



78th Annual University of Minnesota

Principles of Colon & Rectal Surgery Course

OCTOBER 22 - 24, 2015

FINAL PROGRAM

HYATT REGENCY MINNEAPOLIS

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WELCOME

Dear friends and colleagues,

On behalf of the Division of Colon and Rectal Surgery at the University of Minnesota, it's our pleasure to welcome you to Minneapolis for our 78th annual Principles of Colon and Rectal Surgery course. We have assembled a diverse selection of topics and experts from around the nation and look forward to exploring the current state-of-the-art and emerging concepts of colorectal surgery over the next several days.

The field of colon and rectal surgery continues to evolve especially with regards to rectal cancer management, metastatic colon and rectal cancer management, pelvic floor evaluation and treatment, and the role of minimally invasive surgical techniques. Our goal is to educate colorectal surgeons, general surgeons, trainees and support staff on the ongoing controversies in our field and to provide an evidence-based approach to better serve patients. Emphasis will be placed on current and emerging concepts, technical innovations and practical management techniques.

Please take the opportunity to introduce yourself to any of our faculty, particularly if you have specific questions you would like to discuss.

Minneapolis is a vibrant city, and we hope you'll take the opportunity during your stay to sample some of our fine museums, theaters, music venues and restaurants. Our staff is available throughout the course to help provide suggestions and guidance.

Many thanks again for participating in this year's course. We are certain the experience will be both enjoyable and educational. Please feel free to speak with us directly if you have any questions or concerns whatsoever.

Sincerely yours,

Mark Sun, MD / Course Co-Director
Robert Madoff, MD / Course Co-Director

GUEST FACULTY

John Allen, MD, MBA, Clinical Chief of Digestive Diseases, Yale University School of Medicine, New Haven, CT

Nancy Baxter, MD, Chief, Department of General Surgery, Saint Michael's Hospital, Toronto, Ontario, Canada

James Church, MD, Staff Surgeon & Victor W. Fazio Chair of Colorectal Surgery, Cleveland Clinic Foundation, Cleveland, OH

Robert Cima, MD, Professor of Surgery, Mayo Clinic, Rochester, MN

David Etzioni, MD, Chair, Division of Colon/Rectal Surgery, Mayo Clinic Arizona, Associate Professor, Mayo Clinic College of Medicine, Phoenix, AZ

Scott Keeley, MD, Gastroenterologist, Minnesota Gastroenterology, Minneapolis, MN

Slawomir Marecik, MD, Associate Clinical Professor of Surgery, University of Illinois at Chicago - Advocate Lutheran General, Park Ridge, IL

Justin Maykel, MD, Chief, Division of Colon and Rectal Surgery, UMass Memorial Medical Center, Associate Professor of Surgery, University of Massachusetts Medical School, Worcester, MA

Robert McCabe, Jr, MD, Gastroenterologist, Minnesota Gastroenterology, Clinical Assistant Professor of Medicine, University of Minnesota, Minneapolis, MN

Jeffrey Morken, MD, Surgery - Colon and Rectal Clinics, Hennepin County Medical Center, Minneapolis, MN

John Pemberton, MD, Consultant, Colon and Rectal Surgery, Mayo Clinic, Professor of Surgery, Professor of Surgery, Rochester, MN

Dale Snover, MD, Pathologist, Fairview Southdale Hospital, Clinical Professor of Laboratory Medicine and Pathology, University of Minnesota Medical School, Edina, MN

Martin Weiser, MD, Attending Surgeon, Memorial Sloan Kettering Cancer Center, Professor of Surgery, Weill Cornell Medical College, Stuart HQ Quan Chair, Colorectal Surgery, Memorial Sloan Kettering Cancer Center, New York, NY

Richard Whelan, MD, Chief, Section of Colon and Rectal Surgery, Mount Sinai Roosevelt Hospital, Professor of Surgery, Icahn Mount Sinai School of Medicine, New York, NY

HOST FACULTY

Charles Finne, III, MD, Clinical Professor of Surgery, University of Minnesota Medical School

Wolfgang Gaertner, MD, MSc, Assistant Professor of Surgery, University of Minnesota

Brett Gemlo, MD, Clinical Associate Professor of Surgery, University of Minnesota

Stanley Goldberg, MD, Clinical Professor of Surgery, University of Minnesota

Sarah Grahn, MD, Clinical Assistant Professor, University of Minnesota

Edward Greeno, MD, Executive Medical Director, University of Minnesota Cancer Care, Professor, University of Minnesota

Christine Jensen, MD, MPH, Adjunct Assistant Professor, University of Minnesota

Mary Kwaan, MD, Assistant Professor of Surgery, University of Minnesota, Staff Surgeon, University of Minnesota Medical Center

