



Welcome

TO THE

*American Society of
Colon & Rectal Surgeons*

ANNUAL SCIENTIFIC MEETING

MAY 19–23, 2018

Nashville, Tennessee

MUSIC CITY CENTER

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The American Society of Colon and Rectal Surgeons recognizes the indispensable role that health care companies play in helping the Society maintain its focus on colorectal surgery and enhance the care its members provide to patients. ASCRS thanks the following companies for their generous support of this year's Annual Scientific Meeting.



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The presentations, slides and handouts provided in this program are the property of the American Society of Colon and Rectal Surgeons. Attendees may not reproduce any of the presentations without express written permission from ASCRS.

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Diseases of the Colon & Rectum

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For more information, please consult your doctor or for product quality and technical questions, call 1-800-795-0012.

For complete product information, including full steps for use, indications, contraindications, warnings and precautions, please see the Instructions for Use.

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EDUCATION INFORMATION

Annual Scientific Meeting Goals, Purpose and Learning Objectives

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

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

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

The purpose of all sessions is to improve the quality of care of patients with diseases of the colon and rectum.

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

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

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

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

Target Audience

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

Accreditation



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

Continuing Medical Education Credit

The American Society of Colon and Rectal Surgeons (ASCRS) designates this live activity for a maximum of 39.75 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. Attendees can earn 1 CME Credit hour for every 60 minutes of educational time.

Self-Assessment Credit

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

Method of Participation

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

ASCRS requests that attendees complete the online evaluations by August 31, 2018.

ASCRS Mission

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

Disclaimer

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

Disclosures and Conflicts of Interest

As required by the Accreditation Council for Continuing Medical Education (ACCME) and in accordance with the American Society of Colon and Rectal Surgeons policy, the ASCRS has identified and resolved conflicts of interest for all individuals responsible for the development, management, presentation or evaluation of content for this CME activity. Financial disclosures have been reviewed in advance to ensure any potential conflicts of interest are resolved. Disclosure in no way implies that the information presented is biased or of lesser quality; it is incumbent upon course participants to be aware of these factors in interpreting the program contents and evaluating recommendations.

Specific disclosure information is on pages 156-160 and also on the mobile app.

Educational Grant Commercial Supporters

This activity is supported by independent educational grants from:

- Applied Medical
- Aries Pharmaceuticals, Inc.
- Boston Scientific
- CONMED – Advanced Surgical
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This activity is also supported by the following companies through an independent educational grant consisting of loaned durable equipment and/or disposable supplies.

- Applied Medical
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- Aries Pharmaceuticals, Inc.
- Boston Scientific
- Carl Zeiss
- CONMED – Advanced Surgical
- Cook Medical
- CooperSurgical
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- Stryker
- THD America Inc.
- Zinnanti Surgical Design Group Inc.

Online Evaluation

ASCRS will again use a convenient online evaluation for the 2018 Annual Meeting. This system will allow you to complete evaluations online for all the certified CME sessions you attend.

Online access: <https://ascrs.pswebsurvey.com>

You will be asked to enter your **Last Name** and **ID Number** in order to complete the evaluations.

Your ID Number is located on your Registration Card and Badge.

Online evaluations are requested to be completed by **August 31, 2018**.



Scan the QR Code with your smartphone to access the evaluation site.

SELF-ASSESSMENT (MOC) CREDIT

Maintenance of Certification (MOC) Self-Assessment

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

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

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

Tests must be taken by **December 31, 2018**.

MAINTENANCE OF CERTIFICATION

The 2018 scientific offerings assist the physician with the six core competencies first adopted by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties. Attendees are encouraged to select areas of interest from the program which will enhance their knowledge and improve the quality of patient care.

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

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

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

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

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

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

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

Part I – Professional Standing (Every 3 years)

- A valid, full and unrestricted medical license.
- Hospital privileges in the specialty, if clinically active.
- Chief of Staff Evaluation – contact information for the chief of surgery and chair of credentials at the institution where most work is performed.

Part II – Lifelong Learning and Self-Assessment (Every 3 years)

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

Part III – Cognitive Expertise (Every 10 years)

- Successful completion of a secure recertification examination, which may be taken three years prior to certificate expiration. A full exam application is required. All MOC requirements must be fulfilled up to this point to apply.

Part IV – Evaluation of Performance in Practice (Every 3 years)

- Communications and interpersonal skills.
- Ongoing participation in a national, regional or local outcomes registry or quality assessment program (such as SCIP, ACS NSQIP®, SQIP or the ACS case log system).

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

GENERAL MEETING INFORMATION

Abstracts

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

Annual Meeting Mobile App

Download the FREE mobile app to maximize your time at the Annual Meeting. Easily view the schedule, exhibitors, speakers and more! This mobile app is available for all smartphones and tablet platforms – iPhone, Blackberry and Android.

Download the free ASCRS mobile app by scanning one of the two QR Codes below:

iPhone or iPad



<http://ativ.me/eoi>

Android



<http://ativ.me/eoi>

Badge Designations

- Blue Member/Fellow Physicians
- Purple Nonmember Physicians
- Green Nurses/Allied Health
- Lime Residents/CR Fellows
- Orange Non-Physicians
- Red Technical Exhibitors
- Teal Spouse/Companions
- Rust Press
- Fuchsia Staff
- Gray Meeting Technicians/Workers

Replacement badges – \$10.00 each

Capturing of NPI Numbers

As part of the health care reform legislation, the Physician Payment Sunshine Act requires medical device, biologic and drug companies to publicly disclose gifts and payments made to physicians.

To help our exhibitors and industry partners in fulfilling the mandatory reporting provisions of the Sunshine Act, ASCRS has requested U.S. health care provider attendees to supply their 10-digit NPI (National Provider Identifier) number when registering for the 2018 Annual Meeting. The NPI will be embedded in the bar code data on the attendee’s badge. Exhibitors can download the NPI information by scanning the badge through a lead retrieval system so that they can record and track any reportable transactions.

Child Care Services

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

Coat and Luggage Check

A complimentary coat and luggage check is located in the Registration Area (Level 2) of the Music City Center and will be available:

Tuesday 6:00 am – 6:00 pm

Wednesday 6:30 am – 4:00 pm

Complimentary Headshot Photos

ASCRS is offering its members the ability to have their complimentary headshot photo taken for placement on the “Find a Surgeon” search engine on the ASCRS website. White lab coats will be provided or you can be photographed in business attire. Visit **Booth 801** in the exhibit hall on Sunday, Monday and Tuesday during exhibit hours to have your professional photo taken.

E-poster Displays and Presentation

E-poster viewing stations are located in the Exhibit Hall and open during exhibit hours. All e-posters will be presented during scheduled breaks. See pages 113-150.

Authors of e-posters have been assigned a specific time to be at their designated monitor to answer attendee questions.

Exhibit Hall

More than 70 technical and scientific exhibitors will display their products and services in Exhibit Hall B (Level 3) throughout the convention. A complimentary box lunch will be available for attendees in the hall each day of the exhibits.

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

Exhibit hours:

Sunday 11:30 am – 4:30 pm

Monday 9:00 am – 4:30 pm

Tuesday 9:00 am – 2:00 pm

GENERAL MEETING INFORMATION

First Aid

A first aid office is located in Hall B (Level 3) in the Music City Center and is available during the following hours:

Saturday	8:00 am – 5:30 pm
Sunday	7:30 am – 6:00 pm
Monday	7:00 am – 6:00 pm
Tuesday	6:30 am – 8:30 pm
Wednesday	7:00 am – 12:30 pm

Index of Participants

The names of all program speakers, with page numbers to indicate their scheduled appearances, are listed on pages 161-163.

Music City Gala Tickets

Full-paying ASCRS Members/Fellows who requested a ticket for the Tuesday evening Music City Gala will receive a voucher as part of their registration material. **This voucher must be exchanged for a dinner ticket by noon, Monday.**

Nonmembers and others who wish to purchase tickets may do so at the ASCRS onsite Registration Desk. The cost is \$150 per ticket. Please do so as early as possible in order to meet the ticket exchange deadline.

Nashville Visitors Desk

A Nashville visitors desk is available to all attendees to make restaurant reservations, assist with city information and provide maps and brochures. This booth is located in the Registration Area (Level 2) of the Music City Center and will be available during the following hours:

Saturday	9:00 am – 5:00 pm
Sunday	9:00 am – 5:00 pm
Monday	9:00 am – 5:00 pm
Tuesday	9:00 am – 5:00 pm
Wednesday	9:00 am – 2:00 pm

Networking Goes Viral with #ASCRS18



Be a part of the Annual Meeting conversation! Use hashtag #ASCRS18 in your meeting related tweets and posts. Follow twitter.com/fascrs_updates or facebook.com/fascrs.

Exercise common sense. All users should exercise both common sense and courtesy in the messages they transmit on ASCRS Social Media and may not use ASCRS Social Media to transmit defamatory, obscene, and otherwise offensive communications, including, without limitation, any discriminatory statements regarding gender, race, religion, nationality, or sexual orientation. ASCRS Social Media is not to be used for posting commercial messages advertising or selling goods or services or for any illegal

purpose. You can read the entire Social Media policy on the ASCRS website.

New Members

New members of ASCRS will be identified by a special ribbon affixed to their name badges. We encourage you to introduce yourself and make our new members feel welcome.

Photography/Video Recordings

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

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



Polling

Select sessions will offer registrants the ability to participate in audience polls using the 2018 Annual Meeting mobile app. To participate, please download the app, ASCRS18 via Google Play or the Apple store. When polling begins, click on the session within the mobile app and scroll down until you find the polling link. Click on the link to answer the polling questions.

Registration Desk Hours

The ASCRS Registration Desk is located in the Registration Area (Level 2) of the Music City Center and will be open:

Saturday	6:30 am – 5:00 pm
Sunday	6:30 am – 6:00 pm
Monday	6:30 am – 4:30 pm
Tuesday	6:15 am – 4:00 pm
Wednesday	6:30 am – 3:00 pm

Social Events

ASCRS and the Research Foundation of the ASCRS invite you to attend the **Welcome Reception** on Sunday from 7:00 – 10:00 pm at the Country Music Hall of Fame and Museum. This event is complimentary to all registered attendees. See page 67 for more details.

The **ASCRS Music City Gala** is scheduled for Tuesday from 7:30 – 10:30 pm in the Broadway Ballroom at the Omni Nashville Hotel. There is no additional cost for a ticket for full-paying ASCRS Members and Fellows.

Nonmembers and others who wish to purchase tickets may do so at the ASCRS Registration Desk. The cost is \$150 per ticket. See page 99 for more details.

GENERAL MEETING INFORMATION

Speaker Ready Room

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

The Speaker Ready Room is located in Room 401 of the Music City Center and is available to all program participants. Speakers are requested to take advantage of this opportunity prior to their presentation to review their slides.

Friday 3:00 – 6:00 pm
Saturday 6:00 am – 6:30 pm
Sunday 6:30 am – 6:00 pm
Monday 6:30 am – 6:30 pm
Tuesday 6:00 am – 6:00 pm
Wednesday 6:30 am – 3:30 pm

Spouse/Companion Registration Options

If your spouse/companion is not yet registered for the meeting, we encourage them to register to be able to participate in the following events.

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

Package #1 (\$175) Includes:

- Welcome Reception*, 7:00 – 10:00 pm, Sunday
- Music City Gala*, 7:30 – 10:30 pm, Tuesday
- Admission* to the Exhibit Hall

Package #2 (\$75) Includes:

- Welcome Reception*, 7:00 – 10:00 pm, Sunday
- Admission* to the Exhibit Hall

Complimentary Wi-Fi Available

Free Wi-Fi is provided to all ASCRS attendees in the Music City Center. To access the free Wi-Fi simply:

- Open your wireless network connections
- Connect to the “ASCRS” wireless network

TAKE YOUR MEETING MOBILE

Target what you want to attend, learn and do at the ASCRS Annual Meeting with the ASCRS mobile app – the app is free and the options are endless!

View all the Annual Meeting info right at your fingertips:

- Schedule of events
- Polling on select sessions
- Exhibitor list and details
- Speakers, sponsors and more

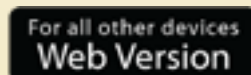
Download the free app today and maximize your time at the meeting.



<http://ativ.me/eoi>



<http://ativ.me/eoj>



<http://ativ.me/eok>





Be a Part of Mentor Match!

Mentor Match is a new program for ASCRS members that matches surgeons early in their careers with experienced colorectal surgeons to facilitate a professional relationship and to provide career guidance.

Be a **Mentor** to provide career guidance to someone in the early stages of their career.

Be a **Mentee** and learn from experienced professionals who can provide career advice.

How much time will it take? You determine the frequency of communications. You will be matched with someone with similar parameters.

Register to be a Mentor or Mentee today! Visit the ASCRS website at www.fascrs.org.



COMPLIMENTARY HEADSHOT PHOTOS FOR ASCRS MEMBERS

ASCRS is offering complimentary headshots for all members. Cherished Memories Photography will provide our members with classic headshots for use on their professional websites or social media sites. White lab coats will be provided on-site.



The Society will utilize these photographs to enhance the "Find a Surgeon" page on the ASCRS website. Members will receive electronic copies of their photographs after the Annual Meeting for their personal use.

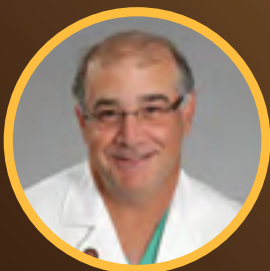
Visit booth #801 in the exhibit hall to have your photograph taken.

Hours are:

Sunday, May 20, 11:30 am – 4:30 pm

Monday, May 21, 9:00 am – 4:30 pm

Tuesday, May 22, 9:00 am – 2:00 pm



ANNUAL MEETING LECTURES

Leela M. Prasad Memorial Lecture

Sunday, May 20, 9:50 – 10:05 am

Room: Ballroom AB (Level 4)

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

Norman D. Nigro, MD, Research Lectureship

Sunday, May 20, 1:30 – 2:15 pm

Room: Ballroom AB (Level 4)

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

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

Harry E. Bacon, MD, Lectureship

Monday, May 21, 4:00 – 4:45 pm

Room: Ballroom AB (Level 4)

Dr. Harry Ellicott Bacon was Professor and Chairman of the Department of Proctology at Temple University Hospital. His stellar contribution was the establishment of the Journal, *Diseases of the Colon and Rectum*, of which he was the Editor-in-Chief. He was a past president of ASCRS and ABCRS. Dr. Bacon was the founder of the International Society of University Colon and Rectal Surgeons.

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

Parviz Kamangar Humanities in Surgery Lectureship

Tuesday, May 22, 7:30 – 8:15 am

Room: Ballroom AB (Level 4)

This unique lectureship is funded by Mr. Parviz Kamangar, a grateful patient, to remind physicians and surgeons to place compassionate care at the top of the list of priorities.

Memorial Lectureship Honoring Dr. Bertram Portin

Tuesday, May 22, 1:00 – 1:45 pm

Room: Ballroom AB (Level 4)

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

Ernestine Hambrick, MD, Lectureship

Wednesday, May 23, 10:45 – 11:30 am

Room: Ballroom AB (Level 4)

This lectureship honors Dr. Ernestine Hambrick for her dedication to patients with colon and rectal disorders, surgical students and trainees, and the community at large. The first woman to be board certified in colon and rectal surgery, Dr. Hambrick provided excellent care to patients and mentored numerous students, residents and young surgeons during her clinical practice.

Dr. Hambrick founded the STOP Foundation to promote screening and prevention of colon and rectal cancer. In addition, she has volunteered many hours working for ASCRS including serving as vice president.

Participate in Interactive Sessions!



Many sessions have live polling for lively, interactive discussion!

Interact with speakers in your sessions.

Download the Annual meeting mobile app to participate in session polling.



MASTERS IN COLORECTAL SURGERY

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

This year's Masters in Colorectal Surgery lectureship will take place on Tuesday, May 22, 10:45 – 11:30 am in Ballroom AB and will be presented by Peter Marcello, MD. Dr. Patricia L. Roberts will be honored.

2018



Patricia L. Roberts, MD

2017



David A. Rothenberger, MD

2016



Robert W. Beart, Jr., MD

2015



David J. Schoetz, Jr., MD

2014



Eugene P. Salvati, MD

2013



Victor W. Fazio, MD

2012



Herand Abcarian, MD

2011



Philip H. Gordon, MD

2010



Stanley M. Goldberg, MD

AWARDS

Regional Society Awards

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

Each recipient will be given a plaque and a \$500 award from the regional society sponsoring the award. Awards are given for the best basic science or clinical paper presented from the podium or as an e-poster.

- ❖ **The Canadian Society of Colon & Rectal Surgeons Award (Surgical Resident/Podium)**
- ❖ **The Chicago Society of Colon & Rectal Surgeons Durand Smith, MD, Award (Basic Science/Podium)**
- ❖ **The Midwest Society of Colon & Rectal Surgeons William C. Bernstein, MD, Award (Basic Science/E-poster)**
- ❖ **The New England Society of Colon & Rectal Surgeons Award (Clinical/Podium)**
- ❖ **The Ohio Valley Society of Colon & Rectal Surgeons Award (Clinical/Podium)**
- ❖ **The Pennsylvania Society of Colon & Rectal Surgeons Award (Clinical/E-poster)**
- ❖ **The Southern California Society of Colon & Rectal Surgeons Award (Clinical/E-poster)**

ASCRS Awards

- ❖ **Best Paper Award**
The recipient of this award will attend the Annual Meeting of the European Society of Coloproctology in Nice, France, September 26-28, 2018.
- ❖ **The ASCRS Barton Hoexter, MD, Best Video Award**
The recipient of this award presents his/her video during the Abstract Video Session on Wednesday, May 23rd.
- ❖ **Traveling Fellow**
The recipient of this award will attend the Annual Meeting of the Association of Coloproctology of Great Britain and Ireland in 2019.
- ❖ The ASCRS Public Relations Committee Chair will present the following awards during Sunday's Welcome and Opening Announcements:
 - **David Jagelman, MD, Award**
 - **Local Hero Award**

Call for Abstracts – 2019 ASCRS Annual Scientific Meeting

June 1-5, 2019

Cleveland Convention Center
Cleveland, Ohio

Online Submission Site Opens:

July 2018

Program Chair: Brian Kann, MD

Program Vice Chairs: Traci Hedrick, MD and M. Benjamin Hopkins, MD

NON-CME CORPORATE FORUM

Following the close of Monday's scientific session, all registrants are invited to attend the special Corporate Forum at the Omni Nashville Hotel.

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

Monday, May 21

6:30 – 8:00 pm

Legends Ballroom Salons E-G (2nd Floor)
Omni Nashville Hotel

Supported by Intuitive

Robotic and MIS Colorectal Surgery: Current Value and Future Opportunity

Presented by:

Steven Wexner, MD

Jamie Cannon, MD

Craig Johnson, MD

Please join us for an exciting evening of discussion on "Robotic and MIS Colorectal Surgery: Current Value and Future Opportunity". Dr. Steven Wexner, Dr. Jamie Cannon and Dr. Craig Johnson will review the clinical applications of MIS and Robotic da Vinci surgery in Colorectal Procedures and the opportunities for future advancements.

Also, visit Intuitive at **Booth #109**.

THANKS TO OUR CORPORATE SUPPORTERS

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

Applied Medical

Co-supporter of Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**...Monday's *Coffee and Controversies: Minimally Invasive Surgery*...Wednesday's *Coffee and Controversies: Minimally Invasive Surgery and Big Data vs. Social Media*...partial support of the Wednesday Symposium on *What's New in the Management of Rectal Cancer?*...in-kind support of the Saturday Workshop on *Advanced Robotics for the Practicing Surgeon**...and Saturday's Symposium and Workshop on *Advanced Methods for the Management of Rectal Prolapse**.

Apollo Endosurgery, Inc.

In-kind support of Sunday's Symposium and Workshop on *Advanced Endoscopy**.

Aries Pharmaceuticals, Inc.

Co-supporter of Sunday's Symposium and Workshop on *Advanced Endoscopy**.

Boston Scientific

Supporter of a Product Theater**...co-supporter of Sunday's Symposium and Workshop on *Advanced Endoscopy**...and Monday's Symposium on *New Technologies***.

Briteseed

Co-supporter of Monday's Symposium on *New Technologies***.

Carl Zeiss

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

Clinical Genomics

Supporter of a Product Theater**.

CONMED – Advanced Surgical

Co-supporter of Saturday's Workshop on *Advanced Robotics for the Practicing Surgeon **...Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**...Monday's Symposium on *New Technologies***...and in-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**.

Cook Medical

Co-supporter of the Saturday Symposium and Workshop on *Advanced Methods for the Management of Rectal Prolapse**...and Sunday's Symposium and Workshop on *Advanced Endoscopy**.

CooperSurgical

Partial support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know**...and in-kind support of Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**.

Erbe USA

In-kind support of Sunday's Symposium and Workshop on *Advanced Endoscopy**.

International Continence Society (ICS)

Supporter of a promotional e-Blast**.

Intuitive

Supporter of a Non-CME Corporate Forum**...co-supporter of the Saturday Workshop on *Advanced Robotics for the Practicing Surgeon**...Monday's Symposium on *New Technologies***...partial support of Sunday's Symposium on *Robotic Colon and Rectal Surgery: Tips and Tricks*...and in-kind support of the Saturday Symposium and Workshop on *Advanced Methods for the Management of Rectal Prolapse**.

Johnson & Johnson Medical Devices Companies (Ethicon)

Supporter of Tuesday's Women in Colorectal Surgery Luncheon...signage in the convention center**...advertisements in the Convention Program Guide**...co-supporter of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)**...Saturday's Symposium and Workshop on *Advanced Methods for the Management of Rectal Prolapse**...Monday's *Coffee and Controversies: Minimally Invasive Surgery*...partial support of Sunday's Symposium on *Enhanced Recovery Protocols and Pathways for Colectomy and Beyond: Involving Your Allied Health and Other Health Professionals*...Monday's Symposium on *Your Day Just Got Complicated: Management of Intra-operative Consults and Postoperative Complications*...Wednesday's Symposium on *Translating Outcomes Data into Meaningful*

Continued next page

*In-kind support
**Promotional support

THANKS TO OUR CORPORATE SUPPORTERS

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

Johnson & Johnson Medical Devices Companies (Ethicon) *(continued)*

Practice Change...Wednesday's Symposium on The Future of Surgical Practice: How Will Changes in the Rules Affect You?...and Wednesday's Symposium on When the Dust Settles – Reconstruction After Leaks, Fistulas and Abdominal Wall Defects.

KARL STORZ Endoscopy-America, Inc.

Co-supporter of Saturday's Workshop on *Transanal Total Mesorectal Excision (taTME)**.

KCI, an Acelity Company

Supporter of an educational grant...Smartphone Charging Stations**...an advertisement in the Convention Program Guide**...and a promotional e-Blast**.

Lumendi LLC

Co-supporter of Sunday's Symposium and Workshop on *Advanced Endoscopy**.

Medrobotics, Inc.

Co-supporter of Saturday's Workshop on *Advanced Robotics for the Practicing Surgeon**...and Monday's Symposium on *New Technologies***.

Medtronic

Supporter of the Badge Lanyards**...Hotel Key Card**... Escalator Clings**...banner in the convention center**... co-supporter of the Saturday Symposium and Workshop on *Advanced Methods for the Management of Rectal Prolapse*... Saturday's Workshop on Transanal Total Mesorectal Excision (taTME)*...partial support of Wednesday's Symposium on Are There Solid Options for Fecal Incontinence?...and in-kind support of Saturday's Workshop on Advanced Robotics for the Practicing Surgeon*.*

Olympus America Inc.

Supporter of the Tuesday ASCRS Fellowship Reception... co-supporter of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)*...Saturday's Symposium and Workshop on Advanced Methods for the Management of Rectal Prolapse*...and the Sunday Symposium and Workshop on Advanced Endoscopy*.*

Ovesco Endoscopy

In-kind support of Sunday's Symposium and Workshop on *Advanced Endoscopy*.*

Redfield Corporation

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know*.*

Seger Surgical Solutions Ltd.

Co-supporter of Monday's Symposium on *New Technologies**.*

Seiler Instrument

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know*.*

Stryker

Co-supporter of the Saturday Workshop on *Transanal Total Mesorectal Excision (taTME)*.*

THD America Inc.

Supporter of a Product Theater**...and co-supporter of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know*.*

Zinnanti Surgical Design Group Inc.

In-kind support of Saturday's Workshop on *AIN and HRA: What the Colorectal Surgeon Needs to Know*.*

*In-kind support

**Promotional support

ON-GOING VIDEO DISPLAY

The following videos will be available for viewing in **Room 208** (Music City Center), Sunday through Wednesday.

STATION 1

Anorectal/Miscellaneous Diseases

- VR1** **Next Generation eTAMIS: Endoscopic Mediated TransAnal Minimally Invasive Surgery**
S. Sharma¹, K. Momose¹, J.W. Milsom¹; ¹New York, NY
- VR2** **Transanal Endoscopic Microsurgery: Special Techniques Lessons Learned From the Minnesota Experience**
C.O. Finne¹, S.J. Ivatury²; ¹Minneapolis, MN;
²Lebanon, NH
- VR3** **Anal Sphincter Reconstruction With Gracilis Muscle Flap**
R. Kumar¹, S. Wexner¹, L. Force¹, V.W. Hui¹; ¹Weston, FL
- VR4** **XenoLIFT: Ligation of Intersphincteric Fistula Tract With Porcine Xenograft Interposition**
M.E. Dolberg¹; ¹Pembroke Pines, FL
- VR5** **Laparoscopic Repair of a Ureteral Injury During Sigmoid Colectomy**
C.M. Chisholm¹, H.J. Lujan¹, G. Plasencia¹, V. Maciel¹; ¹Miami, FL
- VR6** **A Robotic Anterior Approach for a Presacral Tumor**
C.J. LaRocca¹, O.S. Eng¹, V. Trisal¹, K. Melstrom¹; ¹Duarte, CA
- VR7** **Trans-Inguinal Total Abdominal Colectomy & Inguinal Hernia Repair for Massive Inguinoscrotal Hernia**
J. Otero¹, M.R. Arnold¹, B. Heniford¹, B.R. Davis¹; ¹Charlotte, NC
- VR8** **Transanal Minimally Invasive Surgery for the Extraction of a Rectal Foreign Body**
M.T. Ganyo¹, M.J. Tomassi¹, D. Klaristenfeld¹; ¹San Diego, CA

STATION 2

Colon Cancer

- VR9** **Laparoscopic Completion Colectomy, Liver Metastectomy, Pelvic Peritonectomy, and Hyperthermic Intraperitoneal Chemotherapy for Metastatic Colon Cancer**
A. Lee¹, Y. Altinel¹, A. Petrucci¹, C. Simpfendorfer¹, S. Wexner¹; ¹Weston, FL
- VR10** **Robotic Rectosigmoid Resection With Single-Dock Intracorporeal Anastomosis**
C. Hsieh¹, A.M. Kaiser¹; ¹Los Angeles, CA
- VR11** **Standardized Totally Robotic Complete Mesocolic Excision for Right Sided Colon Cancer**
I.A. Bilgin¹, T.K. Yozgatli¹, E. Aytac¹, V. Ozben¹, I. Erenler Bayraktar¹, B. Baca¹, I. Hamzaoglu¹, T. Karahasanoglu¹; ¹Istanbul, Turkey
- VR12** **Endoscopically Guided Laparoscopic Partial Cecectomy for Management of Benign Cecal Polyps**
E. Noren¹, K. Cologne¹, S. Lee¹; ¹Los Angeles, CA
- VR13** **A Personal Technique of Hand-assisted Laparoscopic-robotic Hybrid Total Proctocolectomy With Ileal Pouch-anal Anastomosis**
L. Morelli¹, M. Palmeri¹, N. Furbetta¹, G. Di Franco¹, M. Bianchini¹, D. Gianardi¹, S. Guadagni¹, G. Di Candio¹; ¹Pisa, Italy
- VR14** **Robot-assisted Laparoscopic Single Port Right Colectomy: A Case Report**
B. Leung¹, R. Abdelmalak¹, M. Tirabassi¹, Z. Kutayli¹; ¹Enfield, CT
- VR15** **Techniques and Feasibility of the Laparoscopic Radical Extended Right Hemicolectomy With Caudal-toto-Cranial Approach Combined Resection of the Para SMA Lymph Nodes**
D.C. Diao¹; ¹GuangZhou, Guangdong, China
- VR16** **Laparoscopic Right Hemicolectomy With Transvaginal Specimen Extraction**
G. Wang¹; ¹Harbin, China

ON-GOING VIDEO DISPLAY

The following videos will be available for viewing in **Room 208** (Music City Center), Sunday through Wednesday.

STATION 3

Inflammatory Bowel Disease/Miscellaneous

- VR17 Derotation of the Right Colon (Deloyers' Procedure) for Colonic Inertia**
N.E. Wiegard¹, H. Vargas¹; ¹New Orleans, LA
- VR18 Immunofluorescence in Robotic Colon and Rectal Surgery**
K. Wirth¹, Y. Moklyak¹, W.B. Gaertner¹;
¹Minneapolis, MN
- VR19 Robotic Excision of Levator Ani Angiomyxoma**
M. Lin¹, B. Smith², J. Franko², S. Raman²; ¹Flushing, NY; ²Des Moines, IA
- VR20 Robotic Ileocolic Resection With Intracorporeal Anastomosis for Complex Crohn's Disease**
H. Aydinli¹, M. Bernstein¹, A. Grucela¹; ¹New York, NY
- VR21 Anastomotic Techniques in Transanal Ileal Pouch-anal Anastomosis**
A. Truong¹, P. Fleshner¹, K.N. Zaghiyan¹;
¹Los Angeles, CA
- VR22 Double Balloon Hybrid EMR Outcomes Compared to Conventional Method**
S. Sharma¹, K. Momose¹, J.W. Milsom¹; ¹New York, NY
- VR23 Subserosal and Intramuscular Lifts During EMR and ESD: Do They Occur?**
J. Sandhu¹, C. Winkler², X. Yan², E. Pettke², V. Cekic², H.S. Kumara², R. Whelan²; ¹New York, NY; ²Bronx, NY
- VR24 Approach to Laparoscopic Total Abdominal Colectomy for Ulcerative Colitis in a Patient With a Rotational Anomaly**
E. Huang¹, R. Smith¹, K. Umanskiy¹, N. Hyman¹, L.M. Cannon¹; ¹Chicago, IL

STATION 4

Pelvic Floor

- VR25 Composite Graft (Antropylic/Gluteus Maximus) Graft for Total Neoanal Reconstruction: A Viable Option**
A. Chandra¹, S. Kumar¹, N. Chopra¹, P. Joshi¹, V. Gupta¹, P. Kumar G¹, A. Dangi¹; ¹Lucknow, Uttar Pradesh, India
- VR26 A Complex Case of Combined Penetrating Pelvic Floor-Anorectal Trauma**
N. Wong-Chong¹, J.K. Chau¹, N. Alhassan¹, P. Fata¹, L. Lee¹; ¹Montreal, QC, Canada
- VR27 Perineal Hernia Repair With Mesh Following Robotic APR**
I. Sapci¹, J. Tiernan¹, E. Gorgun¹; ¹Cleveland, OH
- VR28 A New Approach for Perineal Reconstruction After Abdominal Perineal Resection – Laparoscopic Vertical Rectus Myofascial Flap**
Y.W. Chang¹, J.Y. Liau¹, M. Jax¹, S.J. Beck¹;
¹Lexington, KY
- VR29 Colovaginoplasty: Minimally Invasive Single Port Technique With Fluorescence Imaging**
E. Haas¹, A. Gonzalez-Almada¹, S.H. Ibarra¹, N. Stephens¹, T. Dinh¹; ¹Houston, TX
- VR30 Minimally Invasive Resection of Sigmoid Intussusception in Adults**
A. Gonzalez-Almada¹, S.H. Ibarra¹, A. Godshalk-Ruggles¹, B.L. Johnson¹, E. Haas¹; ¹Houston, TX
- VR31 Robotic-assisted Transanal Minimally Invasive Surgery for Repair of Rectovaginal Fistula With Biologic Membrane Interposition**
A. Althoff¹, J. Kelly¹, S. Atallah¹; ¹Orlando, FL
- VR32 Levator Ani Syndrome: Transperineal Botox Injections**
V. Bolshinsky¹, T. Hull¹, M. Zutshi¹; ¹Cleveland, OH

ON-GOING VIDEO DISPLAY

The following videos will be available for viewing in **Room 208** (Music City Center), Sunday through Wednesday.

STATION 5 **Rectal Cancer**

- VR33 Robotic Pelvic Lymph Node Dissection**
A. Ahmad¹, J. Khan¹; ¹Portsmouth, United Kingdom
- VR34 Cross Specialty Instrument Utilization for Rectal Cancer in the Female Pelvis**
A.A. Castelli¹, J. Estrada¹, J.P. Kaminski¹; ¹Chicago, IL
- VR35 Transanal Total Mesorectal Excision With Primary Turnbull Cutait Delayed Coloanal Anastomosis**
N. Alhassan¹, N. Wong-Chong¹, S. Lachance¹, B. Stein¹, L. Lee¹, S. Liberman¹; ¹Montreal, QC, Canada
- VR36 Autonomic Nerve Structures Above the Promontory During Robotic Anterior Resection**
S.J. Marecik¹, E. Arcila², S. Bibi Aziz¹, K. Kochar¹, J. Park¹; ¹Park Ridge, IL; ²Chicago, IL
- VR37 Autonomic Nerve Structures Below the Promontory During Robotic Low Anterior Resection**
S.J. Marecik¹, J. Melich¹, A. Abcarian², K. Kochar¹, J. Park¹; ¹Park Ridge, IL; ²Chicago, IL
- VR38 Simultaneous Transanal/Robotic APR in the Non-compliant Patient**
K.T. Onofrey¹, A. Giovannetti¹, J.P. Kaminski¹, J. Estrada¹; ¹Elmwood Park, IL
- VR39 Robotic Abdominoperineal Resection With en Bloc Prostatectomy**
M.T. Scott¹, O. Zumba¹, P. Modi¹, S. Elsamra¹, N. Maloney Patel¹; ¹New Brunswick, NJ
- VR40 Laparoscopic Specimen-oriented Abdominoperineal Resection of a Lower Rectal Tumor**
M. Hamada¹; ¹Hirakata, Japan

DAILY SCHEDULE

All programs are held in the Music City Center unless otherwise noted.

HOURS		ROOM
Saturday, May 19		
6:00 am – 6:30 pm	Speaker Ready Room	401
6:30 am – 5:00 pm	Registration for ASCRS Annual Meeting	Level 2 Registration Area
7:00 am – noon	Advanced Robotics for the Practicing Surgeon Workshop.....	205
7:00 am – 2:00 pm	Executive Council Meeting	Bass (4th Floor – Omni)
7:30 – 11:15 am	AIN and HRA: What the Colorectal Surgeon Needs to Know Workshop.....	209A
7:30 am – noon	Transanal Total Mesorectal Excision (taTME) Didactic Session	Davidson Ballroom Salon A (Level 1M)
7:30 am – noon	Advanced Methods for the Management of Rectal Prolapse Didactic Session	Davidson Ballroom Salon B (Level 1M)
9:30 – 11:30 am	<i>Symposium:</i> Health Care Policy	Davidson Ballroom Salon C (Level 1M)
9:50 – 10:00 am	Advanced Methods for the Management of Rectal Prolapse Refreshment Break	Davidson Ballroom Foyer (Level 1M)
9:50 – 10:00 am	AIN and HRA Refreshment Break	209 Foyer
10:00 – 11:30 am	<i>Symposium:</i> Critical Review of Scientific Manuscripts: A How-to Guide	208
10:15 – 10:25 am	Transanal Total Mesorectal Excision (taTME) Refreshment Break	Davidson Ballroom Foyer (Level 1M)
11:15 am – 12:45 pm	AIN and HRA: Group 1	209A
11:15 am – 12:45 pm	AIN and HRA: Group 2	209C
11:15 am – 12:45 pm	AIN and HRA: Group 3	209B
Noon – 1:00 pm	taTME Luncheon (lab registrants only).....	204
Noon – 1:00 pm	Advanced Methods for the Management of Rectal Prolapse Luncheon (lab registrants only)	204
12:30 – 5:30 pm	Young Surgeons Mock Orals & More	207CD
1:00 – 2:00 pm	AIN and HRA Lunch with Panel Discussion & Questions.....	209A
1:00 – 3:00 pm	<i>Symposium:</i> Leadership	Davidson Ballroom Salon A (Level 1M)
1:00 – 4:00 pm	Question Writing: Do You Know How to Write the Perfect Exam Question? Workshop.....	208
1:00 – 4:30 pm	Advanced Methods for the Management of Rectal Prolapse Hands-on Workshop for Lab Registrants	205
1:00 – 4:30 pm	taTME Hands-on Workshop for Lab Registrants.....	202
2:00 – 3:30 pm	AIN and HRA: Group 1	209C
2:00 – 3:30 pm	AIN and HRA: Group 2	209A
2:00 – 3:30 pm	AIN and HRA: Group 3	209B
2:30 – 3:00 pm	AIN and HRA Refreshment Break	209 Foyer
2:50 – 3:00 pm	Question Writing Refreshment Break	208 Foyer
3:00 – 3:10 pm	Young Surgeons Mock Orals & More Refreshment Break.....	207 Foyer
3:00 – 6:00 pm	Research Foundation Research Committee	204
3:30 – 4:30 pm	AIN and HRA: What the Colorectal Surgeon Needs to Know Workshop.....	209A
6:00 – 9:00 pm	Young Surgeons Reception	Off-Site (Martin's BBQ)

DAILY SCHEDULE

All programs are held in the Music City Center unless otherwise noted.

HOURS

ROOM

Sunday, May 20

6:30 am – 6:00 pm	Registration.....	Level 2 Registration Area
6:30 am – 6:00 pm	Speaker Ready Room	401
6:30 am – 6:00 pm	On-Going Video Display.....	208
7:00 – 9:00 am	Research Foundation Board of Trustees Meeting	Bass (4th Floor – Omni)
7:30 – 9:15 am	Advanced Endoscopy Symposium Didactic Session.....	Davidson Ballroom Salon A (Level 1M)
7:30 – 9:30 am	Core Subject Update.....	Ballroom AB (Level 4)
7:30 – 9:30 am	<i>Symposium: Contemporary Management of Lower GI Bleeding</i>	Ballroom C (Level 4)
9:00 – 10:00 am	International Committee	204
9:30 – 9:45 am	Refreshment Break in Foyer	Ballroom AB & Ballroom C Foyer (Level 4)
9:30 – 10:15 am	<i>DC&R Co-editors Meeting</i>	206
9:30 – 11:30 am	Advanced Endoscopy Hands-on Workshop for Lab Registrants	202
9:45 – 11:45 am	<i>Symposium: When You Hear Hoofbeats, Think Zebras...</i> Uncommon/Atypical Colorectal Conditions.....	Ballroom C (Level 4)
9:45 – 11:45 am	<i>Symposium: Robotic Colon and Rectal Surgery: Tips and Tricks</i>	Ballroom AB (Level 4)
10:00 am – noon	Pelvic Floor Disorders Consortium Inaugural Meeting.....	209C
10:15 – 10:45 am	<i>DC&R Section Editors Meeting</i>	206
11:00 am – 12:45 pm	<i>DC&R Editorial Board Meeting</i>	207A
11:30 am – 12:30 pm	Rectal Cancer Coordinating Committee	205B
11:30 am – 4:30 pm	Exhibit Hours	Hall B (Level 3)
11:45 am – 12:45 pm	Complimentary Box Lunch in Exhibit Hall	Hall B (Level 3)
11:45 am – 12:45 pm	Awards Committee	209B
12:45 – 1:30 pm	Welcome and Opening Announcements	Ballroom AB (Level 4)
1:30 – 2:15 pm	Norman D. Nigro, MD, Research Lectureship.....	Ballroom AB (Level 4)
2:00 – 3:00 pm	<i>DC&R Selected Abstracts Team</i>	206
2:15 – 3:45 pm	<i>Abstract Session: Neoplasia I</i>	Davidson Ballroom Salon A (Level 1M)
2:15 – 3:45 pm	<i>Symposium: Anal and Rectovaginal Fistula Management</i> From Simple to Complex.....	Ballroom C (Level 4)
2:15 – 3:45 pm	<i>Symposium: Complex Cases – I Need Help! Plastic Surgery</i> for the Colorectal Surgeon	Ballroom AB (Level 4)
2:30 – 3:30 pm	Self-Assessment Committee.....	205A
3:00 – 4:00 pm	Social Media Committee	204
3:45 – 4:15 pm	Refreshment Break in Exhibit Hall	Hall B (Level 3)
3:45 – 4:45 pm	Membership Committee	207B
4:00 – 5:00 pm	Healthcare Economics Committee.....	205B
4:15 – 5:45 pm	<i>Abstract Session: Benign Disease</i>	Ballroom C (Level 4)
4:15 – 5:45 pm	<i>Symposium: Enhanced Recovery Protocols and Pathways for Colectomy</i> and Beyond: Involving Your Allied Health and Other Health Professionals.....	Ballroom AB (Level 4)
5:00 – 6:00 pm	Regional Society Committee	205C

Continued next page

DAILY SCHEDULE

All programs are held in the Music City Center unless otherwise noted.

HOURS		ROOM
Sunday, May 20 (continued)		
5:45 – 6:45 pm	Awards Committee	209B
6:00 – 7:00 pm	Allied Health Meet & Greet.....	Cumberland 1 (3rd Floor – Omni)
7:00 – 10:00 pm	Welcome Reception.....	Off-Site (Country Music Hall of Fame)
Monday, May 21		
6:00 – 8:00 am	Crohn's and Colitis Foundation Surgery Research Network.....	209C
6:30 am – 4:30 pm	Registration.....	Level 2 Registration Area
6:30 am – 6:30 pm	Speaker Ready Room	401
7:00 – 8:00 am	"Meet the Professor" Breakfasts	
	M-1 Ileal Pouch Complications	205A
	M-2 Teaching Residents/Fellows in the Modern Era.....	205B
	M-3 HPV Related Anorectal Disease Case Based Discussion	205C
7:00 – 8:00 am	<i>Symposium:</i> Coffee and Controversies: Minimally Invasive Surgery	Ballroom C (Level 4)
7:00 – 8:00 am	Clinical Practice Guidelines Committee	202A
7:00 am – 6:30 pm	On-Going Video Display.....	208
8:00 – 9:00 am	History of ASCRS Committee	202C
8:00 – 9:30 am	<i>Abstract Session:</i> Inflammatory Bowel Disease	Davidson Ballroom Salon A (Level 1M)
8:00 – 9:30 am	<i>Symposium:</i> Through the Ages: Caring for the Adult Who Was a Pediatric Surgery Patient.....	Ballroom AB (Level 4)
8:00 – 9:30 am	<i>Symposium:</i> Ethics	Ballroom C (Level 4)
8:00 – 9:30 am	Young Surgeons Committee	202B
9:00 – 10:00 am	Continuing Education Committee.....	205A
9:00 – 10:00 am	New Technologies Committee	202A
9:00 am – 4:30 pm	Exhibit Hours	Hall B (Level 3)
9:30 – 10:00 am	Refreshment Break in Exhibit Hall	Hall B (Level 3)
9:30 – 10:00 am	E-poster Presentations	Hall B (Level 3)
10:00 – 10:45 am	<i>Symposium:</i> Ask the Expert Panel – Complex Cases.....	Ballroom AB (Level 4)
10:45 – 11:30 am	Presidential Address	Ballroom AB (Level 4)
11:30 am – noon	Past Presidents' and Spouses of Past Presidents' & Past Vice Presidents' Reception.....	207A
11:30 am – 12:30 pm	Residents Committee	205A
11:30 am – 12:45 pm	Awards Committee	209B
11:30 am – 12:45 pm	Complimentary Box Lunch in Exhibit Hall	Hall B (Level 3)
11:30 am – 12:45 pm	E-poster Presentations	Hall B (Level 3)
11:35 am – 12:45 pm	<i>Product Theater:</i> THD America Inc.....	Hall B (Level 3)
Noon – 12:45 pm	Past Presidents' & Past Vice Presidents' Luncheon	207B
Noon – 12:45 pm	Spouses of Past Presidents' Luncheon.....	207C
Noon – 1:00 pm	Operative Competency Evaluation Committee	204
12:45 – 2:00 pm	<i>Abstract Session:</i> Education.....	Davidson Ballroom Salon A (Level 1M)

DAILY SCHEDULE

All programs are held in the Music City Center unless otherwise noted.

HOURS		ROOM
Monday, May 21 (continued)		
12:45 – 2:00 pm	<i>Symposium: Your Day Just Got Complicated: Management of Intra-operative Consults and Postoperative Complications</i>	Ballroom C (Level 4)
12:45 – 2:00 pm	<i>Symposium: Controversies in the Management of Inflammatory Bowel Disease</i>	Ballroom AB (Level 4)
1:00 – 2:00 pm	CREST Committee	205B
1:00 – 2:30 pm	Public Relations Committee	205C
2:00 – 3:30 pm	<i>Abstract Session: Outcomes</i>	Davidson Ballroom Salon A (Level 1M)
2:00 – 3:30 pm	<i>Symposium: Pathogen or Partner? The Role of the Gut Microbiome in the Colorectal Surgical Patient</i>	Ballroom AB (Level 4)
2:00 – 3:30 pm	<i>Symposium: Financial Planning for the Colorectal Surgeon: Everything You Have Always Wanted to Know, But Were Afraid to Ask</i>	Ballroom C (Level 4)
2:30 – 3:30 pm	Inflammatory Bowel Disease Committee	205A
3:30 – 4:00 pm	Ice Cream and Refreshment Break in Exhibit Hall	Hall B (Level 3)
3:30 – 4:00 pm	E-poster Presentations	Hall B (Level 3)
3:30 – 4:45 pm	Awards Committee	209B
3:30 – 5:00 pm	ACS Colon & Rectal Advisory Council	Mockingbird 4 (3rd Floor – Omni)
3:35 – 4:00 pm	<i>Product Theater: Boston Scientific</i>	Hall B (Level 3)
4:00 – 4:45 pm	Harry E. Bacon, MD, Lectureship	Ballroom AB (Level 4)
4:45 – 6:15 pm	<i>Symposium: New Technologies</i>	Ballroom AB (Level 4)
5:00 – 6:00 pm	Committee Chair Meeting	202A
6:30 – 8:00 pm	Residents' Reception	Broadway Ballroom Salons G-K (2nd Floor – Omni)
6:30 – 8:00 pm	<i>Non-CME Corporate Forum: Intuitive</i>	Legends Ballroom Salons E-G (2nd Floor – Omni)
6:30 – 8:00 pm	Lehigh Valley Health Network Reception	Cumberland 5 (3rd Floor – Omni)
6:30 – 8:30 pm	Baylor Scott and White Health Alumni Reception	Mockingbird 2 (3rd Floor – Omni)
6:30 – 8:30 pm	Cleveland Clinic Annual Alumni Reception	Cumberland 1 & 2 (3rd Floor – Omni)
6:30 – 8:30 pm	Icahn School of Medicine Mount Sinai Alumni Reception	Kitchen Notes (Lobby – Omni)
6:30 – 9:00 pm	Mayo Clinic Alumni Reception	Cumberland 4 (3rd Floor – Omni)
7:00 pm	Minnesota Alumni Dinner	Off-Site
7:00 – 8:30 pm	Ferguson Surgical Society Cocktail Hour	Mockingbird 1 (3rd Floor – Omni)
7:30 – 10:00 pm	Colon & Rectal Clinic of Orlando Alumni Dinner	Mockingbird 3 (3rd Floor – Omni)
9:00 pm – 2:00 am	E.P. Salvati Society Meeting	Cumberland 3 (3rd Floor – Omni)

Tuesday, May 22

6:00 am – 6:00 pm	Speaker Ready Room	401
6:15 am – 4:00 pm	Registration	Level 2 Registration Area
6:30 – 7:30 am	"Meet the Professor" Breakfasts	
T-1	Management of Anastomotic Leak	205A
T-2	Difficult Reoperative Cases	205B
T-3	Making the Quality Improvement Process Work for You	205C

Continued next page

DAILY SCHEDULE

All programs are held in the Music City Center unless otherwise noted.

HOURS		ROOM
Tuesday, May 22 (continued)		
6:30 – 7:30 am	Residents' Breakfast.....	Legends Ballroom Salons E-G (2nd Floor – Omni)
6:30 am – 6:00 pm	On-Going Video Display.....	208
7:30 – 8:15 am	Parviz Kamangar Humanities in Surgery Lectureship.....	Ballroom AB (Level 4)
8:00 – 9:00 am	Exhibitor's Advisory Committee.....	206
8:15 – 9:00 am	<i>Symposium: The Best of The Diseases of the Colon and Rectum Journal</i>	Ballroom AB (Level 4)
8:30 – 9:30 am	Research Foundation Young Researchers Committee.....	204
8:30 – 10:00 am	Fundamentals of Rectal Cancer Surgery Committee.....	202A
9:00 – 9:30 am	Refreshment Break in Exhibit Hall.....	Hall B (Level 3)
9:00 – 9:30 am	E-poster Presentations.....	Hall B (Level 3)
9:00 am – 2:00 pm	Exhibit Hours.....	Hall B (Level 3)
9:30 – 10:30 am	Website Committee.....	202B
9:30 – 10:45 am	<i>Abstract Session: General Surgery Forum</i>	Davidson Ballroom Salon A (Level 1M)
9:30 – 10:45 am	<i>Symposium: Out of the Movies and Into Reality: How Disruptive Technology May Change the Way You Practice</i>	Ballroom AB (Level 4)
9:30 – 10:45 am	<i>Symposium: What the American College of Surgeons Does for Me as an ASCRS Member</i>	Ballroom C (Level 4)
9:45 – 10:45 am	Professional Outreach Committee.....	202C
10:45 – 11:30 am	Masters in Colorectal Surgery Lectureship <i>Honoring Patricia L. Roberts, MD</i>	Ballroom AB (Level 4)
11:30 am – 1:00 pm	Complimentary Box Lunch in Exhibit Hall.....	Hall B (Level 3)
11:30 am – 1:00 pm	E-poster Presentations.....	Hall B (Level 3)
11:30 am – 1:00 pm	Women in Colorectal Surgery Luncheon.....	207
11:35 am – 1:00 pm	<i>Product Theater: Clinical Genomics</i>	Hall B (Level 3)
1:00 – 1:45 pm	Memorial Lectureship <i>Honoring Dr. Bertram Portin</i>	Ballroom AB (Level 4)
1:45 – 3:15 pm	<i>Abstract Session: Basic Science</i>	Ballroom C (Level 4)
1:45 – 3:15 pm	<i>Abstract Session: Research Forum</i>	Davidson Ballroom Salon A (Level 1M)
1:45 – 3:15 pm	<i>Symposium: Hereditary Colorectal Cancer Syndromes</i>	Ballroom AB (Level 4)
2:00 – 3:00 pm	Quality Assessment Committee.....	202A
3:15 – 3:30 pm	Refreshment Break in Foyer.....	Ballroom AB Foyer (Level 4)
3:15 – 4:15 pm	Awards Committee.....	209B
3:30 – 4:30 pm	ASCRS Annual Business Meeting and State of the Society Address.....	Ballroom AB (Level 4)
4:30 – 5:30 pm	<i>Symposium: Drinks and Disputes: The After Hours Debates</i>	Ballroom AB (Level 4)
6:00 – 7:00 pm	ASCRS Fellowship Reception.....	Legends Ballroom Salons E-G (2nd Floor – Omni)
7:30 – 10:30 pm	Music City Gala.....	Broadway Ballroom (2nd Floor – Omni)

DAILY SCHEDULE

All programs are held in the Music City Center unless otherwise noted.

