# SCHEDULE AT A GLANCE

## Saturday, April 24, 2021 (pages 5-11)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 12:00 - 4:00 pm   | SYMPOSIUM: Practice Management  
                        SYMPOSIUM: Advance Practice Provider/Allied Health |
| 1:00 - 4:00 pm    | WORKSHOP: Question Writing: Do You Know How to Write the Perfect Exam Question? |
| 1:00 - 4:30 pm    | SYMPOSIUM: Advanced Techniques in Rectal Prolapse Surgery: Ventral Rectopexy Masterclass  
                        SYMPOSIUM: AIN and HRA: What the Colorectal Surgeon Needs to Know |
| 1:00 - 5:30 pm    | WORKSHOP: Early Career Mock Orals and More |

## Sunday, April 25, 2021 (pages 12-24)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:00 - 9:00 am</td>
<td>SYMPOSIUM: Critical Review of Manuscripts</td>
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<tr>
<td>7:30 - 9:45 am</td>
<td>SYMPOSIUM: Advanced Endoscopy</td>
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<tr>
<td>8:00 - 9:30 am</td>
<td>SYMPOSIUM: The Challenging Stoma</td>
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</table>
| 8:00 - 10:00 am   | SYMPOSIUM: Core Subject Update  
                        PLENARY ABSTRACT SESSION I: Benign Anorectal Disease and Pelvic Floor |
| 10:00 - 10:15 am  | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 10:15 am - 12:00 pm| PLENARY ABSTRACT SESSION II: Rectal Cancer  
                        SYMPOSIUM: Management of Diverticulitis. Is There Anything We Were Taught That is True?  
                        SYMPOSIUM: Pelvic Floor: The Great Falling Out.  
                        QUICK SHOTS I: Quality, Cost and Education |
| 12:00 - 1:00 pm   | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 1:00 - 1:30 pm    | Welcome and Opening Announcements |
| 1:30 - 2:15 pm    | Humanities in Surgery Lectureship |
| 2:15 - 3:00 pm    | Memorial Lectureship Honoring David Margolin, MD |
| 3:00 - 3:15 pm    | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 3:15 - 4:30 pm    | SYMPOSIUM: Duty Hours and Evaluation Forms and Robots, Oh My! A Levelheaded Approach to Intraoperative Teaching |
| 3:15 - 4:45 pm    | SYMPOSIUM: Paradigm Shifts in the Diagnosis and Neoadjuvant Treatment of Rectal Cancer  
                        PLENARY ABSTRACT SESSION III: Colorectal Cancer and Other Neoplasia |
| 6:30 - 8:30 pm    | ASCRS Welcome Reception: ASCRS “TOGETHER IN SPIRIT” (Networking Lounge) |

## Monday, April 26, 2021 (pages 25-38)

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 7:00 - 8:00 am    | LGBTQ+ and Allies Virtual Meet-up  
                        Meet the Professor Roundtables |
| 7:30 - 9:15 am    | PLENARY ABSTRACT SESSION IV: Quality Cost and Education |
| 7:45 - 9:15 am    | Quick Shots of Distinction |
| 8:00 - 9:15 am    | ABSTRACT SESSION: General Surgery Forum |
| 9:15 - 9:30 am    | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 9:30 - 10:15 am   | Norman D. Nigro, MD, Research Lectureship |
| 10:15 - 11:30 am  | QUICK SHOTS II: Benign Anorectal Disease and Pelvic Floor |
| 10:15 - 11:45 am  | SYMPOSIUM: Enhancing Your Recovery Program  
                        SYMPOSIUM: From Pull-through to PSARP: Caring for Patients with Congenital and Pediatric Colorectal Disease as they Age  
                        PLENARY ABSTRACT SESSION V: Benign Abdominal Disease |
| 11:45 am - 1:15 pm| Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 1:15 - 2:00 pm    | Special Lectureship: Leadership in Turbulent Times |
# SCHEDULE AT A GLANCE (continued)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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| 2:00 – 3:15 pm | SYMPOSIUM: Controversies in IBD Surgery  
SYMPOSIUM: How to Wake-Up from An Intra-Operative Nightmare  
SYMPOSIUM: Beyond the Knife. Personalized Colorectal Cancer Treatment – Genetics, Molecular Targets, Immunotherapy and More |
| 3:15 – 3:30 pm | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 3:30 – 5:15 pm | SYMPOSIUM: New Technologies |
| 5:30 – 6:45 pm | Residents’ Reception |
| 7:00 – 8:00 am | Diversity Virtual Meet-up |
| 7:30 – 9:00 am | QUICK SHOTS III: Rectal Cancer, Colorectal Cancer, and Other Neoplasia |
| 8:00 – 9:00 am | SYMPOSIUM: A Well-Made Anastomosis Could Be Your Best Sleep Medicine  
SYMPOSIUM: Diversity in Colorectal Surgery  
ABSTRACT SESSION: Research Forum |
| 9:00 – 9:15 am | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 9:15 – 10:15 am | ASCRS Annual Business Meeting and State of the Society Address |
| 10:15 – 11:00 am | Masters in Colorectal Surgery Lectureship Honoring Robert D. Fry, MD |
| 11:00 – 11:15 am | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 11:15 am – 12:00 pm | Ernestine Hambrick, MD, Lectureship |
| 12:00 – 1:30 pm | Virtual Engagement Break (ASCRS Central in the Exhibit Hall)  
Women and Allies for Women in Colorectal Surgery Virtual Meet-up |
| 1:30 – 3:00 pm | SYMPOSIUM: Complete Response after Neoadjuvant Therapy for Rectal Cancer: Cases and Considerations  
SYMPOSIUM: So, You Want to Be an Academic Colorectal Surgeon? Then Come to this Session  
PLENARY ABSTRACT SESSION VI: Inflammatory Bowel Disease  
QUICK SHOTS IV: Inflammatory Bowel Disease, and Benign Abdominal Disease |
| 3:00 – 3:15 pm | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 3:15 – 4:15 pm | Deep Roots Video  
Presidential Address |
| 4:15 – 4:30 pm | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 4:30 – 6:00 pm | Game Show: ASCRS JeoPARODY (Networking Lounge) |
| 9:00 – 10:30 am | PLENARY ABSTRACT SESSION VII: Best of 2020 (I)  
SYMPOSIUM: The Challenge of Caring for Geriatric Patients – Adopting Novel Studies in Everyday Practice  
SYMPOSIUM: Video Based Education Premiers: Robotic and Laparoscopic Techniques  
SYMPOSIUM: Best of the Diseases of the Colon & Rectum Journal |
| 10:30 – 10:45 am | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 10:45 – 11:30 am | Harry E. Bacon, MD, Lectureship |
| 11:30 am – 12:30 pm | Virtual Engagement Break (ASCRS Central in the Exhibit Hall) |
| 12:30 – 1:15 pm | PLENARY ABSTRACT SESSION VIII: Best of 2020 (II) |
| 12:30 – 2:00 pm | SYMPOSIUM: Anorectal Controversies: Let’s Get to the Bottom of This  
SYMPOSIUM: Alternate Career Options: From Manhattan to Rural America |
| 2:00 – 2:45 pm | QUICK SHOTS: Best of 2020 |
| 2:00 – 3:15 pm | Abstract Video Session |
| 3:30 pm | Meeting Adjourns |
General Information

All sessions are in the auditorium unless noted. All times are in Pacific Time.

Please Note: Times and Speakers are subject to change.

Continuing Medical Education Information

Continuing Medical Education Mission Statement

The American Society of Colon and Rectal Surgeons (ASCRS) is dedicated to ensuring high-quality patient care by advancing the science through research and education for prevention and management of disorders of the colon, rectum, and anus.

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, ePosters (ePoster presentations), video presentations and symposia focusing on specific state-of-the-art diagnostic and treatment modalities.

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

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

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

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

Accreditation

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

Continuing Medical Education Credit

The American Society of Colon and Rectal Surgeons (ASCRS) designates this live activity for a maximum of 30.5 AMA PRA Category 1 Credits™ and designates these enduring activities for a maximum of 54 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Attendees can earn 1 CME credit for every 60 minutes of educational time.

CME credits are subject to change

Continuing Nursing Education Accreditation

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 25 contact hours.

Continuous Certification Credit (Previously MOC)

Successful completion of the designated self-assessment activities enables the learner to earn up to 10 credits toward Self-Assessment requirements of the American Board of Colon and Rectal Surgery’s Continuous Certification program.
Daily Schedule

Saturday, April 24, 2021

Exhibit Hall Hours: 12:00 - 5:30 pm
Ongoing Video Room: 12:00 - 5:30 pm
ePosters: 12:00 - 5:30 pm

12:00 - 4:00 pm

SYMPOSIUM: Practice Management
CME Credit Hours: 4
CNE Credit Hours: 4

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

This multiyear symposium course is designed to meet the needs of our membership by teaching the basic principles of the business of clinical practice development and maintenance, while also providing a “toolbox” for dealing with change management, organizational relationships, communication skills and strategic thinking. While primarily focused on colorectal surgeons in the first decade of their career, the topics presented will be relevant to the entire membership, in particular those that are contemplating transitions in their careers.

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

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

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

12:00 pm Introduction
Jeffrey Cohen, MD, Hartford, CT
Jennifer Rea, MD, Lexington, KY

12:05 pm The Art of Negotiation: Strategies that Work
Jennifer Rea, MD, CPE, Lexington, KY

12:25 pm The Art of Negotiation: Does Gender Matter?
Karin Hardiman, MD, PhD, Birmingham, AL

12:45 pm Revenue Cycle 101
David O’ Brien, MD, Portland, OR

1:00 pm Ancillary Services and Entrepreneurship
Steven Fassler, MD, Abington, PA

1:20 pm Panel Discussion
All Faculty

2:00 pm Assessing Strategic Opportunities: Leaving or Returning to Academia
Daniel Herzig, MD, Portland, OR

2:15 pm Assessing Strategic Opportunities: Choosing a New Institution
Daniel Herzig, MD, Portland, OR

2:30 pm Marketing Your Practice in 2021
Rebecca Stewart, Hartford, CT

2:45 pm Leadership Lessons Learned During the Time of COVID-19
Jeffrey Cohen, MD, Hartford, CT

3:00 pm Mentorship and Leadership: Perspectives from the Editor
Susan Galandiuk, MD, Louisville, KY
Saturday, April 24, 2021

Practice Management continued

3:15 pm Mentorship and Leadership: Perspectives from a Program Director
Leander Grimm, Jr., MD, Mobile, AL

3:30 pm Panel Discussion
All Faculty

4:00 pm Adjourn

12:00 – 4:00 pm

SYMPOSIUM: Advance Practice Provider/Allied Health

CME Credit Hours: 4
CNE Credit Hours: 4

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

Objectives

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

1. Recognize the varied practice roles APPs have in colon and rectal surgery
2. Realize the importance of nutrition peri-operatively
3. Describe APP practice models that exist within the inpatient, outpatient or combination of settings. Optimizing APP scope of practice and utilization can lead to increased patient access to care, increased productivity of the team and improved APP and patient satisfaction
4. Gain insight and learn from other APP participants with facilitated round table discussions on APP roles, barriers to practice, job satisfaction and experience
5. Promote and build a national network of colon and rectal surgery APPs with a common mission, goals, and connection to ASCRS

Director
Michele Rubin, MSN, APN, CNS-BC, CGRN, Chicago, IL

12:00 pm Introductions
Michele Rubin, MSN, APN, CNS-BC, CGRN, Chicago, IL

12:05 pm Workup and Surgical Option for Chronic Constipation
Karrie Ann Driscoll, MSN, ANP-BC

12:25 pm Case Presentation: Low Anterior Resection Syndrome
Samantha Wolff, PA-C, Milwaukee, WI

12:45 pm Perioperative Nutrition
Kelly Issokson, MS, RD, CNSC, Los Angeles, CA

1:05 pm APP Practice Models/Scope of Practice
Michele Rubin, APRN, CNS-BC, Chicago, IL

1:30 pm Panel Discussion and Questions

2:00 pm Condyloma and HRA Clinic
Daniel Worrall, APRN, NP-BC, Boston, MA

2:20 pm Benign Anorectal: Hemorrhoids, Fissures and Fistulas
Marcia A. Dinsmore, APRN, NP-BC, Rochester, NY

2:40 pm Ostomy Clinic
Janice Colwell APRN, CNS-BC, Chicago, IL

3:00 pm J-Pouch Assessment and Surveillance Clinic
Michele Rubin APRN, CNS-BC, Chicago, IL

3:25 pm Questions and Answer

4:00 pm Adjourn
Saturday, April 24, 2021

1:00 - 4:00 pm

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

CME Credit Hours: 3
Registration Required

Link to be sent to pre-registered participants

Limit: 70 participants

Please Note: 3:00 - 4:00 pm is live interaction with the faculty.

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.

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

Co-Directors
Glenn Ault, MD, MSEd, Los Angeles, CA
Rebecca Hoedema, MD, Grand Rapids, MI

1:00 pm Introduction
Glenn Ault, MD, MSEd, Los Angeles, CA
Rebecca Hoedema, MD, Grand Rapids, MI

1:05 pm Key Concept – The True Foundation of a Good Question
Jennifer Beaty, MD, Omaha, NE

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
Liana Tsikitis, MD, Portland, OR

2:05 pm Finalizing Questions – Rescue and Salvage
Glenn Ault, MD, MSEd, Los Angeles, CA

2:20 pm Critiques – Painful but Very Important
Rebecca Hoedema, MD, Grand Rapids, MI

2:40 pm The Art of Writing an Oral Examination Question
Scott Steele, MD, MBA, Cleveland, OH

3:00 pm Let’s Write Questions
All Faculty

4:00 pm Adjourn
Saturday, April 24, 2021

1:00 – 4:30 pm

SYMPOSIUM: **Advanced Techniques in Rectal Prolapse Surgery: Ventral Rectopexy Masterclass**

CME Credit Hours: 3.5
CNE Credit Hours: 3.5

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

Ventral Rectopexy (VR) is the current gold standard for treatment of rectal prolapse in most countries outside of North America. VR can correct full-thickness rectal prolapse, rectoceles and internal rectal prolapse and can be combined with vaginal prolapse procedures, such as sacrocolpopexy, in patients with multicompartiment pelvic floor defects. Limiting dissection to the anterior rectum minimizes autonomic nerve damage associated with posterior dissection and division of the lateral stalks.

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

**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
4. Refine VR technique and improve efficiency

**Co-Directors**

Brooke Gurland, MD, Stanford, CA  
James Ogilvie, Jr., MD, Grand Rapids, MI  
Andrew Stevenson, MD, Brisbane, Australia

1:00 pm  
**Introduction**  
Brooke Gurland, MD, Stanford, CA

1:10 pm  
**Principles and Evolution of Procedures for Rectal Prolapse**  
Anders Mellgren, MD, PhD, Chicago, IL

1:25 pm  
**Testing? What Helps Me Prior to Prolapse/VR Repair?**  
Amy Thorsen, MD, Minneapolis, MN

1:40 pm  
**Rectal Prolapse Outcomes: How Does Ventral Rectopexy Measure Up**  
Mehraneh Dorna Jafari, MD, Irvine, CA

1:55 pm  
**RVR Getting Started: VR / Initial Patient Selection and Booking Your First Few Cases**  
Kenneth Loh, MD, San Francisco, CA

2:10 pm  
**To Mesh or Not Mesh in Multicompartment Prolapse**  
Liliana Bordeianou, MD, Boston, MA

2:25 pm  
**LX VR – How I Do It**  
James Ogilvie, Jr., MD, Grand Rapids, MI

2:40 pm  
**Robotic VR - How I Do It**  
Joseph Carmichael, MD, Irvine, CA

2:55 pm  
**VR for ODS and IRP**  
Sara Vogler, MD, Cleveland, OH

3:10 pm  
**Management and Prevention of VR Complications**  
Elizabeth Raskin, MD, Loma Linda, CA

3:25 pm  
**Recurrent Rectal Prolapse: Where Does VR Fit In?**  
Ian Paquette, MD, Cincinnati, OH

3:40 pm  
**Pelvic Mesh and Sacrocolpopexy Pearls Applicable to VR**  
Felicia Lane, MD, Irvine, CA

3:55 pm  
**Cases and Panel Discussion**  
Brooke Gurland, MD, Stanford, CA  
James Ogilvie, Jr., MD, Grand Rapids, MI  
Andrew Stevenson, MD, Brisbane, Australia

4:10 pm  
**Question and Answer**

4:30 pm  
Adjourn
Anorectal disorders are some of the most common pathologies seen in a colon and rectal surgery practice. These entities can have a major impact on patients’ lives sometimes leading to significant morbidity. When operating on these complex conditions, including fistula, hemorrhoids, fissures and pilonidal cysts, many options are available to the surgeon. With the multitude of options, how are practitioners making decisions regarding operative treatment? When controversy exists over the best option, how do we tailor the treatment to the specific patient? Patients with these conditions comprise a large portion of our practice. For example, in 2004, the National Institutes of Health noted that the diagnosis of hemorrhoids was associated with 3.2 million ambulatory care visits, 306,000 hospitalizations, and two million prescriptions in the United States. In-depth knowledge of these disease processes and the various treatment options are essential for proper management. In this symposium, we will highlight some of these controversies in treatment and guide practitioners to make choices that may not be in their standard arsenal.