Ann Lowry, MD, Clinical Professor of Surgery, University of Minnesota

Alice Lee, MD, Service Chief for Colon Rectal Surgery Division of General Surgery, Minneapolis VAHCS, Adjunct Assistant Professor, University of Minnesota

Genevieve Melton-Meaux, MD, PhD, Associate Professor, University of Minnesota

Marc Osborne, MD, Clinical Assistant Professor of Surgery, University of Minnesota

David Rothenberger, MD, Professor and Chairman, Department of Surgery and Jay Phillips Professor and Chairman, Department of Surgery, University of Minnesota

Bradford Sklow, MD, Clinical Associate Professor, University of Minnesota

Michael Spencer, MD, PhD, Clinical Associate Professor of Surgery, University of Minnesota

Amy Thorsen, MD, Adjunct Assistant Professor of Surgery, University of Minnesota

Judith Trudel, MD, MD, MSc, MHPE, Clinical Professor of Surgery, University of Minnesota

Byron Vaughn, MD, Assistant Professor, University of Minnesota

Sarah Vogler, MD, MBA, Assistant Professor of Surgery, University of Minnesota

James Williams, II, MD, Clinical Associate Professor, University of Minnesota

COURSE CO-DIRECTORS

Mark Sun, MD, Clinical Assistant Professor University of Minnesota

Robert Madoff, MD, Professor of Surgery; Chief, Division of Colon & Rectal Surgery; Department of Surgery, University of Minnesota

ACCREDITATION

The University of Minnesota is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Minnesota designates this live educational activity for a maximum of 19.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AUDIENCE

This annual conference and optional workshop is geared toward general surgeons, colon & rectal surgeons, gastroenterologists, nurses, nurse practitioners and physician assistants.

SELF-ASSESSMENT

This conference offers 1.75 self-assessment credits toward Part II of the American Board of Colon and Rectal Surgery Maintenance of Certification (MOC) Program. In order to claim the self-assessment credits, you must score 80% or higher on the post-test.

CONFERENCE LOCATION

Hyatt Regency Minneapolis

1300 Nicollet Mall, Minneapolis, MN 55403

(612) 370 1234

www.minneapolis.hyatt.com

FACULTY DISCLOSURE OF FINANCIAL RELATIONSHIPS

It is the policy of the University Of Minnesota Office Of Continuing Professional Development to ensure balance, independence, objectivity and scientific rigor in all of its sponsored educational activities. All individuals (including spouse/partner) who have influence over activity content are required to disclose to the learners any financial relationships with a commercial interest related to the subject matter of this activity. A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on, patients. Disclosure information is reviewed in advance in order to manage and resolve any possible conflicts of interest. Specific disclosure information for each presenter, activity director, and planning committee member will be shared with the learner prior to the presenter's presentation. Persons who fail to complete and sign this form in advance of the activity are not eligible to be involved in this activity.

John Allen, MD, MBA

AbbVie: Consultant; gMed: Consultant; Olympus: Consultant; pentax: Consultant

Nancy Baxter, MD

Indicated no financial interests or affiliations

James Church, MD

Exact Sciences: Speakers Bureau

Robert Cima, MD

Indicated no financial interests or affiliations

David Etzioni, MD

Indicated no financial interests or affiliations

Charles Finne, III, MD

Indicated no financial interests or affiliations

Wolfgang Gaertner, MD, MSc

Indicated no financial interests or affiliations

Stanley Goldberg, MD

Indicated no financial interests or affiliations

Sarah Grahn, MD

Indicated no financial interests or affiliations

Edward Greeno, MD

Indicated no financial interests or affiliations

Christine Jensen, MD, MPH

Indicated no financial interests or affiliations

Eric Jensen, MD

Indicated no financial interests or affiliations

Scott Keeley, MD

Indicated no financial interests or affiliations

Mary Kwaan, MD

Indicated no financial interests or affiliations

Alice Lee, MD

Indicated no financial interests or affiliations

Ann Lowry, MD

Indicated no financial interests or affiliations

Robert Madoff, MD

LifeBond Ltd: Data Safety Monitoring Board member; Tsumura USA: Consultant

Slawomir Marcik, MD

Medtronic / Covidien: Consultant

Justin Maykel, MD

Indicated no financial interests or affiliations

Robert McCabe, Jr, MD

Indicated no financial interests or affiliations

Genevieve Melton-Meaux, MD

St. Jude Medical: Spouse/Partner Employee

Jeffrey Morken, MD

Indicated no financial interests or affiliations

Marc Osborne, MD

Indicated no financial interests or affiliations

John Pemberton, MD

Indicated no financial interests or affiliations

David Rothenberger, MD

Indicated no financial interests or affiliations

Bradford Sklow, MD

Indicated no financial interests or affiliations

Dale Snover, MD

Indicated no financial interests or affiliations

Mark Sun, MD

Indicated no financial interests or affiliations

Amy Thorsen, MD

Medtronic Inc: Speakers Bureau, honoraria; Salix Pharmaceuticals: research grant (includes principal investigator), Consultant, honoraria; Tsumura USA: Research grant (includes principal investigator), Consultant, honoraria

