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

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

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

**Better Hemostasis**

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

**Better Tissue Management**

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

---

1. Preclinical test of distal tip bleeding (ENSEAL® vs. Impact-LF4318) in thick porcine mesentery base (p<0.001). (C2170).
2. Preclinical testing on porcine carotids (ENSEAL® vs. Impact-LF4318) that measured mean max lateral thermal damage via histology showed ENSEAL at 41% less thermal spread than Ligasure (p=0.005). (C2155).

For complete product details, see Instructions for Use.

Download the complete study  [http://oatext.com/pdf/G053-167.pdf]
June 1-5, 2019

Dear ASCRS Members:

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

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

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

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

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

Sincerely,

Frank G. Jackson
Mayor
The American Society of Colon and Rectal Surgeons recognizes the indispensable role that health care companies play in helping the Society enhance the care its members provide to patients. ASCRS thanks the following companies for their generous support of this year’s Annual Scientific Meeting.

**PLATINUM**
Johnson & Johnson (Ethicon)
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The presentations, slides and handouts provided in this program are the property of the American Society of Colon and Rectal Surgeons. Attendees may not reproduce any of the presentations without express written permission from ASCRS.
When it comes to non-opioid postoperative pain relief, duration is everything. However, because of the body's local inflammatory process, most local anesthetics—including extended-release formulations—struggle to work beyond 12 to 24 hours.1-4

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

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Annual Meeting Scientific Meeting Goals, Purpose and Learning Objectives

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

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

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

The purpose of all sessions is to improve the quality of care of patients with diseases of the colon and rectum. At the conclusion of this meeting, participants should be able to:

• Recognize new information in colon and rectal benign and malignant treatments, including the latest in basic and clinical research.

• Describe current concepts in the diagnosis and treatment of diseases of the colon, rectum and anus.

• Apply knowledge gained in all areas of colon and rectal surgery.

• Recognize the need for multidisciplinary treatment in patients with diseases of the colon, rectum and anus.

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

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

Target Audience

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

Accreditation

The American Society of Colon and Rectal Surgeons (ASCRS) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Continuing Medical Education Credit

The American Society of Colon and Rectal Surgeons (ASCRS) designates this live activity for a maximum of 40 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Attendees can earn 1 CME Credit hour for every 60 minutes of educational time.

Self-Assessment Credit

Many of the sessions offered will be designated as self-assessment CME credit, applicable to Part 2 of the ABCRS MOC program. To claim self-assessment credit, attendees must complete a posttest. Information/instructions were sent to all meeting registrants prior to the Annual Meeting.
Continuing Nursing Education Credit
SynAptiv is an approved provider of continuing nursing education by the California Board of Registered Nursing. Provider approved by California Board of Registered Nursing, Provider #16031 for 40 contact hours.

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

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

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

Please Note: Times and speakers are subject to change.

Disclosures and Conflict of Interest

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

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

Code of Conduct

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

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

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

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

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

Specific disclosure information appears on pages 164-166 and the mobile app.
Annual Scientific Meeting Information

Educational Grant Commercial Supporters

This activity is supported by independent educational grants from:

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

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

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

Online Evaluation

ASCRS will again use a convenient online evaluation for the 2019 Annual Meeting. This system will allow you to complete evaluations online for all the certified CME sessions you attend.

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

You will be asked to enter your last name and badge number in order to complete the evaluations. Your badge number is located on your badge.

Please complete online evaluations by December 31, 2019.

Claim CME

SELF-ASSESSMENT (MOC) CREDIT

Maintenance of Certification (MOC) Self-Assessment

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

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

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

Tests must be completed by December 31, 2019.
Claiming Continuing Nursing Education Credit

Go to: www.yourcesource.org

Click on "Claim CE Credit"

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

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

Please contact us at yourcesource@synaptiv.org with any questions, comments or concerns.
Maintenance of Certification

The 2019 scientific offerings assist the physician with the six core competencies first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties. Attendees are encouraged to select areas of interest from the program which will enhance their knowledge and improve the quality of patient care.

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

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

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

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

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

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

**ASCRS Assists ABCRS With a 4-part Process for Continuous Learning:**

**Part I – Professional Standing (Every 3 years)**
- A valid, full and unrestricted medical license.
- Hospital privileges in the specialty, if clinically active.
- Chief of Staff Evaluation – contact information for the chief of surgery and chair of credentials at the institution where most work is performed.

**Part II – Lifelong Learning and Self-Assessment (Every 3 years)**
- Continuing medical education (CME) – completion of at least 90 hours of Category I CME relevant to the physician’s practice over a three-year cycle.
- Completion of Self-assessment: Over a three-year cycle, 50 of the 90 Category I CME must include a self-assessment activity – a written or electronic question-and-answer exercise that assesses the physician’s understanding of the material presented in the CME program.
- CARSEP® or SESAP are suggested; however, any approved CME credit that provides self-assessment greater than 75% or passing score (including CME components for MOC) will be accepted for Part II.

**Part III – Cognitive Expertise (Every 10 years)**
- Successful completion of a secure recertification examination, which may be taken three years prior to certificate expiration. A full exam application is required. All MOC requirements must be fulfilled up to this point to apply.

**Part IV – Evaluation of Performance in Practice (Every 3 years)**
- Communications and interpersonal skills.
- Ongoing participation in a national, regional or local outcomes registry or quality assessment program (such as SCIP, ACS NSQIP®, SQIP or the ACS case log system).

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

All 2019 ASCRS Scientific Annual meeting activities will be held (unless otherwise noted) at the:
Huntington Convention Center of Cleveland
and Global Center for Health Innovation
1 St. Clair Avenue NE
Cleveland, OH 44114
www.Clevelandconventions.com

Registration Desk Hours
Location: Grand Ballroom Foyer

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New Members

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

Speaker Ready Room
Location: Room 23

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

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

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<td>3:00 pm - 6:00 pm</td>
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<tr>
<td>Saturday, June 1</td>
<td>6:00 am - 6:30 pm</td>
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<tr>
<td>Sunday, June 2</td>
<td>6:30 am - 6:00 pm</td>
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<tr>
<td>Monday, June 3</td>
<td>6:30 am - 6:30 pm</td>
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<tr>
<td>Tuesday, June 4</td>
<td>6:00 am - 6:00 pm</td>
</tr>
<tr>
<td>Wednesday, June 5</td>
<td>6:30 am - 3:30 pm</td>
</tr>
</tbody>
</table>

Exhibit Hall
Location: Exhibit Hall C

More than 63 technical and scientific exhibitors will display their products and services in Exhibit Hall, C throughout the convention. ASCRS appreciates the support of its exhibitors and urges all registrants to visit the displays.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, June 2</td>
<td>11:30 am - 4:30 pm</td>
</tr>
<tr>
<td>Monday, June 3</td>
<td>9:00 am - 4:30 pm</td>
</tr>
<tr>
<td>Tuesday, June 4</td>
<td>9:00 am - 2:00 pm</td>
</tr>
</tbody>
</table>

Headshot Photos
Location: ASCRS Connect Lounge, Exhibit Hall C

ASCRS members can have a complimentary headshot photo taken for placement on the ASCRS “Find a Surgeon” website. White lab coats will be provided or you can be photographed in business attire.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, June 2</td>
<td>11:30 am - 4:30 pm</td>
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<tr>
<td>Monday, June 3</td>
<td>9:00 am - 4:30 pm</td>
</tr>
<tr>
<td>Tuesday, June 4</td>
<td>9:00 am - 2:00 pm</td>
</tr>
</tbody>
</table>
General Information

Coat and Luggage Check
A complimentary coat and luggage check will be provided to all attendees.
Location: Grand Ballroom Foyer
Hours:
- Tuesday, June 4: 6:00 am - 4:30 pm
- Wednesday, June 5: 6:30 am - 3:30 pm

Destination Cleveland Visitors Desk
Location: ASCRS Connect Lounge, Exhibit Hall C
The Destination Cleveland Visitors desk is available to all attendees to make restaurant reservations, assist with city information and provide maps and brochures.
Hours:
- Sunday, June 2: 11:30 am - 4:30 pm
- Monday, June 3: 9:00 am - 4:30 pm
- Tuesday, June 4: 9:00 am - 2:00 pm

First-Aid Station
Location: Exhibit Hall C
First Aid Hours:
- Friday, May 31: 8:00 am - 5:00 pm
- Saturday, June 1: 7:00 am - 5:00 pm
- Sunday, June 2: 7:00 am - 6:00 pm
- Monday, June 3: 7:00 am - 5:00 pm
- Tuesday, June 4: 6:30 am - 7:00 pm
- Wednesday, June 5: 8:00 am - 3:30 pm

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

Complimentary Wi-Fi Available
Wi-Fi is available to all ASCRS attendees in the Huntington Convention Center of Cleveland.
To access the free Wi-Fi:
Network: ascrs
Password: ascrs2019
Note: Password is case sensitive

Networking Goes Viral with #ASCRS19
Be a part of the Annual Meeting conversation! Use hashtag #ASCRS19 in your meeting-related tweets and posts. Follow twitter.com/fascrs_updates or facebook.com/fascrs.

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

E-poster Displays and Presentations
E-Poster viewing stations are located in the Exhibit Hall and open during exhibit hours. All e-posters will be presented during scheduled breaks. See pages 121 - 163 and the Mobile App.
Authors of e-posters have been assigned a specific time frame to be at a designated monitor and available for questions.

Annual Meeting Mobile App
Download the FREE mobile app to maximize your time at the Annual Meeting. Easily view the schedule, exhibitors, speakers and more! This mobile app is available for all smartphones and tablet platforms - iPhone, Blackberry and Android.
Download the free ASCRS mobile app in the Apple App Store or Google Play.
You can also view the mobile app from your computer. Web version for all other devices: https://ativ.me/o9w
General Information

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

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

Social Events

ASCRS ROCKS! Welcome Reception and Meet the Challenge Fundraiser
Date: Sunday, June 2
Time: 7:00 pm - 11:00 pm
Location: Rock and Roll Hall of Fame
ASCRS and the Research Foundation of ASCRS invite you to attend the ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame (complimentary to all registered attendees), which will feature hors d’oeuvres, cocktails and entertainment.
Your donation to Meet the Challenge at the Welcome Reception will buy you tickets to play arcade games and advance colorectal research at the same time. Join in the fun!
Transportation will be provided. Please see enclosed flyer in your registration bag.

Women in Colorectal Surgery Luncheon
Date: Tuesday, June 4
Time: 11:30 am - 1:00 pm
Location: HILTON: Superior Ballroom D, 5th Floor
The Women’s Luncheon offers an opportunity for women to renew friendships and make new contacts. Female surgeons, residents and medical students attending the Annual Meeting are welcome. Trainees are particularly encouraged to attend, as the Women’s Luncheon provides an opportunity to interact with experienced colon and rectal surgeons from a variety of settings.
If you would like to attend, please see the Registration Desk.
The cost is $30 per person.

The ASCRS Blues Fest - Farewell Reception
Date: Tuesday, June 4
Time: 6:30 pm – 8:00 pm
Location: HILTON: Superior Ballroom D, 5th Floor
There is no additional cost for a ticket for full-paying Members/Fellows and for those who purchased the Spouse/Guest Package #1. All other registration categories must purchase a ticket. The cost for additional tickets is $150 per person.

Respective Registration
If your spouse/guest is not yet registered for the meeting, we encourage them to register on site to be able to participate in the package events.
The spouse/guest pass does not allow access into scientific sessions.

Package #1 ($225) Includes:
- ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame, Sunday, June 2, 7:00 - 11:00 pm
- ASCRS Blues Fest - Farewell Reception, Tuesday, June 4, 6:30 - 8:00 pm
- Admission to the Exhibit Hall
- Sunday - Tuesday Continental breakfast at the Hilton Cleveland Downtown from 8:00 am - 10:00 am
Social Events

**Package #2 ($125) Includes:**
- ASCRS ROCKS! Welcome Reception at the Rock and Roll Hall of Fame, Sunday, June 2, 7:00 - 11:00 pm
- Admission to the Exhibit Hall
- Sunday-Tuesday Continental breakfast at the Hilton Cleveland Downtown from 8:00 am - 10:00 am

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

Annual Named Lectures

**Humanities in Surgery Lectureship**  
(formally the Parviz Kamangar Humanities in Surgery Lectureship)
Sunday, June 2, 1:30 - 2:15 pm  
Room: Grand Ballroom A/B  
This unique lectureship is funded by Mr. Parviz Kamangar, a grateful patient, to remind physicians and surgeons to place compassionate care at the top of the list of priorities.

**Leela M. Prasad Memorial Debate**
Monday, June 3, 7:00 - 8:00 am  
Room: Grand Ballroom A/B  
This is a memorial debate in honor of Dr. Leela M. Prasad (1944 – 2016), a well-respected Fellow of the Society for 34 years.

**Harry E. Bacon, MD, Lectureship**
Monday, June 3, 10:00 - 10:45 am  
Room: Grand Ballroom A/B  
Harry Ellicott Bacon, MD, was Professor and Chairman of the Department of Proctology at Temple University Hospital. His stellar contribution was the establishment of the Journal, *Diseases of the Colon and Rectum*, of which he was the Editor-in-Chief. He was a past president of ASCRS and ABCRS. Dr. Bacon was the founder of the International Society of University Colon and Rectal Surgeons.

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

**Norman D. Nigro, MD, Research Lectureship**
Tuesday, June 4, 7:30 - 8:15 am  
Room: Grand Ballroom A/B  
Dr. Norman Nigro is recognized for his many contributions to the care of patients with diseases of the colon and rectum, for his significant research in the prevention of large bowel cancer and treatment of squamous cell carcinoma of the anus, and for his leadership role in his chosen specialty and allied medical organizations.

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

**Memorial Lectureship Honoring Philip H. Gordon, MD**
Tuesday, June 4, 1:00 - 1:45 pm  
Room: Grand Ballroom A/B  
This lectureship honors a recently deceased, high-ranking member of the Society, and is selected by the ASCRS Executive Council.

**Ernestine Hambrick, MD, Lectureship**
Wednesday, June 5, 10:45 - 11:30 am  
Room: Grand Ballroom A/B  
Dr. Ernestine Hambrick for her dedication to patients with colon and rectal disorders, surgical students and trainees and the community at large. The first woman to be board-certified in colon and rectal surgery, Dr. Hambrick provided excellent care to patients and mentored numerous students, residents and young surgeons during her clinical practice.

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

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

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

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

2019
Dr. Ian Lavery

2018
Patricia L. Roberts, MD

2017
David A. Rothenberger, MD

2016
Robert W. Beart, Jr., MD

2015
David J. Schoetz, Jr., MD

2014
Eugene P. Salvati, MD

2013
Victor W. Fazio, MD

2012
Herand Abcarian, MD

2011
Philip H. Gordon, MD

2010
Stanley M. Goldberg, MD
Awards

Colorectal Regional Society Awards
The following awards will be chosen by the Awards Committee during the meeting and announced shortly thereafter.
Each recipient will be given a plaque and a $500 award from the Regional Society sponsoring the award. Awards are given for the best basic science or clinical paper presented from the podium or as an e-poster.

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

ASCRS Awards

Best Paper Award
The recipient of this award will attend the Annual Meeting of the European Society of Coloproctology in Vienna, Austria, September 25-27, 2019.

The ASCRS Barton Hoexter, MD, Best Video Award
The recipient of this award presents his/her video during the Abstract Video Session on Monday, June 3rd.

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

The ASCRS Public Relations Committee Chair will present the following awards at the Welcome and Opening Announcements:
- David Jagelman, MD, Award
- Local Hero Award

Call for Abstracts
2020 ASCRS Annual Scientific Meeting
June 6-10, 2020
Hynes Convention Center
Boston, MA

Online Abstract Submission Site Opens
August 2019
Program Chair: Timothy Ridolfi, MD
Program Vice Chairs: Scott Regenbogen, MD and Nicole Saur, MD
Non-CME Corporate Forum

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

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

**Monday, June 3**
HILTON: Superior Ballroom A/B, 5th FL
6:30 pm - 8:00 pm

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

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

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

*Supported by Intuitive*

*Also, visit Intuitive at Booth #216*
Thanks to Our Corporate Supporters

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

**11Health**
Supporter of New Technology Symposium**

**Acelity**
Grant Support

**Apollo Endosurgery, Inc.**
Sunday’s Advanced Endoscopy Symposium & Workshop*

**Applied Medical**
Grant Support
Saturday’s Advanced Robotics for the Practicing Surgeon*
Advanced Methods for the Management of Rectal Prolapse*
Transanal Total Mesorectal Excision (taTME)*

**Aries Pharmaceuticals, Inc.**
Grant Support
Sunday’s Advanced Endoscopy Symposium & Workshop*

**OR Black Box**
New Technology Symposium**

**Boston Scientific**
Product Theatre**
Sunday’s Advanced Endoscopy Symposium & Workshop* Grant Support

**Check Cap Ltd.**
New Technology Symposium**

**ConMed**
ConMed- Advanced Robotics for the Practicing Surgeon*
Saturday’s Transanal Total Mesorectal Excision (taTME)*
Grant Support

**Cook Medical**
Grant Support
Saturday’s Advanced Methods for the Management of Rectal Prolapse*
Sunday’s Advanced Endoscopy Symposium & Workshop*

**CooperSurgical**
Saturday’s Transanal Total Mesorectal Excision (taTME)*
Grant Support

**Erbe USA**
Saturday’s Transanal Total Mesorectal Excision (taTME)*
Sunday’s Advanced Endoscopy Symposium & Workshop*

**Heron Therapeutics**
New Technology Symposium**
Advertisement in the Program Guide**

**Johnson & Johnson- Ethicon**
Grant Support
Advanced Methods for the Management of Rectal Prolapse*
Meter Boards**
Convention Center Window Clings**
Exhibit Hall Window Cling**
Women in Colorectal Surgery Luncheon
E-Blasts**

**Intuitive**
Non - CME Corporate Forum**
New Technology Symposium**
Saturday’s Advanced Robotics for the Practicing Surgeon* & Advanced Methods for the Management of Rectal Prolapse* Grant Support

**Isoray Technologies**
New Technology Symposium**

**Lumendi LLC**
Sunday’s Advanced Endoscopy Symposium & Workshop* Grant Support

**Medtronic**
Saturday’s Advanced Robotics for the Practicing Surgeon*
Advanced Methods for the Management of Rectal Prolapse*
Transanal Total Mesorectal Excision (taTME)*
Hotel Key Cards**
Convention Center Banners**
Convention Escalator Clings**

**Merck**
Advertising in Program Guide**
Product Theatre**

**Olympus America, Inc.**
Fellowship Reception
Saturday’s Advanced Methods for the Management of Rectal Prolapse* & Transanal Total Mesorectal Excision (taTME)*
Sunday’s Advanced Endoscopy Symposium & Workshop* Grant Support

**Pacira Pharmaceuticals**
Welcome Reception
Product Theatre**
Badge Lanyards**

**SafeHeal**
New Technology Symposium

**Stryker**
Grant support
Saturday’s Transanal Total Mesorectal Excision (taTME)*

**Surgical Safety Technologies/OR Blackbox**
New Technology Symposium

**Verb**
New Technology Symposium

* In-kind support
** Promotional support
## Ongoing Video Room

**Location:** 25A-C

**Hours:**
- Sunday, June 2, 6:30 am - 6:00 pm
- Monday, June 3, 6:30 am - 6:30 pm
- Tuesday, June 4, 6:00 am - 6:00 pm
- Wednesday, June 5, 6:30 am - 3:30 pm

### Monitor 1 - Anorectal/Miscellaneous Diseases

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Title</th>
<th>Presenters</th>
<th>Institution(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VR1</td>
<td>Robotic Intestinal Vaginoplasty Following Recto-Neovaginal Fistula after Penile Inversion Vaginoplasty in a Transgender Patient</td>
<td>S.J. Marecik*, A. Al-Khamis, L. Schechter, M. Ng, K. Kochar, J. Park, Park Ridge, IL</td>
<td></td>
</tr>
<tr>
<td>VR5</td>
<td>Resection of Complex Polyps Utilizing an Endoluminal Tissue Retraction System</td>
<td>E. Noren*, K.L. Mirzai, C. Wickham, S. Lee, Los Angeles, CA</td>
<td></td>
</tr>
<tr>
<td>VR7</td>
<td>House Flap Anoplasty</td>
<td>J.L. Williams*, I. Sapci, M.A. Valente, Cleveland, OH</td>
<td></td>
</tr>
<tr>
<td>VR9</td>
<td>Transanal Endoscopic Management of an Extraspincteric Fistula</td>
<td>W.C. Kethman*, N. Kirilcuk, East Palo Alto, CA</td>
<td></td>
</tr>
<tr>
<td>VR22</td>
<td>Robotic Management of Chyle Leak During Right Colectomy: Video Vignette</td>
<td>M.A. Gorvet*, S. Raman, Des Moines, IA</td>
<td></td>
</tr>
</tbody>
</table>

### Monitor 2 - Colon Cancer

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Title</th>
<th>Presenters</th>
<th>Institution(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VR25</td>
<td>Understanding the Anatomy of Splenic Flexure; Inferior/Medial Approach; Laparoscopic Left Colectomy for Intussuscepting Tumor</td>
<td>S.J. Marecik*, A. Al-Khamis, A. Abcarian, K. Kochar, Park Ridge, IL</td>
<td></td>
</tr>
<tr>
<td>VR30</td>
<td>Laparoscopic Right Hemicolecotomy with Complete Mesocolic Excision</td>
<td>A.L. Desouza*, S.P. Sasi, J. Rohila, A. Saklani, Mumbai, Maharashtra, India</td>
<td></td>
</tr>
<tr>
<td>VR33</td>
<td>Membrane Oriented Laparoscopic Lymphadenectomy Plus Complete Mensocolic Excision in Left Hemicolecotomy</td>
<td>H. Li*, Guangzhou, China</td>
<td></td>
</tr>
<tr>
<td>VR34</td>
<td>Laparoscopic Right Hemicolecotomy with D3 Lymph Node Dissection: A Natural Orifice Specimen Extraction Surgery (NOSES)</td>
<td>L. Zheng*, X. Wang, Beijing, Beijing, China</td>
<td></td>
</tr>
<tr>
<td>VR35</td>
<td>Laparoscopic Right Hemicolecotomy with CME: A Caudal-to-Cranial Approach Guided by the Duodenum</td>
<td>W. Xiong*, W. Wang, Guangzhou, China</td>
<td></td>
</tr>
<tr>
<td>VR36</td>
<td>Multi Quadrant Robotic Resection of a T4 Sigmoid Tumor, In the Obese Patient</td>
<td>S. Brisling*, Roskilde, Denmark</td>
<td></td>
</tr>
</tbody>
</table>
Ongoing Video Room

Location: 25A-C

Hours:
Sunday, June 2, 6:30 am - 6:00 pm
Monday, June 3, 6:30 am - 6:30 pm
Tuesday, June 4, 6:00 am - 6:00 pm
Wednesday, June 5, 6:30 am - 3:30 pm

Monitor 3 – Inflammatory Bowel Disease/Miscellaneous

VR6 Complete Occlusion of Lumen after Over-the-Scope-Clip Deployment During ESD. A Lesson Learned
D. Dionigi1, I. Sapci1, J. Church1, E. Gorgun1; 1Cleveland, OH

VR10 The NICE Procedure Robotic Resection for Diverticulitis Utilizing Natural Orifice IntraCorporeal Anastomosis with Extraction
B.A. Dimas1, R.O. Minjares-Granillo1, S. Carson1, J.J. LeFave1, E. Haas*1; 1Houston, TX

VR12 Extraperitoneal Colostomy: An Option for Repair of Parastomal Hernia and Stoma Prolapse
E. Raskin*1; 1Redlands, CA

VR17 Transanal Wound VAC Drain for Anastomotic Leak After Ileo-anal Anastomosis
N. Okkabaz*1, E. Esen2, T.H. Kirat3, D.M. Schwartzberg2, F.H. Remzi3; 1Istanbul, Turkey, 2New York, NY

VR18 A Standardized Approach Towards Ligating Thickened Crohn’s Mesentery
T. Ma*1, S.L. Stein1, E. Steinhagen1, R.A. Charles1, D. Dietz1; 1Broadview Heights, OH

VR19 Four Different Approaches to Laparoscopic Redo Surgery in Recurrent Ileocolonic Crohn’s Disease
V. Celentano*1; 1Portsmouth, United Kingdom

VR20 Single Incision Laparoscopic Technique of Superior Mesenteric Artery (SMA) Mobilization for Tension Free Pouch Anastomosis
I. Hameed*1, E. Gorgun1; 1Cleveland, OH

VR21 The Modern S-Pouch: “No Outlet” Design
J.C. Melvin*1, C.P. Heise1; 1Madison, WI

Monitor 4 – Pelvic Floor

VR3 Repair of Rectovaginal Fistula: Modified Martius Flap
E. Bianchi*1, J. Wagner1, T. Adegboyega1, S. Shih1, C. Zhang1, D. Rivadeneira1; 1Woodbury, NY

VR8 Recto-urethral Fistula Repair with Endorectal Advancement Flap and Biologic Mesh
T.D. Kim*1, G. Gantt1, K. Kocher2, S.J. Marecik2, J. Park2; 1Chicago, IL, 2Park Ridge, IL

VR11 Modified Karydakis Surgery of Pilonidal Sinus
S. Chen*1; 1Guangzhou, GuangDong, China

VR28 Robotic Partial Excision of Levator-ani Muscle for Locally Advanced Low Rectal Cancer Invading Ipsilateral Pelvic Floor
S. Yang*1, N. Kim1; 1Seoul, Korea (the Republic of)

VR37 Transperineal Repair with Sphincteroplasty of a Rectovaginal Fistula in a Crohn’s Patient after Traumatic Vaginal Delivery
J. Hsu*1, M.T. Scott2, J. Hutchinson-Colas2, N. Maloney Patel1; 1Ann Arbor, MI, 2New Brunswick, NJ

VR38 Transvaginal Receptocele Augmented Repair with Mesh and Levatorplasty
T.D. Kim*1, C. Kriz*2, J. Estrada1, J.P. Kaminski1; 1Chicago, IL, 2North Chicago, IL

VR39 Full Thickness Rectal Prolapse: Delorme Procedure Remains an Option
V. Boilshinsky*1, D. Liska1, T. Hull1, M. Zutshi1; 1Cleveland, OH

VR40 Stapled Trans-perineal Fistula Repair of Rectovaginal Fistula
H. Lin*1, D. Ren1; 1Guangzhou, China

Monitor 5 – Rectal Cancer

VR13 Excision of Presacral Tumor with Kraske Approach
M.S. Zoumeros*1, A. Dakwar1, J.J. LeFave2, J. Marcet1, J. Williams1; 1Tampa, FL, 2Houston, TX

VR15 Magnetic Retraction in Colorectal Surgery
G. Davalos*1, R.I. Diaz Jara1, A.D. Guerrero1, L.K. Welsh1, D. Portenier1, B.Y. Lan1; 1Durham, NC

VR16 Pelvic Dissection for Rectal Cancer in the Setting of Congenital Pelvic Kidney
M.D. Wagner*1, A. Erkan1, A.J. Mendez1, S. Sevak1, P. Kaminsky1, N. Garcia-Henriquez1, J.R. Monson1, M.R. Albert1; 1Orlando, FL

VR27 Local Excision of an Adenocarcinoma of the Anal Margin and Reconstruction by Bilateral V-Y Flap
P. De Nardi*1, M. Pagnanelli1, L. Caruso2, S. Martella2, R. Rosati1; 1Milan, Italy, 2Milano, Italy

VR29 Laparoscopic Radical Rectosigmoid Cancer Resection with Left Lateral Pelvic Lymph Nodes Dissection in an En-bloc Resection Manner
W. Wang*1; 1Guangzhou, China

VR31 A Good Method for Giant Rectal Polyp Treatment: TAMIS
M.A. Koç*1, S. Ersoz1, C. Akyol1; 1Ankara, Turkey
# Daily Schedule

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

## Friday, May 31

<table>
<thead>
<tr>
<th>Time</th>
<th>Location/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 pm - 6:00 pm</td>
<td>Speaker Ready Room Open 23</td>
</tr>
<tr>
<td>3:00 pm - 6:00 pm</td>
<td>Registration Open Grand Ballroom Foyer</td>
</tr>
</tbody>
</table>

## Saturday, June 1

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

## Sunday, June 2

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

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

#### Sunday, June 2 (continued)

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

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

### Sunday, June 2 (continued)

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

### Monday, June 3

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

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

### Monday, June 3 (continued)

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

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

## Monday, June 3 (continued)

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

## Tuesday, June 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Location/Room</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am - 4:30 pm</td>
<td>Grand Ballroom Foyer</td>
<td>Complimentary Baggage Storage</td>
</tr>
<tr>
<td>6:00 am - 6:00 pm</td>
<td>25A-C</td>
<td>Ongoing Video Room</td>
</tr>
<tr>
<td>6:00 am - 6:00 pm</td>
<td>23</td>
<td>Speaker Ready Room Open</td>
</tr>
<tr>
<td>6:00 am - 4:30 pm</td>
<td>Grand Ballroom Foyer</td>
<td>Registration Open</td>
</tr>
<tr>
<td>6:30 am - 7:30 am</td>
<td>HILTON: Veteran’s B-D, 5th Floor</td>
<td>LGBTQ+Allies Breakfast</td>
</tr>
<tr>
<td>6:30 am - 7:30 am</td>
<td>HILTON: Veteran’s B-D, 5th Floor</td>
<td>Meet the Professor Breakfast (registered attendees)</td>
</tr>
<tr>
<td>7:30 am - 8:15 am</td>
<td>Grand Ballroom A/B</td>
<td>Norman D. Nigro, MD, Research Lectureship</td>
</tr>
<tr>
<td>8:00 am - 10:00 am</td>
<td>HILTON: Center Street B/C, 3rd Floor</td>
<td>Spouse/Guest Continental Breakfast (registered Spouse/Guest only)</td>
</tr>
<tr>
<td>8:15 am - 9:00 am</td>
<td>Grand Ballroom A/B</td>
<td>SYMPOSIUM: Harnessing Social Media to Advance #ColorectalSurgery</td>
</tr>
<tr>
<td>8:15 am - 9:00 am</td>
<td>Grand Ballroom C</td>
<td>SYMPOSIUM: Management of Anal Dysplasia</td>
</tr>
<tr>
<td>8:15 am - 9:00 am</td>
<td>20</td>
<td>Exhibitor Advisory Council Meeting</td>
</tr>
<tr>
<td>8:30 am - 10:30 am</td>
<td>13</td>
<td>Governance Committee</td>
</tr>
<tr>
<td>9:00 am - 2:00 pm</td>
<td>Exhibit Hall C</td>
<td>Exhibit Hall and E-Posters Open</td>
</tr>
<tr>
<td>9:00 am - 10:30 am</td>
<td>9</td>
<td>Fundamentals of Rectal Cancer Surgery Committee</td>
</tr>
<tr>
<td>9:00 am - 9:30 am</td>
<td>Exhibit Hall C</td>
<td>Refreshment Break and E-Poster Presentations in the Exhibit Hall</td>
</tr>
</tbody>
</table>
# Daily Schedule

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

## Tuesday, June 4 (continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Location/Room</th>
<th>Location/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am - 9:30 am</td>
<td>Product Theatre: Boston Scientific</td>
<td>Exhibit Hall C</td>
</tr>
<tr>
<td>9:30 am - 10:45 am</td>
<td>Abstract Session: Neoplasia II</td>
<td>26A-C</td>
</tr>
<tr>
<td>9:30 am - 10:45 am</td>
<td>SYMPOSIUM: Avoiding Burnout and Achieving Optimal Work-Life Balance</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>9:30 am - 10:45 am</td>
<td>SYMPOSIUM: My Microbiome Made Me Do It</td>
<td>Grand Ballroom C</td>
</tr>
<tr>
<td>10:45 am - 11:30 am</td>
<td>Masters in Colorectal Surgery Lectureship Honoring Ian C. Lavery, MD</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>11:30 am - 1:00 pm</td>
<td>Complimentary Box Lunch and E-Poster Presentations in the Exhibit Hall</td>
<td>HILTON: Superior Ballroom D, 5th Floor</td>
</tr>
<tr>
<td>11:30 am - 1:00 pm</td>
<td>Women in Colorectal Surgery Luncheon</td>
<td>HILTON: Superior Ballroom D, 5th Floor</td>
</tr>
<tr>
<td>11:30 am - 1:00 pm</td>
<td>Awards Committee</td>
<td>9</td>
</tr>
<tr>
<td>11:45 am - 12:45 pm</td>
<td>Product Theatre: Merck</td>
<td>Exhibit Hall C</td>
</tr>
<tr>
<td>1:00 pm - 1:45 pm</td>
<td>Memorial Lecture Honoring Philip H. Gordon, MD</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>1:45 pm - 3:15 pm</td>
<td>Abstract Session: General Surgery Forum</td>
<td>26A-C</td>
</tr>
<tr>
<td>1:45 pm - 3:15 pm</td>
<td>SYMPOSIUM: Advanced Endoscopy/Intraluminal Surgery: Raising the Bar for Detection and Non-Resectional Management of Advanced Polyps</td>
<td>Grand Ballroom C</td>
</tr>
<tr>
<td>1:45 pm - 3:15 pm</td>
<td>SYMPOSIUM: Enhancing the Physician Patient Relationship</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>2:00 pm - 3:00 pm</td>
<td>Pediatric to Adult SIG</td>
<td>21</td>
</tr>
<tr>
<td>3:15 pm - 3:30 pm</td>
<td>Refreshment Break in the Foyer</td>
<td>Grand Ballroom Foyer</td>
</tr>
<tr>
<td>3:30 pm - 4:30 pm</td>
<td>ASCRS Annual Business Meeting and State of the Society Address</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Drinks and Disputes. The After Hours Debates</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>5:30 pm - 6:30 pm</td>
<td>Fellowship Reception</td>
<td>HILTON: Hope Ballroom A/B, 3rd Floor</td>
</tr>
<tr>
<td>6:30 pm - 8:00 pm</td>
<td>ASCRS Blues Fest-Farewell Reception</td>
<td>HILTON: Superior Ballroom D, 5th Floor</td>
</tr>
<tr>
<td>6:30 am - 3:30 pm</td>
<td>Ongoing Video Room</td>
<td>25A-C</td>
</tr>
<tr>
<td>6:30 am - 3:30 pm</td>
<td>Speaker Ready Room Open</td>
<td>23</td>
</tr>
<tr>
<td>6:30 am - 3:30 pm</td>
<td>Registration Open</td>
<td>Grand Ballroom Foyer</td>
</tr>
<tr>
<td>6:30 am - 3:30 pm</td>
<td>Complimentary Baggage Storage</td>
<td>Grand Ballroom Foyer</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Coffee &amp; Controversies</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Meet the Professor Breakfasts (for registered attendees)</td>
<td>Grand Ballroom A/B</td>
</tr>
<tr>
<td>W1</td>
<td>Managing Pouch Complications</td>
<td>10</td>
</tr>
<tr>
<td>W2</td>
<td>Coding/Billing</td>
<td>11</td>
</tr>
<tr>
<td>8:00 am - 9:15 am</td>
<td>Abstract Session: Outcomes</td>
<td>Grand Ballroom C</td>
</tr>
<tr>
<td>8:00 am - 9:15 am</td>
<td>Abstract Session: Education</td>
<td>26A-C</td>
</tr>
</tbody>
</table>

## Wednesday, June 5

<table>
<thead>
<tr>
<th>Time</th>
<th>Location/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am - 3:30 pm</td>
<td>Ongoing Video Room</td>
</tr>
<tr>
<td>6:30 am - 3:30 pm</td>
<td>Speaker Ready Room Open</td>
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<tr>
<td>6:30 am - 3:30 pm</td>
<td>Registration Open</td>
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<tr>
<td>6:30 am - 3:30 pm</td>
<td>Complimentary Baggage Storage</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Coffee &amp; Controversies</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Meet the Professor Breakfasts</td>
</tr>
<tr>
<td>W1</td>
<td>Managing Pouch Complications</td>
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<td>W2</td>
<td>Coding/Billing</td>
</tr>
<tr>
<td>8:00 am - 9:15 am</td>
<td>Abstract Session: Outcomes</td>
</tr>
<tr>
<td>8:00 am - 9:15 am</td>
<td>Abstract Session: Education</td>
</tr>
</tbody>
</table>
Daily Schedule

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

**Wednesday, June 5 (continued)**

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

**Saturday, June 1, 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:15 am</td>
<td><strong>Advanced Robotics for the Practicing Surgeon Hands-on Lab</strong>&lt;br&gt;7:00 am - Noon&lt;br&gt;Room: Global Center Ballroom B</td>
</tr>
<tr>
<td>6:30 am</td>
<td>Transanal Total Mesorectal Excision (taTME) Symposium (Didactic)&lt;br&gt;7:30 am - Noon&lt;br&gt;Room: Grand Ballroom C</td>
</tr>
<tr>
<td>6:45 am</td>
<td><strong>Advanced Methods for the Management of Rectal Prolapse (Didactic)</strong>&lt;br&gt;7:30 am - 12:00 pm&lt;br&gt;Room: 26A-C</td>
</tr>
<tr>
<td>7:00 am</td>
<td>Practice Management Course&lt;br&gt;8:00 am - Noon&lt;br&gt;Room: 1</td>
</tr>
<tr>
<td>7:00 am</td>
<td>Young Surgeons Mock Orals &amp; More Workshop&lt;br&gt;12:30 - 5:30 pm&lt;br&gt;Room: 5</td>
</tr>
<tr>
<td>7:15 am</td>
<td>Transanal Total Mesorectal Excision (taTME) Hands-on Workshop&lt;br&gt;1:00 - 4:30 pm&lt;br&gt;Room: Global Center Ballroom A</td>
</tr>
<tr>
<td>7:30 am</td>
<td>Advanced Methods for the Management of Rectal Prolapse Hands-on Lab&lt;br&gt;1:00 - 4:30 pm&lt;br&gt;Room: Global Center Ballroom B</td>
</tr>
<tr>
<td>7:45 am</td>
<td><strong>Question Writing: Do You Know How to Write the Perfect Exam Question? Workshop</strong>&lt;br&gt;1:00 - 4:00 pm&lt;br&gt;Room: 3</td>
</tr>
<tr>
<td>8:00 am</td>
<td><strong>Advanced Practice Provider/Allied Health Symposium</strong>&lt;br&gt;1:00 - 5:00 pm&lt;br&gt;Room: Grand Ballroom C</td>
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<td>Time</td>
<td>Event</td>
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<tr>
<td>5:00 pm</td>
<td>Young Surgeons Mock Orals &amp; More Workshop (continued)</td>
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<tr>
<td>5:15 pm</td>
<td>The U.S. - China Colorectal and Anal Surgery Symposium</td>
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<tr>
<td>5:30 pm</td>
<td>5:15 pm - 6:30 pm</td>
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<tr>
<td>6:00 pm</td>
<td>HILTON: Hope Ballroom A/B</td>
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<tr>
<td>9:30 am</td>
<td>Core Subject Update</td>
</tr>
<tr>
<td>10:00 am</td>
<td>7:30 am - 9:30 am</td>
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<tr>
<td>10:15 am</td>
<td>Room: Grand Ballroom A/B</td>
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<tr>
<td>10:30 am</td>
<td>SYMPOSIUM: Care of the Geriatric Colorectal Patient</td>
</tr>
<tr>
<td>10:45 am</td>
<td>9:45 - 11:45 am</td>
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<tr>
<td>11:00 am</td>
<td>Room: Grand Ballroom A/B</td>
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<td>11:30 am</td>
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</tbody>
</table>

**Saturday, June 1, 2019 (continued)**

**Sunday, June 2, 2019**

**Pelvic Floor Disorders Consortium Meeting**
7:00 - 11:00 am

**Advanced Endoscopy Symposium and Workshop**
7:30 - 9:15 am
Room 26A-C (Didactic)

**Hands-on Workshop**
9:30 - 11:30 am
Room: Global Center Ballroom A

**SYMPOSIUM: Critical Review of Scientific Manuscripts**
8:00 - 9:30 am
HILTON: Hope Ballroom A/B, 3rd Floor

**Symposium: Latin American Symposium**
8:00 - 9:30 am
Room: Grand Ballroom C

**Symposium: Care of the Geriatric Colorectal Patient**
9:45 - 11:45 am
Room: Grand Ballroom A/B

9:30 am - 9:45 am Refreshment Break in the Foyer
### Sunday, June 2, 2019 (continued)

<table>
<thead>
<tr>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>11:45 am</td>
<td>Complimentary Box Lunch in the Exhibit Hall</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>11:45 am - 12:45 pm</td>
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<tr>
<td>12:15 pm</td>
<td>Room: Exhibit Hall C</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>11:45 am - 12:30 pm</td>
</tr>
<tr>
<td>12:45 pm</td>
<td>Welcome and Opening Announcements</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>12:45 - 1:30 pm</td>
</tr>
<tr>
<td>1:15 pm</td>
<td>Room: Grand Ballroom A/B</td>
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<tr>
<td>1:30 pm</td>
<td>Humanities in Surgery Lectureship</td>
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<tr>
<td>1:45 pm</td>
<td>1:30 - 2:15 pm</td>
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<tr>
<td>2:00 pm</td>
<td>Room: Grand Ballroom A/B</td>
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<tr>
<td>2:15 pm</td>
<td>Abstract Session: Neoplasia I</td>
</tr>
<tr>
<td>2:30 pm</td>
<td>2:15 - 3:45 pm</td>
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<tr>
<td>2:45 pm</td>
<td>Room: 26 - C</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>SYMPOSIUM: Pelvic Floor: Present &amp; Future</td>
</tr>
<tr>
<td>3:15 pm</td>
<td>2:15 - 3:45 pm</td>
</tr>
<tr>
<td>3:30 pm</td>
<td>Room: Grand Ballroom C</td>
</tr>
<tr>
<td>3:45 pm</td>
<td>SYMPOSIUM: Decreasing Complications of Pain Management by Enhanced</td>
</tr>
<tr>
<td>4:00 pm</td>
<td>Recovery Strategies</td>
</tr>
<tr>
<td>4:15 pm</td>
<td>2:15 - 3:45 pm</td>
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<tr>
<td>4:30 pm</td>
<td>Room: Grand Ballroom A/B</td>
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<tr>
<td>4:45 pm</td>
<td>SYMPOSIUM: The Evolving Landscape of Colorectal Surgical Education</td>
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<td>5:00 pm</td>
<td>4:15 - 5:45 pm</td>
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<tr>
<td>5:15 pm</td>
<td>Room: Grand Ballroom C</td>
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<td>5:30 pm</td>
<td>SYMPOSIUM: What’s New in Ulcerative Colitis?</td>
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<tr>
<td>5:45 pm</td>
<td>4:15 - 5:45 pm</td>
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<td>6:00 pm</td>
<td>Room: Grand Ballroom A/B</td>
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<td>Room: Grand Ballroom A/B</td>
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<td>Room: Grand Ballroom C</td>
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<td>SYMPOSIUM: The Evolving Landscape of Colorectal Surgical Education</td>
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<td>4:15 - 5:45 pm</td>
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<td>9:45 pm</td>
<td>Room: Grand Ballroom C</td>
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<tr>
<td>10:00 pm</td>
<td>SYMPOSIUM: The Evolving Landscape of Colorectal Surgical Education</td>
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<td>10:15 pm</td>
<td>4:15 - 5:45 pm</td>
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<tr>
<td>10:30 pm</td>
<td>Room: Grand Ballroom C</td>
</tr>
</tbody>
</table>

**Welcome Reception - ASCRS Rocks!**

7:00 - 11:00 pm

Rock and Hall of Fame
# Schedule-at-a-Glance

## Monday, June 3, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:15 am</td>
<td>Meet the Professor Breakfast 7:00 - 8:00 am M1, Room: 10</td>
</tr>
<tr>
<td>6:30 am</td>
<td>Meet the Professor Breakfast 7:00 - 8:00 am M2, Room 11</td>
</tr>
<tr>
<td>6:45 am</td>
<td>Meet the Professor Breakfast 7:00 - 8:00 am M3, Room: 12</td>
</tr>
<tr>
<td>7:00 am</td>
<td>SYMPOSIUM: Rectal Cancer 8:00 - 9:30 am Room: Grand Ballroom A/B</td>
</tr>
<tr>
<td>7:15 am</td>
<td>SYMPOSIUM: Technical Pearls: Minimally Invasive Colectomy, Step-By-Step</td>
</tr>
<tr>
<td>7:30 am</td>
<td>SYMPOSIUM: Coffee &amp; Controversies: Leela Prasad Memorial Debate 7:00 - 8:00 pm Room: Grand Ballroom A/B</td>
</tr>
<tr>
<td>7:45 am</td>
<td>SYMPOSIUM: Coffee &amp; Controversies: Leela Prasad Memorial Debate 7:00 - 8:00 pm Room: Grand Ballroom C</td>
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<tr>
<td>8:00 am</td>
<td>SYMPOSIUM: Abstract Session: Lightning Talks 8:00 - 9:30 am Room: 26A-C</td>
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<td>8:15 am</td>
<td>SYMPOSIUM: Abstract Session: Lightning Talks 8:00 - 9:30 am Room: 26A-C</td>
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<td>9:45 am</td>
<td>SYMPOSIUM: Abstract Session: Lightning Talks 8:00 - 9:30 am Room: 26A-C</td>
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<tr>
<td>10:00 am</td>
<td>Abstract Session: Pelvic Floor 12:45 - 2:00 pm Room: 26 A-C</td>
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<td>Abstract Session: Pelvic Floor 12:45 - 2:00 pm Room: 26 A-C</td>
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<tr>
<td>12:45 pm</td>
<td>Abstract Session: Pelvic Floor 12:45 - 2:00 pm Room: 26 A-C</td>
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<tr>
<td>1:00 pm</td>
<td>SYMPOSIUM: ASCRS/SSAT Crohn’s Disease 12:45 - 2:00 pm Room: Grand Ballroom C</td>
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<tr>
<td>1:15 pm</td>
<td>SYMPOSIUM: ASCRS/SSAT Crohn’s Disease 12:45 - 2:00 pm Room: Grand Ballroom C</td>
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<tr>
<td>1:30 pm</td>
<td>SYMPOSIUM: ASCRS/SSAT Crohn’s Disease 12:45 - 2:00 pm Room: Grand Ballroom C</td>
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<tr>
<td>1:45 pm</td>
<td>SYMPOSIUM: ASCRS/SSAT Crohn’s Disease 12:45 - 2:00 pm Room: Grand Ballroom C</td>
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<tr>
<td>2:00 pm</td>
<td>SYMPOSIUM: When Do You Change Your Approach? A Framework for Translating Evolving Evidence into Practice Change 12:45 - 2:00 pm Room: Grand Ballroom A/B</td>
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<td>SYMPOSIUM: When Do You Change Your Approach? A Framework for Translating Evolving Evidence into Practice Change 12:45 - 2:00 pm Room: Grand Ballroom A/B</td>
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<tr>
<td>4:00 pm</td>
<td>Best of the Diseases of the Colon and Rectum Journal 4:00 - 4:45 pm Room: Grand Ballroom A/B</td>
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<td>4:15 pm</td>
<td>Best of the Diseases of the Colon and Rectum Journal 4:00 - 4:45 pm Room: Grand Ballroom A/B</td>
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<td>4:30 pm</td>
<td>Best of the Diseases of the Colon and Rectum Journal 4:00 - 4:45 pm Room: Grand Ballroom A/B</td>
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## Monday, June 3, 2019 (continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>4:45 pm</td>
<td>(non-CME) New Technologies Symposium&lt;br&gt; 4:45 - 6:15 pm&lt;br&gt;Room: Grand Ballroom A/B</td>
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<td>5:00 pm</td>
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**Residents’ Reception**<br>6:30 - 8:00 pm<br>HILTON: Hope Ballroom A/B, 3rd Floor