**Objectives**

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

1. Describe how to operatively manage chronic anal fissures
2. Recognize different treatment paths for grade III internal hemorrhoids
3. Assess the utility and critically examine the evidence for anal dysplasia screening
4. Describe different management strategies for pilonidal disease
5. Examine the utility and efficacy of cutting seton for anal fistula

**Co-Directors**

Stephen Goldstone, MD, New York, NY
Naomi Jay, RN, NP, PhD, San Francisco, CA

1:00 pm  **Welcome**
Stephen Goldstone, MD, New York, NY

1:05 pm  **Introduction to HPV: Scope of the Problem**
Joel Palefsky, MD, San Francisco, CA

1:20 pm  **Pathology and Cytology and the LAST Criteria**
Teresa Darragh, MD, San Francisco, CA

1:40 pm  **Fundamentals of HRA**
Naomi Jay, RN, NP, PhD, San Francisco, CA

2:00 pm  **HRA Findings of AIN and Biopsy**
J. Michael Berry-Lawhorn, MD, San Francisco, CA
Naomi Jay, RN, NP, PhD, San Francisco, CA

3:00 pm  **HRA Guided Treatment Options and Management Algorithms**
Stephen Goldstone, MD, New York, NY
Joel Palefsky, MD, San Francisco, CA

4:00 pm  **Incorporating HRA Into Your Practice**
Julian Sanchez, MD, Tampa, FL
Rebecca Levine, MD, New York, NY
Joseph Terlizzi, MD, New York, NY

4:20 pm  **Question and Answer**
J. Michael Berry-Lawhorn, MD, San Francisco, CA
Teresa Darragh, MD, San Francisco, CA
Stephen Goldstone, MD, New York, NY
Naomi Jay, RN, NP, PhD, San Francisco, CA
Rebecca Levine, MD, New York, NY
Joel Palefsky, MD, San Francisco, CA
Julian Sanchez, MD, Tampa, FL
Joseph Terlizzi, MD, New York, NY

4:30 pm  **Adjourn**
Saturday, April 24, 2021

**1:00 – 5:30 pm**

**WORKSHOP: Early Career Mock Orals and More**

*CME Credit Hours: 3.5, Didactic
(This symposium is pre-recorded and available to view at your convenience)*

*Link to be sent to pre-registered participants*

**CME Credit Hours: 2.0 Real Time MOCK Exam**

**Live interaction with faculty during the tracks below.**

**Track I:** 1:00 – 3:00 pm *Pacific Time*  
CRS Residents/Fellows-in-Training

**Track II:** 3:30 – 5:30 pm *Pacific Time*  
Physicians in Practice Applying for Board Certification

*Registration is Required*

(This course is not intended for General Surgery Residents)

**Candidate Member Fee:** $50  
**Member Fee:** $100  
**Non-Member Fee:** $125

*Limit: 60 participants per Track*

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 out in practice. The workshop aims to prepare candidates for these examinations and address critical needs of current fellows and recent graduates when they are beginning their practices.

The session will consist of an introduction and overview of the structure of the mock oral examination and then break into two tracks each composed of a Mock Oral Examination Session and a Mini-Symposium, that will run concurrently. The Mock Oral Examinations will be conducted in a small group format and are administered by different examiners, with critique of the examinees’ performances in a format that replicates the actual ABCRS Oral Examination. Questions will be directed to one participant at a time, so other group members may observe their colleagues answer and receive critique on scenarios. Scenarios covered will be those which are heavily tested on the certifying oral examination and are commonly encountered in a standard colorectal practice. Additionally, the session will also provide feedback on performance and guidance in treatment of these various disease processes by members who are board-certified already.

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

**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 answer colorectal oral board style questions in a simulated, high stakes format  
3. Demonstrate knowledge among colleagues and learn from other examinees  
4. Understand key topics relevant to his or her own career stage
Saturday, April 24, 2021

**Early Career Mock Orals and More continued**

**Didactic Symposium***

**Co-Directors**
Anuradha Bhama, MD, Chicago, IL
Jennifer Davids, MD, Worcester, MA
Carrie Y. Peterson, MD, MS, Milwaukee, WI

**Introduction**
Jennifer Davids, MD, Worcester, MA

**Welcome**
Najjia Mahmoud, MD, Philadelphia, PA

**How to Prepare for the Written Exam**
Jennifer Agnew, MD, New York, NY

**Things I Wish I Knew in My First Year of Practice**
Tal Raphaeli, MD, Houston, TX

**What No One Ever Teaches You: The Basics of Billing and Coding**
Karen Zaghiyan, MD, Los Angeles, CA

**What Can ASCRS Do for You and What Can You Do for ASCRS?**
Kellie Mathis, MD, Rochester, MN

**Finances 101**
Conan Mustain, MD, Little Rock, AR

**Must-Know Topics and Avoiding Pitfalls for the Oral Examination**
David Row, MD, Phoenix, AZ

**Building Your Practice and Defining Your Niche**
Jennifer Rea, MD, Lexington, KY

**How to Make the Most of Your First 5 Years of Practice**
Brian Bello, MD, Washington, DC

**Teaching and Mentoring While You are Just Getting Your Own Feet Wet**
Heather Yeo, MD, MBA, New York, NY

**How to Navigate Changes in Your Practice: Tips for Success**
Leandro Feo, MD, Boca Raton, FL

**Live/Real Time Mock Oral Exams**

**Track I - CRS Residents/Fellows-in-Training**
1:00 – 3:00 pm Pacific Time

**Track II - Physicians in Practice Applying for Board Certification**
3:30 – 5:30 pm Pacific Time

**Young Surgeon’s Committee as Examiners:**
Christopher Buzas, MD, Danville, PA
Jad Chamieh, MD, Osford, MS
Jessica Cohan, MD, Boston, MA
Marianne Cusick, MD, Houston, TX
R. Scott Dougherty, MD, Baton Rouge, LA
Mark Hanna, MD, Duarte, CA
Marjun Philip Duldulao, MD, Los Angeles, CA
Samuel Eisenstein, MD, San Diego, CA
Leandro Feo, MD, Boca Raton, FL
Daniel Fish, MD, Springfield, MA
John Gahagan, MD, Irvine, CA
Daniel Galante, MD, Winter Park, FL
Lindsey Goldstein, MD, Gainesville, FL
Leander Grimm, MD, Mobile, AL
Michael Guzman, MD, Indianapolis, IN
Wissam J. Halabi, MD, Davis, CA
Jennifer Kaplan, MD, Minneapolis, MN
Deborah Keller, MD, New York, NY
David Kleiman, MD, Burlington, MA
Ziad Kronfol, MD, Baytown, TX
Pamela Lee, DM, San Diego, CA
Robert Lewis, MD, Hartford, CT
Jonaton Mitchem, MD, Columbus, OH
Eric Nelson, MD, Chattanooga, TN
Tal Raphaeli, MD, Humble, TX
Aashish Rajesh, MD, Houston, TX
Steven Scarcliff, MD, Birmingham, AL
Karen Sherman, MD, Raleigh, NC
Vlad Simianu, MD, Seattle, WA
Jacquelyn Turner, MD, Atlanta, GA
Gabriela Vargas, MD, MS, Salt Lake City, UT
Karen Zaghiyan, MD, Los Angeles, CA
Daily Schedule

Sunday, April 25, 2021

Exhibit Hall Open: 7:00 am – 8:30 pm

Industry Representatives available for Live Chat: 12:00 – 1:00 pm

Ongoing Video Room: 7:00 am – 8:30 pm

ePosters: 7:00 am – 8:30 pm

7:00 – 9:00 am

SYMPOSIUM: **Critical Review of Manuscripts**

*Link to be sent to pre-registered participants*

CME Credit Hours: 2

CNE Credit Hours: 2

*Please Note: 8:00 - 9:00 am is live interaction with the faculty.*

The peer review process is central to the continued advancement of surgical knowledge. Continuous critical review of new manuscripts ensures the best available evidence is disseminated within the surgical community. The volume of new material, the complexity of trial design and the increasingly nuanced conclusions require detailed and systematic critical review.

This symposium is aimed at three groups: present and prospective reviewers for *Diseases of the Colon & Rectum (DC&R)*, the practicing surgeon who wants to increase their critical appraisal skills and authors who wish to improve their writing 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 method, while identifying the advantages, the disadvantages and the common mistakes in study conduct, reporting and conclusions. We will also explore essential resources for additional learning in this area.

Previously published representative papers from the four common methodologies will be identified in advance from *Diseases of the Colon & Rectum*. Six weeks prior to the symposium, the originally submitted unedited manuscripts of these four papers will be distributed to each symposium participant who will have the chance to read and critique them as if they were primary reviewers. During the symposium, each participant will be assigned to a small group led by an editorial board member from DC&R. Following an introduction of the manuscript by the faculty, the editorial board members will facilitate a working discussion and critique of each manuscript within the small groups. Board members will have access to the original editorial comments and the changes that were requested by the editors prior to publication to enhance the discussion. The benefit to each individual participant will be maximized with appropriate preparation time prior to the symposium.

**Objectives**

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

1. Recognize patient scenarios where observational studies are appropriate and can potentially provide strong evidence
2. Identify the advantages, limitations and proper use of studies using administrative databases
3. Recognize the potential for bias and methodological limitations involving randomized controlled trials
4. Recall the components of a valuable comprehensive systematic review and meta-analysis
5. Apply resources to enhance their critical appraisal skills

**Co-Directors**

Susan Galandiuk, MD, Louisville, KY
David Stewart, MD, Tucson, AZ
Sunday, April 25, 2021

**Critical Review of Manuscripts continued**

7:00 am  **Introduction**  
Susan Galandiuk, MD, Louisville, KY

7:05 am  **Observational Studies**  
Matthew Z. Wilson, MD, Lebanon, NH

7:17 am  **Administrative Database Studies**  
Kristen Crowell, MD, Boston, MA

7:29 am  **Randomized Controlled Trials**  
Willem Bemelman, MD, PhD, Amsterdam, Netherlands

7:41 am  **Systematic Reviews & Meta-Analyses**  
Husein Moloo, MD, MBA, Ottawa, Ontario, Canada

*Live interaction with faculty*

7:53 – 9:00 am  **Breakout Rooms**  
Each assigned room will cover:
- Observational Study
- Administrative Database Study
- Randomized Controlled Trial
- Systematic Reviews & Meta-Analysis

9:00 am  **Adjourn**

7:30 – 9:45 am  **SYMPOSIUM: Advanced Endoscopy**

CME Credit Hours: 2.25  
CNE Credit Hours: 2.25

There has been significant expansion of new techniques and instrumentation for advanced endoscopic procedures. These techniques broaden our ability to perform more complex procedures in a much less invasive way. As colorectal surgeons, we are positioned to adopt these techniques and lead in this field. Yet as busy practicing surgeons, it is often difficult to get exposure to state-of-the-art techniques. This symposium highlights new advanced endoscopic techniques and their applications as well as existing platforms.

**Objectives**

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

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

7:30 am  **Introduction**  
Kyle Cologne, MD, Los Angeles, CA

7:35 am  **The Art of Endoscopic Electro-surgery**  
Jennifer Hrabe, MD, Iowa City, IA

7:50 am  **Utility of Intraoperative Colonoscopy and Interventions**  
Lea Lowenfeld, MD, New York, NY

8:05 am  **Beyond Polypectomy: EMR, ESD**  
Richard L. Whelan, MD, New York, NY

8:20 am  **Combined Endo-Laparoscopic Surgery (CELS) and Full Thickness Laparo-Endoscopic Excision (FLEX) for Complicated Polyps**  
David Rosen, MD, Cleveland, OH

8:35 am  **ELSI (EndoLuminal Surgical Interventions): ESD and Beyond**  
Uzma D. Siddiqui, MD, Chicago, IL

8:50 am  **Quality Metrics and Endoscopy – What do I need to Know, and Who’s Watching?**  
Margarita Murphy, MD, Charleston, SC

9:15 am  **The Future of Endoluminal Surgery**  
David Kleiman, MD, Burlington, MA

9:30 am  **Panel Discussion and Questions**

9:45 am  **Adjourn**
Sunday, April 25, 2021

8:00 – 9:30 am

SYMPOSIUM: **The Challenging Stoma**

CME Credit Hours: 1.5
CNE Credit Hours: 1.5

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

**Objectives**

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

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

**Co-Directors**

Jennifer Beaty, MD, Omaha, NE
Michael McGee, MD, Chicago, IL

8:00 am **Introduction**
Jennifer Beaty, MD, Omaha, NE

8:05 am **An Ounce of Prevention: Preoperative Patient Preparation for Stoma Creation**
Crina Floruta, RN, NP, Cleveland, OH

8:20 am **“It Won’t Reach!” Intraoperative Considerations for Stoma Creation**
Peter Cataldo, MD, Burlington, VT

8:35 am **“It Keeps Leaking and I’m Really Dizzy!” Diagnosis and Management of Early Postoperative Stoma Complications**
Samantha Hendren, MD, MPH, Ann Arbor, MI

8:50 am **“There’s a Big Bump Under my Bag!” Diagnosis and Management of Late Postoperative Stoma Complications**
Virginia Shaffer, MD, Atlanta, GA

9:05 am **The Bottom of the Barrel: Challenging Case Presentations and Panel Discussion**
Jennifer Beaty, MD, Omaha, NE
Michael McGee, MD, Chicago, IL

9:30 am Adjourn

8:00 – 10:00 am

SYMPOSIUM: **Core Subject Update**

CME Credit Hours: 2
CNE Credit Hours: 2
Self-Assessment Credit: 2

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

**Objectives**

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

1. Describe the evaluation, management options, and complications associated with anal fissures and hemorrhoids
2. Explain the pathophysiology and treatment options for rectal prolapse, intussusception, and solitary rectal ulcer and to offer patients a range of nonsurgical and surgical treatment options
3. Review the literature for the current medical and surgical treatment of ulcerative colitis
4. Recognize strategies for the management of colorectal trauma and colonic volvulus
5. Explore advances in the management of benign and malignant anal tumors and retrorectal tumors
Sunday, April 25, 2021

Core Subject Update continued

Director
Mukta Krane, MD, Seattle, WA

8:00 am Introduction
Mukta Krane, MD, Seattle, WA

8:05 am Anal Fissure and Hemorrhoids
Jennifer Irani, MD, Boston, MA

8:24 am Discussion

8:28 am Prolapse/Intussusception/Solitary Rectal Ulcer
Margarita Murphy, MD, Mt. Pleasant, SC

8:47 am Discussion

8:51 am Ulcerative Colitis
Jonathan Abelson, MD, Burlington, MA

9:10 am Discussion

9:14 am Trauma, Colonic Volvulus
Cary Aarons, MD, Philadelphia, PA

9:33 am Discussion

9:37 am Benign and Malignant Anal Tumors/Retrectal Tumors
Marcia Russell, MD, Los Angeles, CA

9:46 am Discussion

10:00 am Adjourn

8:00 – 10:00 am
PLENARY ABSTRACT SESSION I: Benign Anorectal Disease and Pelvic Floor

CME Credit Hours: 2

8:00 am Introduction
Robert Goldstone, MD, New York, NY
Amber Traugott, MD, Columbus, OH

8:08 am ACPGBI Travelling Fellow

SP1 The International Anorectal Physiology Working Group (IAPWG) Recommendations: Standardized Testing Protocol and the London Classification for Disorders of Anorectal Function
Emma V Carrington1, Henriette Heinrich2, Charles H Knowles1, Mark Fox2, Satish Rao3, Donato F Altomare4, Adil E Bharucha5, Rebecca Burgin6, William D Chey7, Guiseppe Chiarioni8, Phil Dinning9, Anton Emmanuel10, Ridzuan Farouk11, Richelle JF Felt-Bersma12, Kee Wook Jung13, Anthony Lembo14, Allison Malcolm15, Ravinder K Mittal16, François Mion17, Seung-Jae Myung18, P Ronan O’Connell19, Christian Pehl20, Jose Maria Remes Troche21, R Matthew Reveille21, Carolyne J Vaizey22, Veronique Vitton23, William E Whitehead24, Reuben K Wong25, S Mark Scott (All members of the International Anorectal Physiology Working Group). 1Queen Mary, University of London, United Kingdom; 2University of Zürich, Switzerland; 3Medical College of Georgia, USA; 4University Aldo Moro of Bari, Italy; 5Mayo Clinic, USA; 6Monash University and Alfred Health, Australia; 7Michigan Medicine, USA; 8AQUI Verona, Italy; 9Flinders University, Australia; 10University College London, UK; 11National University Hospital Singapore, Singapore; 12UMC Amsterdom, Netherlands; 13Asan Medical Center, Korea; 14Harvard Medical School, USA; 15University of Sydney and Royal North Shore Hospital, Australia; 16University of California, USA; 17Université de Lyon et Hospices Civils de Lyon, France; 18University College Dublin, Ireland; 19Krankenhaus Vilsbiburg and Technical University Munich, Germany; 20University of Veracruz, Mexico; 21University of Colorado, Denver VAMC, USA; 22St Mark’s Hospital and Imperial College London, UK; 23AP-HM - Aix-Marseille University, France; 24University of North Carolina at Chapel Hill, USA.

