common pelvic floor disorders: constipation, prolapse, incontinence
3. Recognize the necessity for multidisciplinary collaboration in treating patients with pelvic floor disorders
4. Identify the specialists and care providers that are necessary to optimize patient outcomes
5. Develop a plan for organizing their own virtual or real pelvic floor center

## Saturday, June 6

## How to Grow Your Pelvic Floor Practice: From Solo to Center Symposium (continued)

**Co-Directors:** Liliana Bordeianou, MD, Boston, MA  
Sarah Vogler, MD, MBA, Cleveland, OH

7:30 am **Introduction**  
Sarah Vogler, MD, MBA, Cleveland, OH

7:40 am **What is a "Pelvic Floor Practice" and Who is on the Team?**  
Thomas Curran, MD, Boston, MA

**Pelvic Floor Center Set-Up Corner**

7:55 am **Show Me the \$\$\$**  
Sarah Vogler, MD, MBA, Cleveland, OH

8:10 am **Show Me the Data**  
Dana Hayden, MD, Chicago, IL

8:25 am **It's a Team Effort: Integration of APPs and Coordination of Multidisciplinary Conferences**  
Liliana Bordeianou, MD, Boston, MA  
Lieba Savitt, NP, Boston, MA

**Testing Updates Corner**

8:40 am **Is Pelvic Floor Testing for Everyone?**  
Giovanna Da Silva, MD, Weston, FL

8:55 am **Break**

9:15 am **Fine-Tuning Decision Making with Modern Anorectal Manometry, EMG and Pelvic Floor Ultrasound Data**  
Giulio Santoro, MD, PhD, Treviso, Italy

9:30 am **Fine-Tuning Decision Making with Modern Defecography Observations**  
Gaurav Khatri, MD, Minneapolis, MN

**The Pelvic Floor Surgeons Corner: Teaming Up with Colorectal Surgeons and Urogynecologists**

9:45 am **How to POP-Q and Why?**  
Beri Ridgeway, MD, Cleveland, OH

10:00 am **Prolapse – Surgical Challenges When All Compartments Collide**  
Joseph Carmichael, MD, Orange, CA

10:15 am **Rectoceles: Is this a Disease of Defecation or a Perineal Hernia?**

Julia Saraidaridis, MD, Burlington, MA  
Milena Weinstein, MD, Boston, MA

**The Pelvic Floor Rehabilitation Corner: Teaming Up with PTs and Mind-Body Experts**

10:30 am **Never Fail - Biofeedback and Pelvic Floor PT**  
Meghan Markowski, PT, DPT, WCS, BCB-PMD, Boston, MA

10:45 am **Complimentary Treatments: Acupuncture/ Yoga and Mind Body Treatments**  
Massarat Zutshi, MD, Cleveland, OH

**Motility Corner: Surgeons Teaming Up with Gastroenterology Experts**

11:00 am **Motility Mystery: Dyssnergic Defecation vs Motility**  
Leila Neshatian, MD, MSc, Palo Alto, CA

11:15 am **What is IBS and How Can it Be Recognized and Treated: A Primer for Surgeons**  
Kyle Staller, MD, MPH, Boston, MA

**Pulling It All Together**

11:30 am **Case Studies, Question and Answer and Panel Discussion**  
Sarah Vogler, MD, MBA, Cleveland, OH  
Thomas Curran, MD, Boston, MA  
Liliana Bordeianou, MD, Boston, MA

Noon **Adjourn**

Noon **Networking Lunch (Hands-on Workshop Participants Only)**

\* See page 25 for all workshop details



# Pelvic Floor Festival Hands-on Workshop Details

Please consider rounding off your afternoon with the following Hands-on Workshops.

We are offering two different times for each of the three Hands-on Workshops:

1:00 – 3:00 pm

3:30 – 5:30 pm

## Advanced Methods for the Management of Ventral Rectopexy Hands-on Workshop

CME Credit Hours Per Workshop: 2

Limit Per Workshop: 30 Participants

*Registration Required: Member Fee: \$500 • Non-Member Fee: \$625*

*Networking Lunch included*

Please select the time of the workshop you would like to participate:

VR1 1:00 – 3:00 pm

VR2 3:30 – 5:30 pm

Successful functional outcomes and minimizing complications depends on appropriate surgical training for this procedure. There are limited formal training opportunities for laparoscopic or robotic VR in the USA. For surgeons with VR experience, we are offering a master-level workshop to provide hands-on training laparoscopic and robotic techniques.

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

1. Explain ventral rectopexy, indications and long-term outcomes
2. Demonstrate surgical steps for ventral rectopexy using a minimally invasive approach such as laparoscopy or robotics
3. Distinguish how to avoid and how to deal with surgical complication after prolapse surgery
4. Refine VR technique and improve efficiency

### Hands-on Workshop Faculty: (Robotics and Laparoscopic)

Joseph Carmichael, MD, Orange, CA; Brooke Gurland, MD, Stanford, CA; Kenneth Loh, MD, San Francisco, CA; James Ogilvie, Jr., MD, Grand Rapids, MI; Elizabeth Raskin, MD, Loma Linda, CA; Beri Ridgeway, MD, Cleveland, OH; Sherief Shawki, MD, Cleveland, OH; Andrew Stevenson, MD, Brisbane, Australia; Konstantin Umanskiy, MD, Chicago, IL; Sara Vogler, MD, Cleveland, OH; Milena Weinstein, MD, Boston, MA

## Advanced Ultrasound Anal Sphincter Imaging and Imaging of the Pelvic Floor Hands-on Workshop

**CME Credit Hours Per Workshop: 2**

**Limit Per Workshop: 20 Participants**

**Registration Required: Member Fee: \$500 • Non-Member Fee: \$625**

**Networking Lunch included**

**Please select the time of the workshop you would like to participate:**

**US1** 1:00 – 3:00 pm

**US2** 3:30 – 5:30 pm

The prevalence of fecal incontinence is difficult to estimate, as it is frequently underreported due to embarrassment and reluctance of patients to discuss symptoms with their physicians. Some studies indicate that the prevalence can be as high as 20% in women older than 45 years old.

The treatment of fecal incontinence requires further assessment of underlying pathophysiology. Endorectal and pelvic floor ultrasound are important in this assessment.

Different ultrasound techniques can be used. Endorectal ultrasound can delineate injuries to the anal sphincter and the pelvic floor, while endovaginal and pelvic floor ultrasound can identify injuries to the pelvic floor and identify conditions such as enterocele, rectocele and rectal intussusception.

This hands-on workshop will provide training with endorectal and pelvic floor ultrasound techniques.

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

1. Recognize the indications for use of endorectal and pelvic floor ultrasound
2. Perform and interpret endorectal ultrasound, endovaginal ultrasound and perineal pelvic floor ultrasound

**Hands-on Workshop Faculty:**

Joanna Favuzza, DO, Boston, MA; Anders Mellgren, MD, PhD, Chicago, IL; Sthela Murad-Regadas, MD, PhD, Fortaleza, Brazil; Leila Neshatian, MD, MSc, Palo Alto, CA; Leslie Roth, MD, Providence, RI; Giulio Santoro, MD, PhD, Treviso, Italy; S. Abbas Shobeiri, MD, Oklahoma City, OK

**Workshop Stations with Live Participants:**

- Anal Ultrasound for Sphincter Integrity (Live Participant)
- Vaginal Ultrasound and Interpretation (Live Participant)
- Perineal Ultrasound and Interpretation (Live Participant)
- Interpretation of Ultrasound (Training Module)

## Hands-on Workshop: Anorectal Physiology Testing and Sacral Nerve Stimulation

**CME Credit Hours Per Workshop: 2**

**Limit Per Workshop: 20 Participants**

**Registration Required: Member Fee: \$500 • Non-Member Fee: \$625**

**Networking Lunch included**

**Please select the time of the workshop you would like to participate**

**SNS1** 1:00 – 3:00 pm

**SNS2** 3:30 – 5:30 pm

Disturbances in bowel evacuation and continence are common in North America. Functional disorders account for approximately a quarter of a typical colorectal practice's referrals. Anal manometry offers physicians valuable information regarding several aspects of anorectal function. For this reason, it is one of the most commonly utilized diagnostic tests in the evaluation of pelvic floor function.

Sacral neuromodulation (SNS) is a therapy in which stimulation to the sacral nerves modulates the reflexes that influence the colon, anal sphincter and pelvic floor. A distinct advantage of sacral neuromodulation is that it is tested for potential success prior to moving on to long-term therapy. The evaluation gives patients and physicians an opportunity to find out in 7 to 14 days whether adequate symptom reduction is achieved. Peripheral nerve evaluation, or PNE, is a test that can be done in the office or in an outpatient surgicenter to evaluate whether a patient is a candidate for neuromodulation therapy.

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

1. Perform anal manometry
2. Interpret manometric tracings
3. Perform PNE

### **Hands-on Workshop Faculty:**

Jasneet Bhullar, MD, MS, Williamsport, PA; Holly Bonnette, NP, Boston, MA; Alex Ky, MD, New York, NY; Ian Paquette, MD, Cincinnati, OH; Kathy Rodvold, RN, Minneapolis, MN; Lieba Savitt, NP, Boston, MA; Jenny Speranza, MD, Rochester, NY; Amy Thorsen, MD, Minneapolis, MN; Massarat Zutshi, MD, Cleveland, OH

### **Hands-on Live Participants:**

- Manometry Technique
- Interpretation of Manometry
- Adding PNE/SNS to Your Practice
- PNE Technique

**Saturday, June 6****Symposium****CME Credit Hours: 4****Practice Management Symposium****8:00 am – Noon****Registration Required: Fee: \$50 • Networking Lunch included**

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.”

This multiyear symposium course is designed to meet the needs of our membership by 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.