HOURS		ROOM
Wednesday, May 23		
6:30 am – 3:00 pm	Registration.....	Level 2 Registration Area
6:30 am – 3:30 pm	Speaker Ready Room	401
6:30 am – 3:30 pm	On-Going Video Display.....	208
7:00 – 8:00 am	"Meet the Professor" Breakfasts	
	W-1 Complex Rectal Cancer Cases.....	205A
	W-2 Parastomal Hernia Cases	205B
7:00 – 8:00 am	<i>Symposium:</i> Coffee and Controversies: Minimally Invasive Surgery and Big Data vs. Social Media	Ballroom C (Level 4)
7:00 – 8:00 am	Video-Based Education Committee.....	202C
7:00 – 9:00 am	Governance Committee.....	206
8:00 – 9:15 am	<i>Symposium:</i> What's New in the Management of Rectal Cancer?	Ballroom AB (Level 4)
8:00 – 9:15 am	<i>Symposium:</i> Are There Solid Options for Fecal Incontinence?.....	Ballroom C (Level 4)
9:15 – 9:30 am	Refreshment Break in Foyer	Ballroom Foyer (Level 4)
9:30 – 10:45 am	<i>Symposium:</i> The Future of Surgical Practice: How Will Changes in the Rules Affect You?.....	Ballroom C (Level 4)
9:30 – 10:45 am	<i>Symposium:</i> When the Dust Settles – Reconstruction After Leaks, Fistulas and Abdominal Wall Defects	Ballroom AB (Level 4)
9:30 – 10:45 am	<i>Abstract Session:</i> Video Session	Davidson Ballroom Salon A (Level 1M)
10:45 – 11:30 am	Ernestine Hambrick, MD, Lectureship.....	Ballroom AB (Level 4)
11:30 am – 12:30 pm	Lunch Break	On Your Own
11:30 am – 1:00 pm	Steering Committee on Pelvic Floor Disorders.....	202C
12:30 – 2:00 pm	<i>Symposium:</i> Translating Outcomes Data into Meaningful Practice Change.....	Ballroom AB (Level 4)
12:30 – 2:00 pm	<i>Abstract Session:</i> Neoplasia II	Ballroom C (Level 4)
2:00 – 3:30 pm	<i>Abstract Session:</i> Pelvic Floor Disorders	Ballroom C (Level 4)
2:00 – 3:30 pm	<i>Symposium:</i> Difficulties Surrounding the Management of Diverticulitis	Ballroom AB (Level 4)
3:30 – 4:30 pm	Awards Committee	209B

SCHEDULE-AT-A-GLANCE

SATURDAY, MAY 19

6:00 AM						6:00 AM		
6:15 AM						6:15 AM		
6:30 AM						6:30 AM		
6:45 AM						6:45 AM		
7:00 AM	Advanced Robotics Hands-on Lab 7:00 AM – NOON					7:00 AM		
7:15 AM						7:15 AM		
7:30 AM			Transanal Total Mesorectal Excision (taTME) Symposium (Didactic) 7:30 AM – NOON				7:30 AM	
7:45 AM							7:45 AM	
8:00 AM							8:00 AM	
8:15 AM							8:15 AM	
8:30 AM							8:30 AM	
8:45 AM							8:45 AM	
9:00 AM						Advanced Methods for the Management of Rectal Prolapse (Didactic) 7:30 AM – NOON		9:00 AM
9:15 AM								9:15 AM
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11:45 AM					11:45 AM			
12:00 NOON						12:00 NOON		
12:15 PM						12:15 PM		
12:30 PM	Young Surgeons Mock Orals & More Workshop 12:30 – 5:30 PM				AIN and HRA: What the Colorectal Surgeon Needs to Know Workshop 7:30 AM – 4:30 PM	12:30 PM		
12:45 PM							12:45 PM	
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6:00 PM	Young Surgeons Reception 6:00 – 9:00 PM					6:00 PM		
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SCHEDULE-AT-A-GLANCE

SUNDAY, MAY 20				MONDAY, MAY 21				
6:00 AM							6:00 AM	
6:15 AM							6:15 AM	
6:30 AM							6:30 AM	
6:45 AM							6:45 AM	
7:00 AM				Meet the Professor Breakfasts 7:00 – 8:00 AM	Meet the Professor Breakfasts 7:00 – 8:00 AM	Meet the Professor Breakfasts 7:00 – 8:00 AM	7:00 AM	
7:15 AM						<i>SYMPOSIUM:</i> Coffee and Controversies 7:00 – 8:00 AM	7:15 AM	
7:30 AM	Advanced Endoscopy Symposium and Workshop 7:30 – 11:30 AM	Core Subject Update 7:30 – 9:30 AM	<i>SYMPOSIUM:</i> Contemporary Management of Lower GI Bleeding 7:30 – 9:30 AM	<i>ABSTRACT SESSION:</i> Inflammatory Bowel Disease 8:00 – 9:30 AM	<i>SYMPOSIUM:</i> Through the Ages: Caring for the Adult Who Was a Pediatric Surgery Patient 8:00 – 9:30 AM		<i>SYMPOSIUM:</i> Ethics 8:00 – 9:30 AM	7:30 AM
7:45 AM								7:45 AM
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9:45 AM		9:45 AM						
10:00 AM	Refreshment Break in Foyer 9:30 – 9:45 AM			Refreshment Break and E-poster Presentations in Exhibit Hall 9:30 – 10:00 AM			9:30 AM	
10:15 AM	<i>SYMPOSIUM:</i> When You Hear Hoofbeats, Think Zebras... Uncommon/ Atypical Colorectal Conditions 9:45 – 11:45 AM	<i>SYMPOSIUM:</i> Robotic Colon and Rectal Surgery: Tips and Tricks 9:45 – 11:45 AM					<i>SYMPOSIUM:</i> Ask the Expert Panel – Complex Cases 10:00 – 10:45 AM	10:00 AM
10:30 AM							10:15 AM	
10:45 AM							10:30 AM	
11:00 AM						Presidential Address 10:45 – 11:30 AM	10:45 AM	
11:15 AM							11:00 AM	
11:30 AM							11:15 AM	
11:45 AM							11:30 AM	
12:00 NOON	Complimentary Box Lunch in Exhibit Hall 11:45 AM – 12:45 PM			Complimentary Box Lunch and E-poster Presentations in Exhibit Hall 11:30 AM – 12:45 PM			11:45 AM	
12:15 PM							12:00 NOON	
12:30 PM							12:15 PM	
12:45 PM	Welcome and Opening Announcements 12:45 – 1:30 PM				<i>SYMPOSIUM:</i> Your Day Just Got Complicated: Management of Intra-operative Consults and Postoperative... 12:45 – 2:00 PM	<i>SYMPOSIUM:</i> Controversies in the Management of Inflammatory Bowel Disease 12:45 – 2:00 PM	12:45 PM	
1:00 PM				<i>ABSTRACT SESSION:</i> Education 12:45 – 2:00 PM			1:00 PM	
1:15 PM							1:15 PM	
1:30 PM	Norman D. Nigro, MD, Research Lectureship 1:30 – 2:15 PM						1:30 PM	
1:45 PM							1:45 PM	
2:00 PM							2:00 PM	
2:15 PM		<i>SYMPOSIUM:</i> Anal and Rectovaginal Fistula Mgmt. from Simple to Complex 2:15 – 3:45 PM	<i>SYMPOSIUM:</i> Complex Cases – I Need Help! Plastic Surgery for the Colorectal Surgeon 2:15 – 3:45 PM	<i>ABSTRACT SESSION:</i> Outcomes 2:00 – 3:30 PM	<i>SYMPOSIUM:</i> Pathogen or Partner? The Role of the Gut Microbiome in the Colorectal Surgical Patient 2:00 – 3:30 PM	<i>SYMPOSIUM:</i> Financial Planning for the Colorectal Surgeon: Everything You Have Always Wanted to Know But Were Afraid to Ask 2:00 – 3:30 PM	2:15 PM	
2:30 PM	<i>ABSTRACT SESSION:</i> Neoplasia I 2:15 – 3:45 PM						2:30 PM	
2:45 PM							2:45 PM	
3:00 PM							3:00 PM	
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3:30 PM							3:15 PM	
3:45 PM	Refreshment Break in Exhibit Hall 3:45 – 4:15 PM			Ice Cream & Refreshment Break and E-poster Presentations in Exhibit Hall 3:30 – 4:00 PM			3:30 PM	
4:00 PM							3:45 PM	
4:15 PM							4:00 PM	
4:30 PM	<i>ABSTRACT SESSION:</i> Benign Disease 4:15 – 5:45 PM	<i>SYMPOSIUM:</i> Enhanced Recovery Protocols and Pathways for Colectomy and Beyond: Involving Your Allied Health and Other Health Professionals 4:15 – 5:45 PM		Harry E. Bacon, MD, Lectureship 4:00 – 4:45 PM			4:00 PM	
4:45 PM							4:15 PM	
5:00 PM					(Non-CME) New Technologies Symposium 4:45 – 6:15 PM			4:30 PM
5:15 PM								4:45 PM
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7:00 PM				Residents' Reception 6:30 – 8:00 PM			6:30 PM	
7:15 PM							6:45 PM	
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9:00 PM	Welcome Reception 7:00 – 10:00 PM						8:30 PM	
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							10:00 PM	

DAILY SCHEDULE

SCHEDULE-AT-A-GLANCE

TUESDAY, MAY 22					WEDNESDAY, MAY 23						
6:00 AM									6:00 AM		
6:15 AM									6:15 AM		
6:30 AM	Residents' Breakfast 6:30 – 7:30 AM	Meet the Professor Breakfasts 6:30 – 7:30 AM	Meet the Professor Breakfasts 6:30 – 7:30 AM	Meet the Professor Breakfasts 6:30 – 7:30 AM					6:30 AM		
6:45 AM											6:45 AM
7:00 AM								Meet the Professor Breakfasts 7:00 – 8:00 AM	Meet the Professor Breakfasts 7:00 – 8:00 AM	SYMPOSIUM: Coffee and Controversies 7:00 – 8:00 AM	
7:15 AM								7:15 AM			
7:30 AM	Parviz Kamangar Humanities in Surgery Lectureship 7:30 – 8:15 AM								7:30 AM		
7:45 AM	SYMPOSIUM: The Best of The <i>Diseases of the Colon and Rectum Journal</i> 8:15 – 9:00 AM								7:45 AM		
8:00 AM											8:00 AM
8:15 AM											
8:30 AM									8:30 AM		
8:45 AM									8:45 AM		
9:00 AM	Refreshment Break and E-poster Presentations in Exhibit Hall 9:00 – 9:30 AM								9:00 AM		
9:15 AM					Refreshment Break in Foyer 9:15– 9:30 AM				9:15 AM		
9:30 AM									9:30 AM		
9:45 AM	SYMPOSIUM: Out of the Movies and Into Reality: How Disruptive Technology... 9:30 – 10:45 AM	ABSTRACT SESSION: General Surgery Forum 9:30 – 10:45 AM	SYMPOSIUM: What the American College of Surgeons Does for Me... 9:30 – 10:45 AM		ABSTRACT SESSION: Video Session 9:30 – 10:45 AM	SYMPOSIUM: The Future of Surgical Practice: How Will... 9:30 – 10:45 AM	SYMPOSIUM: When the Dust Settles – Reconstruction... 9:30 – 10:45 AM		9:45 AM		
10:00 AM											10:00 AM
10:15 AM											10:15 AM
10:30 AM									10:30 AM		
10:45 AM	Masters in Colorectal Surgery Lectureship 10:45 – 11:30 AM				Ernestine Hambrick, MD, Lectureship 10:45 – 11:30 AM				10:45 AM		
11:00 AM									11:00 AM		
11:15 AM									11:15 AM		
11:30 AM	Complimentary Box Lunch and E-poster Presentations in Exhibit Hall 11:30 AM – 1:00 PM		Women in Colorectal Surgery Luncheon 11:30 AM – 1:00 PM		Lunch on Your Own 11:30 AM – 12:30 PM				11:30 AM		
11:45 AM									11:45 AM		
12:00 NOON									12:00 NOON		
12:15 PM									12:15 PM		
12:30 PM									12:30 PM		
12:45 PM									12:45 PM		
1:00 PM	Memorial Lectureship <i>Honoring Dr. Bertram Portin</i> 1:00 – 1:45 PM								1:00 PM		
1:15 PM									1:15 PM		
1:30 PM									1:30 PM		
1:45 PM									1:45 PM		
2:00 PM	SYMPOSIUM: Hereditary Colorectal Cancer Syndromes 1:45 – 3:15 PM	ABSTRACT SESSION: Basic Science 1:45 – 3:15 PM	ABSTRACT SESSION: Research Forum 1:45 – 3:15 PM						2:00 PM		
2:15 PM										2:15 PM	
2:30 PM											2:30 PM
2:45 PM									2:45 PM		
3:00 PM									3:00 PM		
3:15 PM	Refreshment Break in Foyer 3:15 – 3:30 PM								3:15 PM		
3:30 PM									3:30 PM		
3:45 PM	ASCRS Annual Business Meeting and State of the Society Address 3:30 – 4:30 PM								3:45 PM		
4:00 PM									4:00 PM		
4:15 PM									4:15 PM		
4:30 PM	Drinks and Disputes: After Hours Debates 4:30 – 5:30 PM								4:30 PM		
4:45 PM									4:45 PM		
5:00 PM									5:00 PM		
5:15 PM									5:15 PM		
5:30 PM									5:30 PM		
5:45 PM									5:45 PM		
6:00 PM	ASCRS Fellowship Reception 6:00 – 7:00 PM								6:00 PM		
6:15 PM									6:15 PM		
6:30 PM									6:30 PM		
6:45 PM									6:45 PM		
7:00 PM									7:00 PM		
7:15 PM									7:15 PM		
7:30 PM	ASCRS Music City Gala 7:30 – 10:30 PM								7:30 PM		
7:45 PM											7:45 PM
8:00 PM											8:00 PM
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10:00 PM							10:00 PM				

ASCRS & RESEARCH FOUNDATION COMMITTEE MEETINGS

All meetings are held in the Music City Center unless otherwise noted.

HOURS

ROOM

Saturday, May 19

7:00 am – 2:00 pm	Executive Council Meeting.	Bass (4th Floor – Omni)
3:00 – 6:00 pm	Research Foundation Research Committee.	204

Sunday, May 20

7:00 – 9:00 am	Research Foundation Board of Trustees Meeting	Bass (4th Floor – Omni)
9:00 – 10:00 am	International Committee.	204
9:30 – 10:15 am	DC&R Co-editors Meeting.	206
10:00 am – noon	Pelvic Floor Disorders Consortium Inaugural Meeting	209C
10:15 – 10:45 am	DC&R Section Editors Meeting	206
11:00 am – 12:45 pm	DC&R Editorial Board Meeting	207A
11:30 am – 12:30 pm	Rectal Cancer Coordinating Committee	205B
11:45 am – 12:45 pm	Awards Committee	209B
2:30 – 3:30 pm	Self-Assessment Committee	205A
3:00 – 4:00 pm	Social Media Committee.	204
3:45 – 4:45 pm	Membership Committee.	207B
4:00 – 5:00 pm	Healthcare Economics Committee	205B
5:00 – 6:00 pm	Regional Society Committee.	205C
5:45 – 6:45 pm	Awards Committee	209B

Monday, May 21

7:00 – 8:00 am	Clinical Practice Guidelines Committee	202A
8:00 – 9:00 am	History of ASCRS Committee.	202C
8:00 – 9:30 am	Young Surgeons Committee.	202B
9:00 – 10:00 am	Continuing Education Committee	205A
9:00 – 10:00 am	New Technologies Committee	202A
11:30 am – 12:30 pm	Residents Committee.	205A
11:30 am – 12:45 pm	Awards Committee	209B
Noon – 1:00 pm	Operative Competency Evaluation Committee	204
1:00 – 2:00 pm	CREST Committee	205B
1:00 – 2:30 pm	Public Relations Committee	205C
2:30 – 3:30 pm	Inflammatory Bowel Disease Committee	205A
3:30 – 4:45 pm	Awards Committee	209B
5:00 – 6:00 pm	Committee Chair Meeting	202A

Tuesday, May 22

8:30 – 9:30 am	Research Foundation Young Researchers Committee	204
8:30 – 10:00 am	Fundamentals of Rectal Cancer Surgery Committee	202A
9:30 – 10:30 pm	Website Committee	202B
9:45 – 10:45 am	Professional Outreach Committee	202C
2:00 – 3:00 pm	Quality Assessment and Safety Committee.	202A
3:15 – 4:15 pm	Awards Committee	209B

Wednesday, May 23

7:00 – 8:00 am	Video-Based Education Committee	202C
7:00 – 9:00 am	Governance Committee	206
11:30 am – 1:00 pm	Steering Committee on Pelvic Floor Disorders	202C
3:30 – 4:30 pm	Awards Committee	209B

DAILY SCHEDULE

ASCRS PAST PRESIDENTS

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

*Deceased

Workshop

Advanced Robotics for the Practicing Surgeon



1 2 6

7:00 am – noon

Room: 205

Ticket Required • Member Fee: \$625 • Nonmember Fee: \$750 • Limit: 20 participants

Supported by independent educational grants and loaned durable equipment from:

*Applied Medical
CONMED – Advanced Surgical
Intuitive
Medrobotics, Inc.
Medtronic*

This cadaveric workshop will offer the practicing surgeon a highly customized and procedural oriented hands-on experience that demonstrates state of the art techniques, employed in a variety of colorectal operations, including intraabdominal and transanal operations. The focus will be on tips, tricks, and advanced maneuvers to facilitate robotic ascending colectomy, intracorporeal anastomosis, low anterior resection, and (for the first time ever) transanal surgical resection with a flexible robot to various heights from the anal verge.

Existing Gaps

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

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

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

- Describe the set up and instrumentation of advanced robotic colorectal procedures.
- Explain different procedural approaches in robotic colorectal surgery.
- Explain how to troubleshoot and address specific robotic-related complications in colorectal surgery.

Co-directors: **Vincent Obias, MD, Washington, DC**
Mark Soliman, MD, Orlando, FL

Faculty:

Ovunc Bardakcioglu, MD, Las Vegas, NV
Eric Haas, MD, Houston, TX
Sanghyun Kim, MD, New York, NY
Bryce Murray, MD, Tulsa, OK
Elizabeth Raskin, MD, Loma Linda, CA
Craig Rezac, MD, New Brunswick, NJ
Warren Strutt, MD, Denver, CO



Symposium and Workshop

Advanced Methods for the Management of Rectal Prolapse



WORKSHOP SOLD OUT

1 2 6

7:30 am – 4:30 pm

Rooms: Davidson Ballroom Salon B (Level 1M) and 205

Ticket Required (Includes Didactic and Hands-on Workshop) • Member Fee: \$625 • Nonmember Fee: \$750

Limit: 20 participants • Lunch Included

Didactic Session Only: \$25 (7:30 am – noon)

Supported by independent educational grants and loaned durable equipment from:

Applied Medical

Cook Medical

Intuitive

Johnson & Johnson Medical Devices Companies (Ethicon)

Medtronic

Olympus America Inc.

Rectal prolapse is a debilitating condition with both functional and anatomic sequelae. Recurrence rates for complete rectal prolapse have been reported as high as 10-20%. The surgical approach to treat these recurrences remains an unresolved problem. Laparoscopic Ventral Rectopexy (LVR) is the current gold standard for treatment of rectal prolapse in European countries.

LVR 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 multi-compartment pelvic floor defects. Limiting dissection to the anterior rectum minimizes autonomic nerve damage associated with posterior dissection and division of the lateral stalks.

LVR 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 Ventral Rectopexy (VR) can help to avoid complications and improve outcomes.

Existing Gaps

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

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

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

- Explain Laparoscopic Ventral Rectopexy, indications and long-term outcomes.
- Describe surgical steps for Ventral Rectopexy.
- Distinguish how to avoid and how to deal with surgical complications after prolapse surgery.

Co-directors: Brooke Gurland, MD, Stanford, CA

Andrew Stevenson, MD, Chermside, Australia

Continued next page

Advanced Methods for the Management of Rectal Prolapse *(continued)*

Didactic Session

**4.5
CME**

7:30 am – noon

Room: Davidson Ballroom Salon B (Level 1M)

- | | |
|--|---|
| <p>7:30 am Introduction
Brooke Gurland, MD, Stanford, CA
Andrew Stevenson, MD, Chermshire, Australia</p> <p>7:40 am Principles and Evolution of Procedures for Rectal Prolapse
Stanley Goldberg, MD, Minneapolis, MN</p> <p>7:55 am VR – Evolution of Technique and Long Term Outcomes
Andre D’Hoore, MD, PhD, Leuven, Belgium</p> <p>8:10 am Testing? What Helps Me Prior to Prolapse/ VR Repair?
Amy Thorsen, MD, Minneapolis, MN</p> <p>8:25 am Synthetic vs. Biologic – The “Mesh” Debate
James Ogilvie, Jr., MD, Grand Rapids, MI</p> <p>8:40 am Patient Selection – Is Everyone a Candidate for VR?
Anders Mellgren, MD, Chicago, IL</p> <p>8:55 am Management and Prevention of VR Complications
Elizabeth Raskin, MD, Loma Linda, CA</p> <p>9:10 am LVR Surgery Video: How I Do It
Roel Hompes, MD, Oxford, United Kingdom</p> <p>9:30 am Questions and Answers</p> | <p>9:50 am Refreshment Break in Foyer</p> <p>10:00 am Is VR the Panacea for Obstructed Defecation Syndrome?
Roel Hompes, MD, Oxford, United Kingdom</p> <p>10:10 am And It’s Back! Dealing with Recurrent Rectal Prolapse
Brooke Gurland, MD, Stanford, CA</p> <p>10:25 am Robotic VR Surgery Video – How I Do It
Joseph Carmichael, MD, Orange, CA</p> <p>10:45 am Top Ten Tips for VR – Synthetics
Andre D’Hoore, MD, PhD, Leuven, Belgium</p> <p>10:55 am Top Ten Tips for VR – Biologics
Andrew Stevenson, MD, Chermshire, Australia</p> <p>11:05 am Top Ten Tips to Avoid Complications
Brooke Gurland, MD, Stanford, CA</p> <p>11:15 am Panel Discussion and Case Presentations
Liliana Bordeianou, MD, Boston, MA
James Ogilvie, Jr., MD, Grand Rapids, MI</p> <p>11:45 am Questions and Answers</p> <p>Noon Adjourn</p> <p>Noon Lunch Provided for Hands-on Lab Participants (Room: 204)</p> |
|--|---|

SATURDAY

Hands-on Workshop

SOLD OUT

**3.5
CME**

1:00 – 4:30 pm • *Ticket Required*

Room: 205

- 1:00 pm **Simulation Demonstration/ Laparoscopic and Robotic to Describe Procedure Steps with Models and Step-by-Step Live Demonstration by the Experts**
All Faculty
- 1:30 pm **Hands-on Participation Begins**
- 4:30 pm **Adjourn**



Symposium and Workshop

Transanal Total Mesorectal Excision (taTME)

1 2 6

7:30 am – 4:30 pm

Rooms: Davidson Ballroom Salon A (Level 1M) and 202

Ticket Required • Registration and Pre-registration Survey Required (Includes Didactic and Hands-on Workshop) • Fee: \$1,100

Limit: 16 participants • Lunch Included

Didactic Session Only: \$25 (7:30 am – noon)

Supported by independent educational grants and loaned durable equipment from:

*Applied Medical
CONMED – Advanced Surgical
CooperSurgical
Johnson & Johnson Medical Devices Companies (Ethicon)
KARL STORZ Endoscopy-America, Inc.
Medtronic
Olympus America Inc.
Stryker*

Up
to 8.0
CME

WORKSHOP SOLD OUT

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

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

During the morning didactic session, the evolution of taTME will be reviewed, including global trends in adoption, short- and long-term results to date, ongoing clinical trials, as well as newer trends in transanal endoscopic proctectomy. Experts will review the current consensus on patient selection, relevant pelvic anatomy, prerequisite skills and training recommended to ensure safe implementation. Techniques will be reviewed through in-depth taTME video-based demonstrations, clinical case presentations, operative set up and key steps in transanal dissection based on tumor location. Pitfalls during dissection will be demonstrated with tips and tricks on how to overcome intraoperative difficulties and complications.

The hands-on workshop is intended to train high volume rectal cancer surgeons with expertise in minimally invasive TME and transanal endoscopic surgery (TES). Each surgical team will perform taTME on one platform with laparoscopic assistance.

Existing Gaps

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

What Should Be: This course will review the current status of taTME, indication and contraindications for taTME, recommended training, safe adoption and implementation of taTME programs, operative setup and specific techniques, as well as pitfalls and complications. In-depth didactic lectures with videos will be provided by expert faculty.

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

- Explain the rationale, indications, contraindications for taTME based on published evidence and review of clinical outcomes.
- Recognize the recommended prerequisite skills and training guidelines for safe adoption and implementation of taTME.
- Apply recommended taTME dissection techniques, identify anatomic landmarks and recognize correct and incorrect dissection planes.

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

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

Didactic Session

7:30 am – noon

Room: Davidson Ballroom Salon A (Level 1M)

7:30 am **Introduction**
Patricia Sylla, MD, New York, NY



taTME Evolution and Revolution

- 7:35 am **taTME Evolution and Rationale**
Antonio Lacy, MD, Barcelona, Spain
- 7:45 am **Uptake of taTME: A Global Perspective**
Andrew Stevenson, MD, Brisbane, Australia
- 7:55 am **taTME: Outcomes to Date**
Roel Hompes, MD, Oxford, United Kingdom
- 8:05 am **Next Steps in Validation of taTME – Europe**
Jurriaan Tuynman, MD, Amsterdam, The Netherlands
- 8:15 am **Next Steps in Validation of taTME – US/Asia**
Patricia Sylla, MD, New York, NY
- 8:25 am **Questions and Answers**

taTME Toolbox: Anatomy, Training and Implementation

- 9:00 am **taTME Toolbox: Pelvic Anatomy**
Sam Atallah, MD, Winter Park, FL
- 9:10 am **Patient Selection for Benign and Malignant Indications**
Todd Francone, MD, Boston, MA
- 9:20 am **Standardizing Training and Technique**
Joep Knol, MD, Hasselt, Belgium
- 9:30 am **Safe Adoption and Implementation of a taTME Program**
Justin Maykel, MD, Worcester, MA
- 9:40 am **Not as Pretty as on YouTube: Preparing for and Managing Complications**
Elisabeth McLemore, MD, Los Angeles, CA
- 9:50 am **Questions and Answers**
- 10:15 am **Refreshment Break in Foyer**

Operative Techniques and Strategies (Video-Based)

- 10:25 am **OR Team Setup and Options in Instrumentation**
Rodrigo Perez, MD, PhD, Sao Paulo, Brazil
- 10:35 am **taTME for Mid-Rectal Tumors: Pursestring and Circumferential Dissection**
Carl Brown, MD, Vancouver, Canada
- 10:45 am **taTME for Low Rectal Tumors: Mucosectomy and Intersphincteric Resection**
Mark Whiteford, MD, Portland, OR
- 10:55 am **Anastomotic Reconstruction: Techniques and Troubleshooting**
Elena Vikis, MD, Vancouver, Canada
- 11:05 am **Intraoperative Misadventures: Getting Out of Trouble**
Matthew Albert, MD, Altamonte Springs, FL
- 11:15 am **Questions and Answers**
- 11:25 am **Case Presentations**
All Faculty
- Noon **Adjourn**
- Noon **Lunch Provided for Hands-on Lab Participants (Room: 204)**

Continued next page

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

Hands-on Workshop

1:00 – 4:30 pm • *Ticket Required*

Room: 202

SOLD OUT

**3.5
CME**

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

taTME and Pursestring Stations:

Matthew Albert, MD, Altamonte Springs, FL
Sam Atallah, MD, Winter Park, FL
Joep Knol, MD, Hasselt, Belgium
Antonio Lacy, MD, Barcelona, Spain
Elena Vikis, MD, Vancouver, Canada
Roel Hompes, MD, Oxford, United Kingdom
Jurriaan Tuynman, MD, Amsterdam, The Netherlands
Karim Alavi, MD, Worcester, MA
Marylise Boutros, MD, Montreal, Canada
Elisabeth McLemore, MD, Los Angeles, CA
Todd Francone, MD, Boston, MA
Mark Whiteford, MD, Portland, OR
Carl Brown, MD, Vancouver, Canada
Mark Sun, MD, Minneapolis, MN

4:15 pm **Debrief**

4:30 pm **Adjourn**



Photo credit: Nashville Convention & Visitors Corp.

Workshop

AIN and HRA: What the Colorectal Surgeon Needs to Know



1 2 6

7:30 am – 4:30 pm

Rooms: 209A, B and C

Ticket Required • Member Fee: \$625 • Nonmember Fee: \$750 • Limit: 45 participants • Lunch Included

Supported by independent educational grants and loaned durable equipment from:

Carl Zeiss

CONMED – Advanced Surgical

CooperSurgical

Redfield Corporation

Seiler Instrument

THD America Inc.

Zinnanti Surgical Design Group Inc.

The incidence of anal cancer is increasing due to rising rates of human papilloma virus (HPV) infection. HPV infection can lead to anal intraepithelial neoplasia (AIN) that can be identified with high-resolution anoscopy (HRA). While colon and rectal surgeons are very familiar with the evaluation and treatment of anal cancer, many do not know how to identify the anal cancer precursor, AIN, with HRA. While the efficacy of HRA with targeted ablation of HSIL to prevent anal cancer has never been proven through prospective trials, there is a growing awareness even among surgeons who do not utilize HRA that close follow-up is necessary.

Existing Gaps

What Is: While colon and rectal surgeons understand the evaluation and treatment of anal cancer, many are not skilled at the evaluation and treatment of AIN and use of HRA.

What Should Be: Colon and rectal surgeons should have a thorough understanding of AIN. In addition, colon and rectal surgeons should have an understanding of how to use HRA to evaluate and treat AIN. Finally, surgeons should know all the treatment options available for patients with AIN. Even if surgeons do not believe in treatment of HSIL to prevent cancer, they need to know how to recognize progressing lesions and superficially invasive cancers.

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

- Explain the new AJCC anal cancer staging guidelines.
- Describe the prevalence of anal HPV infection.
- Recognize how to best diagnose AIN.
- Describe the fundamentals of how to perform high-resolution anoscopy.
- Identify treatment options available for AIN.

Co-directors: Stephen Goldstone, MD, New York, NY

Mark Welton, MD, Minneapolis, MN

Assistant Director: Naomi Jay, RN, NP, PhD, San Francisco, CA

Continued next page

AIN and HRA: What the Colorectal Surgeon Needs to Know *(continued)*

Room: 209A

<p>7:30 am Welcome Stephen Goldstone, MD, New York, NY</p> <p>7:35 am Introduction to HPV: Scope of the Problem Joel Palefsky, MD, San Francisco, CA</p> <p>7:50 am Pathology and Cytology and the LAST Criteria Teresa Darragh, MD, San Francisco, CA</p> <p>8:10 am How to Diagnose AIN: Screening and Diagnostics J. Michael Berry-Lawhorn, MD, San Francisco, CA Naomi Jay, RN, NP, PhD, San Francisco, CA</p> <p>8:30 am Fundamentals of HRA Naomi Jay, RN, NP, PhD, San Francisco, CA</p> <p>8:50 am HRA Findings of AIN and Biopsy Naomi Jay, RN, NP, PhD, San Francisco, CA J. Michael Berry-Lawhorn, MD, San Francisco, CA</p>	<p>9:50 am Refreshment Break in Foyer</p> <p>10:00 am HRA Guided Treatment Options and Management Algorithms Stephen Goldstone, MD, New York, NY Joel Palefsky, MD, San Francisco, CA</p> <p>10:50 am Panel Discussion and Questions J. Michael Berry-Lawhorn, San Francisco, CA Teresa Darragh, MD, San Francisco, CA Stephen Goldstone, MD, New York, NY Naomi Jay, RN, NP, PhD, San Francisco, CA Joel Palefsky, MD, San Francisco, CA Mark Welton, MD, Minneapolis, MN</p>
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11:15 am – 12:45 pm

	11:15 – 11:45 am	11:45 am – 12:15 pm	12:15 – 12:45 pm
Group 1	Lesion Identification (Understanding Lesion Patterns to Differentiate LG from HG) Gallery of Images Naomi Jay, RN, NP, PhD (Room: 209A)	Hands-on Workshop: HRA Including Use of the Colposcope and Biopsy Techniques J. Michael Berry-Lawhorn, MD Teresa Darragh, MD Stephen Goldstone, MD Mark Welton, MD (Room: 209B)	HRA the Movie Joel Palefsky, MD (Room: 209C)
Group 2	HRA the Movie Joel Palefsky, MD (Room: 209C)	Lesion Identification (Understanding Lesion Patterns to Differentiate LG from HG) Gallery of Images Naomi Jay, RN, NP, PhD (Room: 209A)	Hands-on Workshop: HRA Including Use of the Colposcope and Biopsy Techniques J. Michael Berry-Lawhorn, MD Teresa Darragh, MD Stephen Goldstone, MD Mark Welton, MD (Room: 209B)
Group 3	Hands-on Workshop: HRA Including Use of the Colposcope and Biopsy Techniques J. Michael Berry-Lawhorn, MD Teresa Darragh, MD Stephen Goldstone, MD Mark Welton, MD (Room: 209B)	HRA the Movie Joel Palefsky, MD (Room: 209C)	Lesion Identification (Understanding Lesion Patterns to Differentiate LG from HG) Gallery of Images Naomi Jay, RN, NP, PhD (Room: 209A)

1:00 pm **Lunch with Panel Discussion and Questions** (Room: 209A)

AIN and HRA: What the Colorectal Surgeon Needs to Know *(continued)*

2:00 – 3:30 pm

	2:00 – 2:30 pm	2:30 – 3:00 pm	3:00 – 3:30 pm
Group 1	IRC and Hyfrecator Movie Stephen Goldstone, MD (Room: 209C)	Hands-on Workshop: HRA Treatment Practicum Naomi Jay, RN, NP, PhD Joel Palefsky, MD Mark Welton, MD (Room: 209B)	Cases: Identifying Lesions, Determining Sites for Biopsies J. Michael Berry-Lawhorn, MD Teresa Darragh, MD (Room: 209A)
Group 2	Cases: Identifying Lesions, Determining Sites for Biopsies J. Michael Berry-Lawhorn, MD Teresa Darragh, MD (Room: 209A)	IRC and Hyfrecator Movie Stephen Goldstone, MD (Room: 209C)	Hands-on Workshop: HRA Treatment Practicum Naomi Jay, RN, NP, PhD Joel Palefsky, MD Mark Welton, MD (Room: 209B)
Group 3	Hands-on Workshop: HRA Treatment Practicum Naomi Jay, RN, NP, PhD Joel Palefsky, MD Mark Welton, MD (Room: 209B)	Cases: Identifying Lesions, Determining Sites for Biopsies J. Michael Berry-Lawhorn, MD Teresa Darragh, MD (Room: 209A)	IRC and Hyfrecator Movie Stephen Goldstone, MD (Room: 209C)

Room: 209A

3:30 pm **Incorporating Anal Dysplasia Diagnosis and Treatment Into Your Practice**
Mark Welton, MD, Minneapolis, MN

4:00 pm **Panel Discussion of Practice Models, Judging Competency and Special Considerations**
J. Michael Berry-Lawhorn, San Francisco, CA
Teresa Darragh, MD, San Francisco, CA
Stephen Goldstone, MD, New York, NY
Naomi Jay, RN, NP, PhD, San Francisco, CA
Joel Palefsky, MD, San Francisco, CA
Mark Welton, MD, Minneapolis, MN

4:30 pm **Adjourn**

Symposium

Health Care Policy



3 4 5

9:30 – 11:30 am

Room: Davidson Ballroom Salon C (Level 1M)

According to the World Health Organization, at the very granular level, health care policy refers to decisions, plans and actions undertaken to achieve specific health care goals within a society. A precise health care policy with a defined vision, priorities and roles of various groups, which builds consensus and informs people, can pave the way for the future. Surgery and advocacy on the national level and state level are impacted by socioeconomic issues, legislative issues and regulatory issues. Communication between health care professionals, legislators, decision-makers and researchers is paramount. Health care policy can include policies and practices regarding access to care and health equity, delivery of care, payment models and financing of health care. Health care policy can be implemented on a global, national, state, local and individual basis.

Advocacy is a necessary and gained skill that allows for support and recommendation of particular health care policies that benefit patients, physicians and other constituents who are affected by said policies. The restructuring of the Affordable Care Act, redesign of Medicaid, implementation and coordination of Medicare with Medicaid, bundled care, MIPS and reporting structures, payer systems and access to and equality of care for patients including health maintenance and prevention are some of the issues that are of discussion at the national level and state level.

The symposium will educate attendees so that they might understand health care policy as it applies to colorectal surgical practice. Insight, perspective and an understanding of effective advocacy may promote a proactive approach to health care policy and reform among ASCRS members. A raised awareness and improved base of knowledge will allow adaptability and understanding of the many changes to health care policy that are anticipated in the coming years.

Existing Gaps

What Is: Health care policy is rapidly evolving on a state and national level. These policies directly affect the practice of colorectal surgery. It has become a challenge for our members to follow and understand health care policy as it rapidly evolves.

What Should Be: Each of our members should have a basic understanding of the changes in health care policy and be able to apply them to the practice of colorectal surgery. As a Society, we must provide the opportunity to our membership to have access and resources for ongoing education and insight regarding health care policy.

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

- Explain current issues in national and global health care policy.
- Recognize health care disparities.
- Identify areas of potential state and national advocacy.

Co-directors: **Walter Peters, Jr., MD, Dallas, TX**
Kelly Tyler, MD, Springfield, MA

<p>9:30 am Introduction Walter Peters, Jr., MD, Dallas, TX Kelly Tyler, MD, Springfield, MA</p> <p>9:35 am Update on Current Health Care Legislation George Blestel, MD, Greer, SC</p> <p>9:50 am The Surgeon and the Opioid Epidemic Walter Peters, Jr., MD, Dallas, TX</p> <p>10:10 am Disparities in Care in Colorectal Surgery Timothy Geiger, MD, Nashville, TN</p>	<p>10:30 am Is a Single Payer System the Answer? Kelly Tyler, MD, Springfield, MA</p> <p>10:50 am Access to Care: The Future of the Health Care Insurance Market Lawrence Van Horn, PhD, Nashville, TN</p> <p>11:10 am Questions and Answers</p> <p>11:30 am Adjourn</p>
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Symposium

Critical Review of Scientific Manuscripts: A How-to Guide



2

10:00 – 11:30 am

Room: 208

Ticket Required • Limit: 70 participants

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

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

This symposium is aimed at two groups: present and prospective reviewers for the *Diseases of the Colon & Rectum* and the practicing surgeon who wants to increase his/her critical appraisal skills of the scientific literature. During this symposium, we will examine the most common primary methodologies, identify appropriate questions to investigate, identify the advantages and disadvantages and the common mistakes in study conduct, reporting and conclusions. We will also explore essential resources for additional learning in this area.

Existing Gaps

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

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

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

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

Co-directors: W. Donald Buie, MD, Toronto, Canada
Susan Galandiuk, MD, Louisville, KY

<p>10:00 am Introduction W. Donald Buie, MD, Toronto, Canada</p> <p>10:05 am Observational Studies: How and When Are They Valuable? David Stewart, MD, Tucson, AZ</p> <p>10:20 am Administrative Database Studies: A Plethora of Numbers, A Paucity of Detail Rocco Ricciardi, MD, Boston, MA</p> <p>10:35 am Randomized Controlled Trials: It's All in the Methods Christine Jensen, MD, Coon Rapids, MN</p>	<p>10:50 am Systematic Reviews & Meta-Analyses: Reproducibility, Reliability and Validity Fergal Fleming, MD, Rochester, NY</p> <p>11:05 am Resources, Reviews & Publishers: Raising Your Game Susan Galandiuk, MD, Louisville, KY</p> <p>11:15 am Panel Discussion</p> <p>11:30 am Adjourn</p>
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SATURDAY

Workshop

Young Surgeons Mock Orals & More



2 4

12:30 – 5:30 pm

Room: 207CD

Ticket Required • Candidate Member Fee: \$50 • Member Fee: \$150 • Nonmember Fee: \$200

Limit: 120 participants

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

During this workshop, participants will have an introduction and overview of the structure of the mock oral examination, followed by small group hypothetical practice mock oral exam scenarios, administered by different examiners, with critique of the examinees' performances. The format replicates the actual ABCRS Oral Examination. Additionally, participants will observe their colleagues' answers 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.

In addition, there will be a dedicated mini-symposium with topics related to board review, transition to practice, academic success and transition of careers. This mini-symposium will be tailored to the participating tracks, Track 1: residents/fellows-in-training or Track 2: physicians in practice applying for board certification.

Existing Gaps

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

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

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

- Describe the structure of the oral examination.
- Practice answering colorectal oral board-style questions in a simulated, high pressure format.
- Demonstrate knowledge among colleagues and learn from previous examinees.
- Explain career level relevant topics.

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

Young Surgeons Mock Orals & More *(continued)*

12:30 – 5:00 pm

Room: 207CD

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

- 12:30 pm **Small Group Mock Oral Exam**
Benjamin Abbadessa, MD, New York, NY; Jennifer Agnew, MD, Garden City, NY; Ellen Bailey, MD, Columbus, OH; Jeffrey Barton, MD, New Orleans, LA; Anuradha Bhama, MD, Cleveland, OH; Brian Bello, MD, Washington, DC; Lisa Cannon, MD, Chicago, IL; Jasna Coralic, MD, Milwaukee, WI; Michelle Cowan, MD, Aurora, CO; Samuel Eisenstein, MD, La Jolla, CA; Leandro Feo, MD, Manchester, NH; Leander Grimm, Jr., MD, Mobile, AL; Michael Guzman, MD, Indianapolis, IN; Deborah Keller, MD, New York, NY; Pamela Lee, MD, San Diego, CA; Kellie Mathis, MD, Rochester, MN; Nelya Melnitchouk, MD, Boston, MA; Conan Mustain, MD, Little Rock, AR; Carrie Peterson, MD, Milwaukee, WI; Tal Raphaeli, MD, Humble, TX; Jennifer Rea, MD, Lexington, KY; David Row, MD, Phoenix, AZ; Steven Scarcliff, MD, Birmingham, AL; Shafik Sidani, MD, Abu Dhabi, United Arab Emirates; Gabriela Vargas, MD, Salt Lake City, UT; Heather Yeo, MD, New York, NY; Karen Zaghiyan, MD, Los Angeles, CA
- 3:00 pm **Refreshment Break in Foyer**
- 3:10 pm **Mock Oral Wrap-up, Questions & Surveys**
Jennifer Davids, MD, Worcester, MA
- 3:30 pm **Mini-symposium for Young Fellows**
What Can ASCRS Do for You and How to Get Involved
Jennifer Holder-Murray, MD, Pittsburgh, PA
How to Prepare for the Written Exam
Jennifer Davids, MD, Worcester, MA
How to Build an Efficient Clinical Schedule
Vitaliy Poylin, MD, Boston, MA
General Surgery Call: The Good, the Bad, the Ugly
Farrell Adkins, MD, Roanoke, VA
How to Teach Residents When You Are Learning
Conan Mustain, MD, Little Rock, AR
Things I Wish I Could Have Known About the First Year in Practice: A Panel Discussion
Panel Discussion
- 5:00 pm **Adjourn**

1:00 – 5:30 pm

Room: 207CD

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

- 1:00 pm **Mini-symposium for Physicians**
Promoting Your Practice Smartly: Use of Social Media, Websites and Doctor Grading
Sean Langenfeld, MD, Omaha, NE
Billing and Coding: Tips and Tricks
Nelya Melnitchouk, MD, Boston, MA
Avoiding Pitfalls of the Oral Exam
Teresa DeBeche-Adams, MD, Orlando, FL
Finding and Defining Your Niche
Steven Lee-Kong, MD, New York, NY
Coping with Poor Outcomes
Matthew Philp, MD, Philadelphia, PA
Finances 101
Jason Mizell, MD, Little Rock, AR
- 2:30 pm **Mock Oral Overview**
Jason Mizell, MD, Little Rock, AR
- 3:00 pm **Refreshment Break in Foyer**
- 3:10 pm **Small Group Mock Oral Exam**
Benjamin Abbadessa, MD, New York, NY; Jennifer Agnew, MD, Garden City, NY; Ellen Bailey, MD, Columbus, OH; Jeffrey Barton, MD, New Orleans, LA; Anuradha Bhama, MD, Cleveland, OH; Brian Bello, MD, Washington, DC; Lisa Cannon, MD, Chicago, IL; Jasna Coralic, MD, Milwaukee, WI; Michelle Cowan, MD, Aurora, CO; Samuel Eisenstein, MD, La Jolla, CA; Leandro Feo, MD, Manchester, NH; Leander Grimm, Jr., MD, Mobile, AL; Michael Guzman, MD, Indianapolis, IN; Deborah Keller, MD, New York, NY; Pamela Lee, MD, San Diego, CA; Kellie Mathis, MD, Rochester, MN; Nelya Melnitchouk, MD, Boston, MA; Conan Mustain, MD, Little Rock, AR; Carrie Peterson, MD, Milwaukee, WI; Tal Raphaeli, MD, Humble, TX; Jennifer Rea, MD, Lexington, KY; David Row, MD, Phoenix, AZ; Steven Scarcliff, MD, Birmingham, AL; Shafik Sidani, MD, Abu Dhabi, United Arab Emirates; Gabriela Vargas, MD, Salt Lake City, UT; Heather Yeo, MD, New York, NY; Karen Zaghiyan, MD, Los Angeles, CA
- 5:15 pm **Mock Oral Wrap-up, Questions & Surveys**
Jennifer Davids, MD, Worcester, MA
- 5:30 pm **Adjourn**

Symposium

Leadership



3 4

1:00 – 3:00 pm

Room: Davidson Ballroom Salon A (Level 1M)

Leadership in the health care setting is both challenging and complex. Most leadership models were developed for the business setting rather than the health care setting and typically approach the subject from an administrative standpoint. This symposium addresses surgical leadership within the health care setting. It will draw from the cumulative wisdom and experience of surgeon leaders who have summited in their particular surgical fields and institutions to become thought leaders, department chairs, role models, mentors and even icons of surgery. The symposium will draw from this deep well of wisdom to address recent challenges to health care facilities and institutions of higher learning, including addressing leadership in the new millennium and the so-called ‘generation gap.’

Existing Gaps

What Is: Over the span of a career, many surgeons naturally ascend to take positions of added responsibility including leadership positions in hospitals or institutions of higher learning. Surgeons typically do not have any foundation or formal instruction in the methodology of leadership.

What Should Be: As surgeons take on increased responsibility, including leadership positions, they should have a foundation for the management of personnel and personalities to help guide them in decision making within the hierarchy of their particular health care institution or department of surgery.

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

- Define leadership within the context of a health care institution and/or department of surgery.
- Recognize generational differences that may impact leadership style.
- Recognize positive and negative characteristics of leadership.

Co-directors: William C. Cirocco, MD, Columbus, OH
Rocco Ricciardi, MD, Boston, MA

1:00 pm	Introduction William C. Cirocco, MD, Columbus, OH Rocco Ricciardi, MD, Boston, MA	1:45 pm	Overcoming Negative Leadership Alexa Canady-Davis, MD, Pensacola, FL
1:05 pm	Leadership – Defined David A. Rothenberger, MD, Minneapolis, MN	1:55 pm	Managing a Department of Surgery in Changing Times Hiram C. Polk, Jr., MD, Louisville, KY
1:15 pm	Staying Put – Spending an Entire Career at a Single Institution H. Randolph Bailey, MD, Houston, TX	2:05 pm	Leadership in the New Millennium – Dealing With the ‘Generation Gap’ Anna Ledgerwood, MD, Detroit, MI
1:25 pm	Changing the Culture of an Institution or Department of Surgery – The Impossible Dream? Robert Fry, MD, Philadelphia, PA	2:15 pm	Panel Discussion
1:35 pm	Dealing With Difficult Faculty Herand Abcarian, MD, Chicago, IL	3:00 pm	Adjourn



Workshop

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

2

1:00 – 4:00 pm

Room: 208

Ticket Required • Limit: 70 participants

There are multiple areas of examination in the realm of colon and rectal surgery that require written questions to assess knowledge. These include the certifying written exam, the recertification exam, 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 as this is a skill that can be learned and improved with practice. In recent years, emphasis has been placed on how to write an acceptable exam question and guidelines have been published by organizations such as the National Board of Medical Examiners.

Existing Gaps

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

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

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

- Identify fundamental problems with the construction of written questions.
- Explain the sequential thought process used to write an acceptable question and understand key concepts.
- Demonstrate how to write a stem for a question.
- Prepare a two-step question combining diagnosis and management and format the answers in an acceptable form.
- Recall what happens to a question after it is submitted and before it is used in a test.

Co-directors: Glenn Ault, MD, Los Angeles, CA
Charles Friel, MD, Charlottesville, VA

<p>1:00 pm Introduction Glenn Ault, MD, Los Angeles, CA Charles Friel, MD, Charlottesville, VA</p>	<p>2:35 pm Critiques: Painful But Very Important Kirsten Wilkins, MD, Edison, NJ</p>
<p>1:15 pm Key Concept – It is the Key to a Good Question Charles Friel, MD, Charlottesville, VA</p>	<p>2:50 pm Refreshment Break in Foyer</p>
<p>1:35 pm The Stem – The Makings of a Good Question Shane McNevin, MD, Spokane, WA</p>	<p>3:00 pm Let’s Write Questions All Faculty</p>
<p>1:55 pm The Answers – They Can Ruin a Great Stem Tracy Hull, MD, Cleveland, OH</p>	<p>3:30 pm Questions and Review All Faculty</p>
<p>2:15 pm Finalizing Questions – Rescue and Salvage Glenn Ault, MD, Los Angeles, CA</p>	<p>4:00 pm Adjourn</p>

SATURDAY

Symposium and Workshop

Advanced Endoscopy

1 6

7:30 – 11:30 am

Rooms: Davidson Ballroom Salon A (Level 1M) and 202

Ticket Required

Registration and Pre-registration Survey Required

(Includes Didactic and Hands-on Workshop) Member Fee: \$625 • Nonmember Fee \$750 • Limit: 24 participants

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



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Aries Pharmaceuticals, Inc.
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Cook Medical
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Lumendi LLC
Olympus America Inc.
Ovesco Endoscopy*

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

The adoption of new technology and techniques for surgeons in practice is challenging. There is often insufficient opportunity for the practicing surgeon to be exposed to the most state-of-the-art methods. In addition, it can be difficult for physicians to incorporate these techniques into their practice. In order to surmount these obstacles, it is necessary for the surgeon to acquire an in depth understanding of the available technology, the indications for its use and the potential benefits to the intended patient population.

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

Existing Gaps

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

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

Advanced Endoscopy *(continued)*

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

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

Co-directors: I. Emre Gorgun, MD, Cleveland, OH

Sang Lee, MD, Los Angeles, CA

Didactic Session

7:30 – 9:15 am

Room: Davidson Ballroom Salon A (Level 1M)

<p>7:30 am Introduction I. Emre Gorgun, MD, Cleveland, OH Sang Lee, MD, Los Angeles, CA</p> <p>7:40 am How to Classify and Categorize Premalignant and Malignant Polyps James Buxbaum, MD, Los Angeles, CA</p> <p>7:55 am From EMR to ESD: Learning Curve and How Do I Get There? Jennifer Hrabe, MD, Iowa City, IA</p>	<p>8:10 am Endoluminal Resection, Suturing, Clips and New Techniques for Hemostasis I. Emre Gorgun, MD, Cleveland, OH</p> <p>8:25 am Endoluminal Stenting Andreas Kaiser, MD, Los Angeles, CA</p> <p>8:40 am New Endoluminal Platforms Sang Lee, MD, Los Angeles, CA</p> <p>8:55 am Panel Discussion and Questions</p> <p>9:15 am Adjourn</p>
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Hands-on Workshop

9:30 – 11:30 am • *Ticket Required*

Room: 202

Faculty: M. Philip Duldulao, MD, Los Angeles, CA; Todd Francone, MD, Boston, MA; I. Emre Gorgun, MD, Cleveland, OH; Jennifer Hrabe, MD, Iowa City, IA; Sang Lee, MD, Los Angeles, CA; David Liska, MD, Cleveland, OH; Matthew Mutch, MD, St. Louis, MO; Joongho Shin, MD, Los Angeles, CA; Toyooki Sonoda, MD, New York, NY; Richard Whelan, MD, New York, NY; Mark Zebley, MD, Abington, PA; Matthew Zelhart, MD, New Orleans, LA





SELF-ASSESSMENT (MOC) CREDIT

Core Subject Update

2

7:30 – 9:30 am

Room: Ballroom AB (Level 4)

The Core Subject Update was developed to assist in the education and recertification of colon and rectal surgeons. Twenty-four core subjects have been chosen and are presented in a 4 year rotating cycle. Presenters are experts on their selected topics and present evidence-based reviews on the current diagnosis, treatment and controversies of these diseases. Following each presentation, a brief discussion period is moderated by the course director.

Existing Gaps

What Is: It can be challenging for practicing surgeons to stay up to date on the most current and cutting edge evaluation and management of colorectal diseases, particularly when rare or not seen routinely.

What Should Be: Practicing surgeons should maintain a current and comprehensive understanding of colorectal conditions and use that knowledge to provide their patients with optimal care.

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

- Describe the issues related to stomas including indications, complications and management options.
- Maintain an understanding of the pathophysiology of benign anorectal conditions including pruritis ani, pilonidal disease and hidradenitis, offering patients the spectrum of nonsurgical and surgical treatment options.
- Discuss the causes and treatment options for rectovaginal and rectourethral fistulas.
- Review the literature outlining the current medical treatment options for inflammatory bowel disease.
- Review the causes and treatment options/algorithms for patients presenting with lower GI bleeding.

Director: Justin Maykel, MD, Worcester, MA

7:30 am	Ostomies and Stomal Therapy Wolfgang Gaertner, MD, Minneapolis, MN	8:45 am	Discussion
7:45 am	Discussion	8:50 am	Lower Gastrointestinal Bleeding Joseph Carmichael, MD, Orange, CA
7:50 am	Benign Anorectal: Pruritis, Pilonidal, Hidradenitis Stefan Holubar, MD, Cleveland, OH	9:05 am	Discussion
8:05 am	Discussion	9:10 am	Rectal Cancer: Neoadjuvant and Adjuvant Therapy Daniel Herzig, MD, Portland, OR
8:10 am	Rectovaginal and Rectourethral Fistulas Pasithorn Amy Suwanabol, MD, Ann Arbor, MI	9:25 am	Discussion
8:25 am	Discussion	9:30 am	Adjourn
8:30 am	Medical Management of Inflammatory Bowel Disease Antonino Spinelli, MD, Milan, Italy		

Symposium

Contemporary Management of Lower GI Bleeding

Parallel Session 1-B



SELF-ASSESSMENT (MOC) CREDIT

2

7:30 – 9:30 am

Room: Ballroom C (Level 4)

Lower gastrointestinal bleeding (LGIB) presents a challenging clinical condition to both patients and their physicians and surgeons. Patients and families experience tremendous stress and fear at the sight of blood from the rectum. A variety of potential causes of LGIB exist, potentially occurring anywhere along the length of the GI tract. This is classically distal to the ligament of Treitz, though as high as 15% of all LGIB results from an upper source. The task remains inherently frustrating for physicians and surgeons given difficulties localizing the bleeding site and determining the cause. Operative intervention is rarely necessary, while at the same time, surgeons must remain vigilant and prepared for the occasion where bleeding is profuse and truly life threatening.

While upper gastrointestinal bleeding (UGI) appears to be decreasing in incidence, LGIB is unfortunately stable if not increasing and may be due to multiple factors. Undoubtedly, the aging population plays a significant role given the many diseases afflicting the elderly such as colorectal neoplasms, diverticulosis coli, angiodysplasia and colonic ischemia, which are common causes of LGIB. This population is also more likely to be prescribed antiplatelet and anticoagulation medications, potentially predisposing to bleeding and even adding to the severity of such episodes. Lastly, the elderly is more apt to suffer from cardiopulmonary comorbid conditions contributing further to the complexity of management. Nonetheless, even more challenging is the often intermittent nature of the bleeding episodes, making precise localization difficult and definitive diagnosis elusive.

Surgeons therefore find themselves in a daunting position as we are asked to care for patients experiencing a potentially life-threatening problem. We do so cognizant of limitations of the available diagnostic studies applied to an intermittent and elusive disease. One must resist frustration and instead pursue a methodical and rational approach to find and address treatable causes.

Existing Gaps

What Is: Comorbid patients in an aging population combined with a rising incidence of LGIB may place surgeons in a quandary.

What Should Be: More formalized multidisciplinary algorithm to managing LGIB utilizing validated scoring systems which stratify severity of bleeding and need for hospitalization and acute care services; rapid and accurate localization techniques to direct less invasive methods for cessation of bleeding and, when necessary, direct surgeons for more specific function preserving operative intervention; recognition of rare causes of LGIB specific to the anorectum that are more appropriately managed by the colorectal surgeon.

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

- Explain the epidemiology of lower gastrointestinal bleeding and the range of possible causes.
- Recognize the possible investigational studies available to the clinician and suggest a rational diagnostic testing algorithm for localization of lower gastrointestinal bleeding.
- Appreciate the non-operative technologies for intervention to control lower gastrointestinal bleeding, including colonoscopic methods for bleeding control as well as interventional radiologic techniques.
- Review operative strategies, decision making and preparation for a variety of scenarios that may be faced in the operating room.

Co-directors: Teresa DeBeche-Adams, MD, Orlando, FL
Seema Izfar, MD, San Antonio, TX

Continued next page

Contemporary Management of Lower GI Bleeding *(continued)*

- | | | | |
|---------|--|---------|---|
| 7:30 am | Introduction
Teresa DeBeche-Adams, MD, Orlando, FL
Seema Izfar, MD, San Antonio, TX | 8:25 am | The Tipping Point: When to Operate and How to Choose Which Surgery to Do
Robert Madoff, MD, Minneapolis, MN |
| 7:40 am | Taking a Cue From Upper GI Bleed Paradigm: Can We Develop a Scoring System for Guiding Management?
Fergal Fleming, MD, Rochester, NY | 8:40 am | Maybe It's Not the Colon: Evaluation for Occult Small Bowel Bleeding
Eric Weiss, MD, Weston, FL |
| 7:55 am | Catching It In the Act: Best Methods for Localizing Lower GI Bleeding
Amanda Hayman, MD, Portland, OR | 8:55 am | Rectal Zebras: Other Causes of Significant Bleeding
Kyle Cologne, MD, Los Angeles, CA |
| 8:10 am | Role of Non-Operative Procedures: When Is It Okay to Wake Up the Gastroenterologist or Radiologist?
Ian Paquette, MD, Cincinnati, OH | 9:10 am | Panel Discussion and Case Presentations |
| | | 9:30 am | Adjourn |

9:30 – 9:45 am

Refreshment Break in Foyer



Photo credit: Nashville Convention & Visitors Corp.

Symposium

When You Hear Hoofbeats, Think Zebras... Uncommon/Atypical Colorectal Conditions

Parallel Session 2-A



SELF-ASSESSMENT (MOC) CREDIT

2

9:45 – 11:45 am

Room: Ballroom C (Level 4)

There are a handful of pathologies that colorectal surgeons will encounter that will often lack any substantial clinical or evidence based recommendations for treatment. Because of their rarity, we are often left with having to do extensive research only to find very little information available that would help guide the clinician to an answer. Some of these issues to be presented are newer clinical entities related to the evolving face of medical and surgical advancement. This presentation will highlight some of the most “common” of these rarer entities.

The consequences of colorectal procedures performed on infants with congenital defects of the GI tract can often present in adulthood. These can range from bowel obstructions to defecatory dysfunction. An understanding of the surgical history, anatomy and its long-term consequences is often critical to understanding and treating the problem in the adult patient.

Although not performed in high volumes, continent pouches and their complications can often present to the colorectal surgeon in any setting. Pouch prolapse, perforation and obstruction are some of the problems that can occur. Understanding the options for salvage can benefit these patients whose only choice otherwise would be a standard ileostomy.

The advent of surgical options for transgender individuals has also expanded the potential for seeing unusual and possibly surgical problems that the colorectal surgeon may be called for. Thus, developing a basic understanding of the operative procedures involved is important, as these patients become more frequent and the centers that perform them are not readily accessible to address some of the complications.

Several other atypical issues include unusual pathology such as colorectal lymphoma, rectal varices, SRUS and miscellaneous colitides. While most of these issues are medically managed, the question will often be raised as to when a surgeon should be involved and to what degree.

Existing Gaps

What Is: There are several atypical and uncommon pathologies that surgeons will encounter and often be asked to help manage. In addition, there are new surgical techniques that are being pioneered for the transgender patient population which may affect our practice as well. Lack of updated and current information has left a dearth in this small percentage of pathologies.

What Should Be: Colorectal surgeons will often be involved in the care and assisting in the management of these patients even if a surgical treatment is not involved. This requires awareness of the current operative procedures as well as an update on uncommon pathologies.

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

- Recall the rarer cancers of the colon, rectum and anus and propose treatment algorithms for them.
- List the procedural complications of continent ileostomies, rubber band ligation of hemorrhoids, imperforate anus reconstruction, cosmetic anorectal procedures such as anal bleaching, gender reassignment surgery and colonics.
- Describe the presentation and treatment options for rare diagnoses of the colon, rectum and anus.