8:16 am SP3 Outcomes of an Algorithmic, Multidisciplinary Approach to Rectourethral Fistula Repair; A Pre- and Post-Intervention Quasi-Experimental Study
J. Hayden*1, W. Boysen1, U. Kowalik1, B. Inouye1, J. Migaly1, C. Mantyh1, D. Erdmann1, A. Peterson1; 1Durham, NC

8:24 am SP4 Risk of Anal Fistula Recurrence in Immunocompromised Patients: A Case-control Study
J.A. Nguyen*1, A. Cioci1, M.S. Meece1, F. Marchetti1, L. Sands1, V. Hui1; 1Miami, FL
American Society of Colon & Rectal Surgeons  
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Benign Anorectal Disease and Pelvic Floor continued

8:32 am  SP5 Endorectal Advancement Flap with Fibrin Glue for Treatment of Trans-sphincteric Fistulas
S.G. Lee*, A. Ferrara1, J. Gallagher1, P. Williamson1, S. DeJesus1, R. Mueller1, J. Karas1, M. Ferrara1; 1Orlando, FL

8:40 am  SP6 Outcomes of Virtual Visits for Anorectal Complaints During the COVID-19 Pandemic
K.K. Thanki*, J. Ayscue1, M. Bayasi1, S. Berkey1, J. Fitzgerald1, A. Kata1, B. Bello1; 1Washington, DC

8:48 am  SP7 Does Adding a Fissurectomy to Botox Injection Increase Success Rate or Just Cost?
K. Winter*, M. Porter1, K. Quinn1, T. Savolt1, N. Sanchez1; 1Wichita, KS

8:56 am  SP8 Anorectal Abscess: The High-Cost of Unguided Care
V.C. Simon*, J.H. Frankel1, B.C. Chapman1, S.S. Michael1, E. Birnbaum1, J.D. Vogel1; 1Aurora, CO

9:04 am  SP9 Implementation of a Multimodal Enhanced Recovery Protocol in Ambulatory Anorectal Surgery: A Randomized Trial
L. Yao*, A. Parrish3, P. Flesher1, K. Zaghiyan1; 1Los Angeles, CA, 2Los Gatos, CA

9:12 am  SP10 Opioid Prescription Guidelines for Anorectal Surgery - The Answer to a Missing Piece in the Current Opioid Literature
A. Althans*, K. Hrebinko1, O. Olaitan1, M. Ettore1, J. Celebrezze1, D. Medich1, J. Holder-Murray1; 1Pittsburgh, PA

9:20 am  SP11 Multi-institutional Safety Profile of Minimally Invasive Ventral Rectopexy in the United States
G. Chitragari*, G.B. Filosa1, J. Ogilvie1; 1Grand Rapids, MI

9:28 am  SP12 Working Towards a Universal Language: A Preliminary Report from the ASCRS Pelvic Floor Disorders Consortium on Pelvic Organ Prolapse (POP) Physical Exam (PE) Workgroup
M. Varma*, D.S. Keller1, C. Grimes2, L. Bordeianou3, E. PE Workgroup5; 1San Francisco, CA, 2Columbia, SC, 3Valhalla, NY, 4Boston, MA, 5Multiple, MA

9:36 am  SP13 Does Concomitant Pelvic Organ Prolapse Repair at the time of Rectopexy Impact Rectal Prolapse Recurrence Rates? A Retrospective Review of a Prospectively Collected Pelvic Floor Disorders Consortium Quality Improvement Database
L. Bordeianou*, J. Ogilvie2, B. Gurland3, P. QI Database Participants4; 1Boston, MA, 2Grand Rapids, MI, 3Palo Alto, CA, 4Multiple, ME

9:44 am  SP14 The Prevalence of Mental Health Disorders in Young Patients with Rectal Prolapse
A. Whitlock*, M.N. Fakler1, B.G. Allar1, T.E. Cataldo1, K.T. Crowell1, A. Fabrizio1, E. Messaris1; 1Boston, MA

10:00 am  Adjourn

10:00 – 10:15 am
Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!
Sunday, April 25, 2021

10:15 am – 12:00 pm

PLENARY ABSTRACT SESSION II: Rectal Cancer
CME Credit Hours: 1.75

10:15 am Introduction
Mary Kwann, MD, Los Angeles, CA
Bradford Sklow, MD, Cleveland, OH

10:16 am SP20 Association of Patient, Tumor, and Operative Characteristics with TME Intactness in Rectal Surgery: Review of a Multi-institutional Database

10:24 am SP21 Perineural Invasion is a Reliable Predictor of Recurrence and Response in Rectal Cancer Patients Who Underwent Curative Resection After Preoperative Chemoradiotherapy
Y. Kim*, C. Kim†, J. Lee‡, Y. Yoon*, I. Park*, S. Lim*, C. Yu†, J. Kim†; †Seoul, Korea (the Republic of)

10:32 am SP22 Post-treatment Rectal MRI for Rectal Cancer Underestimates Distance to Circumferential Resection Margin (CRM) Particularly in Anterior Tumors - A Comparison with Whole-mount Pathological Specimens
J.B. Yuval¶, H.M. Thompson¶, C. Firat‡, F.S. Verheij†, M. Widmar†, J. Shia§, M.J. Gollub¶, J. Garcia-Aguilar¶; New York, NY

10:40 am SP23 An Improvement in Assessment of Response to Preoperative Chemoradiotherapy for Rectal Cancer Using MRI and Multigene Biomarker
I. Park*, E. Cho**, Y. Kim†, S. Hong§, S. Lim§, C. Yu†, J. Kim†; †Seoul, Korea (the Republic of)

10:48 am SP24 Total Neoadjuvant Therapy Significantly Increases Clinical Complete Response
R.L. Rettig*, B.W. Beard†, J.J. Ryoo¶, R.A. Parker*, M. Tam*, V. Ataluri‡; †Los Angeles, CA

10:56 am SP25 Trajectory of Low Anterior Resection Syndrome After Restorative Proctectomy for Rectal Adenocarcinoma
F. Alrashid*, S. Robitaille¶, P. Charlebois¶, B.L. Stein¶, L.S. Feldman¶, J.F. Fiore Jr.¶, A.S. Liberman¶, L. Lee¶; 🅃Montreal, QC, Canada

11:04 am SP26 Transanal Endoscopic Microsurgery versus Total Mesorectal Excision in ypT0-1 Rectal Cancer after Preoperative Radiochemotherapy: Post-operative morbidity, Functional Results, and Long-term Oncologic Outcome
G. Rizzo*, D.P. Pafundi†, F. Sionne¶, C. Mattana*, G. Pietricola†, R. Aversa¶, L. D’Agostino¶, C. Coco¶; Cerveteri, Italy

11:12 am SP27 Management and Outcomes of Pathologic Upstaging of Clinical Stage 1 Rectal Cancers
Sunday, April 25, 2021

Rectal Cancer continued

11:20 am  SP28 Evaluation of Magnetic Resonance – Tumor Regression Grade for Prediction of Pathological Response to Neoadjuvant Treatment in Rectal Cancer
I. Sapci*, A. Purysko, M. Kalady, E. Gorgun, M.A. Valente, S. Steele, C. Delaney, D. Liska; 'Cleveland, OH

11:28 am  SP29 In Patients with Rectal Cancer who are Treated with Total Neoadjuvant Therapy, Rectal Resection May Be Superfluous in More Than One-Third of Patients.
B.C. Chapman*, S. Lai, T. Friedrich, E. Birnbaum, M.D. McCarter, J.D. Vogel; 'Aurora, CO

11:36 am  SP30 Deep Learning Based Assessment of Rectal Tumors after Total Neoadjuvant Therapy
H.M. Thompson*, R. Jimenez-Rodriguez, J. Garcia-Aguilar, H. Veeraraghavan; 'New York, NY, 2Sevilla, Spain

11:44 am  SP31 Anastomotic Leak Does Not Affect Survival in Rectal Cancer Patients Receiving Neoadjuvant Therapy: An Analysis of the US Rectal Cancer Consortium
K. Hrebinko*, K.M. Reitz, S. Regenbogen, A. Hawkins, A. Ejaz, P. Bauer, G. Balch, J. Holder-Murray; 'Pittsburgh, PA, 2Ann Arbor, MI, 3Nashville, TN, 4Columbus, OH, 5St. Louis, MO, 6Atlanta, GA

11:52 am  SP32 The Efficacy of Adjuvant Chemotherapy on Oncologic Outcomes in Stage 2A Rectal Cancer Patients
H. Ryu*, J. Lee; 'Seoul, Korea (the Republic of)

12:00 pm  Adjourn
Sunday, April 25, 2021

Management of Diverticulitis continued

11:12 am  Is there Still a Role of for the Hartmann Procedure in the Management of Hinchey III and IV Diverticular Disease?
Christy Cauley MD, MPH, Boston, MA

11:23 am  Case Presentations
Jason Hall, MD, MPH, Boston, MA, Mehraneh Dorna Jafari, MD, Irvine, CA

11:45 am  Adjourn

10:15 – 11:45 am

SYMPOSIUM: Pelvic Floor: The Great Falling Out.

CME Credit Hours: 1.5
CNE Credit Hours: 1.5

In the last decade, there has been a tremendous increase in new technologies, new surgical techniques and new imaging modalities that impact the care of patients with pelvic floor disorders. Subsequently, the treatment pathways for common disorders such as constipation, prolapse, and incontinence have changed drastically. Approximately one quarter of all women suffer from at least one pelvic floor disorder in their lifetime. Urinary incontinence is the most common, with a prevalence of 15-17%, whereas fecal incontinence affects approximately 9% of adult women. Pelvic organ prolapse has an estimated prevalence of 3-8%, and 20% of women undergo stress urinary incontinence or prolapse repair surgery by the age of 80. As the aging population grows, the number of women with pelvic floor dysfunction will increase substantially and the demand for care of these disorders will continue to grow.

The need to work across subspecialties in a multidisciplinary fashion is crucial to improving patient satisfaction and outcomes related to pelvic floor disorders. Successful and safe patient outcomes, and minimization of complications, depends on appropriate training and collaboration in the care of pelvic floor disorders. A multidisciplinary approach brings practitioners in urology, gynecology, colorectal, gastroenterology, physical therapy, radiology, pain management and functional medicine together for evaluation and holistic patient treatment.

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

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

Co-Directors
Russell Farmer, MD, Louisville, KY
Sarah Vogler, MD, MBA, Cleveland, OH

10:15 am  Introduction
Russell Farmer, MD, Louisville, KY
Sarah Vogler, MD, MBA, Cleveland, OH

10:20 am  Sacral Neuromodulation in 2021 – What’s New?
Bidhan Das, MD Houston, TX

10:35 am  The Mystery Behind Rectoceles
Karmjit Koko Singh Khanduja, MD, Columbus, OH

10:50 am  Obstructive Defecation – Has the Evaluation and Care Pathway Changed?
Madulika Varma, MD, San Francisco, CA

11:05 am  Ventral Rectopexy – When and Why is this an Option?
Kenneth Loh, MD, San Francisco, CA

11:20 am  Stump The Experts – A Review of Difficult Cases
Panel

11:35 am  Question and Answer

11:45 am  Adjourn
Sunday, April 25, 2021

10:15 - 11:45 am  
QUICK SHOTS I: **Quality, Cost and Education**

CME Credit Hours: 1.5

10:15 am **Introduction**
Michael Guzman, MD, Indianapolis, IN  
Jennifer Paruch, MD, New Orleans, LA

10:20 am **QS1 Impact of Resident Involvement on Surgeon Productivity in Outpatient Anorectal Procedures**
S. Whelan*, M. Abdel-Rasoul, D. Koller, M. Magallanes, S.S. Lansing, J. Chen, S. Husain; Columbus, OH

10:25 am **QS2 Gender Differences in Reimbursement among Colorectal Surgeons in the United States**
N. Sela*, A. Hoffman, I. Ramos, B. Anderson, S. Merani, A. Stefanou; Omaha, NE, Detroit, MI

10:30 am **QS3 Fewer Complications Seen in Rectal Cancer Patients Treated at National Accreditation Program for Rectal Cancer (NAPRC) Sites Versus Non-NAPRC Sites.**
P. Johnson*, M. Parikh, J. Wright, J. Lucking, J.R. Monson; Orlando, FL

10:35 am **QS4 Cost Comparison of Colectomies for Colon Cancer Performed by General or Colorectal Surgeons**
I.C. Le Leanne*, C.C. Jensen; New York, NY, Minneapolis, MN

10:40 am **QS5 Modified Frailty Index is a Good Predictor of Postoperative Venous Thromboembolism Incidence in Colorectal Surgery Patients**
J. Ali Asgar*, C. D’Adamo, J. Wolf, S. Svoboda, G. Metoyer, A. Mavanur; Baltimore, MD

10:45 am **QS6 Acceptability of Telemedicine for Routine Colorectal Care**
C.M. Sokas*, T.E. Cataldo, K.T. Crowell, E. Messaris, A. Fabrizio; Boston, MA

10:50 am **QS7 Outcomes of Open, Laparoscopic, and Robotic Colectomy in the Veterans Health Administration: A 2008-2019 National Case Review**
T.J. Holleran*, M.A. Napolitano, A. Sparks, F. Brody, J. Duncan; Washington, DC

10:55 am **QS8 Enhanced Recovery Pathways Should be Mandatory in Elective Colorectal Operations**
A. Talukder*, D. Davenport, A. Bhakta, J.A. Patel; Lexington, KY

11:00 am **QS9 Development and Validation of a Colorectal Operative Severity Score: An Independent Predictor of Postoperative Outcomes**
J. Mostales*, C. Qin, O. Owudunni, A. Gabre-Kidan, S. Gearhart; Towson, MD

11:05 am **QS10 Ketamine Intolerance in Enhanced Recovery after Surgery patients undergoing Colorectal Operations**
S. Stringfield*, C. Keirsyn, B. Burgess, L. Dosselman, A. Waddimba, A. Fichera, W. Peters, K. Wells; Dallas, TX

11:10 am **QS11 Colorectal Surgery During COVID: Sicker Patients, Similar Outcomes, More Readmissions**
D. Wong*, C.M. Sokas, T.E. Cataldo, A. Fabrizio, K.T. Crowell, E. Messaris; Boston, MA

11:15 am **QS12 Acute Kidney Injury is a Common and Significant Complication After Ileostomy Formation**
Sunday, April 25, 2021

Quality, Cost and Education continued

11:20 am  
**QS13 Comparison of 90-Day Outcomes for Robotic and Laparoscopic Colorectal Surgery**  
S.S. Pervaiz\(^1\), Y. Hung\(^1\), C. D’Adamo\(^1\), A. Mavanur\(^1\), S. Svoboda\(^1\), J. Wolf\(^2\);  
\(^1\)Baltimore, MD

11:25 am  
**QS14 Association of Medicaid Expansion with Earlier Rectal Cancer Stage at Diagnosis**  
M. Lin\(^1\), C.M. Foglia\(^2\), S. Raman\(^1\), J. Franko\(^1\), S.Y. Chao\(^2\);  
\(^1\)Des Moines, IA, \(^2\)Flushing, NY

11:30 am  
**QS15 Discharge Prescribing Protocol Decreases Opioids in Circulation and Does Not Increase Refills after Colorectal Surgery**  
P.S. Bauer\(^*\), A. Damle\(^1\), J. Abelson\(^1\), E. Otegbeye\(^1\), R. Smith\(^1\), S. Glasgow\(^1\), P. Wise\(^1\), S.R. Hunt\(^1\), M. Mutch\(^1\), M. Silviera\(^1\);  
\(^1\)St. Louis, MO

11:35 am  
**Discussion and Commentary**  
James Fleshman, Jr., MD, Dallas, TX  
Michael Guzman, MD, Indianapolis, IN  
Jennifer Paruch, MD, New Orleans, LA

11:45 am  
**Adjourn**

**1:00 – 1:30 pm**

**Welcome and Opening Announcements**

1:00 pm  
Neil Hyman, MD, Chicago, IL  
President, ASCRS

1:05 pm  
Konstantin Umanskiy, MD, Chicago, IL  
Program Chair

1:10 pm  
Nitin Mishra, MD, Phoenix, AZ  
Awards Chair

1:15 pm  
Ronald Bleday, MD, Boston, MA  
President, Research Foundation of the ASCRS

1:20 pm  
Michael Arvanitis, MD, Eatontown, NJ  
Public Relations Chair

1:25 pm  
Sean Langenfeld, MD, Omaha, NE  
Social Media Chair

1:30 pm  
**Adjourn**

**1:30 – 2:15 pm**

**Humanities in Surgery Lectureship**  
CME Credit Hours: .75  
CNE Credit Hours: .75  
**Code Status: Cruelty or Kindness?**  
Piroska Kopar, MD  
Washington University in St. Louis, Assistant Professor  
Center for Humanism and Ethics in Surgical Specialties, Director  
St. Louis, MO  
**Introduction:** John Griffin, MD

2:15 – 3:00 pm  
**Memorial Lectureship Honoring David Margolin, MD**  
CME Credit Hours: .75  
CNE Credit Hours: .75  
**The Doctor Who Failed: An Anthology of Personal Experiences**  
Steven Shackford, MD  
Professor and Chairman Emeritus  
University of Vermont College of Medicine  
San Diego, CA  
**Introduction:** Charles Whitlow, MD

**12:00 – 1:00 pm**

**Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!**  
Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don’t forget to visit the Networking Lounge where you can chat with your colleagues.

**Industry Representatives available for Live Chat:**  
12:00 – 1:00 pm

**Industry Education Booth – Live Symposium**  
- Takeda Pharmaceuticals Industry Education Symposium
American Society of Colon & Rectal Surgeons
Annual Scientific Meeting 2021

Sunday, April 25, 2021

3:00 – 3:15 pm
Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!

3:15 – 4:30 pm
SYMPOSIUM: Duty Hours and Evaluation Forms and Robots, Oh My! A Levelheaded Approach to Intraoperative Teaching

CME Credit Hours: 1.25
CNE Credit Hours: 1.25

This symposium is targeted to surgeons who regularly work with surgical trainees. It will provide attendees specific skills to maximize the effectiveness of their intraoperative teaching while keeping patients safe and the OR on time.

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

1. Why is it so difficult to verbalize something as simple as a retraction angle when I’m not doing it myself (and how can I find the words)?
2. How do I know that I can trust the resident with this portion of this case, especially if it’s robotic and I must relinquish control completely?
3. How can I give difficult feedback effectively and without watching my teaching evaluations plummet? What is implicit bias and could it be affecting me?

Co-Directors
Emily Huang, MD, MEd, Columbus, OH
Jesse Moore, MD, Burlington, VT

3:15 pm Introduction
Emily Huang, MD, MEd, Columbus, OH

3:20 pm Getting Them to Put Down the Phone: Engaging Learners in the Operating Room
Anjali Kumar, MD, Spokane, WA

3:30 pm Striking the Balance: Autonomy in the OR
Nell Maloney Patel, MD, New Brunswick, NJ

3:45 pm Head in the Console: Tips for Teaching Robotic Surgery
Rebecca Hoffman, MD, MSCE, Danville, PA

3:55 pm How am I Doing? Providing Feedback
Amy Halverson, MD, Chicago, IL

4:10 pm Question & Answer

4:30 pm Adjourn
Sunday, April 25, 2021

3:15 – 4:45 pm

SYMPOSIUM: Paradigm Shifts in the Diagnosis and Neoadjuvant Treatment of Rectal Cancer

CME Credit Hours: 1.25
CNE Credit Hours: 1.25

Neoadjuvant therapy has been a well-established component of rectal cancer treatment. Increasing understanding of the heterogeneity of rectal cancer has led to the recognition that a one-size-fits-all neoadjuvant regimen is suboptimal. Recently, a variety of neoadjuvant regimens have been investigated. This symposium will provide surgeons with a comprehensive understanding of the oncologic outcomes and toxicity profiles associated with the various regimens and to provide a framework for tailoring neoadjuvant therapy to an individual patient’s tumor.