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

1. Describe strategies to effectively negotiate an employment contract and gender-specific issues related to contract negotiation
2. Describe the common negotiation techniques, focusing on the concept of “getting to yes”
3. Define MACRA and know how it affects the income stream of your practice

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

8:00 am	<b>Introduction</b> Jeffrey Cohen, MD, Hartford, CT Jennifer Rea, MD, Lexington, KY	10:00 am	<b>Assessing Strategic Opportunities: Leaving or Returning to Academia</b> Daniel Herzig, MD, Portland, OR
8:05 am	<b>The Art of Negotiation: Strategies that Work</b> Jason Mizell, MD, Little Rock, AR	10:15 am	<b>Assessing Strategic Opportunities: Choosing a New Institution</b> James Fleshman, Dallas, TX
8:15 am	<b>The Art of Negotiation: Does Gender Matter?</b> Karin Hardiman, MD, PhD, Birmingham, AL	10:30 am	<b>Marketing Your Practice in 2020</b> Eric Haas, MD, Houston, TX
8:25 am	<b>Mock Contract Negotiation</b> Jeffrey Cohen, MD, Hartford, CT Jason Mizell, MD, Little Rock, AR Karin Hardiman, MD, PhD, Birmingham, AL	10:45 am	<b>MACRA and Other Reimbursement Models</b> Stephen Sentovich, MD, MBA, Duarte, CA
8:45 am	<b>Revenue Cycle 101</b> David O’ Brien, MD, Portland, OR	11:00 am	<b>Mentorship and Leadership: Perspectives from the Editor</b> Susan Galandiuk, MD, Louisville, KY
9:00 am	<b>Ancillary Services and Entrepreneurship</b> Steven Fassler, MD, Abington, PA	11:15 am	<b>Mentorship and Leadership: Perspectives from a Program Director</b> Leander Grimm, Jr., MD, Mobile, AL
9:20 am	<b>Panel Discussion</b> All Faculty	11:30 am	<b>Panel Discussion</b> All Faculty
9:50 am	<b>Break</b>	Noon	<b>Adjourn</b>
		Noon	<b>Networking Lunch</b>

**Saturday, June 6****Symposium****CME Credit Hours: 4****Advanced Practice Provider/Allied Health Symposium****8:00 am – Noon****Registration Required: Fee: \$50**

Advanced practice providers (APPs) and other allied health members have become a crucial part of health care teams and are providing front-line care to colorectal surgery patients. This symposium offers an opportunity for APPs to come together with their surgeon partners and other allied health members of the surgical team to further their knowledge on timely topics, as colorectal surgical teams become more diverse and utilize APPs in increasingly complex roles.

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

1. Explain the valuable roles of APPs in colon and rectal surgery inpatient and outpatient
2. Recognize resources for integration and education of APPs as they join colon and rectal surgery practices nationally
3. Promote a national network of colon and rectal surgery APPs with a common mission, goals and connection to ASCRS

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

8:00 am	<b>Introductions</b> Bethany Bandi, PA-C, Cleveland, OH Kelly Tyler, MD, Springfield, MA	10:05 am	<b>Condyloma and HRA in the APP Clinic</b> Daniel Worrall, NP, Boston, MA
8:10 am	<b>APP Collaboration with Trainee Education</b> Bethany Bandi, PA-C, Cleveland, OH Brittany Leano, PA-C, Chicago, IL	10:20 am	<b>Benign Anorectal: Hemorrhoids, Fissures and Fistulas, Oh My!</b> Marcia A. Dinsmore, FNP, Rochester, NY
8:30 am	<b>Optimization of APPs to Top of License</b> Lindsey Reilly, RN, MBA, Boston, MA	10:35 am	<b>Workup of Chronic Constipation</b> Traci Patel, MD, Tampa, FL
8:50 am	<b>How to Onboard and Mentor a New APP</b> Janet McDade, NP, Worcester, MA	10:50 am	<b>Lightning Case Studies: Large Bowel Obstruction from Endometrial Implants</b>
9:10 am	<b>How to Get Started in Research: IRB Approval, Proposals—Where Do I Start?</b> Matthew Kalady, MD, Cleveland, OH	11:30 am	<b>Panel Discussion</b>
9:30 am	<b>Panel Discussion</b>	Noon	<b>Adjourn</b>
9:50 am	<b>APP Fellowship</b> Tonna McCutcheon, DNP, NP, Nashville, TN Roberta Muldoon, MD, Nashville, TN		

**Saturday, June 6****Workshop****CME Credit Hours: 3****Question Writing: Do You Know How to Write the Perfect Exam Question?****1:00 – 4:00 pm****Registration Required: No Charge • Limit: 70 participants**

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

**At the conclusion 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 format the answers in an acceptable form
5. Recognize the key differences between a written question and question sequence developed for oral examination formats, as well as questions for various other examination formats

**Co-Directors:** Glenn Ault, MD, MEd, Los Angeles, CA  
Shane McNevin, MD, Spokane, WA

1:00 pm	<b>Introduction</b> Glenn Ault, MD, MEd, Los Angeles, CA Shane McNevin, MD, Spokane, WA	2:40 pm	<b>Break</b>
1:05 pm	<b>Key Concept – The True Foundation of a Good Question</b> Jennifer Beaty, MD, Omaha, NE	2:50 pm	<b>The Art of Writing an Oral Examination Question</b> Eric Dozois, MD, Rochester, MN
1:25 pm	<b>The Stem – The Makings of a Good Question</b> Shane McNevin, MD, Spokane, WA	3:10 pm	<b>Let's Write Questions</b> All Faculty
1:45 pm	<b>The Answers – They Can Ruin a Great Stem</b> Nancy Morin, MD, Montreal, QC, Canada	3:40 pm	<b>Question Review</b> All Faculty
2:05 pm	<b>Finalizing Questions – Rescue and Salvage</b> Glenn Ault, MD, MEd, Los Angeles, CA	4:00 pm	<b>Adjourn</b>
2:20 pm	<b>Critiques – Painful but Very Important</b> Rebecca Hoedema, MD, Grand Rapids, MI		

## Saturday, June 6

### Workshop

CME Credit Hours: 4.5

### Early Career Mock Orals and More

*(This course is not intended for General Surgery Residents)*

Track One: 1:00 – 5:30 pm CRS Residents/Fellows-in-Training

Track Two: 1:00 – 5:30 pm Physicians in Practice Applying for Board Certification

**Registration Required: Candidate Member Fee: \$100 • Member Fee: \$200 • Non-Member Fee: \$250**

**Limit: 100 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 workshop will consist of an introduction and overview of the structure of the mock oral examination, a Mock Oral Examination Session and a Mini-Symposium. The Mock Oral Examinations will be conducted in a small group format and are administered by different examiners, with critique of the examinees' performances in a format that replicates the actual ABCRS Oral Examination. Questions will be directed to one participant at a time, so other group members may observe their colleague's answer and receive critique on scenarios. Scenarios covered will be those which are heavily tested on the certifying oral examination and are commonly encountered in a standard colorectal practice. Additionally, members who are board certified will provide feedback on performance and guidance in treatment of these various disease processes.

The Mini-Symposium consists of presentations and a panel discussion on topics highly relevant to the audience, such as board review, transition to practice, academic success, transition of careers and financial planning. This mini-symposium will be tailored to each audience, i.e. current ACGME fellows or those physicians in practice applying for board certification.

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

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

**Co-Directors:** Anuradha Bhamra, MD, Chicago, IL  
Jennifer Davids, MD, Worcester, MA  
Carrie Peterson, MD, MS, Milwaukee, WI

**Saturday, June 6****Early Career Mock Orals and More** (continued)

- 1:00 pm **Introduction & Mock Oral Overview**  
Najjia Mahmoud, MD, Philadelphia, PA
- Track 1 (Residents/Fellows-in Training):**
- 1:20 pm **Small Group Mock Oral Exams**  
Jennifer Agnew, MD, New York, NY; Ellen Bailey, MD, Columbus, OH; Brian Bello, MD, Washington, DC; Christopher Buzas, MD, Danville, PA; Jessica Cohan, MD, Salt Lake City, UT; Jasna Coralic, MD, Milwaukee, WI; Michelle Cowan, MD, Aurora, CO; R. Scott Daugherty, MD, Baton Rouge, LA; M. Philip Duldulao, MD, Los Angeles, CA; Samuel Eisenstein, MD, La Jolla, CA; Leandro Feo, MD, Boca Raton, FL; Lindsey Goldstein, MD, Gainesville, FL; Leander Grimm, Jr., MD, Mobile, AL; Michael Guzman, MD, Indianapolis, IN; Menhraneh Jafari, MD, Irvine, CA; Deborah Keller, MD, New York, NY; David Kleiman, MD, Melrose, CA; Ziad Kronfol, MD, Baytown, TX; Pamela Lee, MD, San Diego, CA; Joselin Matthews, MD, Houston, TX; W. Conan Mustain, MD, Little Rock, AR; Tal Raphaeli, MD, Humble, TX; Jennifer Rea, MD, Lexington, KY; David Row, MD, Phoenix, AZ; Steven Scarcliff, MD, Birmingham, AL; Karen Sherman, MD, Raleigh, NC; Vlad Simianu, MD, Seattle, WA; Jacqueline Turner, MD, Atlanta, GA; Heather Yeo, MD, MBA, New York, NY; Gabriela Vargas, MD, MS, Salt Lake City, UT; Karen Zaghiyan, MD, Los Angeles, CA
- 3:15 pm **Break**
- 3:35 pm **Mini-Symposium for Young Fellows: How to Prepare for the Written Exam**  
Jennifer Agnew, MD, New York, NY
- 3:55 pm **Finances 101**  
Jason Mizell, MD, Little Rock, AR
- 4:15 pm **Things I Wish I Knew in My First Year of Practice**  
Tal Raphaeli, MD, Houston, TX
- 4:35 pm **What No One Ever Teaches You: The Basics of Billing and Coding**  
Karen Zaghiyan, MD, Los Angeles, CA
- 4:55 pm **What Can ASCRS Do for You and What Can You Do for ASCRS?**  
Kellie Mathis, MD, Rochester, MN
- 5:15 pm **Panel Discussion and Question and Answer**
- 5:30 pm **Adjourn**

**Track 2 (Physicians in Practice Applying for Board Certification):**

- 1:20 pm **Must-Know Topics and Avoiding Pitfalls for the Oral Examination**  
David Row, MD, Phoenix, AZ
- 1:40 pm **Building Your Practice and Defining Your Niche**  
Jennifer Rea, MD, Lexington, KY
- 2:00 pm **How to Make the Most of Your First Five Years of Practice**  
Brian Bello, MD, Washington, DC
- 2:20 pm **Teaching and Mentoring While You are Just Getting Your Own Feet Wet**  
Heather Yeo, MD, MBA, New York, NY
- 2:40 pm **How to Spark Change with Little Authority**  
Carrie Peterson, MD, MS, Milwaukee, WI
- 3:00 pm **Panel Discussion and Question and Answer**
- 3:15 pm **Break**
- 3:35 pm **Small Group Mock Oral Exams**  
Jennifer Agnew, MD, New York, NY; Ellen Bailey, MD, Columbus, OH; Brian Bello, MD, Washington, DC; Christopher Buzas, MD, Danville, PA; Jessica Cohan, MD, Salt Lake City, UT; Jasna Coralic, MD, Milwaukee, WI; Michelle Cowan, MD, Aurora, CO; R. Scott Daugherty, MD, Baton Rouge, LA; M. Philip Duldulao, MD, Los Angeles, CA; Samuel Eisenstein, MD, La Jolla, CA; Leandro Feo, MD, Boca Raton, FL; Lindsey Goldstein, MD, Gainesville, FL; Leander Grimm, Jr., MD, Mobile, AL; Michael Guzman, MD, Indianapolis, IN; Menhraneh Jafari, MD, Irvine, CA; Deborah Keller, MD, New York, NY; David Kleiman, MD, Melrose, CA; Ziad Kronfol, MD, Baytown, TX; Pamela Lee, MD, San Diego, CA; Joselin Matthews, MD, Houston, TX; W. Conan Mustain, MD, Little Rock, AR; Tal Raphaeli, MD, Humble, TX; Jennifer Rea, MD, Lexington, KY; David Row, MD, Phoenix, AZ; Steven Scarcliff, MD, Birmingham, AL; Karen Sherman, MD, Raleigh, NC; Vlad Simianu, MD, Seattle, WA; Jacqueline Turner, MD, Atlanta, GA; Heather Yeo, MD, MBA, New York, NY; Gabriela Vargas, MD, MS, Salt Lake City, UT; Karen Zaghiyan, MD, Los Angeles, CA
- 5:30 pm **Adjourn**



**Sunday, June 7****Symposium****CME Credit Hours: 2****Critical Review of Manuscripts****7:00 – 9:00 am****Registration Required: Limit: 100 participants • Complimentary**

The peer review process is central to the continued advancement of surgical knowledge. Continuous critical review of new manuscripts ensures 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.