**Non CME Corporate Forum**<br>6:30 pm - 8:00 pm<br>Intuitive

## Tuesday, June 4, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30 am</td>
<td>Meet the Professor Breakfast&lt;br&gt;6:30 - 7:30 am&lt;br&gt;T1, Room 10</td>
</tr>
<tr>
<td>6:45 am</td>
<td>Meet the Professor Breakfast&lt;br&gt;6:30 - 7:30 am&lt;br&gt;T2, Room 11</td>
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<tr>
<td>7:00 am</td>
<td>Meet the Professor Breakfast&lt;br&gt;6:30 - 7:30 am&lt;br&gt;T3, Room 12</td>
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<tr>
<td>7:15 am</td>
<td>Norman D. Negro, MD, Research Lectureship&lt;br&gt;7:30 am - 8:15 am&lt;br&gt;Room: Grand Ballroom A/B</td>
</tr>
<tr>
<td>7:30 am</td>
<td>SYMPOSIUM: Harnessing Social Media to Advance #ColorectalSurgery&lt;br&gt;8:15 - 9:00 am&lt;br&gt;Room: Grand Ballroom A/B</td>
</tr>
<tr>
<td>7:45 am</td>
<td>SYMPOSIUM: Management of Anal Dysplasia&lt;br&gt;8:15 - 9:00 am&lt;br&gt;Room: Grand Ballroom C</td>
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<tr>
<td>8:00 am</td>
<td>Refreshment Break and E-Poster Presentations in the Exhibit Hall</td>
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<tr>
<td>8:15 am</td>
<td>Abstract Session: Neoplasia II&lt;br&gt;9:30 - 10:45 am&lt;br&gt;Room: 26 A-C</td>
</tr>
<tr>
<td>8:30 am</td>
<td>SYMPOSIUM: Avoiding Burnout and Achieving Optimal Work-Life Balance&lt;br&gt;9:30 - 10:45 am&lt;br&gt;Room: Grand Ballroom A/B</td>
</tr>
<tr>
<td>8:45 am</td>
<td>SYMPOSIUM: My Microbiome Made Me Do It&lt;br&gt;9:30 - 10:45 am&lt;br&gt;Room: Grand Ballroom C</td>
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<td>9:00 am</td>
<td>9:00 am - 9:30 am&lt;br&gt;Room: Exhibit Hall C</td>
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<tr>
<td>9:30 am</td>
<td>Masters in Colorectal Surgery Lectureship&lt;br&gt;10:45 - 11:30 am&lt;br&gt;Room: Grand Ballroom A/B</td>
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### Schedule-at-a-Glance

**Tuesday, June 4, 2019 (continued)**

<table>
<thead>
<tr>
<th>Time</th>
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<th>Location</th>
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<tbody>
<tr>
<td>1:00 pm</td>
<td><strong>Memorial Lecture Honoring Philip H. Gordon, MD</strong></td>
<td>Room: Grand Ballroom A/B</td>
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<td>1:00 pm</td>
<td>1:00 - 1:45 pm</td>
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<tr>
<td>1:45 pm</td>
<td><strong>Abstract Session: General Surgery Forum</strong></td>
<td>Room: 26 A-C</td>
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<td>1:45 pm</td>
<td>1:45 - 3:15 pm</td>
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<td>3:15 pm</td>
<td><strong>SYMPOSIUM: Advanced Endoscopy/Intraluminal Surgery: Raising the Bar for Detection and Non-Resectional Management of Advanced Polyps</strong></td>
<td>Room: Grand Ballroom C</td>
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<tr>
<td>3:15 pm</td>
<td>1:45 - 3:15 pm</td>
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<tr>
<td>3:30 pm</td>
<td><strong>SYMPOSIUM: Enhancing the Physician-Patient Relationship</strong></td>
<td>Room: Grand Ballroom A/B</td>
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<td>3:30 pm</td>
<td>1:45 - 3:15 pm</td>
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<td>3:45 pm</td>
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<tr>
<td>4:00 pm</td>
<td><strong>Refreshment Break in Grand Ballroom Foyer</strong></td>
<td>3:15 - 3:30 pm</td>
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<td>4:30 pm</td>
<td><strong>ASCRS Annual Business Meeting and State of the Society Address</strong></td>
<td>3.30 - 4.30 pm</td>
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<tr>
<td>5:00 pm</td>
<td><strong>Drinks and Disputes: The After Hours Debates</strong></td>
<td>4.30 - 5.30 pm</td>
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<td>5:30 pm</td>
<td><strong>Fellowship Reception</strong></td>
<td>5.30 - 6.30 pm</td>
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<td>5:30 pm</td>
<td>5.30 - 6.30 pm</td>
<td>HILTON: Hope Ballroom A/B/C, 3rd Floor</td>
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<td>5:45 pm</td>
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<tr>
<td>6:00 pm</td>
<td><strong>ASCRS Blues Fest-Farewell Reception</strong></td>
<td>6.30 - 8.00 pm</td>
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<td>6:00 pm</td>
<td>6.30 - 8.00 pm</td>
<td>HILTON: Superior Ballroom D, 5th Floor</td>
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## Schedule-at-a-Glance

### Wednesday, June 5, 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am</td>
<td>Meet the Professor Breakfasts</td>
<td>W1, Room 11</td>
<td>6:30 am</td>
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<tr>
<td>6:45 am</td>
<td>Meet the Professor Breakfasts</td>
<td>W2, Room 11</td>
<td>6:45 am</td>
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<tr>
<td>7:00 am</td>
<td>Coffee and Controversies</td>
<td>Room: Grand Ballroom A/B</td>
<td>7:00 am</td>
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<tr>
<td>7:15 am</td>
<td>Coffee and Controversies</td>
<td>Room: Grand Ballroom A/B</td>
<td>7:15 am</td>
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<tr>
<td>7:30 am</td>
<td>Coffee and Controversies</td>
<td>Room: Grand Ballroom A/B</td>
<td>7:30 am</td>
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<tr>
<td>7:45 am</td>
<td>Coffee and Controversies</td>
<td>Room: Grand Ballroom A/B</td>
<td>7:45 am</td>
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<tr>
<td>8:00 am</td>
<td>Breakfasts</td>
<td>W1, Room 11</td>
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<td>Breakfasts</td>
<td>W2, Room 11</td>
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<td>Breakfasts</td>
<td>W3, Room 11</td>
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<td>Breakfasts</td>
<td>W4, Room 11</td>
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<td>9:00 am</td>
<td>Breakfasts</td>
<td>W5, Room 11</td>
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<td>9:15 am</td>
<td>Refreshment Break in Foyer</td>
<td>Room: Grand Ballroom Foyer</td>
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<td>9:30 am</td>
<td>SYMPOSIUM: Hereditary Cancer Syndromes:</td>
<td>Room: Grand Ballroom A/B</td>
<td>9:30 am</td>
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<td></td>
<td>What the Colorectal Surgeon Really Needs to Know</td>
<td>Room: Grand Ballroom A/B</td>
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<td>9:45 am</td>
<td>SYMPOSIUM: Advances and Controversies in the Management of Diverticuilis</td>
<td>Room: Grand Ballroom A/B</td>
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<td>10:00 am</td>
<td>SYMPOSIUM: Healthcare Economics: Policy Implications in the Future of Medicine</td>
<td>Room: Grand Ballroom C</td>
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<td>10:15 am</td>
<td>SYMPOSIUM: Mission Impossible: Preparing for and Navigating the Difficult and Unexpected Operative Scenario</td>
<td>Room: Grand Ballroom A/B</td>
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<td>10:30 am</td>
<td>SYMPOSIUM: Benign Anorectal - Complex Problems, Advanced Techniques, and Special Populations</td>
<td>Room: Grand Ballroom C</td>
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<tr>
<td>10:45 am</td>
<td>SYMPOSIUM: Is it Really Unresectable? Management of Advanced and Recurrent Colorectal Cancer</td>
<td>Room: Grand Ballroom C</td>
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<tr>
<td>11:00 am</td>
<td>Lunch on Your Own</td>
<td>Room: Grand Ballroom A/B</td>
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<td>2:00 pm</td>
<td>SYMPOSIUM: Robotics: Practical Tips and Tricks</td>
<td>Room: Grand Ballroom A/B</td>
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<td>SYMPOSIUM: Robotics: Practical Tips and Tricks</td>
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<td>SYMPOSIUM: Robotics: Practical Tips and Tricks</td>
<td>Room: Grand Ballroom A/B</td>
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# ASCRS & Research Foundation Committee Meetings

_All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted_

## Saturday, June 1

<table>
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<tr>
<th>Time</th>
<th>Location/Room</th>
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<tbody>
<tr>
<td>7:00 am - 2:00 pm</td>
<td>Executive Council Meeting</td>
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<tr>
<td>3:00 pm - 6:00 pm</td>
<td>Research Foundation Research Committee</td>
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## Sunday, June 2

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<th>Time</th>
<th>Location/Room</th>
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<tbody>
<tr>
<td>7:00 am - 9:00 am</td>
<td>Research Foundation Board of Trustees</td>
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<tr>
<td>9:00 am - 10:00 am</td>
<td>International Committee</td>
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<tr>
<td>9:30 am - 10:15 am</td>
<td>DC&amp;R Co-editors Meeting</td>
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<tr>
<td>10:00 am - 11:00 am</td>
<td>Young Surgeons Committee</td>
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<tr>
<td>10:15 am - 10:45 am</td>
<td>DC&amp;R Co-editor and Section Editors Meeting</td>
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<tr>
<td>11:00 am - 12:45 pm</td>
<td>DC&amp;R Editorial Board Meeting</td>
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<tr>
<td>11:30 am - 12:30 pm</td>
<td>Regional Society Committee</td>
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<tr>
<td>11:30 am - 12:45 pm</td>
<td>Self-Assessment Committee</td>
</tr>
<tr>
<td>11:45 am - 12:45 pm</td>
<td>Rectal Cancer Coordinating Committee</td>
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<tr>
<td>2:30 pm - 3:30 pm</td>
<td>Committee on Committees</td>
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<tr>
<td>2:30 pm - 3:30 pm</td>
<td>Operative Competency Evaluation Committee</td>
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<td>2:30 pm - 4:00 pm</td>
<td>Public Relations Committee</td>
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<tr>
<td>3:30 pm - 4:30 pm</td>
<td>Continuing Education Committee</td>
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<tr>
<td>4:00 pm - 5:00 pm</td>
<td>Awards Committee</td>
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<tr>
<td>4:30 pm - 6:00 pm</td>
<td>Corporate Council Meeting</td>
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<tr>
<td>4:30 pm - 5:30 pm</td>
<td>Healthcare Economics Committee</td>
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## Monday, June 3

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<th>Time</th>
<th>Location/Room</th>
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</thead>
<tbody>
<tr>
<td>6:30 am - 7:30 am</td>
<td>Industry Relations Committee</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>History of ASCRS Committee</td>
</tr>
<tr>
<td>7:00 am - 8:00 am</td>
<td>Video-Based Education Committee</td>
</tr>
<tr>
<td>8:00 am - 9:00 am</td>
<td>CREST Committee</td>
</tr>
<tr>
<td>8:00 am - 9:00 am</td>
<td>Research Foundation Young Researchers Committee</td>
</tr>
<tr>
<td>8:00 am - 9:30 am</td>
<td>Quality Assessment and Safety Committee</td>
</tr>
<tr>
<td>8:30 am - 9:30 am</td>
<td>Professional Outreach Committee</td>
</tr>
<tr>
<td>11:30 am - 12:30 pm</td>
<td>Clinical Practice Guidelines Committee</td>
</tr>
<tr>
<td>Noon - 1:00 pm</td>
<td>Website Committee</td>
</tr>
</tbody>
</table>

All meetings are held in the Huntington Convention Center of Cleveland unless otherwise noted.
## ASCRS & Research Foundation Committee Meetings

### Monday, June 3 (continued)

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

### Tuesday, June 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Committee</th>
<th>Location/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 am - 9:00 am</td>
<td>Exhibitor Advisory Council Meeting</td>
<td>20</td>
</tr>
<tr>
<td>8:30 am - 10:30 am</td>
<td>Governance Committee</td>
<td>13</td>
</tr>
<tr>
<td>9:00 am - 10:30 am</td>
<td>Fundamentals of Rectal Cancer Surgery Committee</td>
<td>9</td>
</tr>
<tr>
<td>11:30 am - 1:00 pm</td>
<td>Awards Committee</td>
<td>9</td>
</tr>
</tbody>
</table>

### Wednesday, June 5

<table>
<thead>
<tr>
<th>Time</th>
<th>Committee</th>
<th>Location/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:30 am - 12:30 pm</td>
<td>Awards Committee</td>
<td>9</td>
</tr>
<tr>
<td>3:45 pm - 4:45 pm</td>
<td>Awards Committee</td>
<td>9</td>
</tr>
</tbody>
</table>
ASCRS Past Presidents

*1899 – 1900  Joseph M. Mathews
*1900 – 1901  James P. Tuttle
*1901 – 1902  Thomas C. Martin
*1902 – 1903  Samuel T. Earle
*1903 – 1904  William M. Beach
*1904 – 1905  J. Rawson Pennington
*1905 – 1906  Lewis H. Adler, Jr.
*1906 – 1907  Samuel G. Gant
*1907 – 1908  A. Bennett Cooke
*1908 – 1909  George B. Evans
*1909 – 1910  Dwight H. Murray
*1910 – 1911  George J. Cooke
*1911 – 1912  John L. Jelks
*1912 – 1913  Louis J. Hirschman
*1913 – 1914  Joseph M. Mathews
*1914 – 1915  Louis J. Krause
*1915 – 1916  T. Chittenden Hill
*1916 – 1917  Alfred J. Zobel
*1917 – 1919  Jerome M. Lynch
*1919 – 1920  Collier F. Martin
*1920 – 1921  Alois B. Graham
*1921 – 1922  Granville S. Hanes
*1922 – 1923  Emmett H. Terrell
*1923 – 1924  Ralph W. Jackson
*1924 – 1925  Frank C. Yeomans
*1925 – 1926  Descum C. McKenney
*1926 – 1927  William H. Kiger
*1927 – 1928  Louis A. Buie
*1928 – 1929  Edward G. Martin
*1929 – 1930  Walter A. Fansler
*1930 – 1931  Dudley Smith
*1931 – 1932  W. Oakley Hermance
*1932 – 1933  Curtice Rosser
*1933 – 1934  Curtis C. Mechling
*1934 – 1935  Louis A. Buie
*1935 – 1936  Frank G. Runyeon
*1936 – 1937  Marion C. Pruitt
*1937 – 1938  Harry Z. Hibshman
*1938 – 1939  Dudley Smith

*1939 – 1940  Martin S. Kleckner
*1940 – 1941  Clement J. Debere
*1941 – 1942  Frederick B. Campbell
*1942 – 1944  Homer I. Silvers
*1944 – 1946  William H. Daniel
*1946 – 1947  Joseph W. Ricketts
*1947 – 1948  George H. Thiele
*1948 – 1949  Harry E. Bacon
*1949 – 1950  Louis E. Moon
*1950 – 1951  Hoyt R. Allen
*1951 – 1952  Robert A. Scarborough
*1952 – 1953  Newton D. Smith
*1953 – 1954  W. Wendell Green
*1954 – 1955  A.W. Martin Marino, Sr.
*1955 – 1956  Stuart T. Ross
*1956 – 1957  Rufus C. Alley
*1957 – 1958  Julius E. Linn
*1958 – 1959  Karl Zimmerman
*1959 – 1960  Hyrum R. Reichman
*1960 – 1961  Walter A. Fansler
*1961 – 1962  Merrill O. Hines
*1962 – 1963  Robert J. Rowe
*1963 – 1964  Robert A. Scarborough
*1964 – 1965  Garnet W. Ault
*1965 – 1966  Norman D. Nigro
*1967 – 1968  Raymond J. Jackman
*1968 – 1969  Neil W. Swinton
*1969 – 1970  James A. Ferguson
*1970 – 1971  Walter Birnbaum
*1971 – 1972  Andrew Jack McAdams
*1972 – 1973  John E. Ray
*1974 – 1975  Rupert B. Turnbull
*1975 – 1976  Patrick H. Hanley
*1978 – 1979  Donald M. Gallagher
*1979 – 1980  Stuart H.Q. Quan

*1981 – 1982  Bertram A. Portin
1983 – 1984  Stanley M. Goldberg
*1985 – 1986  Eugene P. Salvati
1987 – 1988  Frank J. Theuerkauf
1988 – 1989  Heran Abcarian
1990 – 1991  Peter A. Volpe
1992 – 1993  W. Patrick Mazier
1993 – 1994  Samuel B. Labow
1994 – 1995  Philip H. Gordon
1996 – 1997  David A. Rothenberger
1997 – 1998  Ira J. Kodner
1998 – 1999  Lee E. Smith
1999 – 2000  H. Randolph Bailey
*2000 – 2001  John M. MacKeigan
2001 – 2002  Robert D. Fry
2004 – 2005  Bruce G. Wolff
2006 – 2007  Lester Rosen
*2007 – 2008  W. Douglas Wong
2008 – 2009  Anthony J. Senagore
2009 – 2010  James W. Fleshman
2010 – 2011  David E. Beck
2011 – 2012  Steven D. Wexner
2012 – 2013  Alan G. Thorson
2013 – 2014  Michael J. Stamos
2014 – 2015  Terry C. Hicks
2015 – 2016  Charles E. Littlejohn
2016 – 2017  Patricia L. Roberts
2017 – 2018  Guy R. Orangio

*Deceased
Saturday, June 1
Workshop
CME Credit Hours: 5

**Advanced Robotics for the Practicing Surgeon**

7:00 am – Noon
Room: Global Center Ballroom B
Registration Required • Member Fee: $670 • Non-Member Fee: $800 • Limit: 20 participants

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

- Applied Medical
- ConMed
- Intuitive
- Medtronic

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

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

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

**Gap Analysis:**

**What Is:** Easily available resources to guide surgeons wishing to adopt robotic surgery are limited, especially hands-on sessions. Standardization of procedures according to best practices is also lacking in robotic surgery. And, access to new systems on cadavers if limited.

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

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

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

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

**Faculty:**
Lilian Chen, MD, Boston, MA
I. Emre Gorgun, MD, Cleveland, OH
Nell Maloney Patel, MD, New Brunswick, NJ
Joshua Waters, MD, Indianapolis, IN
Rectal prolapse is a relatively common debilitating condition with both functional and anatomic sequelae.

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

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

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

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

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

Objectives: At the conclusion of this session, participants should be able to:
1. Explain ventral rectopexy, indications and long-term outcomes.
2. Describe surgical steps for Ventral Rectopexy using a minimally-invasive approach such as laparoscopy or robotics.
3. Distinguish how to avoid and how deal with surgical complication after prolapse surgery.

Co-Directors: Brooke Gurland, MD, Stanford, CA
Andrew Stevenson, MD, Brisbane, Australia
Saturday, June 1

Advanced Methods for the Management of Rectal Prolapse (continued)

Didactic Session only - CME Credit Hours: 4.5

7:30 am - Noon
Room: 26A-C

7:30 am  Introduction
Brooke Gurland, MD, Stanford, CA
Andrew Stevenson, MD, Brisbane, Australia

7:40 am  Principles and Evolution of Procedures for Rectal Prolapse
Anders Mellgren, MD, PhD, Chicago, IL

7:55 am  VR - Evolution of Technique and Long-Term Outcomes
Oliver Jones, MD, Southampton Hants, United Kingdom

8:10 am  Testing? What Helps Me Prior to Prolapse/VR Repair?
Amy Thorsen, MD, Minneapolis, MN

8:25 am  Synthetic vs. Biologic - The “Mesh” Debate
James Ogilive, Jr., MD, Grand Rapids, MI

8:40 am  Patient Selection: Should Everyone Get a VR?
Liliana Bordeianou, MD, Boston, MA

8:55 am  Robotic VR Surgery Video: How I Do It
Joseph Carmichael, MD, Orange, CA

9:10 am  LVR Surgery Video: How I Do It
Pierpaolo Sileri, MD, PhD, Rome, Italy

9:30 am  Questions and Answers

9:50 am  Break

10:00 am  Is VR the Panacea for Obstructed Defecation Syndrome
Oliver Jones, MD, Southampton Hants, United Kingdom

10:10 am  Dealing with Recurrent Rectal Prolapse
Brooke Gurland, MD, Stanford, CA

10:25 am  Management and Prevention of VR Complications
Pierpaolo Sileri, MD, PhD, Rome, Italy

10:45 am  Top Ten Tips for VR - Synthetics
Oliver Jones, MD, Southampton Hants, United Kingdom

10:55 am  Top Ten Tips for VR - Biologics
Andrew Stevenson, MD, Brisbane, Australia

11:05 am  Top Ten Tips to Avoid Complications
Ian Paquette, MD, Cincinnati, OH

11:15 am  Panel Discussion and Case Presentations
James Ogilvie, Jr., MD, Grand Rapids, MI

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

Hands-on Workshop  SOLD OUT
Room: Global Center Ballroom B

1:00 pm  Simulation Demonstration/Laparoscopic and Robotic to Describe Procedure Steps with Models with Step-by-Step Live Demonstration by the Experts
All Faculty

1:30 pm  Hands-on Participation Begins
(Robotics and Laparoscopic)
The standard of care in rectal cancer treatment requires multi-disciplinary team assessment and strategies with Total Mesorectal Excision (TME) at the cornerstone of curative resection. Despite the demonstrated short-term clinical benefits over traditional open TME, minimally invasive abdominal approaches have failed to overcome the formidable challenge of accessing the deep pelvis to achieve distal rectal transection with negative margins and an intact mesorectum.

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

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

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

**Gap Analysis:**

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

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

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

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

**Co-Directors:**

- Justin Maykel, MD, Worcester, MA
- Patricia Sylla, MD, New York, NY
Saturday, June 1

Transanal Total Mesorectal Excision (taTME) (continued)

Rooms: Grand Ballroom C

Didactic session only - CME Credit Hours: 4.5

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

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

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

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

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

9:35 am  Questions and Answers

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

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

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

10:20 am  Questions and Answers

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

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

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

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

11:45 am  Questions and Answers

Noon  Adjourn

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

Hands-on Session
Room: Global Center Ballroom A

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

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

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

Pursestring Stations: Rotating Faculty

4:15 pm  Debrief

4:30 pm  Adjourn
Most physicians entering practice following completion of their clinical training are poorly prepared for the non-clinical aspects of the practice of medicine. Whether joining a small single specialty practice or becoming part of a large healthcare system, physicians have had little formal education and training in what is broadly described as the “business of medicine.”

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

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

**Gap Analysis:**

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

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

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

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

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

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**Saturday, June 1**

**Symposium**

CME Credit Hours: 3.75

**Practice Management**

8:00 am – Noon
Room: 1
No charge
### Saturday, June 1

**Practice Management** *(continued)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>8:00 am</td>
<td>Introduction</td>
<td>Jeffrey Cohen, MD, Hartford, CT, Jennifer Rea, MD, Lexington, KY</td>
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<tr>
<td>8:05 am</td>
<td>Practice Organization &amp; Culture</td>
<td>Jeffrey Cohen, MD, Hartford, CT, Daniel Herzig, MD, Portland, OR</td>
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<tr>
<td>8:45 am</td>
<td>Contracting – Financial Structure</td>
<td>Jason Mizell, MD, Little Rock, AK</td>
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<tr>
<td>9:05 am</td>
<td>Contracting – Legal Considerations</td>
<td>David Mack, JD, MPH, Hartford, CT</td>
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<tr>
<td>9:25 am</td>
<td>Break</td>
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<tr>
<td>9:40 am</td>
<td>Practice Management – Understanding Practice Finances</td>
<td>Charles Papp, MD, Lexington, KY</td>
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<tr>
<td>10:00 am</td>
<td>Practice Management – Operational Models &amp; Metrics</td>
<td>Juan Nogueras, MD, Weston, FL</td>
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<tr>
<td>10:20 am</td>
<td>Practice Management – Personal Clinical Practice Design</td>
<td>Teresa deBeche-Adams, Orlando, FL</td>
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<tr>
<td>10:40 am</td>
<td>Practice Growth &amp; Development – Developing Relationships</td>
<td>Jennifer Rea, MD, Lexington, KY</td>
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<tr>
<td>11:00 am</td>
<td>Practice Growth &amp; Development – Scope of Practice</td>
<td>Walter Peters, Jr., MD, Dallas, TX</td>
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<tr>
<td>11:20 am</td>
<td>Group/Panel Discussion</td>
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<tr>
<td>Noon</td>
<td>Adjourn</td>
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</table>
Saturday, June 1
Workshop
CME Credit Hours: up to 5

**Young Surgeons Mock Orals and More**

Track One: 12:30 – 5:00 pm, Residents/Fellows-in-Training
Track Two: 12:30 – 5:30 pm, Physicians in Practice Applying for Board Certification
Room: 5

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

To achieve certification by The American Board of Colon and Rectal Surgery (ABCRS), a candidate must pass a Written Examination (Part I) and an Oral Examination (Part II). The Oral Examination is taken once the candidate passes the Written Examination. Its objective is to evaluate candidates’ clinical experience, problem-solving ability and surgical judgment, and to ascertain the candidate’s knowledge of the current literature on colon and rectal diseases and surgery. Additionally, despite years of intensive surgical training, most fellows and faculty receive very little instruction on how to navigate through the obstacles faced while starting practice. The workshop aims to prepare candidates for these examinations and address critical needs of current fellows and recent graduates.

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

In addition, a mini-symposium with topics related to board review, transition to practice, academic success, and transition of careers. This mini-symposium will be tailored to the participating tracks, i.e. current ACGME fellows or those physicians in practice applying for board certification.

**Gap Analysis:**

What Is: No high quality formal mock examination review courses exist to prepare recent colorectal fellowship graduates for the oral examination.

What Should Be: Recent graduates from fellowships should be well prepared for this examination which is essential for board certification. In addition, early career advice and support is key to improving success of young colorectal surgeons.

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

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

**Co-Directors:** Jennifer Davids, MD, Worcester, MA
Jason Mizell, MD, Little Rock, AR
Saturday, June 1

**Young Surgeons Mock Orals and More (continued)**

Room: 5

**Track 1**
(Residents/Fellows-in-Training):

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

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

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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| 12:30 pm | **Mock Oral Overview**  
Jason Mizell, MD, Little Rock, AR |
| 1:00 pm | **Mini-symposium for Physicians**  
**Must Know Topics for the Oral Examination**  
Carrie Peterson, MD, Milwaukee, WI  
**Avoiding Pitfalls of the Mock Oral Exam**  
Sean Langenfeld, MD, Omaha, NE  
**Building Your Practice and Defining Your Niche**  
Timothy Ridolfi, MD, Milwaukee, WI  
**How to Make the Most out of Your First 5 Years of Practice**  
Joselin Anandam, MD, Dallas, TX  
**Teaching and Mentoring While You are Just Getting Your Own Feet Wet**  
Muneera Kapadia, MD, Iowa City, IA |
| 3:00 pm | **Break** |
| 3:15 pm | **Small Group Mock Oral Exam**  
Benjamin Abbadessa, MD, San Diego, CA  
Jennifer Agnew, MD, New York, NY  
Joselin Anandam, MD, Dallas, TX  
Ellen Bailey, MD, Columbus, OH  
Jeffrey Barton, MD, New Orleans, LA  
Anuradha Bhamma, MD, Cleveland, OH  
Samuel Eisenstein, MD, La Jolla, CA  
Michelle Cowan, MD, Aurora, CO  
Ray Daugherty, Jr., MD, Baton Rouge, LA  
Marjun Philip Duldulao, MD, Los Angeles, CA  
Ziad Kronfol, MD, El Paso, TX  
Nelya Melnitchouk, MD, Boston, MA  
Conan Mustain, MD, Little Rock, AR  
Carrie Peterson, MD, Milwaukee, WI  
Tal Raphaeli, MD, Humble, TX  
Timothy Ridolfi, MD, Milwaukee, WI  
Steven Scarcliff, MD, Birmingham, AL  
Karen Sherman, MD, Raleigh, NC  
Gabriela Vargas, MD, Salt Lake City, UT |
| 5:30 pm | **Adjourn** |
Advanced practice providers (APP’s) and other allied health members have become a crucial part of health care teams and are providing front-line care to colorectal surgery patients. The annual meeting of the American Society of Colon and Rectal Surgeons (ASCRS) provides a time for all members of the surgical team to come together for an integrative presentation of different topics relevant to their daily practice. This symposium will allow protected time for APP’s to come together with their surgeon partners and other allied health members to further their knowledge on timely topics, as colorectal surgical teams become more diverse and utilize APP’s in increasingly complex roles.

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

What should be: Physicians should have a better understanding of how to best integrate APP’s into everyday practice in a collaborative manner that benefits all parties, including the patient. The furthering of APP’s and physicians’ knowledge as it applies to their complimentary roles in patient care should be fostered by time at the ASCRS annual scientific meeting. As an integral part of the surgical care team, APP’s and other allied health members require specific education and insight to improve the care they provide on a daily basis. The ASCRS should provide opportunities to further the development and broad reach of the APP role in the practice of colorectal surgery. Professional growth of APP’s should be promoted, and members of the ASCRS should better understand how to foster the professional growth and education of APP’s.

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

Co-Directors: Bethany Bandi, PA-C, Cleveland, OH  
Kelly Tyler, MD, Springfield, MA
Saturday, June 1

Advanced Practice Provider/Allied Health (continued)

1:00 pm – 5:00 pm
Room: Grand Ballroom C

1:00 pm  Welcome and Introduction
Bethany Bandi, PA-C, Cleveland, OH
Kelly Tyler, MD, Springfield, MA

1:10 pm  The MD/APP Relationship in Colorectal Practice: The Basics of Making it Work
Brittany Leano, PA-C, Chicago, IL
Michael McGee, MD, Chicago, IL

1:30 pm  Our Model of Clinical Coordination Between APP’s and MD’s
Janet Mcdade, NP, Worcester, MA
Karim Alavi, MD, Worcester, MA

1:50 pm  Through the Years: The Maturing Joint Practice
Donya Woconish, CNP, Cleveland, OH
Sharon Stein, MD, Cleveland, OH

2:10 pm  Academia and the APP: Joint Scholarly Practice Employing Evidence-Based Care and Recovery
Lieba Savitt, NP, Boston, MA
Hiroko Kunitake, MD, Boston, MA

2:30 pm  What is the Financial Benefit and Legalese of Having an APP? Successful Transition of an APP into Colorectal Practice
Priscilla Marsicovetere, JD, PA-C, Lebanon, NH
S. Joga Ivatury, MD, MHA, Lebanon, NH

2:50 pm  Break

3:00 pm  Providing Quality Care in Transition from the Inpatient to Outpatient Setting
Marcia A. Dinsmore, FNP, Rochester, NY
Jenny Speranza, MD, Rochester, NY

3:20 pm  Improving Patient Experience
Bethany Bandi, PA-C, Cleveland, OH
Sherief Shawki, MD, Cleveland, OH

3:40 pm  Day to Day: Case Scenarios in Joint Patient Care
Jennifer Nalepinski, DNP, FNP-BC, Springfield, MA
Kelly Tyler, MD, Springfield, MA

4:00 pm  Expanding the APP Role Beyond Clinical Care
Jenna Jeganathan, PA-C, Cleveland, OH

4:20 pm  Panel Discussion/Closing Remarks

5:00 pm  Adjourn
Saturday, June 1
Workshop
CME Credit Hours: 3

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

1:00 – 4:00 pm  
Room: 3  
Registration Required · Limit: 70 participants · No Charge

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

**Gap Analysis**

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

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

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

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

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 1:00 pm| Introduction  
Glenn Ault, MD, MSEd, Los Angeles, CA  
Kirsten Wilkins, MD, Edison, NJ |
| 1:05 pm| Key Concept – The True Foundation of a Good Question  
Charles Friel, MD, Charlottesville, VA |
| 1:25 pm| The Stem – The Makings of a Good Question  
Shane McNevin, MD, Spokane, WA |
| 1:45 pm| The Answers – They Can Ruin a Great Stem  
Eric Johnson, MD, Cleveland, OH |
| 2:05 pm| Finalizing Questions – Rescue and Salvage  
Glenn Ault, MD, MSEd, Los Angeles, CA |
| 2:20 pm| Critiques – Painful but Very Important  
Kirsten Wilkins, MD, Edison, NJ |
| 2:40 pm| Break |
| 2:50 pm| The Art of Writing an Oral Examination Question  
Judith Trudel, MD, Minneapolis, MN |
| 3:10 pm| Let’s Write Questions  
All Faculty |
| 3:40 pm| Question Review  
All Faculty |
| 4:00 pm| Adjourn |
Saturday, June 1

The U.S. - China Colorectal & Anal Surgery Symposium
No CME

5:15 - 6:30 pm
Room: HILTON: Hope Ballroom A/B, 3rd Floor,
No charge

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

Co-Directors: Zhongtao Zhang, MD, PhD
Beijing, Peoples Republic of China, CNSCRS
President

Chuan-Gang Fu, MD, PhD
Shanghai, Peoples Republic of China,
SCARS, Chairman

David A. Margolin, MD
New Orleans, LA, United States,
ASCRS President

Guy R. Orangio, MD
New Orleans, LA, United States,
Past President ASCRS

5:30 pm
TATME in the North of China
Hongwei Yao, MD, PhD, Beijing,
Peoples Republic of China,
General Secretary, CNSCRS

Colorectal Education in America.
An Experts Opinion
Jennifer Beaty, MD, Omaha, NE, United States

Co-Moderators: Chuan-Gang Fu, MD, PhD
Shanghai, Peoples Republic of China,
CSARS, Chairman
David A. Margolin, MD,
New Orleans, LA, United States,
ASCRS President
Hongwei Yao, MD, PhD,
Beijing, Peoples Republic of China,
General Secretary, CNSCRS

5:15 pm
Introduce the Societies Correlated with
Colorectal Surgery in China
Chuan-Gang Fu, MD, PhD, Shanghai,
Peoples Republic of China, CSARS, Chairman

Introduction of the American Society of Colon
and Rectal Surgeons (ASCRS)
David A. Margolin, MD, New Orleans, LA,
United States, ASCRS President

5:20 pm
TaTME in the South of China
Jiang Kang, MD, Guangzhou,
Peoples Republic of China

5:40 pm
Surgical Residents Training and
Qualifications in China
Ke-Wei Jiang, MD, Beijing,
Peoples Republic of China

6:00 pm
Questions and Discussion

5:50 pm
The U.S. - China Colorectal &
Anal Surgery Reception (Invitation Only)

6:30 – 7:30 pm
The U.S. – China Colorectal &
Anal Surgery Reception (Invitation Only)
Sunday, June 2

3rd Pelvic Floor Disorders Consortium Meeting in Cleveland
7:00 - 11:00 am
Room: HILTON: Hope Ballroom E, 3rd Floor

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

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

Sunday, June 2

Symposium and Workshop
CME Credit Hours: Up to 3.75 Total

Advanced Endoscopy

7:30 - 11:30 am
Rooms: 26A-C and Global Center Ballroom C
Registration Required · Member Fee: $670 · Non-Member Fee $800 · Limit: 24 participants

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

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

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

There has been significant expansion of new techniques and instrumentation for advanced endoscopic procedures. These techniques broaden our ability to perform more complex procedures in a much less invasive way. As colorectal surgeons, we are uniquely positioned to adopt these techniques and to lead in this field.

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

Gap Analysis

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

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

Objectives: At the conclusion of this session, participants should be able to:
Sunday, June 2

Advanced Endoscopy (continued)

Didactic session only – CME Credit Hours: 1.75 Didactic Session

7:30 – 9:15 am
Room: 26A-C

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

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

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

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

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

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

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

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

8:55 am
Panel Discussion/Questions

9:15 am
Adjourn

Advanced Endoscopy
Room: Global Center Ballroom A

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

Faculty: Philip Duldulao, MD, Los Angeles, CA;
Todd Francone, MD, Boston, MA;
I. Emre Gorgun, MD, Cleveland, OH;
Christine Hsieh, MD, Los Angeles, CA;
Jennifer Hrabe, MD, Iowa City, IA;
Sang Lee, MD, Los Angeles, CA;
David Liska, MD, Cleveland, OH;
Peter Marcello, MD, Burlington, MA;
Joongho Shin, MD, Los Angeles, CA;
Toyooki Sonoda, MD, New York, NY;
Marco Tomossi, MD, San Diego, CA;
Richard L. Whelan, MD, New York, NY;
Matthew Zelhart, MD, New Orleans, LA
Sunday, June 2

Core Subject Update

CME Credit Hours: 2
MOC Credit Hours: 2

7:30 – 9:30 am
Room: Grand Ballroom A/B

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

Gap Analysis

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

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

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

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

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

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter Details</th>
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<tr>
<td>7:30 am</td>
<td>Anatomy/Physiology/Complications</td>
<td>Michael McGee, MD, Chicago, IL</td>
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<td>7:45 am</td>
<td>Discussion</td>
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<td>7:50 am</td>
<td>STD’s</td>
<td>Michelle Cowan, MD, Aurora, CO</td>
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<tr>
<td>8:05 am</td>
<td>Discussion</td>
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<tr>
<td>8:10 am</td>
<td>Constipation</td>
<td>Erin Lange, MD, Seattle, WA</td>
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<tr>
<td>8:25 am</td>
<td>Discussion</td>
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<tr>
<td>8:30 am</td>
<td>Crohn’s Disease</td>
<td>Lisa Cannon, MD, Chicago, IL</td>
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<td>8:45 am</td>
<td>Discussion</td>
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<td>8:50 am</td>
<td>Endoscopy/Polyps</td>
<td>Elise Lawson, MD, Madison, WI</td>
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<td>9:05 am</td>
<td>Discussion</td>
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<td>9:10 am</td>
<td>Advanced Colon and Rectal Cancer</td>
<td>Alessandro Fichera, MD, Chapel Hill, NC</td>
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<tr>
<td>9:25 am</td>
<td>Discussion</td>
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Critical Review of Scientific Manuscripts

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

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

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

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

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

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

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

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

Gap Analysis

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

What Should Be: As colorectal surgeons we should be familiar with the literature not only with respect to content, but with measures of quality. The ability to recognize a quality paper is an essential skill for the journal reviewer and the practicing surgeon alike.
Sunday, June 2

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

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

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

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

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

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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tr>
<td>8:00 am</td>
<td>Introduction</td>
<td>W. Donald Buie, MD, Calgary, AB, Canada</td>
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<td></td>
<td>Susan Galandiuk, MD, Louisville, KY</td>
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<tr>
<td>8:05 am</td>
<td>Observational Studies</td>
<td>Mary Kwaan, MD, Los Angeles, CA</td>
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<tr>
<td>8:20 am</td>
<td>Administrative Database Studies</td>
<td>Scott Regenbogen, MD, Ann Arbor, MI</td>
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<tr>
<td>8:35 am</td>
<td>Randomized Controlled Trials</td>
<td>Fergal Fleming, MD, Rochester, NY</td>
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<tr>
<td>8:50 am</td>
<td>Systematic Reviews &amp; Meta-Analyses</td>
<td>Karim Alavi, MD, Worcester, MA</td>
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<tr>
<td>9:05 am</td>
<td>What Happens When Reviews Disagree?</td>
<td>Susan Galandiuk, MD, Louisville, KY</td>
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<tr>
<td>9:15 am</td>
<td>Panel Discussion</td>
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<td>9:30 am</td>
<td>Adjourn</td>
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Sunday, June 2

Symposium
CME Credit Hours not available

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

Latin American Symposium
8:00 – 9:30 am
Room: Grand Ballroom C

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

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

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

8:00 am
Changes in the Surgical Management of Rectal Cancer Following Restaging after Neoadjuvant Treatment
Rodrigo Azolas, MD, Santiago, Chile

8:20 am
Radiofrequency Ablation of High-Grade Anal Dysplasia
Omar Vergara Fernandez, MD, Mexico City, Mexico

8:30 am
Rectal Prolapse: The State of the Art
Xavier Delgadillo, MD, Ginebra, Suiza, Switzerland

8:40 am
Evaluation and Treatment of Obstructed Defecation Syndrome
Gonzalo Hagerman, MD, Mexico City, Mexico

8:50 am
Discussion
All Faculty

9:30 am
Adjourn
**Simposio Latinoamericano**

8:00 - 9:30 am  
Room: Grand Ballroom C  

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

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

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

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>8:00 am</td>
<td>Cambios en el Manejo Quirúrgico Del Cáncer De Recto Después de un Nuevo Tratamiento Tras el Tratamiento Neoadyuvante</td>
<td>Rodrigo Azolas, MD, Santiago, Chile</td>
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<tr>
<td>8:20 am</td>
<td>Ablación por radiofrecuencia de la displasia anal de alto grado</td>
<td>Omar Vergara Fernández, MD, Ciudad de México, México</td>
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<tr>
<td>8:30 am</td>
<td>Prolapso rectal: El estado del arte</td>
<td>Xavier Delgadillo, MD, Ginebra, Suiza, Switzerland</td>
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<tr>
<td>8:40 am</td>
<td>Evaluación y tratamiento del síndrome de defecación obstruida</td>
<td>Gonzalo Hagerman, MD, Ciudad de México, México</td>
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<td>8:50 am</td>
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**Refreshment Break in Grand Ballroom Foyer**

9:30 - 9:45 am
Sunday, June 2
Symposium
CME Credit Hours: 2

Colorectal Surgery Research: Tips and Tricks from the Experts
9:45 – 11:45 am
Room: Grand Ballroom C

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

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

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

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

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

Looking Forward: How Surgeons Can Contribute to the National Research Agenda
Rocco Ricciardi, MD, Boston, MA

Overview of CCFA-ASCRS Surgical Research Alliance
Neil Hyman, MD, Chicago, IL

Example of CCFA-ASCRS Project: Early Closure of Ostomy After IPAA
Jon Vogel, MD, Denver, CO

Overview of Alliance and Example of Program: OPTIsurg
George Chang, MD, Houston, TX

Disseminating Research Findings Through Traditional as well Alternative Channel
Deborah Keller, MD, New York, NY

Conflicts of Interest
W. Donald Buie, MD, Calgary, AB, Canada

Wait, I Don’t Work at University of Michigan: How Do I Do This?
Samuel Oommen, MD, Walnut Creek, CA

There is No Such Thing as a Free Lunch: Funding Your Next Big Thing with the ASCRS Research Foundation
Elizabeth Wick, MD, San Francisco, CA

Panel

Adjourn
Sunday, June 2
Symposium
CME Credit Hours: 2
MOC Credit Hours: 2

Care of the Geriatric Colorectal Patient 123456

9:45 – 11:45 am
Room: Grand Ballroom A/B

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

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

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

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

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

Objectives: At the conclusion of this session, participants should be able to:
1. Describe the main instruments to assess frailty in the everyday practice.
2. Describe effective preoperative strategies to improve patients’ performances before surgery.
3. Identify the benefit of minimally invasive surgery and of enhanced recovery protocols in the older adult population.
4. Describe the value of measuring postoperative functional outcomes, the importance of regaining independence and how this should be pursued to improve patients’ outcomes.
5. Identify the role of adjuvant and neoadjuvant therapy and their role in older adult patients while balancing over- and under-treatment.
6. Identify the true value of care along the treatment paradigm offered to our patients and which areas should be implemented based on a cost-effective approach.

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

9:45 am
Introduction and Clinical Questions
Bradley Davis, MD, Charlotte, NC
Nicole Saur, MD, Philadelphia, PA

9:55 am
How Does Frailty Assessment Impact Colorectal Cancer Treatment Decision Making?
Armin Shahrokni, MD, MPH, New York, NY

10:20 am
The Role of Prehabilitation and Optimization for Surgery. Is it Worth the Wait?
Francesco Carli, MD, Montreal, PQ, Canada

10:35 am
Minimally Invasive Surgery and Enhanced Recovery Programs Can be Safely Utilized to Improve Outcomes in Older Adult Patients
Hiroko Kunitake, MD, Boston, MA

10:50 am
Functional Outcomes are at Least as Important as Oncologic Outcomes in Older Adult Cancer Patients. Preliminary Results of the GOSAFE International, Prospective Study
Isacco Montroni, MD, PhD, Faenza, Italy

11:20 am
How Do You Reconcile the Cost and Value of Care in the Older Adult?
Fabio Potenti, MD, Weston, FL

11:25 am
Panel Discussion

11:45 am
Adjourn
Sunday, June 2
11:45 am – 12:45 pm
Complimentary Box Lunch in Exhibit Hall C

Welcome and Opening Announcements
12:45 – 1:30 pm
Room: Grand Ballroom A/B

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

Brian Kann, MD, New Orleans, LA
Program Chair

Garrett Nash, MD, New York, NY
Awards Chair

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

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

Sharon Stein, MD, Cleveland, OH
Public Relations Chair

Sean Langenfeld, MD, Omaha, NE
Social Media Chair

Humanities in Surgery Lectureship
CME Credit Hours: .75
1:30–2:15 pm
Room: Grand Ballroom A/B

Surgical Ethics and the Future of Surgery

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

Introduction: Ira Kodner, MD

Mr. Parviz Kamangar, a grateful patient, has funded this unique lectureship to remind physicians and surgeons to place compassionate care at the top of their priority list.
Sunday, June 2
Abstract Session
CME Credit Hours: 1.5

Neoplasia I

2:15 - 3:45 pm
Room: 26A-C

Co-Moderators: Jesse Joshua Smith, MD, PhD, New York, NY
Y. Nancy You, MD, Houston, TX

2:15 pm
Introduction
Jesse Joshua Smith, MD, PhD, New York, NY
Y. Nancy You, MD, Houston, TX

2:20 pm S1 Predictors of Lymph Node Metastases in Patients with Malignant Adenomatous Polyps of the Colon
A. Artinyan*, Y. Nasseri, C. Sutanto, R. Zhu, R. Sargsyan, J. Cohen, C. Wai; Los Angeles, CA

2:24 pm Discussion

2:26 pm S2 Reducing Patient Burden and Improving Data Quality with the New Cleveland Clinic Colorectal Cancer Quality of Life Questionnaire (CCF-CaQL)
A.C. Aiello*, M. Zutshi, R. Ruppert, A. Fuerst, H. Golcher, Y. Parc, S. Galandiuk, T. Hull; Cleveland, OH, Munich, Germany, Regensburg, Germany, Erlangen, Germany, Paris, France, Louisville, KY

2:30 pm Discussion

2:32 pm S3 Age-specific Colorectal Cancer Incidence Trends in England, 1974-2015: A Population-based Study Showing Increased Incidence Among Young Adults
A.C. Chambers*, S. Dixon, P. White, M.G. Thomas, D. Messenger; Bristol, Avon, United Kingdom

2:36 pm Discussion

2:38 pm S4 Short-course Radiotherapy with Perioperative System Chemoradiotherapy with Perioperative System Chemotherapy for Patients with Rectal Cancer and Synchronous Resectable Liver Metastases: A Single Center Canadian Experience
A.J. Pang, N. Alhassan, S. Faria, N. Kopek, T. Hijal, S. Liberman, P. Charlebois, B. Stein, L. Lee; Montreal, QC, Canada

2:42 pm Discussion

2:44 pm S5 Outcomes for Patients with Rectal Neuroendocrine Tumors – An NCDB Analysis
B. Zhao, N. Lopez, L. Parry, B. Abbadezza, B. Cosman, S. Ramamoorthy, S. Eisenstein; La Jolla, CA

2:48 pm Discussion

2:50 pm S6 Low Anterior Resection Syndrome: International Consensus Definition
C. Keane, E.E. Basany, L. Bordeianou, P. Christensen, N. Fearnhead, A. Mellgren, G.R. Orangio, A. Verjee, K. Wing, I. Bissett; Auckland, New Zealand, Barcelona, Spain, Boston, MA, Aarhus, Denmark, Cambridge, United Kingdom, Chicago, IL, New Orleans, LA, London, United Kingdom

2:54 pm Discussion

2:56 pm S7 Surgical Outcomes Following Salvage Abdominoperineal Resection for Anal Squamous Cell Carcinoma: A Population-Based Study
G. Ko*, S. Brogly, K. Lajkosz, D. Yu, T. Hanna, M. Kalyvas, C. Booth, S. Patel; Kingston ON, Canada

3:00 pm Discussion

3:02 pm S8 Does Re-resection of Microscopically Positive Margins Found Using Intra-operative Frozen Section Pathological Analysis Result in a Survival Benefit in Patients Undergoing Surgery for Locally Recurrent Rectal Cancer?