Judith Trudel, MD, MD, MSc, MHPE

Indicated no financial interests or affiliations

Byron Vaughn, MD

Roche: Grant/Research Support

Sarah Vogler, MD, MBA

Indicated no financial interests or affiliations

Martin Weiser, MD

Indicated no financial interests or affiliations

Richard Whelan, MD

Ethicon Endosurgery: Working on Educational Materials regarding staplers in surgery; Olympus Corporation: Consultant, Grant/Research Support

James Williams, II, MD

Indicated no financial interests or affiliations

THURSDAY - OCTOBER 22

Pre-Course Workshop: Separate Registration Required

Cutting Edge Transanal Surgical Options Workshop

Workshop Director: Bradford Sklow, MD

Location: The lecture portion of the workshop will be in the Mirage Room (2nd floor). The hands-on portion of the workshop will be in Lake Superior A/B (5th floor).

This one-day workshop will provide you with a comprehensive understanding of the various techniques available for transanal excision of rectal tumors. It will consist of didactic lectures and hands-on training covering history and development, patient assessment, and surgical techniques for minimally invasive excision of rectal tumors.

FACULTY:

Wolfgang Gaertner, MD, MSc | Charles Finne, III, MD | Christine Jensen, MD, MPH | Marc Osborne, MD | Bradford Sklow, MD

ACCREDITATION:

The University of Minnesota is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Minnesota designates this live activity for a maximum of 3.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other Healthcare Professionals Statement

Other Healthcare Professionals who participate in this CPD activity may submit their Statements of Participation to their appropriate accrediting organizations or state boards for consideration of credit. The participant is responsible for determining whether this activity meets the requirements for acceptable continuing education.

7:00 - 7:30 am **Breakfast**

7:30 - 7:40 am **Welcome & Announcements**
Bradford Sklow, MD

7:40 - 7:55 am **Introduction to TEM: Instrumentation and Technique**
Bradford Sklow, MD

Upon completion of this session, participants should be better able to:

- Demonstrate proper positioning on the OR table for performing TEM
- Identify instrumentation used in TEM/TEO
- Demonstrate the basic technique of performing TEM

7:55 - 8:10 am **Introduction to TAMIS: Instrumentation and Technique**
Marc Osborne, MD

Upon completion of this session, participants should be better able to:

- Describe the basic components to TAMIS
- Describe the basic steps and technique to a TAMIS procedure

8:10 - 8:30 am **Suturing Techniques**
Charles Finne, III, MD

Upon completion of this session, participants should be better able to:

- Demonstrate improvement of suturing technique for wound closure with the TEM/TAMIS platforms
- Use interrupted sutures with the TEM/TAMIS platforms

8:30 - 8:45 am **Break**

8:45 - 9:00 am **TEM/TAMIS for Benign Disease**
Christine Jensen, MD, MPH

Upon completion of this session, participants should be better able to:

- Identify the relative outcomes of TEM, TAMIS and transanal excision
- Explain which situations may lend themselves to resection of benign disease through TEM, TAMIS and/or transanal excision

9:00 - 9:15 am **Local Excision For Cancer: Importance of Patient Selection**
Wolfgang Gaertner, MD, MSc

Upon completion of this session, participants should be better able to:

- Define the role and impact of local excision for early rectal cancer
- List and describe the indications for local excision based on histologic criteria and patient performance status

9:15 - 9:30 am **Videos: TEM/TAMIS Mishaps**
Bradford Sklow, MD

Upon completion of this section, participants should be better able to:

- Identify what can go wrong when performing TEM and provide a solution
- Explain the problem areas of instrument platform

9:30 am - 12:00 pm **Hands on Session**

12:00 - 12:45 pm **Lunch On Your Own**

THURSDAY - OCTOBER 22

78th Annual Principles of Colon & Rectal Surgery Course | Location: Nicollet Ballroom A-C (1st floor)

12:45 - 1:00 pm **Welcome & Announcements**

MIS I

MODERATOR: Marc Osborne, MD

1:00 - 1:15 pm **Robotic Colorectal Surgery: When & Why?**
Slawomir Marecik, MD

Upon completion of this session, participants should be better able to:

- Identify the procedures where robotic technology can offer advantage over conventional laparoscopy
- Recognize the potential of robotic technology
- Recognize how to use this technology in the smart way

1:15 - 1:30 pm **Hand Assisted Laparoscopic Surgery**
Richard Whelan, MD

Upon completion of this session, participants should be better able to:

- Discuss the indications and advantages of hand-assisted methods
- Describe the role that hand-assisted methods can play when straight laparoscopic methods prove insufficient (as a conversion strategy)
- Explain the published results regarding hand-assisted methods