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

1. Recognize radiographic features that correlate with favorable vs. unfavorable prognosis
2. Describe the key distinguishing features associated with short vs. long course pelvic radiation
3. Explain the different neoadjuvant chemotherapy regimens and their side effects

Co-Directors
Y. Nancy You, MD, Houston, TX
Matthew Silviera, MD, St. Louis, MO

3:15 pm Introduction- Defining the Goal and Understanding the Trade-offs
Y. Nancy You, MD, Houston, TX

3:20 pm Tools for Risk Stratifying Rectal Cancers
Marc Gollub, MD, New York, NY

3:30 pm Radiation: When is Less More
Bashar Safar, MD, Baltimore, MD

3:45 pm Chemotherapy: Options and Outcomes
Maria Widmar, MD, MPH, New York, NY

4:00 pm Putting it All Together: Matching the Tool with the Goal
Eric Dozois, MD, Rochester, NY

4:15 pm Case Presentation and Question and Answer
Matthew Silviera, MD, St. Louis, MO

4:30 pm Adjourn

3:15 – 4:45 pm

PLENARY ABSTRACT SESSION III: Colorectal Cancer and Other Neoplasia

CME Credit Hours: 1.5

3:15 pm Introduction
John Byrn, MD, Ann Arbor, MI
Seth Felder, MD, Tampa, FL

Killingback Award Winner

3:17 pm

SP35 Establishing and Characterising a Panel of Human Anal SCC Cell Lines
Glen R. Guerra¹, Joseph C. Kong MS¹, Matthew Read ²,⁴, David S Liu ²,⁴, Rosemary M. Millen²,³, Shieny Sampurmo³, Vignesh Narasimhan¹,⁴, Toan D Pham²,⁴, Sara Roth³, Maria-Pia Bernardi³, Robert G. Ramsay²,⁴, Wayne A. Phillips¹,⁴, Alexander G. Heriot¹,²,⁴; ¹Department of Surgery; ²Sir Peter MacCallum Department of Oncology, University of Melbourne; ³Division of Cancer Research, ⁴Division of Cancer Surgery, Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia

3:25 pm

SP36 Improved Survival in Patients Over Age 75 with FIT-detected Colorectal Cancer
C. Cahill¹, M.E. Lipson¹, T. Maclean¹, C. Wong², A. Afzal², S. Roen¹, W. Buie¹; ¹Calgary, AB, Canada, ²Edmonton, AB, Canada
Sunday, April 25, 2021

Colorectal Cancer and Other Neoplasia

3:33 pm  SP37 Activation of the Urokinase-plasminogen System is Associated with Postoperative Nodal Recurrence in a Mouse Colorectal Cancer Resection
J. Vigneswaran, H. Koo, R. Morgan, L. Alpert, J.C. Alverdy, O. Zaborina, B.D. Shogan; 'Chicago, IL

3:41 pm  SP38 Do Immune Inflammatory Markers Correlate with Anal Dysplasia and Anal Cancer Risk in Patients Living with HIV?
J. Stem, Q. Yang, E. Carchman, R. Striker, C. Geltzeiler; 'Madison, WI

3:49 pm  SP39 Prognostic Value of CEA to Maximum Tumor Diameter Ratio in Patients with Stage II Colorectal Cancer
X. Li, m. xie, Z. Xiong, Y. Chen, L. Jin, P. Lan, L. Lian; 'Guangzhou, Guangdong, China

3:57 pm  SP40 The Effects of Routine MMR Testing on the Management of Patients with Colorectal Cancer
S.J. Rheinhardt, P. Pacheco, J. Rakinic, N. Engelking, M. Brandt; 'Springfield, IL

4:05 pm  SP41 Germline Cancer Risk Profiles of Young-Onset Colorectal Cancer Patients: Findings From A Universal Germline Testing and Tele-Genetics Program

4:13 pm  SP42 A Prospective, Multicenter Trial of Circumferential Radiofrequency Ablation (cRFA) of Anal High-grade Squamous Intraepithelial Lesions (HSIL)
S.E. Goldstone, J. Terlizzi, R.A. Levine, P. Tobia, B. Pereira Vera; 'New York, NY, 'Bronx, NY

4:21 pm  SP43 Impact of Frailty on Long-term Survival in Patients with Colorectal Cancer
J.A. Dressler, K.T. Crowell, A. Fabrizio, T.E. Cataldo, E. Messaris; 'Boston, MA

4:29 pm  SP44 Ileal Pouch-Anal Anastomosis is more “Desmoidogenic” than Ileorectal Anastomosis In Patients with Familial Adenomatous Polyposis
J. Sommovilla, D. Liska, M. Kalady, B. Sklow, S. Steele, C. Burke, B.H. Leach, J. Church; 'Cleveland, OH

4:37 pm  SP45 Tumor Genotypes Account for Survival Differences in Right and Left-sided Colon Cancers

4:45 pm  Adjourn

6:30 – 8:30 pm

ASCRS Welcome Reception: ASCRS “TOGETHER IN SPIRIT”
Tonight’s welcome reception will be held in the Networking Lounge starting at 6:30 pm which will feature an exhilarating performance by the band Green 14! Guaranteed, you will want to put on your dancing shoes! OR, join sommelier Christian Sparkman for a wine tasting. You should have registered for this in advance to participate with the specific wines, but all are welcome to drop in. And….calling all ASCRS talent!!!! Join your ASCRS colleagues for “ASCRS Got Talent”
To join, please go to the Networking Lounge.
Daily Schedule.

Monday, April 26, 2021

Exhibit Hall Open: 7:00 am – 6:45 pm
Industry Representatives available for Live Chat: 11:30 am – 1:00 pm
Ongoing Video Room: 7:00 am – 6:45 pm
ePosters: 7:00 am – 6:45 pm

7:00 – 8:00 am

**LGBTQ+ and Allies Virtual Meet-up**
*Open to all registered attendees*

This meet-up is open to all meeting registrants and is intended to provide an opportunity for all ASCRS members to interact with society members who are members of the LGBTQ+ and Allies community. Join us to network and gain a better appreciation of the aspects of the practice of colon and rectal surgery pertinent to both physicians and patients who are members of the LGBTQ+ and Allies community.

**Facilitated by:**
Alexander Sender Liberman, MD, Stanford, CA
Samantha Quade, MD, Everett, WA

7:00 – 8:00 am

**Meet the Professor Roundtables**

**MTP-M1 Inflammatory Bowel Disease**

CME Credit Hours: 1

This roundtable will discuss complex IBD cases, including management of pouch related complications, intraoperative management of complex Crohn’s disease and management of perianal disease in IBD.

Please bring specific cases you would like to discuss with the experts.

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

1. Discuss management of pouch complications, including fistulas, leaks, pre-pouch stenosis and functional problems
2. Develop an operative approach to complex Crohn’s disease, including stricturoplasty, management of the mesentery, bowel preserving surgery, and fistula management
3. Explain management options for complex perianal disease in IBD

**Co-Directors**
Helen MacRae, MD, Toronto, ON, Canada
Randolph Steinhagen, MD, New York, NY
Kirstin Wilkins, MD, Edison, NJ

**MTP-M2 Anorectal**

CME Credit Hours: 1

**SOLD OUT**

Please bring cases you would like to discuss in addition to the topics below for discussion during this Meet the Professor Roundtable.

1. Management of Grade 2-3 internal hemorrhoids
2. Management of trans-sphincteric anal fistulas and rectovaginal fistulas
3. Management of Paget’s disease

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

1. Explain to patients the options including risks and benefits for management of symptomatic Grade 2-3 internal hemorrhoids
Monday, April 26, 2021

Meet the Professor Roundtables continued

2. Determine appropriate evaluation and discuss management alternatives for patients with trans-sphincter anal fistulas or rectovaginal fistulas

3. Select candidates for operative and non-operative care for perianal Paget’s disease

Co-Directors
Stephen Gorfine, MD, New York, NY
Ann Lowry, MD, Minneapolis, MN
Bruce Orkin, MD, Kissimmee, FL

MTP-M3  Colorectal Cancer [SOLD OUT]

CME Credit Hours: 1

Although operative principles are essentially stable, the timing, approach and multidisciplinary care of colorectal cancer is a moving target. In this session, we will review principles and discuss translation of new data into clinical care. The discussion will be built around and in response to audience-presented complex colorectal cancer cases.

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

1. Recall ongoing principles of colorectal cancer operative management through any approach
2. Build and maintain a multidisciplinary team for care
3. Respond to unexpected intra-operative findings

Co-Directors
George Chang, MD, MPH, Houston, TX
John Monson, MD, Orlando, FL
Arden Morris, MD, MPH, Stanford, CA
Larissa Temple, MD, Rochester, NY

7:30 – 9:15 am

PLENARY ABSTRACT SESSION IV: Quality Cost and Education

CME Credit Hours: 1.75

7:30 am  Introduction
Aneel Damle, MD, Minneapolis, MN
Elise Lawson, MD, Madison, WI

7:31 am  MP1  The Impact of an Enhanced Recovery After Surgery Program in a Non-Academic Hospital System
K.A. Beiermeister*, M.J. Worsey1, C. Chieco1; ‘La Jolla, CA

7:38 am  MP2  Association Between Ileostomy Creation, Postoperative Acute Kidney Injury, and Progression to Chronic Kidney Disease after Rectal Cancer Surgery: A Propensity-score Matched Analysis
Q. Teo*, D. Chua1, W.J. Tan1, N. Syn1, S. Chew1, C. Tang1, M. Chew1; ‘Singapore, Singapore

7:46 am  MP3  Pelvic 3D Modeling for Rectal Cancer and Complex Fistula in Ano
C. Koerner*, A. Bastawrous1; ‘Seattle, WA

7:54 am  MP4  Antiseptic Skin Preparation Agents to Prevent Surgical Site Infection in Colorectal Surgery: A Three-armed Randomized Clinical Trial
F.S. Reid*, B. Stephensen2, S. Smith2; 1Kensington, Victoria, Australia, 2Newcastle, New South Wales, Australia

8:02 am  MP5  Liposomal Bupivacaine TAP Blocks in Laparoscopic Colorectal Resections: A Single Institution Randomized Controlled Trial
G. Chevrollier*, H. Green1, C. Whitlow1, H. Vargas1, B. Kann1, W.F. Johnston1, J. Paruch1, D. Margolin1; ‘New Orleans, LA
Monday, April 26, 2021

Quality Cost and Education continued

8:10 am MP6 Factors Influencing Rank on the Colon and Rectal Surgery Resident Candidate Assessment
S.S. Lansing*, W.M. Oslock¹, L.R. Coleman¹, M. Abdel-Rasoul², S. Noria³, M. Magallanes¹, M. Kalady¹, S. Husain⁶; ¹Columbus, OH, ²Colbus, OH

8:18 am MP7 Comparison of Textbook versus 3D Animation versus Cadaveric Training Video in Teaching Laparoscopic Rectal Surgery: A Prospective Randomized Clinical Trial from Tertiary Care Centre
C. Benlice*, A. Elcircevi¹, B. Kutlu¹, D. Dogan¹, H.I. Acar¹, A. Kuzu¹; ¹Ankara, Turkey

8:26 am MP8 Validation of Task-specific Metrics for the Assessment of Hand-sewn Bowel Anastomoses: Developing a Virtual Reality-based Colorectal Surgical Trainer
L.M. Parker*, A. Khan², C. Kumwendawilson¹, T. Halic³, S. De⁴, G. Sankaranarayanan¹, J.W. Fleshman¹; ¹Dallas, TX, ²Nashville, TN, ³Conway, AR, ⁴Troy, NY

8:34am MP9 Incidence of Acute Kidney Injury Following Colorectal Surgery with Use of Ureteral Stents Before and After the Implementation of ERAS Protocol: A Single Surgeon Experience
A. Rather¹, L. Chew², A. Fisher¹, D. Chun¹; ¹Dover, DE, ²Philadelphia, PA

8:42 am MP10 Targeted Colorectal Surgery Enhanced Recovery Pathway Strategies Decrease Readmissions
S. Stapler¹, K. Brockhaus³, M. Battaglia¹, S. Mahoney¹, R.K. Cleary¹; ¹Ann Arbor, MI

8:50 am MP11 Decreasing Hospital Readmissions After Ileostomy Creation (DRAIC) Through a Perioperative Counseling Program
A. Hsu*, C. Todd², X. Zhou¹, B. Safar¹, J. Efron¹, C. Atallah¹, P. Najjar¹, S. Fang¹; ¹Baltimore, MD, ²Philadelphia, PA

8:58 am MP12 Effect of Incisional Negative Pressure Wound Therapy on Surgical Site Infections in High Risk Re-operative Colorectal Surgery: A Randomized Controlled Trial
I. Sapci*, T. Hull¹, J.H. Ashburn¹, M.A. Valente¹, S.D. Holubar¹, C. Delaney¹, S. Steele¹, D. Liska¹; ¹Cleveland, OH

9:06 am MP13 An Observational Survey Study on Quality and Efficacy of Telemedicine Visits in Outpatient Colorectal Surgical Clinic During COVID-19 Pandemic
W. Liu*, D. Blitzer¹, D. Lisle¹, J. Ferris¹; ¹Baltimore, MD

9:15 am Adjourn
Monday, April 26, 2021

7:45 – 9:15 am  Quick Shots of Distinction  CME Credit Hours: 1.5

7:45 am  Introduction  Marjun Philip Duldulao, MD, Burbank, CA  Sarah Koller, MD, Los Angeles, CA  

New Jersey Society of Colon and Rectal Surgeons Award (Best Basic Science Quick Shot)

7:50 am  QSD1 Microbiome Diversity Predicts Surgical Success in Patients with Rectovaginal Fistula  D.A. Leach*1, J. Chen2, L. Yang2, H. Chua2, M. Walther-Antonio3, J.A. Occhino2; 1Portsmouth, VA, 2Rochester, MN

7:55 am  QSD2 Non-Randomized Retrospective Comparative Study of Laser Sphincterolysis Versus Surgical Sphincterotomy for the Treatment of Chronic Anal Fissure  M.S. Eftahia*; 1Amman, Jordan

8:00 am  QSD3 Do General Surgery Residents Retain Knowledge After an Anorectal Skills Workshop?  M.C. Ginesi*, A. Ofshsteyn1, J.T. Brady1, J.T. Blligenstorfer1, K. Bingmer1, S.L. Stein1, E. Steinhagen1; 1Cleveland, OH

8:05 am  QSD4 Impact of the Early COVID-19 Surge on the Outcomes of Diverticulitis  T.H. Aulet*1, S.B. Spencer1, J. Abelson1, E. Breen1, A. Kuhn1, J. Saraidaridis1, P. Marcello1, D.A. Kleiman1; 1Burlington, MA

8:10 am  QSD5 Management of Acute Diverticulitis In Immunocompromised Patients- The Mayo Clinic Experience  S. He*, N. Mishra1, D. Etzioni2, S. Kelley2, A. Merchea1; 1Scottsdale, AZ, 2Rochester, MN, 3Jacksonville, FL

8:15 am  QSD6 Are Improvements in Surgical Care Leaving African American IBD Patients Behind?  D. Koller*1, M. Abdel-Rasoul1, M. Magallanes1, J. Chen1, S.S. Lansing1, S. Whelan1, A. Afzali1, S. Husain1; 1Columbus, OH

8:20 am  QSD7 High Grade Dysplasia in Inflammatory Bowel Disease - Time for Colectomy?  E. Olecki*1, S. King1, N. Razavi1, J.S. Scow1; 1Hershey, PA

8:25 am  QSD8 Revisiting the Volume Outcome Relationship in Rectal Cancer: Do All High-Volume Hospitals Have Improved Outcomes?  A. Becerra*1, J.M. Underhill1, M.W. Grunvald1, A.R. Bhama1, D.M. Hayden1; 1Chicago, IL

8:30 am  QSD9 Early Rectal Cancer is Not Always So Early: Should We Recommend Neoadjuvant Therapy For cT2N0 Tumors?  G.A. Rubio*1, R.D. Hurst1, K. Umanskiy1, B.D. Shogan1, N. Hyman1, K.B. Skowron1; 1Chicago, IL

8:35 am  QSD10 Left-Sided Prevalence and Advanced Stage at Presentation of Early Onset Colorectal Cancers: Enough to Justify Earlier Screening?  C.M. Tom*1, N.A. Jeganathan1, M. Deutsch1, W. Koltun1, J.S. Scow1; 1Hershey, PA

8:40 am  QSD11 Risk of Malignancy and Outcomes of Presacral Tailgut Cysts: A Contemporary Review of the Mayo Clinic Experience  S. Brocard1, L. Stocchi1, E. Dozois1, N. Mishra1, K.L. Mathis1, K. Maimone1, K.T. Behm2, D. Colibaseanu1, A. Merchea1; 1Jacksonville, FL, 2Rochester, MN, 3Phoenix, AZ
Monday, April 26, 2021

Quick Shots of Distinction continued

8:45 am  QSD12 Trends in General Surgery Resident Experience with Colorectal Surgery: An Analysis of the Accreditation Council for Graduate Medical Education Case Logs
S.M. Kling*, S. Raman¹, M. Philp¹, J. Poggio¹, H. Ross¹, L.E. Kuo¹; ¹Philadelphia, PA

The Southern California Society of Colon and Rectal Surgeons (Best Clinical Quick Shot)

8:50 am  QSD13 Association of Medicaid Expansion with Earlier Colon Cancer Stage at Diagnosis
M. Lin*, C.M. Foglia², S. Raman¹, J. Franko¹, S.Y. Chao²; ¹Des Moines, IA, ²Flushing, NY

8:55 am  QSD14 Ketorolac is Not Associated with Increased Complications Following Segmental Colectomy
K.Y. Hu*, L.E. Rein¹, R. Sparapani¹, C. Peterson¹, K.A. Ludwig¹, T. Ridolfi¹; ¹Milwaukee, WI

8:00 – 9:15 am

ABSTRACT SESSION: General Surgery Forum
CME Credit Hours: 1.25

8:00 am  Introduction
Sandy Kavalukas, MD, Louisville, KY
Alicia Logue, MD, San Antonio, TX

2020 General Surgery Forum Best Paper Award

8:03 am  GS1 ASCL1: A Candidate Epigenetically-Regulated Tumor Suppressor in HPV-Associated Malignancies
L. Hendrick*, A. Elahi¹, D. Wong¹, A. Ajidahun¹, M. Husain¹, J. Lomax³, I. Getun¹, R. Kansal¹, E.S. Glazer¹, D. Shibata¹; ¹Memphis, TN
Discussant
Grace Lee, MD, Boston, MA

8:12 am  GS2 Venous Thromboembolism Rates in Colorectal Cancer Patients Before and After Extended Prophylaxis Guidelines
A. Ore*, P. Raje¹, A. Fabrizio¹, T.E. Cataldo¹, K.T. Crowell¹, E. Messaris¹; ¹Boston, MA
Discussant
Kent Peterson, MD, Milwaukee, WI

9:00 am  Summary and Commentary
Marjun Philip Duldulao, MD, Burbank, CA
Sarah Koller, MD, Los Angeles, CA
Patrick Sullivan, MD, Atlanta, GA

9:15 am  Adjourn
Monday, April 26, 2021

General Surgery Forum continued

8:30 am  GS4  Adjuvant Treatment and Survival in Patients with Stage II/III Small Bowel Adenocarcinoma
B. Li1, E.C. Brown1, F. Egawa1, J. Lambrecht1, D.M. Krishnamurty2; 1Omaha, NE
Discussant
Sarah Morgan Kling, MD, Philadelphia, PA

8:39 am  GS5  Risk Factors for Microscopic Disease Positivity at Ileocolic Resection Margins for Crohn's Disease
A. Truong1, J. Chough1, K. Zaghiyan1, P. Fleshner1; 1Los Angeles, CA
Discussant
Ashlyn Whitlock, MD, Boston, MA

8:48 am  GS6  Colorectal Surgery ERAS: Lessons Learned Years Later
A.M. Madiedo1, G. Rasic1, U.R. Phatak1, J.F. Hall1, J. Favuzza1; 1Allston, MA
Discussant
Scott Nguyen, MD, Honolulu, HI

8:57 am  GS7  The Association Between Sex and Survival for HPV Positive Anal Squamous Cell Carcinoma
V.M. Welten1, A.C. Fields1, R.A. Malizia1, J. Yoo1, J. Irani1, R. Bleday1, J. Goldberg1, N. Melnitchouk1; 1Boston, MA
Discussant
Dalun Tang, MD, Ann Arbor, MI

9:06 am  GS8  Mediating Factors Between Patient Race and Time to Colorectal Cancer Treatment
M.W. Grunvald1, J.M. Underhill1, C.T. Aquina1, A.R. Bham1, D.M. Hayden1, A. Becerra1; 1Chicago, IL
Discussant
Stevie-Jay Stapler, MD, Ann Arbor, MI

9:15 am  Adjourn

9:15 – 9:30 am
Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!