This symposium is aimed at three groups: present and prospective reviewers for *Diseases of the Colon & Rectum*, the practicing surgeon who wants to increase his/her critical appraisal skills, as well as authors who wish to improve their writing skills. Through this hands-on, interactive symposium, participants 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*. Six weeks prior to the symposium, the originally submitted unedited manuscripts of these four papers will be distributed to each symposium participant who will have the chance to read and critique them as if they were primary reviewers. 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. *The benefit to each individual participant will be maximized with appropriate preparation time prior to the symposium.*

**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. Recognize potential for bias and methodological issues within randomized controlled trials
3. Apply resources to enhance your critical appraisal skills

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

7:00 am	<b>Introduction</b> W. Donald Buie, MD, Calgary, AB, Canada	8:10 am	<b>Table Group Discussions – Administrative Database Study</b>
7:05 am	<b>Observational Studies</b> David Stewart, MD, Tucson, AZ	8:27 am	<b>Table Group Discussions – Randomized Controlled Trial</b>
7:17 am	<b>Administrative Database Studies</b> Najjia Mahmoud, MD, Philadelphia, PA	8:44 am	<b>Table Group Discussions – Systematic Reviews &amp; Meta-Analysis</b>
7:29 am	<b>Randomized Controlled Trials</b> Willem Bemelman, MD, PhD, Amsterdam, Netherlands	9:00 am	<b>Adjourn</b>
7:41 am	<b>Systematic Reviews &amp; Meta-Analyses</b> Husein Moloo, MD, MBA, Ottawa, ON, Canada		
7:53 am	<b>Table Group Discussions – Observational Study</b>		

**Sunday, June 7****Symposium and Workshop**

7:30 am - Noon

CME Credit Hours, Symposium: 2.25

CME Credit Hours, Workshop: 2

**Advanced Endoscopy**

7:30 am – Noon

*Symposium Session Only: \$50 (7:30 – 9:45 am)**Hands-on Workshop (includes symposium): Member Fee: \$625 • Non-Member Fee: \$750 • Limit: 30 participants**Registration Required*

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 positioned to adopt these techniques and lead in this field.

Yet as busy practicing surgeons, it is often difficult to get exposure to state-of-the-art techniques. This symposium highlights new advanced endoscopic techniques and their applications as well as existing platforms.

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

1. Explain methods to predict neoplastic lesions of the colon and select the best endoscopic resection technique
2. Recognize 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

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

7:30 am	<b>Introduction</b> I. Emre Gorgun, MD, Cleveland, OH Sang Lee, MD, Los Angeles, CA	8:40 am	<b>ELSI (EndoLuminal Surgical Interventions): ESD and Beyond</b> I. Emre Gorgun, MD, Cleveland, OH
7:40 am	<b>The Art of Endoscopic Electro-Surgery</b> Jennifer Hrabe, MD, Iowa City, IA	8:55 am	<b>How to Incorporate Advanced Endoscopic Procedures into Your Practice</b> Peter Marcello, MD, Burlington, MA
7:55 am	<b>Utility of Intraoperative Colonoscopy and Interventions</b> Joongho Shin, MD, Los Angeles, CA	9:15 am	<b>The Future of Endoluminal Surgery</b> Sang Lee, MD, Los Angeles, CA
8:10 am	<b>Beyond Poypectomy: EMR, ESD</b> Richard Whelan, MD, New York, NY	9:30 am	<b>Panel Discussion and Questions</b>
8:25 am	<b>CELS and FLEX for Complicated Polyps</b> Sang Lee, MD, Los Angeles, CA	9:45 am	<b>Adjourn</b>

**Advanced Endoscopy Hands-on Workshop**

10:00 am – Noon

CME Credit Hours: 2

Faculty: M. Philip Duldulao, MD, Los Angeles, CA; Adina Feinberg, MD, Ontario, Canada; 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; Jeffrey Milsom, New York, NY; Joongho Shin, MD, Los Angeles, CA; Richard L. Whelan, MD, New York, NY; Matthew Zelhart, MD, New Orleans, LA

**Sunday, June 7****Symposium****CME Credit Hours: 1.5****Core Subject Update****8:00 – 10:00 am**

Maintaining proficiency across a wide array of conditions can be challenging for practicing surgeons particularly when advanced technologies and treatment options are rapidly changing. The Core Subject topics provide expertise and a framework to explore the current understanding of a particular topic for surgeons seeking the opportunity to add to their knowledge base in critical areas and/or those conditions that are not seen routinely.

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

1. Describe the evaluation, management options and complications associated with anal fissures and hemorrhoids
2. Explain the pathophysiology and treatment options for rectal prolapse, intussusception and solitary rectal ulcer.
3. Review the literature for the current medical and surgical treatment of ulcerative colitis
4. Recall strategies for the management of colorectal trauma and colonic volvulus
5. Explore advances in the management of benign and malignant anal tumors and retrorectal tumors
6. Explain a range of nonsurgical and surgical treatment options for patients

**Director: Mukta Krane, MD, Seattle, WA**

8:00 am	<b>Introduction</b> Mukta Krane, MD, Seattle, WA	9:14 am	<b>Trauma, Colonic Volvulus</b> Cary Aarons, MD, Philadelphia, PA
8:05 am	<b>Anal Fissure and Hemorrhoids</b> Brian Bello, MD, Washington, DC	9:33 am	<b>Discussion</b>
8:24 am	<b>Discussion</b>	9:37 am	<b>Benign and Malignant Anal Tumors/ Retrorectal Tumors</b> Marcia Russell, MD, Los Angeles, CA
8:28 am	<b>Rectal Prolapse/Intussusception/Solitary Rectal Ulcer</b> Margarita Murphy, MD, Mt. Pleasant, SC	9:46 am	<b>Discussion</b>
8:47 am	<b>Discussion</b>	10:00 am	<b>Adjourn</b>
8:51 am	<b>Ulcerative Colitis</b> Benjamin Shogan, MD, Chicago, IL		
9:10 am	<b>Discussion</b>		

**Sunday, June 7****Symposium****CME Credit Hours: 1.5****Video-Based Education Premieres: Robotic and Laparoscopic Techniques****8:30 – 10:00 am**

The field of colon and rectal surgery is constantly evolving. As we continue to better understand the pathophysiology and natural history of the ailments affecting the colon and rectum, we tailor our surgical approaches to better treat our patients and achieve the best clinical results with the least disruption of quality of life and time away from work and social activities. There is no doubt that the future of colon and rectal surgery is in minimally invasive techniques that are in constant evolution.

The videos in this session will focus on commonly performed, minimally invasive colon and rectal procedures, not to showcase the rare and unusual cases, but rather to illustrate in a standardized fashion the key steps. Simple and didactic narration will be provided live during the presentation. A brief discussion will follow every video to further highlight the key points of the operation, describing the alternative approaches and potential pitfalls.

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

1. Recall key parts of a given operation
2. Recognize the alternative surgical approaches
3. Avoid the potential pitfalls associated with the operation illustrated

**Co-Directors:** **Alessandro Fichera, MD, Dallas, TX**  
**Amanda McClure, MD, Ypsilanti, MI**

8:30 am	<b>Introduction</b> Alessandro Fichera, MD, Dallas, TX Amanda McClure, MD, Ypsilanti, MI	9:05 am	<b>Laparoscopic Right Hemicolectomy</b> Nathan Ginther, MD, Warman, SK, Canada
8:35 am	<b>Laparoscopic Sigmoid Resection</b> Warqaa Akram, MD, Greenville, SC	9:15 am	<b>Discussion</b>
8:45 am	<b>Discussion</b>	9:20 am	<b>Robotic LAR</b> Jim Khan, MD, Southhampton, Hampshire, UK
8:50 am	<b>Robotic Right Hemicolectomy</b> Todd Francone, MD, MPH, Newton, MA	9:30 am	<b>Discussion</b>
9:00 am	<b>Discussion</b>	9:35 am	<b>Laparoscopic/Robotic Abdominal Colectomy</b> Katerina Wells, MD, Dallas, TX
		9:45 am	<b>Discussion</b>
		10:00 am	<b>Adjourn</b>

**Sunday, June 7**

CME Credit Hours: 1.5

**Quick Shots Abstract Presentations**

8:30 – 10:00 am

**Sunday, June 7**

Symposium

CME Credit Hours: 1.5

**Early Career Speed Mentoring**

10:15 – 11:45 am

**Registration is Required: Fee: \$50 • Includes Speed Mentoring breakfast Monday morning • Limit: 25 participants**

Mentorship is an extremely important resource for early career colon and rectal surgeons as they initiate their independent practice, develop their career and grow into leadership roles. Mentors can come in many forms, including previous mentors from earlier career stages, senior surgeons in the same institutions or mentors at a distance in other institutions.

“Speed Mentoring” is a novel approach to increase access to mentorship and consists of brief, focused meetings between mentor-mentee dyads in order to broaden exposure to surgeons with experience in relevant aspects of a career in surgery.

In this session, colon and rectal surgeons who have had seven years or less of independent practice after completion of their clinical training will be matched with four mentors. Each pair will have 10 minutes of focused mentoring conversation, with three minutes for turnover between meetings. There will be subsequent opportunity for further ad-hoc mentor-mentee interactions, and future engagement between pairs will be encouraged.