3:06 pm Discussion
Sunday, June 2

Neoplasia I (continued)

3:08 pm S9 Computerized Imaging Features of Primary Rectal Cancer on Baseline T2-weighted MRI May Enable Accurate Prediction of Patients Who Will Achieve Pathologic Complete Response or Non-response to Neoadjuvant Chemoradiation
J. Antunes*, A. Ofshteyn¹, A. Madabhushi¹, A. Purysko¹, E. Marderstein¹, S.L. Stein¹, M. Kalady¹, S. Viswanath¹; Cleveland, OH

3:12 pm Discussion

3:14 pm S10 National Cancer Database Analysis of Overall Survival for Rectal Cancer, Benefit or Bias?
M. Whealon*¹, J. Bleier¹, S.S. Shanmugan¹, N.M. Saur¹, C.B. Aarons¹, N. Mahmoud¹, E. Paulson¹; Philadelphia, PA

3:18 pm Discussion

3:20 pm S11 Compliance with Preoperative Elements of the American Society of Colon and Rectal Surgeons Rectal Cancer Surgery Checklist Improves Pathologic and Postoperative Outcomes
R. Garfinkle*¹, N. Morin¹, C. Vasilevsky¹, G. Ghitulescu¹, J. Faria¹, M. Boutros¹; Montreal, QC, Canada

3:24 pm Discussion

3:26 pm S12 Complete Response on Post-treatment Rectal Cancer MRI Demonstrates Poor Agreement to Pathologic Assessment
R. Jones*¹, L. Jacob¹, P. Prajapati¹, W. Peters¹, J. Fleshman¹, K.O. Wells¹; Dallas, TX

3:30 pm Discussion

3:32 pm Question and Answer

3:45 pm Adjourn
Sunday, June 2

Symposium
CME Credit Hours: 1.5
MOC Credit Hours: 1.5

Pelvic Floor: Present and Future

2:15 – 3:45 pm
Room: Grand Ballroom C

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

Gap Analysis

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

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

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

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

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

2:15 pm - Introduction
Liliana Bordeianou, MD, Boston, MA
Sarah Vogler, MD, St. Paul, MN

2:20 pm - Is Multidisciplinary Evaluation and Treatment of Patients with Pelvic Floor Disorders Worth the Bother?
Madhulika Varma, MD, San Francisco, CA

2:30 pm - Urogynecologic Physical Exam 101: You Too Can POP-Q, Do You Want To?
Charles Rardin, MD, Providence, RI

2:40 pm - Ventral Rectopexy Versus Colposuspension: What, Exactly, Is the Difference and Do We Need a Lawyer?
Joseph Carmichael, MD, Orange, CA
Beri Ridgeway, MD, Cleveland, OH

2:50 pm - Sacral Nerve Stimulation for All? Limitations and Misgivings
Ian Paquette, MD, Cincinnati, OH

3:00 pm - Obstructive Defecation Syndrome – Do Colorectal Surgeons Really Have Anything to Offer?
Konstantin Umanskiy, MD, Chicago, IL

3:10 pm - Case Presentations: And You Thought You Knew It All!
Liliana Bordeianou, MD, Boston, MA
Sarah Vogler, MD, St. Paul, MN

3:45 pm - Adjourn
Sunday, June 2
Symposium
CME Credit Hours: 1.5
MOC Credit Hours: 1.5

Decreasing Complications of Pain Management by Enhanced Recovery Strategies

Supported in part by Applied Medical

2:15 – 3:45 pm
Room: Grand Ballroom A/B

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

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

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

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

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

Objectives: At the conclusion of this session, participants should be able to:
1. Recognize the impact perioperative exposure has on the opioid epidemic.

2. Describe preventive measures that reduce the chance postoperative opioid dependency.

3. Describe best Enhanced Recovery, multimodal pain management practices to minimize perioperative opioid use and opioid complications, in opioid naive and chronic opioid users.

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

Daniel Chu, MD, Birmingham, AL
Jacquelyn Turner, MD, Atlanta, GA

2:20 pm Opioid Epidemic and the Surgical Patient, A Global Perspective
Mattias Soop, MD, PhD, Altrincham, United Kingdom

2:35 pm Perioperative Pain Management: An Update of Multi-modal Strategies
Traci Hedrick, MD, Charlottesville, VA

2:50 pm Decreasing Postoperative Complications in the Opioid Dependent
Ian Bissett, MD, Auckland, New Zealand

3:05 pm Order Sets Do Fix Everything: Understanding Why Some Patients Need More or Different Pain Management Plans
Anthony Senagore, MD, Kalamazoo, MI

3:20 pm Opioid-free Operations, Possible? An Anesthesiologist’s Perspective
Michael Manning, MD, PhD, Durham, NC

3:35 pm Panel Discussion

3:45 pm Adjourn

Spanish Translation
Sunday, June 2
Abstract Session
CME Credit Hours: 1.5

Research Forum

4:15 – 5:45 pm
Room: 26A-C

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

2:15 pm
Introduction
Joseph Carmichael, MD, Orange, CA
Karen Zaghiyan, MD, Los Angeles, CA

4:20 pm
RF1 Metformin as an Alternative to 5FU as Radiosensitizer for Rectal Cancer Management - Results of In-vitro and In-vivo Treatment of Colorectal Cancer Cell Lines
R. Perez‡, B. Borba Vailati‡, G. Pagin São Julião‡, P. Fontes Asprino‡, A. Aranha Camargo‡, A. Habr-Gama‡, E.T. Costa‡; Sao Paulo, Sao Paulo, Brazil

4:26 pm
Discussant
Russell Farmer, MD, Louisville, KY

4:30 pm
Question and Answer

4:32 pm
RF2 The Radiation-Induced Senescence-Associated Secretory Phenotype of Colorectal Fibroblasts Stimulates Colorectal Cancer Stem Cell Progression
A.D. Adams‡, A. Macel, J. DeVecchio‡, D. Liska‡, M. Kalady‡; Cleveland, OH

4:38 pm
Discussant
Elise Lawson, MD, Madison, WI

4:42 pm
Question and Answer

4:44 pm
RF3 Glacial Acetic Acid-Induced Ulcerative Colitis Lesions Improve after Oral Calcium Carbonate Nanoparticle Therapy in a Rat Model
V.M. Baratta‡, M. Barahona‡, D. Mulligan‡, J. Geibel‡; New Haven, CT

4:50 pm
Discussant
Emily Steinghagen, MD, Cleveland, OH

4:54 pm
Question and Answer

4:56 pm
RF4 Investigating Exosomal miRNAs and Proteins Derived from Colorectal Tissue and Plasma in the Progression of Colorectal Cancer
L. Hellmers‡, J. Sheng‡, D. Guanzon‡, G. Maresh‡, A. Klinger, H. Green‡, X. Zhang‡, C. Salomon Gallo‡, L. Li‡, D.A. Margolin‡; New Orleans, LA, Brisbane, Queensland, Australia

Discussant
Amy Lightner, MD, Rochester, MN

5:02 pm
RF5 Colitis-associated Cancer Primary Organoids Demonstrate Stemlike Phenotype and Function
R. Fisher‡, S. Kamali Sarvestani‡, J. Stiene‡, D. Kreienberg‡, E. Huang‡; Cleveland, OH

Discussant
Raul Bosio, MD, Sylvania, OH

5:06 pm
RF6 Institutional Validation of a Readmission Risk Calculator for Elective Colorectal Surgery
C. Harnsberger†, S.S. Hill†, A. Wyman†, C.M. Hoang†, J. Davids†, P. Sturrock†, J. Maykel†, K. Alavi†; Worcester, MA

Discussant
Ian Paquette, MD, Cincinnati, OH

5:14 pm
RF7 “Real World” Adherence to an ERAS Pathway at a Tertiary Medical Center: Results and Qualitative Analysis of Patterns in Provider Non-adherence to ERAS Pathway
E. Roth†, D. Wong†, V. Poylin†, T. Cataldo†; Boston, MA

Discussant
Sunil Patel, MD, Kingston, ON, Canada

5:26 pm
RF8 Investigating Exosomal miRNAs and Proteins Derived from Colorectal Tissue and Plasma in the Progression of Colorectal Cancer
L. Hellmers‡, J. Sheng‡, D. Guanzon‡, G. Maresh‡, A. Klinger, H. Green‡, X. Zhang‡, C. Salomon Gallo‡, L. Li‡, D.A. Margolin‡; New Orleans, LA, Brisbane, Queensland, Australia

Discussant
Amy Lightner, MD, Rochester, MN

5:30 pm
RF9 Colitis-associated Cancer Primary Organoids Demonstrate Stemlike Phenotype and Function
R. Fisher‡, S. Kamali Sarvestani‡, J. Stiene‡, D. Kreienberg‡, E. Huang‡; Cleveland, OH

Discussant
Raul Bosio, MD, Sylvania, OH

5:32 pm
RF10 Institutional Validation of a Readmission Risk Calculator for Elective Colorectal Surgery
C. Harnsberger†, S.S. Hill†, A. Wyman†, C.M. Hoang†, J. Davids†, P. Sturrock†, J. Maykel†, K. Alavi†; Worcester, MA

Discussant
Ian Paquette, MD, Cincinnati, OH

5:38 pm
RF11 “Real World” Adherence to an ERAS Pathway at a Tertiary Medical Center: Results and Qualitative Analysis of Patterns in Provider Non-adherence to ERAS Pathway
E. Roth†, D. Wong†, V. Poylin†, T. Cataldo†; Boston, MA

Discussant
Sunil Patel, MD, Kingston, ON, Canada

5:42 pm
Question and Answer

5:45 pm
Adjourn
Sunday, June 2

Symposium
CME Credit Hours: 1.5
MOC Credit Hours: 1.5

What’s New in Ulcerative Colitis?

4:15 – 5:45 pm
Room: Grand Ballroom A/B  

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

Gap Analysis

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

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

Objectives: At the conclusion of this session, participants should be better able to:
1. Develop a treatment strategy for patients with ulcerative colitis and mucosal dysplasia.
2. Evaluate the efficacy of modern medical therapy for ulcerative colitis.
3. Recognize the role of robotic techniques for ulcerative colitis surgery.
4. List the strengths and weaknesses of the “modified 2-stage” approach for ileal pouch surgery.
5. Manage patients with complications after ileal pouch surgery.

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

4:15 pm  Introduction  
Stefan Holubar, MD, MS, Cleveland, OH  
Jon Vogel, MD, Denver, CO

4:20 pm  Medical Therapy for Ulcerative Colitis: Anti-TNF and Beyond  
Paulo Kotze, MD, Curitiba, Brazil

4:27 pm  Dysplasia in UC: Chromo-endoscopy or Colectomy?  
Susan Gearhart, MD, Baltimore, MD

4:34 pm  Modified 2-Stage IPAA: Is the Benefit Worth the Risk?  
Timothy Sadiq, MD, Chapel Hill, NC

4:43 pm  Minimally Invasive IPAA – Laparoscopy or Robot?  
Mukta Krane, MD, Seattle, WA

4:50 pm  Panel #1 Questions and Answers  
Stefan Holubar MD, MS, Cleveland, OH

5:03 pm  Transanal-IPAA: Really?  
Willem Bemelman, MD, PhD, Vinkeveen, The Netherlands

5:10 pm  Ileal Pouch Failure: Interventional Endoscopy  
Bo Shen, MD, Cleveland, OH

5:17 pm  Ileal Pouch Failure: J- to Redo J- or S-Pouch – Tricks of the Trade  
Jean Ashburn, MD, Winston-Salem, NC

5:24 pm  Ileal Pouch Failure: J-Pouch to K- Pouch - When, How, and How Do They Do?  
David Dietz, MD, Cleveland, OH

5:33 pm  Panel #2 Questions and Answers  
Moderator: Jon Vogel, MD, Denver, CO

5:45 pm  Adjourn
Sunday, June 2

Symposium
CME Credit Hours: 1.5

The Evolving Landscape of Colorectal Surgical Education

Supported in part by Applied Medical

4:15 – 5:45 pm
Room: Grand Ballroom C

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

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

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

Objectives: At the conclusion of this session, participants should be able to:
1. Describe the current state of colorectal fellowship training and application process.
2. Discuss the colorectal surgery Maintenance of Certification Process.
3. Discuss how CREST can be used during fellowship and throughout practice.

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

Welcome and Introduction
Jennifer Beaty, MD, Omaha, NE
Craig Reickert, MD, Detroit, MI

Fellowship Program Application Process and the Standard Letter
Robert Cleary, MD, Ann Arbor, MI

Surgical Cases in Colorectal Fellowship...
The Numbers
Gerald Isenberg, MD, Philadelphia, PA

Robotics Curriculum
Amir Bastawrous, MD, Seattle, WA

CREST Update
Eric Johnson, MD, Cleveland, OH

4 Years of General +2 Years Colorectal Surgery
Yes, No, Maybe So?
Glenn Ault, MD, Los Angeles, CA

MOC Process and CertLink
Jan Rakinic, MD, Springfield, IL

Panel Discussion/Q&A

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

Sunday, June 4
7:00 – 11:00 pm

Supported by Pacira Pharmaceuticals

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

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

The Research Foundation will join forces with ASCRS to welcome all at this reception.
Monday, June 3

Meet the Professor Breakfasts

CME Credit Hours: 1
7:00 – 8:00 am

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

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

**M-1**

HIPEC for Colorectal Carcinomatosis - What is the Current Status?
Room: 10
Jose Guillem, MD, New York, NY
Scott Steele, MD, MBA, Cleveland, OH

**M-2**

From Instructor to Chair - Academic Development and Promotion
Room: 11
Jonathan Efron, MD, Baltimore, MD
Evangelos Messaris, MD, Hershey, PA

**M-3**

Treatment of Rectourethral/Rectovaginal Fistula in a Radiated Field
Room: 12
Suzanne Gillern, MD, Honolulu, HI
John Migaly, MD, Durham, NC

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

1. Describe the procedures and approaches discussed in this session.
Monday, June 3
Symposium
CME Credit Hours: 1

Coffee and Controversies: Leela Prasad Memorial Debates
7:00 – 8:00 am
Room: Grand Ballroom A/B

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

Debate #1:
The Surgical Robot: Expensive Beast or Cost Saver?
7:00 – 7:30 am

Debate #2:
Intra-corporeal Anastomosis: Happy Patient or a Bridge Too Far?
7:30 – 8:00 am

Gap Analysis

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

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

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

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

Director: Eric Johnson, MD, Cleveland, OH

Debate #1:
The Surgical Robot: Expensive Beast or Cost Saver?

7:00 am
Introduction
Eric Johnson, MD, Cleveland, OH

7:05 am
Expensive Beast!
Conor Delaney, MD, PhD, Cleveland, OH

7:10 am
Cost Saver!
Amir Bastawrous, MD, Seattle, WA

7:15 am
Rebuttal Expensive Beast!
Conor Delaney, MD, PhD, Cleveland, OH

7:20 am
Rebuttal Cost Saver!
Amir Bastawrous, MD, Seattle, WA

7:25 am
Conclusion
Eric Johnson, MD, Cleveland, OH

Debate #2:
Intra-corporeal Robotic Anastomosis: Happy Patient or a Bridge Too Far?

7:30 – 8:00 am

7:30 am
Introduction
Eric Johnson, MD, Cleveland, OH

7:35 am
Happy Patient!
Jamie Cannon, MD, Birmingham, AL

7:40 am
Bridge Too Far!
Joshua Bleier, MD, Philadelphia, PA

7:45 am
Rebuttal Happy Patient!
Jamie Cannon, MD, Birmingham, AL

7:50 am
Rebuttal Bridge Too Far!
Joshua Bleier, MD, Philadelphia, PA

7:55 am
Conclusion
Eric Johnson, MD, Cleveland, OH

8:00 am
Adjourn
Monday, June 3
Abstract Session
CME Credit Hours: 1.5

Lightning Talks
8:00 – 9:30 am
Room: 26A-C

Co-Moderators: Alexander Hawkins, Nashville, TN
Dana Sands, MD, Weston, FL

8:00 am
Introduction
Alexander Hawkins, Nashville, TN
Dana Sands, MD, Weston, FL

8:08 am LT1
Overprescription of Opioids Following Outpatient Anorectal Surgery: A Single Institution Study
D. Livingston-Rosanoff1, B.L. Rademacher1, C. Glover1, M. Paulson1, E. Lawson1; 1Madison, WI

8:11 am LT2
Terminal Ileum Intubation During Screening Colonoscopy: Do I Really Need You Go That Far?
I. Sapci1, A.C. Aiello1, E. Gorgun1, C.R. Steele1, M.A. Valente1; 1Cleveland, OH

8:14 am LT3
No Need to Watch the Clock: Persistence During Laparoscopic Sigmoidectomy for Diverticular Disease
J.L. Williams1, L. Stocchi1, A.R. Bhama1, A.C. Aiello1, H. Kessler1, E. Gorgun1, C.P. Delaney1, S.R. Steele1; 1University Heights, OH

8:17 am Question and Answer for Presentations LT7, LT8, LT9 and LT10

8:24 am LT4
Analysis of Synchronously Resected Paired Primary Colorectal Cancers and Metastases Reveals Discordance in Mismatch Repair Protein Expression
C.W. Steele1, C. Roxburgh1, P.U. Horgan1; 1Laarkshire, United Kingdom

8:27 am LT5
Conditional Survival of Patients with Complete Clinical Response Managed Non-operatively - What is the Risk of Recurrence after Achieving 1-Year Disease-Free? Data from a Systematic Review with Implications for Surveillance Strategies
R. Perez1, A. Habr-Gama2, B. Borba Vailati1, L. Fernandez2, G. Pagin São Julião1, M. Dattani3, M. Kalady4, N. Figueiredo2; 1Sao Paulo, Sao Paulo, Brazil, 2Lisbon, Portugal, 3Basingstoke, United Kingdom, 4Cleveland, OH

8:30 am LT6
When Less is More: Neoadjuvant Short-Course Intensity-Modulated Radiation Therapy Followed by Consolidation Chemotherapy for Rectal Cancer is Associated with High Complete Response Rate
L.C. Duraes1, J. Efron1, S. Gearhart1, S. Fang1, C. Atallah1, A. Gabre-Kidan1, H. Chung1, B. Safar1; 1Baltimore, MD

8:33 am Question and Answer for Presentations LT4, LT5 and LT6

8:42 am LT7
Opioid Prescriptions After Colorectal Surgery Increased After Implementation of the Controlled Substances Act
S. Vemuru1, S.C. Hoang1, T. Hassinger1, C. Friel1, T. Hedrick1; 1Omaha, NE, 2Cleveland, OH

8:45 am LT8
Opioid Prescribing Patterns after Anorectal Surgery
J.A. Leinicke1, Z. Senders2, V. Carbajal2, A. Wogsland2, S.L. Stein2, E. Steinhagen2; 1Omaha, NE, 2Cleveland, OH

8:48 am LT9
Outcomes After Intracorporeal versus Extracorporeal Anastomosis in Minimally-Invasive Colorectal Surgery
K.L. Mirza1, C. Wickham1, A. Sabour1, S. Lee1, A.M. Kaiser1; 1Los Angeles, CA

8:51 am Question and Answer for Presentations LT7, LT8, LT9 and LT10

8:57 am LT10
Are There Differences in Adenoma Rates by Race for Patients Younger than 50?
A. Klinger1; 1New Orleans, LA

8:57 am LT11
Does Three-Dimensional MRI for Perianal Crohn’s Disease Help the Colorectal Surgeon? - A Prospective Study
N. Smith1, B. D’Souza1, D.C. Lam1, E. Yong1; 1Melbourne, Victoria, Australia
Monday, June 3

Lightning Talks (continued)

9:03 am  
**LT12**  Is Synoptic Reporting Necessary for Crohn’s Disease Surgical Pathology? Variability in Pathology Reports at Two Inflammatory Bowel Disease Referral Centers  
A. D’Angelo*, M.A. Krezalek\(^1\), Z. Dee\(^2\), M. Jung\(^2\), K. Zagliyan\(^2\), P. Fleschner\(^2\), A.L. Lightner\(^1\); \(^1\)Rochester, MN, \(^2\)Los Angeles, CA

9:06 am  
**LT13**  Radiofrequency Treatment for Fecal Incontinence: Longest Term Results  
O. Vergara-Fernández\(^*\), J. Arciniega-Hernández\(^1\); \(^1\)Mexico City, Mexico

9:09 am  
**LT14**  Is Intervention at Time of Visible Confirmation of External Rectal Prolapse “Too Little, Too Late” To Offer a Meaningful Surgical Impact on Patient Bowl Function?  
P.M. Cavallaro\(^*\), L.R. Savitt\(^1\), H. Bonnette\(^1\), C. Hunt\(^1\), K. Kennedy\(^1\), H. Kunitake\(^1\), R. Ricciardi\(^1\), L. Bordeianou\(^1\); \(^1\)Boston, MA

9:12 am  
Question and Answer for Presentations LT11, LT12, LT13 and LT14

9:18 am  
**LT15**  Defining Anastomotic Leaks Following Colorectal Surgery: Results of a National Survey  
V.T. Daniel\(^*\), K. Alavi\(^1\), J. Davids\(^1\), P. Sturrock\(^1\), C. Harnsberger\(^1\), J. Maykel\(^1\); \(^1\)Worcester, MA

9:21 am  
**LT16**  A Three-Dimensional Printed Pelvic Model is Useful for Education About Lateral Lymph Node Dissection: A Randomized Controlled Trial  
D. Hojo\(^*\), K. Murono\(^1\), H. Nozawa\(^1\), K. Kawai\(^1\), K. Hata\(^1\), T. Tanaka\(^1\), T. Nishikawa\(^1\), Y. Shuno\(^1\), M. Kaneko\(^1\), K. Sasaki\(^1\), M. Hiyoshi\(^1\), S. Emoto\(^1\), S. Hirofumi\(^1\), S. Ishihara\(^1\); \(^1\)Tokyo, Japan

9:24 am  
Question and Answer for Presentations LT15 and LT16

9:30 am  
Adjourn
Monday, June 3
Symposium
CME Credit Hours: 1.5
MOC Credit Hours: 1.5

Rectal Cancer

Supported in part by Applied Medical

8:00 – 9:30 am
Room: Grand Ballroom A/B

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

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

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

Gap Analysis

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

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

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

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

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

8:00 am  
Introduction  
Rebecca Hoedema, MD, Grand Rapids, MI  
Scott Steele, MD, MBA, Cleveland, OH

8:05 am  
Total Neoadjuvant Chemotherapy  
Matthew Mutch, MD, St. Louis, MO

8:17 am  
Beyond Organ Preservation: Selection and Failure – What Next?  
Rodrigo Perez, MD, PhD, Sao Paulo, Brazil

8:29 am  
Update on Trials in Rectal Cancer – What Does It Mean for My Patients?  
Julio Garcia-Aguilar, MD, New York, NY

8:41 am  
Recurrent Rectal Cancer – Multidisciplinary Approach  
Matthew Kalady, MD, Cleveland, OH

8:53 am  
NOSES for Rectal Cancer  
Chuan-Gang Fu, MD, PhD  
Shanghai, Peoples Republic of China

9:05 am  
Case Discussion with Panel/Questions & Answers  
Rebecca Hoedema, MD, Grand Rapids, MI  
Scott Steele, MBA, Cleveland, OH

9:30 am  
Adjourn
Monday, June 3
Symposium
CME Credit Hours: 1.5

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

Supported in part by Applied Medical

8:00 – 9:30 am
Room: Grand Ballroom C

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

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

Gap Analysis

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

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

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

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

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

8:00 am 8:09 am The Inside Scoop: Medial to Lateral Right Colectomy for Cancer
Bradley Champagne, MD, Cleveland, OH

8:14 am Bottoms Up: Inferior to Superior Mobilization for Ileocolic Crohn’s
Paul Wise, MD, St. Louis, MO

8:19 am Gimme a Hand: Hand Assisted, Top Down Right Colectomy for Cancer
Karin Hardiman, MD, PhD, Ann Arbor, MI

8:24 am Robotic Intracorporeal Ileocolic Anastomosis. Perfect Robotic Indication
Mark Soliman, MD, Orlando, FL

8:29 am Straight Sticks Ileocolic Intracorporeal Anastomosis- I’ve Got This
Sami Chadi, MD, Toronto, CANADA

8:34 am Panel Discussion on Laparoscopic Right Colectomy

8:45 am All About the Vessels and the Planes: The Right way to do the Left
Gregory Kennedy, MD, Birmingham, AL

8:49 am Insider’s Perspective: Medial to Sigmoid Colon Mobilization
Kelly Garrett, MD, New York, NY

8:54 am Familiar and Safe: Lateral to Medial Mobilization of the Sigmoid Colon
James Ogilvie, MD, Grand Rapids, MI

8:59 am Over the Top: Hand Assisted Splenic Flexure Mobilization
David Vargas, MD, New Orleans, LA

9:04 am True Medial to Lateral Splenic Flexure Mobilization: IMV First Approach
Mark Whiteford, MD, Portland, OR

9:09 am Robot: Not Just for the Pelvis Anymore: Robotic Complex Diverticular Surgery
David Larson, MD, Rochester, MN

9:14 am When You Really Need a Hand: Hand-assisted Left Colectomy for the Morbidly Obese
Jennifer Rea, MD, Lexington, KY

9:19 am Panel Discussion on Laparoscopic Left Colectomy Adjourn
Monday, June 3

Harry E. Bacon, MD, Lectureship

CME Credit Hours: .75
10:00 – 10:45 am
Room: Grand Ballroom A/B

“Challenges”

Mark Malangoni, MD
Former Associate Executive Director
American Board of Surgery
Taylor, MI

Introduction: David A. Margolin, MD

Harry Elicott Bacon, MD (1900-1981), was Professor and Chairman of the Department of Proctology at Temple University Hospital. His stellar contribution was the establishment of the Journal, Diseases of the Colon and Rectum, of which he was the Editor-in-Chief. He was a Past President of the American Society of Colon and Rectal Surgeons and the American Board of Colon and Rectal Surgery. Dr. Bacon was the founder of the International Society of University Colon and Rectal Surgeons.

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

Monday, June 3

Presidential Address

CME Credit Hours: .75
10:45 – 11:30 am
Room: Grand Ballroom A/B

Personal Adversity

David Margolin, MD, FACS, FASCRS
Professor and Director Colon and Rectal Surgical Research
The Ochsner Clinic Foundation
The University of Queensland School of Medicine,
Ochsner Clinical School

Introduction: Charles Whitlow, MD

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

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

**Monday, June 3**

**Abstract Session**

**CME Credit Hours:** 1.25

**Room:** 26A-C

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Co-Moderators</th>
<th>Presenters</th>
<th>Location</th>
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<tbody>
<tr>
<td>12:45</td>
<td>M1</td>
<td>InterStim Peripheral Nerve Evaluation (PNE) for Fecal Incontinence</td>
<td>Anders Mellgren, MD, Chicago, IL, Leslie Roth, MD, Providence, RI</td>
<td>B. Das*, A.N. Godshalk Ruggles; 1Houston, TX</td>
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<tr>
<td>12:50</td>
<td>M2</td>
<td>Botulinum Toxin A versus Electrogalvanic Stimulation for Levator Ani Syndrome: Is One a More Effective Therapy?</td>
<td>1Cleveland, OH</td>
<td>E. Nugent*, M. Beal, G. Sun, M. Zutshi; 1Cleveland, OH</td>
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<tr>
<td>12:55</td>
<td>M3</td>
<td>Patients’ Pathway in a Tertiary Referral Pelvic Floor Unit</td>
<td>K. Cuiñas*, L. Ferrari, C. Igbedioh, S. Morris, D. Solanki, A. Williams, A. Schizas, 1London, United Kingdom</td>
<td>1London, United Kingdom</td>
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<tr>
<td>1:02</td>
<td>M4</td>
<td>Making an IMPACT through Multidisciplinary Consensus: A Report from the Pelvic Floor Disorders Consortium</td>
<td>L. Bordeianou*; 1Chicago, IL</td>
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<td>1:09</td>
<td>M5</td>
<td>A Comprehensive Analysis of Bowel Function After J-pouch for Ulcerative Colitis: Are We Missing the Forest for the Trees?</td>
<td>P.M. Cavallaro*, G.C. Lee, L.R. Savitt, I. Kazaz, C. Hunt, H. Kunitake, R. Ricciardi, L. Bordeianou; 1Boston, MA</td>
<td>1Boston, MA</td>
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<td>1:23</td>
<td>M7</td>
<td>Laparoscopic Ventral Mesh Rectopexy. Is It Still A Safe Procedure?</td>
<td>L. Ferrari, K. Cuiñas*, A. Schizas, A. Williams; 1London, United Kingdom</td>
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<td>1:30</td>
<td>M8</td>
<td>Efficacy of Sacral Nerve Stimulation for Fecal Incontinence is Limited By Inconsistent Long-term Monitoring</td>
<td>M. Shenoi*, T. Reidy, D. Maun, R. Melbert, B. Tsai; 1Indianapolis, IN</td>
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**Discussion**

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<tr>
<td>1:44</td>
<td>M8</td>
<td>Efficacy of Sacral Nerve Stimulation for Fecal Incontinence is Limited By Inconsistent Long-term Monitoring</td>
<td>M. Shenoi*, T. Reidy, D. Maun, R. Melbert, B. Tsai; 1Indianapolis, IN</td>
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**Question and Answer**

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<td>2:00</td>
<td>Adjourn</td>
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**Monday, June 3**

**Symposium**  
**CME Credit Hours:** 1.25  
**MOC Credit Hours:** 1.25

**Current Management of Crohn’s Disease. Joint ASCRS/SSAT Symposium**

**12:45 – 2:00 pm**  
**Room:** Grand Ballroom C

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

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

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

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

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

Through a structured symposium focusing on both the non-operative and operative treatment of Crohn’s disease, we propose to define the role of bowel-sparing procedures, offer an approach to intra-abdominal abscesses, describe the management of recurrent disease of the terminal ileum, discuss the issues associated with neoplasia, and review the treatment options for anorectal fistulas. The symposium will thoroughly examine these disease-related issues and provide evidence-based practice guidance.

**Gap Analysis**

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

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

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

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

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

**12:45 pm**  
**Introduction**  
Amy L. Lightner, MD, Cleveland, OH  
Scott A. Strong, MD, Chicago, IL

**12:48 pm**  
**Large Bowel Disease – Ileostomy or Sphincter-Sparing Procedure**  
Luca Stocchi, MD, Cleveland, OH
Monday, June 3

**Current Management of Crohn’s Disease. Joint ASCRS/SSAT Symposium** (continued)

12:59 pm  Ileocolostomy Stenosis – Medical, Endoscopic, or Operative Management
Anthony De Buck Van Overstraeten, MD, Toronto, ON, Canada

1:10 pm  Resolved Intra-Abdominal Abscess – Medical or Operative Management
Walter Koltun, MD, Hershey, PA

1:21 pm  Simple Anorectal Fistula – Medical or Operative Management
Nicola Fearnhead, MD, Cambridge, United Kingdom

1:32 pm  Colon Neoplasia – Surveillance, Colectomy, or Proctocolectomy
Pokala Kiran, MD, New York, NY

1:43 pm  Discussion

2:00 pm  Adjourn

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Monday, June 3

Symposium
CME Credit Hours: 1.25

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

12:45 – 2:00 pm
Room: Grand Ballroom A/B  [Spanish Translation]

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

**Gap Analysis**

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

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

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

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

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

12:45 pm  **Introduction and Opening Comments**
David Etzioni, MD, Phoenix, AZ
Larissa Temple, MD, Rochester, NY

12:50 pm  **Weighing the Evidence**
Marcia Russell, MD, Los Angeles, CA

1:01 pm  **Identifying New Approaches for my Practice: How Much Evidence Before I Uptake?**
Mark Whiteford, MD, Portland, OR

1:12 pm  **Hospital as Friend or Foe: Will my Hospital Supply Chain Say Yes to A New Technology?**
John Hundt, MBA, Baltimore, MD

1:23 pm  **How Do I Monitor the Outcomes of a New Procedure?**
Scott Steele, MD, MBA, Cleveland, OH

1:34 pm  **Closing Comments**
David Etzioni, MD, Phoenix, AZ
Larissa Temple, MD, Rochester, NY

1:38 pm  **Panel Discussion**

2:00 pm  **Adjourn**
Monday, June 3
Abstract Session
CME Credit Hours: 1.5

**Basic Science**

2:00 – 3:30 pm
Room: 26A-C

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
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<tbody>
<tr>
<td>2:00 pm</td>
<td>Introduction</td>
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<tr>
<td></td>
<td>Karin Hardiman, MD, PhD, Ann Arbor, MI</td>
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<td></td>
<td>David Stewart Sr., MD, Tucson, AZ</td>
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<tr>
<td>2:05 pm</td>
<td><strong>M10</strong> Efficacy of Adipose Derived Stem Cells to Reduce Risk of Anastomotic Leak in Colorectal Surgery: A Rat Model</td>
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<td></td>
<td>A. Morgan*1, A. Zheng, K. Linden, S. Brown, J. Gaughan, F. Spitz, M. Kwiat; Woodbury, NJ</td>
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<tr>
<td>2:10 pm</td>
<td>Discussion</td>
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<tr>
<td>2:13 pm</td>
<td><strong>M11</strong> 16s rRNA Taxonomic Analysis of the Gut Mucosal Microbiome and Its Associated with the Development of Complications Following Colorectal Surgery</td>
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<td>A. Scott, N. Ladwa, J. McDonald, J.L. Alexander, J. Marchesi, J.M. Kinross; London, United Kingdom</td>
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<tr>
<td>2:18 pm</td>
<td>Discussion</td>
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<tr>
<td>2:21 pm</td>
<td><strong>M12</strong> Commensal Enterococcus Faecalis Cooperates with Plasminogen for Induction of a Migratory and Invasive Phenotype of Colon Cancer Cells</td>
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<td></td>
<td>A.J. Williamson, R. Jacobson, S. Gaines, H.Y. Koo, N. Hyman, O. Zaborina, J. Alverdy, B.D. Shogan; Chicago, IL</td>
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<tr>
<td>2:26 pm</td>
<td>Discussion</td>
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<td>2:29 pm</td>
<td><strong>M13</strong> Autophagic Induction Prevents Anal Cancer When There is Already Established Low-grade Dysplasia</td>
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<td>B.L. Rademacher, A. Auyeung, J. Chang, M. Bean, M. Gehin, E.H. Carchman; Madison, WI</td>
</tr>
<tr>
<td>2:34 pm</td>
<td>Discussion</td>
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</tbody>
</table>

**M14** Bone Marrow-derived Mesenchymal Stem Cells Promote Colorectal Cancer Progression via CCR5
G. Nishikawa*1, K. Kawada1, Y. Sakai1; 1Kyoto, Japan

**M15** Protein Tyrosine Phosphatase Receptor Type F: A Novel Target for Colorectal Cancer?
T. Gan*1, A. Stevens1, Y.M. Wen1, X. Xiong1, H. Weiss1, B.M. Evers1, T. Gao1; Lexington, KY

**M16** Changes in the Enteric Serotonin Signaling System Following Low Anterior Resection
T. Ridolfi*1, J.J. Blank1; KY. Hu, C. Peterson, K. Ludwig; Milwaukee, WI

**M17** Bone Marrow Mesenchymal Stem Cell Transplantation Can Promote the Repair of Damaged Anal Sphincter Structure and Function
X. Lid*1; Shanghai, China

**M18** The FACT Inhibitor CBL0137 Augments Radiation and Chemotherapy in Rectal Cancer and Inhibits Cancer Stem Cells
D. Liska*1, S. Xiang1, S. De1, J. DeVecchio1, S. Ferrandon, A.D. Adams1, E. Huang1, G. Stark1, M. Kalady1; Cleveland, OH

**M19** Question and Answer
Monday, June 3
Abstract Session
CME Credit Hours: 1.5

Video Session

2:00 – 3:30 pm
Room: Grand Ballroom C

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

2:00 pm
Introduction
Alessandro Fichera, MD, Chapel Hill, NC
Ali Mahmood, MD, Sugar Land, TX

2:05 pm
M20 Laparoscopic Ventral Mesh Rectopexy with
Biologic Mesh – Case Review and Video
Demonstration
G. Low*1, E. Noren1, S. Lee1; 1Los Angeles, CA

2:09 pm
Discussion

2:11 pm
M21 Transanal Minimally Invasive Surgery (TAMIS)
for Redo Proctectomy in Patients with
Chronic Anastomotic Leak
C. Harnsberger*1, K. Alavi1, J. Davids1, P. Sturrock1, C. Ellis1, J. Maykel1; 1Worcester, MA

2:15 pm
Discussion

2:17 pm
M22 ICG-guided Laparoscopic Lateral Lymph
Node Dissection in Rectal Cancer
K. Kawada*1, M. Yoshitomi1, S. Inamoto1,
Y. Itatani1, R. Mizuno1, K. Hida1, Y. Sakai1; 1Kyoto, Japan

2:21 pm
Discussion

2:23 pm
M23 Extended Right Colectomy with Complete
Mesocolic Excision
G.S. Charak*1, F.F. Quezada1, J. Garcia Aguilar1; 1New York, NY

2:27 pm
Discussion

2:29 pm
M24 Episio-proctotomy and Perineal
Reconstruction for Recurrent Rectovaginal
Fistula
S.J. Marecek*1, A. Al-Khamis1, A. Abcarian1,
K. Kochar1, J. Park2; 1Park Ridge, IL

2:33 pm
Discussion

2:35 pm
M25 Pull-through Conformal Sphincter
Preservation Operation for Ultra-low
Rectal Cancer
W. Zhang*1, G. Sun1, X. Zhu1, Z. Lou1, X. Gao1,
H. Gong1, L. Hao1, R. Meng1; 1Shanghai, China

Discussion

2:39 pm
M26 Transanal Excision of Early Anorectal
Neoplasia with Endoluminal Robotic
Platform
J. Walters*1, A.E. Graham1, V.J. Obias1; 1Washington, District of Columbia

Discussion

2:45 pm
M27 Robotic Right Hemicolectomy with
Complete Mesocolic Excision and
D3 Lymph Node Dissection
I. Hameed1, P. Aggarwal1, W.R. Martin1; 1New York, NY

Discussion

2:51 pm
M28 Transperineal Total Pelvic Exenteration in
the Prone Jackknife Position
D. Uematsu*1, G. Akiyama1, T. Sugihara1,
A. Magishi1, K. Ono1, T. Sano1; 1Saku, Japan

Discussion

2:57 pm
M29 Step-by-step Lateral-node Dissection for
Rectal Cancer – Training Minimally Invasive
Surgeons in the Cadaver Laboratory and
Differences with In vivo Dissection
R. Perez*1, B. Borba Vailati1, G. Pagin São
Julião1, M. Bum2, C. Peralta1, T. Konishi1,
G. Choi1, J. Azevedo1; 1Sao Paulo, Brazil,
2Buenos Aires, Argentina, 3Tucuman,
Argentina, 4Tokyo, Japan, 5Daegu, Korea (the Republic of)

Discussion
Monday, June 3

Video Session (continued)

3:05 pm  The ASCRS Barton Hoexter, MD, Best Video Award

**M30** Laparoscopic Lateral-node Dissection for Rectal Cancer See one, Do One & Teach One?
R. Perez*, G. Pagin São Julião, B. Borba Vailati, C.M. Cabrera Ordonez, J. Azevedo, A. Habr-Gama, L. Fernandez, T. Konishi; 1 Sao Paulo, Brazil, 2Lisbon, Portugal, 3Tokyo, Japan

3:09 pm  Discussion

3:11 pm  **M31** Mechanical Findings During Redo IPAA Referred to as “Crohn’s of the Pouch”

3:15 pm  Discussion

3:17 pm  Question and Answer

3:30 pm  Adjourn

Monday, June 3

Symposium
CME Credit Hours: 1.5

**ASCRS/ACS Partnership to Support the Colorectal Surgeon**

2:00 – 3:30 pm
Room: Grand Ballroom A/B  Spanish Translation

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

**Gap Analysis**

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

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

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

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

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

2:00 pm  Introduction
Patricia Turner, MD, Chicago, IL
Steven Wexner, MD, PhD (Hon), Weston, FL

2:05 pm  ACS Quality Programs Help Colorectal Surgeons Improve Quality Care
Clifford Ko, MD, Los Angeles, CA

2:17 pm  ACS Educational Programs for Colorectal Surgeons
Ajit Sachdeva, MD, Chicago, IL

2:30 pm  The Commission on Cancer Colorectal Surgery Programs
Heidi Nelson, MD, Rochester, MN

2:42 pm  How Advocacy and Health Policy Engagement Helps Us Help Our Patients
Frank Opelka, MD, Washington, DC

2:55 pm  Working with the ACS to Further Our Common Goals: How to Get Involved
David Hoyt, MD, Chicago, IL

3:08 pm  Panel Discussion/Questions and Answers

3:30 pm  Adjourn
Monday, June 3
Symposium
CME Credit Hours: .75

Best of the Diseases of the Colon & Rectum Journal

4:00 – 4:45 pm
Room: Grand Ballroom A/B

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

Gap Analysis

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

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

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

1. Describe the basics of the top papers published in the DC&R.
2. Distinguish the qualities of a manuscript that provides value to the practicing surgeon.
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

4:00 pm
Introduction
Susan Galandiuk, MD
Louisville, KY

4:05 pm
Accuracy of MRI in Restaging Locally Advanced Rectal Cancer After Preoperative Chemoradiation
Joris. J. van der Broek, MD
Alkmaar, the Netherlands

4:15 pm
Baseline T Classification Predicts Early Tumor Regrowth After Nonoperative Management in Distal Rectal Cancer After Extended Neoadjuvant Chemoradiation and Initial Complete Clinical Response
Rodrigo Perez, MD, PhD
São Paulo, Brazil

4:25 pm
Financial Impact of Colorectal Cancer and Its Consequences: Associations Between Cancer-Related Financial Stress and Strain and Health-Related Quality of Life
Linda Sharp, PhD
Newcastle upon Tyne, United Kingdom

4:35 pm
Elevated Venous Thromboembolism Risk Following Colectomy for IBD Is Equal to Those for Colorectal Cancer for Ninety Days After Surgery
Timothy J. Ridolfi, MD
Milwaukee, Wisconsin

4:45 pm
Adjourn
Monday, June 3

No CME Credit Awarded

**New Technologies Symposium**

Refreshments will be served.

4:45 - 6:15 pm  
Room: Grand Ballroom A/B

**Supported in part by independent educational grants from:**
- 11 Health
- Check Cap
- Heron Therapeutics
- Intuitive
- Isoray Technologies
- Surgical Safety Technologies/OR Black Box
- SafeHeal
- Verb Surgical

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

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

<table>
<thead>
<tr>
<th>Co-Directors:</th>
<th>Next Generation Ostomy Care: The Alfred SmartBag System</th>
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<tbody>
<tr>
<td></td>
<td>Samuel Eisenstein, MD, San Diego, CA</td>
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<tr>
<td>4:45 pm</td>
<td>Question and Answer</td>
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<tr>
<td><strong>Introduction</strong></td>
<td>Fluorescence-imaging in Colorectal Surgery: Next Generation and Beyond</td>
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<td>Roel Hompes, MD, Oxfordshire, United Kingdom</td>
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<td>4:46 pm</td>
<td>Question and Answer</td>
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<td><strong>New Technology Social Media Forum</strong></td>
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<td>4:50 pm</td>
<td>Robotic Innovations in Colorectal Resection with ICA Using Natural-orifice Techniques</td>
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<td><strong>Innovative Protection of Colorectal Anastomosis</strong></td>
<td>Question and Answer</td>
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<td>Using a Temporary Non-invasive Bypass Sheath</td>
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<td>Antonio d’ Urso, MD, Italy</td>
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<tr>
<td>4:55 pm</td>
<td>Question and Answer</td>
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<td>4:57 pm</td>
<td>Swallow and Forget: Prepless X-Ray Imaging</td>
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<td>Capsule for Polyp Detection</td>
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<td>Seth Gross, MD, New York, NY</td>
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<td>5:02 pm</td>
<td>Question and Answer</td>
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<td>5:04 pm</td>
<td>OR Black Box: Using Data to Study, Predict and Mitigate Surgical Risk and Improve Patient Safety</td>
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<td>Jordan Bohnen, MD, Boston, MA</td>
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<td>5:09 pm</td>
<td>Question and Answer</td>
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<tr>
<td>5:11 pm</td>
<td>Implantable Brachy Mesh for Intra-op Delivery of Radiation to Locally Advanced Rectal Cancer</td>
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<td>Andrew Farach, MD, Houston, TX</td>
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<td>5:16 pm</td>
<td>Question and Answer</td>
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<td>5:18 pm</td>
<td>3D Modelling of Pelvic Anatomy for Colorectal Cancer and Dynamic Function Simulation</td>
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<td>Christos Kontovounisios, London, United Kingdom</td>
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<tr>
<td>5:23 pm</td>
<td>Question and Answer</td>
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Spanish Translation
Residents’ Reception
Open to residents and colorectal program directors only.

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

Tuesday, June 4
Meet the Professor Breakfasts
CME Credit Hours: 1
6:30 – 7:30 am
Limit: 32 per breakfast • Fee $50 • Tickets Required • Continental Breakfast

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

T-1
HPV-Related Anorectal Disease - Case-Based Discussion
Room: 10
Stephen Goldstone, MD, New York, NY
Mark Welton, MD, Minneapolis, MN
SOLD OUT

T-2
Taking Your Research Idea from Concept to Reality
Room: 11
Valentine Nfonsam, MD, Tucson, AZ
Scott Strong, MD, Chicago, IL

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

Norman D. Nigro, MD, Research Lectureship
CME Credit Hours: .75
7:30 – 8:15 am
Room: Grand Ballroom A/B

Colorectal Cancer in Patients Under the Age of Fifty

James Church, MD
Department of Colorectal Surgery, Digestive Disease and Surgery Institute, Cleveland Clinic Foundation, Cleveland, OH
Introduction: Ian C. Lavery, MD

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

Dr. Nigro generously dedicated many years of service to the specialty through his activities in ASCRS and ABCRS.
Tuesday, June 4

Symposium

CME Credit Hours: .75

Harnessing Social Media to Advance #ColorectalSurgery

8:15 – 9:00 am
Room: Grand Ballroom A/B

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

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

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

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

Gap Analysis

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

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

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

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

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

Introduction
Kyle Cologne, MD, Los Angeles, CA
Sharon Stein, MD, Cleveland, OH

#ColorectalResearch: Using Social Media to Advance the Science
Deborah Keller, MD, New York, NY

Networking Through #SoMe: How to Make the Most of Virtual Mentors
Govind Nandakumar, MD, Bangalore, India

The European Perspective: How a Structured Approach to Social Media has Changed the World
Richard Brady, MD, Newcastle Upon Tyne, United Kingdom

Social Media and Ethics: From Conflict of Interest Disclosure to Promoting Your Own Research – What are the Rules?
Nancy Baxter, MD, PhD, Toronto, ON, Canada

Adjourn
Tuesday, June 4
Symposium
CME Credit Hours: .75

Management of Anal Dysplasia

8:15 – 9:00 am
Room: Grand Ballroom C

The incidence of anal cancer is increasing due to rising rates of human papilloma virus (HPV) infection. HPV infection can lead to anal high-grade squamous intraepithelial lesions (HSIL) that can be identified with high-resolution anoscopy (HRA). While colon and rectal surgeons are very familiar with the evaluation and treatment of anal cancer, many do not know how to identify the anal cancer precursor, HSIL, with HRA. While the efficacy of HRA with targeted ablation of HSIL to prevent anal cancer has never been proven through prospective trials, there is a growing awareness even among surgeons who do not utilize HRA that close follow-up is necessary with or without HSIL treatment.