Co-directors: Anjali Kumar, MD, Seattle, WA
Carrie Peterson, MD, Milwaukee, WI

Continued next page

When You Hear Hoofbeats, Think Zebras... Uncommon/Atypical Colorectal Conditions *(continued)*

9:45 am **Introduction**
Anjali Kumar, MD, Seattle, WA

Rare and Unfortunate Cancers

- 9:50 am **Anal Melanoma**
Linda Farkas, MD, Sacramento, CA
- 9:55 am **Rectal GIST**
Alexander Hawkins, MD, Nashville, TN
- 10:00 am **Cancer in the J-Pouch**
Emily Steinhagen, MD, Cleveland, OH
- 10:05 am **Colorectal Lymphoma**
Jennifer Ayscue, MD, Washington, DC
- 10:10 am **Rectal Squamous Cell Cancer**
Mehraneh Jafari, MD, Irvine, CA
- 10:15 am **Cancer in the Fistula Tract**
Amy Lightner, MD, Rochester, MN
- 10:20 am **Panel Discussion and Questions**

Unique Procedural Complications and Consequences

- 11:15 am **Koch Gone Bad**
Jean Ashburn, MD, Cleveland, OH
- 11:20 am **Anorectal Considerations From Gender
Reassignment Surgery**
Wolfgang Gaertner, MD, Minneapolis, MN
- 11:25 am **Consequences of Cosmetic Anorectal/
Colorectal Procedures**
Zuri Murrell, MD, Los Angeles, CA
- 11:30 am **Post Rubber Band Ligation Sepsis**
Joanne Favuzza, MD, Chicago, IL
- 11:35 am **Panel Discussion and Questions**
- 11:45 am **Adjourn**

Unusual Diagnoses

- 10:35 am **Cecal Diverticulitis**
Amit Merchea, MD, Jacksonville, FL
- 10:40 am **Adult Hirschsprung's Disease**
Alessandra Gasior, DO, Columbus, OH
- 10:45 am **SRUS/CCP**
Shafik Sidani, MD, Abu Dhabi, United Arab
Emirates
- 10:50 am **Microscopic Colitis**
Samantha Quade, MD, Everett, WA
- 10:55 am **Cystic Retrorectal Neoplasia**
Eric Dozois, MD, Rochester, MN
- 11:00 am **Long Term Implications of Imperforate Anus
Repair**
Andreas Kaiser, MD, Los Angeles, CA
- 11:05 am **Panel Discussion and Questions**



Symposium

Robotic Colon and Rectal Surgery: Tips and Tricks

1 2

9:45 – 11:45 am

Room: Ballroom AB (Level 4)

Parallel Session 2-B



Supported in part by an independent educational grant from Intuitive

Over the past several years robotic colon and rectal surgery has gradually gained acceptance among many colorectal surgeons. This is a worldwide trend occurring not only in the United States but also throughout Europe and Asia. Robotic colorectal surgery continues to evolve, with more companies manufacturing surgical robots, and surgeons expanding the boundaries of what can be done via a minimally invasive approach.

A series of lectures with related videos will address the increasing options for surgeons in terms of technologies, demonstrate new techniques and the capabilities offered through robotic surgery and will educate surgeons on socioeconomic concerns with adopting robotic surgery.

This course is aimed at three populations of surgeons:

- 1) Practicing colon and rectal surgeons who perform robotic surgery but are still early in their learning curve. This session will give them insight on how to improve efficiency.
- 2) Practicing colon and rectal surgeons who do not currently do robotic surgery but wish to introduce robotic surgery into their practice.
- 3) Colon and rectal residents that are interested in robotics.

Existing Gaps

What Is: While robotic colorectal surgery is becoming more mainstream, not all colorectal surgeons are familiar with the capabilities of robotic surgery, and how robotics can increase what can be done via a minimally invasive approach. Many surgeons only know one robotic system and are not aware of various options that are becoming available.

What Should Be: Colorectal surgeons should be aware of what robotic systems are available and what the differences in these systems are. They should be familiar with advanced minimally invasive techniques that robotic surgery enables and understand the socioeconomic implications of starting a robotic program. This will allow our membership to make an educated choice as to how and when to incorporate robotics into their practice.

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

- Describe what robotic systems are currently available and what their differences are.
- Explain a variety of techniques for creation of an intracorporeal anastomosis.
- Discuss the use of robotic surgery in rectal cancer patients.
- Explain the socioeconomic impact of robotics.

Co-directors: **Jamie Cannon, MD, Birmingham, AL**
Todd Francone, MD, Burlington, MA

9:45 am **Introduction**
Jamie Cannon, MD, Birmingham, AL
Todd Francone, MD, Burlington, MA

9:50 am **Leela M. Prasad Memorial Lecture**
History of Robotics: Where We Were, Where We Are and Where Are We Going?
Slawomir Marecik, MD, Chicago, IL

10:05 am **Transanal Robotic Surgery: Local Excision to taTME**
Garrett Friedman, MD, Las Vegas, NV

10:20 am **Robotic Operating Systems: What Are Our Options?**
Kelly Tyler, MD, Springfield, MA

10:30 am **Techniques for Intracorporeal Anastomosis: Lefts and Rights**
Mark Soliman, MD, Orlando, FL

10:45 am **Is Robotic Surgery the Answer to Minimally Invasive Rectal Cancer Surgery?**
Deborah Nagle, MD, Boston, MA

11:00 am **Splenic Flexure Tips and Tricks**
Ron Landmann, MD, Jacksonville, FL

11:15 am **Can Robotic Surgery Be Cost Effective? Essentials to Developing a Robotic Surgical Program**
Robert Cleary, MD, Ann Arbor, MI

11:30 am **Panel Discussion**

11:45 am **Adjourn**

11:45 am – 12:45 pm

Complimentary Box Lunch in Exhibit Hall B (Level 3)

Welcome and Opening Announcements

12:45 – 1:30 pm

Room: Ballroom AB (Level 4)

Guy R. Orangio, MD, New Orleans, LA
President, ASCRS

Eric Johnson, MD, Cleveland, OH
Program Chair

Timothy Geiger, MD, Nashville, TN
Local Arrangements

Garrett Nash, MD, New York, NY
Awards Chair

Michael Stamos, MD, Orange, CA
President, Research Foundation of the ASCRS

Sharon Stein, MD, Cleveland, OH
Public Relations Chair

Kyle Cologne, MD, Los Angeles, CA
Social Media Chair

Norman D. Nigro, MD, Research Lectureship

1:30 – 2:15 pm

Room: Ballroom AB (Level 4)



**Gut Microbiome, Metabolomic and
Colon Cancer: The Environmental Link?**

Heidi Nelson, MD
*Fred C. Andersen, Professor of Surgery;
Chair, Department of Surgery; Mayo Clinic;
Rochester, MN*

Introduction: Bruce Wolff, MD

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

Dr. Nigro generously dedicated many years of service to the specialty through his activities in the American Society of Colon and Rectal Surgeons (ASCRS) and the American Board of Colon and Rectal Surgery (ABCRS).



Abstract Session

Parallel Session 3-A

Neoplasia I



2

2:15 – 3:45 pm

Room: Davidson Ballroom Salon A (Level 1M)

Co-moderators: **Conor Delaney, MD, Cleveland, OH**
Eric Weiss, MD, Weston, FL

2:15 pm	Introduction	2:57 pm	Discussion
2:20 pm	ACPGBI Travelling Fellow Patients With ‘Missed’ Interval Colorectal Cancers on the National Faecal Occult Blood Testing Program May Not Be Truly Asymptomatic – Results From a Multicentre Study S1 A.T. George ^{*1,2,3} , S. Aggarwal ² , S. Dharmavaram ² , A. Menon ² , M. Dube ² , M. Vogler ¹ , A. Field ¹ ; ¹ Nottingham, United Kingdom; ² Mansfield, United Kingdom; ³ Derby, United Kingdom	3:00 pm	Conditional Probability of Survival After Neoadjuvant Chemoradiation and Proctectomy for Rectal Cancer: What Matters and When S6 G. Karagkounis ^{*1} , D. Liska ¹ , M. Kalady ¹ ; ¹ Cleveland, OH
2:25 pm	Discussion	3:05 pm	Discussion
2:28 pm	Consolidation mFOLFOX6 Chemotherapy After Chemoradiotherapy Improves Survival in Patients with Locally Advanced Rectal Cancer S2 M.R. Marco ^{*1} , L. Zhou ¹ , P. S. ¹ , J. Marcet ² , S. Oommen ³ , S.R. Hunt ⁴ , P. Cataldo ⁵ , J. Garcia Aguilar ¹ ; ¹ New York, NY, ² Tampa, FL, ³ Concord, CA; ⁴ St. Louis, MO; ⁵ Burlington, VT	3:08 pm	Spin in Transanal Total Mesorectal Excision Articles (taTME): An Assessment of the Current Literature S7 S. Patel ^{*1} , D. Yu ¹ , L. Zhang ¹ , S.A. Chadi ² ; ¹ Kingston, ON, Canada; ² Toronto, ON, Canada
2:33 pm	Discussion	3:13 pm	Discussion
2:36 pm	Accelerated Enhanced Recovery Following Minimally Invasive Colorectal Cancer Surgery (RecoverMI): Results of a Prospective Phase 2 Randomized Controlled Trial S3 B.K. Bednarski ^{*1} , T.P. Nickerson ¹ , C.A. Messick ¹ , Y. You ¹ , B.B. Speer ¹ , V. Gottumukkala ¹ , M. Manandhar ¹ , G. Chang ¹ ; ¹ Houston, TX	3:16 pm	Progression to Anal Cancer in High-Resolution Anoscopy Clinic: A 7-year Institutional Experience S8 S. Carbutaru ¹ , H. Alshaikh ¹ , M. Paradis ¹ , J. Jones ¹ , U. Buchwald ¹ , N. Bumpus ¹ , I. Leeds ^{*1} , D. Levine ¹ , C. Hendrix ¹ , N. Cowell ¹ , C. Trimble ¹ , S. Fang ¹ ; ¹ Baltimore, MD
2:41 pm	Discussion	3:21 pm	Discussion
2:44 pm	Adjuvant Chemotherapy Improves Survival Following Resection of Locally Advanced Rectal Cancer with Pathologic Complete Response S4 M. Turner ^{*1} , J.E. Keenan ¹ , C.N. Rushing ¹ , B.C. Gulack ¹ , D.P. Nussbaum ¹ , E. Benrashid ¹ , T. Hyslop ¹ , J.H. Strickler ¹ , C.R. Mantyh ¹ , J. Migaly ¹ ; ¹ Durham, NC	3:24 pm	Bridge to Laparoscopic Surgery Stent Placement vs. Emergency Surgery for Acute Malignant Colonic Obstruction: A Case-Matched Retrospective Study S9 S. Yang ^{*1} , Y. Han ¹ , M. Cho ¹ , H. Hur ¹ , B. Min ¹ , K. Lee ¹ , N. Kim ¹ ; ¹ Seoul, Korea (the Republic of)
2:49 pm	Discussion	3:29 pm	Discussion
2:52 pm	Impact of Tumour Deposits on Oncologic Outcomes in Stage III Colon Cancer S5 N. Wong-Chong ^{*1} , J. Motl ² , G. Hwang ² , J. Kelly ² , G.J. Nassif ² , M.R. Albert ² , L. Lee ¹ , J.R. Monson ² ; ¹ Montreal, QC, Canada; ² Orlando, FL	3:32 pm	Medicaid Expansion and Colorectal Cancer Screening S10 Y. Zerhouni ^{*1} , A.H. Haider ¹ , J. Goldberg ¹ , J. Irani ¹ , R. Bleday ¹ , N. Melnitchouk ¹ ; ¹ Boston, MA
		3:37 pm	Discussion
		3:40 pm	Question and Answer
		3:45 pm	Adjourn

All abstract session presenters are noted with an *.

Symposium

Anal and Rectovaginal Fistula Management From Simple to Complex

Parallel Session 3-B



SELF-ASSESSMENT (MOC) CREDIT

2

2:15 – 3:45 pm

Room: Ballroom C (Level 4)

Anorectal fistulas (fistulas-in-ano) are a relatively common problem that many colorectal surgeons face during their practice, with a potential dramatic impact on the patient's quality of life. Anorectal fistulas frequently result from a previous or current anorectal abscess; up to 50% of patients with abscesses develop a fistula. These conditions are particularly challenging given the high failure rate and lack of a standard algorithm for application of the current available treatment modalities.

The surgeon's familiarity with the anatomy of the anorectal area, the pathogenesis and classification of the fistula are all necessary for adequate management. Currently, there is no medical treatment available for fistulas, except in special situations, such as Crohn's disease. Surgery is almost always necessary for a cure. Because no single technique is appropriate for the treatment of all anorectal fistulas, treatment must be dictated by the etiology and anatomy of the fistula, degree of symptoms, patient comorbidities and the surgeon's experience. The surgeon should also keep in mind the progressive tradeoff between the extent of operative sphincter division, postoperative healing rates and functional compromise. Using this information to develop a "bottom up" algorithm of which procedures to apply in which situation for the best outcome is vital.

Existing Gaps

What Is: A disorganized attempt to treat, using multiple methods in a haphazard fashion, with high recurrence rates and patient dissatisfaction.

What Should Be: An evidence-based algorithm of surgical management, considering the patient and disease-specific variables, for the best chance at healing and improving patient quality of life.

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

- Determine the anatomy and classification of the fistula.
- Develop a patient-specific bottom up algorithm to approach surgical management of anorectal fistulas.
- Describe the etiology and best approaches to treat initial and recurrent rectovaginal fistulas.

Co-directors: *Rebecca Hoedema, MD, Grand Rapids, MI*
Deborah Keller, MD, New York, NY

<p>2:15 pm Introduction Rebecca Hoedema, MD, Grand Rapids, MI Deborah Keller, MD, New York, NY</p>	<p>3:05 pm Special Consideration: Fistulizing Perianal Crohn's Disease – Medical vs. Surgical Management Daniel Geisler, MD, Houston, TX</p>
<p>2:25 pm Surgical Anatomy of Anorectal Fistulas and Implications for Treatment Joseph Carmichael, MD, Orange, CA</p>	<p>3:15 pm Rectovaginal Fistula – Etiology and Treatment Options Elizabeth Raskin, MD, Loma Linda, CA</p>
<p>2:35 pm Treatment of "Simple" Fistulas – When to Cut, Fill, or Flap? Bradley Champagne, MD, Cleveland, OH</p>	<p>3:25 pm Surgical Strategies for Complex Rectovaginal Fistula Repair Tracy Hull, MD, Cleveland, OH</p>
<p>2:45 pm Techniques for Complex Fistulas – LIFT, Bio-LIFT, Flaps Scott Regenbogen, MD, Ann Arbor, MI</p>	<p>3:35 pm Panel Discussion and Question</p>
<p>2:55 pm Emerging Technology in Fistula Management – Stem Cells, Biologic Therapy, FiLaC, VAAFT Phil Tozer, MD, Harrow, United Kingdom</p>	<p>3:45 pm Adjourn</p>

Symposium

Complex Cases – I Need Help! Plastic Surgery for the Colorectal Surgeon

Parallel Session 3-C



2

2:15 – 3:45 pm

Room: Ballroom AB (Level 4)

Colon and rectal surgeons commonly treat patients that require flap procedures or other complex closures that are traditionally considered the purview of the plastic surgeon. As colon and rectal surgeons are involved in the creation of these wounds and are responsible for the overall management of these patients and conditions, they should have a better understanding of the principles and techniques involved in flap creation. In addition, they should have a better understanding of the need and timing of when to involve surgical colleagues from other disciplines.

They are the subject matter experts for the management of common perianal diseases such as hidradenitis suppurativa and pilonidal disease. While these conditions can often be managed with simple excision and local wound care, often these conditions recur and can lead to more complex wounds. In these cases, the management requires more advanced surgical techniques to adequately treat them.

These surgeons are experts for the management of rectourethral and rectovaginal fistulas as well as the management of complicated perineal wounds. As the incidence of anal cancer increases and the use of radiation for the management of malignancies involving the perineum also increases, it is more common for surgeons to treat complex perineal wounds, that often involve radiated tissues. These wounds require advanced techniques, often involving flap techniques in their management.

The open abdomen is becoming a more commonly encountered condition. In patients with recurrent enterocutaneous fistulae or enteroatmospheric fistulas, managing the abdominal wall in conjunction with the management of the intestines can be a very daunting proposition.

Existing Gaps

What Is: Because all of these disease conditions are managed primarily by colon and rectal surgeons, situations requiring more advanced closure are becoming more common. Reconstruction techniques can be poorly understood or not well utilized.

What Should Be: As colorectal specialists, we are involved in the management of these patients and should be comfortable with some of the more advanced closure techniques that may be required.

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

- Describe the flap techniques best utilized in the treatment of complex and recurrent pilonidal disease.
- Explain the flap techniques for treating complex perianal anal hidradenitis suppurativa and the utility of a covering colostomy.
- Recognize the techniques for harvesting muscle tissues for the management of recto-urethral and recto-vaginal fistulas.
- Describe techniques in the management of complicated open perineal wounds.
- Describe the management of the open abdominal wall at the time of enter-cutaneous fistula repair.

Co-directors: Kurt Davis, MD, New Orleans LA
Muneera Kapadia, MD, Iowa City, IA

Continued next page

Complex Cases – I Need Help! Plastic Surgery for the Colorectal Surgeon *(continued)*

- | | | | |
|---------|--|---------|--|
| 2:15 pm | Introduction
Kurt Davis, MD, New Orleans, LA | 3:05 pm | The Complicated Perineal Wound – Now What?
Jerrod Keith, MD, Iowa City, IA |
| 2:20 pm | Flaps for Pilonidal Disease, Which Flap and When?
Jeffrey Barton, MD, New Orleans, LA | 3:20 pm | The Open Abdomen
Benjamin Poulouse, MD, Nashville, TN |
| 2:35 pm | Perianal Hidradenitis Suppurativa, Beyond the Basics
Frank Lau, MD, New Orleans, LA | 3:35 pm | Panel Discussion |
| 2:50 pm | Rectourethral or Rectovaginal Fistulas – The Gracilis Muscle and More
Maher Abbas, MD, Dubai, United Arab Emirates | 3:45 pm | Adjourn |

3:45 – 4:15 pm
Refreshment Break in Exhibit Hall B (Level 3)



Abstract Session

Benign Disease

2

4:15 – 5:45 pm

Room: Ballroom C (Level 4)

Co-moderators: Lynn O'Connor, MD, Lake Success, NY
David Stewart, MD, Tucson, AZ

- 4:15 pm **Introduction**
- 4:20 pm **Propofol Administration by Anesthesiologist vs. Endoscopist During Colonoscopy: Does It Make a Difference?** **S11**
M.A. Abbas*¹, M. Shalabi¹, D. Gopalan¹, P. Bianzon¹, F. Georgopoulos¹; ¹Dubai, United Arab Emirates
- 4:25 pm **Discussion**
- 4:28 pm **Who Should Get Post-discharge Thromboprophylaxis After Colorectal Surgery? Creation of a Risk Assessment Calculator** **S12**
P. Aggarwal*¹, I. Wasserman¹, M. Wright², M. McCain², M. Shashidharan², C. Ternent²; ¹New York, NY; ²Omaha, NE
- 4:33 pm **Discussion**
- 4:36 pm **The Effect of Surgical Training and Operative Approach on Outcomes in Acute Diverticulitis – Should Guidelines Be Revised?** **S13**
R.N. Goldstone*¹, C.E. Cauley¹, Y. Altinel¹, D. Chang¹, H. Kunitake¹, R. Ricciardi¹, L. Bordeianou¹; ¹Boston, MA
- 4:41 pm **Discussion**
- 4:44 pm **Should They Stay or Should They Go? The Utility of C Reactive Protein in Predicting Readmission and Anastomotic Leak After Colorectal Resection** **S14**
H.J. Pantel*¹, L. Jasak¹, R. Ricciardi², P. Marcello¹, P.L. Roberts¹, D. Schoetz¹, T.E. Read¹; ¹Burlington, MA; ²Boston, MA
- 4:49 pm **Discussion**
- 4:52 pm **Sessile Serrated Adenomas/Polyps: Reflections of the Degree of DNA Methylation in the Colorectal Mucosa** **S15**
P.M. Neary*¹, D. Schwarzberg¹, T.B. Cengiz¹, M. Kalady¹, J. Church¹; ¹Cleveland, OH
- 4:57 pm **Discussion**

All abstract session presenters are noted with an *.

Parallel Session 4-A



- 5:00 pm **Early Results of a Phase I Trial Using an Adipose Derived Mesenchymal Stem Cells Coated Fistula Plug for the Treatment of Transphincteric Cryptoglandular Fistulas** **S16**
E.J. Dozois*¹, A.L. Lightner¹, K.L. Mathis¹, H. Chua¹, S.R. Kelley¹, J. Fletcher¹, A. Dietz¹, W. Faubion¹; ¹Rochester, MN
- 5:05 pm **Discussion**
- 5:08 pm **High Rate of Reoperation Following Combined Abdominal Wall Reconstruction and Hartmann's Reversal Should Prompt Evaluation of a Staged Approach** **S17**
T. Curran*¹, C. Jensen¹, M. Kwaan¹, R. Madoff¹, W.B. Gaertner¹; ¹Minneapolis, MN
- 5:13 pm **Discussion**
- 5:16 pm **The Effect of Nonoperative Management of Chronic Anal Fissure and Hemorrhoid Disease on Bowel Function Patient-Reported Outcomes** **S18**
A. Swarup*¹, S.J. Ivatury¹; ¹Lebanon, NH
- 5:21 pm **Discussion**
- 5:24 pm **Is Endoscopic Submucosal Dissection for Rectal Polyps an Alternative to Trans Anal Minimally Invasive Surgery: A Retrospective Comparative Study** **S19**
R. Mittal*¹, F. Manji¹, M. Antillon-Galdamez¹, J.W. Ogilvie¹; ¹Grand Rapids, MI
- 5:29 pm **Discussion**
- 5:32 pm **Multimodal Pain Management in a Colon and Rectal Surgery Enhanced Recovery Pathway: A Randomized Clinical Trial Comparing Epidural Analgesia versus Liposomal Bupivacaine Transversus Abdominis Plane Block** **S20**
D. Felling*¹, M. Jackson¹, J. Ferraro¹, C. Genord¹, J. Albright¹, J. Wu¹, R.K. Cleary¹; ¹Ypsilanti, MI
- 5:37 pm **Discussion**
- 5:40 pm **Question and Answer**
- 5:45 pm **Adjourn**

Symposium

Parallel Session 4-B

Enhanced Recovery Protocols and Pathways for Colectomy and Beyond: Involving Your Allied Health and Other Health Professionals



2 5 6

4:15 – 5:45 pm

Room: Ballroom AB (Level 4)

Supported in part by an independent educational grant from Johnson & Johnson Medical Devices Companies (Ethicon)

Enhanced Recovery Protocols (ERP) and Pathways are multimodal, perioperative strategies (e.g., standardized pre-op patient education, intra-op fluid restriction, post-op mobilization, etc.) that reduce length-of-stay (LOS), post operative complications (POCs) and readmissions for patients after major surgery. While initially used for patients undergoing colectomy, ERPs are now used in other surgical populations including pancreaticoduodenectomy, gastrectomy and hepatectomy patients. In all specialties, a cross-disciplinary team of experts, drawn from every point of surgical care, is critical to the successful development, implementation and maintenance of ERPs.

Allied Health Professionals (AHPs) are a diverse group of health providers involved with the identification, evaluation and prevention of diseases and disorders. These individuals are distinct from health professionals in medicine such as surgeons and anesthesiologists. AHPs include dietitians, physical therapists and occupational therapists. In addition to traditional AHPs, other support services play key roles in the successful ERP including pharmacists, wound/ostomy specialists and clinical educators. The roles of these professionals in surgical recovery are equally important as the involvement of those from medicine and nursing.

Existing Gaps

What Is: The benefits of ERPs are well established and experience has shown that a multidisciplinary team is critical to its overall success. The important role of AHPs and other health professionals, however, within ERPs is not well understood and may be overlooked.

What Should Be: As colorectal specialists who use ERPs, we should be continuously improving ERPs and integrating the experts that surround us. These include AHPs and other health professionals who deliver important care to patients. This requires an effective understanding of the techniques, tools and people available to us to optimize care for our patients.

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

- Describe the many roles allied health and other health professionals play in surgical recovery.
- Describe the unique contribution that allied health and other professionals provide to the success of an ERP.
- Describe the barriers and facilitators to involving allied health and other health professionals.
- Describe practical ways to involve allied health and other health professionals in developing, implementing and maintaining ERPs.

Co-directors: Daniel Chu, MD, Birmingham, AL
Traci Hedrick, MD, Charlottesville, VA

4:15 pm	Introduction Daniel Chu, MD, Birmingham, AL Traci Hedrick, MD, Charlottesville, VA	5:05 pm	Wound Ostomy Support in the Era of ERPs Amy Armstrong, WOCN, Birmingham, AL
4:20 pm	Nutrition in ERPs Elaine Goode, Charlotte, NC	5:20 pm	Multidisciplinary Collaboration: Pulling Everyone Together Bethany Sarosiek, RN, MS, Charlottesville, VA
4:35 pm	Role of PT/OT in Prehabilitation and Recovery Lavon Beard, PT, MBA, Birmingham, AL	5:35 pm	Panel Discussion
4:50 pm	Role of the Clinical Pharmacist in ERPs Rachel Kruer, PharmD, Baltimore, MD	5:45 pm	Adjourn

SUNDAY, MAY 20



Photo credit: Nashville Convention & Visitors Corp.

Welcome Reception

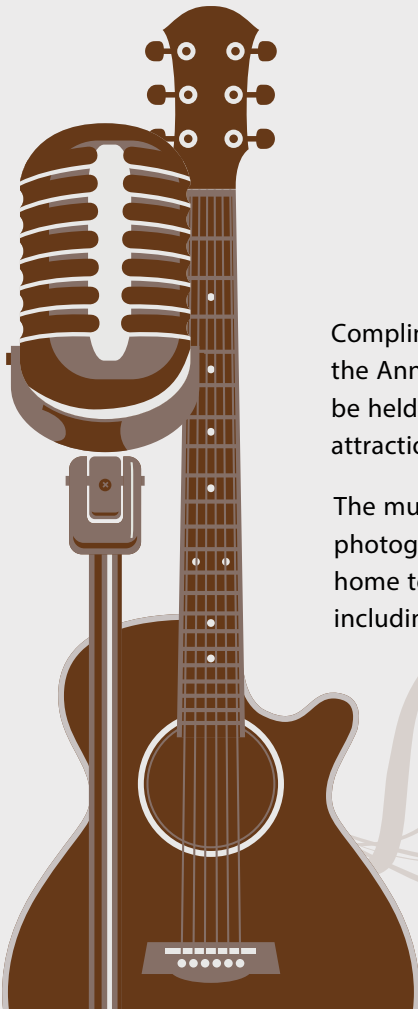
7:00 – 10:00 pm, Sunday

COUNTRY MUSIC HALL OF FAME

Complimentary to registered attendees, the Welcome Reception has become a tradition at the Annual Scientific Meeting. To honor Nashville's rich music history, this year's event will be held at the Country Music Hall of Fame. The Hall of Fame is one of the most popular attractions in Nashville and welcomed nearly one million visitors last year.

The museum explores the origins and traditions of country music with artifacts, photographs and videos. The museum, called the "Smithsonian of Country Music," is home to nearly 200,000 sound recordings, 500,000 photographs and thousands of artifacts including Jimmie Rodger's guitar and Elvis Presley's solid gold Cadillac limo. It features a two-story wall with every gold and platinum country record produced. Current exhibits at the museum explore the lives and careers of country music legends: Loretta Lynn, Shania Twain and power couple Tim McGraw and Faith Hill. Names of Hall of Fame inductees are displayed in the world-famous Hall of Fame Rotunda.

Bring out your inner cowgirl or cowboy! Wear your cowboy hat, boots and jeans and join your colleagues for a captivating evening of delicious hors d'oeuvres, cocktails and entertainment. While you're here, ride the mechanical bull.





Meet the Professor Breakfasts

7:00 – 8:00 am

Registration Required • Fee \$50 • Limit: 30 per breakfast • Tickets Required • Continental Breakfast Included

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

M-1 Ileal Pouch Complications 1 2

SOLD OUT

Jean Ashburn, MD, Cleveland, OH
Ravi Kiran, MD, New York, NY

Room: 205A

M-3 HPV Related Anorectal Disease

SOLD OUT

Case Based Discussion 2
Stephen Goldstone, MD, New York, NY
Mark Welton, MD, Minneapolis, MN

Room: 205C

**M-2 Teaching Residents/Fellows
in the Modern Era 3 4**

Andrea Bafford, MD, Baltimore, MD
Brian Kann, MD, New Orleans, LA

Room: 205B

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

- Describe the procedures and approaches discussed in this session.



Symposium

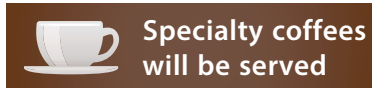
Coffee and Controversies: Minimally Invasive Surgery



2

7:00 – 8:00 am

Room: Ballroom C (Level 4)



*Supported by independent educational grants from:
Applied Medical
Johnson & Johnson Medical Devices Companies (Ethicon)*

Debate #1: **Right Colectomy: Robotics vs. Laparoscopy**

7:00 – 7:30 am

Debate #2: **Robotic Rectal Resection vs. taTME**

7:30 – 8:00 am

Technology relentlessly advances. Miniaturization, computer integration, ergonomic design and enhanced optics are rapidly applied to all aspects of our lives, including the care of our patients. Careful analysis is required to determine, however, what represents a true improvement in surgical care and what represents marketing.

Laparoscopic approaches toward colon and rectal disease began in the 1990s and the colon and rectal surgical world adopted slowly. Segments of our society rightly expressed skepticism and we all struggled together to establish the role of laparoscopy in the armamentarium of the colon and rectal surgeon.

Just as laparoscopic surgery becomes understood and its benefits well defined, the disruptive technology of robotics arrives to “upset the apple cart.”

Through guided, confrontational, humorous and instructional debate, world leaders in minimally invasive surgery will instruct and argue for a robotic or laparoscopic approach to right colon resection and transanal total mesorectal excision.

Existing Gaps

What Is: Advances in technical capabilities do not always result in improved outcomes or create efficiencies.

What Should Be: Careful analysis of laparoscopic and robotic approaches to right colectomy and transanal total mesorectal excision is therefore necessary now and warranted.

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

- Recognize the realities, costs and benefits of both laparoscopic and robotic approaches to right colectomy.
- Explain where in the armamentarium of colon and rectal surgeons’ robotic approaches may have advantage over laparoscopic techniques.
- Gain skills in how to assess new technologies with regard to consideration of adoption.

Director: Howard Ross, MD, Philadelphia, PA

7:00 – 7:30 am

Debate #1: **Right Colectomy: Robotics vs. Laparoscopy**

7:00 am **What Defines the Optimal Right Colon Resection?**
Howard Ross, MD, Philadelphia, PA

7:13 am **Robotic Right Colon Resection Is for Winners**
Martin Weiser, MD, New York, NY

7:05 am **Laparoscopic Right Colon Resection Is a “Perfect” Operation**
Sang Lee, MD, Los Angeles, CA

7:19 am **Hunger Games Debate to the Finish**
Sang Lee, MD, Los Angeles, CA
Howard Ross, MD, Philadelphia, PA
Martin Weiser, MD, New York, NY

Continued next page

Coffee and Controversies: Minimally Invasive Surgery *(continued)*

7:30 – 8:00 am

Debate #2: **Robotic Rectal Resection vs. taTME**

7:30 am **Turn a Smile Upside Down**
Howard Ross, MD, Philadelphia, PA

7:35 am **Robotic Resection of the Rectum: We Have Reached the Pinnacle**
Alessio Pigazzi, MD, PhD, Orange, CA

7:43 am **Why From Below, Is the Direction to Go**
Matthew Albert, MD, Altamonte Springs, FL

7:49 am **The Answer Arises**
Matthew Albert, MD, Altamonte Springs, FL
Alessio Pigazzi, MD, PhD, Orange, CA
Howard Ross, MD, Philadelphia, PA

8:00 am **Adjourn**



Abstract Session

Parallel Session 5-A

Inflammatory Bowel Disease



2

8:00 – 9:30 am

Room: Davidson Ballroom Salon A (Level 1M)

Co-moderators: Stefan Holubar, MD, Cleveland, OH
M. Benjamin Hopkins, MD, Nashville, TN

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|---|---|
| <p>8:00 am Introduction</p> <p>8:05 am High-risk Elective Ileocolic Anastomoses for Crohn's Disease: When Is Diversion Indicated? S21
P.M. Neary*¹, L. Stocchi¹, S. Shawki¹, S.R. Steele¹, C.P. Delaney¹, T. Hull¹, S. Holubar¹; ¹Cleveland, OH</p> <p>8:10 am Discussion</p> <p>8:13 am Endorectal Advancement Flaps for Anorectal Fistulae in Crohn's Disease in the Era of Immune Therapy S22
M.T. Ganyo*¹, S. Trinidad², S. Ramamoorthy¹, L. Parry¹, N. Lopez¹, R. Steinhagen², S. Eisenstein¹; ¹San Diego, CA; ²New York, NY</p> <p>8:18 am Discussion</p> <p>8:21 am Duration of Ulcerative Colitis Does Not Impact Outcomes of Restorative Proctocolectomy S23
O.A. Lavryk*¹, E. Gorgun¹, L. Stocchi¹, S.D. Holubar¹, T. Hull¹, J. Lipman¹, S. Shawki¹, S. Steele¹; ¹Cleveland, OH</p> <p>8:26 am Discussion</p> <p>8:29 am Risk Factors for Intra-abdominal Sepsis After Ileocolic Resection for Crohn's Disease: An Analysis of 621 Cases S24
N.P. McKenna*¹, A.E. Glasgow¹, E.B. Habermann¹, A.L. Lightner¹; ¹Rochester, MN</p> <p>8:34 am Discussion</p> | <p>8:37 am The Importance of Extended VTE Prophylaxis in Patients With IBD: Nomogram-Based Assessment from the ACS-NSQIP Cohort S25
C. Benlice*¹, S. Holubar¹, E. Gorgun¹, L. Stocchi¹, J. Lipman¹, M. Kalady¹, B.J. Champagne¹, S. Steele¹; ¹Cleveland, OH</p> <p>8:42 am Discussion</p> <p>8:45 am Reducing Racial Disparities in Surgery for Patients With Inflammatory Bowel Disease (IBD) Using Enhanced Recovery After Surgery (ERAS) S26
K.D. Cofer*¹, L. Goss¹, G. Kennedy¹, J.A. Cannon¹, M. Morris¹, D.I. Chu¹; ¹Birmingham, AL</p> <p>8:50 am Discussion</p> <p>8:53 am Question and Answer</p> <p>9:30 am Adjourn</p> |
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All abstract session presenters are noted with an *.

Symposium

Through the Ages: Caring for the Adult Who Was a Pediatric Surgery Patient

2

8:00 – 9:30 am

Room: Ballroom AB (Level 4)

Pediatric patients that had gastrointestinal surgery or actively struggle with colorectal issues are often seen by adult colon and rectal surgeons once the patients reach adulthood. Colon and rectal surgeons are seen as the experts at treating all problems related to the colon and rectum in adult patients, and therefore must maintain an understanding of the complex medical and surgical issues in pediatric patients as they transition into adulthood and continue care for many decades to come.

Most colon and rectal surgeons have had little exposure to and have little experience in treating patients with congenital pediatric diseases. There are diagnostic dilemmas when patients present as adults with previously undiagnosed juvenile problems. There are nuances with surgical technique and long term management of functional outcomes in pediatric colon and rectal diseases. Many patients and diagnoses require multidisciplinary management to optimize and coordinate care.

Coordinating a transition of care into adulthood requires the purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult oriented health care systems. The optimal goal of transition is to provide health care that is uninterrupted, coordinated, developmentally appropriate, psychosocially sound and comprehensive. This is markedly different than the transfer of care where one service stops and another picks up. We will examine the special needs in the transition of care of the pediatric patient with IBD, prior surgery and chronic gastrointestinal conditions.

Existing Gaps

What Is: Pediatric surgeons often assume care of the pediatric patient through early young adulthood; however, eventually the care of the patient must be transitioned to adult specialists. Often adult surgeons lack the understanding of the nuances of the surgeries performed, the long-term functional outcomes of reconstructive pediatric surgery or of the medical and psychosocial implications in treating this unique and complex patient population.

What Should Be: As colorectal specialists, we assume care of the adult pediatric patients as they transition from pediatric age to adulthood. This requires an effective understanding of the techniques and surgeries performed in pediatric patients as well as the special psychosocial and medical issues in this young patient group in order to optimize their care.

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

- Recognize pediatric colorectal operations and their implications to the adult surgeon.
- Evaluate and treat pediatric conditions with delayed onset or in need of continued adult surgical care.
- Identify the unique medical and psychosocial needs of the adult pediatric patient as they transition care into adult practice.

Co-directors: Jennifer Holder-Murray, MD, Pittsburgh, PA
Ian Paquette, MD, Cincinnati, OH

8:00 am	Introduction Jennifer Holder-Murray, MD, Pittsburgh, PA Ian Paquette, MD, Cincinnati, OH	8:50 am	Transitioning the Pediatric IBD Patient to an Adult IBD Practice Laurie Fishman, MD, Boston, MA
8:05 am	Hirschprung's Disease and Congenital Polyposis, What the Adult Surgeon Needs to Know Luis de la Torre, MD, Pittsburgh, PA	9:05 am	Putting It All Together: Transitioning Surgical Patients Out of the Pediatric Health Care System Into the Adult Medical System Janice Rafferty, MD, Cincinnati, OH
8:20 am	Congenital Malformations: Technical Considerations for Surgical Repair Andrea Bischoff, MD, Aurora, CO	9:20 am	Panel Discussion and Case Presentations
8:35 am	Treatment of Functional Bowel Outcomes of Congenital Surgery: From Antegrade Enemas to Nerve Stimulation Jason Frischer, MD, Cincinnati, OH	9:30 am	Adjourn

Parallel Session 5-B



SELF-ASSESSMENT (MOC) CREDIT

Symposium

Ethics

3 4

8:00 – 9:30 am

Room: Ballroom C (Level 4)

Parallel Session 5-C



Ethical challenges and dilemmas are inherent to the everyday practice of surgery. While most of us do not have any special training in the field of ethics, medical schools and residencies often provide significant exposure to the definition and application of the “principles of ethics.” We become comfortable, and sometimes experts, in the areas of decisional capacity and informed consent. We often navigate with end-of-life care more frequently and with greater ease than many of our medical colleagues, especially with our care of cancer patients or those with life-threatening conditions. Despite our wealth of experience, in practice, ethical quandaries still seem to sneak up on us and become challenging dilemmas before we even recognize their significance.

What is ethics? In our practice of colon and rectal surgery, “ethics” often has broader implications than the basic principles and their application. Ethics can be as far reaching as global medicine and caring for patients from different countries with a variety of cultures, political environments and religions. It can appear in professional arenas, such as resident education versus patient safety or appropriate relationships for advancing knowledge through industry research. It shows up in urban as well as rural practices in the form of access to care, health care reform, EMRs, networking, rating and evaluation systems and the nuances of working within a system of providers.

To make this session as practical as possible, a survey was sent to ASCRS members to identify their most immediate areas of concern in the field of ethics. Over 45% of respondents chose the topic “What to do with BAD Residents and Physicians” as one of their top five ethical dilemmas. This was followed by “Depression, Burnout, and Suicide” (over 35%), “Recognizing Ethical Situations in Clinical Practice,” “Conflicting Obligations of Physicians in Practice,” “Limiting Patient Preferences and Requests to Do Everything,” “Disclosure of Adverse Outcomes and Medical Error,” “Online Physician Rating Systems (the Yelp Phenomena),” and “Teaching Ethics in Educational Training Programs.” ASCRS members are clearly interested in issues of professional ethics, which are often set aside in favor of more tangible clinical issues, such as patient autonomy or end-of-life care. We agree that these issues are highly relevant to colorectal surgeons and deserve dedicated time for education and discussion.

Existing Gaps

What Is: Many physicians received “principles of ethics” education in medical school that was applied in residency and practice, but typically with a clinical focus. The professional issues of our daily life receive inadequate attention, and therefore represent areas of concern and anxiety in our colon and rectal surgery practices. Unless an effort is made by physicians to stay up to date, many become inadequately prepared to identify “new” ethical dilemmas and do not have the strategies necessary to resolve them.

What Should Be: Care of colon and rectal surgery patients will inevitably result in ethical dilemmas in our practices. Questions of professional ethics are often inadequately considered in our training, leaving colon and rectal surgeons with significant challenges and conflicts in the modern world. An effective understanding of these dilemmas and a better knowledge of strategies to resolve them is very important to our members.

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

- Recognize an ethical dilemma in the modern colon and rectal surgery practice and identify strategies to effectively resolve it.
- Determine what to do with BAD residents and physicians in the clinical practice.
- Learn to more effectively teach ethics in training programs and be able to differentiate between ethics, compassion and empathy.
- Recognize and better understand depression, burnout and risk of suicide in the physician.
- Identify social networking and online physician rating systems in the clinical practice setting.

Co-directors: John Griffin, MD, Seattle, WA
Erin Lange, MD, Seattle, WA

Continued next page

Ethics *(continued)*

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|---------|--|---------|---|
| 8:00 am | Introduction
John Griffin, MD, Seattle, WA
Erin Lange, MD, Seattle, WA | 8:50 am | Physician Depression, Burnout, and Suicide
David Rothenberger, MD, Minneapolis, MN |
| 8:05 am | Recognizing Ethical Situations in Clinical Practice
Ira Kodner, MD, St. Louis, MO | 9:05 am | Online Physician Rating Systems and the Social Media
Sean Langenfeld, MD, Omaha, NE |
| 8:20 am | What to Do With BAD Residents and Physicians
Michael Herkov, PhD, Jacksonville, FL | 9:20 am | Panel Discussion |
| 8:35 am | Teaching Ethics in Educational Training Programs
Piroska Kopar, MD, Lebanon, NH | 9:30 am | Adjourn |

9:30 – 10:00 am

Refreshment Break and E-poster Presentations in Exhibit Hall B (Level 3)





Symposium

Ask the Expert Panel – Complex Cases

2

10:00 – 10:45 am

Room: Ballroom AB (Level 4)

Colorectal surgeons are often called upon to manage complex medical and surgical conditions as well as some rarely seen disorders. In addition, suggested diagnostic and treatment algorithms change over time. All surgical specialists have certain topics/diseases for which the treatments remain controversial or undefined. Understanding the optimal treatment plan for patients often depends on a physician’s ability to see clarity in these lines of gray. This session will highlight the strategies of a group of senior colorectal surgeons as they confront various difficult operative scenarios one might encounter in clinical practice.

Existing Gaps

What Is: Because of evolving techniques in the management of many surgical patients and longer life expectancy, we are faced with even more complex abdominal and anorectal problems. Many operative techniques and scenarios can be quite complex and are not understood well by all.

What Should Be: Colorectal surgeons should be well versed in the techniques, tools and decision making required to take care of the most complex and difficult operative scenarios.

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

- Recognize the management options of recurrent and complex disorders as well as rare conditions affecting the colon, rectum and anus.
- Describe normal anatomic relations of the colon, rectum and anus as well as disturbances of these relations in colorectal disorders.
- Recognize difficult operative scenarios and understand how to safely get out of trouble.

Director: Kyle Cologne, MD, Los Angeles, CA

10:00 am	Introduction Kyle Cologne, MD, Los Angeles, CA	10:26 am	The Entero-Everywhere Fistula – Yikes! Scott Steele, MD, Cleveland, OH
10:02 am	Hemorrhoids – The Ugly, The Uglier, and The Ugliest Stanley Goldberg, MD, Minneapolis, MN	10:34 am	The Unfixable Pelvic Floor – Is This a Terminal Disease? Tracy Hull, MD, Cleveland, OH
10:10 am	Inflammatory Bowel Disease – Nightmare on TNF Street Anthony Senagore, MD, Galveston, TX	10:42 am	Discussion
10:18 am	Diverticulitis – What Could Possibly Go Wrong? Robert Madoff, MD, Minneapolis, MN	10:45 am	Adjourn

Presidential Address

10:45 – 11:30 am

Room: Ballroom AB (Level 4)



**Across the Universe:
"Sounds of Laughter,
Shades of Life"**

Guy R. Orangio, MD

*Professor of Clinical Surgery, Chief
Section of Colon and Rectal Surgery,
LSU Healthcare Network Clinic; Program
Director, Colon and Rectal Fellowship,
LSU: Adjunct Associate Professor of Clinical
Surgery, Tulane School of Medicine/
Department of Surgery; New Orleans, LA*

Introduction: Eric Johnson, MD

Dr. Guy R. Orangio, New Orleans, LA, Chief Section of CRS LSU Department of Surgery, was elected President of the American Society of Colon and Rectal Surgeons (ASCRS) at the Society's 2017 Annual Scientific and Tripartite Meeting in Seattle, WA.



Dr. Orangio first served on the ASCRS Executive Council as a member-at-large from 2010 to 2013, as vice president 2015 – 2016 and as president-elect 2016 – 2017. During his tenure as a Fellow of the ASCRS, he has served on several committees including the Awards (1991-92), Healthcare Economics (past Chair) (member 1998 – current), Regional Society, Website, History, Bylaws in various capacities and Board member of the Research Committee. He also served as ASCRS advisor to the AMA Specialty Society Relative Update Committee (since 2002), past advisor to the AMA CRT Editorial Committee and ASCRS advisor to the ACS General Surgery Coding and Reimbursement Committee (since 2007).

11:30 am – 12:45 pm

Complimentary Box Lunch & E-poster Presentations in Exhibit Hall B (Level 3)



Abstract Session

Parallel Session 6-A

Education



2

12:45 – 2:00 pm

Room: Davidson Ballroom Salon A (Level 1M)

Co-moderators: James Duncan, MD, Bethesda, MD
Kirsten Wilkins, MD, Edison, NJ

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| <p>12:45 pm Introduction</p> <p>12:50 pm The Impact of Disgust on Patient Intent to Undergo Colorectal Surgery and Recall of Perioperative Instructions S27
M. Turner*¹, R.M. Kahn¹, D. Ariely¹, C.R. Mantyh¹, J. Migaly¹, J. O'Brien¹; ¹Durham, NC</p> <p>12:55 pm Discussion</p> <p>12:58 pm Young Surgeons Mock Oral Examination: A Review of Benefits and Early Outcomes S28
L.A. Bradney*¹, C. Thrush², K. Williams², J. Mizell²; ¹North Little Rock, AR; ²Little Rock, AR</p> <p>1:03 pm Discussion</p> <p>1:06 pm Female Representation and Implicit Gender Bias at the 2017 Tripartite ASCRS Meeting S29
J. Davids*¹, H. Lyu², V.T. Daniel¹, C.M. Hoang¹, T. Xu¹, U.R. Phatak¹, A. Damle¹, N. Melnitchouk²; ¹Worcester, MA; ²Boston, MA</p> <p>1:11 pm Discussion</p> <p>1:14 pm Use of Robotic Technology: Practice Patterns of the ASCRS Young Surgeons Committee S30
D.S. Keller*¹, K.N. Zaghiyan², J. Mizell³; ¹New York, NY; ²Los Angeles, CA; ³Little Rock, AR</p> <p>1:19 pm Discussion</p> <p>1:22 pm Assessing the Value of Endoscopy Simulator Tasks Designed to Prepare Residents for the Fundamentals of Endoscopic Surgery Exam S31
R. Byrne*¹, H. Hoops¹, K.J. Brasel¹, S. Diamond¹, D. Herzig¹, K. Lu¹, L. Tsikitis¹; ¹Portland, OR</p> | <p>1:27 pm Discussion</p> <p>1:30 pm Where Are They Now? Career Trajectories and Productivity of ASCRS Grant Recipients S32
J. Kaplan¹, E.C. Wick*¹; ¹San Francisco, CA</p> <p>1:35 pm Discussion</p> <p>1:38 pm What Do Young Colorectal Surgeons Value From Their CRS Residency Training? S33
J.T. Saraidaridis*¹, T.E. Read¹, P.W. Marcello¹, D. Schoetz¹, L.C. Rusin¹, D.A. Kleiman¹, N. Melnitchouk², P.L. Roberts¹, E.M. Breen¹; ¹Burlington, MA; ²Boston, MA</p> <p>1:43 pm Discussion</p> <p>1:46 pm A Steady Trend but a General Redistribution of Elective IPAA for UC S34
C.M. Hoang*¹, J. Davids¹, A. Wyman¹, P. Sturrock¹, J. Maykel¹, K. Alavi¹; ¹Worcester, MA</p> <p>1:51 pm Discussion</p> <p>1:54 pm Question and Answer</p> <p>2:00 pm Adjourn</p> |
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All abstract session presenters are noted with an *.

Symposium

Parallel Session 6-B

Your Day Just Got Complicated: Management of Intra-operative Consults and Postoperative Complications



1 2 3

12:45 – 2:00 pm

Room: Ballroom C (Level 4)

*Supported in part by an independent educational grant from
Johnson & Johnson Medical Devices Companies (Ethicon)*

Colorectal surgeries account for about 10% of all general surgical procedures but account for up to 35% of all complications. As a result of this, there have been multiple attempts to improve and mitigate the effects of these complications. Complications may occur during surgeries for colorectal pathology. They may also occur during abdominal surgery for other reasons such as gynecologic or urologic pathology. Regardless of the setting in which a complication may occur, it is imperative for colorectal specialists to be familiar with possible complications and how to correct them and rescue the patient from unintended harm.

Existing Gaps

What Is: Colorectal procedures account for 10% of general surgical procedures but account for 35% of complications from such procedures. Complications are common. Intra-operative colorectal complications from other specialties often occur and the appropriate management of these scenarios lacks definition.

What Should Be: All colorectal specialists should be familiar with all the available management strategies for postoperative complications. Furthermore, colorectal surgeons should comfortably be available and prepared to assist their colleagues in other specialties during an emergent intra-operative consult.

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

- Identify the common complications that can occur during and following colorectal surgery.
- Explain the latest algorithms for management of complications and the appropriate application of new technology.
- Recognize the possible unexpected intra-operative findings for which the colorectal specialist can be called.

Co-directors: **Bradley Champagne, MD, Cleveland, OH**
Jonathan Laryea, MD, Little Rock, AR

12:45 pm	Introduction Bradley Champagne, MD, Cleveland, OH Jonathan Laryea, MD, Little Rock, AR	1:20 pm	Case 3 Patricia Roberts, MD, Burlington, MA
12:50 pm	Case 1 Wayne Ambroze, Jr., MD, Atlanta, GA	1:35 pm	Case 4 Richard Whelan, MD, New York, NY
1:05 pm	Case 2 Eric Weiss, MD, Weston, FL	1:50 pm	Questions and Answers
		2:00 pm	Adjourn



SELF-ASSESSMENT (MOC) CREDIT

Symposium

Controversies in the Management of Inflammatory Bowel Disease

2

12:45 – 2:00 pm

Room: Ballroom AB (Level 4)

Surgery for inflammatory bowel disease requires knowledge beyond just the technical aspects of the operation. In the past two decades, new medications such as biologics, have exploded on the scene and keeping up with them can be daunting. However, it is crucial to have a firm understanding of how our patients have been treated before we operate to reduce postoperative issues and plan the safest operation.

Likewise, management of postoperative issues to prevent long term problems is crucial for anyone who performs surgery for inflammatory bowel disease – particularly a pelvic pouch. With fewer pouches constructed each year in the United States and a reduced number which our trainees are exposed to in fellowship training, ancillary education must be utilized to provide the best care for our patients.

Colectomy for high grade dysplasia is nearly always recommended. However, there is controversy as to the risk of low grade dysplasia and when surgery is recommended. Surgeons getting referrals for low grade dysplasia struggle to understand the complex literature.

Existing Gaps

What Is: Gastroenterologists and medical doctors send patients to the surgeon and due to lack of understanding, some surgeons operate based solely on the medical doctor’s recommendation.

What Should Be: As surgeons, we must have sufficient understanding of the treatment of inflammatory bowel disease and the comprehensive surgical care to be a partner with the medical doctors in order to perform the best surgery and care for our patients.

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

- Discuss the risk of surgery on patients who have been on a biologic medication for their inflammatory bowel disease.
- Explain the strategy and thinking regarding redo pelvic pouch surgery and how to manage post-op complications to avoid long-term problems.
- Recognize the controversy regarding when low grade dysplasia should be an indication to remove the colon.

Co-directors: Tracy Hull, MD, Cleveland, OH
Shane McNevin, MD, Spokane, WA

<p>12:45 pm Introduction Tracy Hull, MD, Cleveland, OH Shane McNevin, MD, Spokane, WA</p>	<p>1:20 pm Low Grade Dysplasia: We Need to Remove the Colon Scott Strong, MD, Chicago, IL</p>
<p>12:50 pm Is It Safe to Operate With Biologics on Board? Amy Lightner, MD, Rochester, MN</p>	<p>1:33 pm Low Grade Dysplasia: Let’s Wait and Rescope Kara De Felice, MD, New Orleans, LA</p>
<p>1:05 pm Pelvic Pouch Dysfunction – Can This Pouch Be Saved? Jean Ashburn, MD, Cleveland, OH</p>	<p>1:46 pm Case Presentations Panel Discussion</p>
	<p>2:00 pm Adjourn</p>

Abstract Session

Parallel Session 7-A

Outcomes



2

2:00 – 3:30 pm

Room: Davidson Ballroom Salon A (Level 1M)

Co-moderators: Dana Hayden, MD, Chicago, IL
Cindy Kin, MD, Stanford, CA

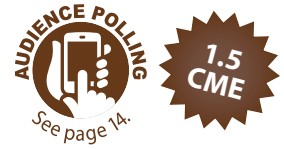
2:00 pm	Introduction	2:50 pm	Discussion
2:05 pm	The Influence of Comparable Procedure Volumes on Patient Outcomes After Laparoscopic Rectal Surgery S35 J. Lee* ¹ , A. Doumouras ¹ , J. Springer ¹ , C. Eskicioglu ¹ , N. Amin ¹ , M. Cadeddu ¹ , D. Hong ¹ ; ¹ Hamilton, ON, Canada	2:53 pm	Does the Effect of Enhanced Recovery After Surgery on Postoperative Length of Stay for Colorectal Procedures Vary by Surgical Indications? S41 R.H. Hollis* ¹ , L. Goss ¹ , J.S. Richman ¹ , J.A. Cannon ¹ , M.S. Morris ¹ , G. Kennedy ¹ , D.I. Chu ¹ ; ¹ Birmingham, AL
2:10 pm	Discussion	2:58 pm	Discussion
2:13 pm	Early Urinary Catheter Removal Following Pelvic Colorectal Surgery: A Prospective, Randomized, Non-inferiority Trial S36 D.N. Patel* ¹ , S.I. Felder ² , M. Luu ¹ , T.J. Daskivich ¹ , K. Zaghayan ¹ , P. Fleshner ¹ ; ¹ Los Angeles, CA; ² Tampa, FL	3:01 pm	Randomized Clinical Trial Comparing Laparoscopic vs. Ultrasound-guided Transversus Abominis Plane Block in Minimally Invasive Colorectal Surgery S42 K.N. Zaghayan* ¹ , B. Mendelson ¹ , M. Eng ¹ , G. Ovsepyan ¹ , J. Mirocha ¹ , P. Fleshner ¹ ; ¹ Los Angeles, CA
2:18 pm	Discussion	3:06 pm	Discussion
2:21 pm	Different Risk Factors for In-hospital and Post-discharge Venous Thromboembolic Events After Colorectal Surgery S37 N. Alhassan* ¹ , N. Wong-Chong ¹ , M. Trepanier ¹ , P. Chaudhury ¹ , S. Liberman ¹ , P. Charlebois ¹ , B. Stein ¹ , L. Lee ¹ ; ¹ Montreal, QC, Canada	3:09 pm	ESCP Best Paper Oncological Outcomes After Anastomotic Leakage Following Surgery for Rectal Cancer in a Randomized Trial (COLOR II): Increased Risk of Recurrence? S43 T. Koedam* ¹ , C. Deijen ¹ , B. Bootsma ¹ , E. de Lange-de Klerk ¹ , G. Kazemier ¹ , J. Tuynman ¹ , F. Daams ¹ , J. Bonjer ¹ ; ¹ Amsterdam, The Netherlands
2:26 pm	Discussion	3:14 pm	Discussion
2:29 pm	Using TAMIS to Expand Size and Circumference Criteria for Rectal Lesions S38 A. Egunsola* ¹ , A.G. Lopez-Aguilar ¹ , M.Y. Zaidi ¹ , G. Balch ¹ , V. Shaffer ¹ , C. Staley ¹ , S. Maithel ¹ , P.S. Sullivan ¹ ; ¹ Atlanta, GA	3:17 pm	Ketorolac Use and Anastomotic Leak in Elective Colorectal Surgery: A Detailed Analysis S44 T. Geiger ¹ , M. McEvoy ¹ , J.P. Wanderer ¹ , M.M. Ford ¹ , A. King ¹ , M.B. Hopkins ¹ , R.L. Muldoon ¹ , A.T. Hawkins* ¹ ; ¹ Nashville, TN
2:34 pm	Discussion	3:22 pm	Discussion
2:37 pm	Thoracic Epidural Analgesia: Does It Enhance Recovery? S39 D.R. Rosen* ¹ , R. Wolfe ¹ , A. Damle ¹ , C. Atallah ¹ , M. Mutch ¹ , S.R. Hunt ¹ , S. Glasgow ¹ , P. Wise ¹ , M. Silveira ¹ ; ¹ Saint Louis, MO	3:25 pm	Question and Answer
2:42 pm	Discussion	3:30 pm	Adjourn
2:45 pm	Is the Robot Worth It? A Population-based Analysis of 90-Day Cost & Hospital Utilization for Robotic Surgery in Colon & Rectal Cancer S40 C.F. Justiniano* ¹ , A.Z. Becerra ¹ , Z. Xu ¹ , C.T. Aquina ¹ , C. Boodry ¹ , M.J. Schymura ² , F.P. Boscoe ² , K. Noyes ³ , L.K. Temple ¹ , F. Fleming ¹ ; ¹ Rochester, NY; ² Albany, NY; ³ Buffalo, NY		

All abstract session presenters are noted with an *.