In order to facilitate optimal pairing with mentors, participants will be contacted in advance and required to submit a brief bio sketch and select from a menu of topics of interest. All participants are highly encouraged to attend the Early Career Mentoring Breakfast the following morning.

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

1. Identify ASCRS members who can provide career mentoring
2. Recognize their strengths and weaknesses regarding career development
3. Identify opportunities for engagement and leadership in the Society

**Co-Directors:** Ann C. Lowry, MD, Minneapolis, MN  
Scott E. Regenbogen, MD, MPH, Ann Arbor, MI

10:15 am	<b>Introduction</b> Ann C. Lowry, MD	11:15 am	<b>Open Discussion, Revisit Key Interactions</b>
10:20 am	<b>Speed Mentoring Roundtable Discussions</b>	11:40 am	<b>Concluding Comments</b> Scott Regenbogen, MD, MPH, Ann Arbor, MI
		11:45 am	<b>Adjourn</b>

**Sunday, June 7**

Abstract Session

CME Credit Hours: 1.5

**Plenary I**

10:15 – 11:45 am

**Sunday, June 7**

Luncheon

**ASCRS CONNECT Awards - President's Luncheon**

12:00 – 1:15 pm

Fee: \$10

Join us for the first annual ASCRS **Connect** Awards luncheon hosted by ASCRS President Dr. Tracy Hull. She will be honoring those involved in the well, and not so well-known achievements of colorectal surgery in 2019.

**Sunday, June 7****Welcome and Opening Announcements**

1:30 – 2:00 pm

**Tracy L. Hull, MD, Cleveland, OH**

President, ASCRS

**Timothy Ridolfi, MD, MS, Milwaukee, WI**

Program Chair

**Scott Strong, MD, Chicago, IL**

President, Research Foundation of the ASCRS

**Michael Arvanitis, MD, Eatontown, NJ**

Public Relations Chair

**Sunday, June 7**

CME Credit Hours: .75

**Humanities in Surgery Lectureship**

2:00 – 2:45 pm

**Hercules, Sisyphus, and the Fates: Lives in our Hands****Piroska Kopar, MD**Washington University in St. Louis, Assistant Professor  
Center for Humanism and Ethics in Surgical Specialties, Director**Introduction:** Yanek Chiu, MD

**Sunday, June 7****Symposium****CME Credit Hours: 1.25****The Challenge of Caring for Geriatric Patients—Adopting Novel Studies in Everyday Practice****3:00 – 4:15 pm**

Despite growing evidence and discussion about frailty as a determinant of outcomes in older adults, chronological age is often still used to justify under- or over-treatment of these patients.

When looking at treatment options, the standard of care does not always translate into the best tailored treatment when treating geriatric patients. Personalized care is essential to treat the patient based on their disease state, fitness and individual treatment goals. A multidisciplinary approach is needed to prioritize the patients' needs and wishes, rather than conform to the physicians' skills.

From all angles, it is clear that older adult patients are unique, and their colorectal surgery care should be individualized and approached in a multidisciplinary fashion.

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

1. Identify the most useful frailty screening tools at a surgeon's disposal
2. Describe the methods to employ prehabilitation in the everyday surgical practice
3. Identify the key metrics of functional recovery and know how to measure them in the postoperative patient population
4. Identify signs of delirium and methods to prevent and treat delirium
5. Describe how to identify the key metrics that matter most to geriatric patients

**Co-Directors:** Marylise Boutros, MD, Montreal, QC, Canada  
Nicole Saur, MD, Philadelphia, PA

3:00 pm	<b>Introduction</b> Marylise Boutros, MD, Montreal, QC Nicole Saur, MD, Philadelphia, PA	3:35 pm	<b>Final Results of the GOSAFE Multi-Center International Study Evaluating Functional Recovery after Cancer Surgery in &gt;1000 patients</b> Isacco Montroni, MD, PhD, Faenza, Italy
3:05 pm	<b>Frailty Screening and Geriatric Co-Management: An Untapped Resource to Decrease Postoperative Morbidity and Mortality</b> Armin Shahrokni, MD, New York, NY	3:45 pm	<b>How to Prevent and Treat Delirium in Postoperative Patients</b> Tammy Hshieh, MD, MPH, Boston, MA
3:15 pm	<b>Prehabilitation Hurdles and Solutions: Making It Happen in Your Practice</b> Willem Bemelman, MD, PhD, Amsterdam, Netherlands	3:55 pm	<b>Panel Discussion with Emphasis on Adapting the Literature to All Surgical Practices</b>
3:25 pm	<b>What Really Matters to Geriatric Patients: Patient Reported Outcomes</b> Jessica Zerillo, MD, Boston, MA	4:15 pm	<b>Adjourn</b>

**Sunday, June 7****Symposium****CME Credit Hours: 1.25****Knowing and Managing Your Digital Footprint****3:00 – 4:15 pm**

With increased utilization of the Internet to find health care providers, there has been a push for physicians to become more involved in several online platforms, including social media and physician rating websites. Unfortunately, these environments can be extremely volatile and dangerous for the uninformed user and can often lead to more harm than good when used incorrectly.

Participants will gain the tools necessary to understand and manage their online reputation.

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

1. Explain the platforms and power of social media on a physician's reputation and practice
2. Develop strategies for effectively managing their online profile, searchable reputation, public threats and conflicts of interest
3. Create an online persona and develop a professional profile that puts the best digital face forward

**Co-Directors:**     **Deborah Keller, MD, MS, New York, NY**  
                               **Sean Langenfeld, MD, Omaha, NE**

3:00 pm	<b>Introduction</b> Deborah Keller, MD, MS, New York, NY Sean Langenfeld, MD, Omaha, NE	3:45 pm	<b>Social Media Do's and Don'ts: Creating a Patient-Friendly Profile (With Emphasis on Setting Up New Physicians in Practice for Success)</b> Melissa Chang, MD, MSE, Ypsilanti, MI
3:05 pm	<b>Not All Sunshine: How CMS Open Payments and Conflicts of Interest Affect You</b> Amir Bastawrous, MD, Seattle, WA	3:55 pm	<b>The Fine Art of Self-Promotion: How Social Media Can Help You Professionally</b> Alex Ky, MD, New York, NY
3:15 pm	<b>Post at Your Own Peril: Legal Implications of Texts, Tweets and Technology (Including Closed FB Groups and ACS Communities)</b> Elisabeth McLemore, MD, Los Angeles, CA	4:05 pm	<b>Question and Answer</b>
3:25 pm	<b>Paging Dr. Google: How Algorithms Impact Your Online Reputation</b> Jennifer Leinicke, MD, Omaha, NE	4:15 pm	<b>Adjourn</b>
3:35 pm	<b>Shifting the Paradigm: Dealing with Negative Reviews, Posts, and People</b> Zuri Murrell, MD, Long Beach, CA		



**Sunday, June 7****Abstract Session**

CME Credit Hours: 1.25

**Plenary II**

3:00 – 4:15 pm

**Sunday, June 7****Symposium**

CME Credit Hours: 1.25

**The Data is in the Details: Data-Driven IBD Case Studies**

4:30 – 5:45 pm

This symposium will use broad case studies in IBD to highlight key topics which deserve conversation. Framing each topic as a familiar case will allow participants to focus on key aspects of care which are both new and controversial. Expert presenters will outline the care of the given patient from initial encounter to post surgery using high quality data to support their recommendations.

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

1. Recognize the surgical and stem cell therapy options for perianal fistula
2. Describe the key perioperative variables to address prior to an operation for Crohn's disease, maximizing postoperative outcomes
3. Describe the SCENIC guidelines and nuances of managing dysplasia in the setting of ulcerative colitis
4. Explain the key perioperative variables to address prior to an operation for ulcerative colitis, maximizing postoperative outcomes

**Co-Directors:** Samuel G. Eisenstein, MD, La Jolla, CA  
Amy L. Lightner, MD, Rochester, MN

4:30 pm	<b>Introduction</b>	5:20 pm	<b>30-Year-Old with Pancolitis, Admitted Two Months Ago and Responded to IV Steroids, Now Readmitted. What is Key in the Care of this Patient?</b>
4:35 pm	<b>41-Year-Old Presents to Clinic with a Perianal Fistula and a Seton in Place: What Are the Options?</b> Phillip Fleshner, MD, Los Angeles, CA		Cindy Kin, MD, Stanford, CA
4:50 pm	<b>27-Year-Old with Terminal Ileal Stricture Disease: Is There Anything Actually Worth Considering Before Going to the Operating Room?</b> Steven Mills, MD, Orange, CA	5:35 pm	<b>Panel Discussion</b>
5:05 pm	<b>65-Year-Old with Low-Grade Dysplasia Found in Right Colon on Two Consecutive Endoscopies for Ulcerative Colitis. What Are the Next Steps and Considerations?</b> Muneera Kapadia, MD, Iowa City, IA	5:45 pm	<b>Adjourn</b>

**Sunday, June 7****Symposium****CME Credit Hours: 1.25****How to Manage and Prevent Complications****4:30 – 5:45 pm**

Numerous advances in operative techniques and perioperative management strategies in the treatment of colorectal diseases over the past decade. This has led to an overall enhancement in perioperative outcomes. Despite these improvements however, the development of perioperative complications has significant consequences on our patients, resulting in prolonged hospitalization or readmissions, extended recovery times for our patients, and significant increases in cost of healthcare for the patient and society.

There have been significant advances in our understanding of perioperative complications and newer practice parameters to prevent or mitigate the development and consequences of perioperative morbidity. As busy practicing surgeons, it is often difficult to ensure one is up to date on the best practices to manage and prevent complications.

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

1. Recognize which patients should receive extended DVT/PE prophylaxis
2. Recognize current best practices to reduce SSI
3. Implement best practices for urinary catheters
4. Review perioperative managements of biologic agents in IBD patients
5. Assess the role of early stoma reversal

**Director: Peter Marcello, MD, Burlington, MA**

4:30 pm	<b>Introduction</b> Peter Marcello, MD, Burlington, MA	5:05 pm	<b>Biologics; When to Stop When Restart?</b> Willem Bemelman, MD, PhD, Vinkeveen, Netherlands
4:35 pm	<b>How Long and Who Should Receive Extended Prophylaxis</b> Angela Kuhnen, MD, Burlington MA	5:15 pm	<b>Early Stoma Closure: Will it Leak Later?</b> Rocco Ricciardi, MD, Boston MA
4:45 pm	<b>Is Your SSI Too High? Here's Why and How to Say Goodbye</b> Elizabeth Wick, MD, San Francisco, CA	5:25 pm	<b>Case Presentations</b> Peter Marcello, MD, Burlington, MA
4:55 pm	<b>To Foley or Not? That is the Question</b> P. Ravi Kiran, MD, New York, NY	5:45 pm	<b>Adjourn</b>

**Sunday, June 7****Abstract Session****CME Credit Hours: 1.25****Plenary III****4:30 – 5:45 pm**

# ASCRS Welcome Reception ASCRS CONNECTS, IN BOSTON!

The Welcome Reception will be held **Sunday, June 7**, 6:30 - 8:30 pm (complimentary to all registered attendees) at the Sheraton Boston Hotel in the Grand Ballroom Complex.