1:30 - 1:45 pm **Single Site Laparoscopic Colectomy: Is There Still A Role?**
Justin Maykel, MD

Upon completion of this session, participants should be better able to:

- Describe the indications and contraindications for single site colorectal surgery
- Verbalize the critical technical steps for a successful surgery and summarize the specific devices that facilitate single site surgery
- Describe the challenges and limitations of single site surgery

1:45 - 2:00 pm **Teaching Robotics**
Slawomir Marecik, MD

Upon completion of this session, participants should be better able to:

- Describe the concept of macro- and micro-retraction
- Utilize simple and complex exercises in the dry lab
- Set up the robotic training curriculum

2:00 - 2:15 pm **Robotics In Colorectal Surgery: Worth The Price?**
Christine Jensen, MD, MPH

Upon completion of this session, participants should be better able to:

- Quantify the cost differences between robotic and laparoscopic colon and rectal resections
- Explain how the outcomes of robotic and laparoscopic colon and rectal resections compare
- Identify areas where the cost, outcomes and potential benefits of robotic colon and rectal surgery may change in the future

2:15 - 2:30 pm **Break: Exhibit Hall**

COLORECTAL CANCER I

MODERATOR: Christine Jensen, MD, MPH

2:30 - 2:45 pm **The Future Of Colorectal Cancer Screening**
John Allen, MD, MBA

Upon completion of this session, participants should be better able to:

- Differentiate effective colon cancer screening modalities
- Recognize the sensitivities and specificities of various screening modalities
- List the future colon cancer screening modalities that will affect their practices in the next 5 years

2:45 - 3:00 pm **Sessile Serrated Adenomas**
Dale Snover, MD

Upon completion of this session, participants should be better able to:

- Describe the role of serrated lesions in the development of colorectal carcinoma
- Develop an appropriate screening strategy for patients with various types of serrated colorectal polyps
- Discuss the techniques to minimize the risk of interval carcinoma development following screening colonoscopy

3:00 - 3:15 pm **Who Should Get Chemotherapy In Stage 2 Colon Cancer?**
Edward Greeno, MD

Upon completion of this session, participants should be better able to:

- Describe the criteria to determine the stage of colorectal cancer and the factors which predict outcomes for early stage disease
- Identify which stage II colorectal cancer patients should receive adjuvant chemotherapy

3:15 - 3:30 pm **Management Of Desmoids In Familial Adenomatous Polyposis**
James Church, MD

Upon completion of this session, participants should be better able to:

- Stage intra-abdominal desmoid tumors according to size and behavior
- Manage intra-abdominal desmoid reaction
- Decide how to manage desmoid complications such as obstruction and perforation

3:30 - 3:45 pm **Optimal Timing Of Surgery For Hepatic Metastases**
Eric Jensen, MD

Upon completion of this session, participants should be better able to:

- Describe survival outcomes after liver resection for metastatic colon and rectal cancers
- Describe options for timing of surgery and chemotherapy
- Understand appropriate use of synchronous versus staged surgical procedures for metastatic disease

THURSDAY - OCTOBER 22

3:45 - 4:00 pm **Unresectable Metastatic Disease: Should We Resect The Primary?**
Marc Osborne, MD

Upon completion of this session, participants should be better able to:

- Identify the risks and benefits to resection of a primary colorectal cancer in the setting of unresectable metastatic disease
- Describe the current literature to support when and when not to resect a primary colorectal cancer in the setting of unresectable metastatic disease

4:00 - 4:15 pm **Complete Mesocolic Excision**
Robert Madoff, MD

Upon completion of this session, participants should be better able to:

- Describe the development of complete mesocolic excision

- Discuss controversies in the use of complete mesocolic excision
- Apply the results of new research when recommending complete mesocolic excision to patients with locally advanced rectal cancer

4:15 - 4:30 pm **Break: Exhibit Hall**

4:30 - 5:00 pm **Bernstein Invited Lecture: Lymph Node Retrieval: Does It Matter**
Nancy Baxter, MD

Upon completion of this session, participants should be better able to:

- Discuss the importance of staging & lymph node number as a quality marker
- Identify lymph node number and survival (association vs causation)
- Describe and debate improvements in quality – do they result in improved patient outcomes?