Symposium

Parallel Session 7-B

Pathogen or Partner? The Role of the Gut Microbiome in the Colorectal Surgical Patient



2

2:00 – 3:30 pm

Room: Ballroom AB (Level 4)

Over the last decade, the health impacts of the gut microbiome as it relates to a host of illnesses, both intestinal and systemic, have come to attention. As colorectal surgeons, we not only treat diseases of the intestine that are caused in part by distortions in the gut microbiome, but we also directly cause significant distortions in the gut microbiome through bowel preparations, antibiotics and surgery itself. As the understanding of the role of the gut microbiome in surgical care expands, the importance of understanding how we distort this delicate balance increases.

Inflammatory bowel disease has for some time been considered an autoimmune condition in which the host immune system inappropriately reacts to normal intestinal bacteria, but the mechanisms behind this are only just being elucidated. An understanding of this host-bacterial interaction is essential in both developing new medications for IBD and tailoring surgery to specific patients.

Perturbations in the gut microbiome have also been noted in patients with colorectal cancer, but the question of cause or effect of these differences is just starting to be investigated. With changing populations at risk for colorectal cancer in recent decades, including a sharp increase in incidence of colorectal cancer in a young population, an understanding of the host-bacterial interaction in the development of colorectal cancer may aid us in counseling our patients at risk and in finding new prevention and treatment options.

The use of fecal microbiota transplant for recurrent *C. difficile* colitis is well established, though coordination and delivery of this treatment remains confusing for many. In addition, studies addressing other potential indications for fecal transplant are ongoing and include inflammatory bowel disease, functional gastrointestinal disorders, non-alcoholic steatohepatitis, alcoholic hepatitis, hepatic encephalopathy and neuropsychiatric conditions.

In treatment of colorectal disorders, we frequently distort the gut microbiome through use of antibiotics, mechanical bowel preparations and surgery, and the gut microbiome in turn distorts our patient's postoperative course, impacting anastomotic leaks, wound infections, antibiotic-associated diarrhea and systemic sepsis. Recent studies suggesting a benefit of preoperative bowel preparation have shifted practice for many, but questions remain about the optimal perioperative approach.

Existing Gaps

What Is: The interplay of the gut microbiome in disease and postoperative outcomes is a nascent field of study, and new treatment options exist which are not well understood by all.

What Should Be: As colorectal specialists, we need to have a thorough understanding of the impact of routine treatments on the gut microbiome, as well as an understanding of how distortions in the gut microbiome impact surgical outcomes.

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

- Describe the impact of the gut microbiome on the treatment of IBD and colorectal cancer.
- Recognize the indications for fecal microbiota transplant.
- Describe the pros and cons of mechanical and oral antibiotic bowel preparation.
- Explain how the gut microbiome influences postoperative complications.

Co-directors: Angela Kuhnen, MD, Boston, MA
Sonia Ramamoorthy, MD, San Diego, CA

Continued next page

Pathogen or Partner? The Role of the Gut Microbiome in the Colorectal Surgical Patient *(continued)*

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|---------|--|---------|---|
| 2:00 pm | Introduction
Angela Kuhnen, MD, Boston, MA
Sonia Ramamoorthy, MD, San Diego, CA | 2:50 pm | Impact of Bowel Preparation on the Gut Microbiome
John Migaly, MD, Durham, NC |
| 2:05 pm | The Gut Microbiome in the Pathogenesis and Treatment of IBD
Richard Hodin, MD, Boston, MA | 3:05 pm | The Gut Microbiome in Postoperative Complications
John Alverdy, MD, Chicago, IL |
| 2:20 pm | The Gut Microbiota in the Pathogenesis and Treatment of Colorectal Cancer
Temitope Keku, PhD, Chapel Hill, NC | 3:20 pm | Discussion |
| 2:35 pm | Fecal Microbiota Transplantation for Recurrent <i>C. difficile</i> Colitis and Other Inflammatory Intestinal Conditions
Zain Kassam, MD, MPH, Somerville, MA | 3:30 pm | Adjourn |





Symposium

Financial Planning for the Colorectal Surgeon: Everything You Have Always Wanted to Know, But Were Afraid to Ask

6

2:00 – 3:30 pm

Room: Ballroom C (Level 4)

While our job satisfaction is high as colorectal surgeons, retirement should ultimately be part of each of our lives. Planning early and avoiding mistakes is essential to a successful life in retirement. While there are volumes of texts and limitless online resources to consult when making these decisions, understanding the foundation of a sound financial plan is achievable in a short amount of time.

Because our careers start at a later point in life due to the length of training, surgeons have limited time to save. Additionally, physicians typically have high incomes but little knowledge on how to most effectively manage their money. As a result, physicians are often easy prey to the finance industry. It is vital to plan correctly, carefully and efficiently to avoid financial mistakes that could have significant long-term consequences.

With this symposium, we have invited experts in the field of financial planning and insurance for physicians to provide essential information for structuring personal financial success. We have highlighted the basics, but will also add information about lesser-known strategies that are available to help physicians diversify.

Existing Gaps

What Is: Financial planning is not an area of expertise of the majority of physicians. As the demands of our careers limit time for financial research, there are common traps physicians fall into when it comes to money matters.

What Should Be: As highly successful professionals, we should achieve a basic understanding of a solid financial plan with foundational knowledge. Additionally, we should broaden our knowledge of reliable alternative investment strategies, including passive income streams.

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

- Describe the foundation of a solid financial plan.
- Describe the pros and cons of term versus whole life insurance.
- Explain the basics of a 401k, IRA and methods of investing.
- Describe the philosophy and basic strategy of F.I.R.E. (Financial Independence Retire Early).
- Highlight common doctor mistakes and how to avoid them.
- Discuss and explain alternative forms of income for physicians.

Co-directors: Jason Mizell, MD, Little Rock, AR
Jennifer Rea, MD, Lexington, KY

<p>2:00 pm Introduction Jason Mizell, MD, Little Rock, AR</p> <p>2:05 pm Dumb Doctor Mistakes and How to Avoid Them Fahd Ahmad, MD, St. Louis, MO</p> <p>2:20 pm Investing – The Foundation of Your Successful Financial Plan Sarah Catherine Gutierrez, CFP, Little Rock, AR</p>	<p>2:40 pm Insurances: Are They Created Equal? Jeffrey Todd, CLU, ChFC, Lexington, KY</p> <p>2:55 pm When Can I Retire? Chad Chubb, CFP, Philadelphia, PA</p> <p>3:15 pm Panel Discussion</p> <p>3:30 pm Adjourn</p>
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3:30 – 4:00 pm
Ice Cream & Refreshment Break and E-poster Presentations in Exhibit Hall B (Level 3)

Harry E. Bacon, MD, Lectureship

4:00 – 4:45 pm

Room: Ballroom AB (Level 4)



**Sticky Floors and
Glass Ceilings**

Caprice Greenberg, MD, MPH
*Professor of Surgery, University of
Wisconsin, Madison, WI*

Introduction: Jamie Cannon, MD



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

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



Symposium

No CME Credit Awarded

New Technologies

4:45 – 6:15 pm

Room: Ballroom AB (Level 4)

Refreshments will be served

Supported in part by independent educational grants from:

*Boston Scientific
Briteseed
CONMED – Advanced Surgical
Intuitive
Medrobotics, Inc.
Seger Surgical Solutions Ltd.*

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 a non-CME forum.

Co-directors: Eric Haas, MD, Houston, TX
Patricia Sylla, MD, New York, NY

4:45 pm	Introduction Eric Haas, MD, Houston, TX Patricia Sylla, MD, New York, NY	5:40 pm	Is Opioid-free Colectomy a Reality? Minimally Invasive Surgery Using Low Pressure Pneumoperitoneum Valve-free Platform Eric Haas, MD, Houston, TX
4:47 pm	New Tech Ted Talk: The (Other) Robots are Coming Dennis Fowler, MD, New York, NY	5:45 pm	Questions and Answers
5:12 pm	Towards Enhanced Surgical Education Using an Augmented Reality Operating Room Assistant (ARORA) NT1 L. Devoto* ¹ , M. Chand ¹ , P. Giataganas ¹ , D. Stoyanov ¹ , A. Chow ¹ , J. Nehme ¹ ; ¹ London, United Kingdom	5:47 pm	Briteseed Smart Surgical Tools: Identification Before Cutting. New Tools to Prevent Injury During Colorectal Surgery Jay Redan, MD, Celebration, FL
5:17 pm	Questions and Answers	5:52 pm	Questions and Answers
5:19 pm	Usability and Acceptability of a Connected Medical Device to Aid Self-management in an Ileostomy Patient NT2 R. Fern* ¹ ; ¹ London, United Kingdom	5:54 pm	ORISE Endoluminal Surgery Devices: An Innovative Tool to Create a Stable Working Environment Inside the Bowel I. Emre Gorgun, MD, Cleveland, OH
5:24 pm	Questions and Answers	5:56 pm	Questions and Answers
5:26 pm	Long-term Results of a New Artificial Anal Sphincter in Treating Fecal Incontinence NT3 C. Ratto* ¹ , V. De Simone ¹ , F. Litta, A. Parello ¹ ; ¹ Rome, Italy	5:58 pm	Initial Clinical Experience With 3D Vision on a Flexible Robotic System for Transanal Surgery Vincent Obias, MD, Washington, DC
5:31 pm	Questions and Answers	6:04 pm	Questions and Answers
5:33 pm	A Novel Laparoscopic TA Stapling Device: Facilitating Intracorporeal Anastomoses Barry Salky, MD, New York, NY	6:06 pm	Current and Future Value of daVinci in Colorectal Surgery Thiru Lakshman, MD, Austin, TX
5:38 pm	Questions and Answers	6:11 pm	Questions and Answers
		6:13 pm	Wrap Up
		6:15 pm	Adjourn

Residents' Reception

6:30 – 8:00 pm

Broadway Ballroom Salons G-K (2nd Flr), Omni Hotel Nashville • *Open to residents and colorectal program directors only.* Residents are invited to network with colon and rectal surgery program directors and members of the ASCRS Residents Committee to learn more about the specialty and the ASCRS. Cocktails and hors d'oeuvres will be served, and a drawing for a copy of the *ASCRS Manual of Colon and Rectal Surgery, Second Edition*, will be held.

Meet the Professor Breakfasts

6:30 – 7:30 am

Registration Required • Fee \$50 • Limit: 30 per breakfast • Tickets Required • Continental Breakfast Included
Registrants are encouraged to bring problems and questions to this informational discussion.



T-1 Management of Anastomotic

SOLD OUT

Leak 1 2

Room: 205A

Matthew Albert, MD, Almonte Springs, FL
 Neil Hyman, MD, Chicago, IL

T-3

Making the Quality Improvement Process Work for You 6

Room: 205C

Arden Morris, MD, Stanford, CA
 Elizabeth Wick, MD, San Francisco, CA

T-2

Difficult Reoperative Cases 1 2

Room: 205B

Daniel Feingold, MD, New York, NY
 Charles Friel, MD, Charlottesville, VA

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

- Describe the procedures and approaches discussed in this session.

Residents' Breakfast

6:30 – 7:30 am

Room: Legends Ballroom Salons EFG (2nd Floor) • Omni Nashville Hotel

Registration Required • Open to Residents Only



Surviving and Thriving in Your First Year of Practice

Patricia L. Roberts, MD

Senior staff surgeon in the Division of Colon and Rectal Surgery at Lahey Hospital and Medical Center and Chair of the Department of Surgery. She is a Professor of Surgery at Tufts School of

Medicine and a Past President of the American Society of Colon and Rectal Surgeons.

Colorectal surgery residents and general surgery residents are invited to attend the Residents' Breakfast. ASCRS Past President Dr. Patricia Roberts is the breakfast's featured speaker. Her presentation titled "Surviving and Thriving in Your First Year of Practice" will draw on her years of experience and provide essential information for beginning your surgical career. Don't miss this opportunity to network and enjoy breakfast with colleagues.

Introduction: T. Cristina Sardinha, MD

Parviz Kamangar Humanities in Surgery Lectureship

7:30 – 8:15 am

Room: Ballroom AB (Level 4)



Medical Ethics and Frankenstein's Monster

Ira Kodner, MD

Emeritus Professor of Surgery, Washington University School of Medicine in St. Louis, MO

Introduction: Yanek Chiu, MD

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





Symposium

The Best of The *Diseases of the Colon and Rectum* Journal

1 2

8:15 – 9:00 am

Room: Ballroom AB (Level 4)

This symposium will target the practicing colorectal surgeon who has a desire to continue to stay up to date on the latest in the pathogenesis and management of colorectal diseases. Due to daily rigors, 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*. Presentations and discussion will focus on study design and results, practical implications of the data and a critical review of submitted work.

Existing Gaps

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

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

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

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

Director: Kelli Bullard Dunn, MD, Louisville, KY

<p>8:15 am Introduction Kelli Bullard Dunn, MD, Louisville, KY</p> <p>8:20 am Tailored Treatment Strategy for Locally Advanced Rectal Carcinoma Based on the Tumor Response to Induction Chemotherapy: Preliminary Results of the French Phase II Multicenter GRECCAR4 Trial Jean-Jacques Tuech, MD, Rouen, France</p> <p>8:30 am Effects of Hysterectomy on Pelvic Floor Disorders: A Longitudinal Study Mehmet Kuzu, MD, Ankara, Turkey</p>	<p>8:40 am Validation of MRI and Surgical Decision Making to Predict a Complete Resection in Pelvic Exenteration for Recurrent Rectal Cancer Cherry Koh, MD, New South Wales, Australia</p> <p>8:50 am Large Variation in Blood Transfusion Use After Colorectal Resection: A Call to Action Fergal Fleming, MD, Rochester, NY</p> <p>9:00 am Adjourn</p>
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9:00 – 9:30 am
Refreshment Break and E-poster Presentations in Exhibit Hall B (Level 3)

Abstract Session

Parallel Session 8-A

General Surgery Forum



2

9:30 – 10:45 am

Room: Davidson Ballroom Salon A (Level 4)

Co-moderators: Lisa Cannon, MD, Chicago, IL
Craig Reickert, MD, Detroit, MI

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|--|--|
| <p>9:30 am Introduction</p> <p>9:35 am Rectal Cancer in Younger Patients: Rare, Aggressive and Deadly GS1
D. Yu*¹, M. Stem¹, J.P. Taylor¹, S.Y. Chen¹, S. Fang¹, S. Gearhart¹, B. Safar¹, J. Efron¹; ¹Baltimore, MD</p> <p>9:39 am Discussant
Jacqueline Blank, MD, Milwaukee, WI</p> <p>9:41 am Question and Answer</p> <p>9:43 am Carnoy's Solution Fixation With Compression Significantly Increases Lymph Node Yields Compared to Standard Manual Technique in Patients Undergoing Radical Operations for Colorectal Cancer GS2
S. Flynn*¹, R. Burchette¹, M. Ghassemi¹, O. Ratner¹, D. Mandel¹, D. Klaristenfeld¹; ¹San Diego, CA</p> <p>9:47 am Discussant
Rocco Ricciardi, MD, Boston, MA</p> <p>9:49 am Question and Answer</p> <p>9:51 am Caution! Increase in Acute Kidney Injury With Enhanced Recovery After Surgery Protocols GS3
C. Koerner*¹, A.G. Lopez-Aguilar¹, M.Y. Zaidi¹, S. Speegle¹, G. Balch¹, V. Shaffer¹, C. Staley¹, J. Srinivasan¹, S. Maithel¹, P.S. Sullivan¹; ¹Atlanta, GA</p> <p>9:55 am Discussant
Justin Van Backer, MD, Loudonville, NY</p> <p>9:57 am Question and Answer</p> <p>9:59 am Retrorectus Biosynthetic Mesh Reinforcement During Stoma Closure Reduces the Rate of Stoma Site Incisional Hernias GS4
M.V. Gusev*¹, M. Sherman¹, M. Tam¹; ¹Riverside, CA</p> | <p>10:03 am Discussant
Jessica Holland, MD, Toronto, ON, Canada</p> <p>10:05 am Question and Answer</p> <p>10:07 am Adenoma Risk in the Residual Colon Varies Based on Site of Previous Colectomy for Colorectal Cancer GS5
K. Suradkar*¹, R.P. Kiran¹, N. Valizadeh¹, B. Lebwohl¹; ¹New York, NY</p> <p>10:11 am Discussant
Audrey S. Kulaylat, MD, Hersey, PA</p> <p>10:13 am Question and Answer</p> <p>10:15 am Implementation of an Enhanced Recovery Protocol Is Associated With On-time Initiation of Adjuvant Chemotherapy in Colorectal Cancer GS6
T. Hassinger*¹, J. Mehaffey¹, A.N. Martin¹, K. Bauer-Nilsen¹, F. Turrentine¹, R. Thiele¹, C. Friel¹, T. Hedrick¹; ¹Charlottesville, VA</p> <p>10:19 am Discussant
Robert Hollis, MD, Birmingham, AL</p> <p>10:21 am Question and Answer</p> <p>10:23 am Diverticular Complications: Do Season and Region Really Have an Impact? GS7
M. Lin*¹, J.C. Hsieh², S.Y. Chao¹; ¹Flushing, NY; ²Ames, IA</p> <p>10:27 am Discussant
Rishi Batra, MD, Omaha, NE</p> <p>10:29 am Question and Answer</p> <p>10:31 am Questions and Answers for All Abstract Presenters</p> <p>10:45 am Adjourn</p> |
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All abstract session presenters are noted with an *.

Symposium

Out of the Movies and Into Reality: How Disruptive Technology May Change the Way You Practice

Parallel Session 8-B



TUESDAY

1 2

9:30 – 10:45 am

Room: Ballroom AB (Level 4)

Although colorectal surgeons understand and often discuss the use of new technologies such as social media and robotics, they often have a limited understanding of the bigger concept of disruptive technology. Disruptive technologies are innovations that initially create a new market and value network, and then eventually disrupt existing markets and networks, thus displacing more established firms, products and alliances.

A popular example of disruptive technology is Uber, which has created an international transport system without owning any cars or hiring any drivers. Uber and similar virtual companies are lean, reactive and profitable in our current social and economic climate, and the taxi industry has suffered significant financial losses as a result. Other examples include Wikipedia and its impact on traditional encyclopedias and the impact of digital photography on traditional cameras and film development.

Disruptive technology has been prevalent in medicine and surgery for many years. A well-known example is the evolution of endoluminal techniques for vascular disease, which has made previously common procedures such as an open abdominal aortic aneurysm repair uncommon, and has allowed cardiologists and radiologists to play a larger therapeutic role in vascular patients, thus narrowing the surgeon's grip on the market share.

The future of disruptive technology within medicine and surgery will likely be even more radical. It is changing the way patients interact with physicians, tools available to physicians and the way we will educate a future generation of doctors. In order to remain relevant in the future of health care, we must understand and anticipate the changes driven by new technologies.

Existing Gaps

What Is: Despite having a relatively limited understanding of the disruptive technologies, surgeons are impacted by these innovations on a daily basis. This includes the way that they learn, how they digest new literature and new surgical techniques and how they interact with their colleagues and patients.

What Should Be: Surgeons should be able to define and identify disruptive technology, and thus better understand how it can affect their lives. This will also allow them to anticipate changes in their practice and stay ahead of the curve as their profession evolves.

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

- Define disruptive technology and identify examples in health care.
- Recognize how social media and consumer-driven internet searches have altered the way surgeons and patients digest new information.
- Explain how surgical education has been impacted by disruptive technology.

Co-directors: Sean Langenfeld, MD, Omaha, NE
Sharon Stein, MD, Cleveland, OH

Continued next page

Out of the Movies and Into Reality: How Disruptive Technology May Change the Way You Practice *(continued)*

- 9:30 am **Introduction: Setting the Stage**
Sean Langenfeld, MD, Omaha, NE
Sharon Stein, MD, Cleveland, OH
- 9:40 am **Dissemination of Information: How Technology Has Changed the Way We Can Interact With Our Colleagues**
Daniel Popowich, MD, New York, NY
- 9:50 am **Education: What Does the Future Look Like in Surgical Education? Simulation, Tablets, Smartphones and Online Education: Are We Better or Worse Now?**
Sandra de Montbrun, MD, Toronto, Canada
- 10:00 am **Sharing Information: Current EMRs Are Only the First Step in What Could Be a World-wide Information Network to Truly Improve Patient Care. How Interactive Technology Could Revolutionize Our Interaction With Patients.**
Emily Steinhagen, MD, Cleveland, OH
- 10:10 am **Patient Experience: How Disruptive Technology Has Empowered Patients and the Consumer-driven Market for Surgery**
George Nassif, Jr., DO, Altamonte Springs, FL
- 10:20 am **The Newest Tricks and Gadgets: Are High Fidelity Surgical and Endoscopic Simulation Bridging the Gap?**
Daniel Herzig, MD, Portland, OR
- 10:30 am **Questions and Answers**
- 10:45 am **Adjourn**



Photo credit: Nashville Convention & Visitors Corp.



Symposium

What the American College of Surgeons Does for Me as an ASCRS Member

4 6

9:30 – 10:45 am

Room: Ballroom C (Level 4)

The American College of Surgeons (ACS) is the largest surgery society in the world that represents specialty surgeons. The ACS has many programs which are not familiar to all ASCRS fellows and members. In order for members of ASCRS to gain the most from their membership and interaction with ACS, it is critical to have an understanding of the programs available through the College as well as what the College does on our behalf to advocate for us as surgeons and for our patients.

Existing Gaps

What Is: Lack of knowledge of ACS offerings for colorectal surgeons.

What Should Be: Understanding of how the ACS helps colorectal surgeons in daily practice.

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

- Describe how the ACS advocates for colorectal surgery.
- Evaluate ACS educational offerings for colorectal surgery.
- Assess the value of ACS Commission on Cancer program for colorectal surgery.

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

<p>9:30 am Introduction Steven Wexner, MD, PhD (Hon), Weston, FL</p> <p>9:35 am Optimizing the Quality of Our Practices with ACS Programs Clifford Ko, MD, Los Angeles, CA</p> <p>9:50 am How the Commission on Cancer Can Improve Outcomes Frederick Greene, MD, Chapel Hill, NC</p>	<p>10:05 am ACS Education Programs for Colorectal Surgeons Ajit Sachdeva, MD, Chicago, IL</p> <p>10:20 am ACS Advocacy Helps Us Help Our Patients David Hoyt, MD, Chicago, IL</p> <p>10:45 am Adjourn</p>
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Masters in Colorectal Surgery Lectureship Honoring Patricia L. Roberts, MD

10:45 – 11:30 am

Room: Ballroom AB (Level 4)



From There to Here

Peter Marcello, MD

Chair, Division of Colon & Rectal Surgery, Lahey Hospital and Medical Center, Burlington, MA

Introduction: Thomas Read, MD



The Masters in Colorectal Surgery Lectureship honors a different surgeon each year who has made a considerable contribution to the specialty and to the Society. The 2018 lectureship honors Patricia L. Roberts, MD.

Women in Colorectal Surgery Luncheon

Registration Required • Complimentary

11:30 am – 1:00 pm

Room: 207

Supported by Johnson & Johnson Medical Devices Companies (Ethicon)

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

This year, we will once again be having table topics for discussion. Please join us for:

- Balancing Research and Clinical
- Creating a Successful Team
- Managing Conflicts at Work
- Work Life Integration
- Tips for Building a Practice
- Setting Yourself Up for Colorectal Residency

Tables will be chosen on arrival to the luncheon.

11:30 am – 1:00 pm

Complimentary Box Lunch and E-poster Presentations in Exhibit Hall B (Level 3)

Memorial Lectureship Honoring Dr. Bertram Portin

1:00 – 1:45 pm

Room: Ballroom AB (Level 4)



Burnout – A Problem Bert Would Attack

Robert W. Beart, Jr., MD

Emeritus Professor of Surgery, Keck School of Medicine, University of Southern California, Glendale Memorial Hospital

Introduction: David Schoetz, Jr., MD



Born in 1927, Dr. Portin received his medical degree from State University of New York Buffalo in 1953 and completed his general surgery residency at Edwin Meyer Memorial Hospital in 1959. He received his ABCRS certification in 1961 and became an ASCRS Fellow in 1964. His esteemed career included Clinical Professor of Surgery and Chair, Division of Colon and Rectal Surgery at SUNY Buffalo and Chief, Colon and Rectal Surgery at Senter Hospital, Buffalo, NY. Dr. Portin is survived by wife Rhoda, children Robert, Susan and Mark, and five grandchildren.

Abstract Session

Parallel Session 9-A

Basic Science

1.5
CME

TUESDAY

2

1:45 – 3:15 pm

Room: Ballroom C (Level 4)

Co-moderators: Jennifer Ayscue, MD, Washington, DC
Timothy Ridolfi, MD, Milwaukee, WI

- | | | | |
|---------|---|---------|--|
| 1:45 pm | Introduction | 2:26 pm | Discussion |
| 1:50 pm | The Role of Collagenolytic Enterococcus Faecalis on Colorectal Cancer Tumor Formation Following Surgery S45
S. Gaines ¹ , A.J. Williamson* ¹ , R. Jacobson ¹ , S. Hyoju ¹ , N. Hyman ¹ , O. Zaborina ¹ , B.D. Shogan ¹ , J. Alverdy ¹ ; ¹ Chicago, IL | 2:29 pm | Chemokine mRNA Expression Is Predictive of Metastasis in Colon and Rectal Cancer S50
A.B. Mitchell* ¹ , A. Talukder ¹ , A. Jordan ¹ , S. Lahorewala ¹ , D. Morera ¹ , D. Albo ¹ , A. Herline ¹ , V. Lokeshwar ¹ ; ¹ Augusta, GA |
| 1:55 pm | Discussion | 2:34 pm | Discussion |
| 1:58 pm | Killingback Award Winner
An Immune Cytotoxic Assay: Predicting Response to Neoadjuvant Chemoradiotherapy in Locally Advanced Rectal Cancer S46
J.C. Kong, MS* ^{1,2} , G.R. Guerra, MBBS ^{1,2} , R.M. Millen, BSc(Hons) ^{1,2} , S.K. Warriar, MS ^{1,2} , W. Phillips, PhD ^{1,2} , P. Neeson, PhD ^{1,2} , A.C. Lynch, MMedSci ^{1,2} , R.G. Ramsay, PhD ^{1,2} , A.G. Heriot, MD ^{1,2} ; ¹ Melbourne, Victoria, Australia; ² Parkville, Victoria, Australia | 2:37 pm | In Vivo Application of Multi-fraction Brachytherapy Combined With Chemotherapy in a Mouse Model of Anal Cancer S51
B.L. Rademacher* ¹ , H. Sleiman ¹ , M. Conti ¹ , J.A. Micka ¹ , W.S. Culberson ¹ , L.M. Meske ¹ , E.H. Carchman ¹ ; ¹ Madison, WI |
| 2:03 pm | Discussion | 2:42 pm | Discussion |
| 2:05 pm | Novel Organoid Models to Investigate the Role of Immunotherapy for Colorectal Peritoneal Metastases S47
V. Narasimhan* ¹ , T. Pham ¹ , R. Ramsay ¹ , A. Heriot ¹ ; ¹ Melbourne, Victoria, Australia | 2:45 pm | Sulfonamide-based Derivative (3D) Induces Apoptosis in Colorectal Cancer by Inhibiting JAK2-STAT3 Pathway S52
K. Al-Khayal* ¹ ; ¹ Riyadh, Saudi Arabia |
| 2:10 pm | Discussion | 2:50 pm | Discussion |
| 2:13 pm | Rectal Cancer Associated Fibroblasts Activated by Radiation Promote Metastasis by Inducing Epithelial Mesenchymal Transition S48
D. Liska* ¹ , S. Xiang ¹ , M. Kalady ¹ , E. Huang ¹ ; ¹ Cleveland, OH | 2:53 pm | COL11A1 Is Co-expressed With EMT Markers and Over-Expressed in Early-Onset Colon Cancer S53
D. Chen* ¹ , L. Nfonsam ² , A. Cruz ¹ , A.N. Ewongwo ¹ , O.P. Mogor ¹ , R. Runyan ¹ , V.N. Nfonsam ¹ ; ¹ Tucson, AZ; ² Ottawa, ON, Canada |
| 2:18 pm | Discussion | 2:58 pm | Discussion |
| 2:21 pm | The rs7609897 Allele Variant of the Collagen Q Gene (COLQ) Is Involved in the Pathophysiology of Diverticulitis S49
B. Kline* ¹ , K. Schieffer ¹ , S. Deiling ¹ , L. Harris ¹ , G. Yochum ¹ , W. Koltun ¹ ; ¹ Hershey, PA | 3:01 pm | PARP-1 Fragments and Acid Ceramidase (AC) Expression – A Potential Mechanism of Radioresistance in Colorectal Cancer? S54
N. Govindarajah* ¹ , P. Sutton ² , D. Bowden ² , J.L. Parsons ² , D. Vimalachandran ¹ ; ¹ Chester, United Kingdom; ² Liverpool, United Kingdom |
| | | 3:06 pm | Discussion |
| | | 3:15 pm | Adjourn |

All abstract session presenters are noted with an *.

Abstract Session

Parallel Session 9-B

Research Forum



2

1:45 – 3:15 pm

Room: Davidson Ballroom Salon A (Level 1M)

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

- | | | | |
|---------|---|---------|--|
| 1:45 pm | Introduction | 2:36 pm | Question and Answer |
| 1:50 pm | SDF-1 Plasmid to Regenerate the Anal Sphincter: Are We Closer to Translation? RF1
M. Zutshi* ¹ , L. Sun ¹ , M.S. Damaser ¹ , M.S. Penn ² , R. Anna ¹ ; ¹ Cleveland, OH; ² Rootstown, OH | 2:38 pm | Management and Outcomes of Diverticulitis After Lung Transplantation: Single-center Experience RF5
S. Elnahas* ¹ , M. Olson ¹ , D. Row ¹ , S. Biswas Roy ¹ , P. Kang ¹ , R.A. Gagliano ¹ , R. Walia ¹ , R.M. Bremner ¹ ; ¹ Phoenix, AZ |
| 1:56 pm | Discussant
Raul Bosio, MD, Cleveland, OH | 2:44 pm | Discussant
Lisa Cannon, MD, Chicago, IL |
| 2:00 pm | Question and Answer | 2:48 pm | Question and Answer |
| 2:02 pm | Intratumoral Heterogeneity in Rectal Cancer – The Effects of Neoadjuvant Chemoradiation RF2
R. Perez* ¹ , G. Pagin São Julião ¹ , B. Borba Vailati ¹ , L.M. Fernandez ¹ , F. Bettoni ¹ , C. Masotti ¹ , P. Fontes Asprino ¹ , A. Habr-Gama ¹ , J. Gama-Rodrigues ¹ , P. Galante ¹ , A. Aranha Camargo ¹ ; ¹ Sao Paulo, Brazil | 2:50 pm | The Role of Extracellular Vesicle Carried miRNAs in the Progression of Colorectal Cancer RF6
A. Klinger* ¹ , W. Chang ¹ , G. Maresh ¹ , X. Zhang ¹ , L. Hellmers ¹ , C. Salomon Gallo ² , L. Li ¹ , D.A. Margolin ¹ ; ¹ New Orleans, LA; ² Brisbane, Queensland, Australia |
| 2:08 pm | Discussant
Dana Hayden, MD, Chicago, IL | 2:54 pm | Discussant
Nelya Melnitchouk, MD, Boston, MA |
| 2:12 pm | Question and Answer | 3:00 pm | Question and Answer |
| 2:14 pm | Is There a Role for Enhanced Colorectal Cancer Screening in Lung Transplant Recipients: A Single Institution Retrospective Review RF3
D.P. Mistrot* ¹ , S. Elnahas ¹ , R.A. Gagliano ¹ , D. Row ¹ , S. Biswas Roy ¹ , M. Kunz ¹ , P. Kang ¹ , R. Walia ¹ ; ¹ Phoenix, AZ | 3:02 pm | Research Foundation Grant Awardee Laparoscopic vs. Open Resection for Colon Cancer: Comparing Post-operative Patient-reported Outcomes RF7
N. Vela* ¹ , L. Bubis ¹ , A. Mahar ¹ , L. Davis ¹ , N. Coburn ¹ ; ¹ Toronto, Ontario, Canada |
| 2:20 pm | Discussant
Kyle Cologne, MD, Los Angeles, CA | 3:08 pm | Discussant
Scott Regenbogen, MD, Ann Arbor, MI |
| 2:24 pm | Question and Answer | 3:12 pm | Question and Answer |
| 2:26 pm | Serum Chitinase Activity Predicts Survival and Metastasis of Colorectal Cancer RF4
Z. Song* ¹ , E. Chen ¹ ; ¹ Hangzhou, Zhejiang, China | 3:14 pm | Question and Answer for All Abstract Presenters |
| 2:32 pm | Discussant
Marcia Russell, MD, Los Angeles, CA | 3:15 pm | Adjourn |

All abstract session presenters are noted with an *.

Symposium

Hereditary Colorectal Cancer Syndromes

2

1:45 – 3:15 pm

Room: Ballroom AB (Level 4)

Advanced technologies have allowed an exponential increase in our understanding of the genetic underpinnings of colorectal diseases, and in particular inherited colorectal cancer syndromes. Identification of specific genetic variations leading to hereditary colorectal cancer syndromes has allowed for more precise classifications and a more personalized risk stratification. It is essential to be up to date regarding genetics and how they relate to the diagnosis, counseling, surveillance and management of inherited colorectal cancers.

Existing Gaps

What Is: In their routine daily practice, clinicians do not often appreciate the relevance of understanding genetics as it applies to diagnosis and management of hereditary colorectal cancer syndromes. The information regarding these syndromes is growing and changing rapidly, making it difficult for clinicians to stay current. As a result, these patients may not receive appropriate treatment, surveillance and/or counseling.

What Should Be: Patients with hereditary cancer syndromes are readily identified and offered appropriate counseling and medical and surgical therapy.

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

- Discuss the classification and diagnostic approach to hereditary colorectal cancer syndromes.
- Define the indications for surgery and surgical approach to patients with familial adenomatous polyposis, MYH-associated polyposis and Lynch syndrome.
- Describe the presentation of management options for desmoid disease in familial adenomatous polyposis.

Co-directors: Daniel Herzig, MD, Portland, OR
Matthew Kalady, MD, Cleveland, OH

<p>1:45 pm Welcome and Introductions Daniel Herzig, MD, Portland, OR Matthew Kalady, MD, Cleveland, OH</p>	<p>2:20 pm Tackling the Surgical Challenges of Desmoid Disease James Church, MD, Cleveland, OH</p>
<p>1:50 pm State of the Art 2018: Classification and Genetic Testing for Hereditary Colorectal Cancer Syndromes Molly Ford, MD, Nashville, TN</p>	<p>2:35 pm Colorectal Cancer in Lynch Syndrome: The Data on Extended Resection Y. Nancy You, MD, Houston, TX</p>
<p>2:05 pm Managing Adenomatous Polyposes: Which Surgery and When to Operate Robert Gryfe, MD, PhD, Toronto, Canada</p>	<p>2:50 pm Case Discussions with Panel</p> <p>3:15 pm Adjourn</p>

Parallel Session 9-C



SELF-ASSESSMENT (MOC) CREDIT

TUESDAY

3:15 – 3:30 pm

Refreshment Break in Foyer

ASCRS Annual Business Meeting and State of the Society Address

3:30 – 4:30 pm

Room: Ballroom AB (Level 4)

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

Agenda

- I. Call to Order – Dr. Guy R. Orangio
- II. Approval of 2017 Business Meeting Minutes – Dr. Guy R. Orangio
- III. Memorials – Dr. Thomas E. Read
- IV. Treasurer's Report – Dr. Neil Hyman
- V. Scientific Program Report – Dr. Eric Johnson
- VI. *DC&R* Editor-in-Chief Report – Dr. Susan Galandiuk
- VII. Barton Hoexter, MD, Best Video Award – Dr. Guy R. Orangio
- VIII. Research Foundation Report – Dr. Scott Strong
- IX. Recognition of Question Writers – Dr. Tracy Hull
- X. Election and Elevations of Members – Dr. Guy R. Orangio
- XI. State of the Society Address – Dr. Guy R. Orangio
- XII. Nominating Committee Report – Dr. Terry Hicks
- XIII. New Business – Dr. Guy R. Orangio
- XIV. Introduction of New President
- XV. Next Meeting – June 1-5, 2019, Cleveland Convention Center, Cleveland, OH
- XVI. Adjournment

*Symposium***Drinks and Disputes: The After Hours Debates**

2

4:30 – 5:30 pm

Refreshments will be served

Room: Ballroom AB (Level 4)

Debate #1: Advanced Endoscopy: Colorectal Surgeon or Gastroenterologist?

4:30 – 5:00 pm

Debate #2: Fluorescence Imaging: Valuable Commodity or Waste of Money?

5:00 – 5:30 pm

Through both enhanced imaging capabilities and improved dissection techniques, advances in the existing endoscopic technology have allowed the possibility of minimally invasive management of a broader range of lesions encountered at the time of colonoscopy. The use of fluorescence imaging in surgery has recently become more widespread; however, its value has yet to be defined.

The adoption of new technology and techniques for surgeons in practice is challenging. There is often insufficient opportunity for the practicing surgeon to be exposed to the most state-of-the-art methods. In order to surmount these obstacles, it is necessary for the surgeon to acquire an in depth understanding of the available technology, the indications for its use and the potential benefits to the intended patient population.

Advanced endoscopic techniques have broadened the scope of potential therapy for patients with colorectal neoplasia. Through the use of enhanced imaging technology, there exists the potential for increased polyp detection. Extended submucosal dissection and the use of both CO₂ and laparoscopic assistance has allowed physicians to resect more complex colonic lesions from an endoluminal approach. Other advanced techniques such as colonoscopic stenting and double balloon colonoscopy have also increased the ability to diagnose and manage patients in a minimally invasive fashion. These techniques have been employed by both colorectal surgeons and gastroenterologists, and there are advantages and disadvantages of who should be performing these procedures.

Fluorescence imaging has become increasingly prevalent in recent years. It has been utilized in the identification of various anatomical structures including the ureter and biliary tract, as well as in the intraoperative assessment of intestinal perfusion. It has been postulated that demonstrating adequate perfusion of an intestinal anastomotic segment may help to reduce the incidence of anastomotic leak; however, the exact benefit of this remains unclear.

Existing Gaps

What Is: There are several new imaging techniques for colonoscopy that many surgeons are unfamiliar with. A significant number of surgeons are not performing endoscopic submucosal resection of colorectal neoplasia or combined laparo-endoscopic resection. With the continued advances of technology in endoluminal therapy, surgeons will need training to incorporate these methods into their practice. The true value of fluorescence imaging in surgery has not yet been determined.

What Should Be: Surgeons need to have a comprehensive understanding of the newer visualization techniques as well as the indications and uses for endoscopic submucosal resection for colorectal neoplasia and laparo-endoscopic resection. This will allow for the meaningful implementation of these newer endoluminal techniques into their armamentarium of skills to treat disease of the colon and rectum. Surgeons must also understand the potential benefits of the use of fluorescence imaging in surgery.

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

- Explain the indications and uses for endoscopic submucosal resection for colorectal neoplasia.
- Explain the indications and technical aspects of combined laparoscopic and endoscopic resection of colorectal neoplasia.
- Recognize the indication and utility of colonic stent placement.
- Discuss the advantages and disadvantages of the use of fluorescence imaging in colorectal surgery.

Director: David Maron, MD, Weston, FL

Continued next page

Drinks and Disputes: The After Hours Debates *(continued)*

4:30 – 5:00 pm

Debate #1: Advanced Endoscopy: Colorectal Surgeon or Gastroenterologist?

- | | | | |
|---------|---|---------|---|
| 4:30 pm | Introduction
David Maron, MD, Weston, FL | 4:46 pm | Gastroenterologist Position – Rebuttal
Klaus Mergener, MD, Tacoma, WA |
| 4:35 pm | Colorectal Surgeon Position
Peter Marcello, MD, Boston, MA | 4:49 pm | Colorectal Surgeon Position – Rebuttal
Peter Marcello, MD, Boston, MA |
| 4:39 pm | Gastroenterologist Position
Klaus Mergener, MD, Tacoma, WA | 4:52 pm | Gastroenterologist Position – Rebuttal
Klaus Mergener, MD, Tacoma, WA |
| 4:43 pm | Colorectal Surgeon Position – Rebuttal
Peter Marcello, MD, Boston, MA | 5:00 pm | Concluding Remarks
David Maron, MD, Weston, FL |

5:00 – 5:30 pm

Debate #2: Fluorescence Imaging: Valuable Commodity or Waste of Money?

- | | | | |
|---------|--|---------|--|
| 5:00 pm | Introduction
David Maron, MD, Weston, FL | 5:19 pm | Fluorescence – Pro Rebuttal
Alessio Pigazzi, MD, PhD, Orange, CA |
| 5:05 pm | Fluorescence – Pro
Alessio Pigazzi, MD, PhD, Orange, CA | 5:22 pm | Fluorescence – Con Rebuttal
Bradley Davis, MD, Charlotte, NC |
| 5:09 pm | Fluorescence – Con
Bradley Davis, MD, Charlotte, NC | 5:25 pm | Concluding Remarks
David Maron, MD, Weston, FL |
| 5:13 pm | Fluorescence – Pro Rebuttal
Alessio Pigazzi, MD, PhD, Orange, CA | 5:30 pm | Adjourn |
| 5:16 pm | Fluorescence – Con Rebuttal
Bradley Davis, MD, Charlotte, NC | | |

ASCRS Fellowship Reception

6:00 – 7:00 pm

Legends Ballroom Salons EFG (2nd Floor)
Omni Nashville Hotel

Supported by Olympus America Inc.

Open to graduating fellows and colorectal program directors only.

The Future of Colorectal Surgical Procedures

Sang Lee, MD

USC/Keck School of Medicine

Introduction: Jennifer Beaty, MD

ASCRS Music City Gala

7:30 – 10:30 pm

Broadway Ballroom (2nd Floor)
Omni Nashville Hotel

Tickets Required

The country western theme of Nashville continues with the ASCRS Music City Gala! The gala is a wonderful opportunity to relax, socialize and enjoy an evening of delicious food and dancing.

There is no additional cost for a ticket for full-paying Members and Fellows. Nonmember or spouse/companion tickets may be purchased at the registration desk for \$150 per ticket.



Meet the Professor Breakfasts

7:00 – 8:00 am

Registration Required • Fee \$50 • Limit: 30 per breakfast • Tickets Required • Continental Breakfast Included

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



W-1 Complex Rectal Cancer Cases **1 2** Room: 205A
SOLD OUT Conor Delaney, MD, Cleveland, OH
David Dietz, MD, Cleveland, OH

W-2 Parastomal Hernia Cases **1 2** Room: 205B
SOLD OUT Joshua Bleier, MD, Philadelphia, PA
C. Neal Ellis, MD, Odessa, TX

Room: 205B

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

- Describe the procedures and approaches discussed in this session.



Symposium

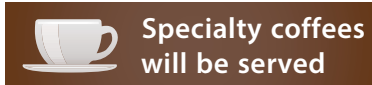
Coffee and Controversies: Minimally Invasive Surgery and Big Data vs. Social Media



2

7:00 – 8:00 am

Room: Ballroom C (Level 4)



Supported in part by an independent educational grant from Applied Medical

Debate #1: Is There Still a Role for HALS?

7:00 – 7:30 am

Debate #2: RCT's/Big Data or Social Media – Which Is More Effective at Driving Change?

7:30 – 8:00 am

Debate #1: Is There Still a Role for HALS?

Minimally invasive surgery provides improved short-term outcomes for colorectal surgery patients. Despite this well accepted fact, 60% of colorectal operations in the United States are performed open. There are a variety of patient related factors that weigh into this number, but the biggest driver of the lack of adoption of laparoscopy is surgeon related. Different modalities claim to make minimally invasive surgery easier and to decrease the conversion rate to open; such as robotics, transanal TME and HALS. In reality, minimally invasive surgery is a skill that requires training, practice and patience.

HALS is a technique that bridges open surgery to straight laparoscopy where the operating surgeon maintains normal tactile feedback and has a hand for retraction. HALS can be quite challenging. It can be difficult to provide proper retraction while keeping the hand out of way of the camera. Since the incision must be the size of the operating surgeon's hand, the incision is often larger than for straight laparoscopy. Some surgeons feel that this is unnecessary, and that straight laparoscopy has decreased morbidity; therefore, HALS is no longer necessary. There are also cases of conversion to open for patient-specific factors, and HALS can help with those difficult cases by allowing the surgeon to finger fracture inflamed tissues and improve retraction with tactile feedback.

Existing Gaps

What Is: Surgeons feel that the way they perform an operation is "best."

What Should Be: An open dialogue about when HALS is beneficial over open procedures as well as a straight laparoscopy. All surgeons appreciate that HALS is a tool that we all can use for specific cases, but it requires skill and practice.

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

- Discuss the benefits and downsides to HALS.
- Recognize that a surgeon's comfort with a technique can be more important than data.
- Explain the continued use and benefits of HALS in certain circumstances.

Director: Meagan Costedio, MD, Cleveland, OH

<p>7:00 am Crystallizing the Controversy; Clinical Scenarios to Consider Meagan Costedio, MD, Cleveland, OH</p> <p>7:05 am HALS – Pro I. Emre Gorgun, MD, Cleveland, OH</p> <p>7:12 am HALS – Con Kelly Garrett, MD, New York, NY</p>	<p>7:19 am HALS Pro Rebuttal I. Emre Gorgun, MD, Cleveland, OH</p> <p>7:23 am HALS Con Rebuttal Kelly Garrett, MD, New York, NY</p> <p>7:27 am Concluding Remarks Meagan Costedio, MD, Cleveland, OH</p>
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Coffee and Controversies: Minimally Invasive Surgery and Big Data vs. Social Media *(continued)*

Debate #2: RCT's/Big Data or Social Media – Which is More Effective at Driving Change?

In our current state of health care economics, funding for research continues to decline. As a result, randomized controlled trials are becoming more difficult to complete. Funding may come from a sponsoring company, but if the study is negative, will it get published? Large databases are a great source of a huge amount of data, allowing us to ask questions about rare diseases or outcomes. However, using large databases may lead to Type 1 error, where we find an association though one does not exist. Despite the lack of data, practitioners are learning new techniques and many of them are well publicized. Social media has catapulted this process.

Social media can provide great marketing and exposure to the provider at no cost. Physicians can use this avenue as an educational tool to alert them to new and important studies published. However, patients and physicians can be led astray. Study data still must be interpreted, and social media provides no policing of physician-driven information.

Existing Gaps

What Is: Studies are being published at a rapid rate and it can be difficult to keep with up with current standard of care. It is also difficult to interpret some of that data.

What Should Be: Use social media to help decrease the time it takes to find valuable articles to stay current with literature as well as help to improve engagement and reputation while understanding the risks of a using this public forum.

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

- Describe the pros and cons of large database studies.
- Explain that with the current volume of data that is being published, social media helps to draw attention to important articles.
- Recognize the benefits and drawbacks of social media for both the physician and patient.

Director: Meagan Costedio, MD, Cleveland, OH

7:30 am	Crystallizing the Controversy; Clinical Scenarios to Consider Meagan Costedio, MD, Cleveland, OH	7:53 am	Social Media Rebuttal Alexis Grucela, MD, New York, NY
7:35 am	RCT's/Big Data – Pros Luca Stocchi, MD, Cleveland, OH	7:57 am	Concluding Remarks Meagan Costedio, MD, Cleveland, OH
7:42 am	Social Media – Pros Alexis Grucela, MD, New York, NY	8:00 am	Adjourn
7:49 am	RCT's/Big Data – Rebuttal Luca Stocchi, MD, Cleveland, OH		

Symposium

What's New in the Management of Rectal Cancer?

Parallel Session 10-A



SELF-ASSESSMENT (MOC) CREDIT

2

8:00 – 9:15 am

Room: Ballroom AB (Level 4)

Supported in part by an independent educational grant from Applied Medical

The outcomes of rectal cancer surgery remain highly variable. Tremendous differences have been reported relative to sphincter-sparing versus permanent stoma operations, surgical morbidity, post-operative mortality, local tumor recurrence and survival. Further, variations also occur in the utilization of a multidisciplinary evaluation to include tumor board discussion, radiological staging and pathological evaluation, as well as adjuvant/neoadjuvant chemoradiation therapy.

In 2017, several novel approaches to treating both early-stage and locally advanced rectal cancer are challenging the traditional standard of care. While the novel treatment paradigms aim to tailor multidisciplinary management and offer options to patients based on their disease characteristics, it is critical for surgeons and physicians to understand: the quality standards and benchmark outcomes associated with the standard of care; the nature of novel treatment approaches as well as the extent and the strength of the evidence associated with them and how to practically integrate above knowledge and apply them to make treatment recommendations and decisions in daily practice.

Existing Gaps

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

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

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

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

Co-directors: Scott Steele, MD, Cleveland, OH
Y. Nancy You, MD, Houston, TX

<p>8:00 am Introduction Scott Steele, MD, Cleveland, OH Y. Nancy You, MD, Houston, TX</p>	<p>8:35 am How Do I Selectively Use Radiation to Benefit the Rectal Cancer Patient? Ibrahim Gecim, MD, Ankara, Turkey</p>
<p>8:05 am What is the Standard of Care and Benchmark Outcomes for Early Stage and Locally Advanced Rectal Cancer? George Chang, MD, Houston, TX</p>	<p>8:50 am Chemotherapy: When, Which Agents and How Long? Dustin Deming, MD, Madison, WI</p>
<p>8:20 am When Can We Preserve the Rectum Early Stage and Locally Advanced Rectal Cancer? Rodrigo Perez, MD, PhD, Sao Paulo, Brazil</p>	<p>8:55 am Case Discussion with Panel and Questions 9:15 am Adjourn</p>

Symposium

Are There Solid Options for Fecal Incontinence?

2

8:00 – 9:15 am

Room: Ballroom C (Level 4)

Parallel Session 10-B



SELF-ASSESSMENT (MOC) CREDIT

Supported in part by an independent educational grant from Medtronic

The prevalence of fecal incontinence (FI) is difficult to estimate, as it is frequently underreported due to embarrassment and reluctance of patients to discuss symptoms with their physicians. FI profoundly affects quality of life and causes significant social and psychological distress.

We know that the pathophysiology of FI can be complex and there may be more than one etiology that needs to be addressed. Consequently, because of multiple potential etiologies and pathophysiological risk factors, the evaluation and treatment of FI has been challenging as well as the assessment of whether treatment has been successful.

Existing Gaps

What Is: There are many treatments available for patients with FI, and it can be difficult to determine which treatment is best for a patient and a consistent and reliable method to assess outcomes.

What Should Be: Recognize which treatment options are available and how to individualize management to meet the needs and symptoms of the specific patient.

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

- Recognize the medical treatments available for fecal incontinence.
- Define the indications for overlapping sphincteroplasty or sacral nerve stimulation (SNS) for the first line treatment of FI.
- Describe the indications for magnetic sphincter use and results of treatment.
- Explain the options and novel therapies for the treatment of FI.

Co-directors: Martha Ferguson, MD, Cincinnati, OH
Kelly Garrett, MD, New York, NY

<p>8:00 am Introduction Martha Ferguson, MD, Cincinnati, OH Kelly Garrett, MD, New York, NY</p> <p>8:05 am Pills, Powders and Injections: Medical Options Sarah Vogler, MD, St. Paul, MN</p> <p>8:20 am When to Tighten, When to Stimulate: SNS vs. Sphincteroplasty Shane McNevin, MD, Spokane, WA</p>	<p>8:35 am Sphincter Augmentation or Replacement: Novel Treatments Anders Mellgren, MD, Chicago, IL</p> <p>8:50 am Contribution of Internal Prolapse and When to Consider Repair Brooke Gurland, MD, Stanford, CA</p> <p>9:05 am Case Presentations</p> <p>9:15 am Adjourn</p>
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9:15 – 9:30 am

Refreshment Break in Foyer

Symposium

The Future of Surgical Practice: How Will Changes in the Rules Affect You?

3 4 5

9:30 – 10:45 am

Room: Ballroom C (Level 4)

Parallel Session 11-A



Supported in part by an independent educational grant from Johnson & Johnson Medical Devices Companies (Ethicon)

Changes in health care delivery and reimbursement are occurring rapidly and understanding those changes is necessary to put ourselves in the best possible position. Most changes are centered on reimbursement and cost containment, with the central concept to provide the highest quality of care in the most cost effective manner. Centers for Medicare & Medicaid Services (CMS) has embraced this idea by developing payment systems based on expected cost of a single episode of care and integrating with the measured outcomes of individual physicians. This is creating an environment where every decision made by a physician has direct cost and outcome influence on how we will be reimbursed going forward. Thus, the reimbursement associated with pre-operative evaluation, perioperative care and 90 day postoperative care will result in a single flat sum Alternative Payment Models (APM), or will be based on our individual and institutional scorecard for measured quality, care improvement activities, provided care information and cost Merit-based Incentive Payment System (MIPS).

To put ourselves in the best possible position, it is necessary for our members to understand these payment systems and how they impact us. Specifically, our members need to understand how surgeons will be paid as a component of health care system, what are the criteria being utilized to determine physician payment, what can individual physicians do to decrease the cost of care and how do we integrate advances in technology and care without breaking the bank.

Existing Gaps

What Is: Currently care is delivered in a very individualized manner. Each physician provides care based on their specific preferences for each individual patient. This leads to inefficiencies in the quality and cost of health care delivery.

What Should Be: The entire health care system should be able to provide the highest quality of care in the most cost effective manner. This will require a clear understanding of the rules and a realignment of priorities so that the patient, physician and system equally benefit.

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

- Recognize the MIPS and APM payment systems.
- Explain the components of scorecards or quality metrics used to influence reimbursement.
- Distinguish strategies to provide high quality care at the lowest possible costs.

Co-directors: **Matthew Mutch, MD, St. Louis, MO**
Charles Whitlow, MD, New Orleans, LA

<p>9:30 am Introduction Matthew Mutch, MD, St. Louis, MO Charles Whitlow, MD, New Orleans, LA</p> <p>9:35 am MACRA: What Is It and How Does It Impact Colon and Rectal Surgery? Don Selzer, MD, Indianapolis, IN</p> <p>9:50 am Physician Scorecards: How to Improve Your Score Clifford Ko, MD, Los Angeles, CA</p>	<p>10:05 am Managing Patients After Discharge: Containing Costs and Improving Outcomes Anthony Senagore, MD, Galveston, TX</p> <p>10:25 am Introducing New Technology: Cost vs. Outcome Sonia Ramamoorthy, MD, San Diego, CA</p> <p>10:30 am Panel Discussion</p> <p>10:45 am Adjourn</p>
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Symposium

Parallel Session 11-B

When the Dust Settles – Reconstruction After Leaks, Fistulas and Abdominal Wall Defects



1 2

9:30 – 10:45 am

Room: Ballroom AB (Level 4)

Supported in part by an independent educational grant from Johnson & Johnson Medical Devices Companies (Ethicon)

During a colorectal surgeon’s career, we frequently encounter patients who have recovered from significant postoperative complications and abdominal wall catastrophes. After they have survived the initial insult, many patients are left with significant defects in the abdominal wall, massive hernias, enterocutaneous (EC) and enter-atmospheric fistulae and significant loss of domain. These issues pose a significant risk to health and quality of life and need to be addressed. These are complicated patients, often with significant co-morbidities and nutritional deficits, and the approach to successful reconstruction takes careful planning and significant expertise. Through this symposium, we aim to create a systematic way to assess all the complicated issues surrounding the planning and eventual reconstruction of the abdominal wall. By reviewing the preoperative considerations, followed by didactic lectures aimed at reviewing the various techniques of abdominal wall reconstruction based on the compartments of the abdominal wall, and finally decisions regarding reconstructive adjuncts, we aim to try to bring clarity to a delicate and complicated situation.