9:30 – 10:15 am
Norman D. Nigro, MD, Research Lectureship
CME Credit Hours: .75
CNE Credit Hours: .75
The History and Future of Infection Prevention Following Colorectal Surgery: SSIs, Leaks and Beyond
John C. Alveryd, MD
Sarah and Harold Lincoln Thompson Professor of Surgery
University of Chicago
Chicago, IL
Introduction: Gregory D. Kennedy, MD, PhD

10:15 – 11:30 am
QUICK SHOTS II: Benign Anorectal Disease and Pelvic Floor
CME Credit Hours: 1.25

10:15 am  Introduction
Nathalie Mantilla, MD, Chicago, IL
Maria Michailidou, MD, Porto Rafti, Greece

10:17 am  QS20  Obstacle or Miracle? A Modified Bareness of External Anal Sphincter (BEAS) for High Horeshoe Anal Fistula Based on a Cohort Study.
J. Zhu1, Q. Wang1, Z. Mei1, W. Yang1; 1Shanghai, China

10:22 am  QS21  Botulinum Toxin Chemodenervation for Anal Fissure: Survey of ASCRS Members
A.R. Bham1, B.C. Chapman2, J.S. Davids3, S.G. Eisenstein4, D.R. Fish5, K. Sherman6, V. Simianu7, K. Zaghiyan8, M.B. Zoccali9; 1Chicago, IL, 2Aurora, CO, 3Worcester, MA, 4La Jolla, CA, 5Springfield, MA, 6Durham, NC, 7Seattle, WA, 8Los Angeles, CA, 9New York, NY
Monday, April 26, 2021

Benign Anorectal Disease and Pelvic Floor
continued

10:27 am  QS22  Transanal Hemorrhoidal Dearterialization: Long-term Outcomes from a Single-center Retrospective Study in the US
C.F. Fong*, S. Kim; ‘New York, NY

10:32 am  QS23  A Randomized Trial of Deep Breathing Exercises to Reduce Postoperative Pain Following Hemorrhoidectomy
J.F. Hall*, U.R. Phatak¹, D. Kent¹, S. Talutis¹, S. Lajoie¹, A. Kuhnen², J. Favuzza¹; ‘Boston, MA, ²Burlington, MA

10:37 am  QS24  A New Pathway of Spread of Pus/Sepsis in the Outer Fibers of External Anal Sphincter: Evidence and Its Implications in Management of Anal Fistulas
P. Garg*, K. Singla¹, S.S. Sodhi¹, J. Chowdhry²; ‘Panchkula, Haryana, India, ²Mumbai, Maharashtra, India

10:42 am  QS25  A Simple New Protocol to Effectively Manage Anal Fistulas with No Obvious Internal Opening: An Audit of 757 Operated Cases
P. Garg*, K. Singla¹, S.S. Sodhi¹, J. Chowdhry²; ‘Panchkula, Haryana, India, ²Mumbai, Maharashtra, India

10:47 am  QS26  Use of Botulinum Toxin Injections for the Treatment of Chronic Anal Fissure: Results from an American Society of Colon and Rectal Surgeons National Survey
A. Studniarek*, D.J. Borsuk², J.J. Park², S.J. Marecik², A. Marecik¹, K. Kochar²; ‘Chicago, IL, ²Park Ridge, IL

10:52 am  QS27  Sacral Nerve Stimulation for Fecal Incontinence: Can Demographics and Diagnosis Predict Success? Results of a Retrospective Chart Review.
R.J. Straker*, P.T. Hernandez¹, D. Murken¹, E.C. Paulson¹, J.I. Bleier³; ‘Philadelphia, PA

10:57 am  QS28  Which Radiographic or Clinical Findings Best Predict Outcome Following Ventral Rectopexy for Obstructed Defecation Syndrome?
K.A. Kelley*, J. Ogilvie¹; ‘Grand Rapids, MI

11:02 am  QS29  Sacral Nerve Stimulation for Treatment of Fecal Incontinence: Complication Rates, and Post-Revision Outcomes
P.T. Hernandez*, R.J. Straker¹, D. Murken¹, E.C. Paulson¹, J.I. Bleier³; ‘Philadelphia, PA

11:07 am  QS30  Laparoscopic Posterior Suture Rectopexy (LPSR) vs. Laparoscopic Ventral Mesh Rectopexy (LVMR) in the Management of Rectal Prolapse
M.N. Fakler*, A. Whitlock¹, B.G. Allar¹, T.E. Cataldo¹, K.T. Crowell¹, A.C. Fabrizio¹, E. Messaris¹; ‘Boston, MA

11:12 am  QS31  Prospective Evolution of Natural Orifice Transanal Endoscopic Rectopexy as a novel treatment for Complete Rectal Prolapse.
A. Chandra*, P. Rajan¹, N. Kumar¹, V. Gupta¹, A. Pai¹, M. Rajashekhara¹, R. Patel¹, B. Sangal¹; ‘Lucknow, Uttar Pradesh, India
Monday, April 26, 2021

Benign Anorectal Disease and Pelvic Floor

11:17 am  QS32  Correlation of Symptoms and Pelvic Floor Dysfunctions with Levator Ani Muscle Defect in Female Patients after Vaginal Delivery
S.M. Murad-Regadas*, A.d. Vilarinho¹, L.B. Veras¹, L.B. Batista¹, D. Lima², F.S. Regadas Filho¹, M.T. Oliveira¹, M. Macedo¹;
¹Fortaleza, Ceara, Brazil, ²Cascavel, Brazil

11:22 am  Discussion and Commentary
Nathalie Mantilla, MD, Chicago, IL
Maria Michailidou, MD, Porto Rafti, Greece
Juan Nogueras, MD, Cleveland, OH

11:30 am  Adjourn

10:15 – 11:45 am

SYMPOSIUM: Enhancing Your Recovery Program

CME Credit Hours: 1.5
CNE Credit Hours: 1.5

Enhanced Recovery Protocols (ERP) have become common in colorectal surgery based on a multitude of data demonstrating improvement in surgical outcomes. A cross-disciplinary team of experts, drawn from every point of surgical care, is critical to the successful development, implementation and maintenance of ERPs. While many institutions have adopted ERPs, sustained success can be challenging and there are many unanswered questions. In this multidisciplinary symposium we will review practical tips and tricks relevant to the practicing surgeon for optimizing outcomes within Enhanced Recovery.

Objectives
At the conclusion of this session, participants should be able to:
1. Identify administrative barriers and mitigation strategies for successful ERP implementation
2. Recognize the differences in techniques and efficacy of various regional anesthesia modalities
3. Explore the association between NSAIDs and surgical complications
4. Describe the components of Prehabilitation

Co-Directors
Amanda Hayman, MD, Portland, OR
Traci Hedrick, MD, Charlottesville, VA

10:15 am  Introduction
Amanda Hayman, MD, Portland, OR
Traci Hedrick, MD, Charlottesville, VA

10:20 am  Making your ERP Case to Administration
Daniel Chu, MD, Birmingham, AL

10:33 am  ERP in Special Populations: Emergent/ACS, Medical Comorbidities, Geriatric, Opiate-tolerant Patient
Thomas Curran, MD, MPH, Charleston, SC

10:46 am  The Latest and Greatest in Regional Anesthesia: TAPs, Spinals, Blocks, and Beyond
Anoushka Afonso MD, New York, NY

10:59 am  NSAIDS: Friend or Foe?
Jessica Cohan, Salt Lake City, UT

11:12 am  Prehabilitation: ERP’s Next Frontier
Melissa Chang, MD, MSE, Ypsilanti, MI

11:25 am  Panel Discussion

11:45 am  Adjourn
Monday, April 26, 2021

10:15 – 11:45 am

SYMPOSIUM: From Pull-through to PSARP: Caring for Patients with Congenital and Pediatric Colorectal Disease as they Age

CME Credit Hours: 1.5
CNE Credit Hours: 1.5
Self-Assessment Credit: 1.5

As surgical and medical care for children have improved, they are living longer and healthier lives. The approach to transition of colorectal patients from the pediatric to adult systems needs a collaborative and educated approach to reduce recidivism and ensure smooth transition. The needs of congenital colorectal patients require knowledge of the embryology, repair and long-term consequences.

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

1. Explain anorectal malformation: anatomy and repair as well as long term considerations
2. Review Hirschsprung’s Disease: anatomy and repair as well as long term considerations
3. Review neurogenic bowel, associated diagnoses, treatment and long-term considerations of treatment with antegrade continent enterostomy, cecostomy/chait
4. Discuss barriers to transition, both from pediatric as well as adult viewpoints, and how to overcome

Co-Directors
Alessandra Gasior, DO, Columbus, OH
Erin Teeple, MD, Wilmington, DE

10:15 am Introductions
Alessandra Gasior, DO, Columbus, OH

10:30 am Anorectal Malformations: Embryology, Anatomy, Treatment and Long-term Considerations
Payam Saadai, MD, Sacramento, CA

10:45 am Hirschsprung’s Disease: Embryology, Anatomy, Treatment and Long-term Considerations
Erin Teeple, MD, Wilmington, DE

11:00 am Neurogenic Bowel: Definition, Associated Conditions, Treatment and Long-term Considerations
Kristin Fiorini, MD, Philadelphia, PA

11:15 am Barriers to Transitioning Colorectal Care from Pediatric to Adult Centers
Meagan Costedio, MD, Cleveland, OH

11:30 am Closing Comments
Erin Teeple, MD, Wilmington, DE

11:35 am Panel Discussion & Questions

11:45 am Adjourn

10:15 – 11:45 am

PLENARY ABSTRACT SESSION V: Benign Abdominal Disease

CME Credit Hours: 1.5

10:15 am Introduction
Sami Chadi, MD, Toronto, ON Canada
Bruce Robb, MD, Indianapolis, IN

10:25 am MP21 Should We Scope Beyond the Age-Limit of Guidelines? Adenoma Detection Rates and Outcomes of Screening and Surveillance Colonoscopies in Patients Aged 75 -79 Years Old
Z. Harra*, C. Vasilievsky¹, G. Ghitulescu¹, N. Morin¹, M. Boutros¹, A. Pang¹; 'Montreal, QC, Canada

10:33 am MP23 Recurrence and Need for Surgery After Acute Diverticulitis: Does Family History Matter?
J.N. Cohan*, J.J. Horns¹, H.A. Hanson¹, K. Allen-Brady¹, M.C. Kieffer¹, J. Hotaling¹, B.S. Brooke¹; 'Salt Lake City, UT

10:41 am MP24 Rare Loss of Function Genetic Variants Associated with Diverticular Disease
H.D. Schaeffer*, S. Saylors¹, D.T. Smelser¹, J. Dove¹, K. Long¹, C. Buzas¹, D.J. Carey¹, R. Hoffman¹; 'Danville, PA
Monday, April 26, 2021

Benign Abdominal Disease continued

T. Peponis*, R. Bleday¹, M. Rubin², C.E. Cauley¹, R.N. Goldstone¹, R. Ricciardi¹, K. Ahmed¹, L. Bordeianou¹; §Boston, MA, ²Salem, MA, ³Newton, MA

10:57 am MP26 Provocative Mesenteric Angiograms – It’s Not As Risky As You Might Think
G. Thiry*, S. Dhand², A. Gregorian¹, N. Shah³; ¹Whittier, CA, ²Los Angeles, CA, ³Providence, RI

11:05 am MP27 Playing the Long Game: A Cross Sectional Survey of Patient Reported Outcomes in the Management of Recurrent Diverticulitis
N.J. Harrison*, M. Hopkins¹, M. Ford¹, R. Muldoon¹, D. Beck¹, A. Khan¹, T.M. Geiger¹, A. Hawkins¹; ¹Nashville, TN

11:13 am MP28 Surgical Management of Patients with Gastrointestinal Tuberculosis
E.T. Limpin*, M.J. Lopez¹, S. Maglangit¹, J. Torres¹, M.S. Onglao¹, M.C. Cabanilla-Manuntag¹, R. Maralit¹, R. Dofitas¹; ¹Manila, Metro Manila, Philippines

11:21 am MP29 Enterococcus Faecalis is Associated with Anastomotic Leak in Patients Undergoing Colorectal Surgery
D. Anderson*, R. Keskey¹, M.T. Ackerman¹, O. Zaborina¹, N. Hyman¹, J.C. Alverdy¹, B.D. Shogan¹; ¹Chicago, IL

11:29 am MP30 Impact of COVID-19 On Colorectal Surgery; Effect on Postoperative Respiratory Events
R.N. Goldstone*, C.E. Cauley¹, J. Zhang², C. Stafford¹, L. Bordeianou¹, H. Kunitake¹, T. Francione¹, R. Ricciardi¹; ¹Boston, MA, ²New Haven, CT

11:45 am Adjourn

11:45 am – 1:15 pm

Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!
Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don’t forget to visit the Networking Lounge where you can chat with your colleagues.

Industry Representatives available for Live Chat: 11:30 am – 1:00 pm

Industry Education Booth – Live Symposia
• BD Industry Education Symposium
• Baudax Bio, Inc. Industry Education Symposium

1:15 – 2:00 pm

Special Lectureship
CME Credit Hours: .75
CNE Credit Hours: .75

Leadership in Turbulent Times
Tracy L. Hull, MD
Professor of Surgery
Cleveland Clinic Lerner College of Medicine of Case Western Reserve University
Department of Colon and Rectal Surgery
The Cleveland Clinic Foundation
Cleveland, OH

Introduction: Neil H. Hyman, MD
Monday, April 26, 2021

**2:00 – 3:15 pm**

**SYMPOSIUM: Controversies in IBD Surgery**

CME Credit Hours: 1.25
CNE Credit Hours: .75

There are many controversies in the treatment of inflammatory bowel disease. This symposium will focus on three areas of controversy:

1. **Two vs three-stage pouch for patients with ulcerative colitis**
2. Cessation of biologics prior to semi-elective resection for patients with Crohn’s disease
3. Treatment of low-grade dysplasia in the setting of ulcerative colitis

A case-based discussion, with invited quick review of the relevant literature, audience polling and participation, and discussion of risks benefits and caveats by an expert panel in the medical and surgical management of inflammatory bowel disease.

**Objectives**

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

1. Discuss the clinical scenarios where two-stage pouch procedures would be preferable to three-stage operations, and vice versa.
2. Explore the nuances in perioperative management of immunosuppression in steroid dependent patients: is active disease at the time of surgical intervention associated with worse outcomes than active immunosuppression?
3. Evaluate if a total proctocolectomy is essential in all CUC patients with low-grade dysplasia; is there any role of surveillance in the era of image-enhanced endoscopy?

**Co-Directors**

Syed Husain, MD, Columbus, OH
Sharon Stein, MD, Cleveland, OH

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2:00 pm

**Introduction**

Syed Husain, MD, Columbus, OH
Sharon Stein, MD, Cleveland, OH

2:05 pm

**Three-stage Procedure for Chronic Ulcerative Colitis is Preferable to Two-stage Procedures**

Karen Zaghiyan, MD, Los Angeles, CA

2:10 pm

**Two-stage Procedure for Chronic Ulcerative Colitis is Preferable to Three-stage Procedures**

Hiroko Kunitake, MD, Boston, MA

2:15 pm

**Case Presentation and Panel Discussion**

Syed Husain, MD, Columbus, OH
Sharon Stein, MD, Cleveland, OH

2:30 pm

**Preoperative Cessation of Immunosuppression is Necessary in Steroid Dependent Crohn's Patients Before Semi-Elective Surgeries**

Lisa Cannon, MD, Rochester, NY

2:35 pm

**Preoperative Cessation of Immunosuppression is Not Necessary in Steroid Dependent Crohn’s Patients Before Semi-Elective Surgeries**

Stefan Holubar, MD, Cleveland, OH

2:40 pm

**Case Presentation and Panel Discussion**

Syed Husain, MD, Columbus, OH
Sharon Stein, MD, Cleveland, OH

2:55 pm

**Low-grade Dysplasia is an Absolute Indication for Total Proctocolectomy in Chronic Ulcerative Colitis Patients**

Samuel Eisenstein, MD, La Jolla, CA

3:00 pm

**Not All Chronic Ulcerative Colitis Patients with Low-grade Dysplasia Require Total Proctocolectomy**

Karen Zaghiyan, MD, Los Angeles CA

3:05 pm

**Case Presentation and Panel Discussion**

Syed Husain, MD, Columbus, OH
Sharon Stein, MD, Cleveland, OH

3:15 pm

**Adjourn**
Monday, April 26, 2021

**2:00 – 3:15 pm**

**SYMPOSIUM: How to Wake-Up from An Intra-Operative Nightmare**

CME Credit Hours: 1.25
CNE Credit Hours: .75

This symposium will highlight potential complications that can occur during common colorectal surgical procedures, as well as describe/illustrate methods for rapid identification and management of these serious adverse events. The presenters will review brief videos, when possible, which capture difficulties that surgeons may encounter. Detailed review of the encountered complications and how one can recover from them will be reviewed.