This opening event will highlight many of the unique attributes of Boston, from the city's ethnic neighborhoods of Little Italy in the North End to the Seaport District and Chinatown. Explore the city's nostalgic and historic past as well as the present, highlighting some of the innovations, popular culture icons, and accomplishments that have evolved from the Cradle of Liberty and Bostontonians. Don't miss this opportunity to gather with current and former colleagues and get **CONNECTED!**

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



## Monday, June 8

### Breakfast

7:00 – 8:00 am

### Speed Mentoring Breakfast

**Registration Required • Limit: 85 participants**

*If you registered for the Mentoring Symposium and will attend the breakfast, please note when registering.*

Mentorship is a key resource for successful career development in colon and rectal surgery and a key focus of the 2020 meeting. The Mentoring Breakfast will be a semi-structured forum for early career development. Participants will include early career surgeons (within seven years of training completion or newly admitted ASCRS fellows), as well as experienced and influential senior Society members. Participants will have the opportunity to interact within tables focused thematically on distinct facets of clinical, academic, business and personal development.

**Monday, June 8****Symposium****CME Credit Hours: 1.25****Creating a Culture of Success****8:00 – 9:15 am**

Every aspect of surgery involves leadership. Whether it's serving as the team leader in the operating room, mentoring the next generation or managing the financial and operational aspects of practice, surgeons are required to take on leadership roles throughout the continuum of their professional lives. Despite these expectations, most are thrust into this position without formal training. Physicians are neither taught how to lead nor are they typically recognized for good leadership, yet they are expected to adopt and exhibit these skills throughout their professional careers. Incorporating leadership skills into formal medical education has not been widely accepted, however there is mounting evidence that highly skilled physician leaders can transform health care teams and create a culture that positively impacts patient care. Further, without these transformative leaders, hospitals and healthcare systems are challenged with issues of conflict, low morale, burnout and organizational dysfunction.

The ASCRS Leadership Task Force has identified eight pillars of leadership: Mentorship, Accountability, Connectivity, Vision, Innovation, Culture, Integrity and Empowerment. By providing education around these pillars, ASCRS hopes to develop innovative, interdisciplinary physician leaders who will envision and shape the future of the Society and the business of medicine.

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

1. Identify traits of good and bad leaders and how this impacts culture
2. Recognize how surgeon/leader behaviors can impact a team
3. Implement leadership skills that can be used in their own practice create a culture of success

**Director:**            **Sonia L. Ramamoorthy, MD, La Jolla, CA**

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8:00 am	<b>Introduction</b> Sonia L. Ramamoorthy, MD, La Jolla, CA
8:05 am	<b>Colorectal Surgeons Leading the Way</b> David Margolin, MD, New Orleans, LA
8:35 am	<b>Creating a Culture of Greatness</b> Laurie Pascal, MBA, MPH, Boston, MA
9:05 am	<b>Question and Answer</b>
9:15 am	<b>Adjourn</b>

**Monday, June 8**

Abstract Session

CME Credit Hours: 1.25

**General Surgery Forum**8:00 – 9:15 am

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**Monday, June 8**

Abstract Session

CME Credit Hours: 1.25

**Quick Shots Abstract Presentations**8:00 – 9:15 am

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**Monday, June 8****Refreshment Break and ePoster Presentations in the Exhibit Hall**9:15 – 10:00 am

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**Monday, June 8**

CME Credit Hours: .75

**Harry E. Bacon, MD, Lectureship**

10:00 – 10:45 am

**Climbing Mount Kilimanjaro: Reflections From a Surgeon's Journey****Mahe Abbas, MD**Professor of Surgery  
Dubai Colorectal Clinic  
United Arab Emirates**Introduction:** Thomas Read, MD

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**Complimentary Box Lunch and ePoster Presentations in the Exhibit Hall**

11:30 am – 12:45 pm

**Monday, June 8****Symposium****CME Credit Hours: 1.25****Dealing with Anal Fistulas: How to Create Truly Grateful Patients****12:45 – 2:00 pm**

Anal fistulas present a significant challenge to patients and surgeons alike. Successful management requires an understanding of pathophysiology, attention to sound principles of anorectal surgery, choice of the most appropriate surgical option and skillful performance of the procedure. This symposium will illustrate the way to a successful repair through a series of case presentations involving a panel of some of the most experienced colorectal surgeons.

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

1. Describe the pathophysiology of anal fistulas
2. Practice precise anorectal surgical techniques
3. Perform appropriate methods of dealing with complex anal fistulas

**Director: James Church, MD, Cleveland, OH**

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12:45 pm	<b>Introduction</b> James Church, MD, Cleveland, OH
12:50 pm	<b>Panel and Case Presentations</b> Herand Abcarian, MD, Chicago, IL W. Donald Buie, MD, Calgary, AB, Canada Robert Madoff, MD, Minneapolis, MN Ann C. Lowry, MD, Minneapolis, MN Lester Rosen, MD, West Palm Beach, FL
1:45 pm	<b>Question and Answer</b>
2:00 pm	<b>Adjourn</b>

**Monday, June 8****Symposium****CME Credit Hours: 1.25****Quality Measurement and Quality Improvement: A Primer for Surgeons****12:45 – 2:00 pm**

Advancing technology is unlocking new approaches to measuring and acting upon assessments of surgical quality. Participants will review the most recent and impactful of these approaches and leave with new ideas on how to measure quality with an eye toward improving quality.

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

1. Explain existing approaches to quality of care
2. Recognize the distinction between structure-, process- and outcomes-oriented approaches to quality measurement and quality improvement
3. Explain how to approach cost reduction in a way that minimizes potential impact on patient care
4. Be familiar with the goals and standards of the NAPRC
5. Acknowledge the importance of patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs)

**Co-Directors:** David Etzioni, MD, MSHS, Phoenix, AZ  
Julie Thacker, MD, Durham, NC

12:45 pm	<b>Introduction and Opening Comments</b> David Etzioni, MD, MSHS, Phoenix, AZ	1:20 pm	<b>Alternative Payment Mechanisms – Drivers of Quality?</b> Elizabeth Wick, MD, San Francisco, CA
12:50 pm	<b>Outcome vs Process Measurement... How Do I Choose?</b> Julie Thacker, MD, Durham, NC	1:30 pm	<b>PROMs and PREMs – The Ultimate Quality Scorecard</b> Larissa Temple, MD, Rochester, NY
1:00 pm	<b>The NAPRC Movement</b> David Dietz, MD, Cleveland, OH	1:40 pm	<b>Closing Comments</b> Scott Regenbogen, MD, MPH, Ann Arbor, MI
1:10 pm	<b>The EMR as a Platform for Innovation</b> Genevieve Melton-Meaux, MD, PhD, Minneapolis, MN	1:45 pm	<b>Panel Discussion and Questions</b>
		2:00 pm	<b>Adjourn</b>

**Monday, June 8****Abstract Session****CME Credit Hours: 1.25****Plenary IV****12:45 – 2:00 pm**

**Monday, June 8****Symposium****CME Credit Hours: 1.25****Uncommon, Complex Anorectal Procedures —Videos, Tips and Tricks****2:15 – 3:45 pm**

A colorectal surgeon must be familiar with many different methods and techniques to managing complex problems, from abdominal and endoscopic to perineal approaches. Some anorectal disease processes are uncommon, therefore these procedures may be performed more rarely in one's practice. Complex anorectal surgeries are difficult to learn from static pictures in a textbook. Therefore, it is useful to view step-by-step videos from experts who have performed and perfected these techniques. This session will highlight these procedures through various video vignettes that will later be accessible for future reference.

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

1. Discuss the steps for performing each one of the anorectal procedures presented
2. Recognize the indications for each surgical procedure
3. Explain the contraindications for the procedures as well as complications that can arise

**Co-Directors:** Claire Peeples, MD, Royal Oak, MI  
Janice Rafferty, MD, Cincinnati, OH

2:15 pm	<b>Introduction</b> Claire Peeples, MD, Royal Oak, MI Janice Rafferty, MD, Cincinnati, OH	3:05 pm	<b>Presacral Cyst Excision</b> Ariane Abcarian, MD, Chicago, IL
2:20 pm	<b>Delorme Procedure</b> Juan Noguerras, MD, Weston, FL	3:15 pm	<b>Limberg Flap Closure of Pilonidal Cyst Excision</b> Skandan Shanmugan, MD, Philadelphia, PA
2:30 pm	<b>House Flap for Anal Stenosis</b> Michael Valente, DO, Cleveland, OH	3:25 pm	<b>Bascom Cleft Lift for Pilonidal Disease</b> Jeffrey Sternberg, MD, San Francisco, CA
2:40 pm	<b>Complex Obstetric Injury Repair with Sphincteroplasty and Martius Flap</b> Shane McNevin, MD, Spokane, WA	3:35 pm	<b>Questions and Answers with the Panel</b>
2:55 pm	<b>Gracilis Flap Interposition</b> Giovanna Da Silva, MD, Weston, FL	3:45 pm	<b>Adjourn</b>



**Monday, June 8****Symposium****CME Credit Hours: 1.25****A Practical Guide to the ACS CoC National Accreditation Program for Rectal Cancer****2:15 – 3:45 pm**

The ASCRS is one of the major collaborating societies within the structure of the new American College of Surgeons Commission on Cancer National Accreditation Program for Rectal Cancer (NAPRC). The NAPRC was designed to improve outcomes for patients with rectal cancer through a multidisciplinary team strategy based upon compliance with evidence-based guidelines. As of August 2019, 15 hospitals in the USA had achieved NAPRC accreditation and >40 more hospitals had applied for accreditation. This session will discuss the details of successful accreditation including an evaluation of the accreditation process, a review of the educational components and an analysis of the quality metrics.