Existing Gaps

What Is: As colorectal surgeons, we frequently encounter patients who have survived abdominal catastrophes, and are left with large abdominal wall defects, massive hernias and/or enterocutaneous or entero-atmospheric fistulas. These are very difficult and complex cases, and the techniques and principles necessary to optimize and prepare patients for complex abdominal wall reconstruction and the techniques and adjuncts needed to do so are not well understood by many surgeons.

What Should Be: In order to provide the best care for their patients, it is necessary for any colorectal surgeon that may encounter patients who have recovered from abdominal catastrophes and are left with significant abdominal wall defects, hernias or enterocutaneous fistulae, be cognizant of all of the salient issues regarding planning optimization and eventual abdominal wall reconstruction. By understanding these issues, a surgeon may be able to make an informed decision about whether or not they can safely carry out an abdominal wall reconstruction, or whether or not referral or consultation for a joint operation is required.

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

- Identify the salient issue of preoperative nutritional assessment, imaging and EC fistula management required to prepare a patient for abdominal wall reconstruction.
- Explain the various techniques of anterior component separation needed for successful abdominal wall reconstruction and when they are appropriate to use.
- Recognize the various techniques of posterior component separation needed for successful abdominal wall reconstruction and when they are appropriate to use.
- Recall the various options of how to “bail out” of difficult abdominal wall reconstruction cases, as well as what adjunctive mesh reconstruction options are available and how to choose the appropriate one and use it safely.

Co-directors: Joshua Bleier, MD, Philadelphia, PA
Joseph Carmichael, MD, Orange, CA

<p>9:30 am Introduction Joshua Bleier, MD, Philadelphia, PA Joseph Carmichael, MD, Orange, CA</p>	<p>10:03 am Posterior Component Separation: How To Do It and Why It Is The Best! Sean Orenstein, MD, Portland, OR</p>
<p>9:35 am Preparing for Surgery After an Abdominal Catastrophe Eric Pauli, MD, Hershey, PA</p>	<p>10:17 am How to Bail Out When Things Aren’t Working and Mesh Selection Jeffrey Blatnik, MD, Creve Coeur, MO</p>
<p>9:49 am Anterior Component Separation: How To Do It and Why It Is The Best! Daniel Popowich, MD, New York, NY</p>	<p>10:31 am Case Discussions with Panel 10:45 am Adjourn</p>

Abstract Session

Video Session

1 2

9:30 – 10:45 am

Room: Davidson Ballroom Salon A (Level 1M)

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

9:30 am	Introduction		10:12 am	Discussion	
9:35 am	Complex Robotic Pelvic Dissection With Excision of Retrorectal Cyst S.D. Talutis [*] , J. Hall ¹ ; ¹ Boston, MA	WV1	10:15 am	Transanal Minimally Invasive Surgery for Rectal Stricture G. Chedister [*] , P.J. Maxwell ¹ , V.V. George ¹ ; ¹ Charleston, SC	WV6
9:40 am	Discussion		10:20 am	Discussion	
9:43 am	Robotic Extralevator Excision of a Retrorectal Giant Aggressive Angiomyxoma B.A. Spindler [*] , H. Saleem ¹ , S.R. Kelley ¹ ; ¹ Rochester, MN	WV2	10:23 am	ASCRS Barton Hoexter, MD, Best Video Award Redo Repair of a Recurrent Rectovaginal Fistula With Rectal Advancement Flap: Three Layer Closure S.J. Marecik [*] , C. Warner ² , J. Trepanier ² , K. Kochar ¹ , J. Park ¹ ; ¹ Park Ridge, IL; ² Chicago, IL	WV7
9:48 am	Discussion		10:28 am	Discussion	
9:51 am	Robotic Assisted APR With Robotic Harvest of Rectus Abdominis Muscular Flap for Vaginal Reconstruction G. Chedister [*] , P.J. Maxwell ¹ , K.O. Delaney ¹ , V.V. George ¹ ; ¹ Charleston, SC	WV3	10:31 am	Comparison of Bursa Omentalis Approach Versus Medial-to-Later Approach Laparoscopic Radical Left Hemicolectomy W. Wang [*] , W. Xiong ¹ , J. Wan ¹ ; ¹ Guangzhou, China	WV8
9:56 am	Discussion		10:36 am	Discussion	
9:59 am	Transanal Pouch Revision P.L. Burgess [*] , B. Sklow ² ; ¹ Augusta, GA; ² Minneapolis, MN	WV4	10:39 am	Question and Answer	
10:04 am	Discussion		10:45 am	Adjourn	
10:07 am	Laparoscopic Suture Fixation for Ileal J-Pouch Volvulus M. Ferrara [*] , H. Vargas ¹ ; ¹ New Orleans, LA	WV5			



WEDNESDAY

All abstract session presenters are noted with an *.

Ernestine Hambrick, MD, Lectureship

10:45 – 11:30 am

Room: Ballroom AB (Level 4)



Maintaining the Fire: Self-awareness, Resilience and Intentional Culture in Surgeon Wellbeing

Taylor Riall, MD, PhD
Professor and Acting Chair, Department of Surgery, University of Arizona, Tucson, AZ

Introduction: Sanda Tan, MD

This lectureship honors Dr. Ernestine Hambrick for her dedication to patients with colon and rectal disorders, surgical students and trainees and the community at large. The first woman to be board certified in colon and rectal surgery, Dr. Hambrick provided excellent care to patients and mentored numerous students, residents and young surgeons during her clinical practice.



Dr. Hambrick founded the STOP Foundation to promote the screening and the prevention of colon and rectal cancer. In addition, she has volunteered many hours to the ASCRS, which includes having served as Vice President.

11:30 am – 12:30 pm

Lunch *(on your own)*



Photo credit: Nashville Convention & Visitors Corp.

Abstract Session

Neoplasia II

2

12:30 – 2:00 pm

Room: Ballroom C (Level 4)

Co-moderators: Karim Alavi, MD, Worcester, MA
Karin Hardiman, MD, Ann Arbor, MI

- | | | | |
|----------|---|---------|---|
| 12:30 pm | Introduction | 1:15 pm | Detection of Germline Cancer Predisposition Variants Among Advanced Colorectal Cancer Patients Undergoing Tumor Genomic Profiling for Precision Medicine S60
Y. You* ¹ , A. Cuddy ¹ , G. Chang ¹ , E. Borrás ¹ , K. Chang ¹ , B. Price ¹ , M.A. Rodriguez-Bigas ¹ , E. Vilar Sanchez ¹ ; ¹ Houston, TX |
| 12:35 pm | Long-term Oncologic Outcomes After Neoadjuvant Chemoradiation Followed by Intersphincteric Resection with Coloanal Anastomosis for Locally Advanced Low Rectal Cancer S55
J. Park* ¹ , G. Choi ¹ , S. Park ¹ , H. Kim ¹ , I. Woo ¹ ; ¹ Daegu, Korea (the Republic of) | 1:20 pm | Discussion |
| 12:40 pm | Discussion | 1:23 pm | A Changing Spectrum of Colorectal Cancer Biology with Age: Implications for the Young Patient S61
H.S. Chouhan* ¹ , J. Church ¹ , M. Kalady ¹ ; ¹ Cleveland, OH |
| 12:43 pm | Endoscopic Biomarkers as Predictors of Response to Chemoradiation in Rectal Cancer S56
C. Peeples ¹ , J.K. Douglas* ¹ , C. Cousineau ¹ , H. Wasvary ¹ , Z.A. Hothem ¹ , B. Thibodeau ¹ , B. Sopczynski ¹ , W. Li ¹ ; ¹ Royal Oak, MI | 1:28 pm | Discussion |
| 12:48 pm | Discussion | 1:31 pm | Anorectal Dysfunction After taTME: Manometric and Endoanal Ultrasound Analysis S62
V. Turrado-Rodriguez* ¹ , A.T. Torroella ¹ , F. de Lacy Oliver ¹ , A. Otero-Piñeiro ¹ , B. Martin-Perez ¹ , D. Momblan ¹ , R. Bravo ¹ , A. Ibarzabal Olano ¹ , A. Lacy Fortuny ¹ ; ¹ Barcelona, Spain |
| 12:51 pm | Size of Rectal Neuroendocrine Tumors Predicts Metastatic Potential S57
S.J. Concors* ¹ , A. Sinnamon ¹ , I. Folkert ¹ , N. Mahmoud ¹ , E. Paulson ¹ , R.E. Roses ¹ ; ¹ Philadelphia, PA | 1:36 pm | Discussion |
| 12:56 pm | Discussion | 1:39 pm | Use of Neoadjuvant Short-course Radiotherapy for Rectal Adenocarcinoma in the United States: Insights into Patterns of Practice and Outcomes S63
M.A. Adam* ¹ , M. Turner ¹ , H.G. Moore ¹ , C.R. Mantyh ¹ , J. Migaly ¹ ; ¹ Durham, NC |
| 12:59 pm | What is the Risk of Anal Carcinoma in Patients With Anal Intraepithelial Neoplasia? S58
G. Lee* ¹ , H. Kunitake ¹ , C. Stafford ¹ , L. Bordeianou ¹ , T.D. Francone ¹ , R. Ricciardi ¹ ; ¹ Boston, MA | 1:44 pm | Discussion |
| 1:04 pm | Discussion | 1:47 pm | Cost-effectiveness Analysis of Total Neoadjuvant Therapy Followed by Radical Resection Versus Traditional Therapy for Locally Advanced Rectal Cancer S64
M. Wright* ¹ , C. Terner ¹ ; ¹ Omaha, NE |
| 1:07 pm | Minimally Invasive Surgery for Rectal Adenocarcinoma Has Improved Survival Versus Laparotomy, a National Cancer Database Observational Analysis S59
M. Skancke* ¹ , C. Schoolfield ¹ , R.L. Amdur ¹ , V. Obias ¹ ; ¹ Washington, DC | 1:52 pm | Discussion |
| 1:12 pm | Discussion | 1:55 pm | Question and Answer |
| | | 2:00 pm | Adjourn |



All abstract session presenters are noted with an *.

Symposium

Translating Outcomes Data into Meaningful Practice Change

5 6

12:30 – 2:00 pm

Room: Ballroom AB (Level 4)

Parallel Session 12-B



Supported in part by an independent educational grant from Johnson & Johnson Medical Devices Companies (Ethicon)

Postoperative outcomes are increasingly used to measure and report the quality of surgical care. This data has many uses, but the most important use is to drive quality improvement. With many potential sources of data that are used to represent postoperative outcomes, it is often difficult to know which data source to trust. Even more challenging is generating a valid process that uses this data to drive quality improvement. In this session, we will review the science behind quality measurement/quality improvement with the explicit purpose of empowering the surgeon as an agent of change.

Existing Gaps

What Is: ASCRS membership is potentially unfamiliar with the strengths and pitfalls of different types of data, as well as with the science behind quality improvement.

What Should Be: Surgeons should be empowered as agents of change.

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

- Explain the pros and cons of different types of data available in terms of their suitability for generating and monitoring quality improvement efforts.
- Recognize the pitfalls that can arise in a data-driven approach to quality improvement and how to avoid them.
- Develop strategies to select an appropriate quality improvement effort from within a range of possible targets.

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

12:30 pm	Introduction Arden Morris, MD, Stanford, CA	1:20 pm	QI – It Doesn't Always Work Elizabeth Wick, MD, San Francisco, CA
12:35 pm	What Data Can You Trust? David Etzioni, MD, Phoenix, AZ	1:35 pm	Closing Thoughts Arden Morris, MD, Stanford, CA
12:50 pm	Patient Reported Outcomes and YOU Larissa Temple, MD, Rochester, NY	1:50 pm	Questions and Answers
1:05 pm	Meaningful Feedback to Surgeons Rocco Ricciardi, MD, Boston, MA	2:00 pm	Adjourn

Abstract Session

Parallel Session 13-A

Pelvic Floor Disorders



2

2:00 – 3:30 pm

Room: Ballroom C (Level 4)

Co-moderators: Liliana Bordeianou, MD, Boston, MA
Sowsan Rasheid, MD, Tampa, FL

2:00 pm	Introduction	2:41 pm	Discussion
2:05 pm	Laparoscopic Ventral Rectopexy Versus Stapled Transanal Rectal Resection (STARR) for Treatment of Obstructed Defecation in The Elderly: Long-term Results of a Prospective Randomized Study S65 K. Madbouly ^{*1} , A. Mohii ¹ ; ¹ Alexandria, Egypt	2:44 pm	Sacral Nerve Stimulation for Constipation S70 R.D. Bennett ^{*1} , A.K. Mongiu ¹ , R.W. Farmer ¹ , T. Abell ¹ , A. Stocker ¹ ; ¹ Louisville, KY
2:10 pm	Discussion	2:49 pm	Discussion
2:13 pm	Anatomy Is Not Always Destiny: Patients With Surgically Correctable Internal Intussusception Must Be Evaluated for Co-Existing Irritable Bowel Syndrome S66 P.M. Cavallaro ^{*1} , K. Staller ¹ , L. Savitt ¹ , H. Milch ¹ , M. Weinstein ¹ , B. Nath ¹ , R. Ricciardi ¹ , L. Bordeianou ¹ ; ¹ Boston, MA	2:52 pm	Vaginal Valium for Levator Spasm: An Alternative Route of Treatment S71 C.A. Lynn ^{*1} , M. Hawkins ¹ , J.A. Griffin ¹ , J. Scanlan ¹ ; ¹ Seattle, WA
2:18 pm	Discussion	2:57 pm	Discussion
2:23 pm	Using Sacral Nerve Modulation to Improve Continence and Quality of Life in Patients Suffering Low Anterior Resection Syndrome S67 A. Croese ^{*1} , Y. Ho ¹ ; ¹ Townsville, Queensland, Australia	3:00 pm	Efficacy of Foot Stool for the Patient With Obstructed Defecation Syndrome: A Prospective Study S72 S. Takano ^{*1} ; ¹ Kumamoto, Kumamoto, Japan
2:28 pm	Discussion	3:05 pm	Discussion
2:31 pm	Rectal Prolapse Recurrence Following Ventral Mesh Rectopexy Can Be Minimized if Anterior Compartment Defects are Thoroughly Evaluated and Treated S68 B. Djenic ^{*1} , D. Maun ¹ , T. Reidy ¹ , R. Melbert ¹ , F. Lane ¹ , O. Johansen ¹ , B. Tsai ¹ ; ¹ Indianapolis, IN	3:08 pm	Quality of Life Comparison of Two Fecal Incontinence Phenotypes: Isolated Fecal Incontinence Versus Concurrent Fecal Incontinence With Constipation S73 C.E. Cauley ^{*1} , L.R. Savitt ¹ , H. Kunitake ¹ , E. Von Barga ² , M. Wakamatsu ² , M. Weinstein ² , R. Ricciardi ¹ , L. Bordeianou ¹ ; ¹ Cambridge, MA; ² Boston, MA
2:36 pm	Discussion	3:13 pm	Discussion
2:39 pm	High Doses of Botox to Treat Levator Spasm and Obstructed Defecation: To Repeat or Not S69 T. Reif de Paula ^{*1} , B.H. Gurland ² , T. Hull ¹ , M. Zutshi ¹ ; ¹ Cleveland, OH; ² Stanford, CA	3:15 pm	Long-term Results of Pelviperineal Rehabilitation in Patients With Fecal Incontinence S74 L.C. Carcamo Gruebler ^{*1} , S. Aljaro Ehrenberg ¹ , F. Castro Vargas ¹ , J. Leiva Valdes ¹ , G. Palominos ¹ , J. Cerda Lorca ¹ , F. Bellolio ¹ , M. Molina ¹ ; ¹ Santiago, Chile
		3:20 pm	Discussion
		3:23 pm	Question and Answer
		3:30 pm	Adjourn

All abstract session presenters are noted with an *.

Symposium

Difficulties Surrounding the Management of Diverticulitis

Parallel Session 13-B



SELF-ASSESSMENT (MOC) CREDIT

2

2:00 – 3:30 pm

Room: Ballroom AB (Level 4)

The incidence of diverticular disease has increased over the past few decades. Increasingly, patients are managed with non-operative approaches. Although more patients are managed as outpatients, providers are frequently confronted with complex decision making in patients who have persistent symptoms or radiologic findings and suffer from multiple comorbid conditions.

We will review current strategies for evaluation and management of the patient with diverticular disease in both the acute and elective setting.

Existing Gaps

What Is: Risk factors for developing disease, best practice discussion of the threshold for elective and emergent intervention, and appropriate techniques for management of challenging issues in both the acute and elective clinical setting.

What Should Be: A clear approach to both emergent and elective disease management. Important questions for future research.

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

- Recognize the current literature regarding etiology and impact of acute and chronic diverticulitis, and current surgical options for management in both the emergent and elective settings.
- Improve understanding and utilization of best practices for management of acute diverticulitis both in the hospitalized patient and in elective surgical planning.
- Recognize areas of treatment that need further research.

Co-directors: Timothy Geiger, MD, Nashville, TN
Jason Hall, MD, Boston, MA

<p>2:00 pm Introduction Timothy Geiger, MD, Nashville, TN Jason Hall, MD, Boston, MA</p>	<p>2:35 pm Management of Complicated Diverticular Disease in the Face of Significant Medical Comorbidities Ron Landmann, MD, Jacksonville, FL</p>
<p>2:05 pm Diverticulitis: Pathophysiology, Epidemiology, Genetics and Risk Factors: What Is the Best Evidence to Counsel Our Patients? Matthew Silveira, MD, St. Louis, MO</p>	<p>2:45 pm Laparoscopic Lavage: What Do the Randomized Trials Tell Us? Jonathan Laryea, MD, Little Rock, AR</p>
<p>2:15 pm Elective Management of Uncomplicated Diverticulitis Nitin Mishra, MD, Phoenix, AZ</p>	<p>2:55 pm Atypical Diverticulitis and Post-diverticulitis IBS; the CT Scan is Normal But My Patient Still Has Symptoms? Alexander Hawkins, MD, Nashville, TN</p>
<p>2:25 pm When Do We Intervene After Medical Management of a Diverticular Abscess? Angela Kuhnen, MD, Boston, MA</p>	<p>3:05 pm Panel Discussion and Case Presentations</p> <p>3:30 pm Adjourn</p>

E-POSTER PRESENTATIONS

Each E-poster has been assigned a specific presentation time where the author will present their research from a dedicated monitor to answer questions.

The E-poster presentation and viewing area is in Exhibit Hall B (Level 3) and open during normal exhibit hours.

Dedicated Presentation Times:

Monday, May 21

9:35 – 9:55 am
11:40 am – 12:35 pm
3:35 – 3:55 pm

Tuesday, May 22

9:05 – 9:25 am
11:40 am – 12:50 pm

Monday, May 21 Monitor #1 – Benign Disease

*Co-moderators: John Hunter, MD, Mobile, AL
Jonathan Mitchem, MD, Columbia, MO*

- 9:35 am **Propensity Matched Comparison of Robotic Versus Laparoscopic-assisted Elective Sigmoid Resection for Diverticular Disease** **P1**
R.N. Saunders*¹, J.L. Parker¹, J.W. Ogilvie¹;
¹Grand Rapids, MI
- 9:40 am **Technical Considerations for Surgical Resection of Dumbbell Shaped Pelvic Lipomas** **P2**
P. Davis*¹, E.J. Dozois¹, S.R. Kelley¹, P. Rose¹;
¹Rochester, MN
- 9:45 am **It's Time to Retire Goodsall's Rule: The Midline Rule Is a More Accurate Predictor of the True and Natural Course of Anal Fistulas** **P3**
W.C. Cirocco*¹, J.C. Reilly²; ¹Columbus, OH;
²Erie, PA
- 9:50 am **Acutely Perforated Diverticulitis – What Is the Ideal Management? A Propensity Matched Analysis of NSQIP Database** **P4**
S.S. Brandstetter*¹, A.R. Bhama¹, A. Aiello¹,
S. Holubar¹; ¹Cleveland, OH

Monday, May 21 Monitor #2 – Benign Disease

*Co-moderators: Elise Lawson, MD, Madison, WI
Radhika Smith, MD, St. Louis, MO*

- 9:35 am **Operative Rates in Acute Diverticulitis With Concurrent Small Bowel Obstruction** **P5**
J. Glaser*¹, M. Farrell¹, R. Caplan¹, M. Rubino¹;
¹Newark, DE
- 9:40 am **Case Series of Single Surgeon Experience With Robotic-assisted Surgery for Complicated and Noncomplicated Diverticulitis** **P6**
J. Xia¹, T.J. Paul Olson¹, S. Perez¹, T.W. Gillespie¹,
S.A. Rosen*¹; ¹Johns Creek, GA
- 9:45 am **Self-fixating Mesh in Parastomal Hernia Repair: A New Approach to an Old Problem** **P7**
P. Marcinkowski*¹, P. Strassle¹, T. Sadiq¹,
M. Koruda¹, N. Chaumont¹; ¹Chapel Hill, NC
- 9:50 am **Prophylactic Mesh Use in End Colostomies to Prevent Parastomal Hernia: A Study of the Current Practice Patterns and Attitudes of North American Colorectal Surgeons** **P8**
J.A. Holland*¹, T.R. Chesney¹, F. Dossa¹,
S.A. Acuna¹, K.A. Fleshner², N. Baxter¹; ¹Toronto,
ON, Canada; ²Ottawa, ON, Canada

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21 Monitor #3 – Case Study

Co-moderators: Leander Grimm, Jr., MD, *Mobile, AL*
Andrew Russ, MD, *Knoxville, TN*

- 9:35 am **Chronic Hiddrenitis Suppurativae, Hurley Stage III: A Case Study** **P9**
G.G. Maranon*¹, R.K. Lee¹; ¹Taguig City, Metro Manila, Philippines
- 9:40 am **Hidradenoma Papilliferum of the Anus: A Report of Two Cases** **P10**
G. Seo*¹, H. Cho¹; ¹Gwangju, Korea (the Republic of)
- 9:45 am **Intraluminal Burkitt Lymphoma Presenting as Perforated Appendicitis** **P11**
A.P. Russeau¹, I. Kichko*¹, J. Estrada¹, J.P. Kaminski¹; ¹Chicago, IL
- 9:50 am **Locally Invasive Ovarian Teratoma: An Unusual Case of Rectal Prolapse** **P12**
P.P. Shenoy*¹, S. Vaid¹; ¹Newark, DE

Monday, May 21 Monitor #4 – Case Study

Co-moderators: Brian Bello, MD, *Washington, DC*
Luis Hernandez, MD, *Miami, FL*

- 9:35 am **Misdiagnosis of Transverse Diverticulitis via Computed Tomography** **P13**
C. Zhang*¹, D. Hart¹, W. Ambroze¹, M. Schertzer¹, E. King¹; ¹Atlanta, GA
- 9:40 am **Stercoral Ulcer Presenting as a Bowel Obstruction** **P14**
D. Hart*¹, C. Zhang¹, E. King¹, M. Schertzer¹, W. Ambroze¹; ¹Atlanta, GA
- 9:45 am **Laparoscopy via the Stoma Site: A Novel Use for Laparoscopy During Diverting Loop Ileostomy Reversal** **P15**
A. Morgan*¹, S. McClane¹; ¹Camden, NJ
- 9:50 am **A Rare Case of Endometriosis Lesion in Caecum Causing Acute Small Bowel Obstruction** **P16**
F.S. Halim*¹; ¹West Jakarta, Jakarta, Indonesia

Monday, May 21 Monitor #5 – Education

Co-moderators: Aakash Gajjar, MD, *Galveston, TX*
Srinivas Ivatury, MD, *Lebanon, NH*

- 9:35 am **Awareness of Colorectal Cancer Among Public in Asir Region** **P17**
K.A. Fayi*¹, M.N. Al-sharif¹, A.A. Alobaidi¹, B.A. Alshamrani¹; ¹Khamis Moshate, Saudi Arabia
- 9:40 am **Impact of Colorectal Robotic Surgery on General Surgery Resident Education** **P18**
T. Bernaiche*¹, E. Emery¹, T. Plerhoples¹; ¹Fairfax, VA
- 9:45 am **Landing Your First Colorectal Surgery Job: How to Find It and What to Expect** **P19**
K.L. Sherman*¹, E. Steinhagen², J.T. Brady², J. Mizell³, S.L. Stein²; ¹Durham, NC; ²Cleveland, OH; ³Little Rock, AR
- 9:50 am **Learning Curve in Robotic Colorectal Surgery** **P20**
A. Alizadeh*¹, A. Lee¹, H.C. Sax¹, J. Cohen¹, J.D. Ellenhorn¹, Y. Nasser¹; ¹Los Angeles, CA

Monday, May 21 Monitor #6 – Inflammatory Bowel Disease

Co-moderators: Jennifer Ayscue, MD, *Washington, DC*
Karen Zaghiyan, MD, *Los Angeles, CA*

- 9:35 am **Does BMI Influence Decision to Perform Ileal Pouch Anal Anastomosis in Patients With Ulcerative Colitis: A Review of the ACS-NSQIP Database** **P21**
M. Ferrara*¹, H. Green¹, A. Klinger¹, N.E. Wieghard¹, H. Vargas¹; ¹New Orleans, LA
- 9:40 am **Small Bowel Adenocarcinoma in Crohn's Disease: A Rare but Devastating Complication** **P22**
N.A. Jeganathan*¹, G. Karagkounis¹, L. Stocchi¹, T. Hull¹, S. Shawki¹, D. Liska¹; ¹Cleveland, OH
- 9:45 am **Combination Therapy for Perianal Fistulizing Crohn's Disease With Infliximab: What Is the Optimal Time for Surgical Intervention?** **P23**
P. Zhu*¹, Y. Gu¹, B. Yang¹; ¹Nanjing, China

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 9:50 am **Outcomes for Fulminant Ulcerative Colitis With Delayed Surgery are Worse When Controlling for Preoperative Risk Factors** P24
I. Leeds¹, M. Sundel^{*1}, A. Gabre-Kidan¹, B. Safar¹, B. Truta¹, J. Melia¹, J. Efron¹, S. Fang¹;
¹Baltimore, MD

Monday, May 21 Monitor #7 – Inflammatory Bowel Disease

Co-moderators: Nicole Lopez, MD, La Jolla, CA
Eric Nelson, MD, Chattanooga, TN

- 9:35 am **Enhanced Recovery After Surgery Protocol Combined With Laparoscopic Total Proctocolectomy and Ileoanal Anastomosis for Ulcerative Colitis** P25
Y. Sato^{*1}, T. Oshiro¹, T. Kitahara¹, K. Kawamitsu¹, R. Takagi¹, T. Urita¹, Y. Yoshida¹, S. Okazumi¹;
¹Sakura, Chiba, Japan

- 9:40 am **Rectal Eversion – Safe and Effective Way to Achieve Low Transaction in Ileal Pouch-Anal Anastomosis Surgery, Short and Long-term Outcomes** P26
V. Poylin^{*1}, J. Cataneo¹, T. Cataldo¹;
¹Boston, MA

- 9:45 am **Pathological Characteristics of the Remnant Rectal Mucosa After IPAA for Ulcerative Colitis** P27
A. Ikebata^{*1}, K. Okabayashi¹, H. Hasegawa¹, M. Tsuruta¹, Y. Kitagawa¹;
¹Tokyo, Japan

- 9:50 am **High Body Mass Index as a Risk Factor for a Large Amount of Retained Rectal Mucosa After Stapled Ileal Pouch-Anal Anastomosis for Ulcerative Colitis** P28
H. Kimura^{*1}, R. Kunisaki¹, K. Tatsumi¹, K. Koganei¹, A. Sugita¹, I. Endo¹;
¹Yokohama, Japan

Monday, May 21 Monitor #8 – Neoplastic Disease

Co-moderators: Richard Moore, MD, PhD, Chattanooga, TN
Laila Rashidi, MD, Galveston, TX

- 9:35 am **Evaluating the Utility of Urinary Tract Screening in Lynch Syndrome Patients** P29
H.S. Chouhan^{*1}, M. Kalady¹;
¹Cleveland, OH

- 9:40 am **How Should Advanced Neoplastic Polyps Be Managed? An Appeal for an Endoscopic Step Up Approach** P30
J.N. Cohan^{*1}, C. Donahue¹, H.J. Pantel¹, R. Ricciardi¹, E.M. Breen¹, T.D. Francone², J. Hall³, D.A. Kleiman¹, T.E. Read¹, P.L. Roberts¹, L.C. Rusin¹, P.W. Marcello¹;
¹Burlington, MA; ²Newton, MA; ³Boston, MA

- 9:45 am **Mapping of Colorectal Polyps in Patients Under 50** P31
L. Segev^{*1}, M. Kalady², T. Plesec², E. Mor³, G. Schtrechman³, A. Nissan³, J. Church²;
¹Tel Aviv, Israel; ²Cleveland, OH; ³Tel Hashomer, Israel

- 9:50 am **Disappointing Response to Neoadjuvant Chemoradiation for Middle and Low Rectal Cancer in Patients With Hereditary Non Polyposis Colorectal Cancer** P32
K. Madbouly^{*1}, A. Mohii¹;
¹Alexandria, Egypt

Monday, May 21 Monitor #9 – Neoplastic Disease

Co-moderators: Jeffrey Barton, MD, New Orleans, LA
Gregory Quatrino, MD, Chattanooga, TN

- 9:35 am **Total Neoadjuvant Therapy for Rectal Cancer: Critical Assessment of a Practice Change** P33
B.C. Chapman^{*1}, T. Shang², A. Gleisner¹, K. Goodman¹, W. Messersmith¹, M. Cowan¹, J.D. Vogel¹;
¹Aurora, CO; ²Chicago, IL

- 9:40 am **Internal Hernia Following Laparoscopic Low Anterior Resection: A Case Series** P34
F. Rouleau Fournier^{*1}, S. Drolet¹, A. Bouchard¹, P. Bouchard¹;
¹Quebec, QC, Canada

- 9:45 am **Treatment Strategies and Survival Trends for Anorectal Melanoma: Is it Time for a Change?** P35
J.P. Taylor^{*1}, M. Stem¹, D. Yu¹, S.Y. Chen¹, S. Fang¹, S. Gearhart¹, B. Safar¹, J. Efron¹;
¹Baltimore, MD

- 9:50 am **Current Practice Patterns and Survival for Stage IV Squamous Cell Carcinoma of the Anal Canal: An Analysis of the National Cancer Database** P36
J.Y. Cruz^{*1}, E.M. LeeVan¹, G. Akopian², K.S. King², H.S. Kaufman²;
¹Los Angeles, CA; ²Pasadena, CA

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21

Monitor #10 – Neoplastic Disease

Co-moderators: Kurt Davis, MD, New Orleans, LA
Leandro Feo, MD, Manchester, NH

- 9:35 am **Flexible Sigmoidoscopy Is Not Sufficient Screening for the Rising Incidence of Colorectal Cancer in the Young African American Population** P37
T. Hassab*¹, L. Segev¹, M. Kalady¹, J. Church¹;
¹Cleveland, OH
- 9:40 am **A Comparison of Laparoscopic Resection for Rectal Cancer Before and After ACOSOG Z6051: Trends and Perioperative Outcomes** P38
C.H. Davis*¹, T. Gaglani¹, H. Bailey¹, M.V. Cusick¹;
¹Houston, TX
- 9:45 am **Distal Margins of Resection in Colorectal Cancer Specimens: Differences in Assessment Between the Surgeon and the Pathologist** P39
T.L. Ghezzi*¹, C. Tarta¹, P.D. Contu¹,
A.R. Lazzaron¹, B.G. Muller¹, D.D. Damin¹;
¹Porto Alegre, Rio Grande do Sul, Brazil
- 9:50 am **Submucosal Variant of Anal Squamous Cell Carcinoma** P40
J. Terlizzi*¹, S. Goldstone¹;
¹New York, NY

Monday, May 21

Monitor #11 – Outcomes

Co-moderators: Samuel Eisenstein, MD, La Jolla, CA
Janet Lee, MD, St. Paul, MN

- 9:35 am **Oral Versus Intravenous Acetaminophen Within an Enhanced Recovery After Surgery (ERAS) Protocol in Colorectal Surgery** P41
J. Marcotte*¹, K. Patel², R. Desai², J. Gaughan²,
J. Dy², M. Kwiatt¹, S. McClane¹;
¹Philadelphia, PA;
²Camden, NJ
- 9:40 am **Postoperative Outcomes of Super Elderly Patients Undergoing Colorectal Surgery in a Community Setting** P42
F. Kegel*¹, E.C. Hodgson¹, C. Zalai¹;
¹Montreal, ON, Canada
- 9:45 am **Minimally Invasive Colectomy – A Simplified Nomogram to Predict Conversion to Open Procedure** P43
A.R. Bhama*¹, A. Aiello¹, S.D. Holubar¹, H. Kessler¹,
S.R. Steele¹, E. Gorgun¹;
¹Cleveland, OH

All e-poster presenters are noted with an *.

- 9:50 am **Hospitalizations Prior to Elective Operation for Inflammatory Bowel Disease are Associated With Inferior Outcomes and Higher Cost** P44
T. Weidner*¹, J.T. Kidwell¹, Y. Chang¹,
N.P. McKenna², N. Mishra¹, T.M. Young-Fadok¹,
D. Etzioni¹;
¹Phoenix, AZ; ²Rochester, MN

Monday, May 21

Monitor #12 – Outcomes

Co-moderators: Deborah Keller, MD, New York, NY
George Nassif, Jr., DO, Orlando, FL

- 9:35 am **Do We Know the Real Cost of a Complication After Colorectal Resection? Is There Any Economical Influences of the ERAS (Early Recovery After Surgery) Program in that Occurrence?** P45
D. Petit¹, P. Alfonsi¹, A. Perier¹, J. Loriau*¹;
¹Paris, France
- 9:40 am **Impact of Frailty on the ACS-NSQIP Risk Calculator in Laparoscopic Colectomy Patients** P46
B.D. Robinson*¹, M. Mrdutt¹, R. Essani¹,
J.S. Thomas¹, R. Warriar¹, H.T. Papaconstantinou¹;
¹Temple, TX
- 9:45 am **High Compliance to an Enhanced Recovery Pathway for Frail Patients Undergoing Gastrointestinal Surgery Is Associated With Improved Postoperative Outcomes** P47
J.P. Hampton*¹, O. Owodunni², D. Bettick²,
S. Fang², T. Magnuson², S. Gearhart²;
¹New York, NY; ²Baltimore, MD
- 9:50 am **The Effects of Intraoperative ICG Fluorescence Angiography in Laparoscopic LAR: A Propensity Score-Matched Study** P48
T. Wada*¹, K. Kawada¹, N. Hoshino¹, S. Inamoto¹,
M. Yoshitomi¹, K. Hida¹, Y. Sakai¹;
¹Kyoto, Japan

Monday, May 21

Monitor #13 – Outcomes

Co-moderators: Scott Kelley, MD, Rochester, MN
Rebecca Rhee, MD, Brooklyn, NY

- 9:35 am **The Use of Laparoscopy in the Management of Complications Following Laparoscopic Colorectal Surgery** P49
M. Dean*¹, D. Liska¹, S.R. Steele¹, E. Gorgun¹;
¹Cleveland, OH

E-POSTER PRESENTATIONS

9:40 am **The Determinants of Palliative Care Utilization in Colorectal Cancer Patients: A Call for an Improved Multidisciplinary Approach** **P50**
 D. Colibaseanu*¹, O. Osagiede¹, A. Spaulding¹, R.D. Frank², A. Merchea¹, K.L. Mathis², A.S. Parker¹, S. Ailawadhi¹; ¹Jacksonville, FL; ²Rochester, MN

9:45 am **The Incidence and Risk Factors for Complications in Geriatric Patients Undergoing Colorectal Surgery** **P51**
 J. Lei*¹, A. Abdurakhmanov¹, F.J. Caliendo¹, J. Procaccino¹, N. La gamma¹, A. Zimmern¹, J.P. Ricci¹; ¹Glen Oaks, NJ

9:50 am **Cost Effectiveness of Extended Thromboprophylaxis In Patients Undergoing Colorectal Surgery From a Canadian Healthcare System Perspective** **P52**
 M. Trepanier*¹, N. Alhassan¹, C. Sabapathy¹, S. Liberman¹, P. Charlebois¹, B. Stein¹, L.S. Feldman¹, L. Lee¹; ¹Montreal, QC, Canada

Monday, May 21 Monitor #14 – Outcomes

*Co-moderators: Dorin Colibaseanu, MD, Jacksonville, FL
 Amy Lightner, MD, Rochester, MN*

9:35 am **Retrospective Non-inferiority Study of Perphenazine Compared to Aprepitant for the Treatment of Postoperative Nausea and Vomiting (PONV) in Enhanced Recovery After Surgery (ERAS) Colorectal Surgery Patients** **P53**
 J. Gealey*¹, K. Subramaniam¹, J. Holder-Murray¹, S. Esper¹, M. Boisen¹, K.A. Meister¹, D. Medich¹, J. Salgado¹; ¹Pittsburgh, PA

9:40 am **Loop Ileostomy With Colonic Lavage Is a Safe Treatment Option for Severe Clostridium Difficile Colitis and Does Not Result in Subsequent Colectomy** **P54**
 B.R. Hall*¹, P.R. Armijo¹, R. Batra¹, M. Fuglestad¹, D. Oleynikov¹, S. Langenfeld¹, J. Leinicke¹; ¹Omaha, NE

9:45 am **Composite Anatomical Reconstruction of the Perineum – Improved Perineal Wound Outcomes** **P55**
 M. Wright*¹, M. McCain¹, S. Wood¹, V. Menon¹, N. Ayoub¹, C. Ternent¹; ¹Omaha, NE

9:50 am **Prediction of Urinary Retention After Surgery for Rectal Cancer by Using a Novel Scaling System in the 24-hour Voiding Status Following Foley Catheter Removal** **P56**
 K. Imaizumi*¹, Y. Tsukada¹, Y. Komai², T. Sasaki¹, Y. Nishizawa¹, M. Ito¹; ¹Kashiwa, Japan; ²Tokyo, Japan

Monday, May 21 Monitor #15 – Outcomes

*Co-moderators: Nitin Mishra, MD, Phoenix, AZ
 Shreya Shetty, MD, Phoenix, AZ*

9:35 am **Does Hospital Volume Impact the Risk of Local Recurrence of Rectal Cancer? A Retrospective Cohort Study** **P57**
 M. Delisle*¹, R.M. Helewa¹, J. Park¹, D. Hochman¹, M. Nashed¹, A. McKay¹; ¹Winnipeg, MB, Canada

9:40 am **Tell Us What You Really Think: A Qualitative Evaluation of Implementation of an Enhanced Recovery Pathway** **P58**
 M.W. Meyers*¹, L. Kreutzer¹, M. McGee¹, S. Ahmad¹, K. Gonzalez¹, S. Oberoi¹, K. Bilimoria¹, J. Johnson¹; ¹Chicago, IL

9:45 am **Non-home Discharge After Colorectal Surgery Is Associated With Higher 30-day Readmission Risk** **P59**
 C.M. Hoang*¹, J. Davids¹, J. Flahive¹, P. Sturrock¹, J. Maykel¹, K. Alavi¹; ¹Worcester, MA

9:50 am **Robotic Versus Laparoscopic Right Colectomy: Postoperative Hemoglobin Trends in a Community Colorectal Surgery Group** **P60**
 A. Raza*¹, M. Downs¹; ¹Dallas, TX

Monday, May 21 Monitor #16 – Pelvic Floor

*Co-moderators: Nelya Melnitchouk, MD, Boston, MA
 Steven Scarcliff, MD, Birmingham, AL*

9:35 am **Clinical & Quality of Life Benefits in Fecal Incontinence After Transcutaneous Posterior Tibial Nerve Stimulation: A Prospective Single Arm Study From a Mexican Referral Center** **P61**
 F.M. Abarca*¹, V. Maciel¹, M. Puga Tejada², J.A. Valenzuela Perez¹, L. Sanchez¹, I.C. Vega¹, S.G. Gutierrez Guillen¹, F.S. Hernandez Garcia¹, M.W. Centeno Flores¹; ¹Guadalajara, Jalisco, Mexico; ²Guayaquil, Guayas, Ecuador

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

9:40 am **Transanal Irrigation for Refractory Fecal Incontinence and/or Constipation: A Prospective Multicenter Clinical Study** P62
T. Mimura*¹, A. Tsunoda², A. Sengoku³, H. Katsuno⁴, Y. Takao⁵, Y. Kimoto⁶, T. Yamana⁵, T. Takahashi², M. Nomi³, K. Maeda⁴; ¹Saitama, Japan; ²Chiba, Japan; ³Kobe, Japan; ⁴Aichi, Japan; ⁵Tokyo, Japan; ⁶Fukuoka, Japan

9:45 am **Our Rectal Prolapse Experience: Letting It All Hang Out!** P63
J. Dean*¹, A. Crume¹, M. Murday¹, P. Bossart¹, J. Waldron¹; ¹Salt Lake City, UT

9:50 am **Rectal Foreign Bodies: A Review of the Experience of a Busy Private Practice** P64
K. Foley*¹, S. DeJesus¹, A. Ferrara¹, J. Gallagher¹, J. Karas¹, R. Mueller¹, M. Soliman¹, P. Williamson¹; ¹Orlando, FL

Monday, May 21

Monitor #1 – Basic Science & Case Study

*Co-moderators: Anuradha Bhamu, MD, Cleveland, OH
Jessie Joshua Smith, MD, PhD, New York, NY*

11:40 am **Combined Treatment of Metastatic Colorectal Cancer in an Orthotopic Mouse Model With 5-Fluorouracil and Calcitriol** P65
S. McChesney*¹, L. Hellmers¹, G. Maresh¹, X. Zhang¹, L. Li¹, D.A. Margolin¹; ¹New Orleans, LA

11:45 am **Cytokine Analysis May Predict Successful Healing of Anal Fistulas** P66
J. Sugrue*¹, J. Schwartz¹, A. Bartholomew¹, A. Paredes¹, H. Abcarian¹, V. Chaudhry¹, A. Mellgren¹, J. Nordenstam¹; ¹Chicago, IL

11:50 am **Cancer Vaccine Targeting MYB In Epithelial Cancers: Preclinical Model to Clinical Trial** P67
T. Pham*¹, S. Sampurno¹, L. Pereira¹, S. Roth¹, V. Narasimhan¹, A. Heriot¹, J. Desai¹, R. Ramsay¹; ¹Melbourne, Victoria, Australia

11:55 am **Altered miRNA Profiles in Stool of Patients With Colorectal Cancer or Orecancerous Lesions Detected by Next Generation Sequencing** P68
G. Gallo*¹, S. Tarallo², B. Pardini², F. Cordero², A. Realis Luc³, G. Clerico³, A. Naccarati², M. Trompetto³; ¹Catanzaro, Italy; ²Turin, Piemonte, Italy; ³Vercelli, Piemonte, Italy

Noon **External Iliac Vein and Its Tributaries Variations, Easy or Complex?** P69
P. Kanjanasilp*¹, K. Kajohnwongsatit¹; ¹Bangkok, Klongtoei, Thailand

12:05 pm **MicroRNA-940 and MicroRNA-351 Repress Cell Proliferation of Colorectal Cancer Cell Lines by Targeting MyD88** P70
Y. Cao¹, Q. Zhao¹, X. Liu¹, H. Wang*¹; ¹Shanghai, China

12:10 pm **Towards a Biosensor for Colorectal Anastomotic Leak: Determining the Stability of Peritoneal Fluid Biomarkers** P71
E.C. Wright*¹, S. Moug¹; ¹Glasgow, United Kingdom

12:15 pm **Comparison of Mutational Patterns and Survival in Colorectal Cancer With and Without Lymphovascular Invasion** P72
F. Lambreton*¹, G. Gauvin¹, J. Purchla¹, N. Nweze¹, S. Reddy¹, E. Sigurdson¹, J. Farma¹; ¹Philadelphia, PA

12:20 pm **Collagen Gene COL11A1 Is Over Expressed in Early Onset Rectal Cancer and Co-expressed With EMT Markers** P73
V.N. Nfonsam*¹, D. Chen¹, A. Cruz¹, L. Nfonsam², A.N. Ewongwo¹, O.P. Mogor¹, R. Runyan¹; ¹Tucson, AZ; ²Ottawa, ON, Canada

12:25 pm **SFRP4 Gene Is Co-expressed With EMT Genes in Early Onset Cancer Patients and Associated With Poor Survival** P74
L. Nfonsam*¹, D. Chen², O.P. Mogor², A. Cruz², A.N. Ewongwo², R. Runyan², V.N. Nfonsam²; ¹Ottawa, ON, Canada; ²Tucson, AZ

12:30 pm **Delayed Presentation of Pyogenic Liver Abscesses After Hemorrhoidectomy** P75
P.S. Bauer*¹, J. Levy¹, A. Reichstein¹; ¹Pittsburgh, PA

Monday, May 21

Monitor #2 – Benign Disease

*Co-moderators: Ellen Bailey, MD, Columbus, OH
Daniel Klaristenfeld, MD, San Diego, CA*

11:40 am **Effectiveness and Safety of Perianal Block With Total Intravenous Anesthesia (TIVA) in Common Anal Surgeries: A Comparison Between Outpatients and Inpatients** P76
W. Boonnithi*¹, V. Lohsiriwat¹; ¹Bangkok, Bangkoknoi, Thailand

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 11:45 am **Ten Year Review of a Robotic Colorectal Surgery Program at an Academic Medical Center** **P77**
S. Stringfield^{*1}, S. Eisenstein¹, L. Parry¹, N. Lopez¹, S. Ramamoorthy¹; ¹San Diego, CA
- 11:50 am **Computed Tomography After Percutaneous Drainage for Acute Appendicitis With Abscess May Aid in Predicting Recurrence and Necessity for Subsequent Appendectomy** **P78**
K. Lee^{*1}, K. Park¹, Y. Kwon¹, Y. Kim¹, I. Song¹, J. Park¹, S. Ryoo¹, S. Jeong¹; ¹Seoul, Korea (the Republic of)
- 11:55 am **Characterizing Demographics and Clinical Associations of Patients Requiring Admission With Enteric Fistulas: A National Population Study** **P79**
N.E. Brooks^{*1}, J. Idrees¹, M. Giglia¹, E. Steinhagen¹, S.L. Stein¹; ¹Cleveland, OH
- Noon **Outcomes in Cecal Volvulus: Does Age Affect Outcomes in Patients Undergoing Surgery?** **P80**
A.M. Tameron^{*1}, A.E. Murphy¹, D. Lee¹, L.R. Hussain¹, H. Guend¹; ¹Cincinnati, OH
- 12:05 pm **Can We Predict High Grade Intraepithelial Anal Neoplasia in Patients Consulting for Anal Warts?** **P81**
A.G. Canelas^{*1}, M.B. Castro Fuentes¹, R. Reino¹, M. Galvarini¹, M. Laporte¹, M. Bun¹, C. Peczan¹, N. Rotholtz¹; ¹Ciudad Autonoma de Buenos Aires, Argentina
- 12:10 pm **A Meta-analysis of the Prevalence of Low Anterior Resection Syndrome and Systematic Review of Risk Factors** **P82**
A. Croese^{*1}, J. Lonie¹, Y. Ho¹; ¹Townsville, Queensland, Australia
- 12:15 pm **Liposomal Bupivacaine Offers Better Outcomes than Epidural Analgesia When Used in an Enhanced Recovery Protocol** **P83**
C. Warner^{*1}, J. O'Rear¹, J. Tremblay², K. Kochar², S.J. Marecik², A. Mellgren¹, J. Nordenstam¹, J. Park²; ¹Chicago, IL; ²Park Ridge, IL
- 12:20 pm **Rectal Foreign Bodies; Patient Characteristics and Clinical Outcomes** **P84**
H. Dao^{*1}, E.S. Shipper¹, J. Kempenich¹, K. Sirinek¹; ¹San Antonio, TX
- 12:25 pm **Innovative Intraoperative Ureteral Imaging in Robotic Colon and Rectal Surgery** **P85**
A. Chudzinski^{*1}, S.I. Dattani¹, H. Massarotti¹; ¹Tampa, FL

- 12:30 pm **Doppler Guided Hemorrhoid Arterial Ligation: To Do or Not to Do?** **P86**
T. Reif de Paula^{*1}, B.H. Gurland², M. Zutshi¹; ¹Cleveland, OH; ²Stanford, CA

Monday, May 21 Monitor #3 – Benign Disease

*Co-moderators: Luis Hernandez, MD, Miami, FL
Vitaliy Poylin, MD, Boston, MA*

- 11:40 am **Results of Surgical Management of Intestinal Endometriosis** **P87**
T. Reif de Paula^{*1}, H. Kessler¹; ¹Cleveland, OH
- 11:45 am **Loop Ileostomy Takedown: Comparison of Anastomosis With and Without Small Bowel Resection** **P88**
R. Yano^{*1}, H. Ohge¹, Y. Watadani¹, N. Shimada¹, H. Taogoshi¹, Y. Kuroo¹, H. Kitagawa¹, N. Okamoto¹, N. Nakagawa¹, N. Kondo¹, K. Uemura¹, Y. Murakami¹, T. Sueda¹; ¹Hiroshima, Hiroshima Prefecture, Japan
- 11:50 am **Risk Factors Associated With Failure of Nonoperative Management of Acute Diverticulitis** **P89**
R. Kumar^{*1}, L.M. Fernandez¹, D. Krizzuk¹, G. Dasilva¹, S.D. Wexner¹; ¹Weston, FL
- 11:55 am **Percutaneous Drainage of Diverticular Abscess – A Single Institution Experience** **P90**
B.F. Scully^{*1}, M.P. Vivero¹, F.E. Pedroso¹, C.R. Cooper¹, B. Kuritzkes¹, D. Feingold¹, S. Lee-Kong¹; ¹New York, NY
- Noon **Acute Diverticulitis With Microperforation Is a Subset of Uncomplicated Diverticulitis** **P91**
T. Al-Malki^{*1}, E. Kmietek¹, V. Pelsser¹, M. Robert-Halabi¹, G. Ghitulescu¹, N. Morin¹, C. Vasilevsky¹, J. Faria¹, M. Boutros¹; ¹Montreal, QC, Canada
- 12:05 pm **Diverticular Related Colovaginal Fistulas – What Factors Contribute to Successful Surgical Management?** **P92**
M. DeLeon^{*1}, S. Holubar¹, I. Sapci¹, N. Akeel¹, L. Stocchi¹, T. Hull¹; ¹Cleveland, OH
- 12:10 pm **Topic Postoperative Analgesia in Benign Anorectal Surgery: A Comparative Randomized Double-Blinded Multicentric Clinical Trial** **P93**
M. Martinez-Vilalta^{*1}; ¹Barcelona, Catalonia, Spain

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 12:15 pm **Is the LARS Score Helpful to Evaluate Functional Result After Proctectomy for Deep Pelvic Endometriosis (DPE)?** P94
J. Loriau*¹, L. Liistro¹, A. Mephon¹, B. Angliviel¹, E. Petit¹, E. Sauvanet¹; ¹Paris, France
- 12:20 pm **Perianal Sepsis in Immunocompromised Patients: Developing a New Standard of Care** P95
A. Morales Aguirre*¹, O. Vergara-Fernández¹, H. Márquez-González¹, M. Morales Cruz¹, D. Velazquez-Fernández¹; ¹México City, Mexico
- 12:25 pm **Initial Experience With Staged Abdominal Wall Reconstruction in the Setting of Complex Colorectal Disease: Do Two Steps Forward Prevent Steps Back?** P96
K.T. Crowell*¹, F. Puleo¹, K. McKenna¹, D.B. Stewart¹, E. Messaris¹, E.M. Pauli¹; ¹Hershey, PA
- 12:30 pm **Utility of Noninvasive Testing for Colon Polyps While Awaiting Colonoscopy at Urban Medical Center** P97
E. Arcila*¹, D. Sigmon¹, G. Gantt¹, J. Harrison¹, A. Abcarian¹, J. Cintron¹, V. Chaudhry¹; ¹Chicago, IL

Monday, May 21 Monitor #4 – Case Study

*Co-moderators: Michael Guzman, MD, Indianapolis, IN
Radhika Smith, MD, St. Louis, MO*

- 11:40 am **Gastrointestinal Stromal Tumors of the Anus: The Mayo Clinic Experience** P98
J.S. Scow*¹, K.L. Mathis¹; ¹Rochester, MN
- 11:45 am **Incidental Helicobacter Pylori Positive Gastric Heterotopia in the Rectum** P99
D. Hart*¹, A. Adewole¹, C. Zhang¹, W. Ambroze¹; ¹Atlanta, GA
- 11:50 am **Ileal Mycobacterium Tuberculosis in a Patient Treated for Long-Standing Crohn's Disease** P100
T. Gimon*¹, A.R. MacLean¹; ¹Calgary, AB, Canada
- 11:55 am **Opioids and Intussusception: A Case Report of Mega Intussusception (160 cm) Twelve Years After a Laparoscopic Roux-en-Y Gastric Bypass in a Methadone User** P101
P. Rosen*¹, D. Gross¹, C. Biggs¹, P. Chung¹, H. Talus¹; ¹Brooklyn, NY

- Noon **Rosai-Dorfman Disease in a Patient With History of Anal Squamous Cell Carcinoma** P102
D. Hart*¹, C. Zhang¹, W. Ambroze¹, M. Schertzer¹; ¹Atlanta, GA
- 12:05 pm **Intestinal Perforation Secondary to Histoplasmosis** P103
M. Parker*¹, K.L. Mathis¹, S.R. Kelley¹; ¹Rochester, MN
- 12:10 pm **Childhood Abdominal Radiation: An Indication for Early Colon Cancer Screening?** P104
D. Hart*¹, C. Zhang¹, M. Schertzer¹, W. Ambroze¹; ¹Atlanta, GA
- 12:15 pm **A Diagnosis of Cutaneous Anal Melanoma After Long-term TNF Inhibitor Use** P105
S. Kawak*¹, B. Donald¹; ¹Royal Oak, MI
- 12:20 pm **Situs Ambiguus: A Rare Cause of Large Bowel Obstruction** P106
R.M. Rochon*¹, I. Datta¹; ¹Calgary, AB, Canada
- 12:25 pm **Rare Case of Crohn's Disease Associated With Small Bowel Adenocarcinoma and Desmoid Tumor** P107
R. Guinto*¹, G. Parker¹; ¹Neptune, NJ
- 12:30 pm **Locally Advanced, Metastatic Adenocarcinoma of the Rectum Treated With Definitive Radiotherapy in a Patient Medically Unfit for Radical Surgery or Chemotherapy** P108
S. Hasan*¹, P.B. Renz¹, A. Kirichenko¹, D. Monga¹, J.T. McCormick¹; ¹Pittsburgh, PA

Monday, May 21 Monitor #5 – Education

*Co-moderators: Jeffrey Barton, MD, New Orleans, LA
Jennifer Rea, MD, Lexington, KY*

- 11:40 am **Standardization and Evaluation of Robotic Colorectal Surgery Training by Incorporation of a Detailed Case Log System** P109
R.E. Martin*¹, M. Soliman¹, A. Bastawrous², R.K. Cleary³, A. Ferrara¹, J. Gallagher¹, R. Mueller¹, K. Foley¹; ¹Orlando, FL; ²Seattle, WA; ³Ann Arbor, MI
- 11:45 am **Fundamentals of Anorectal Technical Skills: A Concise Course for Various Levels of Learners** P110
W.B. Kucera*¹, M.D. Nealeigh¹, E.M. Ritter¹, M.P. McNally¹, J.E. Duncan¹, W.B. Sweeney¹; ¹Bethesda, MD

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21

Monitor #6 – Inflammatory Bowel Disease

*Co-moderators: Carrie Peterson, MD, Milwaukee, WI
Timothy Ridolfi, MD, Milwaukee, WI*