Gap Analysis

What Is: While colon and rectal surgeons understand the evaluation and treatment of anal cancer, many are not skilled at the evaluation and treatment of HSIL and use of HRA. They are unaware or have misconceptions related to results of treatment of anal HSIL in preventing cancer.

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

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

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

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

8:15 am Introduction to the Symposium and the Most Recent Data on Treatment and Expectant Management of HSIL to Prevent Anal Cancer
Stephen Goldstone, MD, New York, NY

8:25 am HRA Guided Ablative Therapy for Anal HSIL
Stephen Goldstone, MD, New York, NY

8:30 am Topical Therapy for Treatment of Anal Dysplasia
Naomi Jay, RN, NP, PhD, San Francisco, CA

8:40 am Atypical Presentation of Cancer and Anal Dysplasia
Jospeh Terlizzi, Jr., MD, New York, NY

8:45 am Utilization of Advanced Practice Clinicians in Management of Anal Dysplasia
Naomi Jay, RN, NP, PhD, San Francisco, CA

8:50 am Questions
All Faculty

9:00 am Adjourn

Refreshment Break and E-poster Presentations in Exhibit Hall C
9:00 - 9:30 am
Schedule of E-poster presentations see pages 121-163
Tuesday, June 4
Abstract Session
CME Credit Hours: 1.25

Neoplasia II

9:30 – 10:45 am
Room: 26A-C

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

9:30 am Introduction
Evie Carchman, MD, Madison, WI
David Dietz, MD, Cleveland, OH

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

9:39 am Discussion

9:41 am T2 Exophytic Condyloma: As Benign As We Think?

9:45 am Discussion

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

9:51 am Discussion

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

9:57 am Discussion

9:59 am T5 How Often Do Pathology Reports for Malignant Colorectal Polyps Contain Sufficient Information for Colorectal Surgeons to Make Clinic Decision?
T. Gimon*, M.A. Dykstra, W.D. Buie; 1Calgary, AB, Canada

10:03 am Discussion

10:09 am T6 Colorectal Cancers African Americans: A Unique Pattern of Molecular Origins
T. Hassab*, J. Church, M. Kalady; 1Cleveland, OH

10:11 am Discussion

10:15 am T7 Evolution of Cytoreductive Surgery and HIPEC for Colorectal Peritoneal Metastases: 8-Year Single Institutional Experience
V. Narasimhan*, T. Pham, R. Ramsay, S. Warrier, A. Heriot; 1Melbourne, Victoria, Australia

10:21 am Discussion

10:23 am T8 Is Adjuvant Chemotherapy Beneficial for Patients with Locally Advanced Rectal Cancer Who Have Achieved a Complete Pathological Response?
S. Hunter-Smith*, M. Liang, I. Hayes, J. Liang; 1Parkville, Victoria, Australia, 2Kampong Java, Singapore

10:27 am Discussion

10:31 am T9 Adjuvant Chemotherapy Does Not Affect Relapse-Free Survival in Patients with Stage II & III Rectal Cancer after Neoadjuvant Chemoradiation & Total Mesorectal Excision
Tuesday, June 4

Neoplasia II (continued)

10:29 am  T10 Venous Thromboembolism (VTE) in Colon Cancer: A Population-based Cohort Study of VTE Rates Following Surgery and During Adjuvant Chemotherapy  
S.V. Patel1, L. Zhang*, S. Wei1, S. Merchant1, S. Nanji1, P.D. James1, C.M. Booth1;  
1Kingston, ON, Canada

10:33 am  Discussion
10:35 am  Question and Answer
10:45 am  Adjourn

Tuesday, June 4
Symposium  
CME Credit Hours: 1.25

Avoiding Burnout and Achieving Optimal Work-Life Balance  
1 3 4 5

9:30 – 10:45 am  
Room: Grand Ballroom A/B  
Spanish Translation

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

Gap Analysis

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

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

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

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

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

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

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

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

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

10:35 am  Panel Discussion
10:45 am  Adjourn
Tuesday, June 4

Symposium
CME Credit Hours: 1.25
MOC Credit Hours: 1.25

My Microbiome Made Me Do It

9:30 – 10:45 am
Room: Grand Ballroom C

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

Gap Analysis

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

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

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

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

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

9:30 am  Introduction
Nancy Baxter, MD, PhD, Toronto, ON, Canada
Neil Hyman, MD, Chicago, IL

9:35 am  The Human Microbiome in Health and Disease
Heidi Nelson, MD, Rochester, MN

9:45 am  Role of the Microbiome in the Pathogenesis of Anastomotic Leak
Benjamin Shogan, MD, Chicago, IL

9:55 am  How Does the Microbiome Influence the Development and Metastatic Potential of Colorectal Cancer?
Sara Gaines, MD, Chicago, IL

10:05 am  Evolving Concepts in C Dificile Colitis
David Stewart Sr., MD, Tucson, AZ

10:15 am  Panel

10:45 am  Adjourn
Tuesday, June 4

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

CME Credit Hours: .75  
10:45 - 11:30 am  
Room: Grand Ballroom A/B  

How to Build a Prestigious Career

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

Introduction: Conor Delaney, MD, PhD

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

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

11:30 am - 1:00 pm  
Schedule of E-poster presentations see pages 121-163

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**Women in Colorectal Surgery Luncheon**

11:30 am – 1:00 pm  
HILTON: Superior Ballroom D, 5th Floor  
Fee: $30 • Registration Required  
Supported by Johnson & Johnson (Ethicon)

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

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

CME Credit Hours: .75  
1:00 – 1:45 pm  
Room: Grand Ballroom A/B  

Colorectal Cancer Screening. Is 40 the New 50?

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

Introduction: David Beck, MD

This lectureship honors a recently deceased, high-ranking member of the society, and is selected by the ASCRS Executive Council.
Tuesday, June 4
Abstract Session
CME Credit Hours: 1.5

General Surgery Forum
1 2
1:45 – 3:15 pm
Room: 26A-C

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

1:45 pm Introduction
Russell Farmer, MD, Louisville, KY
Laila Rashidi, MD, Galveston, TX

1:50 pm GS1 What Are the Contributions of Tumor Location, Site of Metastases, and KRAS status to Prognosis in Colorectal Cancer Patients with Isolated Liver or Lung Metastases?
P.M. Cavallaro*, G. Lee, C. Stafford, J. Clark, J. Cusack, R. Ricciardi; Boston, MA

Discussant
Monica Zipple, MD, Pontiac Michigan

Question and Answer

1:55 pm GS2 Colon Preservation Utilizing Advanced Endoscopic Techniques for Management of Complex Polyps
C. Wickham, J. Wang, K.L. Mirza, E. Noren, J. Shin, S. Lee, K. Cologne; South Pasadena, CA

Discussant
Michelle Tomasa Roper, MD, San Diego, CA

Question and Answer

2:00 pm GS3 Systematic Review and Meta-analysis on Colorectal Cancer Findings on Colonoscopy after CT-confirmed Acute Diverticulitis
C. Koo, J. Chang, N. Syn, L. Wee, R. Mathew; Singapore, Singapore

Discussant
Ada Grahma, MD, Washington, DC

Question and Answer

2:06 pm GS4 Postoperative Complications Following Sacral Nerve Stimulation for Fecal Continence: Are There Any Risk Factors?
S. Qureshi, Y. Hong, W. Hassaballa, H. Liang, T. Hull, M. Zutshi, S.D. Wexner; Weston, FL

Discussant
Alex Ky, MD, New York, NY

Question and Answer

2:12 pm GS5 Resident Attitudes Towards the Role of Robotic Surgery and the Implementation of an Elective Robotic Surgery Curriculum
V.M. Baratta, D. Heller, H. Einarssdottir; New Haven, CT

Discussant
Ashley Hill, MD, Pittsburgh, PA

Question and Answer

2:18 pm GS6 Injury Characteristics and Outcomes of Patients with Inflammatory Bowel Disease after Trauma: A Propensity Score Matched Analysis
B.E. Haac, A. Nemirovskyl, W.A. Teeter, A. Geyer, R.K. Cross, D.M. Stein, A.C. Bafford; Baltimore, MD, 2Chapel Hill, NC, 3Wright-Patterson AFB, OH

Discussant
Lily Saadat, MD, Boston, MA

Question and Answer

2:24 pm GS7 Redo Ileal Pouch Anal Anastomosis after a Failed Pouch in Patients with Crohn’s Disease: Is it Worth Trying?
O.A. Lavryk, L. Stocchi, S. Shawki, A.C. Aiello, J. Church, S. Steele, T. Hull; Cleveland, OH

Discussant
Olga A Lavryk, MD, Cleveland, OH
Tuesday, June 4

**General Surgery Forum** (continued)

2:44 pm  Question and Answer

2:46 pm  **GS8**  Surgical Morbidity is Impacted by Alterations in Body Fat Distribution Associated with Neoadjuvant Chemoradiation for Locally Advanced Rectal Cancer

L. Hendrick* ¹, V. Lippuner¹, T. Speaks¹, T. Scharr¹, A. Fleming¹, W. Guerrero¹, E.S. Glazer¹, A. Dyer¹, D. Shibata¹; ¹Memphis, TN

2:50 pm  Discussant

Austin Cannon, MD, Salt Lake City, UT

2:52 pm  Question and Answer

2:54 pm  **GS9**  Characteristics of Patients Seeking Second Opinions at a Multidisciplinary Colorectal Cancer Clinic

A.C. De Roo*², A.M. Morris², J. Vu², A.D. Schuman¹, K. Abbott¹, P. Kandagatla¹, K. Hardiman¹, S. Hendren¹; ¹Ann Arbor, MI, ²Stanford, CA

2:58 pm  Discussant

Miquell Miller, MD, Stanford, CA

3:00 pm  Question and Answer

3:02 pm  Question and Answer for All Abstract Presenters

3:15 pm  Adjourn
Tuesday, June 4

Symposium

CME Credit Hours: 1.5

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

1:45 – 3:15 pm

Room: Grand Ballroom C

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

Gap Analysis

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

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

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

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

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

1:45 pm  Introduction
Kelley Garrett, MD, New York, NY
Charles Whitlow, MD, New Orleans, LA

1:50 pm  Hide and Seek: Advanced Endoscopic Imaging for Detection of Polyps and Dysplasia
Shamita Shah, MD, New Orleans, LA

2:00 pm  Endoscopic Mucosal Resection – More Than Just a Snare
Matt Zelhart, MD, New Orleans, LA

2:10 pm  Digging In - Endoscopic Submucosal Dissection
I. Emre Gorgun, Cleveland, OH

2:20 pm  Endoscopic Assist Devices – Lending a Hand
Jennifer Hrabe, Iowa City, IA

2:30 pm  That’s a Big Hole, Now What?? Endoscopic Closure Devices
Jeffrey Milsom, New York, NY

2:40 pm  Considering Both Sides: Combined Endoscopic and Laparoscopic Surgery
Sang Lee, MD, Los Angeles, CA

2:50 pm  Panel Discussion

3:15 pm  Adjourn
Tuesday, June 4
Symposium
CME Credit Hours: 1.5

Enhancing the Physician Patient Relationship
1 3 4 5 6
1:45 – 3:15 pm
Room: Grand Ballroom A/B

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

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

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

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

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

Objectives: At the conclusion of this session, participants should be able to:
1. Describe the key components of effective communication.
2. Recognize how enhanced communication skills may improve surgical teamwork as well as improve the physician-patient relationship.
3. Apply communication skills to improve specific situational experiences of the physician-patient relationship.
4. Describe how the improved patient care experience increases quality and safety.

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

1:45 pm
Introduction and Patient Experience:
It’s Not About Happiness
James Merlino, MD, Chicago, IL

1:55 pm
Why is this Important to Physicians?
Melissa Times, MD, Cleveland, OH

2:05 pm
Critical Skills for Relationship Centered Care
Laura Cooley, PhD, Lexington, KY

2:15 pm
Leveraging Teamwork to Improve the Care of Patients
Kim Pyles, FACHE, New Orleans, LA

2:25 pm
Navigating ‘turbulence’ in the Physician-Patient Relationship: Prepare for the Negative
William Cirocco, MD, Columbus, OH

2:35 pm
Effective Conflict Resolution
Mariana Berho, MD, Hollywood, FL

2:45 pm
Panel Discussion

3:15 pm
Adjourn

Refreshment Break in Grand Ballroom Foyer
3:15 - 3:30 pm
Tuesday, June 4
3:30 – 4:30 pm
Room: Grand Ballroom A/B  

**ASCRS Annual Business Meeting and State of the Society Address**

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

I. Call to Order – Dr. David A. Margolin
II. Approval of 2018 Business Meeting Minutes – Dr. David A. Margolin
III. Memorials – Dr. Thomas Read
IV. Treasurer’s Report – Dr. Conor P. Delaney
V. Scientific Program Report – Dr. Brian Kann
VI. DC&R Editor-in-Chief Report – Dr. Susan Galandiuk
VII. Barton Hoexter Best Video Award – Dr. David A. Margolin
VIII. Research Foundation Report – Dr. Scott Strong
IX. Recognition of Question Writers – Dr. Tracy Hull
X. Election and Elevations of Members – Dr. David A. Margolin
XI. State of the Society Address – Dr. David A. Margolin
XII. Nominating Committee Report – Dr. Charles Littlejohn
XIII. New Business – Dr. David A. Margolin
XIV. Introduction of New President
XV. Next Meeting – June 6-10, 2020, Hynes Convention Center, Boston, MA
XVI. Adjournment
Tuesday, June 4
Symposium
CME Credit Hours: 1

Drinks and Disputes: The After Hours Debates

4:30 - 5:30 pm
Room: Grand Ballroom A/B

Debate I: What is the Optimal Sphincter-Sparing Option for Fistula-in Ano?
4:30 - 5:00 pm

Debate II: Do anti-TNF Agents and Other Biologics Increase the Risk of Complication in Operations for Inflammatory Bowel Disease?
5:00 - 5:30 pm

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

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

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

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

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

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

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

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

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

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

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

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

Director: Bradley Champagne, MD, Cleveland, OH
Tuesday, June 4

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

4:30 – 5:00 pm
Room: Grand Ballroom A/B

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<th>Time</th>
<th>Session</th>
<th>Speaker</th>
<th>Location</th>
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<tbody>
<tr>
<td>4:30 pm</td>
<td>Introduction</td>
<td>Bradley Champagne, MD, Cleveland, OH</td>
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<tr>
<td>4:35 pm</td>
<td>The LIFT Procedure is the Optimal Treatment of Anal Fistula</td>
<td>Peter Cataldo, MD, Burlington, VT</td>
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<td>4:39 pm</td>
<td>Endorectal Advancement Flap is the Optimal Treatment of Anal Fistula</td>
<td>Juan Nogueras, MD, Weston, FL</td>
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<td>4:43 pm</td>
<td>Rebuttal The LIFT Procedure is the Optimal Treatment of Anal Fistula</td>
<td>Peter Cataldo, MD, Burlington, VT</td>
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<td>4:46 pm</td>
<td>Rebuttal Endorectal Advancement Flap is the Optimal Treatment of Anal Fistula</td>
<td>Juan Nogueras, MD, Weston, FL</td>
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<td>4:49 pm</td>
<td>Rebuttal The LIFT Procedure is the Optimal Treatment of Anal Fistula</td>
<td>Peter Cataldo, MD, Burlington, VT</td>
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<td>4:52 pm</td>
<td>Rebuttal Endorectal Advancement Flap is the Optimal Treatment of Anal Fistula</td>
<td>Juan Nogueras, MD, Weston, FL</td>
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<tr>
<td>5:00 pm</td>
<td>Concluding Remarks</td>
<td>Bradley Champagne, MD, Cleveland, OH</td>
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Debate II: Do anti-TNF Agents and Other Biologics Increase the Risk of Complication in Operations for Inflammatory Bowel Disease?

5:00 – 5:30 pm

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

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

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

Supported by Olympus America Inc.

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**ASCRS Blues Fest- Farewell Reception**

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

Supported by TransEnterix, Inc.

ASCRS Blues Fest- Farewell Reception will feature Blues inspired Hors’ devours, drinks and some great entertainment. There is no additional cost for a ticket for full-paying Members and Fellows. Members/Fellows must indicate whether they want to attend the event when registering for the meeting. All other registration categories must purchase a ticket. The cost for additional tickets is $150 per ticket.
**Wednesday, June 5**

**Meet the Professor Breakfasts**

CME Credit Hours: 1

7:00 – 8:00 am

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

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

**W-1**

Managing Pouch Complications

Room: 10

Juan Nogueras, Weston, FL

Skandan Shanmugan, MD, Philadelphia, PA

**W-2**

Coding/Billing

Room: 11

Steven Sentovich, MD, Duarte, CA

Guy R. Orangio, MD, New Orleans, LA

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

1. Describe the procedures and approaches discussed in this session.
Wednesday, June 5

Symposium
CME Credit Hours: 1

Coffee and Controversies

7:00 – 8:00 am
Room: Grand Ballroom A/B  

Debate #1: Long Course Chemoradiation vs. Short Course for Locally Advanced Rectal Cancer
7:00 – 7:30 am

Debate #2: Elective Colectomy for Complicated Diverticulitis
7:30 – 8:00 am

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

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

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

Gap Analysis

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

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

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

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

Director: Steven Hunt, MD, St. Louis, MO
Wednesday, June 5
Abstract Session
CME Credit Hours: 1.25

Outcomes

8:00 – 9:15 am
Room: Grand Ballroom C

Co-Moderators: Jason Hall, MD, Boston, MA
Debby Keller, MD, New York, NY

8:00 am
Introduction
Jason Hall, MD, Boston, MA
Debby Keller, MD, New York, NY

8:05 am
Killingback Award Winner

W1 The Impact of Social Deprivation on Stage of Presentation of Colorectal Cancer in a Western Sydney Population
E. MacDermid1, J. Pasch2, K.Y. Fok1, L. Pasch1, C. Premaratne1, K. Kotecha1, W. Barto1, T. El Khoury1; 1 NSW, Australia, 2 Sydney, Australia

8:09 am
Discussion

8:11 am
W2 Functional Decline after High Risk Colorectal Procedures in Older Adults
A.C. De Roo1, Y. Li1, P. Abrahamse1, S. Regenbogen1, P. Suwanabol1; 1 Ann Arbor, MI

8:15 am
Discussion

8:17 am
W3 The Harmful Association Between Robotic Surgery and Colorectal Cancer Surgery Amongst Frail Patients
B.D. Lo1, I. Leeds1, M. Sundel1, S. Gearhart1, G. Nisly1, B. Safar1, C. Atallah1, S. Fang2; 1 Baltimore, MD

8:21 am
Discussion

8:23 am
W4 Low Anterior Resection Syndrome After Transanal Total Mesorectal Excision – A Comparison With The Conventional Top to Bottom Approach
C. Foo1, W. Law1, O. Lo1, R. Wei1, K. Ng1, J.S. Tsang1, J. Yip1; 1 Hong Kong, Hong Kong

8:27 am
Discussion

8:29 am
W5 Impact of the ACA Medicaid Expansion on Rates of Surgery for Diverticulitis in Medicaid Patients: Does Increased Access Result in Increased Utilization?
E. Eguia1, T. Classen2, M. Chouhdry1, M. Singer1, J. Eberhardt1; 1 Maywood, IL, 2 Chicago, IL

8:33 am
Discussion

8:35 am
W6 Regional Variation in the Utilization of Laparoscopy for the Treatment of Rectal Cancer: The Importance of Fellowship Training Sites
J.E. Springer1, A. Doumouras1, N. Amin1, M. Cadeddu1, C. Eskicioglu1, D. Hong2; 1 Hamilton, ON, Canada

8:39 am
Discussion

8:41 am
W7 Predicting Post-operative Complications Following Elective Colorectal Surgery – Clinical Utility of a CRP-based Approach
J.H. Park1, J. McGovern1, J. Aithie1, N. Woodley1, L. Moyes1, P. Witherspoon1; 1 Glasgow, United Kingdom

8:45 am
Discussion

8:47 am
W8 Strategies of Culturally Competent Providers to Mitigate Inequities in Care for Diverse Colorectal Cancer Patients: A Mixed Methods Comparison Study
M. Miller1, M. Liu1, S. Bereknyei Merrell1, C. Kin1, A.M. Morris1; 1 Stanford, CA

8:51 am
Discussion

8:53 am
W9 Opioid Prescriptions after Hemorrhoidectomy: A Need for Evidence Based Guidelines
P. Lu1, A.C. Fields1, R.E. Scully1, V.M. Welten1, R. Bleday1, J. Irani1, J. Goldberg1, N. Melnitchouk1; 1 Boston, MA

8:57 am
Discussion

8:59 am
W10 Does a Colorectal Enhanced Recovery Program Impact Ostomy Related Readmissions?
R.H. Hollis1, T.L. Whitel, M.S. Morris1, J.A. Cannon1, G. Kennedy1, D.J. Chu1; 1 Birmingham, AL

9:03 am
Discussion

9:05 am
Question and Answer

9:15 am
Adjourn
Wednesday, June 5

Abstract Session
CME Credit Hours: 1.25

Education 1

8:00 – 9:15 am
Room: 26A-C

Co-Moderating: Cary Aarons, MD, Philadelphia, PA
Howard Ross, MD, Philadelphia, PA

8:00 Introduction
Cary Aarons, MD, Philadelphia, PA
Howard Ross, MD, Philadelphia, PA

8:05 am W15 Gender Disparities in the Experiences of Colon and Rectal Surgeons
A. Person*, A. Easterday1, D. Mukkai Krishnamurty2; 1Omaha, NE

8:10 am Discussion

8:12 am W16 What Is The Impact of National Colorectal Cancer Awareness Month on Colonoscopy Screening Rates And Public Interest In Colorectal Cancer?
H.J. Pantel*, D.A. Kleiman1, J.T. Saraidaridis1, A.H. Kuhnen1, P.W. Marcello1, R. Ricciardi2; 1Burlington, MA, 2Boston, MA

8:17 am Discussion

8:19 am W17 Trainee Participation in Screening Colonoscopies: How Does it Impact Quality?
I. Sapci*, A.C. Aiello1, T. Hassab2, E. Gorgun3, T. Hull1, B.J. Champagne1, S.R. Steele1, M.A. Valente1; 1Cleveland, OH

8:24 am Discussion

8:26 am W18 Preliminary Validity Evidence for a Novel taTME Transanal Endoscopic Purse String Simulator
J.K. Chau*, E. Bilgic1, T. Hada1, M. Trepanier1, H. Naghawi1, P. Kaneva1, C. Mueller1, L. Lee1; 1Mont-Royal, QC, Canada

8:31 am Discussion

8:33 am W19 Colon and Rectal Surgery Robotic Training Programs: An Evaluation of Gender Disparities
K. Foley*, K.M. Izquierdo1, M. von Muchow2, A. Ferrara1, R. Mueller1, A. Bastawrous1, R.K. Cleary*, M. Soliman1; 1Orlando, FL, 2St. Paul, MN, 3Seattle, WA, 4Ann Arbor, MI

8:38 am Discussion

8:40 am W20 Development of a Novel Curriculum for Teaching Colonic Endoscopic Submucosal Dissection (cESD): Leveraging the Power of Education Science
K.J. Dickinson*, B.J. Dunkin1, B.L. Bass1, A.B. Ali*, J. Nguyen-Lee1, S. Zajac1; 1Houston, TX

8:45 am Discussion

8:47 am W21 Preclinical to Clinical Learning Curve Experience - Advanced Skills Acquisition of Endoluminal Flexible Articulating Surgical Platform
K. Momose*, Y. Kono1, T. Al Zghari1, J.W. Milsom1, S.K. Sharma1; 1New York, NY

8:54 am Discussion

9:15 am Adjourn

Refreshment Break in Foyer
9:15 - 9:30 am
Wednesday, June 5
Symposium
CME Credit Hours: 1.25
MOC Credit Hours: 1.25

Hereditary Cancer Syndromes: What the Colorectal Surgeon Really Needs to Know

8:00 – 9:15 am
Room: Grand Ballroom A/B

Inherited predisposition is still an underappreciated aspect of the colorectal cancer work-up and management. No matter the type of practice, every colorectal surgeon will see patients with hereditary colorectal cancer, so understanding the various facets in management is vital to delivering quality patient care. This seminar will highlight several of the more challenging areas of identification and management of hereditary colorectal cancer patients, including a better understanding of genetic test results and pathways for counseling, additional testing for extracolonic risks in patients with a “positive” result, data on chemoprevention and chemotherapy in the setting of hereditary colorectal cancer, and discussion of the growing numbers of young-onset colorectal cancer patients and how best to surveil these patients after their diagnosis.

Gap Analysis

What Is: In order for a clinician to best understand the nuances of care as it relates to hereditary colorectal cancer, they would have to sift through the literature which becomes burdensome in a busy practice. Therefore, there is a need to present this information in a concise, useable fashion to improve care for patients with hereditary colorectal cancer.

What Should Be: Patients with hereditary colorectal cancer should be appropriately recognized, diagnosed, counseled, and treated.

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

1. Recognize and interpret genetic testing results and know how to utilize resources such as genetic counseling and a registry to improve patient outcomes.
2. Describe the indications for chemoprevention and understand the options for chemotherapy in colorectal cancer when a patient is mutation positive.
3. Discuss the incidence of young-onset colorectal cancer and better understand management and follow up of this growing group of patients.

Co-Directors: Molly Ford, MD, Nashville, TN
Paul E. Wise, MD, St. Louis, MO

8:00 am  Introduction
Molly Ford, MD, Nashville, TN
Paul E. Wise, MD, St. Louis, MO

8:05 am  Chemoprevention and Chemotherapy – What’s New for Hereditary Colorectal Cancer Syndromes?
Katerina Wells, MD, Dallas, TX

8:15 am  Young-Onset Colorectal Cancer – Hereditary or Not, Here It Comes!
Karin Hardiman, MD, PhD, Ann Arbor, MI

8:25 am  Interpretation of Genetic Test Results: The Importance of Genetic Counseling and Registries
Heather Hampel, MS, LGC, Columbus, OH

8:35 am  Patient as a Whole – What Else to Look for in Patients with Hereditary Colorectal Cancer Syndromes?
Emily Steinhagen, MD, Cleveland, OH

8:45 am  Case Discussion with Panel and Audience Questions

9:15 am  Adjourn
Wednesday, June 5

Abstract Session
CME Credit Hours: 1.25

Inflammatory Bowel Disease

9:30 - 10:45 am
Room: 26A-C

Co-Moderators: Scott Regenbogen, MD, Ann Arbor, MI
Emily Steinhagen, MD, Cleveland, OH

9:30 am
Introduction
Scott Regenbogen, MD, Ann Arbor, MI
Emily Steinhagen, MD, Cleveland, OH

9:35 am
ESCP Best Paper

W25 Therapy Refractory Ulcerative Colitis Patients May Benefit from Appendectomy; Long-term Clinical Results from a Multicenter Prospective Cohort Series
M.E. Stellingwerf1, S. Sahami1, D. C. Winter2, S. Martin2, G. R. D’Haens1, G. Cullen2, G. Doherty2, W. A. Bemelman1 & C. J. Buskens1
1Amsterdam, Netherlands, 2Dublin, Ireland

9:39 am
Discussion

9:41 am
W26 Conditional Survival after Ileal Pouch-Anal Anastomosis: Does Long-term Pouch Survival Improve with Time?
A.E. Feinberg*, O.A. Lavryk1, A.C. Aiello1, T. Hull1, S. Steele1, L. Stocchi1, S. Holubar1; 1Cleveland, OH

9:45 am
Discussion

9:47 am
W27 Clinical and Genetic Factors Associated with Complications after Crohn’s Ileocolectomy
B. Kline*, T. Weaver1, A. Berg1, D. Brinton1, S. Deiling1, W. Koltun1; 1Hershey, PA

9:51 am
Discussion

9:53 am
W28 Cost-Benefit Limitations of Extended Venothromboembolism Prophylaxis Following Surgery for Crohn’s Disease
I. Leeds*, J. Canner1, S. DiBrito1, B. Safar1; 1Baltimore, MD

9:57 am
Discussion

W29 The Ideal Ileal Pouch: The Significance of Ileal Pouch Physiologic Parameters (Pouch Compliance/ Distensibility and Pouch Anal Pressure Gradients) on Pouch Function
J.C. Melvin*, C.P. Heise1, E.H. Carchman1, B.A. Harms1; 1Madison, WI

Discussion

W30 Surgery, Stomas, and Depression and Anxiety in Inflammatory Bowel Disease - A Retrospective Cohort Analysis of Privately Insured Patients
L.A. Sceats*, M. Dehghan, K. Rumer1, A. Trickey2, A.M. Morris2, C. Kin3; 1Menlo Park, CA, 2Palo Alto, CA

Discussion

W31 Exposure to Anti-TNF Medications Increases the Incidence of Pouchitis After Restorative Proctocolectomy in Patients with Ulcerative Colitis
M. Bertucci Zoccali*, K.B. Skowron1, L.M. Cannon1, R.D. Hurst1, K. Uman外交1, D.T. Rubin1, N. Hyman1, B.D. Shogan1; 1Chicago, IL

Discussion

W32 What Factors are Associated with the Eventual Need for a Permanent Ileostomy after Sphincter-Preserving Surgery for Crohn’s Colitis?
N.P. McKenna*, K.A. Bews1, E.B. Habermann1, E.J. Dozois1, A.L. Lightner1, K.L. Mathis1; 1Rochester, MN

Discussion
Wednesday, June 5

**Inflammatory Bowel Disease (continued)**

10:23 am  **W33** Pre-operative Opioid Use Predicts Major Complications in Crohn’s Patients Undergoing Elective Ileocolic Resection  
S.J. O’Brien†, R. Chen†, V. Stephen†, R.W. Farmer†, J. Jorden†, S. Manek†, M. Schmidt†, S. Galandiuk†; †Louisville, KY

10:27 am  Discussion

10:29 am  **W34** Multivariate Prediction of Intraoperative Abandonment of Ileal Pouch Anal Anastomosis  
K. Poh†, Y. Hong†, T. Moreno Djadou†, L. Stocchi‡, T. Hull‡, D. Maron†, S.D. Wexner†*, G. da Silva-southwick†; †Weston, FL, ‡Cleveland, OH

10:33 am  Discussion

10:35 am  Question and Answer

10:45 am  Adjourn

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**Wednesday, June 5**

**Symposium**

CME Credit Hours: 1.25  
MOC Credit Hours: 1.25

**Advances and Controversies in the Management of Diverticulitis**

9:30 – 10:45 am  
Room: Grand Ballroom A/B

The incidence of diverticulitis continues to increase. As our understanding of its natural history improves, identifying the best strategies for management have become increasingly challenging. Not all patients and episodes of acute diverticulitis are equal. Management of acute diverticulitis can range from observation to antibiotic therapy to surgery depending upon the individual patient. This symposium will review the indications for antibiotic therapy for acute diverticulitis, follow-up evaluation after an attack of diverticulitis, timing of surgery for recurrent diverticulitis and surgical management of acute diverticulitis.

**Gap Analysis**

**What Is:** Every patient with acute diverticulitis is treated with antibiotic therapy. Elective resection is routinely offered for recurrent diverticulitis, urgent surgery for diverticulitis often results in colostomy for these patients.

**What Should Be:** A clear approach to an individualized treatment regimen for patients with uncomplicated and recurrent diverticulitis. Minimize the risk of a colostomy for urgent surgery for diverticulitis.

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

1. Appropriately prescribe the use of antibiotic therapy for acute uncomplicated diverticulitis
2. Recognize the indications for elective surgery for patients with recurrent diverticulitis
3. Describe the appropriate procedure for patient requiring urgent surgery for acute diverticulitis

**Co-Directors:**  
Marylise Boutros, MD, Montreal, QC, Canada  
Matthew Mutch, MD, St. Louis, MO

9:30 am  Introduction  
Marylise Boutros, MD, Montreal, QC, Canada  
Matthew Mutch, MD, St. Louis, MO

9:35 am  Uncomplicated Diverticulitis – Are Antibiotics Necessary?  
Sean Langenfeld, MD, Omaha, NE

9:45 am  Follow-Up After Diverticulitis – When is a Colonoscopy Appropriate?  
Kelly Garrett, MD, New York, NY

10:05 am  Recurrent Diverticulitis – When is Elective Resection Really Indicated?  
Alexander Hawkins, MD, Nashville, TN

10:15 am  Urgent Surgery for Acute Diverticulitis – When to Operate and What to Do  
Charles Friel, MD, Charlottesville, VA

10:25 am  Diverticular Abscess – Acute and Long-Term Management  
Alberto Arezzo, MD, Turin, Italy

10:45 am  Adjourn
Wednesday, June 5

Symposium
CME Credit Hours: 1.25

Healthcare Economics: Policy Implications in the Future of Medicine

9:30 – 10:45 am
Room: Grand Ballroom C

Economics in healthcare is an important topic on many levels including hospitals, healthcare systems, patients and physicians. Surgeons are in the center of this system and must be knowledgeable about the history, current status and future possibilities of healthcare economics in order to adequately understand the business of medicine. This ensures that the surgeon is able to make informed decisions and negotiate intelligently in their own practices, with administrators, and when considering political support.

Healthcare economics is an often confusing and changing subject with many different aspects. For instance, the economics of our national healthcare system affects all people including patients, physicians, and hospitals, and it is the umbrella under which all other economic considerations are constructed and include how physicians code and bill for services and how surgical practices construct employment contracts to determine what compensation plans are appropriate for surgeons. These important issues as well as the status of our national healthcare system and its impact on Colorectal Surgery before and after the Affordable Care Act will be discussed.

Gap Analysis

What Is: There is a lack of understanding of the Affordable Care Act, how CPT billing codes are determined, and how surgeons should be compensated for services.

What Should Be: Surgeons must have a thorough understanding of our current healthcare system and how it has affected physicians, how surgeons are represented in RUC, and how current Colorectal Surgeons are compensated.

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

1. Recall the history of the Affordable Care Act and how it has affected healthcare.
2. Recognize how CPT codes are determined and how Colorectal Surgeons are represented in the Relative Value Scale Update Committee (RUC).
3. Explain the results of the ASCRS Compensation Survey.

Co-Directors: Jennifer Ayscue, MD, Washington, DC
Walter Peters, Jr., MD, Dallas, TX

9:30 am  Introduction
Jennifer Ayscue, MD, Washington, DC
Walter Peters, Jr., MD, Dallas, TX

9:35 am  The ACA in the Age of Trump:
What Has Changed, Where are We Going?
Srinivas Ivatury, MD, Lebanon, NH

9:50 am  Cracking the Code:
The Mysteries of the CPT and RUC
William Harb, MD, Nashville, TN

10:05 am  What is a Colorectal Surgeon Worth?
The ASCRS Compensation Survey
Walter Peters, Jr., MD, Dallas, TX

10:20 am  Panel Discussion

10:45 am  Adjourn
Wednesday, June 5

Ernestine Hambrick, MD, Lectureship

CME Credit Hours: .75

10:45 - 11:30 am

Room: Grand Ballroom A/B

Mentoring in the #MeToo Era

Nancy Baxter, MD, PhD
Professor of Surgery, University of Toronto
Associate Dean, University of Toronto
Head, General Surgery
St. Michael’s Hospital
Toronto, ON
Canada

Introduction: Ann C. Lowry, MD

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

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

Lunch on your own

11:30 am – 12:30 pm
Wednesday, June 5

Abstract Session

CME Credit Hours: 1.5

Quality
1 2

12:30 – 2:00 pm
Room: 26A-C

Co-Moderators: Joshua Bleier, MD, Philadelphia, PA
Arden Morris, MD, Stanford, CA

12:30 pm
Introduction
Joshua Bleier, MD, Philadelphia, PA
Arden Morris, MD, Stanford, CA

12:35 pm
ACPGBI Travelling Fellow

W40 Prioritizing Safety in Exenterative Surgery
M. Dean1, N. Fearnhead; Cambridge, UK

12:39 pm
Discussion

12:41 pm
W41 Transverse Abdominis Plane (TAP) Block in Colorectal Surgery: Does Timing Matter?
A. Crawford1, L. Dosselman1, C. Hart1, Z. Roberts1, P. Prajapati1, W. Peters1, J. Flesham1, K.O. Wells1; 1Dallas, TX

12:45 pm
Discussion

12:47 pm
W42 Embedding Opioid Reduction Strategies in Established Enhanced Recovery after Surgery Programs: Perioperative Outcomes from a Multi-disciplinary Approach
A. Sarin1, S. Porten1, L. Chen1, J. Lager1, L. Chen1; 1San Francisco, CA

12:51 pm
Discussion

12:53 pm
W43 Implementation of the ACS NAPRC Synoptic Operative Report: A Mixed Methods Study
A.M. Morris1, S. Bidwell1, G. Poles2, S. Berekneyei Merrell1, T. Report Committee3; 1Stanford, CA, 2Rochester, NY, 3Chicago, IL

12:57 pm
Discussion

12:59 pm
W44 Impact of Enhanced Recovery after Surgery Program Implementation on Index Hospital Cost Centers
P.A. Najjar1, A.C. Fields1, R. Bleday1; 1Boston, MA

1:03 pm
Discussion

W45 Assessing the Quality of Rectal Cancer Pathology Reports in NRG Oncology/NSABP R-04
S. Sho1, G. Yothers1, L.H. Colangelo1, P.A. Ganz1, M.J. O’Connell2, R.W. Beart3, C.Y. Ko1, M.M. Russell1; 1Los Angeles, CA, 2Glendale, CA

Discussion

W46 Reaching for the Stars: Data Accuracy and Predictors of Highly Rated Colon and Rectal Surgeons on an Online Physician Rating Website
S.S. Hill1, C.M. Hoang1, N. Meinitchouk2, C. Harsnberger1, P. Sturrock1, K. Alavi1, J. Maykel1, J. Davids1; 1Worcester, MA, 2Boston, MA

Discussion

W47 Preoperative Activity Level is Associated with Risk of Postoperative Complications Following Elective Colorectal Surgery: A Prospective Pilot Study Using Wearable Technology
T. Hassinger1, E. Myers1, E.D. Krebs1, D.L. Chu1, W. Kane1, A. Charles1, R. Thiele1, S.C. Hoang1, C. Friel1, T. Hedrick1; 1Charlottesville, VA

Discussion

W48 Centralizing Rectal Cancer Surgery: What is the Impact on Travel for Patients?
Z. Xu1, C.T. Aquina1, C.F. Justiniano1, A.Z. Becerra2, F.P. Bosco2, M.J. Schymura3, L.K. Temple1, F. Fleming1; 1Rochester, NY, 2Silver Spring, MD, 3Albany, NY

Discussion

W49 Development of a Patient Peer-led Social Media Platform to Deliver Support to Ostomy Patients
R. Fearn1; 1London, United Kingdom

Discussion

1:35 pm
Question and Answer

2:00 pm
Adjourn
Wednesday, June 5

Symposium
CME Credit Hours: 1.5
MOC Credit Hours: 1.5

Mission Impossible: Preparing for and Navigating the Difficult and Unexpected Operative Scenario

12:30 – 2:00 pm
Room: Grand Ballroom A/B

“The novice surgeon gains judgment and skill by confronting difficult and challenging cases after such experience results in less than optimal outcomes.” This “paraphrased” axiom reflects a painful admission summarizing the reality of every surgeon as they ascend the steep learning curve towards becoming a master of this profession and craft. No simulation can adequately prepare a young surgeon for these difficult and sometimes seemingly impossible cases and operative scenarios. This symposium strives to tackle this issue by presenting the challenging scenarios and calling upon the experienced surgeon to demonstrate how they anticipate the at-risk situation and share their view of the essentials of patient and surgeon preparation and highlight key operative maneuvers and techniques necessary to successfully navigate these trying operative scenarios.

Gap Analysis
What Is: Young surgeons gain knowledge through experience, but there are times when a surgeon may find themselves in the heat of battle needing real-time advice or tricks to get out of a sticky situation

What Should Be: Young surgeons have access to senior surgeons and/or the tools needed to identify difficult operative scenarios and the skills required to successfully overcome these challenges

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

1. Identify potential challenging operative scenarios and mitigate those challenges through preoperative planning and preparation.
2. Utilize technical “tips & tricks” for dealing with difficult operative scenarios.
3. Improve their overall understanding and appreciation for difficult operative scenarios and gain confidence in their care of these patients.

Co-Directors: Shaun Brown, DO, Fort Bragg, NC
H. David Vargas, MD, New Orleans, LA
Wednesday, June 5

Symposium
CME Credit Hours:  1.5
MOC Credit Hours:  1.5

Benign Anorectal - Complex Problems, Advanced Techniques, and Special Populations

12:30 – 2:00 pm
Room: Grand Ballroom C

Prompt diagnosis and comprehensive treatment of anorectal diseases is one of the cornerstones of colorectal expertise. While many patients are straightforward, those with special circumstances such as pregnancy, immunosuppression, anti-coagulation, or spinal cord injury may present additional challenges. Outcomes may be enhanced using newer techniques and technological advances.

Gap Analysis

What Is: Multiple treatment options exist for various complex anorectal conditions, and since these complexities do not occur in high frequency, determining best practices may prove difficult.

What Should Be: Recognize various treatment options that exist and how to individualize care in for special patient populations

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

1. Recognize advanced surgical treatment options for various complex anorectal conditions.
2. Describe new technological advancements in the treatment of complex anorectal conditions.
3. Recognize the special patient populations that exist with anorectal diseases, such as the immunocompromised or pregnant patient.

Co-Directors: W. Brian Perry, MD, San Antonio, TX
Michael Valente, MD, Cleveland, OH

12:30 pm Introduction
W. Brian Perry, MD, San Antonio, TX
Michael Valente, MD, Cleveland, OH

12:33 pm Management of Complex Hemorrhoidal Disease
Maria Martinez Ugarte, MD, San Antonio, TX

12:45 pm Anorectal Abscesses are NOT All Created Equally
David Liska, MD, Cleveland, OH

12:57 pm Fistula-in-Ano – Too Many Options?
Joshua Tyler, MD, Biloxi, MS

1:09 pm “My Butt Hurts” - Management of Painful Anorectal Conditions
James Tiernan, MD, PhD, Leeds, United Kingdom

1:21 pm Pilonidal Disease and Hidradenitis Suppurativa
Fia Ya, MD, Fort Sam Houston, TX

1:33 pm Is It a Rash or an Infection? Management of Perianal Dermatologic and Infectious Conditions
Evie Carchman, MD, Madison, WI

1:45 pm Panel Discussion

2:00 pm Adjourn
Wednesday, June 5

Abstract Session
CME Credit Hours: 1.5

Benign Disease

2:00 – 3:30 pm
Room: 26A-C

Co-Moderators: Thomas Cataldo, MD, Boston, MA
W. Forrest Johnston, MD, New Orleans, LA

2:00 pm

Introduction

Thomas Cataldo, MD, Boston, MA
W. Forrest Johnston, MD, New Orleans, LA

2:05 pm

W50 Choosing Wisely: Reduction in CT-scans for Perianal Abscesses

A. Mukerji1, B. Konz1, G. Gantt1, N. Mantilla1, J. Harrison1, J. Cintron1, V. Chaudhry1
1Chicago, IL

2:09 pm

Discussion

2:11 pm

W51 Sessile Serrated Polyposis: Not an Inherited Genetic Disease

C.E. Cauley1, T. Hassab1, A.E. Feinberg1, J. Church1; 'Cleveland, OH

2:15 pm

Discussion

2:17 pm

W52 The Clinical Utility of Water-Soluble Contrast Enema Prior to Stoma Reversal

G. Low1, K.L. Mirza1, A. Sabori1, T. Tejura1, K. Cologne1; 'Los Angeles, CA

2:21 pm

Discussion

2:23 pm

W53 Double Channel Endoscopy, A Useful Approach to Advanced Endoscopic Polypectomy

H.J. Pantel1, J.N. Cohan2, C. Donahue1, D.A. Kleinman1, J.T. Saraidaridis1, P.W. Marcello1; 1Burlington, MA, 2Salt Lake City, UT

2:27 pm

Discussion

2:29 pm

W54 Colonoscopy After Acute Diverticulitis, Necessary or Antiquated Medicine?

A Community-Hospital Experience

J. Payne1, E. Itenberg2; 1Pontiac, MI

2:33 pm

Discussion

2:35 pm

W55 C Reactive Protein (CRP) Trajectory Predicts for the Likely Need of Intervention in Acute Diverticulitis

N. Ahmadi1, T.J. Kim1, S.E. Ayoubi1, P. Ravindran1, C.M. Byrne1, C.J. Young1; 1Mosman, New South Wales, Australia

2:39 pm

Discussion

W56 Management of Non-Operative Diverticulitis: Is Surgical Admission Always Best?

R. Malizia1, J. Martinovich1, K. Williams1, P. Tewari1, A. Ata1, B.T. Valerian1, A. Chismark1, J. Canete1, S. Stain1, E. Lee1; 1Albany, NY

2:41 pm

Discussion

W57 Treatment Failure After Conservative Management of Acute Diverticulitis: A Nationwide Readmission Database Analysis

S. Al-Masroui1, F. Atrashid1, K. Zhao1, N. Morin1, C. Vasilievsky1, G. Ghitulescu1, J. Faria1, M. Boutros1; 1Montreal, QC, Canada

2:45 pm

Discussion

W58 Prospective Evaluation of a Standardized Enhanced Recovery Protocol Following Anorectal Surgery

S.J. Ivatury1, A. Swarup2, M. Wilson1; 1Lebanon, NH, 2Boston, MA

2:49 pm

Discussion

W59 Comparison of LIFT vs BioLIFT for the Treatment of Trans-sphincteric Anal Fistula: A Retrospective Analysis

T.M. Zwiep1, R. Gilbert1, R.P. Boushey1, H. Moloo1, I. Raiche1, L. Williams1, M. Reilly1; 1Ottawa, ON, Canada

2:53 pm

Discussion

W60 What Determines Perfect Patient Evaluation of Surgery for Hemorrhoids – Results of Prospective Double Blind Randomized Trial

D. Danys1, G. Makunaitė1, A. Mainelis1, E. Poskus1, V. Jotautas1, S. Mikalauskas1, K. Strupas1, T. Poskus1; 1 Vilnius, Lithuania

2:57 pm

Discussion

W61 What Determines Perfect Patient

2:59 pm

Question and Answer

3:03 pm

Adjourn
Wednesday, June 5

Symposium
CME Credit Hours: 1.5
MOC Credit Hours: 1.5

Supported by the Education Fund of the ASCRS

Is It Really Unresectable? Management of Advanced and Recurrent Colorectal Cancer

2:00 – 3:30 pm
Room: Grand Ballroom C

New management strategies for patients with advanced and recurrent colorectal cancer have evolved in recent years. While patient selection remains the critical factor for success, refined imaging tools, effective chemotherapeutic regimens, advanced radiation techniques have enabled more effective surgical resections. Previous limits of resectability have been extended, contributing to improved survival and quality of life. It is imperative that the surgeon has a thorough understanding of when curative-intent treatment is feasible, when adjunctive multimodality treatment is beneficial, what it takes to assemble a team for multi-visceral resection, and how to judge when risks outweigh benefits of resection.

Gap Analysis

What Is: Management of advanced and recurrent colorectal cancer is challenging. Surgical treatment offers the best chance for potential cure and improved quality of life. However, some patients are not being referred for potentially curative intent surgical intervention. A thorough understanding of the boundaries of resectability, the benefits and risks of intervention and the outcomes at specialized centers is needed.