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

1. Discuss the quality metrics which form the NAPRC standards
2. Evaluate the educational programs required for NAPRC accreditation
3. Analyze the NAPRC accreditation process

**Director: Steven D. Wexner, MD, PhD (Hon), Weston, FL**

2:15 pm	<b>Introduction</b> Steven D. Wexner, MD, PhD (Hon), Weston, FL	2:56 pm	<b>Navigating the Accreditation Process in a University</b> Linda Farkas, MD, Sacramento, CA
2:20 pm	<b>Educating the NAPRC MDT</b> Virginia O. Shaffer, MD, Atlanta, GA	3:08 pm	<b>Successful Accreditation in a Community Hospital</b> Shankar Raman, MD, West Des Moines, IA
2:32 pm	<b>Optimizing Quality by Evidence-Based Standards</b> Arden Morris, MD, MPH, Stanford, CA	3:20 pm	<b>Question and Answer/Panel Discussion</b>
2:44 pm	<b>Understanding the Accreditation Process</b> Tracy L. Hull, MD, Cleveland, OH	3:45 pm	<b>Adjourn</b>

## Monday, June 8

Abstract Session

CME Credit Hours: 1.25

### Plenary V

2:15 – 3:45 pm

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### Refreshment Break and ePoster Presentations in the Exhibit Hall

3:45 – 4:15 pm

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## Monday, June 8

Symposium

Non-CME

### New Technologies

4:15 – 6:15 pm

The New Technologies Symposium has become an annual event at the ASCRS Annual Scientific Meeting and serves as a unique opportunity to work with ASCRS members and industry to present new technologies in the field of colon and rectal surgery in a non-CME forum.

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

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## Monday, June 8

### Residents' Reception

6:30 – 8:00 pm

An opportunity for general surgery residents to network with colorectal surgery program directors. Learn more about the specialty and the Society. Cocktails and hors d'oeuvres will be served. Residents can win a copy of the "ASCRS Textbook of Colon and Rectal Surgery, Second Edition".

**Open to general surgery residents and colorectal surgery program directors only.**

**Tuesday, June 9**

### LGBTQ+ and Allies Breakfast

**7:00 – 8:00 am**

**Open to all registered attendees.**

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+ and Allies community. Join us to network and gain 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+ and Allies community.

### Diversity Breakfast

**7:00 – 8:00 am**

**Open to all registered attendees.**

ASCRS is proud of its diversity and wants to ensure all voices are heard at the 2020 Annual Scientific Meeting. Come celebrate diversity with us over breakfast and learn how to get more involved with the society. We seek to have many races, ethnicities and backgrounds involved at every level. Everyone is welcome.

**Tuesday, June 9**

**Symposium**

**CME Credit Hours: 1**

### Best Practices When Resources are Sparse, Practicing in a Rural or Non-Academic Setting

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

There is a lack of colorectal surgery expertise in more rural areas, likely due to perceived barriers to developing a successful colorectal surgery (CRS) practice by both the surgeon and the medical community. In contrast, developing a CRS practice can be rewarding for the surgeon and enhance medical care in more rural areas.

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

1. Recognize challenges in developing CRS in a more rural area
2. Recognize challenges and obtain overwhelming rewards, practicing CRS in a more rural area
3. Identify additional career opportunities for CRS in more rural areas

**Director:** Lynda Dougherty, MD, Oakland, MD

8:00 am	<b>Introduction</b> Lynda Dougherty, MD, Oakland, MD	9:00 am	<b>Adjourn</b>
8:05 am	<b>Trading in My 900+ Bed Hospital after 20 Years for a 50 Bed Hospital...and Thriving: My CRS Challenges and Rewards in a More Rural Area</b> Lynda Dougherty, MD, Oakland, MD		

**Tuesday, June 9**

Abstract Session  
CME Credit Hours: 1

**Research Forum**

8:00 – 9:00 am

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**Tuesday, June 9**

Abstract Session  
CME Credit Hours: 1

**Quick Shots Abstract Presentations**

8:00 – 9:00 am

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**Tuesday, June 9****ASCRS Annual Business Meeting and State of the Society Address**

9:15 – 10:15 am

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**Tuesday, June 9****Refreshment Break and ePoster Presentations in the Exhibit Hall**

10:15 – 10:45 am

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**Tuesday, June 9**

CME Credit Hours: .75

**Ernestine Hambrick, MD, Lectureship**

10:45 – 11:30 am

**Understanding the Business of Healthcare: When to Say YES**

**Susan Moffatt-Bruce, MD, PhD, MBA, FRCS**  
Chief Executive Officer, The Ohio State University  
Columbus, OH

**Introduction:** Elizabeth Wick, MD

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**Tuesday, June 9****Complimentary Box Lunch and ePoster Presentations in the Exhibit Hall**11:30 am – 1:00 pm

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**Tuesday, June 9**

11:30 am – 1:00 pm

**Women and Allies for Women in Colorectal Surgery Luncheon****Registration Required: Fee: \$30**

The Women's Luncheon offers an opportunity for everyone to renew friendships and make new contacts. While the focus of the luncheon is unique challenges and opportunities specifically facing women in colorectal surgery, any Annual Meeting attendee who supports the advancement of women is welcome to attend. 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. Please mark the registration form if you plan to attend.

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**Tuesday, June 9****CME Credit Hours: .75****Masters in Colorectal Surgery Lectureship *Honoring Robert D. Fry, MD***

1:00 – 1:45 pm



**Najjia Mahmoud, MD**  
Professor of Surgery  
University of Pennsylvania  
Philadelphia, PA

**Introduction:** Joshua Bleier, MD

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**Tuesday, June 9****Symposium****CME Credit Hours: 1.25****A Brave New Interdisciplinary World: Pelvic Floor Disorders****2:00 – 3:15 pm**

Pelvic health medicine is an emerging field of comprehensive integrated medical care by interdisciplinary specialists who are able to provide advanced treatment of pelvic floor disease. While colorectal surgeons evaluate and treat disorders affecting the posterior pelvic compartment, recognition of the complex and often inter-related pathophysiology of pelvic floor disease requires a more collaborative approach to care for best patient outcome. As awareness for the commonality and causes of pelvic floor disease continues to grow, so does the demand for comprehensive options to better assess and provide high-quality, patient-centered care.

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

1. List key specialists and the benefit each brings to the multidisciplinary evaluation of care of colorectal pelvic floor patients
2. Identify interdisciplinary concerns related to anterior and middle pelvic floor compartments in combined cases and discuss management of potential complications
3. Recognize a more inclusive list of risk factors for posterior elimination dysfunction and provide treatment options for these patients

**Co-Directors:** Valerie Bauer, MD, Odessa, TX  
Kelly Garrett, MD, New York, NY

2:00 pm	<b>Introduction</b> Valerie Bauer, MD, Odessa, TX Kelly Garrett, MD, New York, NY	2:41 pm	<b>Sexual Dysfunction after Surgery and Radiation in Women: How Do We Treat This?</b> Pelin Batur, MD, Cleveland, OH
2:05 pm	<b>Scope of the Problem</b> Valerie Bauer, MD, Odessa, TX	2:53 pm	<b>Time Out: Questions for Co-Surgeons about Anterior and Middle Compartments in Combined Cases</b> Tristi Muir, MD, Houston, TX
2:17 pm	<b>What Should We Be Doing for Fecal Incontinence?</b> Kelly Garrett, MD, New York, NY	3:03 pm	<b>Question and Answer</b>
2:29 pm	<b>Prolapse: How Do We Decide Which is the Best Abdominal Approach?</b> Jenny Speranza, MD, Rochester, NY	3:15 pm	<b>Adjourn</b>

**Tuesday, June 9****Symposium****CME Credit Hours: 1.25****The Perfect Stoma****2:00 – 3:15 pm**

The stoma is the ultimate patient dissatisfier and can drive up length of stay, readmissions and complications—and exact even higher rates of intangibles such as patient anxiety, cost and frustration. This session was built to better arm surgical care teams with resources to help ostomates live a high quality life. From preoperative planning and patient activation to technical considerations of operative construction and management of common complications. This session is intended to provide surgeons pragmatic, practice-ready advice on helping patients who are experiencing one of the most life-altering events they will ever endure.

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

1. Explain principles of preoperative stoma site marking
2. Incorporate “best practice” stoma creation principles
3. Diagnose and manage common postoperative stoma-related complications

**Director: Michael McGee, MD, Chicago, IL**

2:00 pm	<b>Introduction</b> Michael McGee, MD, Chicago, IL	2:35 pm	<b>Diagnosis and Management of Early Postoperative Stoma Complications</b> Jeremy Lipman, MD, Cleveland, OH
2:05 pm	<b>Preoperative Patient Preparation for Stoma Creation</b> Crina Floruta, RN, NP, Cleveland, OH	2:50 pm	<b>Diagnosis and Management of Late Postoperative Stoma Complications</b> Lisa Cannon, MD, Rochester, NY
2:20 pm	<b>Intraoperative Considerations for Making the Perfect Stoma</b> Peter Cataldo, MD, Burlington, VT	3:05 pm	<b>Panel Discussion</b>
		3:15 pm	<b>Adjourn</b>

**Tuesday, June 9**

## Game Show

**CME Credit Hours: 1**

### CODE BLUE: A Colorectal Game Show

**3:30 – 4:30 pm**

Colorectal surgeons are often called upon to manage complex medical and surgical conditions as well as some rarely seen disorders. In addition, suggested diagnostic and treatment algorithms change over time. All surgical specialties have certain topics/diseases the treatments of which remain controversial. Understanding the optimal treatment plan for patients often depends on a physician's ability to see clarity in these lines of gray.

This session will highlight the strategies of both a group of senior colorectal surgeons as well as a group of physicians newer to the specialty. Participants will encounter both common and less common conditions, including recognition, diagnostic work up and management of infectious, benign and malignant conditions addressed by our specialty.

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

1. Recognize the management options of recurrent and complex colorectal disorders as well as rare conditions affecting the colon, rectum and anus
2. Describe normal anatomic relations of the colon, rectum and anus, as well as disturbances of these relations in colorectal disorders

**Director:** David Maron, MD, Weston, FL

### The "Late Career" Surgeon

**Team Captain:** Herand Abcarian, MD, Chicago, IL

**Panel:** Elisa Birnbaum, MD, Denver, CO  
C. Neil Ellis, MD, Odessa, TX  
Robert Madoff, MD, Minneapolis, MN  
Guy Orangio, MD, New Orleans, LA  
Patricia Roberts, MD, Burlington, MA

### The "Early Career" Surgeon

**Team Captain:** Yosi Nasser, MD, Los Angeles, CA

**Panel:** Jennifer Davids, MD, Worcester, MA  
Lisa Haubert, MD, Houston, TX  
Brian Kann, MD, New Orleans, LA  
Sean Langenfeld, MD, Omaha, NE  
Jason Mizell, MD, Little Rock, AR



## Tuesday, June 9

### CME Credit Hours: 1

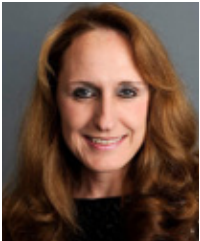
Introduction of new Fellows of the ASCRS

### Presidential Address

4:45 – 5:45 pm

In recognition of our new Fellows during the last two years, they will be invited to accompany Dr. Hull to the podium when she gives her Presidential Address.