**Objectives**

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

1. Explain the potential intra-operative complications that may occur during common surgical procedures
2. Identify the above potential complications
3. Employ surgical management strategies to manage the above complications

**Co-Directors**

Steven Lee-Kong, MD, New York, NY
Dipen Maun, MD, Mooresville, IN

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<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>2:00</td>
<td><strong>Introduction</strong>&lt;br&gt;Steven Lee-Kong, MD, New York, NY&lt;br&gt;Dipen Maun, MD, Mooresville, IN</td>
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<td>2:05</td>
<td><strong>Was That the Ureter?</strong>&lt;br&gt;Sergey Khaitov, MD, New York, NY</td>
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<td>2:11</td>
<td><strong>How Did all that Blood Get There?</strong>&lt;br&gt;Alodia Gabre-Kidan MD, Columbia, MD</td>
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<td>2:17</td>
<td><strong>Had to Be a Stapler Misfire!</strong>&lt;br&gt;Toyooki Sonoda, MD, Garden City, NY</td>
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<td>2:23</td>
<td><strong>TaTME – What Plane am I In?</strong>&lt;br&gt;Jutin Maykel, MD, Worcester, MA</td>
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<td>2:29</td>
<td><strong>Not Really that NICE</strong>&lt;br&gt;Jean-Paul LeFave, MD, Houston, TX</td>
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<td>2:35</td>
<td><strong>Is That the Peritoneum We are Looking at?</strong>&lt;br&gt;Garrett Friedman, MD, Las Vegas, NV</td>
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<td>2:41</td>
<td><strong>Collateral Damage During “Routine” Colectomy?</strong>&lt;br&gt;Matthew Mutch, MD, St. Louis, MO</td>
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<td>2:47</td>
<td><strong>Pelvic Surgery in the Morbidly Obese</strong>&lt;br&gt;David Dietz, MD, Cleveland, OH</td>
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<td>2:53</td>
<td><strong>Question &amp; Answer</strong></td>
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<td>3:15</td>
<td><strong>Adjourn</strong></td>
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Monday, April 26, 2021

2:00 pm – 3:15 pm

**SYMPOSIUM: Beyond the Knife. Personalized Colorectal Cancer Treatment – Genetics, Molecular Targets, Immunotherapy and More**

CME Credit Hours: 1.25
CNE Credit Hours: .75

Colorectal cancer always has a genetic etiology, with at least 5% of cases due to germline mutations, and even patients with sporadic cancers due to somatic gene mutations demonstrating genetic alterations in the tumor that may guide their treatment. While patients with certain types of colorectal cancer may benefit from immunotherapy and other novel and new treatments, those patients with hereditary colorectal cancer syndromes require complex decision-making regarding their care, including deciding on the best surgical options in their management.

**Objectives**

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

1. Describe the surgical options for patients with Lynch Syndrome and explain when each is appropriate
2. Recognize the importance of genetic testing as well as phenotype in surgical decision-making for patients with polyposis syndromes
3. Classify tumors (and treatments) by genetic alterations for both sporadic and hereditary colorectal cancer patients
4. Discuss the role of immunotherapy in the treatment of colorectal cancer

**Co-Directors**
Emily Steinhagen, MD, Cleveland, OH
Paul Wise, MD, St. Louis, MO

2:00 pm  **Introduction and Opening Comments**
Emily Steinhagen, MD, Cleveland, OH
Paul Wise, MD, St. Louis, MO

2:05 pm  **When in Doubt, Take it Out? Extent of Surgery in Lynch Syndrome**
Sonia Ramamoorthy, MD, San Diego, CA

2:20 pm  **Gene-mutation Negative Polyposis: Now What?**
James Church, MD, Cleveland, OH

2:35 pm  **What is the Tumor Telling Us? A Primer in Tumor Profiling**
Heather Hampel, MS, LGC, Columbus, OH

2:50 pm  **Immunotherapy: When & For Whom?**
Aaron Miller, MD, PhD, San Diego, CA

3:05 pm  **Panel Discussion and Questions**

3:15 pm  **Adjourn**

3:15 – 3:30 pm

**Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!**

Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don’t forget to visit the Networking Lounge where you can chat with your colleagues.
American Society of Colon & Rectal Surgeons Annual Scientific Meeting 2021

Monday, April 26, 2021

3:30 – 5:15 pm

SYMPOSIUM: New Technologies (Non-CME)

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

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

3:30 pm Introduction
Sam Atallah, MD, Orlando, FL
Patricia Sylla, MD, New York, NY

3:35 pm NT1 Closing the Gaps: Improving Quality of Life and Patient Reported Outcomes For Ostomates
L. Auerbach*, P. Gallagher¹, B. Dinh¹, B. Reel¹, R. Fearn²; ¹Irvine, CA, ²Irvine, CA

3:47 pm NT2 Magnetic Assisted Laparoscopic Right Hemicolecotomy with Intracorporeal Anastomosis
R. Cox*, M. Downs¹, J. Salgado¹, C.H. Olson¹; ¹Dallas, TX

3:59 pm Industry Sponsored Presentation: ColubrisMX
Advancing Endoluminal Colorectal Surgery through Robotics
Todd Wilson, MD

4:11 pm Industry Sponsored Presentation: LumenEye*
A Prospective Observational Analysis of a Novel Digital Rectoscope: LumenEye*
James Kinross, MD

4:23 pm NT3 Natural Orifice Endosonographic Colposuspension with Rectopexy for Comorbid Rectal & Vaginal Pelvic Organ Prolapse
A. Chandra¹, P. Rajan¹, M. Rajashekhara¹, V. Gupta¹, N. Kumar¹, A. Pai¹, R. Patel¹, P. Shah¹; ¹Lucknow, Uttar Pradesh, India

4:35 pm Industry Sponsored Presentation: Colospan
Protection of Colorectal Anastomosis with an Intraluminal Bypass Device Instead of a Diverting Stoma - A Potential Paradigm Shift
Surya Nalamati, MD

4:47 pm NT4 Initial Experience in Robotic Colorectal Resection Using a Novel Modular Robotic Surgical System: A Dual-center Case of 51 Patients
P.G. Vaughan-Shaw*, J. Vojak¹, A. Le Saint Grant¹, D.R. Collins¹, H. Paterson¹, A.S. Nizar², H. Tilney², D. Speake¹; ¹Edinburgh, United Kingdom, ²Frimley, United Kingdom

4:59 pm Summary and Conclusion
Sam Atallah, MD, Orlando, FL
Patricia Sylla, MD, New York, NY

5:15 pm Adjourn

5:30 – 6:45 pm

Residents’ Reception

Open to General Surgery residents and Colorectal Surgery program directors only
This event is an opportunity for general surgery residents to network with colorectal surgery program directors and learn more about the specialty and the Society.
Advance registration is required. Residents can win a copy of the ASCRS Textbook of Colon and Rectal Surgery, the ASCRS Manual of Colon and Rectal Surgery or free registration to the 2022 Annual Scientific Meeting.
Tuesday, April 27, 2021

Exhibit Hall Open: 7:00 am – 6:00 pm
Industry Representatives available for Live Chat: 12:00 – 1:30 pm
Ongoing Video Room: 7:00 am – 6:00 pm
ePosters: 7:00 am – 6:00 pm

7:00 – 8:00 am

Diversity Virtual Meet-up
Open to all registered attendees
ASCRS is proud of its diversity and wants to ensure all voices are heard at the 2021 Annual Scientific Meeting. Come celebrate diversity with us and learn how to get more involved with the society. We seek to have many races, ethnicities and backgrounds involved at every level. Everyone is welcome.

Facilitated by:
Jonathan Laryea, MD, Louisville, KY
Lynn O’Connor, MD, Huntington, NY

7:30 – 9:00 am

QUICK SHOTS III: Rectal Cancer, Colorectal Cancer, and Other Neoplasia
CME Credit Hours: 1.5

7:30 am  
Introduction
Ayana Chase, MD, Atlanta, GA
David Rosen, MD, Cleveland, OH

7:35 am  
QS35 Postoperative Outcomes for Non-Metastatic Rectal Cancer in Academic Versus Community Cancer Centers: An Analysis of The National Cancer Database
M.L. Horsey*, A. Sparks†, M. Ng†, V. Obias†;
†Washington, DC

7:40 am  
QS36 Preoperative Chemoradiotherapy in cT2N0 Distal Rectal Cancer Patients is Justifiable?
M. Park*, C. Yu†, J. Lee†, Y. Yoon†, I. Park†,
S. Lim†, J. Kim†; †Seoul, Korea (the Republic of)

7:45 am  
QS37 Pathological Complete Response in Patients with ypT0 Primary Tumor After Neoadjuvant Therapy for Rectal Cancer
S. Qureshi**, C. Reickert†, M. Asai†; †Detroit, MI

7:50 am  
QS38 Impact of Total Neoadjuvant Therapy on Perioperative Outcomes After Proctectomy for Rectal Cancer
Z. Xu*, M.A. Valente†, B. Sklow†, D. Liska†,
E. Gorgun†, H. Kessler†, D. Rosen†, S. Steele†;
†Cleveland, OH

7:55 am  
QS39 Management of Patients with Rectal Cancer in Wisconsin: Implications for Improving Quality and Addressing Disparities
D. Livingston-Rosanoff*, J. Schumacher†, J. Peters†, M. Venkatesh†, D. Yang†,
E. Lawson†; †Madison, WI

8:00 am  
QS40 Using CT Based Pelvimetry and Visceral Obesity Measurements to Predict TME Quality for Patients Undergoing Rectal Cancer Surgery
V. Bolshinsky*, D. Sweet†, D. Vitello†,
I. Sapci‡, X. Jia‡, S.D. Holubar‡, B. Herts‡,
S. Steele‡; ‡Melbourne, Victoria, Australia, 
‡Cleveland, OH
Tuesday, April 27, 2021

Rectal Cancer, Colorectal Cancer, and Other Neoplasia  continued

8:05 am  QS41  Transanal TME Surgery For Rectal Cancer: Oncological Outcomes in a Single UK Centre
M. Taylor1, E. Courtney1; 1Bath, United Kingdom

8:10 am  QS42  Lack of Complete Pretreatment Staging is Associated with Omission of Neoadjuvant Therapy for Rectal Cancer: A Statewide Study
D. Tang1, S.J. Rivard1, w. weng1, C. Ramm1, R.K. Cleary1, S. Hendren1; 1Ann Arbor, MI

8:15 am  QS43  Racial Disparities: Effects on Treatment and Survival for Rectal Cancer
B. Aibuedefe1, K. Hamilton1, S.M. Kling1, J. Poggio1; 1Philadelphia, PA

8:20 am  QS44  Zebrafish Patient Derived Xenograft Model of Colon Cancer as Personalized Medicine Tool to Predict the Most Effective Treatment Strategy
G. Di Franco1, A. Usai1, M. Piccardi1, P. Cateni1, C. Cremolini1, L. Pollina1, V. Raffa1, L. Morelli1; 1Pisa, Italy

8:25 am  QS45  Does Small Bowel Adenocarcinoma Portend a Worse Prognosis than Colonic Adenocarcinoma? A Case-matched Comparison
K.O. Wells1, G. Ogola1, A. Waddimba1, M. Al-temimi1; 1Dallas, TX, 2San Francisco, CA

8:30 am  QS46  Racial Disparity in Age and Stage at Diagnosis for Colorectal Cancer: Is it Time to Rethink Screening Recommendations
V. Nfonsam1, S. Saeed1, E. Thompson1, C. Villa1, P. Hsu1, M. Hamidi1, D.M. Hayden2; 1Tucson, AZ, 2Chicago, IL

8:35 am  QS47  Quantitative Indocyanine Green Fluorescence Imaging Assessment for Peritoneal Metastases location. First RCP Study.
C. González1, A. Besa1, B. De Lacy1, S. Valverde1, R. Almenara1, A.M. Lacy2; 1Barcelona, Spain

8:40 am  QS48  Malignant Colon Polyp: An Under-Over Surgical Treatment Dilemma
S. Naffouje1, N. Manguso1, B. Powers1, J. Sanchez1, S. Dessureault1, S. Felder1; 1Tampa, FL

8:45 am  QS49  Performance Evaluation of Stool DNA Methylation Tests in Colorectal Cancer Screening
M. Gachabayov1, E. Lebovics1, A. Rojas1, M. McGuirk1, C. Anderson1, R. Bergamaschi1; 1Valhalla, NY

8:50 am  QS50  Does Colonic Stenting for Malignant Large Bowel Obstruction Increase Surgical Risk?
S. Stafford1, G. Poles1, L.K. Temple1, F. Fleming1, L. Cannon1, C. Cellini1, R. Salloum1, J. Speranza1, J. Dux1; 1Rochester, NY

8:55 am  Discussion and Commentary
Ayana Chase, MD, Atlanta, GA
Lynn O’Connor, MD, New York, NY
David Rosen, MD, Cleveland, OH

9:00 am  Adjourn
Tuesday, April 27, 2021

8:00 – 9:00 am

SYMPOSIUM: A Well-Made Anastomosis Could Be Your Best Sleep Medicine

CME Credit Hours: 1
CNE Credit Hours: 1

Mastery of anastomotic construction is one, if not the most, important technical skill within the field of colorectal and many other abdominopelvic surgical specialties. Therefore, it is critically important that colorectal surgeons be armed with the skills on how to construct a perfect anastomosis for the patient lying before them and be able to navigate difficult decisions such as whether or not to divert them, or how to avoid an anastomosis altogether. We have brought leaders from around the country who have specifically chosen to share their particular interest and experience with various anastomotic techniques including handsewn, stapled (including the historical aspects) and the IPAA.

Objectives
At the conclusion of this session, participants should be able to:
1. Describe techniques for optimal handsewn anastomotic techniques
2. Recall the history and limitations of the stapled anastomotic technique
3. Discuss the risks and benefits of handsewn vs. stapled IPAA construction

Co-Directors
Emina Huang, MD, Cleveland, OH
Benjamin Shogan, MD, Chicago, IL

8:00 am  Introduction
Emina Huang, MD, Cleveland, OH
Benjamin Shogan, MD Chicago, IL

8:05 am  Sewing Yourself Out of Trouble
Evie Carchman, MD, Madison, WI

8:17 am  Do You Know How to Correctly Use the Staplers?
Muneera Kapadia MD, MME, Chapel Hill, NC

8:29 am  Methods to Ensure Adequate Blood Flow to Your Anastomosis – Do They Work?
Daniel Popowich MD, New York, NY

8:41 am  Managing Anastomotic Leaks
Karin Hardiman MD, PhD, Birmingham, AL

8:53 am  Panel Question and Answer

9:00 am  Adjourn

8:00 – 9:00 am

SYMPOSIUM: Diversity in Colorectal Surgery

CME Credit Hours: 1
CNE Credit Hours: 1

This symposium will shed light on the current healthcare trends that promote disparities in medical care as it relates to racial and ethnic minorities in this country. Our guest speakers and panel discussion will focus on solutions to address healthcare disparities in terms of equity of healthcare outcomes, research, and recruitment and education of trainees to affect change.

Objectives
At the conclusion of this session, participants should be able to:
1. Recognize how implicit biases have led to the inequities in the American healthcare system
2. State how changes in approach to patient care combat the biases and disparities
3. Explain how modifying trainee recruitment and research practices can lead to better outcomes for the disparate patient population

Co-Directors
Erin King-Mullins, MD, Atlanta, GA
Wayne B. Tuckson, MD, Louisville, KY

8:00 am  Welcome and Introduction
Erin King-Mullins, MD, Atlanta, GA
Wayne B. Tuckson, MD, Louisville, KY

8:05 am  Speaker
Dayna Bowen Matthew, JD, PhD, Washington, DC

8:35 am  Panel and Discussion
Dayna Bowen Matthew, JD, PhD, Washington, DC
Charles, Friel, MD, Charlottesville, VA
Dana Hayden, MD, Chicago, IL
Valentine Nfonsam, MD, Tucson, AZ

8:55 am  Closing Remarks/Wrap-Up

9:00 am  Adjourn
Tuesday, April 27, 2021

8:00 – 9:00 am

ABSTRACT SESSION: Research Forum

CME Credit Hours: 1

8:00 am

Introduction
Nelya Melnitchouk, MD, Boston, MA
Karen Zaghayian, MD, Los Angeles, CA

2020 Works in Progress Award

8:06 am

RF1 Mucinous Adenocarcinoma of the Rectum: A Whole-genome Sequencing Study
I.S. Reynolds*, E. O’Connell†, V. Thomas†, D.A. McNamara†, E.W. Kay†, J.H. Prehn†, S.J. Furney*, J. Burke†; †Dublin, Leinster, Ireland

Discussant
Mehraneh Dorna Jafari, MD, Irvine, CA

8:15 am

RF2 Long Non-coding RNA ZFAS1 Knockdown is Associated with Decreased Tumorigenesis Through Decreased Cellular Proliferation and Migration
S.J. O’Brien*, M. Paas†, A. Patel†, S. Galandiuk†; †Louisville, KY

Discussant
Deborah Keller, MS, MD, New York, NY

8:24 am

RF3 SDF-1 to Regenerate the Anal Sphincter After a Chronic Injury. Does Dose Matter?
A. Billups†, S. Li†, A. Rietsch†, M. Damaser†, M. Zutshi‡†; †Cleveland, OH, ‡Cleveland Heights, OH

Discussant
Lisa Cannon, MD, Rochester, MN

8:33 am

RF4 A Novel Continuous Professional Development Program for Colorectal Surgeons
S.J. Rivard*, C. Varlamos†, C. Hibbard†, A. Duby†, M.J. Callow†, J.B. Dimick†, J.C. Byrn†, M.E. Byrnes†; †Ann Arbor, MI

Discussant
Nicole Lopez, MD, La Jolla, CA

8:42 am

RF5 Parastomal Hernia Rates and Exercise Following Ostomy Surgery
J. Park*, S.J. Rivard†, L. Maguire†, C. Varlamos†, A. Duby†, S. Hendren†; †Ann Arbor, MI

Discussant
Anthony De Buck Van Overstraeten, MD, Toronto, ON, Canada

8:51 am

RF6 Rectal Cancer Survivorship: Utilizing Photoelicitation to Study Patient Needs
S.J. Rivard*, C. Vitous†, C. Varlamos†, A. Duby†, P.A. Suwanabol†; †Ann Arbor, MI

Discussant
Trevor Wood, MD, Thunder Bay, ON, Canada

9:00 am

Adjourn

9:00 – 9:15 am

Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!

Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don’t forget to visit the Networking Lounge where you can chat with your colleagues.
Tuesday, April 27, 2021

9:15 – 10:15 am
**ASCRS Annual Business Meeting and State of the Society Address**

10:15 – 11:00 am
**Masters in Colorectal Surgery Lectureship Honoring Robert D. Fry, MD**
CME Credit Hours: .75
CNE Credit Hours: .75

*Robert D. Fry: A Legacy of Education and Mentorship and Colorectal Surgery*

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

**Introduction:** Joshua Bleier, MD

11:00 – 11:15 am
**Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!**

11:15 am – 12:00 pm
**Ernestine Hambrick, MD, Lectureship**
CME Credit Hours: .75
CNE Credit Hours: .75

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

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

**Introduction:** Elizabeth Wick, MD

12:00 – 1:30 pm
**Women and Allies for Women in Colorectal Surgery Virtual Meet-up**
Open to all registered attendees

**Hosted By**
Jennifer Davids, MD, Worcester, MA
Erin King-Mullins, MD, Atlanta, GA

The Women’s Virtual Meet-up offers an opportunity for everyone to renew friendships and make new contacts. While the focus of the meet-up is to hear from exceptional speakers about unique challenges and opportunities specifically facing women in colorectal surgery, any Annual Meeting attendee who supports the advancement of women is welcome to attend. Trainees are particularly encouraged to attend, as this will provide an opportunity to interact with experienced colon and rectal surgeons from a variety of settings.

**Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!**
Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don’t forget to visit the Networking Lounge where you can chat with your colleagues.

**Industry Representatives available for Live Chat:**
12:00 – 1:30 pm

**Industry Education Booth – Live Symposia**
- Intuitive Industry Education Symposium
- Ethicon Industry Education Symposium

12:00 – 1:30 pm
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Current treatment for mid- and low rectal cancer involves a multidisciplinary approach aimed at reducing local failure rates in the pelvis and potentially improving survival. For years, the standard sequence has been neo-adjuvant chemotherapy and radiation therapy followed by surgery, whether a low anterior resection or an abdominal perineal resection, followed by a course of adjuvant chemotherapy. However, many studies have shown that up to 25% of patients treated with neo-adjuvant chemotherapy and radiation therapy have a pathology report that shows no residual tumor. Given that neo-adjuvant treatments produce a complete response in a significant number of patients and given that the operations offered for these mid- and low lying rectal cancers can have a dramatic effect of a patient’s quality of life, there is growing enthusiasm for trying to clinically identify patients who have had a complete response, and sparing them a major operation. Sphincter preservation has changed, potentially, to organ preservation, but there is still much to learn before not operating on patients who are judged to have had a complete response to their neo-adjuvant therapies becomes the new paradigm. Colorectal surgeons would like to offer resection to those who need resection and safely not operate on those who predictably have no tumor left in the pelvis.

Objectives
At the conclusion of this session, participants should be able to:
1. Recognize what a complete response clinically and radiographically
2. Recognize what patients should be treated and how they should be treated when a complete response is the goal of therapy
3. Explain what a reasonable watch and wait strategy looks like and the consequence of tumor regrowth

Director
Kirk Ludwig, MD, Milwaukee, WI

1:30 pm Introduction
Kirk Ludwig, MD, Milwaukee, WI

1:35 pm Case #1 The Patient is So Young: Is This Dangerous? Who Should Be Considered for a Watch-and-Wait Approach?
Erin Kennedy, MD, PhD, Toronto, ON, Canada

1:54 pm Case #2 Looks Good, But Does Not Feel Perfect. How Can MR Imaging Help in Assessment of Tumor Response?
Regina Beets-Tan, MD, PhD, Amsterdam, Netherlands

2:08 pm Case #3 We Are So Close to a Complete Response. Can We Get There? How to Get to a Complete Response and Can We Get From a Near-Complete Response to a Complete Response? CH/RT, TNT, More RT or Change Who We Treat?
Julio Garcia-Aguilar, MD, PhD, New York, NY

2:22 pm Case #4 The Tumor Looks Like It Has Regrown. Now What? Reasonable Plans for Watch-and-Wait and What If There is Tumor Regrowth?
Matthew Kalady, MD, Columbus, OH

2:36 pm Panel Discussion and Audience Questions

3:00 pm Adjourn
Tuesday, April 27, 2021

1:30 – 3:00 pm

SYMPOSIUM: So, You Want to Be an Academic Colorectal Surgeon? Then Come to this Session

CME Credit Hours: 1.5
CNE Credit Hours: 1.5

This symposium will discuss the key elements needed to establish and maintain a successful career as an academic colorectal surgeon. Invited speakers from different career stages will discuss how they developed a research skill set, the importance of mentorship, tips to sustain an independent research program and ways to achieve long-term career fulfillment and success.

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

1. Describe how to develop a research skill set that can lead to an independent research program
2. Recognize the importance of mentorship on career development
3. Explain how to overcome challenges to achieve academic longevity and career fulfillment

Co-Directors
James Yoo, MD, Boston, MA
Elizabeth Wick, MD, San Francisco, CA

1:30 pm  Introduction
James Yoo, MD, Boston, MA

1:40 pm  Turning a Research Skill Set into an Independent Research Program
Amy Lightner, MD, Cleveland, OH

1:55 pm  The Role of Mentorship and Getting a “K” Award
Alexander Hawkins, MD, Nashville, TN

2:10 pm  Maintaining your Research Efforts – Navigating Pitfalls to Keep it Going
Valentine Nfonsam, MD, Tucson, AZ

2:25 pm  Academic Longevity – The Art of Reinvention and Expanding Your Skillset
Elizabeth Wick, MD, San Francisco, CA

2:40 pm  Panel Discussion, Question & Answer

3:00 pm  Adjourn
Tuesday, April 27, 2021

1:30 – 3:00 pm

PLENARY ABSTRACT SESSION VI: Inflammatory Bowel Disease

CME Credit Hours: 1.5

1:30 pm  Introduction
Jennifer Davids, MD, Worcester, MA
Vitaliy Poylin, MD, Boston, MA

1:32 pm  TP1 Patients Undergoing Ileoanal J-Pouch Surgery Experience a Unique Syndrome: A Report from the Patient Reported Outcomes after Pouch Surgery (PROPS) Delphi Consensus Study

P.M. Cavallaro*, N. Fearnhead, S. Bissett, S. Wexner, S. Hendren, P. Myrelid, L. Bordeianou, O. PROPS Delphi Scientific Committee; 'Boston, MA, 2Cambridge, United Kingdom, 3Auckland, New Zealand, 4Weston, FL, 5Ann Arbor, MI, 6Linkoping, Sweden

1:40 pm  TP2 Increasing Experience with LIFT Procedure in Crohn’s Disease Patients with Complex Anal Fistula

T. Wood*, A. Truong, A. Mujukian, K. Zaghiyan, P. Fleshner; 'Los Angeles, CA

1:48 pm  TP3 Tip of the J-Pouch Leaks: Diagnosis, Management and Long-term Pouch Survival

R. Rajamanickam*, E. Gorgun, M.A. Valente, A. Lightner, T. Hull, J. Church, S. Steele, S.D. Holubar; 'Cleveland, OH

1:56 pm  TP4 Stoma-less Ileal-Pouch-Anal Anastomosis is Not Associated with Increased Long-term Pouch Failure Rates in Patients with Ulcerative Colitis

E. Olecki*, A.P. Kronfl, K.A. Stahl, S. King, N. Razavi, W. Koltun; 'Hershey, PA

2:04 pm  TP5 High Amplitude Peristaltic Contractility: Another Factor Impacting IPAA Function?

J. Stem*, E. Carchman, C. Heise, N. Marka, B. Harms; 'Madison, WI

2:12 pm  TP6 Short- and Long-term Outcomes of Intestinal Pouch Creation in Obese, Ulcerative Colitis Patients

I. Leeds*, S.D. Holubar, T. Hull, J. Church, J. Lipman, A. Lightner, B. Sklow, S. Steele; 'Cleveland, OH

2:20 pm  TP7 Inpatient Infliximab Therapy for Acute Crohn’s Disease Flare

A. Whitlock*, I. Zakopoulos, D. Wong, K.T. Crowell, S. Kaul, E. Messaris; 'Boston, MA

2:28 pm  TP8 High Resolution Analysis of Colitis Associated Cancer In- vivo and In-vitro Co-cultures

R.K. DeHaan*, R. Fisher, E. Huang; 'Cleveland, OH

2:36 pm  TP9 Is Pelvic Sepsis After Transabdominal Re-do IPAA Associated with Worse Functional Outcomes and Quality of Life?

E. Esen*, M. Grieco, A. Erkan, A. Aytaç, A. Sutter, J. Esterow, P. Lynn, H.T. Kirat, F.H. Remzi; 'New York, NY, 2Istanbul, Turkey

2:44 pm  TP10 A Prospective Single-Center Comparative Study of Transabdominal and Transanal Ileal Pouch-Anal Anastomosis. Has the Bar Been Raised?

L. Park*, K. Zaghiyan, P. Fleshner; 'West Hollywood, CA

2:52 pm  TP11 Synoptic Reporting Necessary for Crohn’s Disease Surgery? Variability in Operative Reports Across Inflammatory Bowel Disease Referral Centers

A. Mujukian*, K. Zaghiyan, A. Truong, E. Steinhaegen, P.S. Vaidya, A. Lightner, F. Morin, A. de Buck van Overstraeten, P. Fleshner; 'Los Angeles, CA, 2Cleveland, OH, 3Toronto, ON, Canada

3:00 pm  Adjourn
Tuesday, April 27, 2021

1:30 – 3:00 pm

QUICK SHOTS IV: Inflammatory Bowel Disease, and Benign Abdominal Disease

CME Credit Hours: 1.5

1:30 pm Introduction
Jeffrey Barton, MD, New Orleans, LA
David Kleiman, MD, Burlington, MA

1:35 pm QS51 Colectomy for Diverticulitis: Contributing Factors for Readmission
T. Jerome*, E. Thompson1, K. Bakia1, A. Arias1, E. Krall1, V. Nfonsam1; 1Tucson, AZ

1:40 pm QS52 Keep Them on the Table: Improved Outcomes After Minimally Invasive Colectomy Despite Longer Operative Times in High-Risk Diverticulitis Patients
S.B. Jochum*, A. Becerra1, Y. Zhang1, H.R. Govekar1, D.M. Hayden1, T.J. Saclarides1, A.R. Bham1; 1Chicago, IL

1:45 pm QS53 Colectomy in Patients with Liver Disease: Albumin-Bilirubin Score Accurately Predicts Outcomes
S.M. Kling*, G. Taylor1, A.M. Fagenson1, J. Poggio1, M. Philip1, H. Ross1, H.A. Pitt2, K.N. Lau1; 1Philadelphia, PA, 2New Brunswick, NJ

1:50 pm QS54 To Divert or Not? A Coarsened Exact Matched Cohort Comparing Primary Anastomosis with or Without Diversion for Acute Perforated Diverticulitis in the Emergency Setting Using the ACS-NSQIP Database
F. Abdul Raheem*, D. Marinescu1, M. Abou Khalil1, N. Wong-Chong1, A. Pang1, N. Morin1, C. Vasilevsky1, M. Boutros1; 1Montreal, QC, Canada

1:55 pm

2:00 pm QS55 Use of a 5-Item Modified Frailty Index for Assessing Outcomes after Hartmann Feversal: An ACS-NSQIP Study
D.C. Palange*, A. Ata1, D. Chismark1, J. Canete1, B.T. Valerian1, E.C. Lee1; 1Menands, NY

2:05 pm QS56 A National Inpatient Sample (NIS) Analysis of Racial Disparities After Segmental Colectomy for Inflammatory Colorectal Diseases
J. Frieder*, C. Ortiz Gomez1, F. De Stefano1, L. Montorfano1, F. Ferri1, S. Wexner1, E.C. Lee1, H. Gilshtein1, R. Rosenthal1, J.K. Bohl1, N. Wieghard1, E. Rivet2, J. Peyspa3, S. Sharp3; 1Weston, FL, 2Richmond, VA

2:10 pm QS57 Is Bariatric Surgery a Protective Factor to Avoid Recurrent Diverticulitis in Obese Patients?
I. Setton*, F.L. Okida1, H. Liang1, E. Lomenzo1, G. Dasilva1, R. Rosenthal1, S. Wexner1; 1Weston, FL

2:15 pm QS58 Comprehensive Assessment of Quality of Life and Functional Outcomes After Transanal Ileal Pouch-Anal Anastomosis: A Prospective Single-Center Experience
L. Park*, K. Zaghiyan1, P. Flesher1; 1West Hollywood, CA

2:20 pm QS59 Redo Ileocolic Resection is Not an Independent Risk Factor for Anastomotic Leak in Recurrent Crohn’s Disease
S. Yang*, M. Camargo1, A. Lightner1, J. Lipman1, M.A. Valente1, T. Hull1, S. Steele1, S.D. Holubar1; 1Cleveland, OH

2:25 pm QS60 Significant Decrease in the Incidence of Ileoanal Anastomosis Surgery: Analysis of the ACS NSQIP Database
M. Parikh*, J. Lucking1, J.R. Monson1, J. Wright1, M. Soliman1, B.A. Orkin1; 1Orlando, FL
Tuesday, April 27, 2021

Inflammatory Bowel Disease, and Benign Abdominal Disease continued

2:25 pm  QS61 Frailty is a Stronger Predictor Than Age for Post-Operative Morbidity in Crohn’s Disease
J. Wolf*, T. Hassab, S. Svoboda, C. D’Adamo, M. Katic*, Baltimore, MD

2:30 pm  QS62 Mental Health Disorders in IBD Patients: The Effect on Surgical Outcomes
U.R. Phatak*, A. Giron, L. Merlotti, A. Kim, J.F. Hall, J. Favuzza, Boston, MA

2:35 pm  QS63 Perioperative Use of NSAIDs and the Risk for Short-term Endoscopic Recurrence in Crohn’s Disease Patients
I.A. Gaytan Fuentes*, C. Cordova-Cassia, K.T. Crowell, A. Fabrizio, T.E. Cataldo, E. Messaris*, Brookline, MA

2:40 pm  QS64 Patient Preferences in Surgical vs. Medical Management of Inflammatory Bowel Disease: A Discrete Choice Experiment
B.E. Haac*, U. Wong, A. Yang, J. Deitschel, A.C. Bafford, New York, NY, Baltimore, MD, Bethesda, MD, Wright-Patterson AFB, OH

2:45 pm  QS65 Are Patients Undergoing Ileocolic Resection for Crohn’s Disease Meeting the Current Standards for Surveillance and Recurrence Prevention?
F. Rouleau Fournier*, Q. Parker, T. Phang, M. Raval, A. Karimuddin, A. Roshan, K. Yoo, G. Rosenfeld, C. Brown; Vancouver, BC, Canada

2:50 pm  Discussion and Commentary
Jeffrey Barton, MD, New Orleans, LA
David Kleiman, MD, Burlington, MA
Jonathan Laryea, MD, Little Rock, AR

3:00 pm  Adjourn

3:00 – 3:15 pm
Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!!
Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don’t forget to visit the Networking Lounge where you can chat with your colleagues.

3:15 – 4:15 pm
Deep Roots Video
Presidential Address
CME Credit Hours: 1.0
The Curmudgeon and the Categorical Imperative
Neil H. Hyman, MD
Professor of Surgery
Section Chief, Colon and Rectal Surgery
Co-Director, Digestive Diseases Center
The University of Chicago Medicine
Chicago, IL

Introduction: Peter Cataldo, MD

4:15 – 4:30 pm
Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!
Tuesday, April 27, 2021
4:30 – 6:00 pm

Game Show: ASCRS JeoPARODY (Non-CME)

Host: Sean Langenfeld, MD, Omaha, NE
Director: Emily Huang, MD, Med, Columbus, OH

Join your colleagues for a night of laughs while they play a team version ASCRS JeoPARODY! Team A and Team B go head to head for 2 rounds of intense colorectal and ASCRS focused questions and answers. Who takes home the title of ASCRS JeoPARODY Champion?....you’ll have to tune in to see!

TEAM A
Team Captain: Joshua Bleier, MD, Philadelphia, PA
Participants: Lillias Maguire, MD, Ann Arbor, MI, Peter Marcello, MD, Burlington, MA, Justin Maykel, MD, Worcester, MA, Jennifer Paruch, MD, New Orleans, LA

TEAM B
Team Captain: Sonia Ramamoorthy, MD, La Jolla, CA
Participants: Joseph Carmichael, MD, Orange, CA, Karen Zaghiyan, MD, Los Angeles, LA, Jorge Marcet, MD, Tampa, FL, Steven Wexner, MD, PhD, Weston, FL
Daily Schedule

Wednesday, April 28, 2021

Exhibit Hall Open: 7:00 am – 3:30 pm
Industry Representatives available for Live Chat: 11:30 am – 12:30 pm
Ongoing Video Room: 7:00 am – 3:30 pm
ePosters: 7:00 am – 3:30 pm

9:00 – 10:30 am
PLENARY ABSTRACT SESSION VII:
Best of 2020 (I)
CME Credit Hours: 1.5

9:00 am
Introduction
Emily Carter Paulson, MD, Philadelphia, PA
Timothy Ridolfi, MD, Milwaukee, Wi

2020 New England Society of Colon & Rectal Surgeons Award

9:04 am
WP1 A Prospective Randomized Trial of Transversus Abdominis Plane Intraoperative Block with Bupivacaine Against Liposomal Bupivacaine: The TINGLE Trial
A. Truong*, P. Fleschner, J. Mirocha, H. Tran, R. Shane, K. Zaghian; ‘Los Angeles, CA

2020 Ohio Valley Society of Colon & Rectal Surgeons Award

9:12 am
WP2 Perfusion Assessment in Left-Sided/Low Anterior Resection (PILLAR III): A Randomized, Controlled, Parallel, Multicenter Study Assessing Perfusion Outcomes with PINPOINT Near-Infrared Fluorescence Imaging in Low Anterior Resection

9:20 am
WP3 Unbundling Bundles: Evaluating the Effectiveness of Individual Components of a Colorectal Surgical Site Infection (SSI) Reduction Bundle in a Statewide Collaborative
C.R. Schlick*, R. Huang, B.C. Brajcich, A.L. Halveson, A. Yang, L. Kreutzer, K.Y. Bilimoria, M.F. McGee; ‘Chicago, IL

9:28 am
WP4 Correlation of Colorectal Surgical Skill with Patient Outcomes – A Cautionary Tale

9:36 am
WP5 Improved Morbidity and Gastrointestinal Restoration Rates without Compromising Survival Rates for Diverting Loop Ileostomy with Colonic Lavage vs. Total Abdominal Colectomy for Fulminant Clostridioides difficile Colitis: A Multicenter Retrospective Cohort Study
Wednesday, April 28, 2021

Best of 2020 (I) continued

9:44 am  WP6  Prospective Evaluation of a Standardized Opioid Prescribing Guidelines for Anorectal Operations
D.C. Meyer*, S.S. Hill¹, A. Resnick¹, A.C. Purkayastha¹, J.S. Davids¹, P.R. Sturrock¹, J.A. Maykel¹, K. Alavi¹; Worcester, MA

9:52 am  WP7  When the P-Value Doesn’t Cut It: The Fragility Index Applied to Colorectal Surgery Related Randomized Controlled Trials
D. Nelms¹, H. Vargas², R. Bedi², D. Margolin², J. Paruch²; La Crosse, WI, New Orleans, LA

10:00 am  Adjourn

9:00 – 10:30 am  SYMPOSIUM: The Challenge of Caring for Geriatric Patients – Adopting Novel Studies in Everyday Practice

CME Credit Hours: 1.5
CNE Credit Hours: 1.5
Self-Assessment Credit: 1.5

Despite growing evidence and discussion about frailty as a determinant of outcomes in older adults, chronological age is often still used to justify under- or over treatment of these patients. Complicating factors such as predisposition for complications or delirium are not identified by a standard pre-operative interview. Therefore, clinicians must screen for frailty and identify patients who are at risk for these events in the perioperative period. In addition, pre-operative optimization of functional status and comorbidities is essential to achieve post-operative functional recovery.