What Should Be: Every pelvis surgeon, whether working at a specialized center or not, should understand the key decision-making factors, the importance of multimodality therapy, the boundaries of resectability so that they can assist in triaging the patient to the appropriate care pathway.

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

1. Formulate a clinical algorithm for decision-making regarding advanced and recurrent colorectal cancer.
2. Identify the boundaries of resectability when tumor involves the lateral pelvic sidewall and the posterior sacral bone.
3. Describe elements contributing to a successful RO multivisceral pelvic resection

Co-Directors: David Larson, MD, Rochester, MN
Y. Nancy You, MD, Houston, TX

2:00 pm  Introduction
David Larson, MD, Rochester, MN
Y. Nancy You, MD, Houston, TX

2:03 pm  Algorithm for Pre-Operative Assessment and Selection
Per Nilsson, MD, Stockholm, Sweden

2:15 pm  Adjunct Tools: Can They Extend the Limits of Resection?
Brian Bednarski, MD, Houston, TX

2:27 pm  Multi-visceral Pelvic Surgery with RO Margin: Resection and Reconstruction
Philip Paty, MD, New York, NY

2:42 pm  Lateral and Pelvic Sidewall Involvement: Where is the Limit
Peter Sagar, MD, Leeds, United Kingdom

2:55 pm  Resection with Sacrectomy? How to Decide
David Larson, MD, Rochester, MN

3:07 pm  Illustrative Case & Q/A

3:30 pm  Adjourn
Wednesday, June 5
Symposium
CME Credit Hours: 1.5

Robotics: Practical Tips and Tricks

2:00 – 3:30 pm
Room: Grand Ballroom A/B

The adoption of the robotic approach to colorectal surgery continues to increase and has resulted in a minimally invasive alternative that is decreasing the prevalence of traditional open surgery. Surgeons are expanding the boundaries of what can be done via a minimally invasive approach. It is important for colorectal surgeons to monitor the landscape of novel approaches to determine the effectiveness of these approaches and the role for minimally invasive surgery alternatives in practice.

This session will feature lectures with instructional videos. Topics covered will include the role for robotics to various colorectal operations, what technology is currently available and, on the horizon, technical tips and tricks for challenging portions of robotic surgeries, and demonstrations of how robotics can advance a minimally invasive approach.

This course is aimed at three populations of surgeons:
• Practicing colon and rectal surgeons who perform robotic surgery but are still early in their learning curve. This session will give them insight on how to improve efficiency.
• Practicing colon and rectal surgeons who do not currently do robotic surgery but wish to introduce robotic surgery into their practice.
• Colon and rectal residents that are interested in robotics

Gap Analysis
What Is: Colorectal surgeons need to be familiar with the capabilities of robotic surgery, and how robotics can increase what can be done via a minimally invasive approach. Many surgeons need awareness and/or updates on robotic approaches to various colorectal operations, and what new minimally invasive alternatives are on the horizon.

What Should Be: Colorectal surgeons should be familiar with advanced minimally invasive options for several colorectal operations and what current advances may make these operations more effective. This will allow our membership to make an educated choice as to how and when to incorporate robotics into their practice.

Objectives: At the conclusion of this session, participants should be able to:
1. Describe what robotic systems are currently available and what their differences are.
2. Recognize robotic approaches to several colorectal operations and how robotics improves the conduct of these operations.
3. Discuss the use of robotic surgery in rectal cancer patients.

Co-Directors: Jamie Cannon, MD, Birmingham, AL
Robert Cleary, MD, Ann Arbor, MI

2:00 pm
Introduction
Jamie Cannon, MD, Birmingham, AL
Robert Cleary, MD, Ann Arbor, MI

2:05 pm
Robotic Rectopexy: Ventral or Dorsal?
Sarah Vogler, MD, St. Paul, MN

2:20 pm
The Role for Robotic Approach to Rectal Cancer
George Chang, MD, Houston, TX

2:35 pm
Port Placement and Robotic Arm Tips and Tricks
Amir Bastawrous, MD, Seattle, WA

2:45 pm
The Role for Immunofluorescence in Colorectal Surgery
Wolfgang Gaertner, MD, Minneapolis, MN

2:55 pm
Transanal Robotic Surgery
Cesar Santiago, MD, Tampa, FL

3:05 pm
Single Port Robotic Surgery
Vincent Obias, MD, Washington, DC

3:15 pm
What Does the Future of Robotic Surgery Look Like?
Alessio Pigazzi, MD, PhD, Orange, CA

3:25 pm
Discussion

3:30 pm
Adjourn
E-Poster Presentations

Each E-poster has been assigned a specific presentation time when the author will present their research at a dedicated monitor and answer questions.

The E-poster presentation and viewing area is in Exhibit Hall C and open during normal exhibit hours.

**Dedicated Presentation Times**

**Monday, June 3**

<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>9:35 am</td>
<td>Anatomical Characteristics and Classifications of Henle’s Trunk in Laparoscopic Right Hemicolecotomy - a Nationwide Multicenter Clinical Trial in China (P1)</td>
<td>Z. He*, B. Feng: Shanghai, CHINA</td>
</tr>
<tr>
<td>9:45 am</td>
<td>Every Hour Counts: The Price of Longer Procedures on Patient Morbidity in Colon Cancer (P3)</td>
<td>A. Azin*, D. Hirpara, M. Khorasani, A. Draginov, F.A. Quereshy, S.A. Chadi: Toronto, ON, CANADA</td>
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**Tuesday, June 4**

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<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>9:05 am</td>
<td>A Survey of Practice Patterns in Endoscopic Tattooing (P5)</td>
<td>E. Martin*, R. Daigle: Calgary, Alberta, CANADA</td>
</tr>
<tr>
<td>9:40 am</td>
<td>A Propensity Score Matched Comparison of Short-term Perioperative Outcomes after Laparoscopic and Robotic Right Colectomies: an Analysis from the National Surgical Quality Improvement Program Database (P6)</td>
<td>A.T. Masson*, P. Goffredo, A. Utiria, B. Karlsdottir, J. Cromwell, I. Hassan: Iowa City, IA</td>
</tr>
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**Monday, June 3**

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<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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</table>

All e-poster presenters are noted with an *.
E-Poster Presentations

**Monday, June 3**
**Monitor #3 – Basic Science**

Co-moderators: Lillias Maguire, MD, Ann Arbor, MI
J. Joshua Smith, MD, New York, NY

9:35 am Effects of Immunonutritional Intervention of Chemotherapy and Gut Microbiota Deviation in Mice Colon Cancer Model (P9) 
J. Lu*, Z. Xue, Z. Li, J. Yu, Y. Xiao: Beijing, CHINA

9:40 am High Tumor Mutation Burden Correlates with Complete Response to Neo-adjuvant Chemoradiotherapy in Patients with Locally Advanced Rectal Cancer (P10)

9:45 am Zebrafish Embryo as Avatar of Patients with Colorectal Cancer and Hepatic Colorectal Metastasis: Preliminary Experience Toward a Personalized Medicine (P11)
G. Di Franco, M. Palmieri, N. Furbetta, D. Gianardi, L. Morelli*, A. Usai, V. Raffa: Pisa, ITALY; S. Latteri: Catania, ITALY

9:50 am Co-expression of COMP, SFRP4, LEF-1 and PDGFRB Indicates Worse Survival for Colon Cancer Patients Especially in the Young (P12)
V.N. Nfonsam*, P. Omesiete, A. Cruz, J. Jandova: Tucson, AZ

**Monday, June 3**
**Monitor #4 – Benign Disease**

Co-moderators: Erin King-Mullins, MD, Fayetteville, GA
Chitra Sambasivan, MD, Albuquerque, NM

9:35 am Recent Advances and Comparison Of Different Fistula-In-Ano Classifications: Has The Problem Been Solved? (P13)
P. Garg; Haryana, INDIA; A. A Kalyanshetti*: Maharashtra, INDIA; Y. Gehlot: Kamataka, INDIA; A. Joshi: Madhya Pradesh, INDIA

9:40 am Recurrent Diverticulitis: Is It All In The Family? (P14)

9:45 am Impact of Immunosuppression on Mortality and Major Morbidity Following Sigmoid Colectomy for Diverticulitis: A Propensity-Score Weighted Analysis of the National Inpatient Sample (P15)
S. Al-Masrouri*, F. Alrashid, N. Morin, C. Vasilevsky, G. Ghitulescu, J. Faria, M. Boutros, K. Zhao: Montreal, QC, CANADA

9:50 am Fat Grafting: A Novel Technique for Difficult Ostomy Management (P16)
M. Asai*, A. Stefanou, S. Nalamati, I. Saab, D. Yoho, A. Siddiqui, H. Ahmad, T. Ivansic: Detroit, MI

**Monday, June 3**
**Monitor #5 – Education**

Co-moderators: Matthew Brady, MD, Orange, CA
Lindsay Goldstein, MD, Gainesville, FL

9:35 am Can Stapler Hemorrhoidectomy be Considered as a Gold Standard for Treatment of Grade 3 and Grade 4 Hemorrhoids? A Study and Review (P17)
J. Maheshwari: Jaipur, INDIA; B.B. Agarwal*: Delhi, INDIA

9:40 am Laser Strictureplasty in Rectal Strictures: Case Series of 4 Patients (P18)
J. Maheshwari: Jaipur, INDIA

9:45 am Comparison of Burnout Among Surgery Residents and Attending Surgeons (P19)
F. Alkalifa*, F. Abdul Raheem, Y. Hassan, S. Al-Saddah: Jabriya, KUWAIT; J. Alabbad: Safat, KUWAIT

9:50 am Live Surgery for Minimally Invasive Colorectal Training: A Friend or a Foe (P20)

All e-poster presenters are noted with an *
E-Poster Presentations

Monday, June 3  
Monitor #6 – Inflammatory Bowel Disease

Co-moderators:  
Samuel Eisenstein, MD, La Jolla, CA  
Vitaliy Poylin, MD, Boston, MA

9:35 am  
Rectal Cancer Survival Outcomes in Inflammatory Bowel Disease: Are They Worse?  
(P21)  

9:40 am  
Appraisal of Totally Handsewn Side to Side Isoperistaltic Anastomosis in High Risk Crohn’s Disease Patients  
(P22)  
V. Celentano*, K. Flashman: Portsmouth, UNITED KINGDOM

9:45 am  
Greater Loss of Bowel Length, More Ileostomies and Complications in Emergency Resection for Ileocolonic Crohn’s Disease. A Single Centre 8 Years Experience  
(P23)  

9:50 am  
Can Hospital Readmission for Dehydration in Patients with a Diverting Loop Ileostomy be Predicted? A National Readmission Database Analysis  
(P27)  
M.A. Alqahtani*, S. Al-Masroui, N. Morin, C. Vasilevsky, G. Ghitulescu, J. Faria, M. Boutros, K. Zhao: Montreal, QC, CANADA

Monday, June 3  
Monitor #7 – Outcomes

Co-moderators:  
Alexander Hawkins, MD, Nashville, TN  
Marco Ferrara, MD, Orlando, FL

9:35 am  
Management of Bleeding after Transanal Endoscopic Surgery and Predictors of Bleeding  
(P25)  

9:40 am  
The Impact of Laparoscopic Technique on the Rate of Perineal Hernia after Abdominoperineal Resection of the Rectum  
(P30)  
A. Black*, T. Phang, A.A. Karimuddin, R. Robertson, M.J. Raval, C.J. Brown: Vancouver, BC, CANADA

9:45 am  
The Use of Hyoscyamine in Fecal Incontinence  
(P31)  
A. Casano*, A. Crume, J. Waldron, M. Murday: Salt Lake City, UT

9:50 am  
Fecal Incontinence after Acute Stroke (Finish Study): A Prospective Longitudinal Study  
(P32)  

All e-poster presenters are noted with an *. 

Can Hospital Readmission for Dehydration in Patients with a Diverting Loop Ileostomy be Predicted? A National Readmission Database Analysis  
(P27)  
M.A. Alqahtani*, S. Al-Masroui, N. Morin, C. Vasilevsky, G. Ghitulescu, J. Faria, M. Boutros, K. Zhao: Montreal, QC, CANADA

Laparoscopic Compared to Open Splenic Flexure Mobilization Is Associated With Decreased Risk of Splenic/Pancreatic Injury and Peri-operative Blood Transfusion Without A Significant Increase In Operative Time: An ACS-NSQIP Propensity Score-Adjusted Analysis  
(P28)  
F. Alrashid*, S. Al-Masroui, N. Morin, C. Vasilevsky, J. Faria, G. Ghitulescu, M. Boutros, K. Zhao: Montreal, QC, CANADA
E-Poster Presentations

**Monday, June 3**

**Monitor #9 – Neoplastic Disease**

**Co-moderators:** Laila Rashidi, MD, Galveston, TX
Ankit Sarin, MD, San Francisco, CA

**9:35 am**
Familial Adenomatous Polyposis Prevalence and APC Mutation Spectrum in University of South Alabama Regional Patient Population (P33)
L. Grimm, L. Gibson*, J. Blount, B. Wang: Mobile, AL

**9:40 am**
Do Diagnostic and Procedure Codes within Population-based, Administrative Datasets Accurately Identify Patients with Rectal Cancer? (P34)

**9:45 am**
Positive Circumferential Resection Margins Following Locally Advanced Colon Cancer Surgery: Risk Factors and Survival Impact (P35)

**9:50 am**
Does Adjuvant Chemotherapy Benefit High-Risk Stage 2 Colon Cancer: A Nomogram to Predict Reduction in 5-year Mortality Risk with Adjuvant Chemotherapy (P36)
A.E. Graham*, A. Sparks, B. Umapathi: Washington, DC

**Monday, June 3**

**Monitor #10 – Outcomes**

**Co-moderators:** Emily Carter Paulson, MD, Philadelphia, MA
Gabriela Poles, MD, Rochester, MD

**9:35 am**
Does Robotic Right Hemicolectomy Reduce the Risk of Incisional Hernia? (P37)
M. Asai*, S. Nalamati, S. Webb, M. Shukairy: Detroit, MI

**9:40 am**
Does 81 mg Aspirin Reduce the Risk of Postoperative Deep Vein Thrombosis? (P38)
M. Asai*, C. Reickert, A. Stefanou, R. Kalu, C. Fisher: Detroit, MI

**9:45 am**
Turnbull Cutait Is A Safe Option Prior To Considering A Permanent Stoma (P39)
B. Bandi*, A. Jarrar, L. Stocchi, S.R. Steele, J. Church, T. Hull: Cleveland Heights, OH

**9:50 am**
In-hospital Opioid Use among Patients Undergoing Sigmoidectomy for Diverticular Disease (P40)
A. Bastawrous*: Seattle, WA; I. Shih, Y. Li: Sunnyvale, CA; R.K. Cleary: Ann Arbor, MI

**Monday, June 3**

**Monitor #11 – Quality**

**Co-moderators:** Louis Barfield, MD, Baton Rouge, LA
Karen Sherman, MD, Raleigh, NC

**9:35 am**
“To Be or Not to Be” for Suturing of the Rectal Wall Defect after TEM/TAMIS? (P41)
A. Dulskas*, P. Kavaliauskas, E. Stratilatovas: Vilnius, LITHUANIA; N.E. Samalavicius: Klaipeda, LITHUANIA

**9:40 am**
Outcomes and Effects of Carbohydrate Loading in Diabetic Colorectal Surgery Patients Enrolled in an Enhanced Recovery after Surgery (ERAS) Pathway (P42)
A.C. Fabrizio*, L.J. Maldonado, J. Irani, N. Melnitchouk, J. Goldberg, R. Bleday: Boston, MA

**9:45 am**
“Nudging a Surgeon”: Choice-Architecture and Decision-Making in Surgery (P43)
A.O. Farooq*, W.D. Buie: Calgary, AB, CANADA

**9:50 am**
A Patient-centered Remote Care Pathway to Manage Postoperative Complications in Ostomates (P44)
R. Fearn*: London, UNITED KINGDOM

All e-poster presenters are noted with an *.
### E-Poster Presentations

**Monday, June 3**

#### Monitor #12 – Neoplastic Disease

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<thead>
<tr>
<th>Time</th>
<th>Presentation Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>9:35 am</td>
<td><strong>Serial Assessment of Bowel Function and Quality of Life following Transanal Endoscopic Microsurgery for Rectal Tumors</strong> (P45)</td>
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<tr>
<td>9:40 am</td>
<td><strong>Comparison Between Prophylactic and Selective Lateral Pelvic Lymphadenectomy for Lower Rectal Cancer: Retrospective Single Institution Study of 355 Patients</strong> (P46)</td>
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<td>S. Yamaguchi*, Y. Hirano, T. Ishii, H. Kondo, K. Hara, A. Suzuki: Hidaka, JAPAN</td>
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<td>9:45 am</td>
<td><strong>Optimal Treatment Strategy for Rectal Cancer Based on the Risk Factors for Recurrence Patterns</strong> (P47)</td>
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<td>T. Yamamoto*, K. Kawada, K. Hida, R. Ganeko, Y. Sakai: Kyoto, JAPAN</td>
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<td>9:50 am</td>
<td><strong>Comparison of Pathology and Specimen Quality of Transanal Total Mesorectal Excision (taTME) with Minimally Invasive Total Mesorectal Excision (TME) for Rectal Cancer</strong> (P48)</td>
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<td>V. Lao, D. Krizzuk, M. Berho, G. da Silva-southwick, E. Weiss, S.D. Wexner*, D.R. Sands: Weston, FL</td>
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#### Monitor #13 – Quality

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<th>Time</th>
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<tbody>
<tr>
<td>9:35 am</td>
<td><strong>Oh My Aching Hemorrhoids: Surgeons’ Perceptions and Opioid Prescribing Patterns Following Anorectal Surgery</strong> (P49)</td>
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<td>S. Vemuru*, E.D. Krebs, S.C. Hoang, T. Hedrick, C. Friel: Charlottesville, VA</td>
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<td>9:40 am</td>
<td><strong>Post-Discharge Opioid Consumption after Colectomy: Does Operative Approach Matter?</strong> (P50)</td>
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<td>J. Vu*, M. Englesbe, C. Brummett, J. Waljee, P. Suwanabol, R.K. Cleary: Ann Arbor, MI</td>
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**Monday, June 3**

#### Monitor #14 – Neoplastic Disease

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>9:35 am</td>
<td><strong>The Relationship Between Aortoiliac Calcification and Long-term Oncologic Outcome in Patients Undergoing Rectal Cancer Resection</strong> (P53)</td>
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<tr>
<td>9:40 am</td>
<td><strong>The Impact of Anal Intra-Epithelial Neoplasia on Disease Characteristics and Outcomes in Patients with Anal Squamous Cell Carcinoma</strong> (P54)</td>
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<td>9:45 am</td>
<td><strong>The Effects of Mismatch Repair Deficiency Screening in Surgical Management of Colorectal Cancer</strong> (P55)</td>
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<td>K.E. Koch*, P. Goffredo, J. Hrabe, I. Gribovskaja-Rupp, M. Kapadia, A. Snow, A. Bellizzi: Iowa City, IA</td>
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**Monday, June 3**

#### Monitor #15 – Quality

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<tr>
<th>Time</th>
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<tr>
<td>9:45 am</td>
<td><strong>Different Oncologic Impact of Mesocolic Lymph Node Metastasis Between Right and Left Colon Cancer after Curative Colectomy: Results of Anatomical Mapping of Harvested Lymph Nodes in 1,429 Patients Undergoing D3 Dissection</strong> (P56)</td>
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All e-poster presenters are noted with an *.
E-Poster Presentations

**Monday, June 3**
**Monitor #15 – Neoplastic Disease**

**Co-moderators:** David Dietz, MD, Cleveland, OH  
Dana Hayden, MD, Chicago, IL

9:35 am  
Prophylactic Gynecologic Surgery at Time of Colectomy Benefits Women with Lynch Syndrome and Colorectal Cancer: A Markov Analysis (P57)  

9:40 am  
Disparities in Adequate Neoadjuvant Radiation Dosing for Treatment of Rectal Cancer (P58)  

9:45 am  
Medium Rectum Squamous Cell Carcinoma (P59)  
E.S. Oliveira, P.H. Correia, P.M. Saffi, P.P. Thomé, R.C. Melo, M. Crosara Teixeira, J.B. Oliveira*: Brasilia, BRAZIL

9:50 am  
Impact of Lack or Poor Response to Chemoradiotherapy on Radial Margin Positivity Rates in Locally Advanced Rectal Cancer-An ACS-NSQIP Analysis (P60)  

**Monday, June 3**
**Monitor #16 – Benign Disease**

**Co-moderators:** I. Ethem Gecim, MD, Ankara, Turkey  
Angela Kuhnen, MD, Burlington, MA

9:35 am  
Clinical Symptoms and the Outcome of C. Difficile Infection in Rectal Cancer Patients after Rectal Resection and Ileostomy-repair Operation (P61)  
S. Yeom*, H. Kim, Y. Kim, C. Kim, S. Lee: Hwasun-gun, KOREA (THE REPUBLIC OF)

9:40 am  
The Diagnosis and Surgical Management of Tailgut Cysts: A Rare Case Report (P62)  
K. Zhang*, J. Li, T. Liu, J. Shi: Changchun, CHINA

**Monday, June 3**
**Monitor #17 – Neoplastic Disease**

**Co-moderators:** Ellen Bailey, MD, Columbus, OH  
Michelle Cowan, MD, Aurora, CO

9:35 am  
Long Term Outcomes Following Laparoscopic Versus Open Rectal Cancer Surgeries - A Propensity Matched Analysis from a South Asian Tertiary Care Cancer Centre (P65)  

9:40 am  
Short Term Outcomes Following Laparoscopic Versus Open Rectal Cancer Surgery Post Neoadjuvant Radiotherapy-A Propensity Matched Analysis from a South Asian Tertiary Care Cancer Centre (P66)  

9:45 am  
Pathology Reporting of Rectal Cancer Specimens: What We Can Do Better (P67)  
P. Shenoy*, T. Colbert, L. Shaffer, K. Khanduja: Columbus, OH

9:50 am  
Intraoperative Colonoscopy Can Find Complications of Anastomosis Early in Colorectal Surgery (P68)  
S. Shin*, H. Kim, H. Cho, R. Yoo, S. Han: Suwon, KOREA (THE REPUBLIC OF)

All e-poster presenters are noted with an *.
E-Poster Presentations

**Monday, June 3**

**Monitor #1 – Quality**

**Co-moderators:** Samuel Eisenstein, MD, La Jolla, CA
Gabriela Poles, MD, Rochester, MD

11:40 am

Anatomical Identification of Trans-abdominal TME Terminal Line and Trans-anal TME Start Line (P69)
W.M. Ghareeb*, P. Chi, X. Wang, W. Wang: Fuzhou, CHINA

11:45 am

Implementation Costs for Enhanced Recovery after Surgery (ERAS) Protocols – Practical or Prohibitive? (P70)
M.M. Alvarez-Downing*, R.J. Chokshi: Newark, NJ

11:50 am

Optimizing ERAS Fluid Management: Association of Intraoperative Fluid Volume and Recovery Following Colorectal Surgery (P71)
K. Gupta, S. McCluskey, A.E. Pearsall, R. McLeod, J. Victor: Toronto, ON, Canada; A. Caycedo*, T. Hick: Sudbury, ON, Canada; S. Forbes: Hamilton, ON, Canada

11:55 am

Tradition Versus Value: Is there Utility in Protocolized Postoperative Laboratory Testing after Elective Colorectal Surgery (P72)
N.P. McKenna*, E.B. Habermann, A.E. Glasgow, R. Cima: Rochester, MN

Noon

Rectal Pain and CT Utilization in the Emergency Department (P73)
E. Hayakawa*, B.A. Kerner, M. Pershing: Columbus, OH

12:05 pm

Office Visits Prior to Colonoscopy: Does is Make a Difference? (P74)
E. Hayakawa*, B.A. Kerner, M. Pershing: Columbus, OH

12:10 pm

Outcomes of Single Incision Laparoscopic Surgery (SILS) in Colorectal Surgery: A Single Centre Experience (P75)

12:15 pm

Colorectal Cancer Registries: Comparing the United Kingdom and United States of America and the Call for International Standardization (P76)

12:20 pm

Enhanced Recovery Offers Feasible Value in Rural Colorectal Surgery (P77)

12:25 pm

Opioid Prescribing Patterns and Patient Use at Discharge after Colorectal Surgery (P78)

12:30 pm

What Really Influences the Decision for Resection in Colon Cancer Patients? Medical Factor vs. Non-medical Factors (P79)

**Monitor #2 – Neoplastic Disease**

**Co-moderators:** Wolfgang Gaertner, MD, Minneapolis, MN
Mukta Krane, MD, Seattle, WA

11:40 am

Outcomes Following Selectived Splenic Flexure Mobilization in the Robotic Era (P80)
M.K. Zipple*, A. Chonghasawat, F. Tootla: Keeg Harbor, MI

11:45 am

Organ Preservation in Rectal Cancer: Bonus or Ultimate Goal? (P81)

11:50 am

Assessment of Learning Curve of taTME by Multidimensional CUSUM Analysis (P82)

11:55 am

Colorectal Squamous Cell Carcinoma: A Population-Based Study of Rare Tumor Type (P83)
D. Donato-brown, J. Murphy*: London, United Kingdom; A. Antoniou: Harrow, United Kingdom

All e-poster presenters are noted with an *.

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**American Society of Colon & Rectal Surgeons**

**Annual Scientific Meeting 2019**

**WWW.FASCRS.ORG**
E-Poster Presentations

Noon
CD4/CD8 Ratio as a Novel Marker for Increased Risk of High-Grade Anal Dysplasia and Anal Cancer in HIV+ Patients (P84)

12:05 pm
Can the Normalized Carcinoembryonic Antigen (CEA) during Neoadjuvant Chemoradiation Predict Tumor Recurrence after Curative Resection in Patients with Locally Advanced Rectal Cancer? (P85)

12:10 pm
Internal Hemorrhoid Harboring Adenocarcinoma: A Case Report (P86)
M. Caparelli*, J. Batey, C. Barrat: Blue Ash, OH

12:15 pm
A Rare Case of Inflammatory Myofibroblastic Tumor of the Appendix Accompanied with Acute Appendicitis (P87)
Y. Park*, S. Oh, J. Lee: Uijeongbu, KOREA (THE REPUBLIC OF)

12:20 pm
The Stromal Phenotypic Subtype and Increased Risk of Local Recurrence after Rectal Cancer Surgery (P88)

12:25 pm
Initial Experience and Early Outcomes of a Newly Established Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy Program Led by a Colorectal Surgeon at a Single Institution (P89)

12:30 pm
Deep Neural Networks Assisted Diagnosis For Metastatic Pelvic Lymph Nodes (P90)
Y. Lu*: Qingdao, CHINA; Z. Zhang: Chicago, IL

Monday, June 3
Monitor #3 – Outcomes

Co-moderators: Sook Hoang, MD, Charlottesville, VA
Kelly Tyler, MD, Springfield, MA

11:40 am
The Impact of a Multidisciplinary Team and Cancer-Specific Tumor Board in Improving Processes and Outcomes in Patients with Rectal Cancer (P91)

11:45 am
Opioid Requirements in Laparoscopic Colectomies: Do ERAS Protocols Make a Difference? (P92)
M. Ziegler, H. Wasvary, S. Kawak*, J. Wasvary: Royal Oak, MI

11:50 am
Hand-assisted Laparoscopy Versus Straight Laparoscopy for Colorectal Surgery – A Systematic Review and Meta-analysis (P93)
A.O. Frois*, Y. Huang, C.J. Young: New South Wales, AUSTRALIA

11:55 am
Transanal Endoscopic Resection in Advanced Rectal Cancer Following Neoadjuvant Chemoradiotherapy: Safe and Effective? (P94)
Y. Chen*, T. Chen: Taichung, TAIWAN

Noon
Latrogenic Genitourinary Injuries in Colorectal Surgery: Outcomes and Risk Factors for Early and Late Intervention from a Nationwide Cohort (P95)
T. Liu*, P. McClelland, G. Ozuner, H. Burkholder, T. Beninato, M. Zenilman: Brooklyn, NY

12:05 pm
Racial Differences in the Incidence, Presentation, and Outcomes of Early and Standard Onset Colorectal Cancer (P96)
A.E. Graham*, A. Sparks, B. Umapathi: Washington, DC

All e-poster presenters are noted with an *.
E-Poster Presentations

12:10 pm  The Effect of Tobacco Smoking on Organ-Space Surgical Site Infections after Creation of Gastro-Intestinal Anastomoses (P97)
D.D. Zhang*, F. Dossa, N. Baxter: Toronto, ON, CANADA

12:15 pm  Nodal Harvest for Right-Sided Colon Cancer: A Case-Matched Assessment of Laparoscopic vs. Robotic Approaches (P98)
R. Batra*, M. Fuglestad, H. Hernandez, K. Samson, J.A. Leinicke, S. Langenfeld: Omaha, NE

12:20 pm  Impact of a Novel Wound Retractor with Continuous Irrigation on Surgical Site Infection Following Colectomy (P99)
A.J. Malek*, H.T. Papakonstantiou, J.S. Thomas, L.N. Sager: Temple, TX

12:25 pm  A New Robotic Colon and Rectal Surgery Program: A Two-Year Experience (P100)
A.M. Dinallo*, D. Craigg, T. Desai, T. Bourdeau, J. Spence, A. Chudzinski: Tampa, FL

12:30 pm  A Novel Preoperative Risk Score to Predict Lymph Node Positivity for Rectal Neuroendocrine Tumors: An NCDB Analysis to Guide Operative Technique (P101)

11:50 am  The Association Between Primary Tumor Location and Risk Factors for Recurrence in Patients Who Underwent Curative Resection for Stage II Colon Cancer (P104)

11:55 am  T1 Colorectal Cancer Underwent Additional Surgical Resection Following Endoscopic Resection. (P105)
Y. Mizuuchi*, Y. Tanabe, M. Sada, Y. Kitaura, Y. Watanabe, N. Suehara, K. Nishihara, T. Nakano: Kitakyushu City, JAPAN

Noon  Tailoring the Radiotherapy Approach in Patients with Anal Squamous Cell Carcinoma Based on Inguinal Sentinel Lymph Node Biopsy (P106)

12:05 pm  Oncologic Impact of Anatomic Extent of Metastatic Lymph Nodes Metastasis in Stage III Colon Cancer: Implications for Choice of Adjuvant Chemotherapy (P107)
I. Woo, J. Park, S. Park*, H. Kim, G. Choi, B. Kang, J. Kim: Daegu, KOREA (THE REPUBLIC OF)

12:10 pm  Short- And Long-Term Outcomes of High Tie Versus Low Tie With Lymph Node Dissection Around the Inferior Mesenteric Artery in Sigmoid Colon or Rectal Cancer Surgery (P108)
X. Li*: Shanghai, CHINA

Monday, June 3

Monitor #4 – Neoplastic Disease

Co-moderators: Alex Ky, MD, New York, NY
                  Ankit Sarin, MD, San Francisco, CA

11:40 am  Short Term Outcomes of Stents in Obstructing Rectal Cancer. Systematic Review and Meta-analysis (P452)

11:45 am  Appendiceal Adenocarcinoma: Overall Survival Associated with Adjuvant Chemotherapy is Lower than Expected (P103)

11:50 am  Comparison of Single or Staged Surgical Management in Acute Obstructive Non-metastatic Colorectal Cancer Patients Aged Over 75: Experience in National Center of Gerontology in China (P109)
J. Cui*, G. Zhao, X. Cao, G. Xiao: Beijing, CHINA

12:00 pm  Does Appendectomy Before Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Appendiceal Neoplasm Influence Survival? (P110)
J. Kaplan*, W.B. Gaertner, C. Jensen, T. Tuttle: Minneapolis, MN

12:15 pm  Faster Region-based Convolutional Neural Network-Aided Diagnosis for Rectal Cancer Circumferential Resection Margin of MRI Images (P111)
Y. Lu, X. Zhang, Y. Gao, D. Wang: Qingdao, CHINA; Z. ZHANG*: Chicago, IL

All e-poster presenters are noted with an *.
E-Poster Presentations

12:30 pm Survival Outcomes of Appendiceal Mucinous Neoplasms by Histological Type and Stage: Analysis of 266 Cases in a Multicenter Collaborative Retrospective Clinical Study (P112)

12:05 pm Determining the Learning Curve of taTME in the Single-Surgeon-Team Setting (P118)
A. Caycedo*, G. Ma, J. Caswell, M. Conlon: Sudbury, ON, CANADA

12:10 pm Racial Group Comparison of KRAS Testing and Mutation Rates in Metastatic Colorectal Cancer (P119)
M.K. Zipple*, F. Tootla: Keego Harbor, MI

12:15 pm A Main Cause for the Impairment of Anal Function after Intersphincter Resection: From Pathology to Clinical Practice (P120)

Monday, June 3
Monitor #5 – Neoplastic Disease

Co-moderators: Louis Barfield, MD, Baton Rouge, LA Gokhan Ozuner, MD, Brooklyn, NJ

11:40 am Disparities in Outcomes of Abdominoperineal Resection Between Patients with Anal and Rectal Cancer (P113)

11:45 am CapeOx With Sequential Apatinib in Treating Rectal Cancer as Ideal Neo-adjuvant Chemotherapy —- A Primary Report on a New Preoperative Only Chemotherapy Strategy (P114)
J. Liu*, Y. Dong, X. He, X. Wang, L. Li: Chengdu, CHINA; T. Phang: Vancouver, BC, CANADA

11:50 am Case Report: Primary Lung Cancer with Solitary Metastasis to Rectosigmoid Colon (P115)

11:55 am Multicenter Preliminary Results of Neoadjuvant Chemotherapy Prior Elective Surgery Following Self-expanding Metallic Stents for Obstructing Left-sided Colonic Cancer (P588)
Z. Wang*, J. Han: Beijing, CHINA; Y. Dai: Jinan, CHINA; X. Li: Changsha, CHINA; Q. Qian: Wuhan, CHINA; G. Wang: Shijiazhuang, CHINA

Noon Validation of Biomarkers of Preoperative Chemoradiotherapy for Advanced Low Rectal Cancer and Extraction of the High-risk Group of Recurrence (P117)
A. Tsuruta*, Y. Watanabe, T. Ueno, T. Nagasaka, H. Tanioka: Kurashiki, JAPAN

12:05 pm Long-term Oncologic Outcomes of Primary Rectal Cancer Treated with Laparoscopic Approach: A 12 Years Cohort Study (P121)

12:20 pm Is Completion Resection Necessary Following Endoscopic Resection of TI Polyp Cancers? (P122)
R.K. Griggs*, E.D. Courtney: Bath, UNITED KINGDOM

12:25 pm The Clinical Outcomes of Hyperthermic Intraperitoneal Chemotherapy after Complete Cytoreduction with Concurrent Liver Surgery in Patients with Synchronous Peritoneal and Liver Metastases from Colorectal Origin (P123)
Y. Jeon*, E. Park, J. Lim, S. Bai: Seoul, KOREA (THE REPUBLIC OF)

Monday, June 3
Monitor #6 – Benign Disease

Co-moderators: Alexander Hawkins, MD, Nashville, TN Vitaly Poylin, MD, Boston, MA

11:40 am Predictive Factors of Recurrence after Anal Condyloma Treatment (P124)

11:45 am Extensive Perineal and Scrotal Emphysema as Presentation of Anal Fistula (P125)
B. Raad, T. Kurdi*, F. Kistawi: Madinah, SAUDI ARABIA

All e-poster presenters are noted with an *.
E-Poster Presentations

11:50 am Chronic Fecal Incontinence Secondary to Lidocaine/Bupivacaine Induced Myotoxicity of Anal Sphincter Complex: A Case Report (P126)
A. Dakwar*, M.S. Zoumberos, J. Williams: Tampa, FL

11:55 am Evaluation of Practice Patterns of Chemodenervation for Chronic Anal Fissure (P127)

Noon Laparoscopic Sigmoid Colectomy for a Urecterocolic Fistula Secondary to Diverticulitis: A Case Report (P128)
J. Koury*, D. Reddy: Harrisburg, PA

12:05 pm Patient Age Should Not Determine Elective Resection for Acute Diverticulitis (P129)

12:10 pm Modified Van Assche MRI-based Score for Assessing Clinical Status of Anal Fistula (P130)
W. Wang*, H. He, C. Cao: Chengdu, CHINA

12:15 pm Current US Preoperative Bowel Preparation Trends: A 2018 Survey of the American Society of Colon and Rectal Surgeons Members (P131)

12:20 pm Minimally Invasive Robotic Extended Cecal Wedge Resection for Benign Cecal/Proximal Ascending Colon Polyps (P132)
J. Golzarian*: Huntsville, AL

12:25 pm Utility Of Routine Interval Elective Colectomy Following Initial Episode Of Complicated Diverticulitis: A Disease Simulation and Decision Model (P133)

12:30 pm What is the Impact of Diverticular Abscess Drainage on Decision to Offer Surgery? (P134)
C. McCarthey, P. Mueller, P.M. Cavallaro*, K. Kennedy, L. Bordeianou, R. Bleday: Boston, MA; M. Rubin: Salem, MA; T.D. Francone: Newton, MA

11:40 am A Case of Endoscopic Balloon Dilation of Ileocecal Valve Stricture (P135)

11:45 am Variability in Pathology Reporting of Ulcerative Colitis Colectomy Specimens Reveal a Need for Standardized Reporting. (P136)

11:50 am Short and Long-term Outcomes of One-stage Stapled Ileal Pouch Anal Anastomosis for Ulcerative Colitis (P137)

11:55 am Reoperation Surgery Following IPAA: Is There a Role for Laparoscopy? (P138)
S. Yeliniek, H. Gilshtein, D. Krizzuk, S.D. Wexner*: Weston, FL

Noon Associations Between Multiple Immunosuppressive Treatments Before Surgery and Surgical Morbidity in Patients with Ulcerative Colitis during the Era of Biologics (P139)

12:05 pm Actinomycosis of the Appendix Mimicking Cecal Tumor: A Case Report (P140)
I. Cho*: Daegu, KOREA (THE REPUBLIC OF)

12:10 pm Optimal Surgical Approach to Crohn’s Disease Patients with a Complex Fistula. Ligation of Intersphincteric Fistula Tract (LIFT) or Rectal Advancement Flap (FLAP)? (P141)
A. Mijukian*, A. Truong, P. Fleshner, K.N. Zaghiyan: Los Angeles, CA

12:15 pm Mortality after Surgery for IBD: Why do Patients Die? (P142)
C.R. Mascarenhas*, S. Holubar, T.B. Cengiz, S.R. Steele, T. Hull: Cleveland, OH

All e-poster presenters are noted with an *. 
## E-Poster Presentations

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<th>Time</th>
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<tbody>
<tr>
<td>12:25 pm</td>
<td>Surgical Management of Rectovaginal Fistula in Crohn’s Disease (P144)</td>
<td>I. Sapci*, M. Zutshi, N. Akeel, T. Hull</td>
<td>Cleveland, OH</td>
</tr>
<tr>
<td>12:30 pm</td>
<td>Extended Thromboprophylaxis Following Colorectal Surgery in Patients with Inflammatory Bowel Disease: A Comprehensive Systematic Clinical Review (P145)</td>
<td>T.J. McKechnie*, J. Wang, J.E. Springer, S. Forbes, C. Eskicioglu</td>
<td>Hamilton, ON, CANADA</td>
</tr>
<tr>
<td>12:10 pm</td>
<td>16S rRNA Taxonomic Analysis of the Appendix Bacterial Microbiome in Health and Disease (P152)</td>
<td>A. Scott*, N. Nachiappan, J.L. Alexander, J. Marchesi, J.M. Kinross</td>
<td>London, UNITED KINGDOM</td>
</tr>
<tr>
<td>12:15 pm</td>
<td>A Dinucleotide Deletion in the CD24 Gene is a Potential Risk Factor for Colorectal Cancer (P153)</td>
<td>L. Segev*, I. Naboishchikov, D. Kazanov, E. Bernstein, M. Shaked, N. Arber, S. Shapiro</td>
<td>Tel-Aviv, ISRAEL; A. Nissan: Tel Hashomer, ISRAEL</td>
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<tr>
<td>12:20 pm</td>
<td>Clinical Implications of Distinct Tumor Microenvironment Signatures between Early and Late-onset Colorectal Cancer (P154)</td>
<td>R. Siddharthan*, R. Ruhl, R. Martindale, S. Anand, L. Tsikitis</td>
<td>Portland, OR</td>
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<tr>
<td>12:25 pm</td>
<td>Atherosclerotic Risk Assessment and Computed Tomography Angiography Predicting the Critical Hemodynamic Alteration of the Marginal Artery after High Ligation of the Inferior Mesenteric Artery in Rectosigmoid Colon Cancer Patients (P155)</td>
<td>G. Son*: Yangsan-si, KOREA (THE REPUBLIC OF)</td>
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<tr>
<td>12:30 pm</td>
<td>Reduction of Colonic Blood Flow in Pedicled Colonic Segments in Rats and its Consequences for Anastomotic Leakage (P156)</td>
<td>K. Kawada, Y. Sakai: Kyoto, JAPAN; T. Wada*: Otsu city, JAPAN</td>
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### Monday, June 3

#### Monitor #8 – Basic Science

**Co-moderators:** Irena Gribovskaja-Rupp, MD, Iowa City, IA
Evangelos Messaris, MD, Boston, MA

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<th>Time</th>
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<tr>
<td>11:40 am</td>
<td>Role of Interleukin 10 Genetic Polymorphisms in Mexican Patients with Rectal Cancer (P146)</td>
<td>J. de León Rendón*, J.A. Villanueva-Herrero, M. Recalde Rivera, D. Vargas Velásquez, B. Jimenez-Bobadilla, J. Ángeles Martínez, R. López Pérez, N. Gracida Mancilla</td>
<td>Mexico City, MEXICO</td>
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<tr>
<td>11:45 am</td>
<td>The Efficiency and Mechanisms of Chinese Herbal enema prescription(DHEP) for Inhibiting inflammatory response, regulating intestinal microbiota in Ulcerative Colitis (P147)</td>
<td>K. Ding*, D. Gong-Jian, D. Yang, Z.S. Min: Nanjing, CHINA</td>
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<tr>
<td>11:50 am</td>
<td>Efficacy of Sacral Nerve Stimulation for Treatment of Fecal Incontinence (P148)</td>
<td>A. Hayden*, G. Blestel, Y. Yurko: Greenville, SC</td>
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<td>11:55 am</td>
<td>Amphiphilic Polypeptide-based Micelles Delivering 20(S)-ginsenoside Rg3 and Curcumin to Treat Colorectal Adenocarcinoma (P149)</td>
<td>J. Li*, K. Zhang, J. Shi, T. Liu: Changchun, CHINA</td>
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All e-poster presenters are noted with an *.
E-Poster Presentations

**Monday, June 3**

**Monitor #9 – Education**

Co-moderators: Gifty Kwakye, MD, Ann Arbor, MI
Emily Steinhagen, MD, Cleveland, OH

11:40 am
Colon and Rectal Robotic Surgery Curriculum: Does Expansion Mean Dilution? (P157)

11:45 am
Assessing Patient Education and Concerns Prior to Surgery with Ostomy Creation (P158)
M.E. Kelly*, C. Jiang, W.A. Lindberg, J.T. Brady, E. Steinhagen, S.L. Stein: Cleveland, OH

11:50 am
Long-Term Assessment of a Targeted Intervention to Reduce Intraoperative Costs (P159)
A. Lam*: Chicago, IL; K. Kuchta, J. Paruch, J.P. Muldoon: Evanston, IL

11:55 am
Perforated Diverticulitis of the Sigmoid Colon Contained within an Inguinal Hernia Sac (P160)

Noon
Colorectal Surgical Education Through Twitter: Extending the Conversation Beyond the Operating Room (P161)
V.C. Nikolian*; Ann Arbor, MI; S.R. Steele: Cleveland, OH

12:05 pm
Assessment of Research Creativity Competencies Among Surgical Trainees (P162)

12:10 pm
Colorectal Surgical Training in Italy: A Strategic Survey of the Young Group of the Italian Society of Colorectal Surgery (Y-SICCR) (P163)
G. Pellino*: Aversa, ITALY; J. Martelucci, A. Sturiale: Florence, ITALY; E. Moggia: Tortona, ITALY; E. Novelli: Novara, ITALY; F. Pata, G. Gallo: Catanzaro, ITALY; M. Trompetto: Vercelli, ITALY

All e-poster presenters are noted with an *.