### A Little About A Lot



#### Tracy L. 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, OH

## Tuesday, June 9

### All-Attendee President's Reception: **CONNECT** with Your Colleagues and Friends

6:00 – 7:30 pm



**Wednesday, June 10****Symposium****CME Credit Hours: 1****Clashes Over Coffee****8:00 – 9:00 am**

The management of IBD in its various forms is complex and nuanced and has changed over time as our surgical options and techniques have evolved. In addition, our medical options have expanded with the evolution from steroids to immunomodulators to biologics and now biosimilars. While there exists longstanding surgical dogma, growing experience with advanced surgical techniques vies with the ever-expanding potential of medical management. As a result, there is often no one right answer to the question of how to manage a problematic J-pouch or how to best approach the various clinical manifestations of Crohn's disease. These decisions are critically influenced by various patient factors as well as by surgical and medical expertise. This symposium will highlight the varied approaches to these complicated issues by experts in the field.

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

1. Recognize the indications for J-pouch excision
2. Realize the outcomes and the relative risks and benefits with J-pouch excision and end-ileostomy creation
3. Recognize the risks, benefits and potential function outcomes associated with J-pouch replacement
4. Explain the definition of refractory Crohn's Disease
5. Recognize the current state and options for medical management of Crohn's disease
6. Recall the appropriate indications for surgical intervention in refractory Crohn's disease

**Director: Joshua Bleier, MD, Philadelphia, PA**

8:00 am

**Introduction****Do We Take This Pouch Out or Replace It?****8:05 – 8:30 am**

8:05 am

**We Take This Pouch Out**

Scott Steele, MD, MBA, Cleveland, OH

8:10 am

**We Replace This Pouch**

Jean Ashburn, MD, MBA, Winston-Salem, NC

8:15 am

**Rebuttal: We Take This Pouch Out**

Scott Steele, MD, MBA, Cleveland, OH

8:20 am

**Rebuttal: We Replace This Pouch**

Jean Ashburn, MD, Winston-Salem, NC

8:25 am

**Closing Comments**Jean Ashburn, MD, Winston-Salem, NC  
Scott Steele, MD, MBA, Cleveland, OH**Medical Treatment of Refractory Crohn's Disease vs Surgical Treatment of Refractory Crohn's Disease****8:30 – 9:00 am**

8:35 am

**Surgical Treatment of Refractory Crohn's Disease**

Scott Strong, MD, Chicago, IL

8:40 am

**Medical Treatment of Refractory Crohn's Disease**

Farzana Rashid, MD, Philadelphia, PA

8:45 am

**Rebuttal: Surgical Treatment of Refractory Crohn's Disease**

Scott Strong, MD, Chicago, IL

8:50 am

**Rebuttal: Medical Treatment of Refractory Crohn's Disease**

Farzana Rashid, MD, Philadelphia, PA

8:55 am

**Closing Comments**Scott Strong, MD, Chicago, IL  
Farzana Rashid, MD, Philadelphia, PA

9:00 am

**Adjourn**

## Wednesday, June 10

### Symposium

CME Credit Hours: 1.25

## Complete Response after Neoadjuvant Therapy for Rectal Cancer: Cases and Considerations

9:15 – 10:30 am

Current treatment for mid- and low-rectal cancer involves a multidisciplinary approach aimed at reducing local failure rates in the pelvis and potentially improving survival. For years the standard sequence has been neoadjuvant chemotherapy and radiation therapy followed by surgery, whether a low anterior resection or an abdominal perineal resection, followed by a course of adjuvant chemotherapy. However, many studies have shown that up to 25% of patients treated with neoadjuvant chemotherapy and radiation therapy have a pathology report that shows no residual tumor. Given that neoadjuvant treatments produce a complete response in a significant number of patients, and given that the operations offered for these mid- and low-lying rectal cancers can have a dramatic effect of a patient's quality of life, there is growing enthusiasm for trying to clinically identify patients who have had a complete response and sparing them a major operation. Sphincter preservation has changed, potentially, to organ preservation, but there is still much to learn before **not operating** on patients who are judged to have had a complete response to their neoadjuvant therapies becomes the new paradigm. Colorectal surgeons would like to offer resection to those who need resection and safely **not operate** on those who predictably have no tumor left in the pelvis.

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

1. Recognize what a complete response looks like clinically and radiographically
2. Recall what patients should be treated and how they should be treated when a complete response is the goal of therapy
3. Explain what a reasonable watch and wait strategy looks like and what is the consequence of tumor regrowth

**Director:** Kirk Ludwig, MD, Milwaukee, WI

9:15 am	<b>Introduction</b> Kirk Ludwig, MD, Milwaukee, WI	9:45 am	<b>Case #3 We Are So Close to a Complete Response. Can We Get There?</b> <b>How to Get to a Complete Response and Can We Get From a Near-Complete Response to a Complete Response? CH/RT, TNT, More RT or Change Who We Treat?</b> Julio Garcia-Aguilar, MD, PhD, New York, NY
9:17 am	<b>Case #1 The Patient is So Young: Is This Dangerous?</b> <b>Who Should Be Considered for a Watch-and-Wait Approach?</b> Erin Kennedy, MD, PhD, Toronto, ON, Canada	10:00 am	<b>Case #4 The Tumor Looks Like It Has Regrown. Now What?</b> <b>Reasonable Plans for Watch-and-Wait and What If There is Tumor Regrowth?</b> Matthew Kalady, MD, Cleveland, OH
9:30 am	<b>Case #2 Looks Good, But Does Not Feel Perfect.</b> <b>How Can MR Imaging Help in Assessment of Tumor Response?</b> Regina Beets-Tan, MD, PhD, Amsterdam, Netherlands	10:15 am	<b>Panel Discussion and Audience Questions</b>
		10:30 am	<b>Adjourn</b>

**Wednesday, June 10****Symposium****CME Credit Hours: 1.25****Best of the *Diseases of the Colon & Rectum* Journal****9:15 – 10:30 am**

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 two years. Presentations and discussion will focus on study design and results, practical implications of the data and a critical review of submitted work.

**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
3. 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**

9:15 am	<b>Introduction</b> Susan Galandiuk, MD, Louisville, KY	9:48 am	<b>Left-Sided Dominance of Early-Onset Colorectal Cancers: A Rationale for Screening Flexible Sigmoidoscopy in the Young</b> James Church, MD, Cleveland, OH
9:20 am	<b>Transanal Total Mesorectal Excision vs Laparoscopic Total Mesorectal Excision in the Treatment of Low and Middle Rectal Cancer: A Propensity Score Matching Analysis</b> Domenico D'Ugo, MD, Rome, Italy	10:02 am	<b>Virtual Reality Exploration and Planning for Precision Colorectal Surgery</b> Francesco Corcione, MD, Naples, Italy
9:34 am	<b>Consolidation mFOLFOX6 Chemotherapy after Chemoradiotherapy Improves Survival in Patients with Locally Advanced Rectal Cancer: Final Results of a Multicenter Phase II Trial</b> Michael Marco, MD, Newark, NJ	10:16 am	<b>The Contributions of Internal Intussusception, Irritable Bowel Syndrome and Pelvic Floor Dyssynergia to Obstructed Defecation Syndrome</b> Liliana Bordeianou, MD, Boston, MA
		10:30 am	<b>Adjourn</b>

**Wednesday, June 10****Symposium****CME Credit Hours: 1.25****Practice of the Future****9:15 – 10:30 am**

We're in the midst of the fourth industrial revolution and the R&D technologies of today will impact medicine profoundly. Big data, precision imaging, wearable tech, EHR innovations, digital therapeutics and a slew of other technologies at various stages of development are poised to radically change the surgical practice of the future. The pursuit of value-based care will drive adoption of many of these technologies for the purpose of improving outcomes, lowering costs, increasing efficiency and otherwise bending the healthcare cost curve. This symposium will highlight some carefully selected technologies that we predict will influence surgical practice in the near future in hope of preparing surgeons for their resulting advantages and consequences as we move into this new era of practice.

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

1. Recognize the changing ecosystem of technology development for healthcare
2. Describe new technologies that will influence surgical practice in the future
3. Explain specific positive and negative impacts of selected technologies on surgical practice

**Director: John Cromwell, MD, Iowa City, IA**

9:15 am	<b>Introduction</b>	10:05 am	<b>EHR Technologies to Optimize Coding and Reimbursement</b>
9:20 am	<b>Quantitative Decisions in the OR Using AI</b> Ozanan Meireles, MD, Boston, MA		Conor Delaney, MD, MCh, PhD, Cleveland, OH
9:35 am	<b>Intraoperative Fluorescence Imaging</b> Raul Rosenthal, MD, Weston, FL	10:20 am	<b>Panel Question and Answer</b>
9:50 am	<b>AI and Surgeon Credentialing</b> Daniel Hashimoto, MD, Boston, MA	10:30 am	<b>Adjourn</b>

**Wednesday, June 10**

CME Credit Hours: .75

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

10:45 – 11:30 am

**Neoadjuvant Therapy for Rectal Cancer: A Window Into Tumor Biology****Julio Garcia-Aguilar, MD, PhD**

Chief Attending, Colorectal Service, Benno C. Schmidt Chair in Surgical Oncology  
 Memorial Sloan Kettering Cancer Center  
 New York, NY

**Introduction:** Robert Madoff, MD**Wednesday, June 10****Symposium**

CME Credit Hours: 1.25

**What Does Success Look Like after Anterior Resection?**

12:30 – 1:45 pm

Successful outcomes following low anterior resection can be reported in various terms, largely oncologic and functional. Whereas oncological outcomes are well-published, functional outcomes – namely the Low Anterior Resection Syndrome (LARS) - continues to be a difficult condition to accurately predict, diagnose and effectively treat. This session will evaluate “success” from all angles of patient care, discuss tools currently available to colorectal surgeons to optimize patient education on the risks of LARS development, provide an overview of current LARS scoring instruments and review the efficacy of current treatment options. Our goal is to further the idea of “success” to beyond that of only oncologic outcomes by giving surgeons performing low anterior resections more confidence in recognizing, discussing and managing this all-too-common problem.