FRIDAY - OCTOBER 23

6:30 - 7:30 am **Meet The Professor Breakfast: Anorectal Pearls (separate registration required)**
Stanley Goldberg, MD & Michael Spencer, MD, PhD
Location: Nicollet Ballroom D-1 (1st floor)

6:30 - 7:30 am **Meet The Professor Breakfast: Getting Started With Robotics (separate registration required)**
Slawomir Marecik, MD & Martin Weiser, MD
Location: Nicollet Ballroom D-2 (1st floor)

7:00 - 7:30 pm **Breakfast: Exhibit Hall**

IBD I
MODERATOR: Mary Kwaan, MD

7:30 - 7:45 am **Making Sense Of Biologic Therapy**
Scott Keeley, MD

Upon completion of this session, participants should be better able to:

- Outline the new biologic treatments available for Crohn's and ulcerative colitis
- Describe biologics and their role in the treatment of inflammatory bowel disease
- Describe the protocol for management of biologics before and after surgery for inflammatory bowel disease

7:45 - 8:00 am **Team Oriented Approach To Fulminant Ulcerative Colitis**
Byron Vaughn, MD

Upon completion of this session, participants should be better able to:

- Identify gaps in quality of care for hospitalized patients with ulcerative colitis
- Describe key decision points for hospitalized patients with ulcerative colitis
- Outline the expectations of the hospitalization for the patient

8:00 - 8:15 am **Endoscopic Management Of Dysplasia**
Robert McCabe, Jr, MD

Upon completion of this session, participants should be better able to:

- Describe the disadvantages of traditional random biopsy based colonoscopic dysplasia surveillance and describe the reported advantages of 'chromoendoscopy' based dysplasia surveillance with staining of the mucosa and selected biopsies
- Implement chromoendoscopy into their clinical practice
- Participate in the debate regarding surgical vs. endoscopic management of dysplasia in inflammatory bowel disease

COLORECTAL CANCER II
MODERATOR: Bradford Sklow, MD

8:15 - 8:30 am **Chemoradiation: Where Are We And Where Should We Be?**
David Etzioni, MD

Upon completion of this session, participants should be better able to:

- List major studies defining the usefulness of chemoradiation in the treatment of rectal cancer
- Describe the pros and cons of short course vs. long course radiation therapy
- Catalog the negative effects of pre- vs post-operative radiation therapy

FRIDAY - OCTOBER 23

8:30 - 8:45 am **Complete Response Surveillance**
Martin Weiser, MD

Upon completion of this session, participants should be better able to:

- Identify rectal cancer complete responders
- Describe surveillance programs for nonoperative management of rectal cancer
- Explain the patterns of tumor regrowth after nonoperative management of rectal cancer

8:45 - 9:00 am **Predictors Of Tumor Response After Neoadjuvant Chemoradiation**
Mary Kwaan, MD

Upon completion of this session, participants should be better able to:

- Enumerate the predictors of rectal cancer response to neoadjuvant treatment
- Describe the role of predicting response in rectal cancer management

9:00 - 9:15 am **Recurrent Rectal Cancer**
Martin Weiser, MD

Upon completion of this session, participants should be better able to:

- Identify risk factors for local recurrence following rectal cancer surgery
- Describe treatment options for locally recurrent rectal cancer
- Describe long term outcome following surgery for locally recurrent rectal cancer

9:15 - 10:15 am **Consultant's Corner: Colorectal Cancer**
Nancy Baxter, MD, James Church, MD, David Etzioni, MD, Robert Madoff, MD, Martin Weiser, MD

Upon completion of this session, participants should be better able to:

- Describe the use, risks, and benefits of local excision in rectal cancer treatment
- Describe the use, risks, and benefits of neoadjuvant therapy in rectal cancer treatment
- Explain the evidence base and use of complete mesocolic excision in colon cancer therapy

10:15 - 10:45 am **Break: Exhibit Hall**

BENIGN COLORECTAL DISEASE
MODERATOR: Sarah Grahn, MD

10:45 - 11:00 am **Screening Colonoscopy: When To Start And When To Stop**
Ann Lowry, MD

Upon completion of this session, participants should be better able to:

- Determine appropriate timing of initial colonoscopy and intervals for follow up for average risk patients
- Identify high risk groups whose initial colonoscopy should start before age 50
- Recognize the appropriate date for stopping screening colonoscopies

11:00 - 11:15 am **Prolonged DVT Prophylaxis: Who Needs It And What Should We Use?**
Bradford Sklow, MD

Upon completion of this session, participants should be better able to:

- Determine which patients need prolonged DVT prophylaxis following colorectal surgery
- Realize that 30% of patients develop a VTE post-discharge from the hospital
- Describe the fact that the risk of VTE is significant in cancer patients and IBD patients for up to 4 weeks post-operatively

11:15 - 11:30 am **Diverticulitis: When To Operate?**
David Etzioni, MD

Upon completion of this session, participants should be better able to:

- Characterize trends in patterns of treatment for diverticulitis
- Explain indications for urgent operation
- Recognize evidence regarding indications, thresholds for elective operation

11:30 - 11:45 am **Parastomal Hernia: Should We Be Using Prophylactic Mesh**
Wolfgang Gaertner, MD, MSc

Upon completion of this session, participants should be better able to:

- Identify the incidence and impact of parastomal hernia
- Explain the different operative treatment options for parastomal hernia
- Identify the role and impact of the use prophylactic placement of mesh during stoma formation

11:45 am - 12:00 pm **C. Difficile: Surgical Alternatives For Fulminant Colitis**
Nancy Baxter, MD

Upon completion of this session, participants should be better able to:

- Describe the pathology & epidemiology of C. Difficile and recognize patients at high risk of severe C Diff
- Discuss available medical & surgical management options
- Improve patient outcomes through earlier surgical intervention

12:00 - 12:30 pm **Frykman Invited Lecture: Hereditary Colorectal Cancer Syndromes: Recognition, Diagnosis, And Management In 2015**
James Church, MD

Upon completion of this session, participants should be better able to:

- Suspect hereditary colorectal cancer on the basis of symptoms and findings at colonoscopy
- Make appropriate referrals of suitable patients for counseling and testing
- Describe the syndromes of inherited colorectal cancer and the treatments for affected patients

12:30 - 1:30 pm **Lunch: Exhibit Hall**

MIS II: HOW I DO IT

MODERATOR: James Williams, II, MD

1:30 - 1:45 pm **Advanced Endoscopic Excisions: EMR and ESD**

Richard Whelan, MD

Upon completion of this session, participants should be better able to:

- Explain what ESD is and how it is performed
- Discuss the importance of submucosal injection of saline or other lifting solution in the performance of standard snare polypectomy, EMR, and ESD
- Describe the advanced endoscopic tools used for both ESD and EMR

1:45 - 2:00 pm **Transanal Minimally Invasive Surgery (TAMIS)**

Christine Jensen, MD, MPH

Upon completion of this session, participants should be better able to:

- Describe the key factors in patient selection for TAMIS procedures
- Identify the steps involved in a TAMIS procedure
- Discuss the outcomes of TAMIS relative to other techniques such as TEM and transanal excision

2:00 - 2:15 pm **Laparoscopic Sigmoidectomy: Medial-Lateral, Lateral-Medial, Hand Assisted**

Sarah Grahn, MD

Upon completion of this session, participants should be better able to:

- Explain the different approaches to sigmoid colectomy
- Identify the best approach for a given clinical scenario

2:15 - 2:30 pm **Laparoscopic Total Abdominal Colectomy**

Slawomir Marecik, MD

Upon completion of this session, participants should be better able to:

- Perform total colectomy for benign indications (e.g. fulminant colitis)
- Perform total colectomy for malignant disease (e.g. synchronous cancers)
- Navigate through the difficult situations

2:30 - 2:45 pm **Laparoscopic Low Anterior Resection/ Abdominoperineal Resection**

Richard Whelan, MD

Upon completion of this session, participants should be better able to:

- Describe how to optimally expose and retract the pelvic structures so as to perform a laparoscopic TME
- Obtain a logical approach to conversion to either a hand-assisted or hybrid (laparoscopic / open via infraumbilical laparotomy) if laparoscopic methods prove inadequate
- Discuss the published results of randomized trials regarding the short and long term outcome of Lap LAR and APR as regards rectal cancer

2:45 - 3:00 pm **Robotic Low Anterior Resection/ Abdominoperineal Resection**

Martin Weiser, MD

Upon completion of this session, participants should be better able to:

- Describe use of robotics in rectal cancer surgery
- Explain steps taken to utilize robotics in rectal cancer surgery
- Identify benefits of robotics in rectal cancer treatment

3:00 - 3:30 pm **Break: Exhibit Hall**

QUALITY

MODERATOR: Wolfgang Gaertner, MD, MSc

3:30 - 3:45 pm **Surgical Safety: Why Is This So Hard?**

David Rothenberger, MD

Upon completion of this session, participants should be better able to:

- Review the history of medical self-monitoring for outcomes and accountability
- Illustrate the complexities of meeting the current expectation to transparently manage serious reportable and preventable events
- Define the current methodologies and metrics that are in place to drive surgical quality and safety as well as the barriers to success in a complex clinical environment where the potential for error is high

3:45 - 4:00 pm **Surgical Safety Checklists: Do They Help?**

Nancy Baxter, MD

Upon completion of this session, participants should be better able to:

- Key principles of safety checklists
- Adoption of checklists in Ontario
- Patient outcomes after the introduction of the checklists

4:00 - 4:15 pm **Surgical Site Infections**

Mary Kwaan, MD

Upon completion of this session, participants should be better able to:

- Outline at least 3 interventions that can prevent surgical site infection
- Describe at least 3 risk factors for surgical site infection
- Describe treatment approaches to surgical site infection

4:15 - 4:30 pm **Enhanced Recovery Pathways**

Robert Cima, MD

Upon completion of this session, participants should be better able to:

- Describe the foundational principles of establishing a surgical enhanced recovery program
- Identify the interrelationship between the different domains of surgical care in a surgical enhanced recovery program
- Describe the importance of reducing process variation and element compliance in a surgical enhanced recovery program