- 11:50 am **Laparoscopy and Clinical Adoption of Robot Colorectal Surgery: Not Mutually Exclusive in Clinical Practice** **P111**
V.W. Hui*¹, G. Dasilva¹, D. Maron¹, S. Wexner¹, E. Weiss¹; ¹Weston, FL
- 11:55 am **3D Printed Colonoscopic Trainer Permits Rapid Acquisition of Advanced Endoscopic Therapeutic Skills** **P112**
T. Hiratsuka¹, K. Momose¹, A. Harvey¹, R. Corwin¹, J.W. Milsom¹, S. Sharma*¹; ¹New York, NY
- Noon **Expanding Robotic Surgical Technology in Colon and Rectal Surgery to an Academic Safety Net Hospital** **P113**
J.L. Williams*¹, R.P. Won¹, G. Romero¹, P. Yunga¹, R.R. Kumar¹; ¹Torrance, CA
- 12:05 pm **Implementation of an Anorectal Skills Course for PGY1 Residents in General Surgery Improves Procedural Confidence** **P114**
E. Huang*¹, B.D. Shogan¹, R. Smith¹, R.D. Hurst¹, N. Hyman¹, K. Umanskiy¹, L.M. Cannon¹; ¹Chicago, IL
- 12:10 pm **What Does the Surgery Resident Know About Medical Coding and Billing?** **P115**
K.A. Kelley*¹, H. Hoops¹, L. Palmer¹, N. Cohen¹, K.J. Brasel¹, L. Tsikitis¹, D. Herzig¹; ¹Portland, OR
- 12:15 pm **Improvement in Medical Student Robotic Surgical Skills and Perception of Surgery as Career Choice With a Robotic Training Lab** **P116**
T. Miller*¹, A. Carpenter¹, K. Go¹, G. Sarosi¹, S.J. Hughes¹, S. Tan¹, A. Iqbal¹; ¹Gainesville, FL
- 12:20 pm **Resident Involvement and Outcomes After Surgery for Colorectal Cancer** **P117**
V. Pandit*¹, K. Memeh¹, P. Omesiete¹, A.N. Ewongwo¹, O.P. Mogor¹, D. Chen¹, V.N. Nfonsam¹; ¹Tucson, AZ
- 12:25 pm **Role of Social Media in Colorectal Clinics** **P118**
I. Sapci*¹, J. Tiernan¹, S.R. Steele¹, C.P. Delaney¹, V. Munikrishnan¹, E. Gorgun¹; ¹Cleveland, OH
- 12:30 pm **Nationwide Malpractice Data in Colorectal Surgery** **P119**
B. Zhao*¹, S. Eisenstein¹, N. Lopez¹, L. Parry¹, B. Cosman¹, S. Ramamoorthy¹; ¹La Jolla, CA
- 11:40 am **Efficacy of Preoperative Oral Antibiotic Prophylaxis for the Prevention of Surgical Site Infections in Patients With Crohn's Disease. A Result of Randomized Control Trial** **P120**
M. Uchino*¹, H. Ikeuchi¹, T. Bnado¹, T. Chohno¹, H. Sasaki¹, Y. Horio¹, T. Minagawa¹, R. Kuwahara¹, Y. Takesue¹; ¹Nishinomiya, Hyogo, Japan
- 11:45 am **Long-term Outcomes of Ileal Pouch Anal Anastomosis for Ulcerative Colitis and Indeterminate Colitis – A Single Institution's Experience in the Era of Biologics** **P121**
G. Poles*¹, A. Crume¹, J. Waldron¹, P. Bossart¹, M. Murday¹; ¹Salt Lake City, UT
- 11:50 am **Surgical Outcomes of Patients Treated With Ustekinumab Versus Vedolizumab in Inflammatory Bowel Disease** **P122**
M. Novello*¹, L. Stocchi¹, S. Holubar¹, S. Shawki¹, J. Lipman¹, E. Gorgun¹, T. Hull¹, S.R. Steele¹; ¹Cleveland, OH
- 11:55 am **Management of Colorectal Stump After Colectomy: What Matters? A Comparison Between IBD and Non-IBD Patients** **P123**
R. Kumar*¹, L.M. Fernandez¹, D. Krizzuk¹, G. Dasilva¹, S.D. Wexner¹; ¹Weston, FL
- Noon **Understanding Patients With Inflammatory Bowel Disease and Hidradenitis Suppurativa: Outcomes After Colorectal Procedures** **P124**
A.K. Brown*¹, D.I. Chu¹, J.A. Cannon¹, G. Kennedy¹, M. Morris¹; ¹Birmingham, AL
- 12:05 pm **Bowel Function After Ileocolic Resection for Terminal Ileal Crohn's Disease** **P125**
S.J. Ivatury*¹; ¹Lebanon, NH
- 12:10 pm **Self-efficacy of Patients With Crohn's Disease can be Effectively Improved by Social Media Community: Experience From a Single Institution in China** **P126**
J. Zhou*¹, B. Yang¹; ¹Nanjing, Jiangsu, China

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 12:15 pm **The Combination of Surgery and Biologics in Fistulous Perianal Crohn's Disease: A Tale of Two Treatments** P127
S. Naffouj*¹, J. Sugrue¹, S.M. Eftaiha¹, C. Warner¹, J. Park¹, K. Kochar¹, A. Mellgren¹, J. Nordenstam¹; ¹Chicago, IL
- 12:20 pm **Bicontinental Analysis of Transanal Ileal Pouch-Anal Anastomosis for Ulcerative Colitis and Inflammatory Bowel Disease-Unclassified** P128
K.N. Zaghiyan*¹, J. Warusavitarne², A. Spinelli³, P. Chandrasinghe³, F. Di Candido³, P. Fleshner¹; ¹Los Angeles, CA; ²London, United Kingdom; ³Milan, Italy
- 12:25 pm **Role of C-Reactive Protein Kinetics After Surgery for Crohn's Disease** P129
M. Carvello*¹, F. Di Candido¹, A. Spinelli¹; ¹Milan, Italy
- 12:30 pm **Functional Outcomes After Transanal Ileal Pouch Anal Anastomosis** P130
A. Spinelli*¹, P. Chandrasinghe², F. Di Candido¹, M. Carvello¹, J. Warusavitarne²; ¹Milan, Italy; ²London, United Kingdom
- 11:55 am **Ileal Pouch-Anal Anastomosis With Fluorescence Angiography: Initial Experience and Potential Application** P134
A. Spinelli*¹, P. Kotze², M. Carvello¹, F. Di Candido¹, N. Buchs³, F. Ris³; ¹Milan, Italy; ²Curtiba, Brazil; ³Geneva, Switzerland
- Noon **Utilization and Cost of Post-discharge Venous Thromboembolism Prophylaxis After Major Abdominal Surgery for Inflammatory Bowel Disease** P135
J. McCullough*¹, J. Schumacher¹, D. Yang¹, S. Fernandes-Taylor¹, E. Lawson¹; ¹Madison, WI
- 12:05 pm **The Effect of Surgical Technique on Utilization of Two-stage Resections for Ulcerative Colitis** P136
A.C. Gasior*¹, A. Hinton¹, C. Zhang¹, S. Husain¹; ¹Columbus, OH
- 12:10 pm **Predictors of 30-day Readmission Following Major Abdominal Surgery for Crohn's Disease** P137
F. Ayoub*¹, A. Kamel¹, N. Chaudhry¹, E. Zimmermann¹, S. Glover¹, S. Tan¹, A. Iqbal¹; ¹Gainesville, FL

Monday, May 21 Monitor #7 – Inflammatory Bowel Disease

*Co-moderators: Michelle Murday, MD, Salt Lake City, UT
Rebecca Rhee, MD, Brooklyn, NY*

- 11:40 am **What are the Consequences of the Profound Shifts in Ulcerative Colitis Management?** P131
T.D. Francone*¹, C. Stafford¹, L. Bordeianou¹, H. Kunitake¹, R. Ricciardi¹; ¹Boston, MA
- 11:45 am **Venous Thromboembolism in Inflammatory Bowel Disease: Is it the Disease, the Operation, or Both?** P132
N.P. McKenna*¹, O.A. Shariq¹, K.A. Bews¹, K.L. Mathis¹, A.L. Lightner¹, E.B. Habermann¹; ¹Rochester, MN
- 11:50 am **Is it Possible to Predict Postoperative Recurrence in the Anastomotic Site After Initial Intestinal Resection With Crohn's Disease?** P133
A. Sugita*¹, K. Koganei¹, K. Tatsumi¹, R. Futatsuki¹, H. Kuroki¹, H. Kimura¹, T. Fukushima¹; ¹Yokohama, Japan
- 12:15 pm **Risk Factors for IBD Associated Malignancy in an Afrocentric Population: Less Common Than You Think** P138
J. Plummer*¹, R. Shaw¹, K. Mills¹; ¹Kingston, Jamaica
- 12:20 pm **Evaluating the Impact of Vedolizumab on Postoperative Complications in Inflammatory Bowel Disease Patients** P139
F. Ayoub*¹, O. Ewelukwa¹, T. Brar¹, J. Forde¹, L. Mramba¹, S. Glover¹, A. Iqbal¹, S. Tan¹; ¹Gainesville, FL
- 12:25 pm **Duodenal Strictures in Crohn's Disease** P140
D. Schwartzberg*¹, A. Jarrar¹, S.D. Holubar¹, S.R. Steele¹, B. Shen¹, L. Stocchi¹, T. Hull¹, S. Shawki¹; ¹Cleveland, OH
- 12:30 pm **What Is the Best Surgical Treatment for Pouch-vaginal Fistulas?** P141
I. Sapci*¹, N. Akeel¹, M. DeLeon¹, L. Stocchi¹, T. Hull¹; ¹Cleveland, OH

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21

Monitor #8 – Neoplastic Disease

Co-moderators: Aakash Gajjar, MD, Galveston, TX
Gabriela Vargas, MD, Salt Lake City, UT

- 11:40 am **The Incidence of Polyp Formation Following Bariatric Surgery** P142
W. Sellers*¹, A. Gupta¹, K. Johnson¹, C. Leguen¹, B. Protyniak¹; ¹Wilkes Barre, PA
- 11:45 am **Can We Improve the Efficiency of Care in Patients With Colorectal Cancer From the Time of Their Initial Referral for Colonoscopy to Surgical Resection?** P143
N. Kloos*¹, D. Keren¹, S. Gregg¹, T. MacLean¹, R. Mohamed¹, E. Dixon¹, R.M. Rochon¹, C.G. Ball¹; ¹Calgary, AB, Canada
- 11:50 am **Rectal Cancer in Young Patients – Is Obesity Truly a Risk Factor?** P144
J.J. Blank*¹, R. Deshpande¹, C. Peterson¹, K. Ludwig¹, T. Ridolfi¹; ¹Milwaukee, WI
- 11:55 am **A Nomogram Based on Clinical Factors for Preoperative Prediction of Lymph Node Metastasis in Clinically Node Negative Rectal Cancer Patients** P145
C. Zhou*¹, H. Liu¹, Z. longjuan¹, X. Liu¹, Y. Chen¹, X. Zheng¹, T. Hu¹, J. Ke¹, X. He¹, Y. Zou¹, J. Hu¹, W. Xiaojian¹, W. Xianrui¹, L. Ping¹, X. He¹; ¹Guangzhou, China
- Noon **Overuse and Limited Benefit of Chemotherapy for Stage II Colon Cancer in Young Patients** P146
R. Birkett*¹, S.J. Concors¹, N.M. Saur¹, C.B. Aarons¹, J. Bleier¹, S.S. Shanmugan¹, E. Paulson¹; ¹Philadelphia, PA
- 12:05 pm **Treatment Implications of Universal Mismatch Repair Gene Screening in Colorectal Cancer Patients** P147
B. Martin*¹, J. Bhullar¹, A. Kim¹, K. Batts¹, L. Burgart¹, S. Baldinger¹, C. Jensen¹; ¹Saint Paul, MN
- 12:10 pm **Transanal Total Mesorectal Excision for Rectal Cancer: A Single Centre Experience** P148
M. Taylor*¹, E.D. Courtney¹, S. Dalton¹; ¹Bath, United Kingdom

- 12:15 pm **Implementing New Surgical Technology: A National Perspective on Case Volume Requirement of Proficiency in Transanal Total Mesorectal Excision (taTME)** P149
V. Palter*¹, Y. Zheng¹, S. de Montbrun¹; ¹Toronto, ON, Canada
- 12:20 pm **Does Metabolic Syndrome Increase the Risk of Postoperative Complications in Patients Undergoing Colorectal Cancer Surgery?** P150
O.A. Shariq*¹, K. Hanson¹, N.P. McKenna¹, J. Bergquist¹, S.R. Kelley¹, E.J. Dozois¹, A.L. Lightner¹, E.B. Habermann¹, K.L. Mathis¹; ¹Rochester, MN
- 12:25 pm **Prediction of Transabdominal TME Difficulty by Novel Method According to Pelvic Floor Attachment to Bony Pelvis** P151
J. Lee*¹, N. Kim¹; ¹Seoul, Korea (the Republic of)
- 12:30 pm **Survival Benefit of Lymph Node Dissection in Surgery for Colon Cancer in Elderly Patients: A Multicenter Propensity Score-matched Case-control Study in Japan** P152
M. Takahashi*¹, H. Niitsu², K. Sakamoto¹, T. Hinoi², M. Hattori², M. Goto¹, H. Horie³, M. Watanabe⁴; ¹Bunkyo-ku, Tokyo, Japan; ²Hiroshima, Japan; ³Tochigi, Japan; ⁴Kanagawa, Japan

Monday, May 21

Monitor #9 – Neoplastic Disease

Co-moderators: Molly Ford, MD, Nashville, TN
David Kleiman, MD, Burlington, MA

- 11:40 am **Relationship of Gallstone Disease to Location of Colonic Polyps** P153
A.R. Althans*¹, A. Jarrar¹, S. Sarvepalli¹, H.S. Chouhan¹, J. Church¹; ¹Cleveland, OH
- 11:45 am **Individual Personality of the Colorectal Surgeon Influences the Decision to Anastomose in Rectal Cancer Surgery** P154
C.N. Bisset*¹, S. Moug¹, N. Henderson¹, J. Tiernan², E. Ferguson³, D. Harji⁴, C. Maxwell-Armstrong³, N. Fearnhead⁵; ¹Paisley, Scotland, United Kingdom; ²Leeds, United Kingdom; ³Nottingham, United Kingdom; ⁴Newcastle upon Tyne, United Kingdom; ⁵Cambridge, United Kingdom

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

11:50 am **Does Robotic Facilitate Minimally Invasive Treatment of Transverse Colon Cancer With Complete Mesocolic Excision?** **P155**
V. Ozben*¹, H.K. Korkmaz¹, E. Aytac¹, I.A. Bilgin¹, D. Atasoy¹, O. Bayraktar¹, A. Aghayeva¹, I. Erenler Bayraktar¹, B. Baca¹, I. Hamzaoglu¹, T. Karahasanoglu¹; ¹Istanbul, Turkey

11:55 am **Comparison of Minimally Invasive and Open Proctectomy for Rectal Adenocarcinoma: A NSQIP Analysis of Postoperative and Short-Term Oncologic Outcomes** **P156**
M. Hanna*¹, A.M. Al-Mazrou¹, R.P. Kiran¹; ¹New York, NY

Noon **Receipt of Adjuvant Chemotherapy in Stage 2 Colon Cancer** **P157**
A.D. Morris*¹, Y. Liu¹, K. Ramonell¹, W. Liang¹, P.S. Sullivan¹, G. Balch¹, T.W. Gillespie¹, V. Shaffer¹; ¹Atlanta, GA

12:05 pm **Can the Anastomotic Leakage in Laparoscopic Colorectal Surgery Decrease Using by Linear Stapler With Bioabsorbable Staple Line Reinforcement Material?** **P158**
T. Taketa*¹, S. Ohigashi¹, A. Kishida¹; ¹Chuo-ku, Tokyo, Japan

12:10 pm **Does Obesity Have Impact on the Cost of Open Colorectal Cancer Surgery?** **P159**
Y. Kwon*¹, K. Park¹, D. Lee¹, I. Song¹, S. Jeong¹, E. Choe¹, K. Lee¹, Y. Kim¹; ¹Seoul, Korea (the Republic of)

12:15 pm **Comparison of Anthropometric Parameters After Ultra-Low Anterior Resection and Abdominoperineal Resection in Very Low Lying Rectal Cancers** **P160**
J. Bong*¹, S. Lim¹; ¹Seoul, Korea (the Republic of)

12:20 pm **Combined Colorectal & Urologic Robotic Assisted Surgery: A Single Institution's Case Series** **P161**
M.T. Ganyo*¹, B. Zhao¹, S. Ramamoorthy¹, L. Parry¹, J. Buckley¹, S. Eisenstein¹; ¹San Diego, CA

12:25 pm **Site of Recurrence Is Associated With Survival After Salvage Surgery for Locally Recurrent Rectal Cancer** **P162**
P. Aggarwal*¹, J. Smith¹, M. Wang¹, A.H. Mohamed¹, I. Wasserman¹, R.M. Jimenez-Rodriguez¹, M.J. Gollub¹, P.B. Paty¹; ¹New York, NY

12:30 pm **Neoadjuvant Strategies Leading to a Complete Clinical Response and Nonoperative Management for Rectal Cancer: A Single Institution Experience** **P163**
M. Strode*¹, R. Shah¹, C. Mangieri², A. Saunders¹, V. Francescutti¹, S. Nurkin¹; ¹Buffalo, NY; ²Evans, GA

Monday, May 21 Monitor #10 – Neoplastic Disease

*Co-moderators: Jennifer Davids, MD, Worcester, MA
Bryan Holcomb, MD, Indianapolis, IN*

11:40 am **Survival Following Diagnosis and Treatment of Squamous Cancer of the Anus Is Not Affected by High Risk Human Papillomavirus Status** **P164**
M. Skancke¹, B. Pomy¹, R.L. Amdur*¹, B. Umapathi¹; ¹Washington, DC

11:45 am **Differences Between Stage I and Stage III pT1 Lower Rectal Cancer in Long-Term Survival and Preoperative CT Images of Mesorectal Lymph Nodes** **P165**
D. Kitaguchi*¹, T. Sasaki¹, Y. Tsukada¹, Y. Nishizawa¹, M. Ito¹; ¹Kashiwa, Chiba, Japan

11:50 am **Lymphovascular Invasion and Perineural Invasion Negatively Impact Overall Survival for Stage I and II Adenocarcinoma of the Colon** **P166**
M. Skancke*¹, S. Arnott¹, R.L. Amdur¹, R. Siegel¹, V. Obias¹, B. Umapathi¹; ¹Washington, DC

11:55 am **Preoperative MRI Assessment of CRM Predicts Recurrence for Lower Rectal Cancer Without Preoperative Chemoradiotherapy** **P167**
S. Tsukamoto*¹, M. Miyake¹, H. Ochiai¹, D. Shida¹, Y. Kanemitsu¹; ¹Tokyo, Japan

Noon **Transanal Total Mesorectal Excision in Rectal Cancer – Initial Experience and Short-Term Outcome in Comparison With Laparoscopic Total Mesorectal Excision in a Regional Hospital** **P168**
S. Kok*¹; ¹Hong Kong, Hong Kong

12:10 pm **Interval Colorectal Cancer Following Virtual Colonoscopy: Incidence in a Single Institution** **P170**
W.B. Kucera*¹, M.D. Nealeigh¹, J.O. Paull¹, S.A. Parascandola¹, M.P. McNally¹, E.M. Ritter¹, J.E. Duncan¹, W.B. Sweeney¹; ¹Bethesda, MD

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 12:15 pm **Epidemiology and Histopathology Characteristics of Hispanics With Colorectal Cancer in the Puerto Rico Biobank** **P171**
Y. O'Neill*¹, H. Soler-Bernardini¹; ¹Ponce, Puerto Rico
- 12:20 pm **Appendiceal Cancer Is Commonly Misdiagnosed as Appendicitis in the Elderly** **P172**
R. Byrne*¹, E. Dewey¹, E. Gilbert¹, D. Herzig¹, K. Lu¹, K. Deveney¹, R. Martindale¹, L. Tsikitis¹; ¹Portland, OR
- 12:25 pm **Prognostic Impact of Primary Tumor Resection on the Patients With Incurable Stage IV Colorectal Cancer** **P173**
F. Teraishi*¹, Y. Shimada², T. Fujiwara¹; ¹Okayama, Japan, ²Kochi, Japan
- 12:30 pm **Rectal Cancer Biomarkers as Predictors of Response to Neoadjuvant Therapy** **P174**
J.K. Douglas*¹, Z.A. Hothem¹, H. Wasvary¹, C. Cousineau¹, C. Peeples¹, B. Thibodeau¹, W. Li¹, S. Kawak¹; ¹Royal Oak, MI

Monday, May 21 Monitor #11 – Neoplastic Disease

*Co-moderators: Jennifer Leinicke, MD, Omaha, NE
Shankar Raman, MD, Des Moines, IA*

- 11:40 am **Comparative Analysis of the MRI to Pathological Findings in the Resected Specimen of Middle-Low Rectal Cancer** **P175**
T. Kobayashi*¹; ¹Hirakata, Japan
- 11:45 am **High Risk of Proximal and Local Malignancies in Patients With Anal and Genital Extramammary Paget's Disease** **P176**
G.C. Lee*¹, H. Kunitake¹, C. Stafford¹, L. Bordeianou¹, T.D. Francone¹, R. Ricciardi¹; ¹Boston, MA
- 11:50 am **Do Tumor Genetics Affect Attainment of the 12 Regional Lymph Node Quality Benchmark in Colon Cancer?** **P177**
H. Pantel*¹, C. Stafford², T.D. Francone², K. Stensland¹, L. Bordeianou², H. Kunitake², R. Ricciardi²; ¹Burlington, MA; ²Boston, MA
- 11:55 am **Stage 3 Medullary Colon Cancer: A Worse Prognosis** **P178**
A.M. Gupta*¹, J. Oxenberg¹, B. Protyniak¹, T. Erchinger¹, K.U. Chu¹, J. Bannon²; ¹Wilkes-Barre, PA; ²Scranton, PA

- Noon **The Readability, Quality and Accuracy of Online Health Information for Patients With Low Anterior Resection Syndrome** **P179**
R. Garfinkle*¹, N. Wong-Chong¹, A. Petrucci¹, P. Sylla², S. Wexner³, S. Bhatnagar¹, N. Morin¹, M. Boutros¹; ¹Montreal, QC, Canada; ²New York, NY; ³Weston, FL
- 12:05 pm **Can We Measure Quality of Care Indicators for Colorectal Cancer in a Developing Country?** **P180**
H.A. Rangel-Ríos*¹, O. Vergara-Fernández¹, N. Salgado-Nesme¹, D. Velazquez-Fernández¹, A. Navarro-Navarro¹, J. Reyes-Monroy¹; ¹Ciudad de Mexico, Mexico
- 12:10 pm **Surgical Outcomes of taTME Followed by Reduced Port Surgery Using Stoma Site for Distal Rectal Cancer** **P181**
J. Koike*¹, K. Funahashi¹, M. Ushigome¹, T. Kaneko¹, S. Kagami¹, A. Kurihara¹; ¹Ota-ku, Tokyo, Japan
- 12:15 pm **Analysis of Recurrence Risk Factors in Patients With Stage II Colon Cancer** **P182**
T. Tominaga*¹, T. Nagasaki¹, T. Akiyoshi¹, T. Konishi¹, Y. Fujimoto¹, S. Nagayama¹, Y. Fukunaga¹, M. Ueno¹; ¹Tokyo, Kotoku, Japan
- 12:20 pm **Colon Cancer Stage II. Variables Associated With Disease Recurrence** **P183**
F. Ocariz*¹, M. Matzner Perfumo¹, A.G. Canelas¹, M. Laporte¹, M. Bun¹, N. Rotholtz¹; ¹Buenos Aires, Argentina
- 12:25 pm **Impact of Preoperative Chemotherapy on Distal Spread of Low Rectal Cancer Located Close to the Anus** **P184**
A. Kondo*¹, Y. Tsukada¹, M. Kojima¹, Y. Nishizawa¹, T. Sasaki¹, M. Ito¹; ¹Chiba, Japan
- 12:30 pm **Postoperative Serum CEA Levels in Node-positive Versus Node-negative Patients With Nonmetastatic Rectal Cancers** **P185**
M. Keramati*¹; ¹Tehran, Iran (the Islamic Republic of)

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21 Monitor #12 – Outcomes

Co-moderators: Terrah Paul Olson, MD, Atlanta, GA
Karen Sherman, MD, Raleigh, NC

- 11:40 am **Influence of Pelvic Dimensions on Anastomotic Leak After Anterior Resection for Rectal Cancer** **P186**
Y.Z. Liang^{*1}, Z. Longjuan¹, L. Xuanhui¹, L. Huashan¹, K. Jia¹, L. Ping¹, W. Xianrui¹, W. Xiaojian¹; ¹Guangzhou, Guangdong, China
- 11:45 am **Early Urinary Catheter Removal in Patients Undergoing Colorectal Surgery With an Enhanced Recovery After Surgery Pathway** **P187**
J.T. Van Backer^{*1}, N. Ahn¹, R. Chan¹, J.J. Canete¹, A. Chismark¹, B.T. Valerian¹, E.C. Lee¹; ¹Albany, NY
- 11:50 am **Impact of Colectomy Complications on Post-Acute Care Utilization and Health Care Expenditures** **P188**
E.M. Ammann¹, L. Goldstein², S.S. Johnston¹, A.D. Patkar², S. Ramisetti¹, D. Nagle^{*2}; ¹New Brunswick, NJ; ²Somerville, NJ
- 11:55 am **Epidural Analgesia Does Not Improve and May Hamper Recovery After Laparoscopic and Open Colectomy** **P189**
A.M. Al-Mazrou^{*1}, J.M. Kiely¹, R.P. Kiran¹; ¹New York, NY
- Noon **Predicting 30-day Unplanned Readmission Following Colorectal Surgery Using the National Cancer Database** **P190**
J. Olson^{*1}, M. Fluck¹, M. Hunsinger¹, K. Halm¹, M. Shabahang¹, J. Blansfield¹; ¹Danville, PA
- 12:05 pm **Postoperative Glucose Is Associated With Increased Infection Rate in Colorectal Surgery** **P191**
J. Favuzza^{*1}, J. Poirier¹, L. DeCesare¹, B.A. Orkin¹; ¹Chicago, IL
- 12:10 pm **Short-term Clinical and Oncological Outcomes After Single-incision Laparoscopic Surgery for Colorectal Cancer** **P192**
R. Zhao^{*1}, Z. Song¹, K. Liu¹, Y. Jiang¹, Y. Li¹, Y. Shi¹, X. Cheng¹, H. Wu¹; ¹Shanghai, China

- 12:15 pm **Surgeon Delivered Laparoscopically Guided TransVersus Abdominal Plane Blocks are Non-inferior to Anesthesiologist Ultrasound Guided Blocks** **P193**
D. Wong^{*1}, T. Curran¹, V. Poylin¹, T. Cataldo¹; ¹Boston, MA
- 12:20 pm **Risk Factors to Predict Early Failure of Foley Catheter Removal: A Prospective Study of Postoperative Urinary Retention After Non-Proctectomy Abdominal Surgery** **P194**
M. Deutsch^{*1}, J. Dricken¹, S. Alva¹, J. Calata¹, J. Notaro¹, K. Wilkins¹, B. Chinn¹; ¹Fort Lee, NJ
- 12:25 pm **Elective Colonic Resection in the Elderly: Is Age an Effective Way to Predict Performance in Enhanced Recovery Programs? A Retrospective Cohort Study** **P195**
X. Pare^{*1}, D. Simonyan¹, S. Drolet¹; ¹Quebec, QC, Canada
- 12:30 pm **Improving Processes of Care for Rectal Cancer: Results of a Pan-Canadian Multidisciplinary Quality Improvement Project** **P196**
C.J. Keng¹, S. Schmocker¹, C.J. Brown², T. MacLean³, D. Hochman⁴, L. Williams⁵, N. Baxter¹, M. Simunovic⁶, S. Liberman⁷, S. Drolet⁸, A. Bouchard⁸, K. Neumann⁹, K. Jhaveri¹, R. Kirsch¹, C. Cho¹, E. Kennedy^{*1}; ¹Toronto, ON, Canada; ²Vancouver, BC, Canada; ³Calgary, AB, Canada; ⁴Winnipeg, MB, Canada; ⁵Ottawa, ON, Canada; ⁶Hamilton, ON, Canada; ⁷Montreal, QC, Canada; ⁸Quebec, QC, Canada; ⁹Halifax, NS, Canada

Monday, May 21 Monitor #13 – Outcomes

Co-moderators: Melissa Chang, MD, Ypsilanti, MI
Lawrence Lee, MD, PhD, Montreal, QC, Canada

- 11:40 am **Tell Me What I Need to Know: A Collaborative Approach to Improving MRI Report Quality for Rectal Cancer Staging** **P197**
B. Vabi^{*1}, J.J. Coury¹, T. Colbert¹, L. Shaffer¹, K. Khanduja¹; ¹Columbus, OH
- 11:45 am **Use of a Discharge Readiness Assessment to Identify Barriers to Discharge in a Safety Net Hospital** **P198**
S.D. Talutis^{*1}, A.H. Kuhnen¹, J. Hall¹; ¹Boston, MA

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21

Monitor #14 – Outcomes

Co-moderators: Fergal Fleming, MD, Rochester, NY
Joshua Wolf, MD, Baltimore, MD

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|----------|---|------|---|
| 11:50 am | Is it the Stoma or the Day of the Week? Evaluation of Perioperative Factors on Length of Stay in Colorectal Surgery Patients
S.D. Talutis* ¹ , J. Hall ¹ , K. Pearlman ¹ , C. Zhu ¹ , A.H. Kuhnen ¹ ; ¹ Boston, MA | P199 | |
| 11:55 am | Effect of Primary Language on Readmission After Colorectal Surgery
S.D. Talutis* ¹ , A.H. Kuhnen ¹ , C. Zhu ¹ , K. Pearlman ¹ , J. Hall ¹ ; ¹ Boston, MA | P200 | 11:40 am Hospital Variation in Readmissions and Visits to the Emergency Department Following Ileostomy Creation
K. Hardiman* ¹ , P. Suwanabol ¹ , N. Kamdar ¹ , S. Hendren ¹ ; ¹ Ann Arbor, MI |
| Noon | Robotic Right Hemicolectomy With Extracorporeal Anastomosis Versus Intracorporeal Anastomosis: Is There a Difference?
K. Baysinger* ¹ , E.K. Groves ¹ , M. Pidala ¹ ; ¹ Houston, TX | P201 | 11:45 am Patients That Require, But Do Not Undergo Emergency Laparotomy: An Initial Analysis into Defining the NOLAP Population
E.C. McIlveen* ¹ , E. Wright ¹ , C.N. Bisset ¹ , J. Edwards ² , M. Vella ¹ , T. Quasim ² , S. Moug ¹ ; ¹ Paisley, United Kingdom; ² Glasgow, Paisley, United Kingdom |
| 12:05 pm | ACS-NSQIP Outcomes Comparison of Open, Laparoscopic and Robotic Abdominoperineal Resection for Rectal Cancer
R.K. Cleary ¹ , J. Wu* ² ; ¹ Ann Arbor, MI; ² Ypsilanti, MI | P202 | 11:50 am Oncologic and Perioperative Outcomes of Laparoscopic, Open and Robotic Approaches for Rectal Cancer Resection
W.C. Kethman* ¹ , C. Kin ¹ , N. Kirilcuk ¹ , A. Harris ¹ , A.M. Morris ¹ , A. Shelton ¹ ; ¹ Stanford, CA |
| 12:10 pm | Excisional Biopsy, Not Polypectomy Should Be Performed for Resection of Small Carcinoid Tumors of the Rectum
M. Skancke* ¹ , A. Whitlock ¹ , R.L. Amdur ¹ , V. Obias ¹ ; ¹ Washington, DC | P203 | 11:55 am Postoperative Ileus After Colectomy and Proctectomy May Have Different Risk Factors
I. Gribovskaja-Rupp* ¹ , M. Kapadia ¹ , J. Hrabe ¹ , J. Cromwell ¹ ; ¹ Iowa City, IA |
| 12:15 pm | Superficial Closure of Stoma Site Following Reversal Leads to Higher Rates Superficial Surgical Site Infections, an Analysis Using the NSQIP Database
M. Skancke* ¹ , A. Abdullah ¹ , R.L. Amdur ¹ , V. Obias ¹ ; ¹ Washington, DC | P204 | Noon Different Strokes for Different Folks: Trends in Elective Surgery for Diverticular Disease
R. Batra* ¹ , M. Fuglestad ¹ , B.R. Hall ¹ , J. Luo ¹ , J. Leinicke ¹ , S. Langenfeld ¹ ; ¹ Omaha, NE |
| 12:20 pm | Morbid Obesity Associated With Increased Intraoperative Blood Loss and Increased Readmission Following Robotic Colorectal Surgery
M. Skancke* ¹ , A. Abdullah ¹ , V. Obias ¹ ; ¹ Washington, DC | P205 | 12:05 pm Improving Sleep in Postoperative Colorectal Surgery Patients
T. Ongstad* ¹ , T.K. Jalouta ¹ , E. DeJong ¹ , M. Luchtefeld ¹ , J.W. Ogilvie ¹ ; ¹ Grand Rapids, MI |
| 12:25 pm | Evaluating Outcomes of Elective Robotic-Assisted Colonic Resection for Complicated and Noncomplicated Diverticulitis at a Single Institution
M. Skancke* ¹ , A. Abdullah ¹ , V. Obias ¹ ; ¹ Washington, DC | P206 | 12:10 pm Managing the Wound After Colectomy for Intraabdominal Sepsis: Still an Open Question?
E.C. Poli* ¹ , K.B. Skowron ¹ , L.M. Cannon ¹ , B.D. Shogan ¹ , R.D. Hurst ¹ , K. Umanskiy ¹ , N. Hyman ¹ , R. Smith ¹ ; ¹ Chicago, IL |
| 12:30 pm | Decreasing the Number of Opioids Given After Colorectal Surgery
R. Mittal* ¹ , M. Luchtefeld ¹ , J.W. Ogilvie ¹ ; ¹ Grand Rapids, MI | P207 | 12:15 pm What Is the Morbidity and Mortality for Laparoscopic Conversion to Open Surgery During Colorectal Surgery?
C. Stafford ¹ , T.D. Francone ¹ , P.L. Roberts ² , P.W. Marcello ² , T.E. Read ² , R. Ricciardi* ¹ ; ¹ Boston, MA; ² Burlington, MA |

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

12:20 pm **Impact of Operating Room Personnel Changes on Perioperative Events** P216
S.D. Talutis*¹, L. Plauche¹, A.H. Kuhnen¹, J. Hall¹;
¹Boston, MA

12:25 pm **What Are the Cost Drivers for the Major Bowel Bundled Payments for Care Improvement Initiative?** P217
R. Ricciardi*¹, M. Moucharite², C. Stafford¹,
P.L. Roberts³; ¹Boston, MA; ²North Haven, CT;
³Burlington, MA

12:30 pm **Sequential Hemorrhoid Banding – A Cost Effectiveness Analysis** P218
O.P. Coughlin*¹, M. Wright¹, A. Thorson¹,
C. Ternent¹; ¹Omaha, NE

Monday, May 21 Monitor #15 – Outcomes

*Co-moderators: Michelle Cowan, MD, Aurora, CO
Katharine Louise Jackson, MD, Durham, NC*

11:40 am **How Do NSQIP Reported Complications Compare With Patient Reported Postoperative Complications?** P219
C. Stafford¹, P.L. Roberts², P.W. Marcello²,
T.D. Francone¹, R. Ricciardi*¹; ¹Boston, MA;
²Burlington, MA

11:45 am **A Propensity Score-matched Comparison of Intracorporeal and Extracorporeal Techniques for Robotic-Assisted Right Colectomy in an Enhanced Recovery Pathway** P220
W. Akram*¹, R. Al Natour¹, J. Albright¹, J. Wu¹,
J. Ferraro¹, B. Shanker¹, A. McClure¹, R.K. Cleary¹;
¹Ann Arbor, MI

11:50 am **Transanal Minimally Invasive Surgery (TAMIS): Pushing the Envelope Without Increased Complications** P221
A.G. Lopez-Aguilar*¹, M.Y. Zaidi¹, S. Speegle¹,
G. Balch¹, V. Shaffer¹, C. Staley¹, S. Maithel¹,
P.S. Sullivan¹; ¹Atlanta, GA

11:55 am **When Is the Best Time for Protective Ileostomy Reversal: A Single Center Experience With Early Versus Late Reversal** P222
A. Morgan*¹, A. Zheng¹, K. Linden¹, M. Kwiatt¹,
S. McClane¹; ¹Camden, NJ

Noon **Impact of Frailty on Outcomes After Reversal of Hartmann's Procedure** P223
A.M. Kao*¹, K.A. Schlosser¹, T. Prasad¹,
B. Heniford¹, K. Kasten¹, B.R. Davis¹; ¹Charlotte, NC

12:05 pm **Adherence to a Modified ASCRS Rectal Cancer Management Checklist and its Association to Short-Term Surgery and Cancer-related Outcomes** P224
M.P. Sacdalan*¹, J.B. de Leon¹; ¹Pasig City, Metro
Manila, Philippines

12:10 pm **Weekend Discharge Does Not Increase Risk of Readmission After Ileostomy** P225
J. Tillou*¹, M.J. Wheeler², J.F. Fitzgerald¹,
J.M. Ayscue¹, T.J. Stahl¹, M. Bayasi¹, B.L. Bello¹;
¹Washington, DC; ²Omaha, NE

12:15 pm **Correlation Between Procedural and Clinical Success Rates in Colonic Stenting in a Community Colorectal Surgery Practice** P226
A. Raza*¹, M. Downs¹; ¹Dallas, TX

12:20 pm **Two-year Impact of a Community Colorectal Enhanced Recovery After Surgery (ERAS) Protocol** P227
E.C. Hodgson*¹, F. Kegel¹, Y. Kang¹, O. Ganescu¹,
C. Zalai²; ¹Montreal, QC, Canada; ²Pointe-Claire,
QC, Canada

12:25 pm **Creation and Validation of a Unique Simplified Frailty Score to Predict Morbidity After Radical Pelvic Surgery** P228
S. McChesney*¹, D. Monlezun², D.J. Canter¹,
H. Green¹, D.A. Margolin¹; ¹New Orleans, LA;
²Houston, TX

12:30 pm **Risk Factors of Postoperative Complication After Laparoscopic Proctectomy in Elderly Rectal Cancer Patients** P229
H. Shimizu*¹, S. Yamaguchi¹, T. Ishii¹, H. Kondo¹,
K. Hara¹, K. Takemoto¹, S. Ishikawa¹, T. Okada¹,
A. Suzuki¹; ¹Hidaka, Saitama, Japan

Monday, May 21 Monitor #16 – Pelvic Floor

*Co-moderators: John Hunter, MD, Mobile, AL
Jonathan Mitchem, MD, Columbia, MO*

11:40 am **Transperineal Rectocele Repair Using Miniature Mesh** P230
K. Kajohnwongsatit*¹, S. Gunarasa¹,
C. Sahakitrungruang¹; ¹Bangkok, Thailand

11:45 am **Propiverine Hydrochloride as a Treatment for Fecal Incontinence** P231
Y. Irei*¹, S. Takano², K. Yamada², T. Nishimaki¹;
¹Nishihara, Okinawa, Japan; ²Kumamoto, Japan

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

11:50 am **Stapled Muscosectomy Improves Outcomes and Provides Long-term Benefits for Symptomatic Rectal Mucosal Prolapse** P232

A. Croese*¹, S. Whiting¹, Y. Ho¹; ¹Townsville, Queensland, Australia

11:55 am **Management of 'Obstructed Defecation Syndrome' in a Developing Country – Outcome of 'Stapled Transanal Rectal Resection' Without Preoperative MR Defecogram** P233

A.A. Haque*¹, A.F. Haque¹, M.M. Billah¹; ¹Dhaka, Bangladesh

Noon **Men and Women With Fecal Incontinence Exhibit Different Physiologic Relationships Than Normal Individuals: A Three-Dimensional High Resolution Anorectal Manometry Study** P234

E.M. LeeVan*¹, J. Funston¹, J.Y. Cruz¹, K.S. King¹, G. Akopian¹, H. Kaufman¹; ¹Pasadena, CA

12:05 pm **Functional Outcome and Quality of Life in the Postoperative Patients With Slow Transit Constipation** P235

W. Tong*¹, Y. Tian¹; ¹Chongqing, China

12:10 pm **Outcomes After Rectovaginal Fistula Repair: A Single Tertiary Center Experience** P236

G. Gantt*¹, A. Abcarian¹, J. Nordenstam¹, V. Chaudhry¹, A. Mellgren¹, H. Abcarian¹; ¹Chicago, IL

12:15 pm **The Bridge Between Primary Care and the Colorectal Specialist in the Treatment of Fecal Incontinence and Constipation** P237

R.A. Weinheimer*¹, J. Kent¹, A. Berg¹, F. Puleo¹; ¹Hummelstown, PA

12:20 pm **Clinical Value of Resting Vector Volume for Prediction of Fecal Incontinence Before Ileostomy Reversal: A Longitudinal Study After Sphincter-preserving Surgery for Mid or Low Rectal Cancer** P238

M. Kim*¹, M. Ihn², M. Kim¹, S. Kang¹, H. Oh¹, D. Kim¹, S. Kang¹; ¹Seongnam, Gyeonggi-do, Korea (the Republic of); ²Gumi, Gyeongsangbuk-do, Korea (the Republic of)

12:25 pm **Fecal Incontinence Following Low Anterior Resection and Neoadjuvant Treatment for Rectal Cancer Can Be Managed With a New Artificial Ana Sphincter** P239

V. De Simone¹, A. Parello¹, F. Litta¹, U. Grossi¹, C. Ratto*¹; ¹Rome, Italy

12:30 pm **Algorithm for Management of Fecal Incontinence Patients Expedites Decision Making for Those that May Be Candidates for SNS** P240

J. Motl¹, G. Hwang*¹, G.J. Nassif¹, S. Atallah¹, M.R. Albert¹, J.R. Monson¹, T.C. deBeche-Adams¹; ¹Orlando, FL

Monday, May 21 Monitor #1 – Benign Disease

Co-moderators: Molly Ford, MD, Nashville, TN
Elise Lawson, MD, Madison, WI

3:35 pm **A Prospective Study With a Long Follow Up to Evaluate V.A.A.F.T. (Video Assisted Anal Fistula Treatment) in the Treatment of Complex Anal Fistula** P241

G. Giarratano*¹, C. Toscana¹, E. Toscana¹, P. Sileri¹; ¹Rome, Italy

3:40 pm **Clinical Presentation and Outcomes of Acute Diverticulitis in a Middle Eastern Population** P242

A. Al-Mubarak*¹, F. Abdul Raheem¹, S. Al-Saddah¹, J. Alabbad¹, H. Al-Qattan¹, H. Al-Otaibi¹; ¹Jabriya, Kuwait

3:45 pm **A New Device for the Treatment of Complex Anal Fistulas of Cryptoglandular Origin: Long-Term Results** P243

F. Litta¹, A. Parello¹, V. De Simone¹, C. Ratto*¹; ¹Rome, Italy

3:50 pm **Surgical Procedures for Perforated Diverticulitis: Case-matched Analysis of a Large Integrated Health System Database** P244

M.H. Al-Temimi*¹, C.N. Trujillo¹, J.H. Ruan¹, R.M. Yuhan¹, N.P. Nguyen¹; ¹Fontana, CA

Monday, May 21 Monitor #2 – Benign Disease

Co-moderators: Leander Grimm, Jr., MD, Mobile, AL
Andrew Russ, MD, Knoxville, TN

3:35 pm **An Assessment of the Quality and Content of Stoma Information on the Internet** P245

T. Connelly*¹, K. Muhammad Shoaib¹, M. Malik¹, F. Cooke¹; ¹Waterford, Ireland

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

3:40 pm **Inpatient Hemorrhoids: Trends and Outcomes From the National Inpatient Sample (NIS)** P246
K.A. Schlosser^{*1}, A.M. Kao¹, J. Otero¹, T. Prasad¹, A.E. Lincourt¹, B. Heniford¹, K. Kasten¹, B.R. Davis¹; ¹Charlotte, NC

3:45 pm **Anal Fissures: Trends and Outcomes From Two National Databases** P247
K.A. Schlosser^{*1}, J. Otero¹, A.M. Kao¹, T. Prasad¹, A.E. Lincourt¹, B. Heniford¹, K. Kasten¹, B.R. Davis¹; ¹Charlotte, NC

3:50 pm **Management of Fistula-In-Ano: Room for Improvement in the Ohio Valley** P248
V. Bolshinsky^{*1}, M.A. Valente¹, J. Church¹; ¹Cleveland, OH

Monday, May 21 Monitor #3 – Benign Disease

*Co-moderators: Brian Bello, MD, Washington, DC
Emily Steinhagen, MD, Cleveland, OH*

3:35 pm **Perianal Fistulas: Trends and Outcomes From by the American College of Surgeons National Surgical Quality Improvement Program (NSQIP)** P249
K.A. Schlosser^{*1}, M.R. Arnold¹, A.M. Kao¹, T. Prasad¹, A.E. Lincourt¹, B. Heniford¹, K. Kasten¹, B.R. Davis¹; ¹Charlotte, NC

3:40 pm **Outcomes After Incision and Drainage of Perianal Sepsis in Immunosuppressed Versus Immunocompetent Patients: An ACS-NSQIP Analysis** P250
N.P. McKenna^{*1}, K.A. Bews¹, O.A. Shariq¹, E.B. Habermann¹, R. Cima¹, A.L. Lightner¹; ¹Rochester, MN

3:45 pm **Intestinal Aspergillosis: Patterns of Clinical Presentation and Management: A Systematic Review** P251
B.E. Lung^{*1}, A. Crean¹, S. Yelika¹, P. Denoya¹; ¹Stony Brook, NY

3:50 pm **Outcomes of Appendicular Mass in Adults** P252
H. Al-Qattan^{*1}, F. Abdul Raheem¹, H. Al-Otaibi¹, A. Al-Banoun¹, S. Al-Saddah¹, A. Al-Mubarak¹, J. Alabbad²; ¹Hawally, Kuwait; ²Jabriya, Kuwait

Monday, May 21 Monitor #4 – Benign Disease

*Co-moderators: James Fitzgerald, MD, Washington, DC
Irena Gribovskaja-Rupp, MD, Iowa City, IA*

3:35 pm **Treatment of Chronic Anal Fissure (TOCA): A Randomized Clinical Trial on Diltiazem Versus Myoxinol/Carboxymethyl Glucan (NCT02158013)** P253
A. Nordholm-Carstensen^{*1}, H. Perregaard¹, H.T. Hougaard², K.L. Wahlstrøm¹, K.K. Hagen¹, T.L. Brøndum¹, P. Krarup¹; ¹Copenhagen, Denmark; ²Aarhus, Denmark

3:40 pm **Predictors of Ostomy Creation After Elective Surgery for Diverticulitis** P254
S. Naffouj^{*1}, C. Warner¹, K. Kochar¹, S.J. Marecik¹, J. Nordenstam¹, A. Mellgren¹, J. Park¹; ¹Chicago, IL

3:45 pm **Incidence of Adenoma in Normal Risk Patients Younger than 50 Higher than Previously Reported** P255
M. Sigman^{*1}, N. Engelking¹, E. Wietfeldt¹, J. Thiele¹, J. Rakinic¹; ¹Springfield, IL

3:50 pm **Does the Application of Negative Pressure Wound Therapy to Closed Incisions Decrease Surgical Site Infections in Colorectal Surgery?** P256
S. Naffouj^{*1}, C. Warner¹, K. Kochar¹, S.J. Marecik¹, J. Nordenstam¹, A. Mellgren¹, J. Park¹; ¹Chicago, IL

Monday, May 21 Monitor #5 – Case Study

*Co-moderators: Jennifer Ayscue, MD, Washington, DC
Karen Zaghiyan, MD, Los Angeles, CA*

3:35 pm **Management of Complicated Diverticulitis With Tuboovarian Abscess** P257
M.L. Rossi^{*1}; ¹Springfield, IL

3:40 pm **Primary Synchronous Leiomyoma in the Perianal Region. An Exceptional Finding** P258
B.Z. Freitas^{*1}, P.S. Novelli¹, D.D. Peseto¹, R.S. Mendonça¹, D.T. Kanno¹, E.R. Nascimento¹, R. Nonose¹, C.R. Martinez¹; ¹Bragança Paulista, São Paulo, Brazil

3:45 pm **Benign Multicystic Peritoneal Mesothelioma: A Remarkable Case in a Male Patient** P259
J. Levy^{*1}, J.T. McCormick¹; ¹Pittsburgh, PA

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 3:50 pm **Case Report: Proliferating Trichilemmal Cyst in the Perianal Region** P260
B.Z. Freitas*¹, D.G. D'Avila¹, D.T. Kanno¹,
D.D. Silva¹, V.R. Pastro¹, P.S. Novelli¹,
F.G. Campos², C.R. Martinez¹; ¹Bragança Paulista,
SP, Brazil; ²São Paulo, SP, Brazil

Monday, May 21 Monitor #6 – Case Study

Co-moderators: Nicole Lopez, MD, La Jolla, CA
Eric Nelson, MD, Chattanooga, TN

- 3:35 pm **Neoplastic Cancer-associated Retinopathy as Presenting Symptom in Colon Cancer** P261
C. Zhang*¹, D. Hart¹, W. Ambroze¹, M. Schertzer¹,
M. Saidy¹; ¹Atlanta, GA
- 3:40 pm **Robotic Colon Resection With Intracorporeal Anastomosis for Severe Diverticulitis Decreases Morbidity in Morbidly Obese Patients** P262
J.B. Hurley*¹; ¹Dallas, TX
- 3:45 pm **Extensive Neovaginal Squamous Cancer in a Transgender Female Presents as a Large Pelvic Mass** P263
O. Hashmi*¹, N. Gaulin¹, S. Nosik¹, A. Reichstein¹,
T. Krivak¹, J.T. McCormick¹; ¹Pittsburgh, PA
- 3:50 pm **Clostridium Difficile Enteritis in an Ulcerative Colitis Patient, After Total Proctocolectomy and End Ileostomy** P264
A. El-Sedfy*¹, S. Nalamati¹; ¹Detroit, MI

Monday, May 21 Monitor #7 – Neoplastic Disease

Co-moderators: Craig Reickert, MD, Detroit, MI
Joseph Valentino, MD, Kansas City, KS

- 3:35 pm **Laparoscopic Versus Open Pelvic Exenteration for Colorectal Malignancies: Comparison of Perioperative Outcomes** P265
T. Akiyoshi*¹, T. Nagasaki¹, T. Konishi¹,
Y. Fujimoto¹, Y. Fukunaga¹, M. Ueno¹; ¹Tokyo,
Japan
- 3:40 pm **Feasibility of Preoperative Chemoradiotherapy for Elderly Patients With Rectal Cancer** P266
T. Nagasaki*¹, T. Tominaga¹, T. Akiyoshi¹,
T. Konishi¹, Y. Fujimoto¹, S. Nagayama¹,
Y. Fukunaga¹, M. Ueno¹; ¹Tokyo, Japan

- 3:45 pm **Dose-escalated Radiotherapy Utilizing Stereotactic Radiotherapy Boost and Concurrent and Extended Capecitabine for Patients With Medically Inoperable T2-3N0M0 Rectal Adenocarcinoma** P267
P.B. Renz*¹, R. Brookover¹, V. Kudithipudi¹,
S. Hasan¹, M. Raj¹, A. Kirichenko¹,
J.T. McCormick¹; ¹Pittsburgh, PA

- 3:50 pm **Improved Local Control With New Multimodal Therapy for Anal Melanoma** P268
K.P. Domek*¹, L.A. Bradney¹, F. Mahmoud¹,
M. Konda¹, D. Atwal¹, J. Mizell¹; ¹Little Rock, AR

Monday, May 21 Monitor #8 – Neoplastic Disease

Co-moderators: Jeffrey Barton, MD, New Orleans, LA
Gregory Quatrino, MD, Chattanooga, TN

- 3:35 pm **Factors Influencing Time to Adjuvant Chemotherapy (TTAC): An Evaluation of Patient Characteristics in New Jersey** P269
R.E. NeMoyer*¹, K. Donohue¹, V. Dombrovskiy¹,
N. Maloney Patel¹; ¹Dover, NJ
- 3:40 pm **Enhanced Recovery: An Opportunity for Improved Cancer Outcomes** P270
R. Baucom*¹, S. Dauglas¹, E. Saeler¹, D. Bennett¹,
G. Ogola¹, J. Fleshman¹, W.R. Peters¹, K.O. Wells¹;
¹Dallas, TX
- 3:50 pm **Impact of Tumor Depth and Nodal Positivity on 30-day Operative Outcomes Following Descending Colectomy** P272
A.M. Kao*¹, M.R. Arnold¹, T. Prasad¹, B. Heniford¹,
B.R. Davis¹, K. Kasten¹; ¹Charlotte, NC

Monday, May 21 Monitor #9 – Neoplastic Disease

Co-moderators: Kurt Davis, MD, New Orleans, LA
Leandro Feo, MD, Manchester, NH

- 3:35 pm **The Impact of Patient Demographics Versus Tumor Factors on the Prognosis of Anal Squamous Cell Carcinoma Treated With Standard Chemoradiation Therapy** P273
P. Goffredo*¹, A. Utria¹, J. Engelbart¹, A. Masson¹,
P. Kalakoti¹, I. Hassan¹; ¹Iowa City, IA

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

3:40 pm **Eligibility Analysis of the Extent of Pedigrees to Screen and Diagnose Lynch Syndrome: Comparison of the Simplified and Extended Pedigree** P274
M. Kim*¹, Y. Heo¹, D. Kim¹, S. Lee¹, S. Bang¹, S. Kang¹, J. Park¹, K. Park¹; ¹Seoul, Korea (the Republic of)

3:45 pm **Oncologic Outcomes for Anal Melanoma Following Local Excision Versus Abdominoperineal Resection: A National Cancer Database Analysis** P275
A.C. Fields*¹, J. Goldberg¹, J.C. Senturk¹, R. Bleday¹, N. Melnitchouk¹; ¹Boston, MA

3:50 pm **Surgical Outcomes in Persistent Versus Recurrent Anal Squamous Cell Carcinoma: Is There a Difference in Survival?** P276
A.C. Fields*¹, N. Melnitchouk¹, J.C. Senturk¹, L. Saadat¹, R. Bleday¹, J. Goldberg¹; ¹Boston, MA

Monday, May 21

Monitor #10 – Neoplastic Disease

*Co-moderators: Samuel Eisenstein, MD, La Jolla, CA
Janet Lee, MD, St. Paul, MN*

3:35 pm **Health Economic Analysis in a Randomized Trial of Early Closure of a Temporary Ileostomy After Rectal Resection for Cancer (EASY trial)** P277
J.M. Park*¹, E. Angenete¹, D. Bock¹, A.K. Danielsen², J. Gehrman¹, E. Haglind¹, J. Rosenberg²; ¹Gothenburg, Sweden; ²Herlev, Denmark

3:40 pm **Trends in Rectal Adenocarcinoma: The Impact of Age and Histology** P278
A.C. Fields*¹, N. Melnitchouk¹, J.C. Senturk¹, L. Saadat¹, R. Bleday¹, J. Goldberg¹; ¹Boston, MA

3:45 pm **Updated Outcomes After Local Excision Versus Radical Resection in Rectal Cancer: A National Population-Based Study Using National Cancer Database** P279
S.S. Kwon*¹, O. Baser¹, Y. Cao², R.P. Kiran¹; ¹Fort Lee, NJ; ²New York, NY

3:50 pm **Bowel Function After Ultra-Low Pelvic Anastomosis for Rectal Cancer** P280
S.J. Ivatury*¹; ¹Lebanon, NH

Monday, May 21

Monitor #11 – Neoplastic Disease

*Co-moderators: Anuradha Bhamra, MD, Cleveland, OH
Claire Peeples, MD, Royal Oak, MI*

3:35 pm **Intradural Anesthesia and Its Impact on Oncologic Outcomes in Colon Cancer** P281
F. Ocariz*¹, M. Matzner Perfumo¹, A.G. Canelas¹, M. Laporte¹, M. Bun¹, N. Rotholtz¹; ¹Buenos Aires, Argentina

3:40 pm **Anastomotic Leak: Impact on Disease Recurrence in Colon Cancer** P282
M. Matzner Perfumo*¹, F. Ocariz¹, A.G. Canelas¹, M. Laporte¹, M. Bun¹, N. Rotholtz¹; ¹Buenos Aires, Argentina

3:45 pm **Does the Difference of Surgical Difficulty in Colon Cancer According to the Location Affect Survival: Surgeon's Perspective** P283
J. Lee*¹, N. Kim¹; ¹Seoul, Korea (the Republic of)

3:50 pm **Impact of Postoperative Complications on Oncologic Outcomes in Rectal Cancer** P284
L. Mattioni*¹, F. Laxague¹, F. Ocariz¹, M. Matzner Perfumo¹, M. Laporte¹, A.G. Canelas¹, M. Bun¹, N. Rotholtz¹; ¹Buenos Aires, Argentina

Monday, May 21

Monitor #12 – Outcomes

*Co-moderators: Daniel Klaristenfeld, MD, San Diego, CA
Ian Paquette, MD, Cincinnati, OH*

3:35 pm **Unmet Needs in Colorectal Cancer Survivors After Treatment for Curative-intent** P285
J. Vu*¹, A. De Roo¹, N. Matusko¹, S. Regenbogen¹, K. Hardiman¹; ¹Ann Arbor, MI

3:40 pm **The Safety of Outpatient Stoma Closure: On the Verge of a Paradigm Shift?** P286
J.P. Taylor*¹, M. Stem¹, D. Yu¹, S.Y. Chen¹, S. Fang¹, S. Gearhart¹, B. Safar¹, J. Efron¹; ¹Baltimore, MD