12:15 pm
Intestinal Anastomosis Training Utilizing 3D Printed Simulated Bowel Offers the Opportunity for a Low Cost Effective Mastery Learning Curriculum (P164)

12:20 pm
How to Get Ahead: Young Colorectal Surgeons Reflect on their First Few Years in Practice (P165)

12:25 pm
Participation in a taTME Course Facilitates Adoption of the Technique (P166)

12:30 pm
Trans-Anal Strictureplasty: A Novel Approach to a Relatively Common Problem (P167)
H.A. Turaihi*, H. Wasvary, M. Ziegler: Royal Oak, MI

**Monday, June 3**

**Monitor #10 – Outcomes**

Co-moderators: Vlad Simianu, MD, Seattle, WA
Elizabeth Wick, MD, San Francisco, CA

11:40 am
Incidence and Prognosis of Pulmonary Metastasis in Colorectal Cancer Stratified by Primary Tumor Location at Initial Diagnosis: A SEER-Based Study (P168)
Z. Wang*, S. Lei, Y. Ge: Wuhan, CHINA

11:45 am
Who is at Greatest Risk for Incisional Hernia after Loop Ileostomy Closure? (P169)
K.A. Kelly-Schuette*, R. Kyriakakis, J.W. Ogilvie: Grand Rapids, MI

11:50 am
The Effect of Neoadjuvant Radiotherapy on Faecal Incontinence, Low Anterior Resection Syndrome and Anal Manometric Findings after Total Mesorectal Excision (P170)
C. Foo*, N. Shum, R. Wei, O. Lo, W. Law, H. Choi: Hong Kong, HONG KONG

11:55 am
Laparoscopic Approach to Malignant Colonic Obstruction Improves Short Term Morbidity & Mortality (P171)
E-Poster Presentations

Noon  Impact of Auricular Neurostimulation in Patients Undergoing Colorectal Surgery with an Enhanced Recovery Protocol: A Randomized, Controlled Trial (P172)

12:05 pm  Can a Non-formal Colorectal Robotics Program Achieve the Same Clinical Outcomes for Robotic Colon Surgery? (P173)
E. King*, L. Anewenah, M. Weaver, D. Choat, W. Ambroze, M. Schertzer: Atlanta, GA

12:10 pm  A Propensity-matched Comparison of Robotic, Laparoscopic and Open Colorectal Surgery in Colorectal Cancer (P174)

12:15 pm  Outcomes of Radiation Therapy for Squamous Cell Cancer of the Rectum, an Observational Study Utilizing the National Cancer Database (P175)

12:20 pm  The Prognosis of Adeno, Adenosquamous and Squamous Carcinomas of the Colon and Rectum, a National Cancer Database Observational Study (P176)

12:25 pm  What is the Optimal Length of Opioid Prescription after Hemorrhoidectomy? (P178)

Monday, June 3
Monitor #11 – Neoplastic Disease

Co-moderators: Deborah Keller, MD, New York, NY
George Nassif, MD, Altamonte Springs, FL

11:40 am  Single Center Experience and Early Adaptation of Robotic and Laparoscopic Assisted Transanal Total Mesorectal Excision (TaTME) (P179)
S.G. Lee*, M. Landry, M. Casillas, A. Russ: Knoxville, TN

11:45 am  Is There a Relationship Between Body Mass Index, Nutritional Status, and Survival Rates in Rectal Cancer Patients? (P180)
H. Park*, A.H. Kaji, B.A. Petrie: Torrance, CA

11:50 am  The Impact of Socioeconomic Status on the Surgical Treatment of Rectal Cancer at Community Versus Academic Centers: A National Cancer Database Study (P181)
K. Johnson*: Wilkes Barre, PA

11:55 am  Initial Colorectal Surgery Choice, Repeat Interventions, and Causes of Mortality in a Familial Adenomatous Polyposis Patient Registry (P182)
A.R. Cannon*, B. Pickron, M. Keener, D. Neklason: Salt Lake City, UT

Noon  Novel Approach: Combined Endoscopic Robotic Surgery for Complex Polyp Resection (P183)
A.T. Jones, M. Zelhart*: New Orleans, LA

12:05 pm  Conventional Laparoscopy Versus Transanal Total Mesorectal Excision(taTME) for Rectal Cancer after Neoadjuvant Chemoradiation: Long-Term Follow-up Results (P184)
P. Chen*: Taipei, TAIWAN; S. Yang: Yilan, TAIWAN

12:10 pm  Accurately Predicting Pathological Complete Response after Neoadjuvant Chemoradiotherapy for Rectal Cancer Using XGBoost Machine Learning Model: Results of a Retrospective Study on 870 Patients (P185)
X. Wang*, W.M. Ghareeb, P. Chi: Fuzhou, CHINA

12:15 pm  Education and Engagement: Key Factors Enabling Colorectal Cancer Patients to Promote Benefits of Screening Amongst their Siblings, a Randomised Controlled Trial (P186)
D. Shan, T. Lim, K. Tan, J. Kh Tan*: Singapore, SINGAPORE

All e-poster presenters are noted with an *.
## E-Poster Presentations

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<tbody>
<tr>
<td>12:20 pm</td>
<td>Nomograms that Predict the Response to Preoperative Chemoradiotherapy in Patients with Lower Rectal Cancer (P187)</td>
<td>K. Kawai*, S. Ishihara</td>
<td>Tokyo, JAPAN</td>
</tr>
<tr>
<td>12:25 pm</td>
<td>A Development of a Novel LED Marking Clip to Detect the Tumor Location in Laparoscopic Surgery (P188)</td>
<td>M. Sasaki*, N. Miyoshi, S. Fujino, T. Hata, C. Matsuda, T. Mizushima, Y. Doki</td>
<td>Osaka, JAPAN; Y. Wada: Tokushima, JAPAN</td>
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**Monday, June 3**

### Monitor #12 – Neoplastic Disease

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<th>Time</th>
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<tbody>
<tr>
<td>11:40 am</td>
<td>Short Term Morbidity after Recurrent Rectal Cancer Surgery (P190)</td>
<td>F. Grass*, J. Ansell, E.J. Dozois, S.R. Kelley, D. Larson, K.L. Mathis; Phoenix, AZ; D. Colibaseanu, A. Merchea; Jacksonville, FL</td>
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<tr>
<td>11:45 am</td>
<td>Rate and Cause of Anastomotic Failure in Patients with Hand-sewn Colo-anal Anastomosis Following Surgery for Rectal Cancer (P191)</td>
<td>F. Grass*, J. Ansell, K.L. Mathis, E. Duchalais, D. Larson, E.J. Dozois; Rochester, MN</td>
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<tr>
<td>11:55 am</td>
<td>The Change of Surgical Treatment for Elderly patients with Colorectal Cancer in Japan (P193)</td>
<td>M. Takahashi*, S. Sakamoto</td>
<td>Tokyo, JAPAN</td>
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<tr>
<td>12:05 pm</td>
<td>Trends in Uptake of Minimally Invasive Surgery for Colorectal Cancer Resection: A Bi-national Perspective (P195)</td>
<td>K.J. Zhu*, S. Bell, S. Warrier, J.C. Kong</td>
<td>Melbourne, AUSTRALIA</td>
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<tr>
<td>12:10 pm</td>
<td>The Impact of Arteriosclerosis on Postoperative Complications in Laparoscopic Surgery for Colorectal Cancer (P196)</td>
<td>S. Morita*, M. Tsuruta, K. Okabayashi, T. Ishida, K. Shigeta, Y. Kitagawa; Tokyo, JAPAN; H. Hasegawa</td>
<td>Ichikawa-shi, JAPAN</td>
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<tr>
<td>12:15 pm</td>
<td>Pathological Response is an Independent Predictor of Survival in Patients Treated with Neoadjuvant Chemoradiotherapy for Locally Advanced Rectal Cancer (P197)</td>
<td>J. On, C. MacKay*, G. Ramsay, G. Murray, C. Parnaby</td>
<td>Aberdeen, UNITED KINGDOM</td>
</tr>
<tr>
<td>12:20 pm</td>
<td>Long-Term Outcomes following Two Segmental Resectons and Extended Resection in Patients with Synchronous Colorectal Cancer (P198)</td>
<td>B. Lauritz*, I. Hayes, J. Liang; Melbourne, AUSTRALIA; M. Liang</td>
<td>Singapore, SINGAPORE</td>
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<tr>
<td>12:25 pm</td>
<td>Application of Trans-Rectal Extraction of Specimen with Double Stapling Anastomoses of 3D Laparoscopic Resection in Middle Rectal Cancer (P199)</td>
<td>F. Ji*, K. Wang, W. Gao, Z. Zhu, C. Fu</td>
<td>Shanghai, CHINA</td>
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<tr>
<td>12:30 pm</td>
<td>Response to Neoadjuvant Therapy in Patients with Early-onset Rectal Cancer (P200)</td>
<td>C. Foppa*, F. Cianchi</td>
<td>Florence, ITALY; M. Montorsi, A. Maroli, M. Carvello, A. Spinelli</td>
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All e-poster presenters are noted with an *.
### E-Poster Presentations

**Monday, June 3**  
**Monitor #13 – Pelvic Floor Disorders**

**Co-moderators:**  
Anne Mongiu, MD, Brooklyn, NY  
David Stewart Sr., MD, Tucson, AZ

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<tr>
<td>11:40 am</td>
<td>A Need Unmet: Despite an Increase in Robotic Rectopexy, Half of Female Rectal Prolapse Repairs in the United States May Fail to Address Multi-compartment Pelvic Organ Prolapse (P201)</td>
<td>T. Curran*, S. Allen, V.V. George, A. Edenfield: Charleston, SC; S. Vogler: Minneapolis, MN</td>
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<tr>
<td>11:45 am</td>
<td>Reduced-port Laparoscopic Suture Rectopexy Using a Novel Magnetic Retractor (P202)</td>
<td>R.I. Diaz Jara, L.K. Welsh, G. Davalos*, D. Portenier, A.D. Guerron, B.Y. Lan: Durham, NC</td>
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<tr>
<td>11:50 am</td>
<td>Pudendal Nerve Cryoablation for Chronic Pelvic Pain (P203)</td>
<td>S. Fox*, K. Griffen, G. Blestel, Y. Yurko, J. Hinshelwood: Greenville, SC</td>
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<tr>
<td>12:05 pm</td>
<td>It Takes of Village: The First 100 Patients Seen in a True Multidisciplinary Pelvic Floor Clinic (P206)</td>
<td>S. Jochum*, H. Legator, S. Dugan, J. Favuzza, T. Saclarides, D. Hayden, C. Brinca, K. Robinson: Chicago, IL</td>
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**Monday, June 3**  
**Monitor #14 – Benign Disease**

**Co-moderators:**  
N. Arjun Jeganathan, MD, Hershey, PA  
Lillis Maguire, MD, Minneapolis, MN

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<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tr>
<td>11:40 am</td>
<td>Short and Long-term Results of Managing 386 Mucocoele Prolapse Cases with Mucopexy-Recto Anal Lifting (MuRAL), a Minimally Invasive and Standardized Treatment (P212)</td>
<td>M. Venturi, C. Vergani: Milano, ITALY; C. Pagano*, C. Bertani: Vizzolo Predabissi, ITALY</td>
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<tr>
<td>11:45 am</td>
<td>Surgery for Pelvic Floor Disorder: Analysis over Two Decades in a UK Community Hospital (P204)</td>
<td>M. Jitsumura, S. Heydari Khajehpour, R.J. Lawrence, I. Mallick*: Bournemouth, United Kingdom</td>
</tr>
<tr>
<td>Noon</td>
<td>Outcomes of Surgical Management in Chronic Idiopathic Constipation Patients (P216)</td>
<td>B. Wu*, T. Chen, J. Liang: Taipei, TAIWAN</td>
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All e-poster presenters are noted with an *.

12:20 pm Management Options and Outcomes for Rectovaginal Fistula: A Population-Based Analysis of 70 Patients (P209)  

12:25 pm Clinical Implication of Solitary Rectal Ulcer Syndrome (P210)  
E.M. Mustaf*: Amman, JORDAN

12:30 pm Does the Length of the Prolapsed Rectum Impact Outcome of Surgical Repair? (P211)  
E. Nugent*, A.R. Spivak, T. Hull, M. Zutshi: Cleveland, OH

12:40 pm Outpatients Hemorrhoid Referrals to a Colorectal Surgeon and Diagnostic Accuracy: Is it Really a “Hemorrhoid?” (P214)  

12:45 pm Epiploic Appendagitis: Still Going Unnoticed? (P215)  

12:50 pm Epiploic Appendagitis: Still Going Unnoticed? (P215)  

12:55 pm Epiploic Appendagitis: Still Going Unnoticed? (P215)  
E-Poster Presentations

12:05 pm  Athermal Fissurectomy with Plastic Primary Wound Closure in Chronic Fissura-in-ano - Presentation of a New Technique
F. Pakravan*, C. Helmes, S. Ganzer, I. Alldinger: Duesseldorf, GERMANY

12:10 pm  Laparoscopically Assisted Endoscopic Polypectomy - Is the Effort Justified? (P218)
F. Pakravan*, C. Helmes, S. Ganzer, I. Alldinger: Duesseldorf, GERMANY

12:15 pm  FiLaC Via Fistuloscope a New Way for Complex Anal Fistula with Deep Tracks (P219)
C. Wang*, H. Liang, Y. Yao, L. Yin, Y. Cao: Shanghai, CHINA

12:20 pm  Operative Incision and Drainage for Perirectal and Perianal Abscesses: What are Risk Factors for Prolonged Length of Stay, Reoperation, and Readmission? (P220)
S. Sho*, A. Dawes, F. Chen, M.M. Russell, M. Kwaan: Los Angeles, CA

12:25 pm  Thermographic Mapping is a Feasible Method to Monitor the Peristomal Skin Condition of Stoma Patients (P221)
R. Fearn*: London, UNITED KINGDOM

12:30 pm  Prognosis after Radical Surgery for High Intersphincteric Fistula-in-ano: A Retrospective Study to Highlight the Importance of the Conjoined Longitudinal Muscle Detected by Endoanal Ultrasound (P222)

12:45 pm  Implementation of ERAS Protocol in Colorectal Surgery at the Rancagua Regional Hospital: Preliminary Results (P224)
G. Montesinos*, C. Navarro, J. Escarate, D. Arellano, S. Conejeros, P. Larrachea: Rancagua, CHILE

11:50 am  Comparison of Short-Term Outcomes of Incisionless and Small Invasion Laparoscopic Surgery in the Treatment of Rectal Cancer (P225)
C. Fu*, T. Du: Shanghai, CHINA

11:55 am  Totally Laparoscopic Extended Sigmoid Colon Resection with Transvaginal Specimen Extraction (P226)
C. Fu*: Shanghai, CHINA

Noon  Complete Mesocolic Excision Vs Conventional Colectomy for Right Colon Cancer (P227)

12:05 pm  Pathological Analysis of the Surgical Specimens in Emergency Colectomies for Colorectal Cancer Performed at the Rancagua Regional Hospital (RRH) during the Period 2016-2018 (P228)
G. Montesinos*, J. Escarate, C. Navarro, D. Arellano, S. Conejeros, P. Larrachea: Rancagua, CHILE

12:10 pm  Clinicopathologic Analysis of Lateral Margin and Mesorectal Spread of Rectal Cancer with Whole-mount Section (P229)
S. Nam*, J. Kang: Goyang, KOREA (THE REPUBLIC OF)

12:15 pm  The Accuracy of Mr TRG for Prediction of Tumor Response and Oncologic Outcomes in Rectal Cancer after Preop. CRT: Correlation with Pathologic TRG (P230)

12:20 pm  Diagnostic Efficacy of Cytology and DNA Genotyping in Comparison with High Resolution Anoscopy (HRA) in HPV-Related Anal Diseases (P231)

Monday, June 3
Monitor #15 – Neoplastic Disease

Co-moderators: Jeffrey Barton, MD, New Orleans, LA
Ziad Kronfol, MD, Baytown, TX

11:40 am  Treatment Completion and Delay in Stage II and III Rectal Cancer: A Population Based Study in Appalachian Kentucky and the Effect on Survival (P223)
T. Gan*, J. Patel, Q. Chen, B. Huang, C. Huerta, B.M. Evers: Lexington, KY

11:45 am  Complete Mesocolic Excision Vs Conventional Colectomy for Right Colon Cancer (P227)

11:50 am  Comparison of Short-Term Outcomes of Incisionless and Small Invasion Laparoscopic Surgery in the Treatment of Rectal Cancer (P225)
C. Fu*, T. Du: Shanghai, CHINA

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<tr>
<td>12:25 pm</td>
<td><strong>Role and Benefit of Laparoscopic Colorectal Resection with Open Liver Resection (Hybrid) in Treatment of Colorectal Cancer with Synchronous Liver Metastases (P232)</strong></td>
<td>K. Choi, J. Lee*, Y. Han, M. Cho, H. Hur, B. Min, N. Kim, K. Lee: Seoul, KOREA (THE REPUBLIC OF)</td>
</tr>
<tr>
<td>12:05 pm</td>
<td><strong>The Relative Effects of Obesity, Diabetes and Elevated Hemoglobin A1c on Post-Operative Wound Infections after Colorectal Surgery (P239)</strong></td>
<td>L. Cunningham*, T. Yoo, A. Gasior, A. Traugott, M. Arnold, A. Harzman, S. Husain: Columbus, OH</td>
</tr>
<tr>
<td>12:10 pm</td>
<td><strong>23-hour Right Hemicolectomy Feasibility Study (P240)</strong></td>
<td>D. Borsuk, K. Kochar, J. Park, S.J. Marecik: Park Ridge, IL; A. Studniarek*: Chicago, IL</td>
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<tr>
<td>12:25 pm</td>
<td><strong>Laparoscopic Resection in Patients 80 Years Old and Older (P243)</strong></td>
<td>J.H. Marks*, B. Anderson, H. Schoonyoung, A.R. Spivak, A. Williams: Wynnewood, PA</td>
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<tr>
<td>12:30 pm</td>
<td><strong>Do Minimally Invasive Surgical Techniques Change the Way Colorectal Surgery Affects Patients? (P244)</strong></td>
<td>X. Xhaja*, J. Church: Cleveland, OH; R. Kiran: New York, NY</td>
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**Monday, June 3**

**Monitor #16 – Outcomes**

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<th>Time</th>
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<tr>
<td>11:50 am</td>
<td><strong>The Association Between Pre-operative Oral Antibiotics and the Incidence of Post-operative Clostridium Difficile Infection in Adults Undergoing Elective Colorectal Resection: A Systematic Review and Meta-Analysis (P236)</strong></td>
<td>S. Khorasani*, F. Dossa, A. de Buck van Overstraeten: Toronto, ON, CANADA; T.J. McKechnie: Hamilton, ON, CANADA</td>
</tr>
<tr>
<td>11:55 am</td>
<td><strong>A Randomized Controlled Trial Investigating Regular Diet Versus Clear Liquid Diet Immediately following Elective Colorectal Surgery (P237)</strong></td>
<td>A.E. Gough: Casper, WY; K.N. Zaghiyan, P. Fleshner*: Los Angeles, CA</td>
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<td>Noon</td>
<td><strong>Tying and Tearing in Robotic and Laparoscopic Intracorporeally Hand-Sewn Ileocolic Anastomoses. A Propensity Score Matched Prospective Study (P238)</strong></td>
<td>R. Bendl*: Norwalk, CT; G. Angelos: Sioux Falls, SD; M. Gachabayov, R. Bergamaschi: Valhalla, NY</td>
</tr>
</tbody>
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All e-poster presenters are noted with an *
E-Poster Presentations

Monday, June 3
Monitor #1 – Neoplastic Disease

Co-moderators: Jennifer Davids, MD, Worcester, MA
Nelya Melnitchouk, MD, Boston, MA

Monday, June 3
Monitor #2 – Neoplastic Disease

Co-moderators: Christopher Buzas, MD, Danville, PA
Erin King-Mullins, MD, Fayetteville, GA

11:50 am
The Standardization of Outpatient Procedure (STOP) Narcotics after Anorectal Surgery: A Prospective Non-Inferiority Study to Reduce Opioid Use (P246)
L. Hartford, P.B. Murphy, D. Gray, A. Maciver, C. Clarke, L. Allen, C. Garcia-Ochoa, K. Leslie, J. Van Koughnett*: London, ON, CANADA

11:55 am
Clinical Outcomes and Healthcare Provider Compliance with ERAS Pathways in Elective Colorectal Surgery (P247)

Noon
Can ERAS be Implemented in a Tertiary Care Center with a Low Socioeconomic Population? (P249)
D. Kay*, S. Kumar, D. Davenport, A. Bhakta, K.W. Murphy: Lexington, KY

12:05 pm
Postoperative Morbidity and Readmission Risk Following Abdominoperineal Resection: An Opportunity for Improvement (P250)
D.T. Thompson*, P. Goffredo, A. Beck, I. Gribovskaja-Rupp, J. Hrabe, M. Kapadia, I. Hassan: Iowa City, IA

12:10 pm
The Impact of TAP Blocks on Length of Stay in an ERAS Protocol (P251)

12:15 pm
Evaluation of Quality Outcomes for Complex Colorectal Surgery Patients (P252)

12:20 pm
Effect of Prophylactic Tamsulosin with Early Urinary Catheter Removal on Rates of Urinary Retention after Colorectal Surgery (P253)

12:25 pm
Use of C-reactive Protein (CRP) as Predictive Marker in Detecting Colorectal Anastomotic Leaks: Is It Reliable? (P254)
L. Chen*, R. Mathew: Singapore, SINGAPORE

12:30 pm
Alvimopan Use in the Setting of Abdominoperineal Resection: A Retrospective Cohort Study (P255)

All e-poster presenters are noted with an *.
E-Poster Presentations

3:45 pm  Surgical Resection of Locoregionally Recurrent Colon Cancer: Results from Two Large Tertiary Referral Centers in the USA and UK (P262)
J. Tiernan*, J. Helliwell, P. Sagar: Leeds, UNITED KINGDOM; A. Jarrar, B. Bandi, R. Sheth, S. Steele: Cleveland, OH

3:50 pm  Laparoscopy as a Useful Adjunct to Colonoscopic Polypectomy: A Case Series (P263)
M. Caparelli*, A. Duda, C. Barrat: Blue Ash, OH

Monday, June 3
Monitor #3 – Neoplastic Disease

Co-moderators:  Yosef Nasseri, MD, Los Angeles, CA
Sanda Tan, MD, Gainesville, FL

3:35 pm  Robotic Pelvic Exenteration: Experience from an Exenteration Unit and Systematic Review (P264)

3:40 pm  Minimally Invasive Multivisceral Resection of T4b Colorectal Cancer – a Single-Institution Experience (P265)

3:45 pm  Complete Mesocolic Excision and Extended Lymph Node Dissection for Right Colon Cancer: A Single-Centre Experience (P266)

3:50 pm  Sarcopenia is a Risk Factor for Readmission and Surgical Complications in Abdominal Operations for Colon and Rectal Cancer (P267)

Monday, June 3
Monitor #4 – Neoplastic Disease

Co-moderators:  David Dietz, MD, Cleveland, OH
Samantha Hendren, MD, Ann Arbor, MI

3:35 pm  Colorectal Angiosarcoma: A Rare and Deadly Disease (P268)

3:40 pm  The Finding of Invasive Cancer in Patients Thought to have Large Sessile Adenomas Who are Evaluated for Endoscopic Submucosal Dissection (EMD) and/or Endoscopic Mucosal Resection (EMR) in the OR Setting: Incidence and Characteristics (P269)
D. Niyagama Gamage*, N. Mitra, V. Cekic, X. Yan, S. HMC, R. Whelan: Bronx, NY

3:45 pm  The Impact of Ex Vivo Porcine and Bovine Endoscopic Submucosal Dissection (ESD) Training on a Clinical Colorectal ESD/Endoscopic Mucosal Resection (EMR) Polyp Program's Success Rate (P270)
D. Niyagama Gamage*, N. Mitra, V. Cekic, X. Yan, S. HMC, R. Whelan: Bronx, NY

3:50 pm  Neoadjuvant Chemo-radiation Versus Adjuvant Chemotherapy for Locally Advanced Adenocarcinoma of the Rectosigmoid Junction (P271)

Monday, June 3
Monitor #5 – Neoplastic Disease

Co-moderators:  Alessandro Fichera, MD, Chapel Hill, NC
Hermann Kessler, MD, Cleveland, OH

3:35 pm  Kaposi's Sarcoma Presenting as Rectal Bleeding: A Case Report (P272)
B.J. Kulow*, M. Hughes: Dallas, TX

3:40 pm  A Comparative Analysis of Minimal Invasive Approach and Conventional Open Surgery for Pelvic Exenteration in Locally Advanced Colorectal Cancer (P273)

All e-poster presenters are noted with an *.
E-Poster Presentations

3:45 pm
Pelvic Inlet Rectal Cancer: Is there a Need for Neo-adjuvant Radiation? (P274)

3:50 pm
Do We Need Radical Surgery for Clinically Early Stage of Right Side Colon Cancer? A Retrospective Review of Clinical Stage I (P275)
H. Kwak*, C. Kim: Gwangju, KOREA (THE REPUBLIC OF)

Monday, June 3
Monitor #6 – Neoplastic Disease

Co-moderators: Valentine Nfonsam, MD, Tucson, AZ
Ankit Sarin, MD, San Francisco, CA

3:35 pm
Prognostic Impact of Persistent Lower Neutrophil-to-lymphocyte Ratio during Preoperative Chemoradiotherapy in Locally Advanced Rectal Cancer Patients: A Propensity Score Matching Analysis (P276)
J. Kang*, E. Park, S. Baik, K. Lee, Y. Cha: Seoul, KOREA (THE REPUBLIC OF)

3:40 pm
Perineal Wound Complications Following Extralevator Abdominoperineal Excision for Locally Advanced Low Rectal Cancer (P589)
J. Han, Z. Wang*, G. Wei, Z. Gao, Y. Yang, B. Zhao: Beijing, CHINA

3:45 pm
Long-term Oncologic Outcomes for Patients with Tumor Scatter (P278)

3:50 pm
Lessons Learned about Performing ESD with a Colonoscope Overtube Device that Creates a Work Space and Permits Tissue Retraction in an Ex Vivo Bovine Colon/Rectum Model Lessons Learned about Performing ESD with a Colonoscope Overtube Device that Creates (P279)
N. Mitra*, D. Niyagama Gamage, X. Yan, V. Cekic, S. HMC, R. Whelan: Bronx, NY

Monday, June 3
Monitor #7 – Outcomes

Co-moderators: Scott Regenbogen, MD, Ann Arbor, MI
Sharon Stein, MD, Cleveland, OH

3:35 pm
Transvaginal Rectopexy Using the Flex® Colorectal Drive Robotic System: A Proof-of-concept Approach to Rectal Prolapse (P301)
J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, S. Stein, B. Umapathi, A. al slami, N. Pudalov: Washington, DC

3:40 pm
Robotic Colorectal Outcomes: An Analysis of 511 Cases by a Single Provider (P281)
J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, A. al slami, N. Pudalov: Washington, DC

3:45 pm
Association Between Teaching Status and Outcomes for Rectal Cancer Patients with Medicaid or No Insurance in Commission on Cancer Hospitals. (P282)

3:50 pm
Risk Factors Including Surgeon Case Volume for Intestinal Anastomotic Leaks (P283)

Monday, June 3
Monitor #8 – Outcomes

Co-moderators: Mala Murthy Balakumar, MD, Garden City, NY
Molly Ford, MD, Nashville, TN

3:35 pm
Effect of Enhanced Recovery Protocol on Length of Stay and Readmission Rate in Patients Undergoing a Colectomy With or Without Stoma Creation: Does Type of Stoma Matter? (P284)

3:40 pm
The Impact of Tumor Location on Outcomes in Patients with Right Sided Colon Cancer (P285)
C. Wai, A. Artyan, Y. Nasseri*, C. Sutanto, R. Zhu, J. Cohen: Los Angeles, CA

All e-poster presenters are noted with an *.
E-Poster Presentations

**Monday, June 3**

**Monitor #9 – Outcomes**

**Co-moderators:** Lyen Huang, MD, Salt Lake City, UT
Elizabeth Wick, MD, San Francisco, CA

3:35 pm  
**Does Day of the Week Impact Length of Stay in Colorectal Patients under ERAS Pathways?** (P288)  
R. Hilli*, H.A. Turaihi, H. Wasvary, S. Kawak: Royal Oak, MI

3:40 pm  
**Adipose Tissue Grafting in the Management of Anastomotic Leak after Low Anterior Resection** (P289)  

3:45 pm  
**Outcomes of Patients with Diabetes Undergoing ERAS Colorectal Surgery: A Retrospective Multi-centre Case Control Study** (P290)  
M. Li*, M. Laffin, J. Grab, Q. Daviduck, H. Wang: Edmonton, AB, CANADA

3:50 pm  
**Outcomes of Conversion from Minimally Invasive to Open Proctectomy for Rectal Adenocarcinoma: A NSQIP Analysis** (P291)  

**Monday, June 3**

**Monitor #10 – Quality/Neoplastic Disease**

**Co-moderators:** Charles Friel, MD, Charlottesville, VA
Irena Gribovskaja-Rupp, MD, Iowa City, IA

3:35 pm  
**Sacral Nerve Stimulation: The Quality of Reported Randomized, Controlled Trials in the Last Ten Years** (P292)  

3:40 pm  
**Comparison of Short-term Clinical Efficacy and Quality of Life after Transrectal Natural Orifice Specimen Extraction, Mini-laparotomy, and Traditional Open Surgery for the Treatment of Colorectal Cancer** (P293)  
K. Wang*, Z. Zhu, C. Fu, W. Gao: Shanghai, CHINA

3:45 pm  
**Ertapenem Used as Surgical Prophylaxis Prevents SSI but Contributes to Antimicrobial Resistance** (P294)  
C.F. Fong*, P. Denoya: New York, NY; L. Zielinski: Bronx, NY

3:50 pm  
**Post-Discharge Opioid Use after Major Colorectal Surgery is Predicted by Opioid Use in the 24 Hours Prior to Discharge** (P295)  
R. Gunter*, D. Livingston-Rosanoff, B.L. Rademacher, C. Glover, M. Paulson, E. Lawson: Madison, WI

**Monday, June 3**

**Monitor #11 – Quality**

**Co-moderators:** Marco Ferrara, MD, Orlando, FL
Lindsey Goldstein, MD, Gainesville, FL

3:35 pm  
**Current Status of Robotic Colorectal Surgery in Australasia: A Questionnaire Survey of Consultant Members of the CSSANZ** (P296)  
K.N. Buxey*, G. Newstead, F. Lam: Sydney, AUSTRALIA

3:40 pm  
**Uptake of a Telehealth Peer Support Program for Stoma Patients** (P297)  
R. Fearn*: London, UNITED KINGDOM

All e-poster presenters are noted with an *.

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Final Program
E-Poster Presentations


3:50 pm  Minimal Effect of Universal Extended Prophylaxis on Rates of Venous Thromboembolic Events after Colorectal Surgery in a Tertiary Care Center. Is Compliance the Problem? (P299)  C. Cordova, D. Wong, M. Cotter, E. Messaris, T. Cataldo, V. Poylin*: Boston, MA

Monday, June 3
Monitor #12 – Pelvic Floor Disorder

Co-moderators:  Daniel Herzig, MD, Portland, OR  Lucia Oliveira, MD, Rio de Janeiro, Brazil

3:35 pm  Ventral Rectopexy in Rectal Prolapse by POPS-OP after Longo Modified by Hosseini-Pakravan - Good Results in Short-term Follow-up (P300)  F. Pakravan*: Duesseldorf, GERMANY; M.K. Walz, P.F. Alesina: Essen, GERMANY; V. Hosseini: Shiraz, IRAN (THE ISLAMIC REPUBLIC OF)


3:45 pm  Retained Colonic Transit Markers in the Appendix - A Clinical Dilemma (P303)  R.B. Scott*: Hartford, CT; A. Ayers: Bloomfield, CT

Monday, June 3
Monitor #13 – Inflammatory Bowel Disease

Co-moderators:  Mukta Krane, MD, Seattle, WA  Mary Kwaan, MD, Los Angeles, CA

3:35 pm  “It Was My Decision”: A Qualitative Analysis of Surgical Decision-making in Patients with Ulcerative Colitis (P304)  J.N. Cohan*: Salt Lake City, UT; R.K. Hofer: Boston, MA; Y.M. Kelly, E. Finlayson, A. Kata: San Francisco, CA

3:40 pm  One Stage Restorative Proctocolectomy with a Stapled Ileal Pouch-anal Anastomosis Using Hand-assisted Ileal Pouch-anal Anastomosis (HALS) and Laparoscope-assisted Open Surgery (LAOS) Procedure for Ulcerative Colitis (P305)  H. Kimura*, R. Kunisaki, K. Tatsumi, K. Koganei, A. Sugita, I. Endo: Yokohama, JAPAN

3:45 pm  The Long-term Diagnostic Delay is Common among patients with Crohn’s Disease in Eastern China—A Cohort Multi-center Study (P306)  L.C. Qiao*, P. Zhu, B. Yang: Nanjing, CHINA


Monday, June 3
Monitor #14 – Benign Disease

Co-moderators:  John Byrn, MD, Ann Arbor, MI  Jennifer Hrabe, MD, Iowa City, IA


3:40 pm  Open Versus Laparoscopic Colectomy for Sigmoid Volvulus: A Case-Match Analysis from the ACS NSQIP (P309)  M. Camargo*, T.B. Cengiz, S. Steele, C.P. Delaney, H. Kessler: South Euclid, OH; A.C. Aiello: Cleveland, OH

3:45 pm  The Utilization of an Absorbable Mesh after Ostomy Reversal Does Not Decrease Incisional Hernia Rates (P310)  R.B. Scott*: Hartford, CT; B. Gontarz, U. Siddiqui: Farmington, CT, R. Lewis: Bloomfield, CT

3:50 pm  Preventing Readmission Following Ileostomy Creation (P311)  W. Sellers*: Salt Lake City, UT

All e-poster presenters are noted with an *. **
E-Poster Presentations

**Monday, June 3**

**Monitor #15 - Benign Disease**

Co-moderators: David Etzioni, MD, Phoenix, AZ
I. Ethem Gecim, MD, Ankara, Turkey

3:35 pm  
Single-port Laparoscopic Appendectomy for Acute Appendicitis During Pregnancy (P312)  
I. Cho*: Daegu, KOREA (THE REPUBLIC OF)

3:40 pm  
It’s Not All Hemorrhoids: Anal Fissure and Fistula in Ano Are Underappreciated by Referring Physicians (P313)  
M.E. Lipson*, T. MacLean, I. Datta, R. Deardon, Y. Kim, N. Kasteel, M. Kwan: Calgary, AB, CANADA

3:45 pm  
A New Minimally Invasive Sphincter-saving Procedure to Treat Highly Complex Anal Fistulas: Transana Opening of Intersphincteric Space (Tropis) Procedure in 238 High Complex Anal Fistulas (P314)  
P. Garg: Panchkula, INDIA; Y. Gehlot*: Bangalore, INDIA; A. Joshi: Neemuch, INDIA; A. Kalyanshetti: Kamothe, INDIA

3:50 pm  
Laying Open and Curettage Under Local Anesthesia (LOCULA) - A Minimally Invasive Procedure for Pilonidal Disease Management Needs a Paradigm Shift from More to Less (P315)  
P. Garg: Panchkula, INDIA; A. Joshi: Neemuch, INDIA; Y. Gehlot*: Bangalore, INDIA; A. Kalyanshetti: Kamothe, INDIA

**Monday, June 3**

**Monitor #16 - Benign Disease**

Co-moderators: Frank Caliendo, MD, Garden City, NJ  
Dean P. Pappas, MD, Garden City, NY

3:35 pm  
Colorectal Complications Associated with the Essure® Permanent Birth Control Device: First Case Report and Review of the Literature (P316)  

3:40 pm  
Comparison of Short-term Outcomes of 3D Laparoscopic Extralevator Abdominoperineal Excision Versus Conventional Abdominoperineal Resection in Low Rectal Cancer (P320)  
W. Gao*, C. Fu, K. Wang, B. Lu, Z. Zhu: Shanghai, CHINA

3:45 pm  
Trends in Diagnosis and Management of Cecal Diverticulitis (P318)  
S. Yelika, J. Simon*: Coram, NY

3:50 pm  
Ligation of Intersphincteric Fistula Tract with Bioprosthetic Mesh Offers a Promising Relief for Patients Suffering from Anal Fistula: A Review of LIFT Outcomes Data (P319)  
M. Casillas, A. Russ, M. Johnson*, M. Abraham, R. Lewis: Knoxville, TN

**Monday, June 3**

**Monitor #17 - Education/Neoplastic Disease**

Co-moderators: Ellen Bailey, MD, Columbus, OH  
Jonathan Laryea, MD, Little Rock, AR

3:35 pm  
A Case of Retroperitoneal Necrotizing Fasciitis: A Rare and Deadly Spread (P322)  
S. Ikram*, D. Thompson, D. Satyapal, G. Kaur, A. Dabra: Scunthorpe, UNITED KINGDOM

3:40 pm  
Comparison of Short-term Outcomes of 3D Laparoscopic Extralevator Abdominoperineal Excision Versus Conventional Abdominoperineal Resection in Low Rectal Cancer (P320)  
W. Gao*, C. Fu, K. Wang, B. Lu, Z. Zhu: Shanghai, CHINA

3:45 pm  
A New Minimally Invasive Sphincter-saving Procedure to Treat Highly Complex Anal Fistulas: Transana Opening of Intersphincteric Space (Tropis) Procedure in 238 High Complex Anal Fistulas (P314)  
P. Garg: Panchkula, INDIA; Y. Gehlot*: Bangalore, INDIA; A. Kalyanshetti: Kamothe, INDIA

3:50 pm  
Multi-specialty Rectal Cancer Teaching Symposium for Post-graduate Trainees: Needs Assessment and Pilot Session (P323)  
J. Van Koughnett*: London, ON, CANADA

All e-poster presenters are noted with an *.
E-Poster Presentations

**Tuesday, June 4**

**Monitor #1 – Neoplastic Disease**

**Co-moderators:** Russell Farmer, MD, Louisville, KY  
Seth Felder, MD, Tampa, FL

**9:05 am**  
Stomas in Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy for Colorectal and Appendiceal Neoplasms: Risk Factors and Outcomes (P324)  

**9:10 am**  
Value of the Multidisciplinary Team (MDT) for Patients with Rectal Cancer (P325)  
C.A. Barros de Sousa, W. Hassaballa, S. Qureshi, L. Arroyo, G. da Silva-southwick, M. Berho, S.D. Wexner*: Weston, FL

**9:15 am**  
Colorectal Anastomotic Breakdown 3 Months after Low Anterior Resection for an Upper Rectal Cancer (P326)  
L.R. White*, A. Jose, R. Martinez, A.A. Pena: Edinburg, TX

**9:20 am**  
Accuracy of MRI Restaging Compared with Histopathological of the Locally Advanced Rectal Cancer Patients after Neoadjuvant Chemoradiotherapy (P327)  
S. Worathanmanon*, S. Laohawiriyakomol, T. Tubtawee, K. Kanjanapradit: Hatyai, THAILAND

**Tuesday, June 4**

**Monitor #2 – Neoplastic Disease**

**Co-moderators:** Irena Gribovskaja-Rupp, MD, Iowa City, IA  
Ian Paquette, MD, Cincinnati, OH

**9:05 am**  
Endoscopic Submucosal Dissection (ESD) Versus Transanal Endoscopic Microsurgery (TEM) for the Treatment of Early Rectal Cancer: Comparison of Long Term Outcomes (P328)  

**9:10 am**  
Non Specific, Acute Pouchitis in Patients with Familial Adenomatous Polyposis: Less Common than We Think (P329)  
M. Abbass*, J. Church: Cleveland, OH; N. Hyman: Chicago, IL

**Tuesday, June 4**

**Monitor #3 – Neoplastic Disease**

**Co-moderators:** Karin Hardiman, MD, PhD, Ann Arbor, MI  
Lyen Huang, MD, Salt Lake City, UT

**9:05 am**  
Characteristics of Colorectal Cancer in Patients Under 40: Findings of a Nationwide Database (P332)  
A.E. Graham*, A. Sparks, V. Obias: Washington, DC; J.O. Paul: Bethesda, MD

**9:10 am**  
The Clinical Utility of the Systemic Inflammatory Response in Patients with Anal Squamous Cell Carcinoma (P333)  

**9:15 am**  
The Impact of Obesity on the Mesorectal Quality in a Laparoscopic Approach for Rectal Cancer (P334)  
V. Courval*, C. Marcoux, A. Brind’Amour, M. Bellavance, L. Gosselin, A. Bouchard, P. Bouchard, F. Letarte, S. Drolet: Québec City, QC, CANADA

**9:20 am**  
Development of a Multidisciplinary Colorectal Cancer Clinic (P335)  
J. Vu*, L. Maguire, A.C. De Roo, S. Regenbogen, S. Hendren, K. Hardiman: Ann Arbor, MI; A.M. Morris: Palo Alto, CA; A. Mukkamala: Cleveland, OH

All e-poster presenters are noted with an *. 
E-Poster Presentations

Tuesday, June 4
Monitor #4 – Neoplastic Disease

Co-moderators: Pedro Basilio, MD, Rio de Janeiro, Brazil
Samantha Hendren, MD, Ann Arbor, MI

9:05 am
Comparison Of Lymph Node Harvest Following Emergency Laparoscopic Versus Open Colectomy For Cancer: An ACS-NSQIP Propensity-Score Matched Study (P336)
E. Salama*, J. Abou Khalil, C. Vasilevsky, N. Morin, G. Ghitulescu, J. Faria, M. Boutros: Montreal, QC, CANADA

9:10 am
Enhanced Anoscopy in Detection of Anal Squamous Intraepithelial Lesions (P337)
S. Mansoor*, B. Brasseur, F. Marchetti: Miami, FL

9:15 am
Oncologic and Surgical Outcomes of Pelvic Exenteration for Locally Invasive Primary and Recurrent Rectal Cancer (P338)
M. Camargo*, A. Jarrar, S. Shawki, M. Kalady, C.P. Delaney, S. Steele: South Euclid, OH

9:20 am
Deep Learning to Predict Response to Neoadjuvant Chemoradiation in Locally Advanced Rectal Cancer Using the Initial Staging Pelvic MRI (P339)

Tuesday, June 4
Monitor #5 – Neoplastic Disease

Co-moderators: Sandy Fang, MD, Baltimore, MD
Chitra Sambasivan, MD, Albuquerque, NM

9:05 am
Aggregate Morbidity and Mortality of Defunctioning Loop Ileostomies from Formation to Closure: A Large Population Retrospective Cohort Analysis (P340)

9:10 am
3D Laparoscopic Resection for Low Rectal Cancer with Transrectal Specimen Extraction Surgery (P345)
C. Fu*: Shanghai, CHINA

9:15 am
Clinicopathologic Characteristics of Sporadic Young Korean Colorectal Cancer Patients: Comparison with Older Patients (P344)

9:20 am
The Impact of Residual Intestinal Length on Anastomotic Leakage following DST Reconstruction in Laparoscopic Colorectal Cancer Surgery (P346)
A. Makino*, M. Tsuruta, K. Okabayashi, T. Ishida, K. Shigeta, Y.Kitagawa: Tokyo, JAPAN; H. Hasegawa: Chiba, JAPAN

Tuesday, June 4
Monitor #6 – Neoplastic Disease

Co-moderators: Emily Miraflor, MD, Oakland, CA
Ankit Sarin, MD, San Francisco, CA

9:05 am
Comparison Between Neoadjuvant Chemotherapy and Upfront Surgery for Patients with Resectable and Synchronous Colorectal Cancer Hepatic Metastases (P347)

9:10 am
The Impact of Residual Intestinal Length on Anastomotic Leakage following DST Reconstruction in Laparoscopic Colorectal Cancer Surgery (P346)
A. Makino*, M. Tsuruta, K. Okabayashi, T. Ishida, K. Shigeta, Y. Kitagawa: Tokyo, JAPAN; H. Hasegawa: Chiba, JAPAN

9:15 am
Recurrence Risk Factors after Infrared Coagulation for High-grade Anal Intraepithelial Neoplasia (P342)

9:20 am
Can Survival be Improved by Meeting the Standards of the National Accreditation Program for Rectal Cancer? (P343)

All e-poster presenters are noted with an *
E-Poster Presentations

Tuesday, June 4
Monitor #7 – Neoplastic Disease

Co-moderators: Jennifer Davids, MD, Worcester, MA
Michael Valente, MD, Cleveland, OH

9:05 am
Cost-effectiveness Analysis of Screening Versus Prophylactic Surgery for Management of Colorectal Cancer Risk in Lynch Syndrome (P348)
M. Wright*, A. Verma, C. Ternent: Omaha, NE; R. Rojas: Santiago, CHILE

9:10 am
Decoding the Total Proctocolectomy Experience in the Indian Subcontinent: Eighty Patients over 8 Years (P349)
K. Dutt*, A. Saklani: Mumbai, INDIA

9:15 am
The Impact of Learning Curve in Robotic Rectal Cancer Surgery on Histopathologic Outcomes: A Systematic Review and Meta-analysis (P350)
A. Dyatlov*: Hagerstown, MD; M. Gachabayov, R. Bergamaschi: Valhalla, NY

9:20 am
Appendiceal Neoplasms as Incidental Finding in Emergency Appendectomies Performed in Regional Hospital of Rancagua, Chile (P351)
J. Escarate*, G. Montesinos, C. Navarro, D. Arellano, S. Conejeros, P. Larrachea: Rancagua, CHILE

Tuesday, June 4
Monitor #8 – Benign Disease

Co-moderators: Peter Marcello, MD, Burlington, MA
Elizabeth Wick, MD, San Francisco, CA

9:05 am
Ultrasound-guided Tailored Lateral Internal Sphincterotomy (UT-LIS) for Treatment of Chronic Anal Fissure (P352)
A. Nordholm-Carstensen*, P. Krarup: Koege, DENMARK; H. Perregaard, K.B. Hagen: Copenhagen NV, DENMARK

9:10 am
Interval CT Imaging Detects Smoldering Diverticulitis after Medical Management of Index Episode (P353)

9:15 am
Syndromic Pilonidal Sinus Correlates with Pelvic-girdle Acne Inversa (P354)
M. Farajzadeh*; Tel Aviv, ISRAEL
B.C. Cosman, B. Abbadesa, S. Eisenstein, N. Lopez, L. Parry, S. Ramamoorthy: San Diego, CA

9:20 am
Rectal Advancement Flap (RAF) and Interpositional Biological Mesh as the Method of Choice for Low Rectovaginal Fistulas (P355)
D. Borsuk, D. Kim, J. Tremblay, A. Al-Khamis, K. Kochar, S.J. Mareck: Park Ridge, IL; A. Studniarek*: Chicago, IL

Tuesday, June 4
Monitor #9 – Benign Disease

Co-moderators: Anuradha Bhama, MD, Chicago, IL
Jennifer Hrabe, MD, Iowa City, IA

9:05 am
Selective Versus 6-Column Mucopexy in Transanal Hemorrhoidal Dearterialization: Is Less More? (P356)
J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al slami: Washington, DC

9:10 am
Does Cessation of the Preoperative Antibiotic Prophylaxis in Loop Ileostomy Closure Reduce Postoperative Readmissions for C. Difficile Infection? (P357)
A.S. Kulaylat*, C. Ryan, K. McKenna, W. Koltun, F. Puleo: Hershey, PA; E. Messaris: Boston, MA

9:15 am
Intracorporeal Versus Extracorporeal Anastomosis for Robotic Left Hemicolectomy: A Comparison of Outcomes (P358)
J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al slami: Washington, DC

9:20 am
Clinical Outcomes of Ileostomy Closure According to Timing During Adjuvant Chemotherapy after Rectal Cancer Surgery (P359)
J. Kwak*, Y. Choi, N. Ha, T. Lee, S. Baek, J. Kim, S. Kim: Seoul, KOREA (THE REPUBLIC OF)

All e-poster presenters are noted with an *.
### E-Poster Presentations

#### Tuesday, June 4

**Monitor #10 – Inflammatory Bowel Disease/Benign Disease**

Co-moderators: Jessica Cohan, MD, Salt Lake City, UT  
Julia Saraidaridis, MD, Burlington, MA

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<th>Time</th>
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<tr>
<td>9:05 am</td>
<td>Outcomes In Fistula Treatment Using Ligation of Intersphincteric Fistula Tract and Biologic Extracellular Matrix (P360)</td>
<td>J.K. Lu, G. Apostolides*; Towson, MD</td>
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<td>9:10 am</td>
<td>Results from the Phase I Trial of Autologous Mesenchymal Stem Cells Delivered on a Fistula Plug for Crohn’s Rectovaginal Fistulizing Disease (P361)</td>
<td>A.L. Lightner*, E.J. Dozois, J. Fletcher, A. Dietz, J. Friton, W. Faubion; Rochester, MN</td>
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<td>9:15 am</td>
<td>A Single-Center Experience of Transanal Ileal Pouch-Anal Anastomosis for Inflammatory Bowel Disease (P362)</td>
<td>A. Truong*, P. Fleshner, K.N. Zaghiyan; Los Angeles, CA</td>
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<td>9:20 am</td>
<td>A New and Emerging Therapy for the Treatment of Ulcerative Colitis: Sacral Nerve Stimulation (P363)</td>
<td>M. Ni, S. Zhang, M. Li, Z. Fan, J. Li, Z. Chen*, Y. Liu; Nanjing, CHINA; J. Chen; Baltimore, MD</td>
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#### Tuesday, June 4

**Monitor #11 – Outcomes**

Co-moderators: Devi Krishnamurty, MD  
Diego Marines, MD, Houston, TX

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<tr>
<td>9:15 am</td>
<td>A Value of an Interactive Phone Application in an Enhanced Recovery Program (P366)</td>
<td>D. Schlund*, J. Poirier, D.M. Hayden, T. Saclarides, J. Favuzza; Chicago, IL; B.A. Orkin; Celebration, FL</td>
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Optimizing Discharge Decision-making In Colorectal Surgery: An Audit Of Discharge Practices In A Newly Implemented Enhanced Recovery Pathway (P367)  
N. Caminsky*, D. Hamad, H. He, M. Boutros, J.F. Fiore, K. Zhao, L.S. Feldman, L. Lee; Montreal, QC, CANADA

**Monitor #12 – Outcomes**

Co-moderators: David Etzioni, MD, Phoenix, AZ  
Emily Carter Paulson, MD, Philadelphia, PA