4:30 - 4:45 pm **Improving Quality Through Process Change: Can It Be Done?**

Nancy Baxter, MD

Upon completion of this session, participants should be better able to:

- Understand surgical process improvement tools (SPITS)
- Understanding of clinical mapping, structure communication & error reduction instruments
- Enhancement of processes of care as a means of quality improvement

FRIDAY - OCTOBER 23

4:45 - 5:00 pm **Break**

5:00 - 5:30 pm **Goldberg Invited Lecture: Colorectal MIS Techniques in 2015 (Laparoscopic, Robotic, SILS, TEM, TAMIS, Bottoms Up, ES): Which Methods to Learn? Too Many Choices; Too Little Time**

Richard Whelan, MD

Upon completion of this session, participants should be better able to:

- Discuss the numerous rectal cancer treatment techniques that are now available (laparoscopic, robotic, "bottoms up" approach, watch and wait, TAMIS/TEM Local Excision)
- Describe the possible treatment options as well as the pros and cons of each method for failed "watch and wait" rectal cancer patients
- Share insights into the current clinical results as well as the benefits and pitfalls of robotic LAR/APR

SATURDAY - OCTOBER 24

7:30 - 8:30 am **Meet The Professor Breakfast: Anorectal Pearls (separate registration required)**

Brett Gemlo, MD & Stanley Goldberg, MD
Location: Nicollet Ballroom D-1 (1st floor)

7:30 - 8:30 am **Meet The Professor Breakfast: Managing The Difficult Polyp (separate registration required)**

James Church, MD & Richard Whelan, MD
Location: Nicollet Ballroom D-2 (1st floor)

8:00 - 8:30 am **Breakfast: Exhibit Hall**

9:00 - 9:15 am **LIFT: How I Do It**
Jeffrey Morken, MD

Upon completion of this session, participants should be better able to:

- Describe the indications for the LIFT procedure for anal fistula
- Explain the key steps in performing the LIFT procedure
- Describe the role of a preoperative seton in the LIFT procedure

9:15 - 9:30 am **Management Of Complex Anal Fistulas**
James Church, MD

Upon completion of this session, participants should be better able to:

- Diagnose and identify complex anal fistulas
- Decide on the most appropriate management strategy for anal fistula
- Explain the surgical techniques likely to lead to success

MOC CREDIT SESSIONS (1.75 CREDITS POSSIBLE)

8:30 - 8:45 am **Anal Dysplasia: Where Does High Resolution Anoscopy Fit In?**

Judith Trudel, MD, MD, MSc, MHPE

Upon completion of this session, participants should be better able to:

- Discuss the controversies surrounding surveillance for anal dysplasia
- List the current indications for HRA (high resolution anoscopy) in the evaluation/management of anal dysplasia

8:45 - 9:00 am **Endorectal Advancement Flap: How I Do It**
Ann Lowry, MD

Upon completion of this session, participants should be better able to:

- Identify patients for whom an endorectal advancement flap is appropriate
- Describe the techniques for an endorectal advancement flap
- Discuss the results of endorectal advancement flaps and risk factors for failure

9:30 - 9:45 am **What Is The Role Of Anorectal Physiology Testing?**
Sarah Vogler, MD, MBA

Upon completion of this session, participants should be better able to:

- Describe the different modalities used in anorectal physiology testing
- Explain the clinical utility of each testing modality
- Identify patients with pelvic floor disorders whose treatment will be determined or impacted by anorectal physiology testing

9:45 - 10:00 am **Fecal Incontinence: Sacral Nerve Stimulation, Sphincteroplasty, Injection Therapy**
Amy Thorsen, MD

Upon completion of this session, participants should be better able to:

- Describe the mechanisms of action of sacral neuromodulation in the therapy of fecal incontinence
- Identify which patients may best benefit from overlapping sphincteroplasty to treat fecal incontinence
- Describe the success rate of the use of injectables to treat fecal incontinence

MOC CREDIT SESSIONS Continued on page 11

SATURDAY - OCTOBER 24

10:00 - 10:15 am **Rectal Prolapse: What Is The Best Operation In 2015?**

Sarah Vogler, MD, MBA

Upon completion of this session, participants should be better able to:

- Describe the most commonly performed abdominal operations for the treatment of rectal prolapse
- Explain the complex interactions between the different pelvic compartments that contribute to pelvic organ prolapse and how to identify patients with multi-compartment prolapse
- Describe the steps involved in the ventral rectopexy operation and the current data supporting this repair

10:15 - 11:00 am **Consultant's Corner: Benign Anorectal Disease**

Moderator: Sarah Vogler, MD, MBA

Consultants: James Church, MD, Stanley

Goldberg, MD, Ann Lowry, MD, Amy

Thorsen, MD, Judith Trudel, MD, MD, MSc, MHPE

Upon completion of this session, participants should be better able to:

- Evaluate and care for common anorectal problems
- Manage acute perianal sepsis
- Describe the new operation for fistula-in-ano

11:00 - 11:30 am **Break: Exhibit Hall**

11:30 am - 12:00 pm **MCRF Invited Lecture: Measuring The Quality Of Surgical Care: Past, Present and Future**

David Etzioni, MD

- Upon completion of this session, participants should be better able to:
- Describe current sources of data used to measure/report quality
- Recognize the concept of "unaccounted risk"
- Review strengths and shortcomings of various approaches to measuring quality

12:00 - 1:00 pm **Lunch: Exhibit Hall**

IBD II

MODERATOR: Judith Trudel, MD, MSc, MHPE

1:00 - 1:15 pm **Pouch Complications: Strictures, Fistulas, Dysfunction...Oh My!**

John Pemberton, MD

Upon completion of this session, participants should be better able to:

- Describe the different scenarios which lead to the common complications after IPAA
- Describe and understand approaches to management of IPAA complications
- Enumerate the most frequent causes of pouch dysfunction and pouch loss
- Identify patients who should and should not be offered IPAA based on their probabilities for complications

1:15 - 1:30 pm **Re-Operative Surgery In Crohn's Disease**

Genevieve Melton-Meaux, MD

Upon completion of this session, participants should be better able to:

- Recognize the incidence of reoperative Crohn's Disease
- Define optimal preoperative preparation and evaluation in the setting of reoperative Crohn's disease
- Recognize intra-operative considerations for reoperative Crohn's disease

1:30 - 1:45 pm **Ileoanal Pouch In Crohn's Disease: Is It justified?**

James Church, MD

Upon completion of this session, participants should be better able to:

- Describe the subset of patient with Crohn's disease who will likely do well with an ileoanal pouch
- Explain the reasons that pouches fail in patients with Crohn's disease
- Choose the medical management for Crohn's disease in the ileoanal pouch

1:45 - 2:00 pm **Laparoscopic IPAA: Should We Do It?**

Justin Maykel, MD

Upon completion of this session, participants should be better able to:

- Describe the indications and contraindications for creation of an ileal pouch
- Verbalize the specific technical challenges associated with a laparoscopic approach to restorative proctocolectomy
- Describe the outcomes associated with IPAA, focusing on bowel function and quality of life

2:00 - 3:00 pm **Consultant's Corner: IBD**

James Church, MD, Justin Maykel, MD,

Genevieve Melton-Meaux, MD, John

Pemberton, MD, Robert Madoff, MD

Upon completion of this session, participants should be better able to:

- Describe the best practices for surgical management of patients with Crohn's disease
- Describe the balance between medical and surgical treatment of Crohn's disease

3:00 - 3:30 pm **Break: Exhibit Hall**

COLORECTAL CANCER III

MODERATOR: Genevieve Melton-Meaux, MD

3:30 - 3:45 pm **Local Excision Of Rectal Cancer: When And How**

Bradford Sklow, MD

Upon completion of this session, participants should be better able to:

- Describe the use, risks, and benefits of local excision in rectal cancer treatment
- Recognize when it's appropriate to use local excision when treating rectal cancer
- Discuss if one method of local excision is superior to another for rectal cancer

SATURDAY - OCTOBER 24

3:45 - 4:00 pm **Transanal Total Mesorectal Excision (taTME)**

Justin Maykel, MD

Upon completion of this session, participants should be better able to:

- Describe the indications and contraindications for taTME
- Describe the technical steps to successfully perform a taTME
- Describe the short term data in support of a taTME approach

4:00 - 4:15 pm **Low Anterior Resection Syndrome**

Alice Lee, MD

Upon completion of this session, participants should be better able to:

- Explain what low anterior resection syndrome is and identify and stratify patients with low anterior resection syndrome
- Discuss possible mechanisms of actions resulting in low anterior resection syndrome
- Describe different strategies and techniques to treat low anterior resection syndrome

4:15 - 4:30 pm **Optimal Technique For Abdominoperineal Resection**

David Etzioni, MD

Upon completion of this session, participants should be better able to:

- Compare and contrast prone vs. lithotomy positioning for distal rectal dissection
- Describe the technical aspects of laparoscopic approach to APR
- Review evidence regarding extended APR

4:30 - 4:45 pm **Closing The Perineal Wound: Mesh, Flap, Or Nothing?**

Mark Sun, MD

Upon completion of this session, participants should be better able to:

- Identify the problems surrounding primary closure of perineal wounds following abdominal-perineal resections
- Describe the current literature supporting various closure methods as well as their reported successes
- Identify those patients that may benefit from alternative closure methods

4:45 - 5:00 pm **Closing Remarks**