3:45 pm **The Effect of Sex on Treatment Strategy for Ulcerative Colitis** P287
L.A. Sceats*¹, A.M. Morris¹, M. Bundorf², K. Park², C. Kin¹; ¹Menlo Park, CA; ²Stanford, CA

3:50 pm **What are the Outcomes of Patients Undergoing Multiple Procedures During a Single Abdominal Operation?** P288
N.A. Molacek*¹, C. Buzas¹, K. Long¹, K. Halm¹, J. Dove¹, M. Fluck¹, M. Hunsinger¹; ¹Danville, PA

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Monday, May 21 Monitor #13 – Outcomes

Co-moderators: Dorin Colibaseanu, MD, Jacksonville, FL
Amy Lightner, MD, Rochester, MN

- 3:35 pm **Impact of Preoperative Bowel Preparation on the Risk of Clostridium Difficile After Colorectal Surgery: A Propensity Weighted Analysis** P289
M. Abou Khalil^{*1}, S. Bhatnagar¹, J. Abou Khalil², C. Vasilevsky¹, N. Morin¹, G. Ghitulescu¹, J. Faria¹, M. Boutros¹; ¹Montreal, QC, Canada; ²Ottawa, ON, Canada
- 3:40 pm **Influence of the Use of Pupillometry in Postoperative Analgesic Control in Patients With Laparoscopic Colorectal Surgery** P290
M. Martinez-Vilalta^{*1}; ¹Barcelona, Catalonia, Spain
- 3:45 pm **Bowel Function Outcomes in Rectal Cancer Patients Managed by a Watch-and-Wait Strategy After Neoadjuvant Therapy: A Crossmatch Study** P291
F.F. Quezada^{*1}, J. Smith¹, R.M. Jimenez-Rodriguez¹, I. Wasserman¹, P.B. Paty¹, J. Garcia Aguilar¹; ¹New York, NY
- 3:50 pm **Factors Associated With Readmission in New Ileostomates** P292
M.C. Young^{*1}, A.L. Lightner¹, N.P. McKenna¹; ¹Rochester, MN

Monday, May 21 Monitor #14 – Outcomes

Co-moderators: Ellen Bailey, MD, Columbus, OH
Bryan Loh, MD, Anaheim, CA

- 3:35 pm **Prognostic Nutrition Index Is a Significant Predictor of Postoperative Complications Among Patients Undergoing Colorectal Surgery** P293
R. Mittal^{*1}, J.L. Parker¹, J.W. Ogilvie¹; ¹Grand Rapids, MI
- 3:40 pm **Anastomotic Leak Decreases Quality of Life in Colon Cancer Survivors: 10 years Follow-up of a Nationwide Cohort** P294
P. Krarup^{*1}, A. Nordholm-Carstensen¹, L. Sørensen², K.J. Emmertsen³; ¹Roskilde, Denmark; ²Aarhus, Denmark; ³Randers, Denmark

- 3:45 pm **A Propensity Score-matched Comparison of Intracorporeal and Extracorporeal Techniques for Robotic-Assisted Sigmoidectomy in an Enhanced Recovery Pathway** P295
R. Al Natour^{*1}, W. Akram¹, J. Albright¹, J. Wu¹, J. Ferraro¹, R.K. Cleary¹; ¹Ann Arbor, MI
- 3:50 pm **Quality Improvement in Ileostomy Patients After Implementation of Ileostomy-specific Novel Protocols** P296
A. Iqbal^{*1}, A. Carpenter¹, L. Goldstein¹, S.J. Hughes¹, S. Tan¹; ¹Gainesville, FL

Monday, May 21 Monitor #15 – Outcomes

Co-moderators: Nelya Melnitchouk, MD, Boston, MA
Carrie Peterson, MD, Milwaukee, WI

- 3:35 pm **An Analysis of Incisional Hernia Rates After Abdominal Colectomy** P297
A.C. Fabrizio^{*1}, J. Shao¹, Y.R. Alimi¹, H. Alexander¹, M. Bayasi¹, P. Bhanot¹; ¹Arlington, VA
- 3:40 pm **Traumatic Rectal Injuries: "Getting to the Bottom of It"** P298
E.S. Shipper^{*1}, A. Alarhayem¹, H. Dao¹; ¹San Antonio, TX
- 3:45 pm **Transanal Endoscopic Microsurgery (TEMS) for Mucosal Excisional Biopsy of Rectal Tumors of Uncertain Behavior – A Retrospective Case Series** P299
K.L. Mirza^{*1}, A.M. Kaiser¹; ¹West Hollywood, CA
- 3:50 pm **The Impact of Intraoperative Hypocapnia on Postoperative Complications in Laparoscopic Surgery for Colorectal Cancer** P300
A. Makino^{*1}, M. Tsuruta¹, S. Morita¹, H. Hasegawa¹, K. Okabayashi¹, T. Ishida¹, Y. Kitagawa¹; ¹Tokyo, Japan

Monday, May 21 Monitor #16 – Outcomes

Co-moderators: Deborah Keller, MD, New York, NY
George Nassif, Jr., DO, Orlando, FL

- 3:35 pm **Understanding Colonoscopy Decision Making: Applying Economic Theory** P301
A. Qureshi^{*1}, L. Robison², J. Oliver³, J.W. Ogilvie¹; ¹Grand Rapids, MI; ²East Lansing, MI; ³Rexburg, ID

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 3:40 pm **A Randomized Controlled Trial for Treatment of Fecal Incontinence using Allogeneic Adipose-derived Mesenchymal Stem Cells** P302
E. Park*¹, Y. Jeon¹, J. Kang¹, S. Baik¹; ¹Seoul, Korea (the Republic of)
- 3:45 pm **Can a Fitbit With Reminder Alarms Motivate Patients to Increase Postoperative Ambulation? A Randomized Controlled Trial** P303
G.C. Waller*¹, T. Kim¹, S. Perez¹, G. Esper¹, J. Srinivasan¹, V. Shaffer¹, C. Staley¹, P.S. Sullivan¹; ¹Atlanta, GA
- 3:50 pm **Long-term Functional and Quality of Life Outcomes After taTME for Rectal Cancer** P304
D.S. Keller*¹, C. Reali², M. Penna², R. Hompes³; ¹New York/ London, NY; ²Oxford, United Kingdom; ³Amsterdam, Netherlands

Tuesday, May 22 Monitor #1 – Benign Disease

*Co-moderators: Abier Abdelnaby, MD, Dallas, TX
Hermann Kessler, PhD, MD, Cleveland, OH*

- 9:05 am **Oral Antibiotics as Bowel Preparation Reduce, Not Increase, The Risk of Clostridium Difficile Infection After Colectomy** P305
A.M. Al-Mazrou*¹, L.Z. Hyde¹, K. Suradkar¹, R.P. Kiran¹; ¹New York, NY
- 9:10 am **Anastomotic Leak in Left Colectomy: Does the Anastomotic Type Affect the Results?** P306
F. Ocariz*¹, M. Matzner Perfumo¹, M. Laporte¹, A.G. Canelas¹, M. Bun¹, N. Rotholtz¹; ¹Buenos Aires, Argentina
- 9:15 am **Treatment of Obstructive Sigmoid Fecaloma With Coca-Cola Enemas in an Adult Patient: Case Report and Literature Review** P307
K. Jreije*¹, B. Djenic¹, P. Del Prado¹, R.F. Goldberg¹, K. Chuang¹, S. Vail¹; ¹Phoenix, AZ
- 9:20 am **Elective Laparoscopic Sigmoid Colectomy for Diverticulitis – An Updated Look at Recurrence After Surgery** P308
K.K. Choi*¹, J. Martinolich¹, J.J. Canete¹, B.T. Valerian¹, A. Chismark¹, E.C. Lee¹; ¹Albany, NY

Tuesday, May 22 Monitor #2 – Benign Disease

*Co-moderators: Luis Hernandez, MD, Miami, FL
Patrick White, MD, St. Paul, MN*

- 9:05 am **Right- Versus Left-Sided Diverticulitis in Korea: Clinical Manifestation and Treatment** P309
S. Jeon*¹, C. Kim¹, S. Lee¹; ¹Seoul, Korea (the Republic of)
- 9:10 am **Fistulectomy, Sphincteroplasty and Anoplasty (FISA) to Treat Low Trans-sphincteric Perianal Fistula** P310
D. Mascagni*¹, D. Pironi¹, L. Fralleone¹, P. Mascagni¹, D. Di Nardo¹, S. Pontone¹, P. Antypas¹, C. Eberspacher¹; ¹Rome, Italy
- 9:15 am **Loop Ileostomy Closure: Comparison Between Experience of Surgeon and Methods of Anastomosis** P311
Y. Kim*¹, K. Lee¹, S. KIM¹, I. Song¹, D. Lee¹, J. Park¹, S. Ryoo¹, S. Jeong¹, K. Park¹; ¹Seoul, Korea (the Republic of)
- 9:20 am **Laparoscopic Ventral Rectopexy: A Viable Option for Procidentia in North Indian Population With Bulky Sigmoid Colon** P312
A. Chandra*¹, S. Kumar¹, P. Singh¹, N. Chopra¹, V. Gupta¹, V. Gupta¹, P. Joshi¹, A. Dangi¹; ¹Lucknow, Uttar Pradesh, India

Tuesday, May 22 Monitor #3 – Benign Disease

*Co-moderators: Michael Guzman, MD, Indianapolis, IN
Radhika Smith, MD, St. Louis, MO*

- 9:05 am **Pneumatosis Intestinalis: Factors That Influence Survival** P313
M.R. Arnold*¹, K.A. Schlosser¹, T. Prasad¹, B.R. Davis¹, R.F. Sing¹, B. Heniford¹, K. Kasten¹; ¹Charlotte, NC
- 9:10 am **Comparison of Preoperative and Postoperative MRI After Complex Fistula-in-Ano Surgery** P314
P. Garg¹, M.M. Begani², A. Ladha*³; ¹Panchkula, Haryana, India; ²Mumbai, Maharashtra, India; ³Indore, Madhya Pradesh, India

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

9:15 am **NSQIP Analysis of Risk Factors for Postoperative Complications Following Colectomy for Colonic Volvulus** P315
A.R. Althans*¹, A. Aiello¹, S.R. Steele¹, E. Gorgun¹, A.R. Bhama¹; ¹Cleveland, OH

9:20 am **Use of Ureteral Stents in Colorectal Resections** P316
E. Pettke*¹, A. Shah¹, V. Cekic¹, N. Gandhi¹, R. Whelan¹; ¹New York, NY

Tuesday, May 22 Monitor #4 – Benign Disease

*Co-moderators: Jennifer Rea, MD, Lexington, KY
Emily Steinhagen, MD, Cleveland, OH*

9:05 am **After Elective Sigmoid Colectomy for Diverticulitis – Does Recurrence-free Means Symptom-free?** P317
K.K. Choi*¹, J. Martinolich¹, K. Krautsak¹, J.J. Canete¹, B.T. Valerian¹, A. Chismark¹, E.C. Lee¹; ¹Albany, NY

9:10 am **Perirectal Abscess: A Common Surgical Problem With Significant Morbidity** P318
H. Dao*¹, J. Kempenich¹, E.S. Shipper¹, A. Logue¹, N. Shah², K. Sirinek¹; ¹San Antonio, TX; ²Providence, RI

9:15 am **Dumbbell Shaped Pelvic Lipomas: Clinical Presentation and Surgical Outcomes** P319
P. Davis*¹, E.J. Dozois¹, S.R. Kelley¹, P. Rose¹; ¹Rochester, MN

9:20 am **Mycobacterium Tuberculosis in 638 Samples of Fistula-In-Ano: Lessons Learned in 40 TB Fistula Patients** P320
P. Garg¹, M.M. Begani², A. Ladha*³; ¹Panchkula, Haryana, India; ²Mumbai, Maharashtra, India; ³Indore, Madhya Pradesh, India

Tuesday, May 22 Monitor #5 – Benign Disease

*Co-moderators: Emily Paulson, MD, Philadelphia, PA
Timothy Ridolfi, MD, Milwaukee, WI*

9:05 am **Simplified Easily Reproducible Pudendal Nerve Block Technique for Anorectal Surgery (SEPTA)** P321
A. Ladha*¹, P. Garg², C. Puranik¹, M.M. Begani³; ¹Indore, Madhya Pradesh, India; ²Panchkula, Haryana, India; ³Mumbai, Maharashtra, India

9:10 am **Progression of Anal Intraepithelial Neoplasia in HIV-Positive Individuals: Are There Predisposing Factors?** P322
T. McCutcheon*¹, A.T. Hawkins¹, R.L. Muldoon¹, M.B. Hopkins¹, T. Geiger¹, M.M. Ford¹; ¹Burns, TN

9:15 am **Minimally-Invasive Techniques Improve Outcomes for Treatment of Colovaginal Fistula** P323
H.L. Warren*¹, J. Patel¹, M.S. Nussbaum¹, F. Adkins¹; ¹Roanoke, VA

9:20 am **Resident Knowledge of Benign Anal Diseases: How General Surgery Compares to Other Disciplines** P324
K.A. Kelley*¹, E. Dewey¹, L. Tsikitis¹, K. Lu¹; ¹Portland, OR

Tuesday, May 22 Monitor #6 – Case Study

*Co-moderators: Michelle Murday, MD, Salt Lake City, UT
Charles Ternent, MD, Omaha, NE*

9:05 am **Anorectal Squamous Cell Carcinoma Following Restorative Proctocolectomy and Ileoanal Anastomosis: Report of Two Cases** P325
C. Zhang*¹, D. Hart¹, J. Venable¹, M. Schertzer¹, W. Ambroze¹; ¹Atlanta, GA

9:10 am **Time to Build a Better Blowhole? Single Port Loop Colostomy for Management of Advanced Gynecologic Malignancy With Large Bowel Obstruction** P326
E.A. Smith*¹, D.J. Eyvazzadeh¹, R. Fontem¹; ¹Bethlehem, PA

9:15 am **Thong Gone Wrong – A Case Report Involving Anal Trauma From a Jet Ski Accident** P327
J.D. Sohn*¹, S. Campbell², C. Bulaitan², G. Parker², T. Lake²; ¹Eatontown, NJ; ²Neptune, NJ

9:20 am **Condylomata Acuminata Over a Perianal Fistula Tract: Case Report** P328
J.G. Duarte*¹, R.U. Cruz¹, G. Cervantes Guevara¹, J. Renteria Navarro¹, C.M. Cabrera Ordonez¹, C.J. Padilla Lomeli¹; ¹Guadalajara, Jalisco, Mexico

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Tuesday, May 22 Monitor #7 – Neoplastic Disease

Co-moderators: Laila Rashidi, MD, Galveston, TX
Gabriela Vargas, MD, Salt Lake City, UT

- 9:05 am **Assessing Surgical Practice Variation for Acute Malignant Bowel Obstruction** P329
I. Leeds*¹, B. Abraham¹, M. Sundel¹, M. Pozo¹, S. Fang¹; ¹Baltimore, MD
- 9:10 am **Colorectal Device Development Reporting Using the IDEAL Framework: 'Dilumen' Endoscopic Double Balloon Platform** P330
S. Sharma*¹, K. Momose¹, T. Sonoda¹, R. Sharaiha¹; ¹New York, NY
- 9:15 am **Short-term Outcomes of Laparoscopic Multivisceral Resection for Locally Advanced Colon Cancer** P331
K. Sakamoto*¹, S. Kawano¹, M. Kawai¹, K. Niwa¹, S. Ishiyama¹, K. Sugimoto¹, H. Kamiyama¹, M. Takahashi¹, Y. Kojima¹, Y. Tomiki¹; ¹Tokyo, Japan
- 9:20 am **Short- and Long-term Results of Intersphincteric Resection for 128 Consecutive Lower Rectal Cancer Patients** P332
S. Yamaguchi*¹, H. Shimizu¹, K. Takemoto¹, T. Ishii¹, H. Kondo¹, K. Hara¹, A. Suzuki¹, T. Okada¹, S. Ishikawa¹; ¹Hidaka, Saitama, Japan

Tuesday, May 22 Monitor #8 – Neoplastic Disease

Co-moderators: Molly Ford, MD, Nashville, TN
David Kleiman, MD, Burlington, MA

- 9:05 am **Impact of Tumor Depth and Nodal Positivity on 30-day Operative Outcomes Following Ascending Colectomy** P333
A.M. Kao*¹, J. Otero¹, T. Prasad¹, B.R. Davis¹, B. Heniford¹, K. Kasten¹; ¹Charlotte, NC
- 9:10 am **Pathological Nodal Staging Score for Rectal Cancer Patients Treated With Radical Surgery With or Without Neoadjuvant Therapy: A Postoperative Decision Tool** P334
G. Cai*¹, W. Dai¹, S. Mo¹; ¹Shanghai, China

- 9:15 am **Preoperative Radiochemotherapy Affects Postoperative Outcomes and Functional Results at 1 year in Patients Treated by TEM for Rectal Neoplasms** P335
G. Rizzo*¹, C. Mattana¹, D.P. Pafundi¹, F. Sionne¹, L. Amodio¹, M. Gambacorta¹, V. Valentini¹, C. Coco¹; ¹Roma, Italy
- 9:20 am **The Risk Factor of Recurrence After Curative Resection for Stage II Colorectal Cancer** P336
K. Takemoto*¹, S. Yamaguchi¹, H. Shimizu¹, H. Kondo¹, K. Hara¹, A. Suzuki¹, T. Okada¹, S. Ishikawa¹, T. Ishii¹; ¹Hidaka, Saitama Prefecture, Japan

Tuesday, May 22 Monitor #9 – Neoplastic Disease

Co-moderators: Jennifer Davids, MD, Worcester, MA
Bryan Holcomb, MD, Indianapolis, IN

- 9:05 am **Understaging and Undertreatment of Colorectal Malignancies in Ukraine** P337
P. Lu*¹, G. Shabat², H. Lyu¹, A.C. Fields¹, J. Irani¹, J. Goldberg¹, R. Bleday¹, N. Melnitchouk¹; ¹Boston, MA; ²Ivano-Frankivsk, Ukraine
- 9:10 am **Functional Outcomes After taTME: Retrospective Analysis of Quality of Life and Pelvic Function** P338
V. Turrado-Rodriguez*¹, A.T. Torroella¹, F. de Lacy Oliver¹, P. Guarner Piquet¹, A. Otero-Piñeiro¹, B. Martin-Perez¹, R. Bravo¹, D. Momblan¹, A. Ibarzabal Olano¹, A. Lacy Fortuny¹; ¹Barcelona, Spain
- 9:15 am **Anastomotic Leakage After Colorectal Surgery: Impact of Aortic Calcifications** P339
A. Pinto*¹, I. Anzoua Kouakou¹, Y. Parc¹, A. Laurent², A. Civet¹, M. Pocard¹, C. Eveno¹; ¹Paris, France; ²Creteil, France
- 9:20 am **Outcomes After Transanal Excision or Transabdominal Resection for Stage I Rectal Cancer Patients** P340
N. Burriss*¹, M. Aryan¹, T. Loftus¹, T. George¹, S.J. Hughes¹, S. Tan¹, A. Iqbal¹; ¹Gainesville, FL

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Tuesday, May 22 Monitor #10 – Neoplastic Disease

Co-moderators: Jennifer Leinicke, MD, Omaha, NE
Shankar Raman, MD, Des Moines, IA

- 9:05 am **Pattern of Defects in Total Mesorectal Excision specimens: Is There Any Difference Between Transanal and Laparoscopic Approaches?** P341
S.K. Perdawood¹, M.X. Bjoern*¹, ¹Naestved, Denmark
- 9:10 am **Surveillance of TEM Resected Lesions: Are We Being Diligent Enough?** P342
A. Keeping¹, K. Neumann*¹, P. Johnson¹, C. Kenyon¹; ¹Halifax, NS, Canada
- 9:15 am **Is Routine Histological Evaluation of Circular Stapler Doughnuts Necessary After Colorectal Cancer Resection?** P343
E. Hyun*¹, D. Hochman¹, R.M. Helewa¹, B. Yip¹, A. Vergis¹, J. Park¹; ¹Winnipeg, MB, Canada
- 9:20 am **Geographic and Facility Based Disparities in the Administration of Neoadjuvant Chemoradiotherapy in Rectal Adenocarcinoma** P344
S.J. Concors*¹, A. Sinnamon¹, D. Murken¹, R. Birkett¹, C.B. Aarons¹, N. Mahmood¹, E. Paulson¹; ¹Philadelphia, PA

Tuesday, May 22 Monitor #11 – Neoplastic Disease

Co-moderators: Terrah Paul Olson, MD, Atlanta, GA
Karen Sherman, MD, Raleigh, NC

- 9:05 am **Transanal Total Mesorectal Excision in Benign and Malignant Rectal Pathology** P345
J.S. Leite*¹; ¹Coimbra, Portugal
- 9:10 am **Clinical relevance of Histopathological Diagnosis and Preoperative CT Prediction of Pelvic Sidewall Lymph Node Metastasis in Lower Rectal Cancer Treated Without Neoadjuvant Therapy** P346
T. Sasaki*¹, H. Hasegawa¹, Y. Tsukada¹, Y. Nishizawa¹, M. Ito¹; ¹Kashiwa-shi, Chiba, Japan
- 9:15 am **A New Therapeutic Strategy That Could Control Local Recurrence for Locally Advanced Rectal Cancer** P347
T. Nakamura*¹, T. Sato¹, T. Yamanashi¹, H. Miura¹, A. Tsutsui¹, M. Shimazu¹, M. Watanabe¹; ¹Sagamihara, Kanagawa, Japan

All e-poster presenters are noted with an *.

- 9:20 am **Impact of Surgical Resection of Synchronous Peritoneal Metastasis From Colorectal Cancer: A Propensity Score-matched Analysis** P348
H. Kobayashi*¹, K. Kotake², K. Sugihara¹; ¹Tokyo, Japan; ²Sano, Tochigi, Japan

Tuesday, May 22 Monitor #12 – Neoplastic Disease

Co-moderators: Melissa Chang, MD, Ypsilanti, MI
Seth Felder, MD, Tampa, FL

- 9:05 am **Why Do Some Places Not Improve Even After Implementing an Enhanced Recovery Pathway?** P349
Q.L. Hu*¹, J.Y. Liu¹, D. Hobson², E.C. Wick³, J.B. Liu¹, B.L. Hall⁴, C.Y. Ko¹; ¹Chicago, IL; ²Baltimore, MD; ³San Francisco, CA; ⁴St. Louis, MO
- 9:10 am **Prolonged Operative Duration Increases Risk of Complications Regardless of Patient Comorbidity** P350
A.E. Kanters*¹, S. Regenbogen¹, P. Suwanabol¹, K. Hardiman¹, L. Maguire¹, J.C. Byrn¹; ¹Ypsilanti, MI
- 9:15 am **Right-sided Versus Left-sided Colorectal Cancer After Curative Resection in Patients Over 80 Years of Age: An Analysis of a Large Multicenter Study in Japan** P351
H. Sada*¹, T. Hinoi², H. Niitsu³, H. Ohdan¹, M. Okajima¹, S. Yamamoto⁴, F. Konishi⁵, M. Watanabe⁶; ¹Hiroshima, Japan; ²Kure, Hiroshima, Japan; ³Nashville, TN; ⁴Hiratsuka, Kanagawa, Japan; ⁵Nerima, Tokyo, Japan; ⁶Sagamihara, Kanagawa, Japan

- 9:20 am **Increased Compliance to Enhanced Recovery After Surgery Protocols Reduces Hospital Length of Stay** P352
D.T. Bennett*¹, E. Saeler¹, R. Baucom¹, J. Fleshman¹, K.O. Wells¹, W.R. Peters¹; ¹Dallas, TX

Tuesday, May 22 Monitor #13 – Outcomes

Co-moderators: Chitra Sambasivan, MD, Houston, TX
Joshua Wolf, MD, Baltimore, MD

- 9:05 am **Postoperative Length of Stay: The Impact of Pre-existing Comorbidities** P353
L.A. Bradney*¹, J. Deloach², H.J. Spencer², J.A. Laryea²; ¹North Little Rock, AR; ²Little Rock, AR

E-POSTER PRESENTATIONS

9:10 am **Bleeding Associated With Venous Thromboembolism Prophylaxis in the Postoperative Colorectal Patient: A Randomized Prospective Study of Unfractionated Heparin Versus Low Molecular Weight Heparin** P354
W.P. Boyan*¹, A.M. Dinallo¹, B. Shea¹, P.A. Kolarsick¹, V. Almagno², D.S. Lavy³, R. Dressner¹, M. Arvanitis¹; ¹Brick, NJ; ²True Blue, Grenada; ³Weston, FL

9:15 am **Anastomotic Leak Rates Based on Degree of Obesity in Colorectal Surgery** P355
H.R. Howe*¹, W. Grimes¹; ¹Shreveport, LA

9:20 am **Sub Total/Total Colectomy Involve a Higher Complications Rate in Comparison to Right Hemicolectomy** P356
B.B. Abitbul*¹, A. Meiri¹, J. Klausner¹, H. Tulchinsky¹; ¹Tel Aviv, Israel

Tuesday, May 22 Monitor #14 – Outcomes

*Co-moderators: Laura Altom, MD, Raleigh, NC
Katharine Louise Jackson, MD, Durham, NC*

9:05 am **Operative Outcomes After Robotic Proctectomy for Rectal Cancer Are Influenced by Center-level Volume** P357
D. Murken*¹, S.J. Concors¹, C.B. Aarons¹, N.M. Saur¹, S.S. Shanmugan¹, E. Paulson¹; ¹Philadelphia, PA

9:10 am **Underutilization of Laparoscopy Surgery for Elective Colon Resection in Texas** P358
B.D. Hughes*¹, Y. Shan¹, F. Amirkhosravi¹, H.B. Mehta¹, A. Senagore¹; ¹Galveston, TX

9:15 am **Simulation of the Effect of a National Accreditation Program on Disparities in Rectal Cancer Care** P359
A.G. Antunez*¹, A.E. Kanters¹, S. Regenbogen¹; ¹Ann Arbor, MI

9:20 am **Intracorporeal Anastomosis in Minimally Invasive Right Colectomies Is Associated With fewer Incisional Hernias and Shorter Length of Stay** P360
M. Widmar*¹, P. Aggarwal¹, W.R. Martin¹, G. Nash¹, G.G. Jose¹, P.B. Paty¹, J. Smith¹, J. Garcia-Aguilar¹; ¹New York, NY

Tuesday, May 22 Monitor #15 – Outcomes

*Co-moderators: John Hunter, MD, Mobile, AL
Jonathan Mitchem, MD, Columbia, MO*

9:05 am **Trends in Clinical and Financial Outcomes After Robotic Colorectal Surgery Over Time: We Need to Keep Pushing the Technology Envelope** P361
A.M. Al-Mazrou*¹, O. Baser¹, R.P. Kiran¹; ¹New York, NY

9:10 am **Impact of a Post-discharge Venous Thromboembolism (VTE) Prophylaxis Program in Patients Undergoing Surgery for Colorectal Cancer or Inflammatory Bowel Disease (IBD)** P362
P.A. Najjar*¹, A.L. Madenci¹, N. Melnitchouk¹, J. Irani¹, J. Goldberg¹, R. Bleday¹; ¹Boston, MA

9:15 am **A Population-based Analysis of the Drivers of Short-Term Costs Following Colorectal Surgery** P363
J.E. Springer*¹, A. Doumouras¹, J. Lee¹, N. Amin¹, M. Cadeddu¹, C. Eskicioglu¹, D. Hong¹; ¹Hamilton, ON, Canada

9:20 am **A Comparison of Perioperative Outcomes Using DaVinci Xi Versus Si for Colon and Rectal Surgery** P364
K.D. Donohue*¹, V. Dombrowskiy¹, S. Patankar¹, N. Maloney Patel¹, C. Rezac²; ¹New Brunswick, NJ; ²Arlington, VA

Tuesday, May 22 Monitor #16 – Outcomes

*Co-moderators: Elise Lawson, MD, Madison, WI
John Migaly, MD, Durham, NC*

9:05 am **Clostridium Difficile Colitis in the Setting of Hypovolemic Shock** P365
C.E. Nembhard*¹, N.R. Changoor¹, J. Hwabejire¹, E. Cornwell III¹, D. Ford¹; ¹Washington, DC

9:10 am **Automated Post-discharge Surveillance Reduces Avoidable Hospital Readmissions – Outcomes From the ACS-NSQIP Database** P366
A. Al-Khamis*¹, C. Warner¹, D. Borsuk¹, K. Kochar¹, S.J. Marecik¹, J. Park¹; ¹Park Ridge, IL

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

9:15 am **Real-Time Auditing of an Enhanced Recovery Program (ERP). What the Truth Reveals** P367
T. Asgeirsson*¹; ¹Grand Rapids, MI

9:20 am **Does the Implementation of an Enhanced Recovery After Surgery (ERAS) Protocol Decrease the Incidence of Wound Infections in Colorectal Surgery?** P368
A. Al-Khamis*¹, C. Warner¹, D. Kim¹, D. Borsuk¹, I. Zamifirova¹, K. Kochar¹, S.J. Marecik¹, J. Park¹; ¹Park Ridge, IL

Tuesday, May 22 Monitor #1 – Benign Disease

*Co-moderators: Leander Grimm, Jr., MD, Mobile, AL
Andrew Russ, MD, Knoxville, TN*

11:40 am **The Correlation Between Anal Pap Cytology and Histopathologic Outcomes in HIV-Positive Males** P369
T. McCutcheon*¹, A.T. Hawkins¹, M.M. Ford¹, T. Geiger¹, M.B. Hopkins¹, R.L. Muldoon¹; ¹Burns, TN

11:45 am **“Relaparoscopy” to Treat Early Complications Following Colorectal Surgery** P370
M. Matzner Perfumo*¹, M. Laporte¹, F. Ocariz¹, A.G. Canelas¹, M. Bun¹, N. Rotholtz¹; ¹Buenos Aires, Argentina

11:50 am **Clinical Outcomes of Hartmann Resection: Benign Versus Malignant Etiology** P371
J. Bauman¹, J. Wood¹, J. Rakinic¹, V. Poola*¹; ¹Springfield, IL

11:55 am **Evaluating Accuracy of “Hemorrhoid”: Referral Comparison Across Specialties and Symptoms** P372
M. Clapp*¹, J. Idrees¹, J.T. Brady¹, S.L. Stein¹, H.L. Reynolds¹, E. Steinhagen¹; ¹Cleveland, OH

Noon **Is It Possible to Predict Prescription Obstruent for Patients With an Ileostomy?** P373
T. Kondo*¹, T. Oishi¹, Y. Sekimoto¹, Y. Nishihara¹, Y. Kawaguchi¹, J. Tokuyama¹, H. Urakami¹, Y. Isobe¹, S. Seki¹; ¹Tokyo, Japan

12:05 pm **The Use of Human Dermal Allograft (Cymetra®) for the Treatment of Chronic Pilonidal Disease: Comparison to Traditional Surgical Methods** P374
N.M. Hinkle*¹, D. Mullins¹, R. Lewis¹, S. Brown¹, S. Banerjee¹, A. Ayers¹; ¹Hartford, CT

12:10 pm **Hemorrhaging Hemorrhoids: Preoperative Bleeding Requiring Transfusion Is An Under-Reported Indication for Hemorrhoidectomy** P375
E.D. Krebs*¹, T. Hassinger¹, M.O. Suraju¹, P.S. Berry¹, S.C. Hoang¹, T. Hedrick¹, C. Friel¹; ¹Charlottesville, VA

12:15 pm **Setons Prior to Definitive Surgery for Complex Transsphincteric Anal Fistula – Do They Complicate Their Welcome?** P376
C.M. White*¹, L. Rosen¹, A. Pena¹, S. Wexner¹; ¹Sunrise, FL

12:20 pm **Elective Minimally Invasive Surgery for Sigmoid Diverticular Disease: Operative Outcomes of Patients With Complicated Versus Uncomplicated Disease** P377
I. Mizrahi*¹, M. Abu-Gazala¹, L.M. Fernandez¹, D. Krizzuk¹, K. Ramesh¹, A. Ioannidis¹, S. Wexner¹; ¹Weston, FL

12:25 pm **Is Laparoscopic Management of Complicated Diverticulitis Reasonable?** P378
A.R. Spivak*¹, K.M. Izquierdo¹, E. Unal¹, J.H. Marks¹, G.J. Marks¹; ¹Wynnewood, PA

12:30 pm **Sigmoidectomy for Diverticular Disease: Risk Factors for Extended Length of Hospital Stay** P379
W.B. Gaertner*¹, M. Gorrepati², D. Guo², S. Mehendale², E. Raskin³; ¹Minneapolis, MN; ²Sunnyvale, CA; ³Loma Linda, CA

12:35 pm **Hartmann Stump Complications: Are They Rarer Than We Think?** P380
A. Antoun*¹, G. Sigler¹, R. Garfinkle¹, N. Morin¹, C. Vasilevsky¹, V. Pelsser¹, G. Ghitulescu¹, M. Boutros¹; ¹Montreal, QC, Canada

12:40 pm **Factors Predicting Development of Colonic Fistulas Following CT Guided Drainage of Colonic Diverticular Abscesses** P381
K. Lange*¹, S. Raman², S. Kraemer², D. Kermod², J. Franko²; ¹Rockford, IL; ²Des Moines, IA

12:45 pm **Significant Findings on Colonoscopy After Diverticulitis: A Multicenter Review** P382
C. Warner*¹, S. Naffouj¹, K. Kochar², S.M. Eftaiha¹, A. Mellgren¹, J. Park², J. Cintron¹, J. Harrison¹; ¹Chicago, IL; ²Park Ridge, IL

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Tuesday, May 22 Monitor #2 – Benign Disease

Co-moderators: Abier Abdelnaby, MD, Dallas, TX
Brian Bello, MD, Washington, DC

- 11:40 am **Hartmann's Reversal: Factors Affecting Complications and Outcomes** **P383**
S.J. Hahn¹, B. Read¹, A. Mui¹, J. Munger¹, Z. Ozment¹, J. Bauer*¹; ¹New York, NY
- 11:45 am **Trauma Colostomy Reversal: Are Rectal Contrast Studies Necessary?** **P384**
M.K. Miller*¹, J. Barton¹, G.R. Orangio¹, W. Rohn¹, G. Squeo¹, A. Toshav¹, D. Smith¹, P. Greiffenstein¹, J. Mooney¹; ¹New Orleans, LA
- 11:50 am **Effect of Oral Antibiotic and Mechanical Bowel Preparation on Surgical Site Infection (SSI) for Colorectal Surgery: A Systematic Review and Update** **P385**
M. Zelhart¹, S. McChesney*¹, K. Cologne², R.L. Nichols¹; ¹New Orleans, LA; ²Los Angeles, CA
- 11:55 am **Is the Ability to Void Spontaneously a Prerequisite to Discharge After Ambulatory Anorectal Surgeries?** **P386**
S. Hatch*¹, D. Peterson², S. Husain¹; ¹Columbus, OH; ²Hershey, PA
- Noon **Comparison of Single Incision and Conventional Laparoscopic Colorectal Surgery: A Case Matched Assessment From Nation Wide Targeted Colectomy Cohort** **P387**
T.B. Cengiz*¹, C. Benlice¹, S.D. Holubar¹, L. Stocchi¹, C.P. Delaney¹, E. Gorgun¹; ¹Cleveland, OH
- 12:05 pm **The Use of Silver Nitrate in Complex Fistula in Ano, Long-term Outcomes** **P388**
M.D. Sandoval¹, J.A. Villanueva-Herrero¹, T.D. Navarrete-Cruces¹, H.I. Morales-Rodriguez¹, B. Jimenez-Bobadilla¹, M.D. Reyes-Hansen*¹; ¹Mexico City, D.F., Mexico
- 12:10 pm **Retrospective Analysis of Surgical Treatment Outcomes in Pilonidal Disease After Cleft Lift Repair** **P389**
P.C. Pierson*¹, D. Peightal¹, B. Ferrel¹, S. Kraemer¹, J. Franko¹, S. Raman¹; ¹Des Moines, IA
- 12:15 pm **Retrospective Review of Recurrence of Pilonidal Disease After Treatment With Limberg Flap Versus Other Surgical Management** **P390**
J.M. Piaggione*¹, K. Ishihara¹, N. Laferriere¹, C.R. Richards¹, M.B. Lustik¹, S.M. Gillern¹; ¹Honolulu, HI
- 12:20 pm **Rectovaginal and Rectourethral Fistula Repair With Placenta Derived Stem Cells: Preliminary Study** **P391**
J.P. Taylor*¹, G. Chen¹, S. Gearhat¹; ¹Baltimore, MD
- 12:25 pm **The Timing of Kock Pouch Complications: Do They Fit a Pattern?** **P392**
D. Vitello*¹, A. Jarrar¹, A.R. Althans¹, O.A. Lavryk¹, D. Schwartzberg¹, S. Shawki¹, C.P. Delaney¹, S. Steele¹; ¹Cleveland, OH
- 12:30 pm **Patient Satisfaction and Functional Outcomes After Transsphincteric Fistulotomy: A Multicenter Experience** **P393**
M. Cudworth*¹, J. Sugrue¹, C. Warner¹, S.M. Thomas¹, J. Nordenstam¹, A. Mellgren¹, V. Chaudhry¹; ¹Chicago, IL
- 12:35 pm **Endorectal Advancement Flap Repair With the Use of Fluorescence Angiography: Does It Stack Up to Traditional Approaches?** **P394**
A. Okonkwo*¹, J.S. Turner¹, A. Chase¹, C. Clark¹; ¹Atlanta, GA
- 12:40 pm **Intersphincteric Component in Complex Fistula-In-Ano Like an Abscess and Should Be Treated Like One: Transanal Opening of Intersphincteric Space (TROPIS) Procedure in 158 Highly Complex Anal Fistulas** **P395**
P. Garg¹, M.M. Begani², A. Ladha*³, M.K. Garg⁴; ¹Panchkula, Haryana, India; ²Mumbai, Maharashtra, India; ³Indore, Madhya Pradesh, India; ⁴Khanpur, Haryana, India
- 12:45 pm **BMI Influences Decision for Surgery in Elective Resection for Diverticulitis** **P396**
D.O. Young*¹, C. Esparza¹, A. Abcarian¹, J. Cintron¹, J. Harrison¹, V. Chaudhry¹; ¹Chicago, IL

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Tuesday, May 22 Monitor #3 – Neoplastic Disease

Co-moderators: Irena Gribovskaja-Rupp, MD, Iowa City, IA
Vitaliy Poylin, MD, Boston, MA

- 11:40 am **Colorectal Cancer (CRC) With Lung and Synchronous Elsewhere Metastases Treated With Definitive Lung Stereotactic Body Radiotherapy (SBRT): A Case Series** P397
S. Hasan*, R.E. Wegner¹, A. Kirichenko¹, J.T. McCormick¹; ¹Pittsburgh, PA
- 11:45 am **Surgical Management of Primary Colonic Lymphoma: Big Data for a Rare Problem** P398
L. Maguire*, T. Kim², T. Geiger³, M.M. Ford³, M.B. Hopkins³, R.L. Muldoon³, A.T. Hawkins³; ¹Ann Arbor, MI; ²Seattle, WA; ³Nashville, TN
- 11:50 am **A Systematic Review of Outcomes After Salvage Abdominoperineal Resection for Persistent or Recurrent Anal Squamous Cell Cancer** P399
G. Ko*, A. Sarkari¹, S. Merchant¹, C. Booth¹, S. Patel¹; ¹Kingston, ON, Canada
- 11:55 am **Overall and Disease-free Survival Following Complete Pathologic Response to Neoadjuvant Chemoradiation: A Benchmark for Non-Operative Management** P400
R.M. Rochon*, D. Mihalicz², M.S. Brar³, Y. Qian¹, T. MacLean¹, W.D. Buie¹, J.A. Heine¹; ¹Calgary, AB, Canada; ²Edmonton, AB, Canada; ³Toronto, AB, Canada
- Noon **Primary Anastomosis With or Without Diversion Is Safe in the Management of Perforated Colon Cancer** P401
K.B. Skowron*, E.C. Poli¹, L.M. Cannon¹, R.D. Hurst¹, B.D. Shogan¹, K. Umanskiy¹, N. Hyman¹, R. Smith¹; ¹Chicago, IL
- 12:05 pm **A Comparison of Perioperative Nutritional Status Among Patients With Surgically Curable Gastric or Colorectal Cancer: A Propensity Score-matched Analysis** P402
S. Yoon*, ¹Sungman-si, Korea (the Republic of)
- 12:10 pm **Surgical Outcomes of Robotic Surgery for Colorectal Cancer Following Neoadjuvant Chemoradiation Therapy** P403
T. Chen*, J. Liang²; ¹Hsinchu City, Taiwan; ²Taipei City, Taiwan

- 12:15 pm **Novel Scoring System Evaluating Palliative Primary Tumor Resection Provides Survival Benefits for Patients With Unresectable Metastatic Colorectal Cancer** P404
G. Cao*, W. Zhou¹, Z. Song¹, X. Huang¹; ¹Hangzhou, Zhejiang Province, China
- 12:20 pm **Long-term Oncologic Outcomes After Robotic Versus Laparoscopic Right Colectomy: A Prospective Randomized Study** P405
J. Park*, G. Choi¹, S. Park¹, H. Kim¹, I. Woo¹; ¹Daegu, Korea (the Republic of)
- 12:25 pm **Predicting Factors of Bowel Dysfunction After Sphincter-preserving Surgery in Rectal Cancer Patients** P406
Y. Park*, Y. Han¹, M. Cho¹, H. Hur¹, B. Min¹, K. Lee¹, N. Kim¹; ¹Seoul, Korea (the Republic of)
- 12:30 pm **Costs Analysis of Robotic Rectal Resection With TME: A Comparison Between the da Vinci Si and Xi** P407
L. Morelli*, G. Di Franco¹, M. Palmeri¹, N. Furbetta¹, M. Bianchini¹, S. Guadagni¹, V. Lorenzoni¹, G. Turchetti¹; ¹Pisa, Italy
- 12:35 pm **Prognostic Factors for Early Recurrence After Neoadjuvant Chemoradiotherapy Followed by Total Mesorectal Excision in Rectal Cancer** P408
S. Yang*, Y. Han¹, M. Cho¹, H. Hur¹, B. Min¹, K. Lee¹, N. Kim¹; ¹Seoul, Korea (the Republic of)
- 12:40 pm **Distinct Prognosis of High Versus Mid/Low Rectal Cancer: A Propensity Score Matching Study** P409
L. Cheng¹, J. Chen¹, S. Chen*, K. Sun¹, L. Yu¹, S. Han¹, Y. He¹, C. Chen¹; ¹Guangzhou, China
- 12:45 pm **Rectal Cancers as a Proportion of the Colorectal Cancer Burden in Patients With Hereditary Colorectal Cancer Syndromes: A Clue to What Is Happening in the Young Sporadic Patients Today?** P410
X. Xhaja*, J. Church¹; ¹Cleveland, OH

Tuesday, May 22 Monitor #4 – Neoplastic Disease

Co-moderators: Lawrence Lee, MD, Montreal, QC, Canada
Karen Zaghiyan, MD, Los Angeles, CA

- 11:45 am **Multivisceral Resection in Colon Cancer** P412
J. noronha*, A.L. Desouza¹, N. Usman¹, v. Ostwal¹, A. Ramaswamy¹, P. Patil¹, A. Saklani¹; ¹Mumbai, Maharashtra, India

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 11:50 am **Robot-assisted Surgery for Colorectal Liver Metastasis: A Single Center Experience** **P413**
L. Morelli*¹, N. Furbetta¹, G. Di Franco¹, D. Gianardi¹, M. Bianchini¹, M. Guadagnucci¹, M. Palmeri¹, S. Guadagni¹; ¹Pisa, Italy
- 11:55 am **Neoadjuvant Chemoradiation Improves Oncological Outcomes in Middle and Lower cT3N0 Rectal Tumours** **P414**
O.A. Lavryk*¹, E. Manilich¹, M. Arshiya¹, B.J. Champagne¹, M.A. Valente¹, M. Kalady¹, S. Shawki¹, E. Gorgun¹, C.P. Delaney¹, S. Steele¹; ¹Cleveland, OH
- Noon **Robotics Confers an Advantage in Right Hemicolectomy With Intracorporeal Anastomosis When matched against Conventional Laparoscopy** **P415**
J.C. Ngu*¹, Y.Y. Ng¹; ¹Singapore, Singapore
- 12:05 pm **Long-term Sexual Function in Rectal Cancer Survivors** **P416**
Z.O. Jones*¹, S. Popek¹, O. Myers¹; ¹Albuquerque, NM
- 12:10 pm **Radiation Dose Escalation and Stoma-free Survival in Rectal Cancer Patients Undergoing Neoadjuvant Chemoradiation at a Single Institution** **P417**
V. Zheleva*¹, V. Satyananda², Y. Chen¹, R. Nelson¹, S. Sentovich¹, K. Melstrom¹, L. Lai¹; ¹Azusa, CA, ²Torrance, CA
- 12:15 pm **Return to the Operating Room Within 30-days After Colorectal Resection** **P418**
E. Pettke*¹, A. Shah¹, E. Sutton¹, J. Sandhu¹, C. Winkler¹, V. Cekic¹, N. Gandhi¹, R. Whelan¹; ¹New York, NY
- 12:20 pm **Colorectal Lymphoma: A Contemporary Case Series** **P419**
S.J. Skube*¹, E.G. Arsoniadis¹, M.L. Sulciner¹, S.R. Gilles¹, W.B. Gaertner¹, R. Madoff¹, G.B. Melton¹, M. Kwaan¹; ¹Minneapolis, MN
- 12:25 pm **Are Rectal Cancer Patients With Pretreatment N2-Positive Disease Suitable for "Watch and Wait" Protocols? An ACS-NSQIP Analysis** **P420**
N. Wong-Chong*¹, M. Abou Khalil¹, R. Garfinkle¹, S. Bhatnagar¹, G. Ghitulescu¹, C. Vasilevsky¹, N. Morin¹, M. Boutros¹; ¹Montreal, QC, Canada
- 12:30 pm **Combined Proctectomy and Hepatectomy for Stage IV Rectal Cancer Is Safe With Significant 5-year Survival Rates** **P421**
C.C. Vining*¹, S.J. Concors¹, N.M. Saur¹, E. Paulson¹; ¹Philadelphia, PA
- 12:35 pm **Utilizing 18F-FDG PET/CT to Predict Postoperative Outcomes in Patients With Primary Colorectal Cancer: A Retrospective Analysis** **P422**
M. Kelley*¹, C. Marcus², D.N. Blitzer¹, L.B. Solnes³; ¹Brooklandville, MD; ²Morgantown, WV; ³Baltimore, MD
- 12:40 pm **Laparoscopic Total Pelvic Exenteration in Locally Advanced Adenocarcinoma of Rectum Post-Chemoradiotherapy: Single Centre Experience in Ten Cases** **P423**
A. Pokharkar¹, A. Saklani*¹, P.S. Kammar¹, P.T. Sugoor¹; ¹Mumbai, Maharashtra, India
- 12:45 pm **Fat Stranding as a Finding in Computed Tomography Scan and its Accuracy in Identifying Depth of Tumor Invasion** **P424**
G.G. Maranon*¹, M. Chan¹; ¹Taguig City, Metro Manila, Philippines

Tuesday, May 22 Monitor #5 – Neoplastic Disease

Co-Moderators: Mukta Krane, MD, Seattle, WA
Nicole Lopez, MD, La Jolla, CA

- 11:40 am **Extramammary Paget's: Time for a Change in Management?** **P425**
T.P. Nickerson*¹, G. Chang¹, M.W. Taggart¹, B.K. Bednarski¹, M.A. Rodriguez-Bigas¹, J.M. Skibber¹, Y. You¹, C.A. Messick¹; ¹Houston, TX
- 11:45 am **Impact of Robotic Learning Curve on Circumferential Margin and Quality of Total Mesorectal Excision in Rectal Cancer** **P426**
A. Dyatlov*¹, M. Gachabayov¹, H. Lee¹, A. Chudner¹, R. Bergamaschi¹; ¹Valhalla, NY
- 11:50 am **Outcomes of Patients With Positive Circumferential Resection Margin After Neoadjuvant Chemoradiation In Rectal Cancer – Does Addition of Induction Chemotherapy Works** **P427**
B.K. Mahendra*¹, K. Verma¹, A.L. Desouza¹, A. Gupta¹, A. Saklani¹; ¹Mumbai, Maharastra, India
- 11:55 am **Clinical Utility of Post-Chemoradiation Therapy Restaging With MRI for Stage II-III Rectal Cancer Patients** **P428**
M. Aryan*¹, J. Grajo¹, P. Moser¹, N. Burriss¹, T. George¹, S.J. Hughes¹, S. Tan¹, A. Iqbal¹; ¹Gainesville, FL

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- Noon **Predicting the Risk of Malignancy in Rectal Adenomatous Polyps: What Is the Optimal Resection Technique?** **P429**
M.Y. Zaidi^{*1}, A.G. Lopez-Aguiar¹, C. Koerner¹, G. Balch¹, V. Shaffer¹, C. Staley¹, S. Maithe¹, P.S. Sullivan¹; ¹Atlanta, GA
- 12:05 pm **Validation of a 5-Item Modified Frailty Index for Patients Undergoing Colorectal Cancer Surgery Using the ACS-NSQIP Database** **P430**
S. Lachance^{*1}, N. Morin¹, C. Vasilevsky¹, G. Ghitulescu¹, J. Faria¹, F. Carli¹, M. Boutros¹; ¹Montreal, QC, Canada
- 12:10 pm **Similar Short-term Oncological Outcomes for Robotic and Open Total Mesorectal Excision in Patients With Rectal Cancer** **P431**
R. Jimenez-Rodriguez^{*1}, F. Quezada¹, P. Lynn¹, P. Strombon¹, P. S¹, P.B. Paty¹, W.R. Martin¹, J. Garcia Aguilar¹; ¹New York, NY
- 12:15 pm **Increased Lymph Node Yield Using Fluorescence-imaging Technique During Robotic Lateral Pelvic Lymph Node Dissection** **P432**
H. Kim^{*1}, G. Choi¹, J. Park¹, S. Park¹; ¹Daegu, Korea (the Republic of)
- 12:20 pm **Attempts at Anemia Correction Before Colorectal Cancer Surgery: A Single Institution's Experience** **P433**
A.R. Discolo^{*1}, P.R. Sherman¹, J. Scanlan¹, D.R. Kieper¹, M.R. Horton¹, J.A. Griffin¹; ¹Seattle, WA
- 12:25 pm **Development and Validation of a Prediction Model for Anastomotic Leakage Risk During Laparoscopic Low Anterior Resection: A Decision-making Tool for the Choice of Protective Stoma** **P434**
H. Kim^{*1}, G. Choi¹, J. Park¹, S. Park¹; ¹Daegu, Korea (the Republic of)
- 12:30 pm **Incidence and Reasons for Failure to Close a Defunctioning Ileostomy Following Low Anterior Resection for Locally Advanced Rectal Cancer** **P435**
A. Barenboim^{*1}, H. Tulchinsky¹; ¹Tel Aviv, Israel
- 12:35 pm **Treatment Assessment of Colorectal Cancer by Actionable Next-Generation-Sequencing Multigene Panel** **P436**
A. Rencuzogullari^{*1}, A. Bisgin¹, K.E. Erdogan¹, F. Doran¹, O. Yalav¹, I. Boga¹, O. Sonmezler¹, I. Eray¹, O. Alabaz¹, E. Gorgun²; ¹Adana, Turkey, ²Cleveland, OH
- 12:40 pm **Improved Survival in Rectal Cancer Patients Who Are Treated With Long Course Versus Short Course Neoadjuvant radiotherapy: A Propensity-matched Analysis of the NCDB** **P437**
B.C. Chapman^{*1}, A. Gleisner¹, P. Hosokawa¹, D.M. Overbey¹, M. Cowan¹, E. Birnbaum¹, J.D. Vogel¹; ¹Aurora, CO
- 12:45 pm **Post-TES Syndrome: A Constellation of Syndromes Resulting From Localized Inflammatory changes Following Transanal Endoscopic Surgery (TES)** **P438**
R. Robertson^{*1}, F. Letarte¹, M.J. Raval¹, A.A. Karimuddin¹, T. Phang¹, C.J. Brown¹; ¹Vancouver, BC, Canada
- Tuesday, May 22**
Monitor #6 – Neoplastic Disease
- Co-moderators: Ellen Bailey, MD, Columbus, OH
Michelle Cowan, MD, Aurora, CO*
- 11:40 am **Comparison of the da Vinci Si and Xi Platforms for Multi-quadrant Robotic Rectal Resections With Total Mesorectal Excision** **P439**
E.H. Cha^{*1}, K.M. Izquierdo², A.R. Spivak², E. Unal², J.H. Marks²; ¹Baltimore, MD, ²Wynnewood, PA
- 11:45 am **Tumor Scatter: Not Just a One-hit Wonder** **P440**
C. Lowe^{*1}, B. Trac¹, A. McHenry¹, X. Ding¹, J. Eberhardt¹, T. Saclarides², D.M. Hayden²; ¹Maywood, IL, ²Chicago, IL
- 11:50 am **Racial Disparities in Short-term Oncological Outcomes in Stage I-III Resected Rectal Cancer** **P441**
M.B. Morton^{*1}, Y. Zerhouni¹, A.C. Fields¹, J. Goldberg¹, J. Irani¹, R. Bleday¹, N. Melnitchouk¹; ¹Boston, MA
- 11:55 am **Clinical Presentation and Features of Patients With Lobular Breast Cancer Metastatic to the Colon and Pericolonic Lymph Nodes** **P442**
R. Stadler^{*1}, C.L. Simmang¹, J. Embrey², R. Crim¹; ¹Flower Mound, TX, ²Irving, TX
- Noon **Does the Combined Treatment of Neoadjuvant Chemo-Radiation and Rectal Resection Cause Higher Morbidity in Patients With Rectal Cancer?** **P443**
A. Barenboim^{*1}, H. Tulchinsky¹; ¹Tel Aviv, Israel

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Tuesday, May 22

Monitor #7 – Neoplastic Disease

*Co-moderators: Hermann Kessler, PhD, MD, Cleveland, OH
Gregory Quatrino, MD, Chattanooga, TN*

- 12:05 pm **Total Neoadjuvant Therapy Does Not Increase Post-operative Morbidity Compared to Long Course Neoadjuvant Chemoradiation in the Treatment of Rectal Cancer** P444
C. Atallah^{*1}, W.C. Chapman¹, A. Damle¹, D.R. Rosen¹, S. Hunt¹, M. Mutch¹, S. Glasgow¹, P. Wise¹, M. Silveira¹; ¹St. Louis, MO
- 12:10 pm **CD44 in Rectal Cancer: A Potential Marker for Tumor Response to Neoadjuvant Chemoradiation?** P445
B. Trac^{*1}, C. Lowe¹, A. McHenry¹, X. Ding¹, J. Eberhardt¹, T. Saclarides², D.M. Hayden²; ¹Maywood, IL; ²Chicago, IL
- 12:15 pm **Appendix Orifice Polyp: A Study of 691 Lesions at a Single Institution** P446
T. Hassab^{*1}, J. Church¹; ¹Cleveland, OH
- 12:20 pm **A Single Institution Review of Endorectal Ultrasound and Rectal – MRI for Staging Rectal Cancer** P447
I.C. payne^{*1}, J. Gallagher¹, A. Ferrara¹, R. Mueller¹, M. Bekhit¹, M. Soliman¹, S. DeJesus¹, J. Karas¹, P. Williamson¹; ¹Orlando, FL
- 12:25 pm **Preoperative Systemic Inflammatory Response Markers as Prognostic Factors in Non-metastatic Colon Cancer** P448
D. Lee^{*1}, K. Lee¹, Y. Kwon¹, Y. Kim¹, J. Park¹, S. Ryoo¹, S. Jeong¹, K. Park¹; ¹Seoul, Korea (the Republic of)
- 12:30 pm **Long-term Oncologic Outcomes After Curative Treatment of Stage I-III Colorectal Cancer in Octogenarians** P449
R. Jitmongkarn^{*1}, W. Riansuwan¹; ¹Bangkok, Thailand
- 12:35 pm **Surgical Management for the Retrorectal-Presacral Tumors: A Multicentric Nationwide Cohort Study** P450
E. Aytac^{*1}, S. Sokmen¹, T. Colak², B. Mentesh³, D. Bugra¹, S. Demirbas³, E. Gecim³; ¹Istanbul, Turkey; ²Mersin, Turkey; ³Ankara, Turkey
- 12:40 pm **An Unusual Case Report of a Cecal Mass on CT Scan Not Seen on Colonoscopy** P451
M. Lin^{*1}, C. Foglia¹; ¹Flushing, NY
- 12:45 pm **Early Stage Neuroendocrine Tumors of the Colon and Rectum Have High Risk of Nodal Involvement** P452
A.S. Kulaylat^{*1}, K.T. Crowell¹, K.A. Mirkin¹, M. Michailidou¹, E. Messaris¹; ¹Hershey, PA