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

1. Recognize that success should be inclusive of oncologic outcomes and postoperative quality of life
2. List the incidence of and risk factors associated with developing LARS
3. Be familiar with the treatment algorithm used for LARS

**Co-Directors:** Amanda Hayman, MD, Portland, OR  
 Craig Messick, MD, Houston, TX

12:30 pm	<b>Introduction</b> Amanda Hayman, MD, Portland, OR Craig Messick, MD, Houston, TX	1:05 pm	<b>“Let’s Get It On...Maybe?” Sexual and Urinary Function after LAR</b> Samantha Hendren, MD, MPH, Ann Arbor, MI
12:35 pm	<b>Should Be Gone, But Maybe Not?</b> J. Joshua Smith, MD, PhD, New York, NY	1:20 pm	<b>Wait, How Will My Bowel Function Be? It Depends!</b> Craig Messick, MD, Houston, TX
12:50 pm	<b>Postop Potpourri: Anastomotic Complications</b> Melanie Morris, MD, Birmingham, AL	1:35 pm	<b>Question and Answer</b>
		1:45 pm	<b>Adjourn</b>

**Wednesday, June 10****Symposium****CME Credit Hours: 1.25****Pain Management in the Era of the Opioid Crisis****12:30 – 1:45 pm**

The United States is currently in the midst of an opioid crisis. Excess opioid prescribing by surgeons contributes to the problem by putting patients at risk of new opioid dependence and increasing the supply of opioid pills in the community available for misuse. There is thus a need for minimizing excess opioid prescribing while still ensuring adequate pain management for patients after surgery. This session will describe the role of surgeons in contributing to the opioid crisis, describe non-opioid-based pain management including regional blocks and discuss strategies for managing postoperative opioid use among patients with chronic pain or opioid misuse disorders.

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

1. Recognize the role of surgeons in the opioid crisis
2. List options for non-opioid management of acute postoperative pain
3. Describe how to safely prescribe an adequate number of opioids for pain management after discharge
4. Counsel patients on how to safely taper opioid use
5. Explain strategies for managing patients with chronic pain in the postoperative period

**Co-Directors:** Elise Lawson, MD, MSHS, Madison, WI  
Jonathan Mitchem, MD, Columbia, MO

12:30 pm	<b>Introduction</b> Elise Lawson, MD, MSHS, Madison, WI Jonathan Mitchem, MD, Columbia, MO	1:00 pm	<b>How to Safely Prescribe (and Taper) Opioids for Acute Pain</b> Joceline Vu, MD, Ann Arbor, MI
12:35 pm	<b>The Role of Surgeons in the Opioid Crisis</b> Charles Acher, MD, Missoula, MT	1:15 pm	<b>Strategies for Managing Patients with Chronic Pain in the Postoperative Period</b> Anne-Lise D'Angelo, MD, MS, Rochester, MN
12:45 pm	<b>Regional Blocks and Non-Opioid Pain Management Strategies</b> Joseph Melvin, MD, Madison, WI	1:30 pm	<b>Panel Discussion</b>
		1:45 pm	<b>Adjourn</b>

**Wednesday, June 10****Abstract Session**

CME Credit Hours: 1.25

**Video Session**

12:30 – 1:45 pm

**Wednesday, June 10****Symposium**

CME Credit Hours: 1.25

**How to Create the Perfect Anastomosis**

2:00 – 3:15 pm

Mastery of anastomotic construction is one of, if not the most, important technical skill within the field of colorectal and many other abdominopelvic surgical specialties. Therefore, it is critically important that colorectal surgeons be armed with the skills to decide when and how to construct a perfect anastomosis for the patient lying before them, whether or not to divert them or to avoid an anastomosis altogether. In this seminar we will bring thought leaders from around the country who have been specifically chosen to share their particular interest and experience with various anastomotic techniques including hand sewn, stapled (including the historical aspects), the IPAA and the increasingly recognized role the microbiome play in the development of postoperative anastomotic leak.

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

1. Describe optimal hand sewn anastomotic techniques
2. Be familiar with the history and limitations of the stapled anastomotic technique
3. Discuss the risks and benefits of hand sewn vs. stapled IPAA construction

**Director:** Stefan Holubar, MD, MS, Cleveland, OH

2:00 pm	<b>Introduction</b> Stefan Holubar, MD, MS, Cleveland, OH	2:35 pm	<b>Leaks are from the Microbiome</b> Neil Hyman, MD, Chicago, IL
2:05 pm	<b>Do You Know How to Correctly Use the Staplers?</b> Emina Huang, MD, MEd, Cleveland, OH	2:50 pm	<b>Methods to Ensure Adequate Blood Flow to Your Anastomosis – Do They Work?</b> Eric Weiss, MD, Weston, FL
2:25 pm	<b>Sewing Yourself Out of Trouble</b> Charles Heise, MD, Madison, WI	3:05 pm	<b>Panel Question and Answer</b>
		3:15 pm	<b>Adjourn</b>



**Wednesday, June 10****Symposium****CME Credit Hours: 1.25****Current Challenges in Colon Cancer****2:00 – 3:15 pm**

In this session, the speakers will highlight the current challenges in colon cancer management. We will discuss:

- The role of surgical debulking and/or hyperthermic intraperitoneal chemotherapy for peritoneal metastases from colorectal cancer.
- Novel chemotherapeutic agents that may be used in patients with nonmetastatic colon cancer, as well as management and outcomes in patients with early onset colorectal cancer.
- We will also try to answer whether every patient with colon cancer needs a complete mesocolic excision or if this technique can be used selectively.

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

1. Identify which patients with carcinomatosis from colorectal cancer are candidates for surgical debulking and/or HIPEC
2. Identify patients who do, and who may not, need complete mesocolic excision for colon cancer
3. Explain the differences in presentation, management and outcomes of patients with colorectal cancer diagnoses prior to the age of 40
4. Recall novel chemotherapeutic agents that are being used for management of nonmetastatic colorectal cancers

**Co-Directors:** Kellie Mathis, MD, Rochester, MN  
Emmanouil Pappou, MD, New York, NY

2:00 pm **Introduction**  
Kellie Mathis, MD, Rochester, MN  
Emmanouil Pappou, MD, New York, NY

**Debate I: Is Complete Mesocolic Excision Required For Every Colon Cancer?****2:05 – 2:20 pm**

2:05 pm **Complete Mesocolic Excision Should Be Required For Every Colon Cancer**  
Amit Merchea, MD, Jacksonville, FL

2:10 pm **Complete Mesocolic Excision Should Not Be Required For Every Colon Cancer**  
Liana Tsikitis, MD, MCR, MBA, Portland, OR

2:15 pm **Rebuttal: Complete Mesocolic Excision Should Be Required For Every Colon Cancer**  
Amit Merchea, MD, Jacksonville, FL

2:17 pm **Rebuttal: Complete Mesocolic Excision Should Not Be Required For Every Colon Cancer**  
Liana Tsikitis, MD, MCR, MBA, Portland, OR

**Debate II: Management of Carcinomatosis In Colorectal Cancer. Is HIPEC Indicated?****2:20 – 2:30 pm**

2:20 pm **HIPEC Is Indicated**  
Nelya Melnitchouk, MD, Boston, MA

2:25 pm **HIPEC Is Not Indicated**  
Michael Valente, DO, Cleveland, OH

2:30 pm **Systemic Chemotherapy in Colorectal Cancer with Peritoneal Carcinomatosis**  
Andrea Cercek, MD, New York, NY

**Colon Cancer Before Age 40. Is the Incidence Rising?****2:35 – 2:50 pm**

2:35 pm **Is it Changing in the US?**  
Y. Nancy You, MD, Houston, TX

2:40 pm **Is it Changing Around the Globe?**  
Ronald Bleday, MD, Boston, MA

2:45 pm **Should Screening Colonoscopy Begin at a Younger Age?**  
Dorin Colibaseanu, MD, Jacksonville, FL

**Wednesday, June 10****Current Challenges in Colon Cancer** (continued)**Novel Chemotherapeutic Agents for Nonmetastatic Colorectal Cancer****2:50 – 3:05 pm**

- 2:50 pm      **Are KRAS/BRAF/MEK/EGFR inhibitors an Option?**  
Jennifer Holder-Murray, MD, Pittsburgh, PA
- 2:55 pm      **Is Immunotherapy an Option?**  
Andrea Cercek, MD, New York, NY
- Is a 3-month Course of Adjuvant Chemotherapy Adequate for Colon Cancer?**  
Daniel Chu, MD, Birmingham, AL
- 3:05 pm      **Question and Answer**
- 3:15 pm      **Adjourn**

**Wednesday, June 10****Symposium****CME Credit Hours: 1.25****Knowing How to Use and Interpret MRI Will Make You a Better Colorectal Surgeon!****2:00 – 3:15 pm**

Magnetic resonance imaging (MRI) has an important place in the management of several common colorectal disorders. In patients with complex anoperineal fistula disease, MRI can be used to delineate difficult fistula tracts, identify unanticipated extensions or pockets of undrained sepsis and to estimate functional consequences of surgical treatment related to the anal sphincters. The pre-treatment assessment and staging of rectal cancer using specialized MRI techniques is a centerpiece of the new National Accreditation Program for Rectal Cancer (NAPRC). In this setting, MRI is extremely accurate in predicting which tumors are at risk of not achieving a negative-margin resection and has become the key determinant for the use of neoadjuvant therapy in rectal cancer patients. MRI is also critical for surgical planning and allows the surgeon to determine the required plane of dissection and need for removal of adjacent organs. It also helps to predict functional outcomes for patients requiring extended, “beyond-TME” resections.

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

1. Recognize the evidence supporting the use of MRI in the evaluation of patients with complex anoperineal fistula disease and in patients with rectal cancer
2. Identify how to interpret MRI studies in an organized, quantitative and logical manner
3. Explain the findings of MRI studies into relevant surgical anatomy for the planning of operations and to recognizing potential functional consequences of surgery

**Director: David Dietz, MD, Cleveland, OH**

2:00 pm	<b>Introduction</b> David Dietz, MD, Cleveland, OH	2:29 pm	<b>How Can MRI Help Me Cure My Patients with Rectal Cancer?</b> John Monson, MD, Orlando, FL
2:05 pm	<b>How Can MRI Make You a Better Anal Fistula Surgeon?</b> Charles Friel, MD, Charlottesville, VA	2:41 pm	<b>What Am I Looking At???</b> <b>MRI and Surgical Pelvic Anatomy</b> Eric Dozois, MD, Rochester, MN
2:17 pm	<b>Just Where is That Fistula?</b> <b>MRI Anatomy of the Anoperineum</b> Mukesh Harisinghani, MD, Boston, MA	2:53 pm	<b>How to Read MRI Like a Rectal Cancer Specialist MR Radiologist!</b> Aoife Kilcoyne, MBBCh, BAO, Boston, MA
		3:05 pm	<b>Question and Answer</b>
		3:15 pm	<b>Adjourn</b>