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

We will highlight how surgeons can use past studies and experiences to build a multidisciplinary team to take care of geriatric patients in their everyday practices. From all angles, it is clear that older adult patients are unique and their colorectal surgery care should be individualized and approached in a multidisciplinary fashion.

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

1. Identify the most useful frailty screening tools at a surgeon’s disposal
2. Recognize the key metrics of functional recovery and know how to measure them in the post-operative patient population
3. Identify signs of delirium and methods to prevent and treat delirium
4. Explain how to identify the key metrics that matter most to geriatric patients

Co-Directors
Julia Berian, MD, Madison, WI
Nicole Saur, MD, Philadelphia, PA

9:00 am  Introduction
Julia Berian, MD, Madison, WI
Nicole Saur, MD, Philadelphia, PA

9:05 am  Frailty Screening and Geriatric Co-Management: An Untapped Resource to Decrease Post-Operative Morbidity and Mortality
Armin Shahrokni, MD, New York, NY

9:15 am  What Really Matters to Geriatric Patients: Patient Reported Outcomes
Jessica Zerillo, MD, Boston, MA

9:25 am  How to Measure and Prioritize Bowel Recovery in Geriatric Patients
Marylise Boutros, MD, Montreal, PQ, Canada

9:35 am  Final Results of the GOSAFE Multi-Center International Study Evaluating Functional Recovery after Cancer Surgery in 1000 Patients
Isacco Montroni, MD, PhD, Faenza, Italy

9:45 am  How to Prevent and Treat Delirium in Post-Operative Patients
Tammy Hshieh, MD, MPH, Boston, MA

9:55 am  Leveraging the Literature to Establish and Maintain a Geriatric Colorectal Surgery Program
Nicole Saur, MD, Philadelphia, PA

10:05 am  Panel Discussion

10:30 am  Adjourn
Wednesday, April 28, 2021

9:00 – 10:30 am

**SYMPOSIUM: Video Based Education**  
**Premiers: Robotic and Laparoscopic Techniques**

*CME Credit Hours: 1.5  
CNE Credit Hours: 1.5*

The field of colon and rectal surgery is constantly evolving. A better understanding of the pathophysiology and natural history of the colorectal diseases enables us to tailor our surgical approaches to achieve the best clinical results with the least disruption of quality of life. There is no doubt that the future of colon and rectal surgery is in minimally invasive techniques that are in constant evolution.

As the national organization with a very strong international reputation, it is our responsibility to provide educational tools for our trainees as well as for surgeons in practice to learn new techniques, to master and improve our skills and to generate new ideas.

This symposium will focus on minimally invasive videos of commonly performed colon and rectal procedures, not to showcase the rare and unusual cases, but rather to illustrate in a standardized fashion the key steps. Narration will be given live during the presentation in a very simple and didactic fashion. A brief discussion will follow to further highlight the key points of the operation, describing the alternative approaches and potential pitfalls.

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

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

**Director**  
**Alessandro Fichera, MD, Dallas, TX**

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<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
<th>Location</th>
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<tr>
<td>9:00 am</td>
<td><strong>Introduction</strong></td>
<td>Alessandro Fichera, MD, Dallas, TX</td>
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<tr>
<td>9:05 am</td>
<td><strong>Laparoscopic Right Hemicolecotomy</strong></td>
<td>Giovanni Dapri, MD, Brussels Belgium</td>
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<td>9:15 am</td>
<td><strong>Robotic Right Hemicolecotomy</strong></td>
<td>Greta Bernier, MD, Renton, WA</td>
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<td>9:25 am</td>
<td><strong>Discussion</strong></td>
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<td>9:35 am</td>
<td><strong>Laparoscopic LAR</strong></td>
<td>Sharon Stein, Cleveland, OH</td>
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<td>9:45 am</td>
<td><strong>Robotic LAR</strong></td>
<td>Jose Guillem, MD, MPH, MBA Chapel Hill, NC</td>
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<td>9:55 am</td>
<td><strong>Discussion</strong></td>
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<td>10:05 am</td>
<td><strong>Laparoscopic Sigmoid Resection</strong></td>
<td>Marco Bertuci Zoccali, MD, New York, NY</td>
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<td>10:15 am</td>
<td><strong>Discussion</strong></td>
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<td>10:30 am</td>
<td><strong>Adjourn</strong></td>
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9:00 – 10:30 am

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

*CME Credit Hours: 1.5  
CNE Credit Hours: 1.5*

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

**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
Wednesday, April 28, 2021

Best of the Diseases of the Colon & Rectum Journal continued

**Director**

Susan Galandiuk, MD, Louisville, KY

9:00 am  **Introduction**  
Susan Galandiuk, MD, Louisville, KY

9:10 am  **The Impact of Muscle and Adipose Tissue on Long-term Survival in Patients with Stage I to III Colorectal Cancer**  
Jessica Hopkins, MD, Edmonton, Alberta, Canada

9:25 am  **Achieving a Complete Clinical Response After Neoadjuvant Chemoradiation That Does Not Require Surgical Resection: It May Take Longer Than You Think!**  
Rodrigo Oliva Perez, MD, PhD, São Paulo, Brazil

9:40 am  **Risk of Invasive Anal Cancer in HIV-Infected Patients with High-Grade Anal Dysplasia: A Population-Based Cohort Study**  
Keith Sigel, MD, New York, NY

9:55 am  **Prolonged Postoperative Ileus Significantly Increases the Cost of Inpatient Stay for Patients Undergoing Elective Colorectal Surgery: Results of a Multivariate Analysis of Prospective Data at a Single Institution**  
Ian Bissett MD, Auckland, New Zealand

10:10 am  **Does Coffee Intake Reduce Postoperative Ileus After Laparoscopic Elective Colorectal Surgery? A Prospective, Randomized Controlled Study: The Coffee Study**  
Antonio Nocito, MD, Zurich, Switzerland

10:30 am  **Adjourn**

10:30 – 10:45 am

Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!

10:45 – 11:30 am

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

CME Credit: .75  
CNE Credit Hours: .75  

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

11:30 am – 12:30 pm

Virtual Engagement Break, Join us at ASCRS Central in the Exhibit Hall!

Visit the exhibit hall and interact with exhibitors or drop by ASCRS Central to enjoy some fitness bytes! Don't forget to visit the Networking Lounge where you can chat with your colleagues.

Industry Representatives available for Live Chat: 11:30 am – 12:30 pm

**Industry Education Booth – Live Symposium**
- Ethicon Industry Education Symposium
- Natera

12:30 – 1:15 pm

PLENARY ABSTRACT SESSION VIII: Best of 2020 (II)

CME Credit: .75

12:30 pm  **Introduction**  
Scott Regenbogen, MD, MPH, Ann Arbor, MI  
Julia Saraidaridis, MD, Burlington, MA

**2020 Canadian Society of Colon & Rectal Surgeons Award**

WP10  **How Does Microsatellite Instability Affect Prognosis in Stage II Colon Cancer With High-Risk Features?**  
P.M. Cavallaro1, C. Stafford1, C.E. Cauley1, D. Berger1, L. Bordeianou1, H. Kunitake1, T. Francone1, R. Ricciardi1; 'Boston, MA
Wednesday, April 28, 2021

**Best of 2020 (II) continued**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:40 pm</td>
<td><strong>WP11</strong> High-Risk HPV Testing in Anal Pap Smear: Can It Optimize the Screening for Anal Cancer?</td>
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<td>C.M. Kimura*, C.R. Nahas¹, E. Vieira da Silva Filho¹, V. Lacerda Ribeiro¹, F. Ferraz de Paes Alcantara², A. Mendes Paiva¹, I. Cecconello¹, S.C. Nahas¹, Sào Paulo, São Paulo, Brazil</td>
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<td>12:47 pm</td>
<td><strong>WP12</strong> Incidence and Management of Anal Transitional Zone Neoplasia in Patients with Familial Adenomatous Polyposis</td>
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<td>C. Lee*, M. Kalady¹, M. Abbass¹, J. Church¹, Cleveland, OH</td>
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<td>12:54 pm</td>
<td><strong>WP13</strong> Financial and Occupational Impact of Low Anterior Resection Syndrome in Rectal Cancer Survivors</td>
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<td>R. Garfinkle¹*, A. Ky¹, A. Singh¹, N. Morin¹, G. Ghitulescu¹, J. Faria¹, C. Vasilevsky¹, M. Boutros¹, Montreal, QC, Canada</td>
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<td>1:01 pm</td>
<td><strong>WP14</strong> Quality of Life Assessment in Patients with Low Anterior Resection Syndrome after Transanal Irrigation</td>
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<td>B. Deoti¹, F. Rodrigues¹, K.C. Buzatti¹, R.G. Campanati¹*, M.M. Profeta da Luz¹, R. Gomes da Silva¹, A. Lacerda Filho¹, Belo Horizonte, Minas Gerais, Brazil</td>
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<td>1:08 pm</td>
<td><strong>WP15</strong> Perioperative Blood Transfusions are Associated with Worse Overall Survival but not Disease-Free Survival After Curative Rectal Cancer Resection: A Propensity Matched Analysis</td>
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<td>D. Hanna*¹, A.C. Gamboa², G. Balch³, S. Regenbogen², J. Holder-Murray⁴, S. Abdel-Misih⁵, M. Silviera⁶, A. Hawkins⁶, Nashville, TN, Atlanta, GA, Ann Arbor, MI, Pittsburgh, PA, Stony Brook, NY, St. Louis, MO</td>
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<td>1:15 pm</td>
<td>Adjourn</td>
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American Society of Colon & Rectal Surgeons

Anorectal Controversies continued

Co-Directors
Ariane Abcarian, MD, Chicago, IL
Lilian Chen, MD, MSEd, Boston, MA

Wednesday, April 28, 2021

12:30 pm Introduction
Ariane Abcarian, MD, Chicago, IL
Lilian Chen, MD, MSEd, Boston, MA

12:35 pm My Doctor Says I Have Hemorrhoids!
- Treatment of Grade 3 Hemorrhoids
Gifty Kwakye, MD, MPH, Ann Arbor, MI

12:50 pm Treatment of AIN3 – What are the Guidelines?
Terrah Paul Olson, MD, Atlanta, GA

1:05 pm The Use of Cutting Setons. Is the Old New Again?
Michael Valente, DO, Cleveland, OH

1:20 pm Surgical Management of Chronic Anal Fissures
Kellie L. Mathis, MD, Rochester, MN

1:35 pm Pilonidal Problems: Cystectomy or Flap?
Jeffrey Sternberg, MD, San Francisco, CA

1:50 pm Discussion

2:00 pm Adjourn

12:30 - 2:00 pm

SYMPOSIUM: Alternate Career Options: From Manhattan to Rural America

CME Credit Hours: 1.5
CNE Credit Hours: 1.5

Colorectal surgeons are scarce in smaller towns, in part because of perceived barriers to developing a successful CRS practice. Furthermore, there has been a free-fall of ASCRS members engaged in private practice, from an era of nearly 90% to < 50% of ASCRS membership. Establishing a CRS private practice or developing a colorectal surgical practice in a more rural, underserved area may be a viable career option and offer significant rewards for both the colorectal surgeon and the patients of the community they serve. Colorectal surgeons in these practices often accrue intangible benefits, such as heightened career satisfaction and enhanced enjoyment of life, and it may also be a hedge against career burn-out.

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

1. Recognize potential opportunities for establishing a CRS practice in an unexpected locale: rural/underserved area versus private practice in an intensely populated metropolis
2. Identify ways of overcoming the challenges of establishing a CRS practice in an unexpected locale: rural/underserved area versus private practice in an intensely populated metropolis
3. Explain the significant rewards, both tangible and intangible, of practicing CRS in an unexpected locale: rural/underserved area versus an intensely populated metropolis

Co-Directors
William Cirocco, MD, Phoenix, AZ
Lynda Dougherty, MD, Oakland, MD

12:30 pm Introduction
William Cirocco, MD, Phoenix, AZ
Lynda Dougherty, MD, Oakland, MD

12:35 pm Big (Surgical Specialist) Fish in a Little Pond
Michael Liu, MD, Cleveland, OH

12:45 pm Head for the Hills
Lynda Dougherty, MD, Oakland, MD

12:55 pm I'll Take Manhattan
T. Cristina Sardinha, MD, New Hyde Park, NY

1:05 pm Goodbye Yellow Brick Road
William Cirocco, MD, Phoenix, AZ

1:15 pm Panel Discussion

2:00 pm Adjourn
Wednesday, April 28, 2021

**2:00 – 2:45 pm**

**QUICK SHOTS: Best of 2020**

CME Credit: .75

2:00 pm **Introduction**
Nicole Saur, MD, Philadelphia, PA
Matthew Whealon, MD, Orange, CA

2:02 pm **QS190 CD4/CD8 Ratio as a Marker for Increased Risk of High-grade Anal Dysplasia and Anal Cancer in Veterans Living with HIV: A Regional Retrospective Cohort Study**
C.B. Geltzeiler*, Y. Xu, E. Carchman, E. Lawson, C. Heise, R. Striker, C. Voils; Madison, WI

2:07 pm **QS191 Short and Long-term Outcomes Following Surgical Resection of Presacral Tumors: A Single Center Series of 133 Patients**
R. Pride*, P. Davis, S. Kelley, K.L. Mathis, D. Larson, A. Merchea, E. Dozois; Carmel, IN, Rochester, MN

2:12 pm **QS192 Careful Examination of Venous Invasion and Subsequent Chemotherapy Improves Oncologic Outcomes in Stage IIA Colon Cancer: A Scenario of Venous Invasion-Chemotherapy-Survival**
H. Kim*, G. Choi, J. Park, S. Park, A. Seol, S. Cho; Daegu, Korea (the Republic of)

2:17 pm **QS193 Adding Narrow-Band Imaging to Chromoendoscopy for the Evaluation of Tumor Response to Neoadjuvant Therapy in Rectal Cancer**
T. Konishi*, M. Ishioka, A. Chino, S. Nagayama, T. Akiyoshi, T. Yamaguchi, T. Nagasaki, Y. Fukunaga, J. Fujiisaki; 1Houston, TX, 2Tokyo, Japan

2:22 pm **QS194 Hand-Sewn Versus Stapled Ileal Pouch Anal Anastomoses in Re-Do Setting: Indications, Patient Characteristics, Operative, Function, and Quality of Life Outcomes**

2:27 pm **QS197 Readiness of Graduating General Surgery Residents to Perform Colorectal Procedures**
J.V. Vu*, B.C. George, S.J. Rivard, M. Clark, S. Regenbogen, G. Kwakye; Ann Arbor, MI

2:32 pm **Discussion and Commentary**
Nicole Saur, MD, Philadelphia, PA
Matthew Whealon, MD, Orange, CA

2:37 pm **Adjourn**
Wednesday, April 28, 2021

2:00 – 3:15 pm

**Abstract Video Session**

CME Credit Hours: 1.25

2:00 pm  **Introduction**  
Brian Bello, MD, Washington, DC  
Todd Francone, MD, Newton, MA

2020 Barton Hoexter, MD Best Video Award

2:05 pm  **V1** Endorectal Mucosal Advancement Flap by Transanal Endoscopic Microsurgery  
J. Frezin*, P. Bouchard†, A. Bouchard†; Quebec, QC, Canada

2:12 pm  **V2** Laparoscopic Lateral Pelvic Lymph Node Dissection for Rectal Cancers – Key Anatomical and Technical Details!  
S. Patel*, V. Sukumar†, S.S. Bankar†, J. Rohila†, A.L. Desouza†, A. Saklani†; Mumbai, India

2:19 pm  **V3** Prostate Sparing Robotic Assisted LAR with Bilateral Removal of Seminal Vesicles  
C.J. Newton*, R. Essani†; Temple, TX

2:26 pm  **V4** The Robotic Natural Orifice IntraCorporeal Anastomosis with Extraction (NICE) Procedure: The NICE Procedure with Intracorporeal Handsewn Anastomosis  
E. Haas*, R.L. Saracho†, T. Reif de Paula†, M.S. Smith†, J. LeFave†; Houston, TX

2:33 pm  **V5** Trigone-Sparing Robotic Anterior Extramesorectal Excision (EME) in an Overweight Male  
S.J. Marecik**, D. Schlund†, J. Pearl†, C. Donahue†, K. Kocher†, J.J. Park†; Park Ridge, IL

2:40 pm  **V6** Robotic Transanal Minimally Invasive Surgery: Rectourethral Fistula Closure  
N. Naik*, A. Allawi†, K. Hebert†, B. Viers†, S. Kelley†, K.T. Behm†; Rochester, MN

2:47 pm  **V7** Technical Tips and Tricks of Colonic Interposition  
R.A. Malizia*, P. Lu†, J. Yoo†, N. Melnitchouk†, J. Irani†, J. Wang†, R. Bleday†, J. Wee†, J. Goldberg†; Medford, MA

2021 Barton Hoexter, MD Best Video Award

2:54 pm  **V8** Laparoscopic Ventral Mesh Rectopexy for Recurrent Rectal Prolapse  
G. Filosa*, G. Chitragari†, J. Ogilvie†; Grand Rapids, MI

3:01 pm  **V9** Modified Duhamel Procedure for Adult Hirschsprung’s Disease  
M.P. Villanueva*, M.S. Onglao†, M.J. Lopez†; Manila, Metro Manila, Philippines

3:08 pm  **V10** The Cleft Lift Procedure, a Rotation and Advancement Flap for Pilonidal Disease: The Pilonidal RAF Procedure  
J.A. Sternberg*†; San Francisco, CA

3:15 pm  Adjourn

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**Call for Abstracts**

Abstract Submission Site Opens: May 2021  
Abstract Submission Site Closes: October 17 11:59 pm Eastern Time