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<td>9:05 am</td>
<td>The Use of Multimodal Analgesia to Achieve Opioid Free Colorectal Surgery (P368)</td>
<td>G.J. Nassif, R. Yap*, G. Hwang, J. Kelly, T.C. deBeche-Adams, M.R. Albert, J.R. Monson; Orlando, FL</td>
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<td>9:10 am</td>
<td>Improved High-Quality Colon Cleansing with 1 L NER1006 Versus 2 L Polyethylene Glycol + Ascorbate or Oral Sulfate Solution (P369)</td>
<td>M. Sher*, P. Sharma; Kansas City, KS; A. Repici; Milan, ITALY; H. Franklin; Bridgewater, NJ; D. Baumgart; Edmonton, AB, CANADA</td>
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<tr>
<td>9:15 am</td>
<td>Hospital factors and 30-day Readmission Rates in Colorectal Surgery (P370)</td>
<td>E. Cousin-Peterson*, H. Janjua, P.C. Kuo; Tampa, FL</td>
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<td>9:20 am</td>
<td>Opioid Prescribing Patterns after Anorectal Surgery: Are We Over-Prescribing? (P371)</td>
<td>D. Meyer*, C.M. Hoang, J. McDade, J. Davids, P. Sturrock, J. Maykel, K. Alavi, A. Purkayastha; Worcester, MA</td>
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E-Poster Presentations

**Tuesday, June 4**

**Monitor #13 – Pelvic Floor Disorders**

Co-moderators: Brooke Gurland, MD, Stanford, CA
Massarat Zutshi, MD, Cleveland, OH

9:05 am  What are the Safety Concerns of Surgical Mesh? (P372)
C. Stafford*, H. Kunitake, L. Bordeianou, T.D. Francone, R. Ricciardi: Boston, MA

9:10 am  Laparoscopic Suture Rectopexy for Rectal Prolapse: A Single Institution Experience of 328 Cases (P373)
R. Takahashi*, T. Yamana, T. Nakada, R. Nishio, K. Morimoto, R. Sahara: Tokyo, JAPAN

9:15 am  Does Decreased Length of Stay after Colorectal Surgery Translate into Increased Readmission Rates? (P374)
T. Yoo*, L. Cunningham, A. Gasior, A. Traugott, M. Arnold, A. Harzman, S. Husain: Columbus, OH

9:20 am  Diverting Colostomy is an Effective and Reversible Method for Severe Hemorrhagic Radiation Proctitis (P375)
Z. Yuan*, M. Zhu, L. Wang: Guangzhou, CHINA

**Tuesday, June 4**

**Monitor #14 – Quality**

Co-moderators: Deborah Keller, MD, New York, NY
George Nassif, MD, Altamonte Springs, FL

9:05 am  A Web-Based Patient Engagement Platform Identified Areas for Improvement in Compliance with Pre-operative Care among Patients Undergoing Elective Colectomy or Proctectomy (P376)
K. Rumer*, S. Bidwell, C. Kin: Stanford, CA

9:10 am  Computerized Imaging Features of Rectal Wall and Perirectal Fat on T2-Weighted MRI are Associated with Complete Pathologic Tumor Stage Regression after Chemoradiation: Initial Results (P380)
Z. Wei*, J. Antunes, K. Bera, A. Madabhushi, S. Viswanath, J.T. Brady, C.P. Delaney: Cleveland, OH; M. Yim: Rootstown, OH

**Tuesday, June 4**

**Monitor #15 – Basic Science/Education/Pelvic Floor Disorders**

Co-moderators: Kristin Busch, MD, Midland, MI
Valentine Nfonsam, MD, Tucson, AZ

9:05 am  Licochalcone A Suppresses Colorectal Cancer Cell Metastasis Capacity via Downregulation of MKK4/JNK (P381)
T. Yueh*, M. Wu, C. Tsai, W. Chang, D. Bau: Taichung, TAIWAN; F. Remzi; New York, NY

9:10 am  Bilateral Gluteal Fasciocutaneous Advancement Flaps with and Without Compressing Tie-over Sutures in Treatment of Recurrent Pilonidal Disease (P382)

9:15 am  Perioperative and Functional Outcomes after Rectal Prolapse Surgery – A Single Institution Experience of Multiple Surgical Procedures (P383)
D. Klaristenfeld, M.J. Tomassi, T. Catanzarite, B. Zhao*: San Diego, CA

9:20 am  Does Pre-Operative Narcotic Tolerance Affect the Response to Tranverse Abdominis Plane (TAP) Blocks Administered for Colon and Rectal Surgery? (P379)

All e-poster presenters are noted with an *.
E-Poster Presentations

**Tuesday, June 4**

**Monitor #16 – Neoplastic Disease**

**Co-moderators:** Andrew Russ, MD, Knoxville, TN
Pasithorn Suwanabol, MD, Ann Arbor, MI

9:05 am

Preliminary Results of a Phase II Clinical Trial: Total Neoadjuvant Therapy Facilitates Organ Preservation for Patients Diagnosed with Locally Advanced Rectal Cancer (P384)
A. Abdalla*, Z. Kafri, A. Aref, D. Ma: Grosse Pointe, MI; A. Alame, M. Barawi, S. Szpunar, P. Mazzara: Detroit, MI

9:10 am

Systematic Review and Meta-Analysis of Local Versus Radical Surgery for Early Rectal Cancer with or without Neoadjuvant or Adjuvant Therapy (P385)

9:15 am

Surgical Proficiency Analyzed by Risk Adjusted Cumulative Sum (RA-CUSUM) with Surgical Outcomes Based on 506 Cases of Robotic Surgery for Rectal Cancer by a Single Surgeon (P386)
J. Lee*, Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim: Seoul, KOREA (THE REPUBLIC OF)

9:20 am

Analysis of Indocyanine Green Fluorescence Imaging for Evaluation of Colonic Perfusion in Laparoscopic Colorectal Surgery (P387)
S. Han*, H. Cho, H. Kim, R. Yoo, S. Shin: Suwon, KOREA (THE REPUBLIC OF)

**Tuesday, June 4**

**Monitor #17 – Neoplastic Disease**

Co-moderators: Ovunc Bardakcioglu, MD, Las Vegas, NV
Gokhan Ozuner, MD, Brooklyn, NJ

9:15 am

Unplanned Conversions from Robotic and Laparoscopic Colectomy in Patients with Colon Cancer are Associated with Worse Outcomes: Identifying Key Factors from NSQIP (P390)
D.R. Latta*, J.S. Park, P. Toselli: Allentown, PA; J. Sargeant: Bethlehem, PA

9:20 am

Comparison of Long-Term Oncological Outcomes after Curative Surgery between Right-Sided and Left-Sided Stage I–III Colon Cancer Patients (P391)
A. Mongkhonsupphawan, W. Riansuwan*: Bangkok, THAILAND

**Tuesday, June 4**

**Monitor #1 – Neoplastic Disease**

Co-moderators: Christopher Buzas, MD, Danville, PA
Russell Farmer, MD, Louisville, KY

11:40 am

Colorectal Cancer-Related Brain Metastasis: A Case Series (P392)
Y. Abo Elseud*, A. Mohanty, J. Albarrak: Salmyia, KUWAIT

11:45 am

Practice Patterns of Adjuvant Chemotherapy Administration for Stage II Colon Cancer in the United States (P393)
A. Akhtar*, A. Bhatt, A. Sill, S. Behen: Elkridge, MD

11:50 am

Comparison of Characteristics and Outcomes in Patients Presenting with Colorectal Cancer Among Young and Old Patients in a Middle Eastern Population (P394)
S. Al Ben Ali*, F. Abdul Raheem, W. Burhamah: Hawally, KUWAIT; J. Alabbad: Jabriya, KUWAIT

11:55 am

Indocyanine Green-Enhanced Fluorescence to Assess Bowel Perfusion During Robotics-Assisted Rectal Surgery (P395)

Noon

Oncotype Dx® Testing Does Not Affect Clinical Practice in Stage Ila Colon Cancer (P396)
B. Allar*, E. Messaris, V. Poylin, K. Messer, J. Quinn, T. Cataldo, B. Schlechter: Boston, MA

All e-poster presenters are noted with an *.
E-Poster Presentations

12:05 pm  Risk Score to Predict Positive Margin after Rectal Cancer Resection: An ACS NSQIP Targeted Proctectomy Database Analysis (P397)
M.H. Al-Temimi*, W.R. Peters, J. Fleschman, K.O. Wells: Dallas, TX

12:10 pm  Functional Outcomes after Right-sided Colectomy for Colon Cancer (P398)
S. Baek*, T. Lee, N. Ha, J. Kwak, J. Kim, S. Kim: Seoul, KOREA (THE REPUBLIC OF)

12:15 pm  Does Tumor Sidedness Affect Survival after CME with D3 Lymphadenectomy Followed by Adjuvant Chemotherapy in Patients with Stage II and III Colon Cancer? (P399)
T. Lee, S. Kim, J. Kim, J. Kwak, S. Baek*, N. Ha, H. Park: Seoul, KOREA (THE REPUBLIC OF)

12:20 pm  Gastrointestinal Malignancies in Patients with Cowden Syndrome (P400)
F.J. Baky*, M.A. Krezalek, D. Larson: Rochester, MN

12:25 pm  Large-scale Study of Intratumor Heterogeneity and Clonal Evolution of Colorectal Cancer (P401)

12:30 pm  Does Surgical Site Infection Affect Delivery of Adjuvant Chemotherapy for Colon and Rectal Cancer? (P402)
P.S. Berry*, T. Hassinger, C. Friel, S.C. Hoang, T. Hedrick: Charlottesville, VA

12:35 pm  Regional Variation in the Administration of Adjuvant Chemotherapy: The Association of Colon and Rectal Surgery Fellowship Program Density (P403)
A. Bhatt*, A. Akhtar, A. Sill, S. Behen: Baltimore, MD

12:40 pm  Outcomes are Worse for Immunosuppressed Anal Cancer Patients (P404)

12:45 pm  Colonic Angiolipoma: An Enigma to Surgery (P405)
C. Brown-Stubbs*, A. Okonkwo, A. Chase, J.S. Turner, C. Clark: Atlanta, GA

11:40 am  Clinical Staging Accuracy and the Role of Neoadjuvant Chemoradiotherapy for cT3N0 Rectal Cancer: Propensity Score Matched National Cancer Database Analysis (P406)
D. Burneikis*, O.A. Lavryk, M. Kalady, S.R. Steele: Cleveland, OH

11:45 am  Development of Radiomics Based on Nomogram to Precisely Predict Conditional Risk of Site-Specific Relapse for Stage I-III Colon Cancer Patients Treated with Radical Surgery (P407)
G. Cai*: Shanghai, CHINA

11:50 am  Is MRI Essential for Upper Rectal Cancers? (P408)
N. Jootun, N. Chander*, I. Lindsey, C. Cunningham: Oxford, UNITED KINGDOM

11:55 am  Is Repeat MRI Important Following Neoadjuvant Treatment for Rectal Cancer? (P409)
N.R. Chander*, N. Jootun, I. Lindsey, O.M. Jones, C. Cunningham: Oxford, UNITED KINGDOM

Noon  A Comparison of Cancer Care Delivery Postoperative Outcomes after Implementation of a Mobile Application (P410)

12:05 pm  Anorectal Malignant Melanoma: A Retrospective Analysis of 101 Cases from One Single Center (P411)
N. Chen*, L. Wang, A. Wu: Beijing, CHINA

12:10 pm  Surgical Management of Huge Primary Pelvic Retroperitoneal Tumor: Two Cases Report (P412)
H. Chen*, X. Guo, C. Li, Z. Zhang, Y. Lin, J. Deng: Foshan, CHINA

12:15 pm  A National Analysis of Surgical and Minimally Invasive Treatment Patterns for Early Stage Invasive Rectal Adenocarcinoma from 2004 to 2015 (P413)
D. Cheng*, O. Bardakcioglu, C. St. Hill, C. Chan, D. Kirgan: Las Vegas, NV

All e-poster presenters are noted with an *.
E-Poster Presentations

12:20 pm  
**A Case of Disseminated Peritoneal Schistosomiasis Mimicking Carcinomatosis in a Patient with Colon Cancer (P414)**  

12:25 pm  
**Oncological and Survival Outcomes of Immediate Nonoperative Management after Chemoradiotherapy for Locally Advanced Rectal Cancer: Appraisal of Clinical Complete Response (P415)**  

12:30 pm  
**Large Cell Neuroendocrine Carcinoma (LCNEC) of the Colon Arising from a Tubulovillous Adenoma: A Case Report (P416)**  
J. Dameworth*, D.P. Mistrot, D. Row, R. Shamos, F. Hahn: Phoenix, AZ

12:35 pm  
**Use of Serum Hematological Parameters and Lipid Profile as a Prognostic Tool in Rectal Cancer (P417)**  

12:40 pm  
**Comparative Study of Air Test and Methylene Blue Perfusion Test in the Detection of the Quality of Anastomosis in Laparoscopic Rectal Cancer Excision (Dixon) (P418)**  
H. Dong*, W. Zhang, Y. Wang, X. Zhang, Y. Dai: Jinan, CHINA

12:45 pm  
**Can Clinical-CR Predict Pathologic-CR after Neoadjuvant Chemotherapy? —A Primary Study On Relationship between Clinical Factors And pCR (P419)**  
Y. Dong*, J. Liu, X. He, X. Wang, L. Li: Chengdu, CHINA; T. Phang: Vancouver, BC, CANADA

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**Tuesday, June 4**  
**Monitor #3 – Neoplastic Disease**

**11:40 am**  
**Impact of PNI (Prognostic Nutritional Index) in Colorectal Cancer as a Predictor for Post Operative Morbidity and Mortality in Open, Laparoscopic and Robotic Surgeries - A South Asian Perspective (P420)**  

**11:45 am**  
**Intestinal Intussusception in Adult, an Unusual Case Report (P421)**  

**11:50 am**  
**Colorectal Cancer Presents at Advanced Age for White Female Population in The State of Pennsylvania (P422)**  
J. Singh*: Baltimore, MD; N. Ahuja: New Haven, CT

**11:55 am**  
**Comparison of FDG PET/CT and CECT in the Evaluation of Postoperative Colorectal Carcinoma Patients with Elevated Serum CEA Levels (P423)**  

**Noon**  
**Anatomical Validity of the Cranial First Approach in Laparoscopic Transverse Colon Cancer Surgery (P424)**  

All e-poster presenters are noted with an *.
E-Poster Presentations


12:10 pm  Surgeons’ and Pathologists’ Comfort Level with Total Mesorectal Excision (TME) Grading for Rectal Cancer (P426)  J. Vu*, A.E. Kanters, S. Hendren, M. Banerjee, A. Sales: Ann Arbor, MI; N. Birkmeyer: Lebanon, NH

12:15 pm  Revisiting Paget’s Disease of the Anus: Literature Review and Analysis of Published Cases in the Literature (P427)  S. Yelika*: Coram, NY


12:25 pm  Robotic Lateral Lymph Node Dissection Strategy for Rectal Cancer (P429)  W. Yuan*: Zhengzhou, CHINA


12:35 pm  Early Removal of the Urinary Catheter after Colorectal Cancer Surgery Does Not Increase the Incidence of Acute Urinary Retention (P431)  W. Zhang*, H. Dong, X. Zhang, Y. Wang, Y. Dai: Jinan, CHINA


Tuesday, June 4

Monitor #4 ~ Neoplastic Disease

Co-moderators: Dana Hayden, MD, Chicago, IL  Angela Kuhnen, MD, Burlington, MA

11:40 am  Screening Staus Independently Predicts Mortality in Colorectal Cancer: A 10 Year Single Centre Prospective Cohort Study (P434)  C. MacKay*, G. Ramsay, S. Chan, C. Parnaby, G. Murray: Aberdeen, UNITED KINGDOM

11:45 am  Transanal Total Mesorectal Excision (TATME): Are We Doing it for the Right Indication? An Assessment of Online Video Resources (P435)  B. Mahendran*, M. Coleman: Plymouth, UNITED KINGDOM; A. Caiazzo: Naples, ITALY; V. Celentano: Portsmouth, UNITED KINGDOM

11:50 am  Anastomotic Leakage after Anterior Resection for Rectal Cancer: A Single Center Review (P436)  C. Marcoux*, V. Courval, A. Brind’Amour, A. Bouchard, S. Drolet: Quebec City, QC, CANADA

11:55 am  Delayed Coloanal Anastomosis of Turnbull-Cutait Does Not Reduce Anastomotic Leakage but May Reduce its Clinical Impact (P437)  C. Marcoux*, V. Courval, R. Grégoire, A. Bouchard, S. Drolet: Québec City, QC, CANADA


12:10 pm  Not All Presacral Tumors are Created Equal: Need for Operative Intervention Should be Based on Patient-specific Factors (P440)  J.C. Melvin*, E.H. Carchman, C.P. Heise: Madison, WI

All e-poster presenters are noted with an *.
E-Poster Presentations

12:15 pm  Risk Factors for Upstaging of Rectal Cancer: Are We Correctly Predicting Disease Stage? (P441)
M.W. Meyers*, W.B. Gaertner, C. Jensen: Minneapolis, MN; T. Curran: Charleston, SC; V.V. Simianu: Seattle, WA

12:20 pm  Perineal Wound Closure after Infra Levator Pelvic Exenteration - Is a Flap Closure Better than Primary Closure? (P442)
A. Mondal*, S. Kumar, A.M. Gupta, N.A. Kumar, S.P. Sasi, A.L. Desouza, A. Saklani: Mumbai, INDIA

12:25 pm  T and N Staging of Colorectal Cancer: Usefulness of Structured MRI Report Templates Proposed by the European Society of Gastrointestinal and Abdominal Radiology (ESGAR) (P443)
N. Furbetta, G. Di Franco, M. Palmeri, L. Morelli*, R. Cervelli, P. Boraschi, F. Donati, D. Caramella: Pisa, ITALY

12:30 pm  Establishing a Regional Cytoreductive Surgery and Hyperthermic Intraperitoneal Chemotherapy Service: The Imperial College London Experience (P444)
D. Donato-brown, P. Ziprin, N. Giffillian, A. Moutadjer, J. Murphy*: London, UNITED KINGDOM

12:35 pm  Robotics Confers an Advantage in the Preservation of Urological Function after Rectal Surgery (P445)
J.C. Ngu*, N. Teo, I. Wee: Singapore, SINGAPORE

12:40 pm  Reconstruction of the Perineal Defect after Pelvic Exenteration: Comparison of Three Flap Procedures (P446)

12:45 pm  National Trends of Neoadjuvant Treatment for Rectal Cancer: Analysis of a 10-year Prospective Registry on Behalf of the Spanish Rectal Cancer Project (P447)

Tuesday, June 4
Monitor #5 – Neoplastic Disease

Co-moderators: Marco Ferrara, MD, Orlando, FL
Charles Friel, MD, Charlottesville, VA

11:40 am  Majority of Patients Undergoing Colorectal Cancer Resection from 2010-2018 Have Not Participated in Colorectal Screening Programs (P448)

11:45 am  A Proposal for Standards of Histopathology Reporting for D3 Lymphadenectomy in Right Colon Cancer: The Mesocolic Sail and Superior Colic Vein Landmarks (P449)

11:50 am  Anal Squamous Cell Carcinoma in the HIV Positive Population: A 15-year Case Series from an Urban Tertiary Care Center (P450)
A.E. Graham*, B. Umapathi: Washington, DC

11:55 am  Large Infra-levator Mammary-Type Myofibroblastoma in a Super Obese Woman (BMI > 60 kg/m2) (P451)
M.V. Gusev*, A. Ko, M. Tam: Diamond Bar, CA

Noon  A Systematic Review of the Management of Malignant Small Bowel Obstruction (P116)

12:05 pm  Validation of Operative Procedures after Neoadjuvant Chemoradiotherapy in Terms of CRM (P453)
M. Hamada*, T. Kobayashi, H. Miki: Hirakata, JAPAN

12:10 pm  Does it Matter Where You Get Your Surgery for Colorectal Cancer? (P454)

All e-poster presenters are noted with an *
E-Poster Presentations

12:15 pm  Surgical Omission in Locally Advanced Rectal Cancer: Racial and Socioeconomic Disparities (P455)

12:20 pm  A Scoring System for Regional Lymph Node Metastases in Patients with ypT0-2 Rectal Cancer after Preoperative Chemoradiation: Organ Preservation or Completion Surgery (P456)
S. Huang*, P. Chi, Y. Huang: Fuzhou, CHINA

12:25 pm  Application of MRI in Height Measurement of Low-middle Rectal Cancer and Assessment of Sphincter Preservation in Men and Women (P457)

12:30 pm  An Up-to-date Predictive Model for Rectal Cancer Reflecting Tumor Biology and Clinical Factors (P458)
A. Jarrar*, D. Liska, J. Church, M. Kalady, C.P. Delaney, S. Steele: Cleveland, OH

12:35 pm  The Clinical Challenge of Identifying Precancerous Lesions in the Young Adult Population: A Retrospective Study (P459)
D. Juan*, M. Stratton, A. Werner, W. Grimes: Shreveport, LA

12:40 pm  The Influence of Chemosensitivity for 5-fluorouracil after Preoperative Chemoradiotherapy in Patients with Locally Advanced Rectal Cancer Using In Vitro Adenosine Triphosphate-based Chemotherapy Response Assay (P460)
S. Jun*, Y. Jeon, E. Park, J. Kang, S. Baik: Seoul, KOREA (THE REPUBLIC OF)

Tuesday, June 4
Monitor #6 – Neoplastic Disease

Co-moderators: Hermann Kessler, MD, Cleveland, OH
Gokhan Ozuner, MD, Brooklyn, NJ

11:40 am  Laparoscopic-assisted Synchronous Bowel Resection for Two Synchronous Primary Colorectal Cancer Detected by 18F-FDG PET MRI (P462)
X. Du*, X. Xing, J. Liu, L. Du, B. Xu: Beijing, CHINA

11:45 am  A Second Opinion for Incomplete T1 Colorectal Cancer Pathology Reports Results in Frequent Changes to Tumor Risk Category (P463)
M.A. Dykstra*, T. Gimon, W.D. Buie, A.R. MacLean: Calgary, AB, CANADA

11:50 am  Impact of Obesity on Colorectal Adenoma Detection Rate (ADR) (P464)
A. Emdadi*, J. Rakinic, P.E. Pacheco, N. Engelking, K. Delfino: Springfield, IL

11:55 am  Is ESD Oncologically Safe? Results of a 7-Year ESD Experience (P465)
A.E. Feinberg*, D. Giugliano, I. Sapci, E. Gorgun: Cleveland, OH

Noon  HIPEC: Impact of Comorbidities on Post-operative Complications (P466)

12:05 pm  Long-term Voiding and Sexual Function in Young Male Patients after Robot-assisted TME for Rectal Cancer: A Cross-Sectional Study (P467)

12:10 pm  Screening for Anal Cancer: Is Pap Smear an Adequate Method? (P468)
C.M. Kimura*, C. Nahas, J. Tapia, E.V. da Silva Filho, S. Nahas, I. Ceconello: Sao Paulo, BRAZIL

12:15 pm  Transanal (TaTME) Versus Laparoscopic TME for Mid/Low Rectal Cancer: Oncological and Operative Outcomes (P469)

All e-poster presenters are noted with an *.
E-Poster Presentations

12:20 pm  Diverting Loop Ileostomy VS. Colostomy in Restorative Anterior Resection for Resectable Rectal Cancer: A Systematic Review and Meta-Analysis (P470)
A. Dyatlov; Chambersburg, PA; H. Lee*, M. Gachabayov, N. Zhang, R. Bergamaschi; Valhalla, NY

12:25 pm  Higher Propensity for Nodal Metastases Among Young-onset Rectal Cancers (P471)

12:30 pm  Comparison of CT-based Radiomics Signature Between Left-sided and Right-sided of Stage III Colon Cancer (P472)
Y. Li*, Y. Lu: Shandong, CHINA; A. Eresen, Z. Zhang: Chicago, IL

12:35 pm  Stenting as Bridge to Surgery in Obstructed Colorectal Cancers: Long-term Oncological Outcomes and Patterns of Recurrence (P473)
A. Chok, H. Lim*, L.B. Samarakoon, R. Mathew: Singapore, SINGAPORE

12:40 pm  Comparison of Abdominoperineal Resection vs. Sphincter Saving Resection for Low-lying Rectal Cancer (P474)
D. Lim*, J. Kuk, T. Kim, E. Shin: Bucheon, KOREA (THE REPUBLIC OF)

12:45 pm  Relationship Between Obesity and Early Onset of Colorectal Cancer in the Hispanic Population: Should Obese Hispanics Have an Earlier Screening Colonoscopy? (P475)
D. Luebbers*, G. Keith, J. Lopez-Alvarenga, S. Narapureddy, A.A. Pena: Edinburg, TX

Tuesday, June 4
Monitor #7 – Benign Disease

Co-moderators: Ziad Kronfol, MD, Baytown, TX
Emily Miraflor, MD, Oakland, CA

11:40 am  Robotic Assisted Transanal Minimally Invasive Surgery (TAMIS) with da Vinci Xi for a Successful Removal of a Large Benign Distal Rectal Polyp (P476)
E.H. Cha*, D. Lisle: Baltimore, MD

11:45 am  Journey for Patients Following Ileostomy Creation is not Straightforward (P477)
D. Chan*, K. Tan: Singapore, SINGAPORE

11:50 am  Retrospective Research Minimally Invasive Treatment of Mid-low Rectovaginal Fistula (P478)
C. Chen*, L. Yin: Shanghai, CHINA

11:55 am  Immunodysfunction in the Setting of Fistula-in-Ano: Comparative Outcomes of HIV and Crohn’s Disease Patients (P479)
D. Chester*, A. Okonkwo, J.S. Turner, A. Chase, C. Clark: Atlanta, GA

 Noon  Coloarticular Fistula: A Rare but Potential Fatal Complication (P480)
N. Choudhury, P. Omesiete, V.N. Nfonsam, A.N. Ewongwo*: Tucson, AZ

12:05 pm  Laparoscopic Treatment of Enterolith Bowel Obstruction: Case Report (P481)
E.X. Delgadillo*: Neuchâtel, SWITZERLAND

12:10 pm  Adoption of the Small Bites Fascial Closure Technique: A Survey of Canadian General Surgeons (P482)
F. Dossa*, S.A. Acuna, C. Diep, N. Baxter: Toronto, ON, CANADA

12:15 pm  When Carcinogenic Pathways Fuse: Traditional Serrated Adenomas and Familial Adenomatous Polyposis (P483)

12:20 pm  Anal Fissure: Definitive Treatment Success Story With No Muscle Cut (P484)
M. Fulmes*: Brooklyn, NY; A. Chudner: Westchester, NY

All e-poster presenters are noted with an *.
E-Poster Presentations

12:25 pm  A Novel Approach to Medical Management of Hidradenitis Suppurativa and Pilonidal Abscess Following Surgical Debridement and Excision (P485)  
V. Grille*, G. Parker: Wall, NJ; M. Stecy: New Brunswick, NJ; M. Parker: Philadelphia, PA

12:30 pm  Mucosal Prolapse: Unusual Anorectal “Mass” (P486)  
S. He*, S. Fang, L. Voltaggio, A. Murphy, I. Leeds: Baltimore, MD

12:35 pm  A Real Pain in the Right Lower Quadrant: Endometriosis of the Appendix Presenting as Recurrent Appendicitis (P487)  

12:40 pm  Three Cardinal Principles of Management of Complex Anal Fistula: Has the Mystery Been Finally Decoded? (P488)  
P. Garg: Panchkula, INDIA; Y. Gehlot: Bangalore, INDIA; A. Joshi*: Neemuch, INDIA; A. A Kalyanshetti: Kamothe, INDIA

12:45 pm  Tailgut Cyst, Report of 24 Cases Single Center Experience (P489)  
A.H. Sak, H. Kim, Y. Han, M. Cho, H. Hur, B. Min, K. Lee, N. Kim*: Mansoura, EGYPT

11:50 am  Lowering the Threat Level on Perianal Abscesses in the Safety-net Hospital ED: Do We Actually Need to Cover for MRSA? (P492)  

11:55 am  Adult Patients with Hirschsprung’s Disease – A National Analysis of Outcomes (P493)  

12:00 pm  Are Women More Vulnerable To Mortality From Diverticulitis? (P495)  

12:05 pm  Anal Fissures - After a Failed Lateral Internal Sphincterotomy, Botulinum Toxin to the Rescue? (P496)  
M. Stack*, S. Schechter, N. Shah: Providence, RI

12:10 pm  Liver Abscess in the Setting of Diverticular Disease; Should All Patients Have Colectomy? (P497)  
C. Stafford*, L. Bordeianou, H. Kunitake, T.D. Francone, H. Khalili, R. Ricciardi: Boston, MA

12:15 pm  The Impact of Frailty on Morbidity and Mortality Following Colorectal Emergencies (P498)  
T.S. Suhardja*, T. Nguyen, W. Teoh: Dandenong, AUSTRALIA

12:20 pm  Mesenteric Cystic Lymphangioma in an Adult - A Case Report (P499)  
D. Thompson*, S. Ikram, G. Kaur: Scunthorpe, UNITED KINGDOM

12:25 pm  Emergency Surgery for Right Colonic Diverticulitis Has a Low Morbidity Versus Left-Sided Disease (P500)  
J.S. Tsang*, C. Foo, J. Yip, H. Choi, R. Wei, K. Ng, O. Lo, W. Law: Hong Kong, HONG KONG

12:30 pm  Abnormal Vital Signs are Common after Laparoscopic or Open Bowel Resection and are Poor Predictors of Anastomotic Leak (P501)  
K. Twohig*, N. Hyman, B.D. Shogan, A. Mayampurath, A. Ajith: Chicago, IL; M. Jovanovic: Downers Grove, IL

Tuesday, June 4
Monitor #8 – Benign Disease

Co-moderators: Matthew Brady, MD, Orange, CA  
Anthony De Buck, MD, Toronto, ON, CANADA

11:40 am  Surgical Management of Anal Fistula: Results from an International Survey (P490)  

11:45 am  The Immediate Sphincter Reconstruction Following a Fistulotomy Can Significantly Decrease the Risk of Continence Impairment in Patients Affected by Anal Fistula (P491)  

12:20 pm  Mesenteric Cystic Lymphangioma in an Adult - A Case Report (P499)  
D. Thompson*, S. Ikram, G. Kaur: Scunthorpe, UNITED KINGDOM

12:25 pm  Emergency Surgery for Right Colonic Diverticulitis Has a Low Morbidity Versus Left-Sided Disease (P500)  
J.S. Tsang*, C. Foo, J. Yip, H. Choi, R. Wei, K. Ng, O. Lo, W. Law: Hong Kong, HONG KONG

12:30 pm  Abnormal Vital Signs are Common after Laparoscopic or Open Bowel Resection and are Poor Predictors of Anastomotic Leak (P501)  
K. Twohig*, N. Hyman, B.D. Shogan, A. Mayampurath, A. Ajith: Chicago, IL; M. Jovanovic: Downers Grove, IL

All e-poster presenters are noted with an *.
E-Poster Presentations

Q. Wang*: Shanghai, CHINA

12:40 pm  Role of Clipping in Delayed Hemorrhage Prevention Following Endoscopic Mucosal Resection of Large GI Lesions (P503)
W. Hassaballa, T. Erim, G. da Silva-Southwick, E. Weiss, D. Maron, S.D. Wexner*: Weston, FL

12:10 pm  Performing Colectomy on Immunosuppressed Patients with Diverticulitis: How Can We Improve Outcomes? (P510)

12:15 pm  3D Laparoscopic Surgery for Slow Transit Constipation by Transrectal Extraction of Specimens (P511)
B. Lu*, K. Wang, Z. Zhu, C. Fu: Shanghai, CHINA

12:20 pm  Ligation of the Intersphincteric Fistula Tract: Are There Any Factors Associated with Persistence/Recurrence? (P512)

Tuesday, June 4
Monitor #9 – Benign Disease

Co-moderators: Marylise Boutros, MD, Montreal, QC, CANADA
I. Ethem Gecim, MD, Ankara, TURKEY

11:40 am  Percutaneous Transhepatic Access with Liquid Sclerotherapy and Coil Embolization of Peristomal Varices (P504)
D. Kuehler*, D. Latta, S. Morgan, D. Bub, J. Park, E. Hoffman: Allentown, PA

12:25 pm  Perioperative Outcomes of Bascom Cleft Lift for Pilonidal Disease: A Single-Center Retrospective Review (P513)
C.W. Marenco*, D. Lammers, K. Morte, Q. Hatch: Tacoma, WA; M. McNevin: Spokane, WA

11:45 am  Endometriosis: A Rare Cause of Rectal Obstruction (P505)
B.J. Kulow*, R. Crim, J.M. Downs: Dallas, TX

12:30 pm  Fistula Laser Closure (FiLaC™) for Fistula-in-ano – Yet Another Technique with 50% Healing Rates? (P514)
A. Nordholm-Carstensen*, P. Krarup: Koege, DENMARK; H. Perregaard, K.B. Hagen: Copenhagen NV, DENMARK

11:50 am  Intestinal Tuberculosis in Setting of Terminal Ileitis in Patient with Septic Shock and Pneumonia (P506)
L. Kurth*, D.R. Latta, G. Bonomo, J.S. Park: Allentown, PA

12:35 pm  Pushing the Envelope in Endoscopic Submucosal Dissection – Is it Feasible and Safe in Scarred Lesions? (P515)
E. Nugent*, M. Sanaka, S. Steele, D. Liska, T. Hull, E. Gorgun, I. Sapci: Cleveland, OH

11:55 am  Impact of Desmoid Disease and Anal Transitional Zone Neoplasia on Quality of Life after Ileal Pouch Anal Anastomosis in Patients with Familial Adenomatous Polyposis (P507)
O.A. Lavryk*, J. Church: Cleveland, OH

12:40 pm  Treatment Strategies for Cryptoglandular Transpincteric Anal Fistula: A Cost-Effectiveness Analysis (P516)

Noon  The Analysis of Outcomes of Surgical Management for Colonoscopic Perforations: A 16-Years Experiences at a Single Institution (P508)
D. Lim*, J. Kuk, T. Kim, E. Shin: Bucheon, KOREA (THE REPUBLIC OF)

12:45 pm  Mucopexy-Recto Anal Lifting (MuRAL) Procedure for Obstructed Defecation Syndrome Caused Due to Rectal Intussusception (P517)
T. Ono*: Osaka, JAPAN

12:05 pm  Should We Operate on Renal Transplant Patients with Diverticulitis? Considerations from the National Inpatient Sample Database (P509)

All e-poster presenters are noted with an *
E-Poster Presentations

Tuesday, June 4
Monitor #10 – Inflammatory Bowel Disease

Co-moderators: Cary Aarons, MD, Philadelphia, PA
Alexis Grucela, MD, New York, NY

11:40 am
Colectomy Outcomes in the Elderly with Inflammatory Bowel Disease (P518)
P. Kandagatla*, A. Tang, C. Reickert, A. Stefanou: Detroit, MI

11:45 am
Factors Associated with Readmission after Crohn’s Ileocollectomy (P519)
B. Kline*, T. Weaver, D. Brinton, S. Deiling, W. Kolton: Hershey, PA

11:50 am
Differences in Perioperative Factors and Surgical Outcomes between Crohn’s Disease and Ulcerative Colitis in Pediatric Patients (P520)

11:55 am
Risk Factors for Complications after Abdominal Surgery in Crohn’s Disease (P521)
C.M. Kimura*, C.W. Sobrado Junior, M. Borba, N.S. Queiroz, A. Scanavini Neto, S. Nahas, I. Cenonello: São Paulo, BRAZIL

Noon
Complications of Ileostomy Closure after Ileal Pouch-Anal Anastomosis (IPAA): It’s Not What You May Think (P522)
S. Whitney*, C. LaChapelle, M. Plietz, J. George, S. Khaitov, A. Greenstein: New York, NY

12:05 pm
Does the Postoperative Inflammation in J Pouch and Anal Canal Need Treatment in Ulcerative Colitis Patients with Pouch Surgery? Historical Examination and New Treatment with Budesonide Foam Pouchitis (P523)

12:10 pm
Infliximab Does Not Impair Anastomotic Healing in a Mouse Model (P524)
S. Gaines*, S. Hyoju, A.J. Williamson, J. van Praagh, J. Alverdy, B.D. Shogan, N. Hyman, D. Rubin: Chicago, IL

12:15 pm
Laparoscopic-assisted Surgery for Complex Crohn’s Disease: Is it Really Beneficial? (P525)
T.B. Cengiz*, A.C. Aiello, T. Hull, S. Steele, C.P. Delaney, H. Kessler: Cleveland, OH

12:20 pm
Seasonal and Regional Analysis of Crohn’s Disease and Ulcerative Colitis: Do Trends Exist? (P526)

12:25 pm
Mesentery Plexitis Related Refractory Pain with Minor Findings During Laparoscopy: Importance of Preoperative Diagnostic Workup to Guide Resection (P527)
A. Scanavini Neto*, J.Z. Gil: Sao Paulo, BRAZIL

12:30 pm
Pelvic Pouch Excision: The Toronto Experience (P528)
A. Pooni*, A. de Buck van Overstraeten, R. Gryfe, Z. Cohen, H. MacRae, E. Kennedy, M.S. Brar: Toronto, ON, CANADA

12:35 pm
Predictors of Reoperation Following Colectomy for Inflammatory Bowel Disease (P529)
L. Saadaat*, A.C. Fields, P. Lu, N. Melnitchouk, J. Irani, R. Bleday, J. Goldberg: Boston, MA

12:40 pm
Surgical Outcomes in Low Volume Versus High Volume Centers for Ulcerative Colitis: A Systematic Review (P530)
C.J. Brown: Vancouver, BC, CANADA; S. Moore*, J. Daza Vargas, F. Dossa, N. Baxter: Toronto, ON, CANADA

Tuesday, June 4
Monitor #11 – Outcomes

Co-moderators: Devi Krishnamurthy, MD, Omaha, NE
Sharon Stein, MD, Cleveland, OH

11:40 am
Robotic vs. Laparoscopic Colectomy for Diverticulitis: A Case-Matched Assessment of Short-Term Outcomes (P531)
M. Fuglestad*, R. Batra, H. Hernandez, J.A. Leinieke, S. Langenfeld, K. Samson: Omaha, NE

11:45 am
The Impact of Obesity on Outcomes of Proctectomy for Cancer: Morbid Obesity is Associated Increased Risk of Superficial Surgical Site Infection and Composite Morbidity but Not Anastomotic Failure (P532)

All e-poster presenters are noted with an *.
## E-Poster Presentations

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<tr>
<th>Time</th>
<th>Title</th>
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<tbody>
<tr>
<td>12:15 pm</td>
<td><strong>Follow-up Standard From NCCN Will Improve One-year Survival Status of Chinese Colorectal Cancer Patients Or Not? (P538)</strong></td>
<td>X. Li*, Y. Zeng, S. Zhang, X. Wang, L. Li: Chengdu, CHINA</td>
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<td>12:20 pm</td>
<td><strong>A Randomized Controlled Trial Comparing THUNDERBEAT(TB, Olympus America Inc., Japan) to the Maryland LigaSure™ (Medtronic, USA) Energy Device during Laparoscopic Colon Surgery (P539)</strong></td>
<td>J.W. Milsom*, K. Trencheva, K. Momose, M. Peev, P. Shukla, K. Garrett</td>
<td>New York, NY</td>
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<td>12:30 pm</td>
<td><strong>Time Trends of Surgical Approach to Colorectal Resection Procedures between 2009 and 2015 (P541)</strong></td>
<td>S.M. Wren*, M.J. Curet: Palo Alto, CA; I. Shih, Y. Li: Sunnyvale, CA</td>
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<td>12:35 pm</td>
<td><strong>Are Outcomes between Patients Undergoing Colovaginal and Colovesicular Fistula Repairs Similar? (P542)</strong></td>
<td>D.J. Gunnells*, H. Green, A. Klinger, C. Velasco, H. Vargas: Metairie, LA</td>
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<td>12:45 pm</td>
<td><strong>Tumor Sidedness, Recurrence and Survival: Another Important Difference between Localized Colon Cancer (P544)</strong></td>
<td>S. Malakorn*, B.K. Bednarski, Y. You, G.J. Chang: Bangkok, TX</td>
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<td>11:45 am</td>
<td><strong>The Impact of Immunonutrition on Length of Stay Within an ERAS Protocol (P545)</strong></td>
<td>K.P. Domek, W.C. Mustain, J. Mizell, J.A. Laryea*, P. Cosgrove: Little Rock</td>
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<td>11:55 am</td>
<td><strong>Effect of Web-based Perioperative Program on Self-Efficacy, Outpatient Calls and Emergency Department Visits of Patients Undergoing Elective Colorectal Surgery (P547)</strong></td>
<td>S. Bidwell*, K. Rumer, A.M. Morris, C. Kin: Stanford, CA</td>
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<td><strong>One Size Does Not Fit All: Surgical Decision-Making for Rectal Prolapse (P548)</strong></td>
<td>A. Lee*, C. Kin, A. Anand, B. Gurland: Stanford, CA</td>
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All e-poster presenters are noted with an *.
E-Poster Presentations

Noon

Peritoneal Lavage Culture Analysis of 3D Laparoscopic and laparoscopy-assisted Anterior Resection of Rectal Cancer (P549)
Q. Jiang*, C. Fu: Shanghai, CHINA

Initiation of Enhanced Recovery after Surgery Protocol With Multimodal Analgesia Decreases Opiate Use in Colon and Rectal Surgery (P550)
D. Maun, H. Berke, W. Wrightson, F. Lane, T. Reidy, R. Melbert, B. Tsai*, W. Oh: Indianapolis, IN

All e-poster presenters are noted with an *.

12:05 pm

Characteristics, Outcomes, and Trends in Colorectal Surgery in U.S. Veterans, a 10-year experience at a Tertiary Veterans Affairs Medical Center (P558)
M. Skancke*, J. Walters, L. Michel, F. Brody, J.E. Duncan: Washington, DC

12:10 pm

Should Accuracy of Rectal Cancer Staging Serve as a Standard for The National Accreditation Program for Rectal Cancer? (P551)
F. Adiliaghdam*, L. Bordeianou, H. Kunitake, T.D. Francone, C. Stafford, R. Ricciardi: Boston, MA

Patient Compliance on Extended Venous Thromboembolism Prophylaxis after Major Colorectal Surgery: A Quality Analysis (P552)
R. Kumar*, M. Amashita, J. Tang, A. Abcarian, N. Mantilla, J. Harrison, V. Chaudhry: Chicago, IL

Using EMR to Implement and Track Compliance of a Unique Colon Bundle That Reduced Surgical Site Infection in Colorectal Surgery: A Single Institution Review (P553)
J.R. Barton, L. Gerson*: Huntingdon Valley, PA

12:15 pm

A Novel Method of Determining Ways to Improve The Quality of Colorectal Services Provided in a Large University-based Colon and Rectal Clinic (P554)
V. Fikfak*, M.J. Snyder: Houston, TX

Anastomotic Leak before and after Hospital Discharge: Is There any Difference in Clinical Outcome? (P561)
M. Matzner Perfumo, A. Angeramo*, J.M. Piatti, M. Bun, N. Rotholtz: Buenos Aires, ARGENTINA

12:20 pm

Incomplete Colonoscopy, What Happens Next? A Multi-Center Review (P555)
M. Ng*, V. Chaudhry, A. Studniarek, A. Khurshudy, G. Gantt, J. Nordenstam: Chicago, IL; D. Gorsuk, J. Park: Park Ridge, IL

Current Grading Systems of Acute and Chronic Diverticulitis are not Correlative of Operative Duration or Hospital Costs (P562)

12:25 pm

A Novel Method of Determining Ways to Improve The Quality of Colorectal Services Provided in a Large University-based Colon and Rectal Clinic (P554)
V. Fikfak*, M.J. Snyder: Houston, TX

Using EMR to Implement and Track Compliance of a Unique Colon Bundle That Reduced Surgical Site Infection in Colorectal Surgery: A Single Institution Review (P553)
J.R. Barton, L. Gerson*: Huntingdon Valley, PA

12:30 pm

Impact of Introduction of a Second Robotic Surgical System on the Robotic Case Volumes at an Academic Surgical Center (P556)
A.E. Graham*, V. Obias: Washington, DC; J.O. Paull: Bethesda, MD

Completeness of Narrative Operative Reports for Rectal Cancer Surgery (P557)

12:35 pm

Characteristics, Outcomes, and Trends in Colorectal Surgery in U.S. Veterans, a 10-year experience at a Tertiary Veterans Affairs Medical Center (P558)
M. Skancke*, J. Walters, L. Michel, F. Brody, J.E. Duncan: Washington, DC

12:40 pm

Patient-Provider Gender Preference in Colorectal Surgery (P563)

Early Oral Opiate Administration as Part of an Enhanced Recovery after Surgery Protocol Decreases Overall Opiate Consumption as Compared to Intravenous Patient Controlled Analgesia (P564)
S. Allen*, R. Cina, V.V. George, T. Curran: Charleston, SC

Tuesday, June 4
Monitor #13 – Quality

Co-moderators:
David Dietz, MD, Cleveland, OH
Elizabeth Wick, MD, San Francisco, CA

11:40 am

Palliative Care Delivery to Patients with Advanced Appendiceal Adenocarcinoma: Are We Doing Enough? (P559)

ERAS after Colorectal Surgery in Ontario, Canada. a Provincial Assessment of the Current Perioperative Practice, Barriers, and Utilization of ERAS Protocols (P560)
J.E. Springer*, A. Doumouras, S. Forbes, C. Eskicioglu, S. Lethbridge: Hamilton, ON, CANADA

11:45 am

Anastomotic Leak before and after Hospital Discharge: Is There any Difference in Clinical Outcome? (P561)
M. Matzner Perfumo, A. Angeramo*, J.M. Piatti, M. Bun, N. Rotholtz: Buenos Aires, ARGENTINA

11:50 am

Current Grading Systems of Acute and Chronic Diverticulitis are not Correlative of Operative Duration or Hospital Costs (P562)

11:55 am

Patient-Provider Gender Preference in Colorectal Surgery (P563)

12:05 pm
E-Poster Presentations

11:40 am Increasing Rates of Colon and Rectal Cancer Among the Younger Population in Sweden (P566)

11:45 am Pathologic Outcomes Following Laparoscopic and Open Surgery for Rectal Cancer: A Contemporary Canadian Multi-Center Experience (P567)
A. Pooni*, M.S. Brar, S. Schmocker, N. Baxter, E. Kennedy: Toronto, ON, CANADA; C.J. Brown: Vancouver, BC, CANADA; T. MacLean: Calgary, AB, CANADA; S. Liberman: Montreal, QC, CANADA; L. Williams: Ottawa, ON, CANADA; S. Drolet: Quebec City, QC, CANADA; D. Hochman: Winnipeg, MB, CANADA; M. Simunovic: Hamilton, ON, CANADA

11:50 am Preserving Irradiated Distal Rectum Benefit Bowel Function after Rectal Cancer Resection with Neoadjuvant Therapy (P568)
Q. Qin*, B. Huang, Y. Wu, X. Huang, L. Wang, W. Cao: Guangzhou, CHINA

11:55 am Ready for the National Accreditation of Programs for Rectal Cancer? An Audit of Rectal Cancer Outcomes in the United States from the National Cancer Database (P569)
T. Reif de Paula*, D.S. Keller, R.P. Kiran: New York, NY

Noon Colon Conservation Techniques for Unresectable Colon Polyps in 100 Patients: A Single Institution’s Algorithmic Approach (P570)
D. Klaristenfeld, M.J. Tomassi, M.T. Roper*: San Diego, CA

12:05 pm Comparison of the Size of Sentinel vs Non-Sentinel Lymph Nodes in Colorectal Cancer after Lymphatic Mapping (P571)
S. Saha*, M. Elgamal, M. Arora, S. Kaushal, S. Grewal, P. Ng, W. Liu, A. Ahsan, D. Wiese: Flint, MI; R. Buttar: Ann Arbor, MI

12:10 pm Stoma-related Complications with Permanent Colostomy after Laparoscopic Abdominoperineal Resection (APR) for Rectal Tumor (P572)

Tuesday, June 4

Monitor #14 – Neoplastic Disease
Co-moderators: Ali Mahmood, MD, Houston, TX Craig Messick, MD, Houston, TX

11:40 am Increasing Rates of Colon and Rectal Cancer Among the Younger Population in Sweden (P566)

11:45 am Pathologic Outcomes Following Laparoscopic and Open Surgery for Rectal Cancer: A Contemporary Canadian Multi-Center Experience (P567)
A. Pooni*, M.S. Brar, S. Schmocker, N. Baxter, E. Kennedy: Toronto, ON, CANADA; C.J. Brown: Vancouver, BC, CANADA; T. MacLean: Calgary, AB, CANADA; S. Liberman: Montreal, QC, CANADA; L. Williams: Ottawa, ON, CANADA; S. Drolet: Quebec City, QC, CANADA; D. Hochman: Winnipeg, MB, CANADA; M. Simunovic: Hamilton, ON, CANADA

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11:55 am Ready for the National Accreditation of Programs for Rectal Cancer? An Audit of Rectal Cancer Outcomes in the United States from the National Cancer Database (P569)
T. Reif de Paula*, D.S. Keller, R.P. Kiran: New York, NY

Noon Colon Conservation Techniques for Unresectable Colon Polyps in 100 Patients: A Single Institution’s Algorithmic Approach (P570)
D. Klaristenfeld, M.J. Tomassi, M.T. Roper*: San Diego, CA

Tuesday, June 4

Monitor #15 – Benign Disease/Outcomes
Co-moderators: Jeffrey Barton, MD, New Orleans, LA Jake Eisdorfer, MD, Lawrence, NY

11:40 am Totally Robotic Excision of Ganglioneuroma Abutting Lt. Renal Vessels: Case Report (P574)
T. Kim*, D. Lim, E. Shin: Bucheon-si, KOREA (THE REPUBLIC OF)

11:45 am A Prospective Study to Evaluate Video-Assisted Anal Fistula Treatment (VAAFT) Combined with Advancement Flap for Treatment of Complex Anal Fistula (P575)
Y. Yao*, C. Wang, Y. Cao, H. Liang: Shanghai, CHINA

11:50 am Difficulties Differentiating Disparities in Diverticulitis: State-wide Evaluation Using the North Carolina State Inpatient Database (P576)
K. Kasten*: Charlotte, NC

11:55 am Cause of Death and Factors Affecting 5-Year Survival in 85+ Age Group Who Undergo Colectomy for Colon Cancer (P577)

All e-poster presenters are noted with an *.
E-Poster Presentations

Noon

Transanal Hemorrhoidal Dearterialization Safe and Effective for the Anticoagulated Population: A Single Center Prospective Study (P578)

Outcomes of Simultaneous Liver Resection and Right Colectomy for Metastatic Right Colon Cancer in the US population (P579)

Travel Distance and Healthcare Utilization after Colorectal Surgery (P580)
S.T. Lumpkin*, X. Baldwin, K. Stitzenberg, T. Carey, L. Dunham: Chapel Hill, NC

Tuesday, June 4

Monitor #16 – Neoplastic Disease

Co-moderators: Wolfgang Gaertner, MD, Minneapolis, MN
Najjia Mahmoud, MD, Philadelphia, PA

Analysis of the Effect of Transanal Specimen Extraction -3D Laparoscopic Simultaneous Resection for Elderly Patient with Low Rectal Cancer and Liver Metastasis (P582)
T. Du*, Z. Zhou, C. Fu: Shanghai, CHINA

11:45 am

pT1 Polyp Cancers: A Single Centre Experience and Outcomes (P583)

11:50 am

The Clinical Effect of Laparoscopic Trans-rectal Specimen Extraction Surgery for Colorectal Cancer (P584)
W. Gao*, K. Wang, Z. Zhu, T. Du, C. Fu: Shanghai, CHINA

11:55 am

Short-term Safety of T4a Upper Rectal and Sigmoid Cancer Treated by Laparoscopic Radical Resection by Two Different Procedures: Natural Orifice Specimen Extraction Surgery Versus Conventional Assisted Incision (P585)
Z. Zhu*, K. Wang, B. Lu, W. Gao, C. Fu: Shanghai, CHINA

Preoperative Nomogram for Predicting the Probability of Transrectal Specimen Extraction after Laparoscopic Rectal Resections (P586)
Z. Zhou*, B. Huang, T. Du, C. Fu: Shanghai, CHINA

12:05 pm

One Year Surveillance After High-risk Adenoma in a Colorectal Cancer Screening Program. (P587)

12:10 pm

Outcomes and Comparison of Two Robotic Platforms Performing Transanal Minimally Invasive Surgery for Rectal Neoplasia: A Case Series of 21 Patients (P277)
J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al Slami: Washington, DC

Outcomes in Left Hemicolecctomies: The Benefits of the Robotic Approach (P280)
J.O. Paull*: Silver Spring, MD; A.E. Graham, V.J. Obias, N. Pudalov, A. al Slami: Washington, DC

Quality of Life in Laparoscopic Mesh Ventral Rectoexpy: A Single Centre Experience (P588)
M.A. Gok, M. Sadat, Z. Al-Khaddar, U. Khan, A. Ghosh*: Macclesfield, East Cheshire, UNITED KINGDOM

In the Era of ERAS, Which is Better: Lidocaine Infusion or Exparel? (PS89)

All e-poster presenters are noted with an *. 
Disclosures of Conflicts of Interest

**Disclosure Policy and Disclosures**

As required by the Accreditation Council for Continuing Medical Education (ACCME) and in accordance with the American Society of Colon and Rectal Surgeons (ASCRS) policy, all educational planners, presenters, instructors, moderators, authors, reviewers and other individuals in a position to control or influence the content of an activity must disclose all relevant financial relationships with any commercial interest that have occurred within the past 12 months. All identified conflicts of interest must be resolved and the educational content thoroughly vetted for fair balance, scientific objectivity, and appropriateness of patient care recommendations. It is required that a disclosure be provided to the learners prior to the start of the activity. Individuals with no relevant financial relationships must also inform the learners that no relevant financial relationships exist. Learners must also be informed when off-label, experimental/investigational uses of drugs or devices are discussed in an educational activity or included in related materials. Disclosure in no way implies that the information presented is biased or of lesser quality; it is incumbent upon course participants to be aware of these factors in interpreting the program contents and evaluating recommendations. Moreover, expressed views do not necessarily reflect the opinions of ASCRS.

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Every person who is involved in the planning of this CME program has been asked to provide information regarding any financial relationships with commercial interest as defined by the ACCME. The following program committee members have indicated that they have financial relationships to disclose. They have agreed to disclose this to participants.

All identified conflicts of interest have been resolved.
Disclosures of Conflicts of Interest

All identified conflicts of interest have been resolved.

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<tr>
<th>First</th>
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<tr>
<td>Amir</td>
<td>Bastswrous</td>
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<td>Ian</td>
<td>Bissett</td>
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<td>Bordeianou</td>
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<td>Carmichael</td>
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<td>Chen</td>
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<td>Robert</td>
<td>Cleary</td>
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<td>Nicola</td>
<td>Fearnhead</td>
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<td>Julio</td>
<td>Garcia-Aguilar</td>
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<td>Larson</td>
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<td>Lee</td>
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<td>Lynn</td>
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## Disclosures of Conflicts of Interest

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<td>James</td>
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<td>Scott</td>
<td>Strong</td>
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<td>Sylla</td>
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<td>Vogler</td>
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<td>Richard L.</td>
<td>Whelan</td>
<td>Olympus America Inc. Corporation: Honorarium, research support ending Dec 2017, Research, Consulting, Speaking; Boston Scientific: Consulting, Research support, investigative research</td>
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<td>Mark</td>
<td>Whiteford</td>
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<td>Charles</td>
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<td>Paul</td>
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Product Theaters

Product Theaters are commercial presentations organized by Industry and designed to enhance your earning experience.

**Monday, June 3**

11:40 am - 12:40 pm

*Supported by Pacira Pharmaceuticals, Inc.*

Visit Pacira in booth #730

**Optimizing Postsurgical Pain Management with EXPAREL® (bupivacaine liposome injectable suspension): Live Ultrasound and 3D Anatomy Demonstration**

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**Tuesday, June 4**

9:05 am - 9:30 am

*Supported by Boston Scientific*

**Advanced Flexible Endoscopy: A Critical Tool In The Colorectal Surgeon’s Toolbox.**

Dr. Sang Lee, Chief of Colon and Rectal Surgery and Professor of Clinical Surgery, University of Southern California / Keck School of Medicine

Join Dr. Lee for an insightful lecture on incorporating advanced endoscopic techniques, to expand the possibilities for your patients. Dr. Lee will cover the adoption and mastery of a variety of tools and techniques to complement your Colorectal Surgery practice - including the use of Electrosurgical Knives, Novel Submucosal Lifting Solution, Tissue Retraction, Mechanical Hemostasis, Stenting, Dilation and EMR, ESD and CELS and FLEX techniques.

Visit Boston Scientific in booth #724

11:45 am - 12:45 pm

*Supported by Merck*

**Establishing Enhanced Recovery Pathways in Bowel Resection Surgery: An Integrated Approach**

Bidhan B. Das, MD

Visit Merck in booth #209
Exhibits

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Exhibits

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<tr>
<td><strong>11Health</strong></td>
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<tr>
<td>2492 Walnut Avenue, Suite 104</td>
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<tr>
<td>Tustin, California, 92780</td>
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<tr>
<td>Phone: 714-478-3935</td>
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<tr>
<td>Website: <a href="http://www.11health.com/">http://www.11health.com/</a></td>
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<tr>
<td>Contact: Anhele Nino</td>
</tr>
<tr>
<td>Contact Email: <a href="mailto:anhele@11health.com">anhele@11health.com</a></td>
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**Booth 322**

**Adler MicroMed, Inc.**
6842 Elaine Way
San Diego, CA, 92120
Phone: 811-393-9902
Website: [http://www.adlermicromed.com](http://www.adlermicromed.com)
Contact: Jared Jones
Contact Email: sales@adlermicromed.com

Adler offers the 1470nm neoLaser soft tissue diode laser for ablation of Anal Fistula, Pilonidal Sinus and Level 2 and 3 Hemorrhoids. Videos will be shown at the booth. Also the SapiMed line of single use, disposable, Hemorrhoid Ligators, Anoscopes, Siqmoidoscopy Kits, and Anal Dilators.

**Booth 707**

**Aesculap, Inc.**
3773 Corporate Parkway
Center Valley, PA 18034
Phone: 610-797-9300
Website: [http://www.aesculapusa.com](http://www.aesculapusa.com)
Contact: Sally Wagner
Contact Email: info@aesculapusa.com

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**Booth 533**

**Agency for Medical Innovations, Inc.**
89 Front Street, Suite 309
Marblehead, MA 01945
Phone: 781-990-1806
Website: [http://www.amisurgical.com](http://www.amisurgical.com)
Contact: Andrew Bendheim
Contact Email: ABendheim@amisurgical.com

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**Booth 722**

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Clarksville, TN 37040
Phone: 844-393-2433
Website: [http://www.agi-medical.com](http://www.agi-medical.com)
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**Booth 638**

**American College of Surgeons Cancer Programs**
633 N Saint Clair Street
Chicago, IL 60611
Phone: 312-202-5735
Website: [http://www.facs.org](http://www.facs.org)
Contact: Chantel Ellis
Contact Email: cellis@facs.org

The National Accreditation Program for Rectal Cancer’s (NAPRC) goal is to ensure patients with rectal cancer receive appropriate care using a multidisciplinary approach. The NAPRC is based on successful international models that emphasize program structure, patient care processes, performance improvement, and performance measures. The NAPRC is administered by the American College of Surgeons Cancer Programs.
Exhibits

Booth 222
American College of Surgeons
633 N. Saint Clair St.
Chicago, IL 60611
Phone: 312-202-5263
Website: http://www.facs.org
Contact: Amanda Bruggeman
Contact Email: abruggeman@facs.org

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Booth 408
Applied Medical
22872 Avenida Empresa
Rancho Santa Margarita, CA 92688
Phone: 949-713-8277
Website: http://www.appliedmedical.com
Contact: Alyssa Loaiza
Contact Email: alyssa.loaiza@appliedmedical.com

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Booth 525
BD (formerly Bard)
100 Crossing Blvd
Warwick, RI 02886
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Contact: Brigid Blackburn
Contact Email: davolinfo@crbard.com

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Biom’Up USA, Inc.
412 W. 15th Street
New York, NY 10011
Phone: 774-454-1851
Website: http://www.biomup.com
Contact: Joelle Pecci
Contact Email: g.makhoul@biomup.com

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Exhibits

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BK Medical
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Website: http://www.bkmedical.com
Contact: Diane Rogne
Contact Email: info@bkmedical.com

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Booth 724

Boston Scientific
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Phone: 508-683-4166
Contact: Ruth Bautz
Contact Email: bautzr@bsci.com

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Cleveland, Ohio 44195
Phone: 216-445-3832
Website: http://www.my.clevelandclinic.org
Contact: Kathrina Allen
Contact Email: allenk3@ccr.org

Cleveland Clinic
Department of Colorectal Surgery Staff, Fellow and Alumni Booth

Booth 640

Calmoseptine, Inc.
16602 Burke Lane
Huntington Beach, CA 92647
Phone: 714-840-3405
Website: http://www.calmoseptine.com
Contact: Greg Dixon
Contact Email: Greg@calmoseptine.com

Calmoseptine® Ointment protects and helps heal skin irritations from moisture such as urinary and fecal incontinence. It is also effective for irritations from perspiration, wound drainage, fecal & vaginal fistulas and feeding tube site leakage. Calmoseptine® temporarily relieves discomfort and itching. Free samples at our booth!

Booth 721

Braintree - A Part of Sebela Pharmaceuticals
60 Columbian St West
Braintree, MA 02185
Phone: 781-348-0723
Website: http://www.braintree.com
Contact: Patrice Pickering
Contact Email: Patrice.pickering@sebelapharma.com

Braintree, A Part of Sebela Pharmaceuticals (subsidiary of Sebela Pharmaceuticals Inc., www.sebelapharma.com) is a fully integrated specialty pharmaceutical company maintaining its own manufacturing, warehousing operations facilities, sales and marketing divisions and a pioneering research and development team. Current product line: GoLYTELY®, NuLYTELY®, and SUPREP® Bowel Prep Kit, Motofen® and Analpram HC®.

Booth 630

Clinical Genomics
1031 US Highway 202/206, Suite 100
Bridgewater, NJ 08807
Phone: 412-376-2770
Website: http://www.clinicalgenomics.com
Contact: Patty Jenkins
Contact Email: patty.jenkins@clinicalgenomics.com

Developer of products for the colorectal cancer care continuum: InSure® ONE™, a one sample fecal immunochemical test (FIT) for healthy adults to detect lower GI bleeding, and COLVERA®, a liquid biopsy blood test identifying circulating tumor DNA for detection of residual disease and early detection of recurrence in post-treatment patients.
Exhibits

### Booth 226

**ConMed**

488 Wheelers Farms Rd  
Milford, CT 06461  
Phone: 303-699-7600  
Website: http://www.conmed.com/en  
Contact: Chelsea Harmon  
Contact Email: chelseaharmon@conmed.com  

CONMED is a global medical technology company specializing in the development and sale of surgical and patient monitoring products. Our services allow our physician customers to deliver high quality care and, as a result, enhanced clinical outcomes for their patients. Our broad portfolio of products are recognized as technological leaders by healthcare professionals across the world.

### Booth 733

**Cook Medical**

750 Daniels Way  
Bloomington, IN 47402  
Phone: 800-468-1379  
Website: http://www.cookmedical.com  
Contact: Landry Culp  
Contact Email: landry.culp@cookmedical.com  

A global pioneer in medical breakthroughs, Cook Medical is committed to creating effective solutions that benefit millions of patients worldwide. Today, we aim to be a leader in minimally invasive surgery, by investing in technologies and educational events that support laparoscopic, percutaneous, and endoscopic approaches. For more information, visit www.cookmedical.com.

### Booth 426

**CooperSurgical**

75 Corporate Drive  
Trumbull, CT 06611  
Phone: 203-601-5200  
Website: http://www.coopersurgical.com  
Contact: Kathy Marino  
Contact Email: domesticcs@coopersurgical.com  

CooperSurgical will be highlighting our range of products including the Carter-Thomason Closure System for Laparoscopic Port Site Closure, and our LoneStar Colorectal Retractor System, Please see us at Booth # 426

### Booth 636

**CS Surgical Inc.**

662 Whitney Drive  
Slidell, LA 70461  
Phone: 985-781-8292  
Website: http://www.cssurgical.com  
Contact: Craig Simpson  
Contact Email: cssurgicalinc@aol.com  

CS Surgical is your leading supplier of surgical instruments for the Colon & Rectal surgeon. Our exhibit will feature, the industry’s widest variety of deep pelvic retractors, the newest Cima – St. Mark’s retractor for Hand Assisted Laparoscopic Deep Pelvic Surgery, our table mounted retractor system, hemorrhoidal ligators, latex and non-latex bands for the ligator, suction ligators, anoscopes, the FERGUSON PLASTIC RETRACTOR SET, rectal retractors, intestinal clamps, scissors, needle holders, probes and directors, and Welch Allyn products.

### Booth 523

**Diversatek Healthcare**

102 E Keefe Ave  
Milwaukee, WI 53212  
Phone: 414-755-4863  
Website: http://www.diversatekhealthcare.com  
Contact: Hayley Short  
Contact Email: hshort@diversatek.com  

“Diversatek Healthcare is a leader in GI diagnostic testing, providing a comprehensive portfolio of motility and reflux monitoring products as well as training and educational options to meet all of your clinical needs. Diversatek Healthcare also offers a wide range of devices and accessories for endoscopic procedures.”

### Booth 521

**Electro Surgical Instrument Company**

275 Commerce Drive  
Rochester, NY 14623  
Phone: 585-444-0980  
Website: https://electrosurgicalinstrument.com/  
Contact: Karlee Schramm  
Contact Email: sales@electrosurgicalinstrument.com  

Electro Surgical Instrument Company (ESI) offers a complete array of fiber optic lighted instruments for the colon and rectal surgeon. Anoscopes, specula, and deep pelvic retractors. Repair and retrofit services available.
Exhibits

Booth 321
Erbe USA
2225 Northwest Parkway
Marietta, GA 30067
Phone: 770-955-4400
Website: http://www.erbe-usa.com
Contact: Howard Justan
Contact Email: howard.justan@erbe-usa.com

Erbe. Not just a purchase. A Partner. We continue to strive towards innovative standards aimed at providing optimal endoscopic patient outcomes. Advanced spark recognition technology and the automatic dosing of power continue to make the VIO® 300 D/APC® 2 the preferred choice and premier ESU/APC system for endoscopy. Further, a modular system featuring the ERBEFLO® irrigation tubing line with 3-in-1 CleverCap®, the ECO2® Insufflator, and the ERBEJET® 2 Technology which provides needle-free, tissue-selective hydrodissection, all support the simplest to even the most advanced interventions.

Booth 440
Ferring Pharmaceuticals
100 Interpace Parkway
Parsippany, NJ 07054
Phone: 862-286-5099
Website: http://www.ferringusa.com
Contact: Samantha Belessis
Contact Email: Samantha.belessis@ferring.com

Ferring Pharmaceuticals is a research-driven biopharmaceutical company devoted to identifying, developing and marketing innovative products in the fields of Reproductive Health, Women’s Health, Gastroenterology, Orthopaedics, Urology and Endocrinology.

To view all of our US offerings, please visit www.ferringusa.com.

Booth 430
Fujifilm Medical Systems, U.S.A.
419 West Avenue
Stamford, CT 06902
Website: http://www.fujifilmusa.com/products/medical

Booth 539
Hackensack Meridian Health
1967 Highway 34
Building C, Suite 104
Wall, NJ 07719
Phone: 732-751-3561
Website: http://www.hackensackmeridianhealth.org
Contact: Jodi Fendrick
Contact Email: Jodi.fendrick@hackensackmeridian.org

Hackensack Meridian Health is a leading not-for-profit healthcare organization that is the largest, most comprehensive and truly integrated health care network in New Jersey, offering a complete range of medical services, innovative research and life-enhancing care aiming to serve as a national model for changing and simplifying healthcare delivery through partnerships with innovative companies and focusing on quality and safety.

Booth 510
Halo Medical Technologies
1805 Foulk Road
Wilmington, DE 19810
Phone: 302-475-2300
Website: http://www.halomedtech.com/
Contact: Jean Tigue
Contact Email: jtigue@halomedtech.com

High-resolution affordable 2D/3D ultrasound for diagnosing deflection/pelvic floor disorders/fecal incontinence & rectal cancer. Unique & modern design tailored to transrectal & pelvic floor provides for easy and efficient 5-minute exams. EMR compatible/HIPPA compliant. Data & images are auto populated to an exportable report. Portable and stationary configurations. Booth #510
Exhibits

**Bronze Partner**

**Booth 438**

**Heron Therapeutics**

4242 Campus Pt Ct
Suite 200
San Diego, CA 92121
Phone: 858-251-4728
Website: http://www.herontx.com
Contact: Steven Rupiper
Contact Email: srupiper@herontx.com

Heron’s mission is to improve patient’s lives by developing best-in-class medicines that address major unmet medical needs. Our portfolio includes SUSTOL® (granisetron), CINVANTI™ (aprepitant), and HTX-011—a local anesthetic currently in development that combines bupivacaine and meloxicam, designed to reduce postoperative pain and opioid usage for 72 hours.

**Booth 608**

**Irrimax Corporation**

1665 Lakes Parkway
Suite 102
Lawrenceville, GA 30043
Phone: 770-807-3355
Website: http://www.irrisept.com
Contact: Kelly Herman
Contact Email: admin@irrisept.com

Irrimax Corporation is focused on helping prevent infections, reducing healthcare costs and improving patient outcomes. Our flagship product, Iri sept, is jet lavage containing low concentration Chlorhexidine Gluconate (CHG) 0.05% in sterile water for irrigation. Please visit www.irrisept.com for more information.

**Gold Partner**

**Booth 216**

**Intuitive**

1020 Kifer Road
Sunnyvale, CA 94086
Phone: 951-719-0388
Website: http://www.intuitive.com
Contact: Ashley Thornton
Contact Email: Ashley.thornton@intusurg.com

At Intuitive®, innovating for minimally invasive care is the passion that drives us. Our robotic-assisted da Vinci® Surgical System helps empower doctors and hospitals to make surgery less invasive than an open approach. Working with doctors and hospitals, we’re continuing to develop new, minimally invasive surgical platforms and future diagnostic tools to help solve complex healthcare challenges around the world.

**Booth 424**

**KARL STORZ Endoscopy-America, Inc.**

2151 E. Grand Avenue
El Segundo, CA 90245
Phone: 424-218-8100
Website: https://www.karlstorz.com
Contact: Erica Lange
Contact Email: communications@karlstorz.com

“KARL STORZ Endoscopy-America is a leading provider of state-of-the-art endoscopy solutions and precision instrumentation, offering products for virtually every minimally invasive surgical specialty — including colorectal procedures. Our reusable Minilaparoscopy Set is ideal for treating adults and includes an array of 3 mm instruments in the standard length of 36 cm.”
Exhibits

Booth 634
**Konsyl**
8050 Industrial Park Rd.
Easton, MD 21601
Phone: 410-822-5192
Website: http://www.konsyl.com
Contact: Jamie Campbell
Contact Email: jcampbell@konsyl.com

Konsyl Pharmaceuticals specializes in the sales and marketing of dietary supplements, OTC pharmaceutical products, and a medical device - Sitzmarks. Our brands are sold and distributed globally through a variety of direct, wholesale, and ecommerce channels.

Booth 812
**Lumendi LLC**
253 Post Road West
Westport, CT 06880
Phone: 610-698-3833
Website: http://www.lumendi.com
Contact: Eric Coolidge
Contact Email: eric.coolidge@lumendi.com

Lumendi is dedicated to improving healthcare through the development of enabling medical technology that reduces the level of patient intervention; increases recovery rates and outcomes; and decreases costs. Lumendi’s new DiLumen™ and DiLumen C2™ EIP devices are designed to improve minimally invasive interventions that treat a variety of GI disorders which currently require invasive surgery.

Booth 428
**Mallinckrodt Pharmaceuticals**
675 McDonnell Blvd.
St. Louis, MO 63042
Phone: 440-476-3029
Website: http://www.mallinckrodt.com
Contact: Tim Dress
Contact Email: tim.dress@mnk.com

Booth 727
**Medspira, LLC**
2718 Summer Street NE
Minneapolis, MN 55413
Phone: 800-345-4502
Website: http://www.medspira.com
Contact: Judy Carter
Contact Email: jcarter@medspira.com

Uniquely affordable, portable, and simple-to-use, the Medspira mcompass is the first ever anorectal manometry system designed to complement your workflow and office environment. A full range of medical professionals, including physician assistants and nurses can easily be trained to administer the exam.

Booth 400
**Medtronic**
710 Medtronic Parkway
Minneapolis, MN 55432
Phone: 203-500-6203
Website: http://www.medtronic.com
Contact: David Dann
Contact Email: david.t.dann@medtronic.com

Making healthcare better is our priority and we believe technology can play an even greater role in improving people’s lives. In addition to alleviating pain, restoring health, extending lives, we work in partnership with others to create seamless, more efficient care. Learn how we're taking healthcare Further, Together at Medtronic.com.”
## Exhibits

### Silver Partner

<table>
<thead>
<tr>
<th>Booth 209</th>
<th>Merck</th>
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<tbody>
<tr>
<td>2000 Galloping Hill Road</td>
<td></td>
</tr>
<tr>
<td>Kenilworth, NJ 07033</td>
<td></td>
</tr>
<tr>
<td>Phone: 08-740-6341</td>
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</tr>
<tr>
<td>Website: <a href="http://www.merck.com">http://www.merck.com</a></td>
<td></td>
</tr>
<tr>
<td>Contact: Andrea Throckmorton</td>
<td></td>
</tr>
<tr>
<td>Contact Email: <a href="mailto:andrea.throckmorton@merck.com">andrea.throckmorton@merck.com</a></td>
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### Silver Partner

<table>
<thead>
<tr>
<th>Booth 806</th>
<th>Olympus America, Inc.</th>
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<tbody>
<tr>
<td>3500 Corporate Pkwy</td>
<td></td>
</tr>
<tr>
<td>Center Valley, PA 18034</td>
<td></td>
</tr>
<tr>
<td>Phone: 800-401-1086</td>
<td></td>
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<tr>
<td>Website: <a href="http://www.olympus.com">http://www.olympus.com</a></td>
<td></td>
</tr>
<tr>
<td>Contact: Louis Lariviere</td>
<td></td>
</tr>
<tr>
<td>Contact Email: <a href="mailto:louis.lariviere@olympus.com">louis.lariviere@olympus.com</a></td>
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</tbody>
</table>

Olympus America, Inc. is a specialty pharmaceutical company dedicated to advancing and improving postsurgical outcomes. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit www.pacira.com.

### Silver Partner

<table>
<thead>
<tr>
<th>Booth 725</th>
<th>Pacira Pharmaceuticals, Inc.</th>
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<tr>
<td>5 Sylvan Way</td>
<td></td>
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<tr>
<td>Parsippany, NJ 07054</td>
<td></td>
</tr>
<tr>
<td>Phone: 973-254-4313</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.pacira.com">http://www.pacira.com</a></td>
<td></td>
</tr>
<tr>
<td>Contact: Gigi Kisling</td>
<td></td>
</tr>
<tr>
<td>Contact Email: <a href="mailto:gigi.kisling@pacira.com">gigi.kisling@pacira.com</a></td>
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</tr>
</tbody>
</table>

Pacira Pharmaceuticals, Inc. is a specialty pharmaceutical company dedicated to advancing and improving postsurgical outcomes. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit www.pacira.com.

### Silver Partner

<table>
<thead>
<tr>
<th>Booth 816</th>
<th>Modernizing Medicine Gastroenterology (formerly gMed)</th>
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<tbody>
<tr>
<td>3600 FAU Blvd, Suite 202</td>
<td></td>
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<tr>
<td>Boca Raton, FL 33431</td>
<td></td>
</tr>
<tr>
<td>Phone: 561-880-2998</td>
<td></td>
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<tr>
<td>Website: <a href="http://www.modmed.com">http://www.modmed.com</a></td>
<td></td>
</tr>
<tr>
<td>Contact: Amy Horn</td>
<td></td>
</tr>
<tr>
<td>Contact Email: <a href="mailto:amy.horn@modmed.com">amy.horn@modmed.com</a></td>
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</tbody>
</table>

Modernizing Medicine® Gastroenterology, formerly gMed®, provides the gastroenterology industry with an integrated health IT platform for private practices, ambulatory surgery centers and hospitals. Data-driven products and services include an EHR system, endoscopy report writer, practice management solution, patient engagement portal, value-based care solution, data analytics and revenue cycle management services.

### Silver Partner

<table>
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<tr>
<th>Booth 730</th>
<th>Next Science</th>
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<tbody>
<tr>
<td>10550 Deerwood Park Blvd #300</td>
<td></td>
</tr>
<tr>
<td>Jacksonville, FL 32256</td>
<td></td>
</tr>
<tr>
<td>Phone: 855-564-2762</td>
<td></td>
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<tr>
<td>Website: <a href="http://www.nextscience.com">http://www.nextscience.com</a></td>
<td></td>
</tr>
<tr>
<td>Contact: Diana Proctor</td>
<td></td>
</tr>
<tr>
<td>Contact Email: <a href="mailto:dproctor@nextscience.com">dproctor@nextscience.com</a></td>
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Next Science® pioneers innovative, proprietary technologies to address one of the leading causes of antimicrobial resistance, bacterial biofilms. With proven, experienced management and scientific leadership, Next Science and its partners deliver breakthrough solutions that see beyond the current limits imposed by powerful bacterial colonies.
Exhibits

Booth 821
Prescient Surgical, Inc.
1585 Industrial Rd.
San Carlos, CA 94070
Phone: 650-999-0263
Website: http://www.prescient surgical.com
Contact: Jonathan Coe
Contact Email: info@prescient surgical.com
Prescient Surgical, Inc. is a medical technology innovator that is dedicated to collaborating with hospitals to make surgery safer, improve the patient experience with surgery, and significantly improve post-operative outcomes. Its award-winning, first-in-class advanced technology, CleanCision, fights and defends against the sources of surgical site infection.

Booth 421
Prometheus Group, The
1 Washington St, Ste 303
Dover, NH 03820
Phone: 603-749-0733
Website: http://www.theprogrp.com
Contact: Richard Poore
Contact Email: dpoore@theprogrp.com
The Prometheus Group specializes in the manufacture and sales of diagnostic and rehabilitative medical devices. Drop by booth #421 and see our options for Anorectal Manometry with Paradoxical EMG, Multicompartment Pelvic Floor Ultrasound, and Pelvic Floor Rehabilitation. Visit www.theprogrp.com for more information on our products, services, and educational opportunities.

Booth 624
Redfield Corporation
336 West Passaic Street
Rochelle Park, NJ 07662
Phone: 201-845-3990
Website: http://www.redfieldcorp.com
Contact: Andrew Gould
Contact Email: info@redfieldcorp.com
“InfraRed Coagulation has long been the leading non-surgical treatment for internal hemorrhoids. Its use has expanded to the treatment of AIN, which an increasing number of colon & rectal surgeons have elected to do. The IRC2100™ is easy to use, safe, and well-tolerated, with clinical effectiveness proven for thirty years.”

Booth 211
Shire
300 Shire Way
Lexington, MA 02421
Phone:
Website: http://www.shire.com
Contact:
Contact Email:
"Shire is the global biotechnology leader serving patients with rare diseases and specialized conditions. We seek to push boundaries through discovering and delivering new possibilities for patients communities across our portfolio of therapeutic areas. Including Immunology, Hematology, Genetic Diseases, Internal Medicine, Ophthalmics, Oncology, and neuropsychiatry disorders.”

Booth 414
Stryker
5738 Eagle Pass Drive
Youngsville, LA 70592
Phone: 905-520-8494
Website: http://www.stryker.com
Contact: Greg Barrow
Contact Email: greg.barrow@stryker.com

Booth 423
Suture Ease, Inc.
1735 N. First St.
San Jose, CA 95112
Phone: 415-495-7595
Website: http://www.suturease.com
Contact: Scott Heneveld
Contact Email: scott@suturease.com
Suture Ease develops and markets novel technologies that combine efficacy and ease of use for laparoscopic procedures. The CrossBow Fascial Closure System, a Medical Design Excellence Award finalist, utilizes an innovative “snare guide” technology to enable simple and reliable port site wound closure.
## Exhibits

### Bronze Partner

<table>
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<th>Booth 822</th>
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<tbody>
<tr>
<td><strong>THD America, Inc.</strong></td>
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</table>
| 1731 SE Oralabor Road  
Ankeny, IA 50021  
Phone: 866-374-9442  
Website: [http://thdamerica.com/](http://thdamerica.com/)  
Contact: Anna Wiegel  
Contact Email: awiegel@thdamerica.com |
| Through development of cutting edge technology for surgeons, THD has introduced a non-excisional surgical alternative to hemorrhoidectomy. With LED illuminated disposable anoscopes, portable anal manometry, and the only clinic based platform dedicated for early detection of anal cancer through HRA, THD advances screening and treatment options for colorectal medicine worldwide. |

### Silver Partner

<table>
<thead>
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<th>Booth 613</th>
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<tbody>
<tr>
<td><strong>Transenterix, Inc.</strong></td>
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</table>
| 635 Davis Drive Suite 300  
Morrisville, NC 27560  
Phone: 919-765-8400  
Website: [http://www.transenterix.com](http://www.transenterix.com)  
Contact: Eric Smith  
Contact Email: info@transenterix.com |
| TransEnterix is a medical device company focused on the global commercialization of the Senhance™ Surgical system, the first and only digital laparoscopic platform, which provides robotic precision, added security through haptic feedback, surgeon camera control, and improved ergonomics -- while offering responsible economics. |

### Booth 818

**Twistle**  
4011 Silver Ave SE  
Albuquerque, NM 87108  
Phone: 415-987-8217  
Website: [http://www.twistle.com](http://www.twistle.com)  
Contact: Sukhi Singh  
Contact Email: info@twistle.com  
  
Twistle’s patient-engagement platform automatically delivers timely medical information, reminds patients about their appointments and recovery activities, and provides other critical information to adhere to instructions, maintain long-term wellness and manage chronic conditions.

### Booth 535

**United Ostomy Associations of America, Inc.**  
PO Box 525  
Kennebunk, ME 04043  
Phone: 800-826-0826  
Website: [https://www.ostomy.org](https://www.ostomy.org)  
Contact: Susan Burns  
Contact Email: oa@ostomy.org  
  
United Ostomy Associations of America, Inc. (UOAA) promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration. Our 300+ Affiliated Support Groups in the United States provide vital peer support for patients and caregivers alike.

### Booth 628

**ViOptix, Inc.**  
39655 Eureka Drive  
Newark, CA 94560  
Phone: 510-226-5860  
Website: [http://www.vioptix.com](http://www.vioptix.com)  
Contact: Melissa Liu  
Contact Email: lium@vioptix.com  
  
ViOptix is the recognized leader in real-time measurement of tissue viability. We give clinicians a revolutionary new capability – to obtain non-invasive, objective, real-time measurement of oxygen saturation (StO2) in the soft tissues affected by many surgical procedures – to help improve patient surgical outcomes by detecting problems before symptoms are visible.
Exhibits

Booth 607
Wolters Kluwer
Two Commerce Square
2001 Market St
Philadelphia, PA 19103
Phone: 215-521-8300
Website: http://www.shop.lww.com
Contact: Joey-Rose Jester
Contact Email: customerservice@lww.com

Wolters Kluwer provides trusted clinical technology and evidence-based solutions that engage clinicians, patients, researchers, students, and the next generation of healthcare providers. With a focus on clinical effectiveness, research and learning, safety and surveillance, and interoperability and data intelligence, our proven solutions drive effective decision-making and consistent outcomes across the continuum of care.

Booth 529
Xodus Medical, Inc.
702 Prominence Drive
New Kensington, PA 15068
Phone: 724-337-5500
Website: http://www.xodusmedical.com
Contact: Ashley Emerick
Contact Email: info@xodusmedical.com

Xodus Medical is making surgery safer with The Pink Pad XL advanced patient positioning system, the innovative, clinically-preferred product for increasing patient safety in Trendelenburg — preventing unwanted patient movement while protecting skin and nerves from injury and pressure-related complications. See our One-Step face and Arm Protectors for added patient protection.

One-Step face and Arm Protectors for added patient protection.
### Exhibitor Booth Directory

<table>
<thead>
<tr>
<th>Company</th>
<th>Booth Number</th>
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<td>t1Health</td>
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<td>Adler MicroMed, Inc.</td>
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<tr>
<td>Aesculap, Inc.</td>
<td>707</td>
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<td>Agency for Medical Innovations, Inc.</td>
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<td>AGI.medical</td>
<td>722</td>
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<tr>
<td>American College of Surgeons</td>
<td>222</td>
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<td>American College of Surgeons Cancer Program</td>
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<td>Applied Medical</td>
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<td>BD (formerly Bard)</td>
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<td>Biom ’Up USA, Inc.</td>
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<td>BK Medical</td>
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<td>Boston Scientific</td>
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<td>Braintree - A Part of Sebela Pharmaceuticals</td>
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<td>Calmoseptine</td>
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<td>Cleveland Clinic</td>
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<td>Clinical Genomics</td>
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<td>Cook Medical</td>
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<td>CooperSurgical</td>
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<td>CS Surgical Inc.</td>
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<td>Diversatek Healthcare</td>
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<td>Electro Surgical Instrument Company</td>
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Huntington Cleveland Convention Center Map
HILTON: Cleveland Downtown Map
Research Foundation of the ASCRS
Meet the Challenge 2019

Your Generosity Makes It All Possible

Gifts come in all shapes and sizes.
The generosity of members, friends and allies that supports the growth of the Society’s Education Fund and donations to the Research Foundation is remarkable.
The number of hours, days and years of time that members have contributed to leadership, committee work, special projects, mentoring, presentations, alliances – every volunteer effort sung and unsung – on behalf of the Society and the Research Foundation has made a difference and will keep making a difference for the next 100 years.

Donors are Remarkable
Volunteers Are Remarkable
We celebrate YOUR generosity

Join us for the Meet the Challenge event during the Welcome Reception festivities at the Rock and Roll Hall of Fame. The Challenge – to support colorectal research and the future of the specialty – is a year-round effort that counts on the unfailingly generous spirit of members and friends of colorectal research.

Hiding your past as a pinball wizard?
An ace at arcade games?
Never tried but would like to?

Your donation to Meet the Challenge at the Welcome Reception will buy you tickets to play. Go ahead, challenge a colleague, form a team, diss the competition! It’s all about the Challenge!

The Research Foundation would like to thank the Regional Societies that have generously supported the 2019 Meet the Challenge campaign to date.

Pennsylvania Society of Colon and Rectal Surgeons
Southern California Society of Colon and Rectal Surgeons

Donations to support the Meet the Challenge Campaign and the Education Fund are welcome at any time. For more information, please email rf@fascrs.org and a member of the staff will respond.
FUTURE ASCRS MEETINGS

June 6 – 10, 2020
Hynes Convention Center
Boston, MA

April 24 – 28, 2021
San Diego Convention Center
San Diego, CA

April 30 – May 4, 2022
Tampa Convention Center
Tampa, FL

June 3–7, 2023
Washington State Convention Center
Seattle, WA
ENTEREG® (alvimopan) capsules 12 mg, for oral use

BRIEF SUMMARY OF PRESCRIBING INFORMATION

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

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

Dosage and Administration

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

Contraindications

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

Warnings and Precautions

Potential Risk of Myocardial Infarction with Long-Term Use

There were no reports of myocardial infarctions in patients treated with alvimopan 0.5 mg twice daily compared with placebo-treated patients in a 12-month study of patients treated with opioids for chronic non-cancer pain (alvimopan 0.5 mg, n = 538; placebo, n = 267). In this study, the majority of myocardial infarctions occurred between 1 and 4 months after initiation of treatment. This innoncance has not been observed in other studies of ENTEREG in patients treated with opioids for chronic pain, nor in patients treated within the surgical setting, including patients undergoing surgeries that included bowel resection who received ENTEREG 12 mg twice daily for up to 7 days (the indicated dose and patient population; ENTEREG 12 mg, n = 1,142; placebo, n = 1,120). A causal relationship between alvimopan with long-term use has not been established. ENTEREG is available only through a REMS that restricts use to enrolled hospitals.

E.A.S.E. ENTEREG REMS Program

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

- ENTEREG is available only for short-term use (15 doses) use in hospitalized patients. Only hospitals that have enrolled in and met all of the requirements for the E.A.S.E. program may use ENTEREG.
- To enroll in the E.A.S.E. Program, an authorized hospital representative must acknowledge that:
  - hospital staff who prescribe, dispense, or administer ENTEREG have been provided the educational materials on the need to limit use of ENTEREG to short-term, inpatient use.
  - patients will not receive more than 15 doses of ENTEREG; and
  - ENTEREG will not be dispensed to patients after they have been discharged from the hospital.

Gastrointestinal-Related Adverse Reactions in opioid-Tolerant Patients

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

Risk of Serious Adverse Reactions in Patients with Severe Hepatic Impairment

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

End-Stage Renal Disease

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

Risk of Serious Adverse Reactions in Patients with Complete Gastrointestinal Obstruction

No studies have been conducted in patients with complete gastrointestinal obstruction or in patients who have suffered a recent episode of bowel obstruction. ENTEREG is not recommended for use in these patients.

Risk of Serious Adverse Reactions in Pancreatic and Gastric Anatomoses

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

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be compared directly with rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. The adverse event information from clinical trials does, however, provide a basis for identifying the adverse events that appear to be related to drug use and for approximating their rates. The data described below reflect exposure to ENTEREG 12 mg in 1,753 patients in 10 placebo-controlled studies. The incidence of patients 65 years old or older was 44% for ENTEREG and 44% were Caucasian. 6-8% were undergoing a surgery that included bowel resection. The first dose of ENTEREG was administered 30 minutes to 5 hours before the scheduled start of surgery and then twice daily until hospital discharge (or for a maximum of 7 days of postoperative treatment).

Among ENTEREG-treated patients undergoing surgeries that included a bowel resection, the most common adverse reaction (incidence ≥1%) occurring with a higher frequency than placebo was dyspepsia (ENTEREG, 1.5%; placebo, 0.6%). Adverse reactions are events that occurred after the first dose of study medication treatment and within 7 days of the last dose of study medication or events present at baseline that increased in severity after the start of the study medication treatment.

Drug Interactions

Potential for Drugs to Affect Alvimopan Pharmacokinetics

As in all opioid studies, it indicates that alvimopan is not a substrate of CYP enzymes. Therefore, concomitant administration of ENTEREG with inducers or inhibitors of CYP enzymes is unlikely to alter the metabolism of alvimopan.

Potential for Alvimopan to Affect the Pharmacokinetics of Other Drugs

Based on in vitro data, ENTEREG is unlikely to alter the pharmacokinetics of codeinomended drugs through inhibition of CYP isoenzymes such as 1A2, 2C9, 2C19, 2C36, and 2E1 or induction of CYP isoenzymes such as 1A2, 2B6, 2C9, 2C36, and 3A4. In vitro, ENTEREG did not inhibit p-glycoprotein.

Effects of Alvimopan on Intravenous Morphine

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

Effects of Concomitant Acid Blockers or Antibiotics

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

Use in Specific Populations

Pregnancy

Pregnancy Category B

Risk Summary: There are no adequate and/or well-controlled studies with ENTEREG in pregnant women. No fetal harm was observed in animal reproduction studies with oral administration of alvimopan for 104 weeks in pregnant rabbits at oral doses up to 200 mg/kg/day (about 67 to 136 times the recommended human oral dose based on body surface area) and at intravenous doses up to 15 mg/kg/day (about 3.4 to 6.8 times the recommended human oral dose based on body surface area) and in pregnant rabbits at intravenous doses up to 15 mg/kg/day (about 5 to 10 times the recommended human oral dose based on body surface area), and revealed no evidence of impaired fertility or harm to the fetus due to alvimopan.

Nursing Mothers

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

Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

Geriatric Use

Of the total number of patients in 6 clinical efficacy studies treated with ENTEREG 12 mg or placebo, 46% were 65 years of age and over, while 18% were 75 years of age and over. No overall differences in safety or efficacy were observed between these age groups. In general, older patients may be at an increased risk for drug related serious adverse reactions (including dose-related serious adverse reactions) because up to 10-fold higher plasma levels of drug have been observed in such patients compared with patients with normal hepatic function. Therefore, the use of ENTEREG is not recommended in this population.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Two-year carcinogenicity studies were conducted with alvimopan in CD-1 mice at oral doses up to 4000 mg/kg/day and in Sprague-Dawley rats at oral doses up to 500 mg/kg/day. Oral administration of alvimopan for 104 weeks produced significant increases in the incidences of fibroma, fibrosarcoma, and sarcoma in the kidneys. No tumors were observed in the kidneys of female mice or in rats. Oral administration of alvimopan at 1000 mg/kg/day (about 166 times the recommended human dose based on body surface area) in rats, oral administration of alvimopan for 104 weeks did not produce any tumor up to 5000 mg/kg/day (about 166 times the recommended human dose based on body surface area).

Mutagenesis: Alvimopan was not genotoxic in the Ames test, the mouse lymphoma cell (Salmonella typhimurium) forward mutation test, the Chinese Hamster Ovary (CHO) cell chromosome aberration test, or the mouse micronucleus test. The pharmacologically active metabolite ADL 90–011 was negative in the Ames test, chromosome aberration test in CHO cells, and mouse micronucleus test.

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

Patient Counseling Information

Recent Use of Opioids

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

Hospital Use Only

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

Most Common Side Effect

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

For more detailed information, please read the Prescribing Information. USP-MK7573-C_11090000

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Following Surgeries That Include Partial Bowel Resection With Primary Anastomosis,

ENTEREG Is the First and Only FDA-Approved Agent Indicated to Accelerate Time to GI Recovery

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

Important Safety Information

WARNING: POTENTIAL RISK OF MYOCARDIAL INFARCTION WITH LONG-TERM USE: FOR SHORT-TERM HOSPITAL USE ONLY
- Increased incidence of myocardial infarction was seen in a clinical trial of patients taking alvimopan for long-term use. No increased risk was observed in short-term trials.
- Because of the potential risk of myocardial infarction, ENTEREG is available only through a restricted program for short-term use (15 doses) called the ENTEREG Access Support and Education (E.A.S.E.) Program.

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

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

E.A.S.E. Program for ENTEREG: ENTEREG is available only to hospitals that enroll in the E.A.S.E. ENTEREG REMS Program. To enroll in the E.A.S.E. Program, the hospital must acknowledge that:
- Hospital staff who prescribe, dispense, or administer ENTEREG have been provided the educational materials on the need to limit use of ENTEREG to short-term, inpatient use
- Patients will not receive more than 15 doses of ENTEREG
- ENTEREG will not be dispensed to patients after they have been discharged from the hospital

ENTEREG should be administered with caution to patients receiving more than 3 doses of an opioid within the week prior to surgery. These patients may be more sensitive to ENTEREG and may experience GI side effects (eg, abdominal pain, nausea and vomiting, diarrhea).

ENTEREG is not recommended for use in patients with severe hepatic impairment, end-stage renal disease, complete gastrointestinal obstruction, or pancreatic or gastric anastomosis, or in patients who have had surgery for correction of complete bowel obstruction.

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

Before prescribing ENTEREG, please read the accompanying Prescribing Information, including the Boxed Warning about potential risk of myocardial infarction with long-term use.

For additional copies of the Prescribing Information, please call 800-600-6372, visit entereg.com, or contact your Merck representative.

What could accelerated GI recovery mean for your patients?

Let’s talk about it at Booth 209

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