- 11:40 am **Laparoscopic Colorectal Cancer (CRC) Emergency Surgery Is Safe and Feasible** P453
E. Kyle¹, J. Richardson¹, H. Mackenzie¹, S. Naqvi¹, A. Banerjee¹, P. Sagias¹, J. Khan^{*1}; ¹Portsmouth, United Kingdom
- 11:45 am **Decision Analysis: Segmental or Extensive Colectomy in Lynch Syndrome** P454
M. Giglia^{*1}, J. Idrees¹, C.J. Gallego¹, S.L. Stein¹, E. Steinhagen¹; ¹Cleveland, OH
- 11:50 am **Complete Mesocolic Excision: Is More Mesocolon Better?** P455
L.M. Fernandez^{*1}, D. Krizzuk¹, K. Ramesh¹, G. Da Silva¹, M. Berho¹, S. Wexner¹; ¹Weston, FL
- 11:55 am **Indocyanine Green Visualization of Lymph Nodes During Laparoscopic Right Hemicolectomy Could Achieve More Radical D3 Lymph Node Dissection of Advanced Right-Sided Colon Cancer** P456
S. Park^{*1}, J. Park¹, H. Kim¹, G. Choi¹; ¹Daegu, Korea (the Republic of)
- Noon **Effect of Transanal Total Mesorectal Excision in Rectal Cancer: A Case-Matched Control Study of Open, Laparoscopic and Combined Transanal Approaches** P457
G. Ma^{*1}, A. Caycedo¹; ¹Sudbury, ON, Canada
- 12:05 pm **Role of Robotic Surgery for Rectal Cancer: A Comparative Assessment With Laparoscopy** P458
E. Esen¹, E. Aytac^{*1}, S. Zenger¹, I. Erenler Bayraktar¹, E. Balik¹, B. Baca¹, I. Hamzaoglu¹, T. Karahasanoglu¹, D. Bugra¹; ¹Istanbul, Turkey
- 12:10 pm **Texture Analysis as an Imaging Biomarker for Early Identification and Stratification of Hepatic Metastasis in Rectal Cancer** P459
D.S. Keller^{*1}, L. Devoto¹, B. Ganeshan¹, M. Chand¹; ¹London, United Kingdom
- 12:15 pm **Robotic Resection for Rectal Cancer: An Evaluation of 10-year Results** P460
W. Law^{*1}, D.C. Foo¹; ¹Hong Kong, Hong Kong
- 12:20 pm **Robotic Simultaneous Resection of Colorectal Cancer With Synchronous Liver Metastasis** P461
M. HAN^{*1}, Y. Han¹, M. Cho¹, H. Hur¹, B. Min¹, K. Lee¹, N. Kim¹; ¹Seoul, Korea (the Republic of)

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 12:25 pm **Serious Complications of Sedation for Colonoscopy: A Systematic Review and Meta-Analysis** **P462**
S.A. Acuna*¹, F. Dossa¹, C. Gomez Builes¹, M. Louridas¹, N. Baxter¹; ¹Toronto, ON, Canada
- 12:30 pm **Primary Colorectal Lymphoma: The Mayo Clinic Experience** **P463**
E. Calderon¹, P.T. Hangge*¹, A.E. Glasgow², E.B. Habermann², N. Mishra¹; ¹Phoenix, AZ; ²Rochester, MN
- 12:35 pm **Impact of Robotic Complete Mesocolic Excision Versus Conventional Laparoscopic Right Hemicolectomy on Surgical Specimen Quality and Short-term Outcomes in Patients With Right-sided Colon Cancer** **P464**
T.K. Yozgatli¹, E. Aytac*¹, V. Ozben¹, B. Gurbuz¹, B. Baca¹, E. Balik¹, I. Hamzaoglu¹, T. Karahasanoglu¹, D. Bugra¹; ¹Istanbul, Turkey
- 12:40 pm **Cost-Conscious Robotic Approach in Rectal Cancer: Long-term Comparison of Robotic Versus Open Surgery** **P465**
T.B. Cengiz*¹, C. Benlice¹, M. Kalady¹, S. Steele¹, S. Shawki¹, D. Liska¹, E. Gorgun¹; ¹Cleveland, OH
- 12:45 pm **Colorectal Neoplasms in an Afrocentric Population: Histology, Distribution and Clinical Significance** **P466**
J. Plummer*¹, A. Duncan¹, R. Cruickshank¹; ¹Kingston, Jamaica
- 11:55 am **Timing of Rectal Cancer Resection After Preoperative Chemoradiotherapy (T4RC): A Protocol for a Randomized Controlled Trial** **P470**
A. Caycedo*¹, G. Ma¹, A. Banman¹; ¹Sudbury, ON, Canada
- Noon **Trends and Outcomes of Patients Who Refuse Surgery for the Treatment of Rectal Adenocarcinoma: A National Cancer Data Base Study** **P471**
R. Fazl Alizadeh*¹, J.A. Zell¹, S. Li¹, T. Khosrawipour¹, S. Sujatha-Bhaskar¹, A. Pigazzi¹, M. Stamos¹, J. Carmichael¹; ¹Orange, CA
- 12:05 pm **Minimally Invasive Surgery in Patients With cT4 Rectal Cancer Treated With Neoadjuvant Chemoradiation: The Effects of Downstaging** **P472**
A. Sipok*¹, L. Bijelic², T. Plerhoples², C. Liu², C. Birisan², C. Devon², F. El Sharkawy¹, V. Gushchin¹; ¹Baltimore, MD; ²Falls Church, VA
- 12:10 pm **Management of Primary Anal Adenocarcinoma Arising From Chronic Anal Fistula** **P473**
E. Wood*¹, S. Lim¹, M. Singer¹, J. Eberhardt¹; ¹Maywood, IL
- 12:15 pm **Can Outcomes of Mercury II Study Be Reproduced on Post-NACTRT Response Assessment MRI Scan?** **P474**
R.S. Shinde*¹, S.K. Ankathi¹, B.K. Mahendra¹, A. Saklani¹; ¹Mumbai, India
- 12:20 pm **Abdominotransacral Resection: Single-stage, Two-phase Technique for En Bloc Composite Resection of Locally Advanced or Recurrent Rectal Cancer** **P475**
C.F. Fong*¹, N. Bloom¹; ¹New York, NY
- 12:25 pm **Trends in the Characteristics of Proximal and Distal Colon Cancers: A Population-Based Study** **P476**
F. Dossa*¹, N. Baxter¹; ¹Toronto, ON, Canada
- 12:30 pm **Implementation of a Standardized Protocol for the Closure and Care of Perineal Wounds Leads to a Decrease in the Incidence of Perineal Wound Complications** **P477**
C. Cahill*¹, A. Fowler², A. Warraich¹, H. Moloo¹, M. Reilly¹, I. Raiche¹, L. Williams¹; ¹Ottawa, ON, Canada; ²St John's, NF, Canada

Tuesday, May 22 Monitor #8 – Neoplastic Disease

*Co-moderators: Kurt Davis, MD, New Orleans, LA
Leandro Feo, MD, Manchester, NH*

- 11:40 am **Age Versus ASA – Examining 30-day Mortality in Patients Undergoing Colectomy From the ACS NSQIP database** **P467**
A. Mongiu*¹, R. Rumma², A. Wise¹, R.W. Farmer¹; ¹Louisville, KY; ²Boston, MA
- 11:45 am **When Does Delay in Treatment Impact Survival in Non-metastatic Colon Cancer?** **P468**
K.A. Mirkin*¹, A.S. Kulaylat¹, K.T. Crowell¹, C. Hollenbeak¹, E. Messaris¹; ¹Hershey, PA
- 11:50 am **Evaluating the Response to Chemoradiotherapy in Clinical T4 Rectal Cancers** **P469**
D. Schwartzberg*¹, A. Jarrar¹, A. Purysko¹, M. Kalady¹, E. Gorgun¹, M.A. Valente¹, C.P. Delaney¹, D. Liska¹; ¹Cleveland, OH

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

12:35 pm **Surgical and Endoscopic Interventions After Emergent Presentations of Colorectal Cancer** **P478**

Y. Zerhouni*¹, A.H. Haider¹, J. Goldberg¹, J. Irani¹, R. Bleday¹, N. Melnitchouk¹; ¹Boston, MA

12:40 pm **Inferior Mesenteric Vein First Approach to Inferior Mesenteric Artery Dissection in Laparoscopic Anterior Resection** **P479**

A. Pai*¹, S. Paul¹, S.J. Marecik², J. Park²; ¹Chennai, Tamilnadu, India; ²Chicago, IL

12:45 pm **Pilot Study of Neoadjuvant Chemotherapy With Three Cycles of CAPOX for Treatment of Locally Advanced Colon Cancer** **P480**

S. Park*¹, J. Park¹, H. Kim¹, G. Choi¹; ¹Daegu, Korea (the Republic of)

Tuesday, May 22 Monitor #9 – Outcomes

*Co-moderators: Jennifer Leinicke, MD, Omaha, NE
Shankar Raman, MD, Des Moines, IA*

11:40 am **The Relationship Between Race and Established Risk Factors for the Delay of Adjuvant Therapy in Rectal Cancer** **P481**

A. Talukder*¹, M. Young¹, V.H. Hooks², A.B. Mitchell¹, D. Albo¹, R. King²; ¹Augusta, GA; ²Augsuta, GA

11:45 am **Robotic Conversion Rates- One Center's Experience** **P482**

J. Hsu*¹, K.D. Donohue¹, N. Maloney Patel¹; ¹North Brunswick, NJ

11:50 am **Readmission Following Elective Colorectal Surgery: What Happens in the Hospital Matters** **P483**

C. Harnsberger*¹, A. Wyman¹, J. Davids¹, P. Sturrock¹, J. Maykel¹, K. Alavi¹; ¹Worcester, MA

11:55 am **A Novel, Evidence-Based Smoking Cessation Program in an Outpatient Colorectal Surgery Clinic: 1-Year Outcomes** **P484**

J. Sadek*¹, P. Belanger¹, K. Nadeau¹, R. Musselman¹, K. Mullen¹, L. Williams¹, I. Raiche¹, H. Moloo¹; ¹Ottawa, ON, Canada

Noon **Male Gender Is the Single Most Important Risk Factor for Anastomotic Leak After Rectal Resection** **P485**

A.M. Al-Mazrou*¹, G. Yu¹, H. Zhang¹, R.P. Kiran¹; ¹New York, NY

12:05 pm **Prolonged Opioid Use After Anorectal Versus Abdominal Colorectal Operations: Who Is at Risk?** **P486**

C. Kin*¹, L.A. Sceats¹, N. Kamdar¹, A. Shelton¹, N. Kirilcuk¹, B.H. Gurland¹, A.M. Morris¹; ¹Stanford, CA

12:10 pm **Early Versus Late Unplanned Reoperation After Elective Colorectal Resection** **P487**

M. Hanna*¹, A.M. Al-Mazrou¹, B. Kuritzkes¹, J.M. Kiely¹, D. Feingold¹, R. Kiran¹, S. Lee-Kong¹; ¹New York, NY

12:15 pm **Effects of the Topic Application of Sucralfate in Proteins of Adherens Junctions in an Experimental Model of Diersion Colitis** **P488**

B.Z. Freitas*¹, J.A. Pereira¹, F.C. Campos¹, D.T. Kanno¹, C.R. Martinez¹; ¹Bragança Paulista, São Paulo, Brazil

12:20 pm **Prevalence and Burden of Opioid-Induced Respiratory Depression and Postoperative Nausea/Vomiting Associated With the Treatment of Acute Postoperative Pain Following General/Colorectal Surgery** **P489**

A.J. Senagore*¹, G.M. Oderda², K. Morland³, S.U. Iqbal⁴, M. Kugel³, S. Liu³, A.S. Habib⁵; ¹Galveston, TX; ²Salt Lake City, UT; ³Palm Harbor, FL; ⁴Chesterbrook, PA; ⁵Durham, NC

12:25 pm **Laparoscopic Splenic Flexure Mobilization for Sigmoid or Rectal Resections: A Systematic Review and Meta-analysis of Observational Studies** **P490**

H. Lee*¹, A. Dyatlov¹, A. Chudner¹, M. Gachabayov¹, R. Bergamaschi¹; ¹Valhalla, NY

12:30 pm **Influence of Obesity on Surgery for Diverticulitis** **P491**

O. Beresneva*¹, J. Hall¹, S. Rao¹; ¹Boston, MA

12:35 pm **ACS-NSQIP Risk Calculator Predicts Cohort but No Individual Risk of Complication Following Colorectal Resection** **P492**

L.Z. Hyde*¹, N. Valizadeh¹, A.M. Al-Mazrou¹, R. Kiran¹; ¹New York, NY

12:40 pm **Single Incision Laparoscopic Colectomy Is Equivalent to Multiport Laparoscopic Resection but Offers Little Benefit to Switching Technique** **P493**

G. Ong¹, E. Fitz*¹, D. Maun¹, T. Reidy¹, F. Lane¹, R. Melbert¹, O. Johansen¹, B. Tsai¹; ¹Indianapolis, IN

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

12:45 pm **Analysis of Splenic Flexure Vascular Anatomy Using 3-Dimensional CT Angiography** P494
K. Yamataka*¹, K. Okabayashi¹, H. Hasegawa¹, M. Tsuruta¹, T. Ishida¹, A. Ikebata¹, S. Morita¹, Y. Kitagawa¹; ¹Tokyo, Shinjuku, Japan

Tuesday, May 22 Monitor #10 – Outcomes

*Co-moderators: Surya Nalamati, MD, Detroit, MI
George Nassif, Jr., DO, Orlando, FL*

11:40 am **Elective Versus Emergency Surgery for Diverticulitis in Immunosuppressed Patients: Risks Aren't the Same for Everyone** P495
J. Idrees*¹, N.E. Brooks¹, N. Zaza¹, E. Steinhagen¹, S.L. Stein¹; ¹Cleveland, OH

11:45 am **Decreasing Surgical Site Infections: Implementation of a Colorectal Bundle** P496
M.B. Huck*¹, K. Chouliaras², B. Levine², P. Shen²; ¹Allentown, PA; ²Winston Salem, NC

11:50 am **Post-discharge Patient Phone Calls: Preventing Readmission Following Elective Colon and Rectal Surgery** P497
C.M. Hoang*¹, K. Alavi¹, P. Sturrock¹, J. Guertin¹, B. Baker¹, D. Meyer¹, J. Maykel¹, J. Davids¹; ¹Worcester, MA

11:55 am **Can Perioperative Ketamine Mitigate the Negative Effects of Chronic Narcotics in Elective Colorectal Surgery Patients?** P498
A. Wilkes*¹, J.W. Ogilvie¹, M. Luchtefeld¹, M. Dull¹, D. Hobbs¹; ¹Grand Rapids, MI

Noon **Safety of Oliceridine, a G Protein-Biased Ligand at the μ -Opioid Receptor, in Patients With Moderate-to-Severe Acute Pain After Colorectal Surgery: Results From a Phase-3, Open-Label Study** P499
S. Bergese*¹, K. Cochrane², F. Skobieranda²; ¹Columbus, OH; ²Chesterbrook, PA

12:05 pm **Preoperative Oral Immunonutritional Supplementation Improves Outcomes in Patients Undergoing Major Colorectal Procedures** P500
R. Mittal*¹, A. Beauchamp¹, J.W. Ogilvie¹; ¹Grand Rapids, MI

12:10 pm **Alvimopan Significantly Reduces Length of Stay and Costs Following Colorectal Resection and Ostomy Reversal Even Within an Enhanced Recovery Protocol** P501
L.Z. Hyde*¹, J.M. Kiely¹, A.M. Al-Mazrou¹, S. Lee-Kong¹, D. Feingold¹, R. Kiran¹; ¹New York, NY

12:15 pm **Robotic Colorectal Surgery in the Elderly: A Promising Option** P502
C.R. Richards*¹, A.T. Schlussek², M.B. Lustik¹, J.M. Piaggione¹, S.M. Gillern¹; ¹Honolulu, HI; ²Tacoma, WA

12:20 pm **Salvage Surgery for Failed Colorectal or Coloanal Anastomosis After Total Mesorectal Excision for Rectal Cancer: A Retrospective Analysis of 51 Patients** P503
I. Mizrahi*¹, A. Ioannidis¹, M. Abu-Gazala¹, S. Wexner¹; ¹Weston, FL

12:25 pm **The Utility of the Delphi Process in Defining Anastomotic Leak Following Colorectal Surgery** P504
V.T. Daniel*¹, K. Alavi¹, J. Davids¹, P. Sturrock¹, C. Harnsberger¹, J. Maykel¹; ¹Worcester, MA

12:30 pm **Colorectal Infections and Bundle Block: When Bundles Are Not the Answer** P505
Z.O. Jones*¹, R. McKee¹, L. Lucero¹, C. Fiser¹, J. Blewett¹, S. Kenna¹; ¹Albuquerque, NM

12:35 pm **Primary Anastomosis Versus Nonrestorative Colonic Resection for Perforated Diverticulitis With Peritonitis: A Patient-level Pooled Analysis of Randomized Trials** P506
J. Tuech¹, G.A. Binda², C.E. Oberkofler³, D. Hanloser⁴, C. Sabbagh⁵, M. Gachabayov*⁶, R. Bergamaschi⁶; ¹Rouen, France; ²Genua, Italy; ³Zurich, Switzerland; ⁴Lausanne, Switzerland; ⁵Amiens, France; ⁶Valhalla, NY

12:40 pm **Early Removal of Urinary Catheters in Patients Undergoing an Enhanced Recovery After Surgery (ERAS) Protocol With Intrathecal Spinal Injection Does Not Affect Postoperative Urinary Complications** P507
D.J. Gunnells*¹, L. Goss¹, G. Kennedy¹, D.I. Chu¹, M. Morris¹; ¹Birmingham, AL

12:45 pm **Laparoscopic Approach Is associated With Improved 30-day Outcomes for Colonic J-Pouch** P508
A. Klinger*¹, H. Green¹, D.E. Beck¹, B. Kann¹, C. Whitlow¹, D.A. Margolin¹, H. Vargas¹; ¹New Orleans, LA

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

Tuesday, May 22 Monitor #11 – Outcomes

*Co-moderators: Avinash Bhakta, MD, Lexington, KY
Scott Regenbogen, MD, Ann Arbor, MI*

- 11:40 am **Robotic Total Mesorectal Excision Optimizes the Pathologic Outcome in Overweight Males With Low Rectal Cancer. An Analysis of 836 Cases** P509
A. Chudner*¹, M. Gachabayov¹, A. Dyatlov¹, H. Lee¹, R. Bergamaschi¹; ¹Valhalla, NY
- 11:45 am **Perineal Wound Complications After Initiation of Closed Incision Negative Pressure Therapy in Patients Undergoing APR: A Comparative Study** P510
A. Rather*¹, A. Fisher¹, R. Nedelcovicu¹, E. Alexander¹; ¹Dover, DE
- 11:50 am **Colectomy and Urinary Retention: What's the Hold Up?** P511
M. Lin*¹, J.C. Hsieh², S.Y. Chao¹; ¹Flushing, NY, ²Ames, IA
- 11:55 am **Impact of Obesity on Postoperative Wound Infections in Diabetic Patients After Colorectal Surgery** P512
A.C. Gasior*¹, A. Hinton², C. Zhang¹, S. Husain¹; ¹Columbus, OH; ²Columbus, OH
- Noon **From Laparoscopic to Robotic Right Hemicolectomies With Intra-corporeal Anastomosis – Should We Convert?** P513
A. El-Sedfy*¹, S. Webb¹, S. Nalamati¹; ¹Detroit, MI
- 12:05 pm **Development of a Local Recurrence Prediction Tool After Rectal Cancer Surgery** P514
M. Delisle*¹, R.M. Helewa¹, J. Park¹, D. Hochman¹, M. Nashed¹, A. McKay¹; ¹Winnipeg, MB, Canada
- 12:10 pm **Anorectal Melanoma: Radical Resection an Appropriate Option** P515
W.C. Chapman*¹, S. Jayarajan¹, M. Silveira¹, S. Hunt¹, S. Glasgow¹, P. Wise¹, M. Mutch¹; ¹St. Louis, MO
- 12:15 pm **Surgical Site Infection in Elective Colon & Rectal Resections: Effect of Oral Antibiotics** P516
A. Ghuman*¹, N. Kasteel², C.J. Brown², A.A. Karimuddin², M.J. Raval², T. Phang²; ¹Abbotsford, BC, Canada; ²Vancouver, BC, Canada

- 12:20 pm **Mortality and Readmission Risk Factors Following Surgery for Enteric Fistulas** P517
M. Giglia*¹, L. Goss², S.L. Stein¹, E. Steinhagen¹, D.I. Chu²; ¹Cleveland, OH; ²Birmingham, AL
- 12:25 pm **Comparison of Laparoscopy and Open Surgery for Colorectal Cancer in Octogenarians** P518
H. Aydinli*¹, H.T. Kirat¹, M. Grieco¹, F. Remzi¹; ¹New York, NY
- 12:30 pm **Node Positivity and Waiting Period May Predict Tumor Scatter in Irradiated Rectal Cancers** P519
C. Lowe*¹, B. Trac¹, A. McHenry¹, X. Ding¹, J. Eberhardt¹, T. Saclarides², D.M. Hayden²; ¹Maywood, IL; ²Chicago, IL
- 12:35 pm **Conquering the Myth – Robotics Is Not More Expensive Than Laparoscopy Alone in Colorectal Surgery** P520
L. Rashidi*¹, O. Nunez-Lopez¹, V. Collins¹, C. Shah², A. Gajjar¹, G. Gomez¹; ¹Galveston, TX; ²Seattle, WA
- 12:40 pm **Bringing Geriatrics Onto the Colorectal Surgery Team: Decreased Medical Complications and Cost** P521
S. Cizginer*¹, S. Schechter¹, E. Prohl¹, F.G. Monteiro¹, A. Klipfel¹, M. Vrees¹, L. McNicoll¹; ¹Providence, RI
- 12:45 pm **The Role of Preoperative Bowel Preparation in Cases With Ostomy Creation After Colectomy. A Retrospective Analysis of ACS-NSQIP** P522
A. El-Sedfy*¹, I. Rubinfeld¹, A. Stefanou¹; ¹Detroit, MI

Tuesday, May 22 Monitor #12 – Outcomes

*Co-moderators: Dorin Colibaseanu, MD, Jacksonville, FL
Amy Lightner, MD, Rochester, MN*

- 11:40 am **Outcomes After Colon Surgery Based on Wound Classification. A Retrospective Nationwide Analysis** P523
A. El-Sedfy*¹, I. Rubinfeld¹, A. Stefanou¹; ¹Detroit, MI
- 11:45 am **Surgery for Sigmoid Volvulus: Is Laparoscopy Beneficial?** P524
E.C. Poli*¹, K.B. Skowron¹, J. Dignam¹, L.M. Cannon¹, B.D. Shogan¹, K. Umanskiy¹, N. Hyman¹, R. Smith¹; ¹Chicago, IL

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 11:50 am **Incisional Hernias After Laparoscopic Right Hemicolectomies: Does Specimen Extraction Site Alter the Risk?** **P525**
D.M. Christian*¹, T. Kuwada¹, K. Thompson¹;
¹Charlotte, NC
- 11:55 am **Surgical Outcomes After the Administration of Neo-adjuvant Chemoradiotherapy for Upper Rectal Cancers** **P526**
E.C. Poli*¹, E. Huang¹, K.B. Skowron¹,
L.M. Cannon¹, N. Hyman¹, R. Smith¹; ¹Chicago, IL
- Noon **The Impact of Surgical Approach on Segmental Colectomy Outcomes as Analyzed in a Large Population Controlled Database** **P527**
P. Pourghaderi*¹, L. Rashidi², L. Mansfield³,
C. Guetter⁴; ¹Denton, TX; ²Galveston, TX; ³Boston, MA; ⁴Curitiba, Brazil
- 12:05 pm **Project CLOT (Central Line, Out of Bed, and Transfers): Identifying High Value Targets for Reduction of Postoperative Venous Thromboembolism** **P528**
A. Damle*¹, D.R. Rosen¹, C. Atallah¹, S. Glasgow¹,
S.R. Hunt¹, M. Mutch¹, P. Wise¹, M. Silveira¹; ¹St. Louis, MO
- 12:10 pm **Changing the Culture of the Institution Through Standardized Enhanced Recovery After Surgery (ERAS) Protocol in Colorectal Surgery Patients** **P529**
V. Rodriguez-Rapale*¹, G. Ramos-Gonzalez¹,
A. Schone², K. Freyre², I. Iriarte², H. Soler-Bernardini¹; ¹Coamo, Puerto Rico; ²Ponce, Puerto Rico
- 12:15 pm **A Comparison of Age and Molecular Profiling in Colorectal Cancer Patients** **P530**
J. Purchla*¹, F. Lambreton¹, N. Nweze¹, N. Goel¹,
E. Lamb¹, S. Reddy¹, E. Sigurdson¹, J. Farma¹;
¹Philadelphia, PA
- 12:20 pm **Intrathecal (IT) Analgesia: A Safe, Reliable, and Effective Pain Modality Within a Laparoscopic Colorectal Enhanced Recovery Program (ERP)** **P531**
M.X. Kiely*¹, O. Nitu¹, A.V. Hayman¹,
B.B. Chesebro¹; ¹Portland, OR
- 12:25 pm **Transanal Excision for T2 or Greater Rectal Cancer Has Favorable Outcomes: A Retrospective Analysis** **P532**
J. Guardado*¹, B. Mahler¹, J. Salgado¹, C. James¹,
D. Medich¹, J. Holder-Murray¹; ¹Pittsburgh, PA
- 12:30 pm **Is There a Role for Routine, Office-based Flexible Sigmoidoscopy to Evaluate Left-sided Colorectal Anastomoses?** **P533**
S. Luka*¹, K. Wilkins¹, B. Chinn¹, J. Calata¹,
J. Notaro¹, S. Alva¹; ¹New Brunswick, NJ
- 12:35 pm **Urinary Retention in Abdominoperineal Resection and Low Anterior Resection Patients on the Enhanced Recovery After Surgery Pathway** **P534**
L. Saadat*¹, A.C. Fields¹, N. Melnitchouk¹, J. Irani¹,
R. Bleday¹, J. Goldberg¹; ¹Boston, MA
- 12:40 pm **A Novel ERAS Protocol: The Quest for Narcotic-Free Colectomy** **P535**
E.K. Groves*¹, E. Askenasy¹, K. Baysinger¹;
¹Houston, TX
- 12:45 pm **Rising Use of Robotics in Colorectal Surgery Associated With Less in Open Procedures But No Change in Laparoscopic: An ACS NSQIP Database Analysis** **P536**
B. MacLaughlin*¹, K. Baysinger¹, M.J. Snyder¹,
J. Cali¹; ¹Houston, TX

Tuesday, May 22 Monitor #13 – Benign Disease & Outcomes

*Co-moderators: Nitin Mishra, MD, Phoenix, AZ
Shreya Shetty, MD, Phoenix, AZ*

- 11:40 am **Negative Pressure Wound Therapy Is Beneficial in the Treatment of Pilonidal Disease With Excision and Primary Closure** **P537**
D. Rivadeneira¹, J. Lei*¹, T. Adegboyega¹,
S. Shih¹, M. Berrones¹, S. Purdy¹; ¹Huntington, NY
- 11:45 am **Anal Abscess Management Strategy to Reduce the Incidence of Anal Canal Fistula Formation** **P538**
M.A. Rosado*¹, G. Galicia¹; ¹Mexico City, Mexico
- 11:50 am **Formal Adoption of Cancer Quality Metrics Can Reduce Disparities Between Cancer Centers** **P539**
A.E. Kanters*¹, S. Shubeck¹, A.G. Antunez¹,
S. Regenbogen¹; ¹Ypsilanti, MI

All e-poster presenters are noted with an *.

E-POSTER PRESENTATIONS

- 11:55 am **Predictive Factors of Ileus Following Elective Proctectomy: The First Report From the NSQIP Targeted Proctectomy Files** P540
R. Fazl Alizadeh*¹, Z. Moghadamyeghaneh², T. Khosrawipour¹, M.D. Jafari¹, S.D. Mills¹, A. Pigazzi¹, J. Carmichael¹, M. Stamos¹; ¹Orange, CA; ²San Francisco, CA
- Noon **Insurance Status and 30-day Readmissions After Colectomies: An Analysis of National Readmissions Database** P541
N.R. Changoor*¹, C.E. Nembhard¹, A. Shah¹, G. Ortega¹, D. Ford¹; ¹Washington, DC
- 12:05 pm **A Retrospective Study Assessing the Risk Factors Associated With Postoperative Complications in the Treatment of Neoplasia by Transanal Endoscopic Microsurgery (TEM)** P542
K. Nguyen*¹, K. Foley¹, J. Karas¹, M. Soliman¹, R. Mueller¹, S. DeJesus¹, A. Ferrara¹, P. Williamson¹, J. Gallagher¹; ¹Orlando, FL
- 12:10 pm **Home to Stay: An Integrated Monitoring System Using a Mobile App to Support Patients at Home Following Colorectal Surgery** P543
C.J. Keng¹, A. Goriawala¹, S. Rashid¹, S. Schmocker¹, A. Easson¹, E. Kennedy*¹; ¹Toronto, ON, Canada
- 11:50 am **Perioperative Outcomes of Older Adults Undergoing Elective Curative Resection for Rectal Cancer** P546
M.E. Lipson*¹, R.M. Rochon¹, R. Deardon¹, J.A. Heine¹, T. MacLean¹, P.A. Tang¹, W.D. Buie¹; ¹Calgary, AB, Canada
- 11:55 am **Does It Measure Up: Comparing Pelvic MRI to Rigid Proctoscopy for Measuring Distance to Anal Verge** P547
A.H. Miller*¹, B. Das¹; ¹Houston, TX
- Noon **Short-term Outcomes of Peri-Operative Blood Transfusions in Colorectal Cancer Surgery: A Propensity-adjusted Analysis** P548
J.K. Chau*¹, S. Bhatnagar¹, M. Abou Khalil¹, N. Morin¹, C. Vasilevsky¹, G. Ghitulescu¹, J. Faria¹, M. Boutros¹; ¹Montreal, QC, Canada
- 12:05 pm **Rectal Obstruction and Fecal Incontinence Secondary to a Primary Urothelial Cancer of the Urinary Bladder** P549
A.A. Pena¹, D. Luebbers*¹, A. Feigl¹; ¹Edinburg, TX
- 12:10 pm **Colectomies Are Safe in the Appropriate Nonagenarian Diagnosed With Colon Cancer** P550
A. Mueller*¹, C. Tadaki¹; ¹Honolulu, HI
- 12:15 pm **Accuracy of the Revised Bethesda Criteria for Detection of Mismatch Repair Protein Loss in a Chilean Population** P551
F.F. Quezada*¹, J. Gomez¹, A. Fulle¹, C. Villalon¹, R. Castillo¹, R. Kusanovich¹, J. Torres¹, F. Bellolio¹; ¹Santiago, Region Metropolitana, Chile

Tuesday, May 22

Monitor #14 – Neoplastic Disease

*Co-moderators: Rebecca Rhee, MD, Brooklyn, NY
Patrick Sullivan, MD, Atlanta, GA*

- 11:40 am **Increase Incidence of Young Patients With Rectal Cancer in a Single Surgeon Experience** P544
A.J. Ky¹, C. Wang*¹, M. Miyasaka¹; ¹New York, NY
- 11:45 am **A Decision Analysis for Locally Advanced Rectal Cancer in Patients With HNPCC: Total Proctocolectomy With Ileal Pouch-Anal Anastomosis Versus Low Anterior Resection** P545
J. Goldberg*¹, L. Saadat¹, A. Fields¹, J.C. Senturk¹, J. Irani¹, R. Bleday¹, N. Melnitchouk¹; ¹Boston, MA

All e-poster presenters are noted with an *.

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DISCLOSURES

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Product Theaters are commercial presentations organized by Industry and designed to enhance your learning experience. The following sessions will be presented on Monday and Tuesday during the lunch and refreshment breaks in **Exhibit Hall B** (Level 3).

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Monday, May 21

11:35 am – 12:45 pm

Supported by THD America Inc.

Advanced Solutions for the Colorectal Surgeon

THD America will present their principal product lines for colorectal surgeons.

- THD ProctoStation: the only fully dedicated platform for screening and treatment of anal dysplasia and cancer.
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Also, visit THD America Inc. at **Booth #415**

3:35 – 4:00 pm

Supported by Boston Scientific

ELSI | The Future of EndoLuminal Surgical Interventions

Presented by:

Sang Lee, MD

New technologies are on the horizon – poised to create an inflection point in Endoluminal Surgery. Hear about what's new in minimally invasive approaches to help make colorectal resection easier, safer, faster and with enhanced patient recovery.

Also, visit Boston Scientific at **Booth #116**

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NOT FOR
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Tuesday, May 22

11:35 am – 1:00 pm

Supported by Clinical Genomics

COLVERA™: A New ctDNA Blood Test to Detect Residual Disease Post-Resection in Colorectal Cancer Patients

Presented by:

Lawrence LaPointe, PhD

Tadd Lazarus, MD

Roberto Rodriguez Ruesga, MD

The role of COLVERA and two methylated genes (BCAT1/IKZF1) to detect disease in the pre and post-surgical settings for patients who have been diagnosed with colorectal cancer.

Also, visit Clinical Genomics at **Booth #610**

PRODUCT THEATERS

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EXHIBITS

Exhibits are located in Hall B (Level 3) and will be open the following hours:

Sunday: 11:30 am – 4:30 pm
Monday: 9:00 am – 4:30 pm
Tuesday: 9:00 am – 2:00 pm

11Health and Technologies, Inc.

Booth 523

2492 Walnut Avenue, Suite 104
Tustin, CA 92780
Phone: (657) 266-0570
Website: www.11health.com
Contact Name: Bob Hoxie
Contact Email: bob@11health.com

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Booth 218

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Website: www.adlermicromed.com
Contact Name: Jared Jones
Contact Email: sales@adlermicromed.com

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Booth 305

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Center Valley, PA 18034
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Website: www.aesculap.com
Contact Name: Ryan Mancini
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EXHIBITS

American College of Surgeons NAPRC

Booth 224

633 N St Clair St
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The National Accreditation Program for Rectal Cancer (NAPRC) was developed through collaboration between The OSTRiCh Consortium (Optimizing the Surgical Treatment of Rectal Cancer) and the Commission on Cancer (CoC), a quality program of the American College of Surgeons.

The NAPRC's goal is to ensure patients with rectal cancer receive appropriate care using a multidisciplinary approach. The NAPRC is based on successful international models that emphasize:

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Booth 201

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Automated Medical Products Corp

Booth 609

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Booth 116

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Cleveland Clinic Department of Colorectal Surgery

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Phone: (855) 870-0096
Website: www.colveratest.com

Clinical Genomics is a leading provider of colorectal cancer testing and solutions offering COLVERA™, a new liquid biopsy test identifying circulating tumor DNA for detection of minimal residual disease post-surgical resection and recurrence in post treatment patients, and InSure® ONE™, a one sample fecal immunochemical test used in screening programs to detect lower GI bleeding in healthy adults. Clinical Genomics is committed to providing physicians with information to guide earlier and better treatment decisions in cancer care management, and continues to apply its proprietary innovation in molecular pathology to commercialize other diagnostic tools in other cancer types.

Coloplast

Booth 309

1601 W River Rd
Minneapolis, MN 55411-3431
Phone: (612) 232-1177
Website: www.coloplast.us

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ostomy care, urology and continence care, and wound and skin care.

EXHIBITS

BRONZE PARTNER

CONMED

Booth 404

488 Wheelers Farms Rd
Milford, CT 06461
Phone: (203) 799-2400
Fax: (315) 732-7991
Website: www.conmed.com

CONMED is a global medical technology company that develops and markets both devices and equipment for minimally invasive procedures in wide variety of specialties, including orthopedics, general surgery, gynecology and gastroenterology. CONMED is dedicated to providing high quality, market-leading products to healthcare professionals, enhancing clinical outcomes for patients, and improving economic outcomes for healthcare providers and payors.

BRONZE PARTNER

Cook Medical

Booth 207

750 Daniels Way
Bloomington, IN 47402
Phone: (800) 457-4500
Fax: (800) 554-8335
Website: www.cookmedical.com
Contact Email: sales.ops@cookmedical.com

A global pioneer in medical breakthroughs, Cook Medical is committed to creating effective solutions that benefit millions of patients worldwide. Today, we combine medical devices, biologic materials, and cell therapies across more than 15,000 products serving more than 40 medical specialties. Founded in 1963 by a visionary who put patient needs and ethical business practices first, Cook is a family-owned company that has created more than 12,000 jobs worldwide. For more information, visit www.cookmedical.com.

CooperSurgical, Inc.

Booth 315

75 Corporate Dr
Trumbull, CT 06611
Phone: (203) 601-5200
Fax: (203) 601-4741
Website: www.coopersurgical.com

CooperSurgical will be highlighting our range of products including the Carter-Thomason Closure System for Laparoscopic Port Site Closure, and our LoneStar Colorectal Retractor System, Please see us at Booth # 315

Creo Medical, Ltd.

Booth 506

Block B Beaufort Park
Chepstaw, NP16 SU14
United Kingdom
Phone: 44 1291 643937
Website: creomedical.com

Creo Medical provides an Advanced Energy platform for use in therapeutic endoscopy to improve patient outcomes.

With CE Mark and FDA clearance, our integrated energy platform delivers Bipolar Radiofrequency for precise dissection and resection and Microwave energy for controlled ablation and coagulation. Our technology sets a new standard for ESD in conjunction with our innovative multifunctional Speedboat RS2 instrument with integrated injection.

With a suite of accessories due for launch in early to mid-2019, Creo is engaged with providing training on all aspects of its technology throughout the year.

For more information please visit our website: <https://creomedical.com>

CS Surgical, Inc.

Booth 217

662 Whitney Dr
Slidell, LA 70461
Phone: (985) 781-8292
Fax: (985) 781-8244
Website: www.cssurgical.com
Contact Email: cssurgicalinc@aol.com

CS Surgical is your leading supplier of surgical instruments for the Colon & Rectal surgeon. Our exhibit will feature the FERGUSON PLASTIC RETRACTORS, the industry's widest variety of deep pelvic retractors, the newest Cima – St. Mark's retractor for Hand Assisted Laparoscopic Deep Pelvic Surgery, our table mounted retractor system, hemorrhoidal ligators, latex and non-latex bands for the ligator, suction ligators, anosopes, rectal retractors, intestinal clamps, scissors, needle holders, probes and directors, and Welch Allyn products.

EXHIBITS

Diversatek Healthcare

102 East Keefe Avenue
Milwaukee, WI 53212
Phone: (800) 558-6408
Fax: (414) 265-7628
Website: www.diversatekhealthcare.com
Contact Name: Janell Schmidt
Contact Email: j Schmidt@diversatek.com

Diversatek Healthcare, the new face for Sandhill Scientific. From our ZepHr® Impedance/pH Reflux Testing to our inSIGHT Ultima® Manometry Platform, powered by our Zvu® GI Diagnostic Software, Diversatek Healthcare continues to be a leader in GI Diagnostic innovation. Visit Diversatek University, the most comprehensive training and education program in motility and reflux testing.

Eas Innovation LLC

7960 Rafael Rivera Way
Las Vegas, NV 89113
Phone: (561) 891-4785

Elevare Skin is a groundbreaking skin rejuvenation system for facial tissue, designed to significantly reduce the visual effects of age. Backed by clinical studies, as well as research originally conducted by NASA, Elevare's innovative FDA cleared system, delivers long-term results and sometimes even instant results, without any side effects

Electro Surgical Instrument Company

275 Commerce Drive
Rochester, NY 14623
Phone: (585) 444-0980
Fax: (585) 444-9810
Website: www.electrosurgicalinstrument.com

Electro Surgical Instrument Company (ESI) offers a complete array of fiber optic lighted instruments for the colon and rectal surgeon. Anoscopes, specula, deep pelvic retractors and custom instruments. Repair and retrofit services available.

ERBE USA, Inc.

2225 Northwest Parkway
Marietta, GA 30067
Phone: (770) 955-4400
Website: www.erbe-usa.com

Erbe USA offers the premier ESU for advanced endoscopic procedures. The VIO® 300 D/APC™ 2 workstation utilizes Power Dosing / Spark Recognition technology, offering multiple possibilities for endoscopic surgery featuring ENDO CUT®; proprietary modes PRECISE®, PULSED®, and FORCED™ APC. Additionally, Erbe presents the evolution of ERBEJET® 2 technology including integrated hybrid capabilities.

Booth 307

General Surgery News

545 W 45th St, 8th Flr
New York, NY 10036
Phone: (212) 957-5300
Fax: (212) 957-7230
Website: www.generalsurgerynews.com

General Surgery News is a monthly newspaper designed to keep surgeons abreast of the latest developments in the field online, in print and around the world. The publication features extensive meeting coverage, analysis of journal articles, educational reviews, and information on new drugs and products.

Hackensack Meridian Health

1967 Highway 34
Wall, NJ 07719
Phone: (732) 751-3561
Fax: (732) 361-9122
Website: www.hackensackmeridian.org

Hackensack Meridian Health is a leading not-for-profit health care organization that is the most comprehensive and truly integrated health care network in New Jersey, offering a complete range of medical services, innovative research and life-enhancing care. Hackensack Meridian Health comprises 13 hospitals, including two academic medical centers, two children's hospitals and nine community hospitals, physician practices, more than 120 ambulatory care centers, surgery centers, home health services, long-term care and assisted living communities, ambulance services, lifesaving air medical transportation, fitness and wellness centers, rehabilitation centers, and urgent care and after-hours centers. Hackensack Meridian Health has 28,000 team members, more than 6,000 physicians and is a distinguished leader in health care philanthropy, committed to the health and well-being of the communities it serves.

Booth 323

Booth 400

Booth 600

Booth 510

Booth 408

EXHIBITS

Halo Medical Technologies, LLC

1805 Foulk Road, Suite G
Wilmington, DE 19810
Phone: (302) 475-2300
Fax: (302) 475-2301
Website: www.halomedtech.com
Contact Email: info@halomedtech.com

Endoanal, Transrectal, and Transperineal 2D/3D Ultrasound.

The Catalyst – affordable, high-resolution ultrasound for diagnosing fecal incontinence, staging rectal cancer, and investigating other pelvic floor disorders. Portable and all-in-one cart models. Optimized imaging and proprietary software designed specifically for CRS requirements. True video recording, complete post-processing capabilities, and EMR-automated reports. Uniquely-configured probes are interchangeable during exam, for one comprehensive report. Entire ultrasound system costs less than half of leading competitive system. Visit us at Booth #405

HCA

2000 HealthPark Drive
Brentwood, TN 37027
Phone: (423) 290-0719
Website: www.practicewithus.com
Contact Name: Tammy Lindsay
Contact Email: tammy.lindsay@hcahealthcare.com

HCA owns and operates over 170 hospitals across the United States, which makes us one of the nation's leading providers of healthcare services. We believe exceptional patient outcomes only come through a dedicated community of care, placing our physicians at the forefront.

Heron Therapeutics

4242 Campus Point Crt #200
San Diego, CA 92121
Phone: (650) 366-2626
Website: www.herontx.com

Heron's mission is to improve patient's lives by developing best-in-class medicines that address major unmet medical needs. We are developing novel, patient-focused solutions that apply our innovative science and technologies to proven pharmacological agents. Our portfolio includes two products approved by the US Food and Drug Administration, SUSTOL® (granisetron) extended release injection and CINVANTITM (aprepitant) injectable emulsion, as well as one product in development, HTX-011, a long-acting formulation of bupivacaine in a fixed-dose combination with meloxicam currently being studied for the prevention of postoperative pain.

Booth 405

Infinite Beauty

1946 Tyler St #9
Hollywood, FL 33020
Phone: (305) 428-3808

Inner Vision Travel, LLC

410 S. Teller Street, Suite 2C
Lakewood, CO 80226
Phone: (303) 882-1907
Website: www.cbaker.dreamvacations.com

Inner Vision Travel specializes in providing group travel services for corporate, teaching, special interest and special occasion groups.

Our mission is to help you keep life simple. We coordinate all travel arrangements and negotiate best pricing with cost benefits to accommodate and service your group. We offer an extensive list of destinations and cruises that can accommodate every type of function from specific equipment requirements to competitive pricing on convention style venues.

No matter how large or small your vision for your group, whether by land or sea we strive to go the distance to keep the journey ahead smooth.

Integra LifeSciences Corporation

311 Enterprise Dr
Plainsboro, NJ 08536
Phone: (609) 275-0500
Fax: (609) 750-4277
Website: www.integralife.com
Contact Name: Heather Cipriani
Contact Email: heather.cipriani@integralife.com

Integra LifeSciences, a world leader in medical technology, is dedicated to limiting uncertainty for surgeons, so they can concentrate on providing the best patient care. Integra offers innovative solutions in orthopedic extremity surgery, neurosurgery, and reconstructive, general, plastic surgery and wound care.

Booth 310

Booth 211

Booth 317

EXHIBITS

GOLD PARTNER

Intuitive Surgical

Booth 109

1020 Kifer Rd
Sunnyvale, CA 94086
Phone: (951) 719-0388
Fax: (408) 523-1390
Website: www.intuitivesurgical.com

Intuitive Surgical is the global leader in minimally invasive, robotic-assisted surgery. Its da Vinci® System – with a 3D-HD vision system and EndoWrist® instrumentation – enables surgeons to offer a minimally invasive approach for a range of complex procedures. With more than 3,500 systems installed in hospitals worldwide bringing minimally invasive surgery to over 3 million patients to date, the da Vinci System is enabling surgeons to redefine the standard-of-care in a range of specialties: urology, gynecology, head and neck, general surgery, cardiac and thoracic surgery.

Irrisept

Booth 606

1665 Lakes Pkwy, Ste 102
Lawrenceville, GA 30043
Phone: (770) 807-3355
Fax: (866) 788-1079
Website: www.irrisept.com
Contact Name: Kelly Herman
Contact Email: kellyh@irrisept.com

Irrimax Corporation is focused on treating and preventing infections, reducing healthcare costs, improving patient outcomes and increasing the safety of healthcare professionals. The company's flagship product, Irrisept, is jet lavage containing low concentration Chlorhexidine Gluconate (CHG) 0.05% in sterile water for irrigation. Irrimax has attracted experts in the fields of product development, clinical research, manufacturing and distribution. Our management team is committed to leading the organization according to high standards of integrity and accountability. Irrimax Corporation is focused on driving innovation and improving patient outcomes. Please visit www.irrisept.com for more information.

Invuity

Booth 117

444 De Haro St
San Francisco, CA 94107
Phone: (415) 655-2100
Website: www.invuity.com

Invuity, Inc. is a medical technology company focused on developing and marketing advanced photonics devices to improve the ability of surgeons to illuminate and visualize the surgical cavity during open minimal access surgery. The company's patented Intelligent Photonics® technology enables enhanced surgical precision, efficiency and safety by providing superior visualization. Clinical applications include breast and thyroid oncology, plastic reconstructive, spine, orthopedic, cardiothoracic and general surgery among others. Invuity is headquartered in San Francisco, CA. For more information, visit www.invuity.com

PLATINUM PARTNER

Johnson & Johnson

Medical Devices Companies (Ethicon)

Booth 101

One Johnson & Johnson Plaza
New Brunswick, NJ 08933
Phone: (513) 337-7286
Website: www.ethicon.com

Having made significant contributions to surgery for more than a century, the Johnson & Johnson Medical Devices Companies are in the business of reaching more patients and restoring more lives. The group represents the most comprehensive surgical technology and specialty solutions business in the world, offering an unparalleled breadth of products, services, programs and research and development capabilities directed at advancing patient care while delivering clinical and economic value to health care systems worldwide.

EXHIBITS

BRONZE PARTNER

Karl Storz Endoscopy, Inc.

Booth 500

2151 E Grand Ave
El Segundo, CA 90245-2838
Phone: (800) 421-0837
Website: www.karlstorz.com

KARL STORZ Endoscopy-America is a leading provider of state-of-the-art endoscopy solutions and precision instrumentation, offering advanced products for virtually every minimally invasive surgical specialty – including the latest colorectal procedures. Our GI SILVER SCOPE® Series offers solutions for direct visual examination of the lumen of the GI tract. For optimal performance, the GI SILVER SCOPE® series combines with our IMAGE1 S™ CCU to provide image quality tailored to the particular needs of gastroenterology. And, our highly regarded Mini Laparoscopy Set offers a reusable solution for treating adults and includes an extensive array of 3-mm instruments in the standard length of 36 cm.

Kyra Medical, Inc.

Booth 120

100 Otis Street, Unit #1
Northborough, MA 01532
Phone: (888) 611-5972
Fax: (617) 977-5972
Website: www.kyramedical.com
Contact Name: Holly Fondots
Contact Email: hollyf@aol.com

Kyra Medical's innovative stirrup provides unparalleled pelvic site access during robot assisted surgical procedures.

LABORIE

Booth 401

400 Ave D, Ste. 10
Williston, VT 05495-7828
Phone: (800) 522-6743
Website: www.laborie.com

LABORIE takes great pride in improving patients' lives through innovations in pelvic floor and gastroenterology diagnostic and treatment options. LABORIE's GI product line includes Ambulatory Impedance-pH recorders for diagnosing GERD and advanced manometry solutions for esophageal and anorectal manometry studies.

For more information on LABORIE's global product platform and educational course offerings please visit www.laborie.com.

GOLD PARTNER

KCI: An Acelity Company

Booth 301

PO Box 659508
San Antonio, TX 78265
Phone: (800) 275-4524
Website: www.acelity.com

KCI, an Acelity Company, is a global advanced wound care company committed to developing innovative healing solutions for customers and patients across the care continuum. Our product portfolio is available in more than 90 countries and delivers value through solutions that speed healing and lead the industry in quality, safety and customer experience. Committed to advancing the science of healing, KCI sets the standard for leading advanced wound therapy innovation.

Life Sciences, LLC

Booth 125

106 Fairfield Lane, 1st Floor
Wayne, PA 19087
Phone: (302) 397-3520
Website: www.ssisshield.com
Contact Email: info@ssishield.com

Life Sciences is the developer of SSI Shield™, an effective solution for preventing surgical site infection in clean contaminated and contaminated closed incisional wounds.

At under \$100 per patient, SSI Shield™ is far less expensive than negative pressure devices. It actively removes Transudate and Exudate from all three layers of skin.

Physicians and nurses love it. SSI Shield™ reduces operating room, patient monitoring, and wound cleaning time, and is applied in about a minute.

Safe for adults and children, SSI Shield™ is an FDA approved, Class 1 device, and the world's first subcutaneous dressing!

Visit SSIShield.com or call (302) 397-3520.

Konsyl Pharmaceuticals, Inc.

Booth 219

8050 Industrial Park Rd
Easton, MD 21601
Phone: (410) 822-5192
Fax: (410) 820-7032
Website: www.konsyl.com

EXHIBITS

BRONZE PARTNER

Lumendi, LLC

Booth 108

253 Post Road West
Westport, CT 06880
Phone: (203) 557-6336
Fax: (203) 557-0459
Website: www.lumendi.com

Lumendi is dedicated to improving healthcare through the development of enabling medical technology that reduces the level of patient intervention; increases recovery rates and outcomes; and decreases costs. Lumendi's new DiLumen™ and DiLumen C2™ EIP devices are designed to improve minimally invasive interventions that treat a variety of GI disorders which currently require invasive surgery.

Medical Solutions Technologies

Booth 522

940 Lincoln Rd #307
Miami Beach, FL 33139
Phone: (704) 774-2577
Website: www.medicalsolutionstechnologies.com

SILVER PARTNER

Medrobotics Corp

Booth 515

475 Paramount Drive
Raynham, MA 02767
Phone: (508) 692-6460
Website: www.medrobotics.com
Contact Email: customerservice@medrobotics.com

Medrobotics manufactures and markets the Flex® Robotic System, the world's first robotic surgical platform with a steerable and shapeable robotic scope. The Flex® Robotic System offers surgeons the unique ability to navigate complex anatomy through a single, small entry point while operating in hard-to-reach anatomical locations that might otherwise be inaccessible with straight, rigid surgical tools. The Company's vision is to provide more patients with access to Scarfree™ surgical options. Medrobotics received FDA clearances for the Flex® Robotic System for ENT applications in July 2015 and for colorectal surgery in May 2017. The CE mark was issued in March 2014.

Medspira, LLC

Booth 623

2718 Summer St NE
Minneapolis, MN 55413
Phone: (800) 345-4502
Fax: (612) 789-2708
Website: www.medspira.com

Uniquely affordable, portable, and simple-to-use, the Medspira mcompass is the first ever anorectal manometry system designed to complement your workflow and office environment.

A full range of medical professionals, including physician assistants and nurses can easily be trained to administer the exam.

mcompass features an innovative, disposable probe with multiple balloons that adjusts precisely to individual patient anatomy for enhanced measurement accuracy. A wireless FOB provides simple 3-button probe operation. The device's tablet PC workstation features easy-to-use software with built in user prompts for operation and bluetooth and WiFi connectivity.

GOLD PARTNER

Medtronic

Booth 700

710 Medtronic Parkway
Minneapolis, MN 55432
Phone: (800) 633-8766
Website: www.medtronic.com

Through innovation and collaboration, Medtronic improves the lives and health of millions of people each year. Learn more about our technology, services and solutions at Medtronic.com.

EXHIBITS

Merck & Co., Inc.

2000 Galloping Hill Road
Kenilworth, NJ 07033
Phone: (908) 740-6455

For more than a century, Merck, a leading global biopharmaceutical company known as MSD outside of the United States and Canada, has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases. Through our prescription medicines, vaccines, biologic therapies and animal health products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. We also demonstrate our commitment to increasing access to health care through far-reaching policies, programs and partnerships. Today, Merck continues to be at the forefront of research to advance the prevention and treatment of diseases that threaten people and communities around the world - including cancer, cardio-metabolic diseases, emerging animal diseases, Alzheimer's disease and infectious diseases including HIV and Ebola. For more information, visit www.merck.com and connect with us on Twitter, Facebook, Instagram, YouTube and LinkedIn.

Booth 711

MiMedx

1775 W Oak Commons Ct NE
Marietta, GA 30062
Phone: (770) 651-9100
Fax: (770) 590-3350
Website: www.mimedx.com

MiMedx placental tissue allografts include AmnioFix®, EpiFix®, EpiCord®, AmnioCord®, OrthoFlo®, and AmnioFill®.

Booth 611

Ovesco Endoscopy USA, Inc.

120 Quade Dr.
Cary, NC 27513
Phone: (919) 651-9449
Fax: (408) 608-2077
Website: www.ovesco-usa.com

Ovesco Endoscopy is a medical device company operating in the fields of flexible endoscopy and endoluminal surgery. The company develops, manufactures and markets innovative products for the treatment of gastrointestinal disease. Innovative endoscopic clipping systems are Ovesco's hallmark. The OTSC® – Over-The-Scope Clip is Ovesco's product platform for the treatment of gastrointestinal hemorrhage and for endoscopic digestive organ wall closure. The most recent additions to Ovesco's product portfolio includes the novel FTRD® System for endoscopic Full-Thickness Resection (eFTR) of lesions in the colon and rectum and the innovative OTSC Proctology clipping system for closure of fistula and anastomotic leaks in the anorectum.

Booth 411

Pacira Pharmaceuticals, Inc.

5 Sylvan Way
Parsippany, NJ 07054
Phone: (973) 254-4313
Fax: (973) 267-0060
Website: www.pacira.com/

Pacira Pharmaceuticals, Inc. is a specialty pharmaceutical company dedicated to improving postsurgical outcomes. The company's flagship product, EXPAREL® (bupivacaine liposome injectable suspension) utilizes DepoFoam®, a proprietary product delivery technology that encapsulates drugs and releases them over time. Learn more about Pacira, including the mission to reduce opioid overreliance, at www.pacira.com.

Booth 708

GOLD PARTNER

Olympus America Inc.

3500 Corporate Pkwy
Center Valley, PA 18034
Phone: (800) 401-1086
Website: www.medical.olympusamerica.com

Olympus Medical Systems Group, a division of global technology leader Olympus, develops solutions for healthcare professionals that help improve clinical outcomes, reduce overall costs and enhance quality of life for their patients. By enabling less invasive procedures, innovative diagnostic and therapeutic endoscopy, and early stage lung cancer evaluation and treatments, Olympus is transforming the future of healthcare. For more information visit Olympus at www.medical.olympusamerica.com

Booth 507

Plasma Surgical

1129 North Meadow Parkway, Suite 100
Roswell, GA 30076
Phone: (678) 892-6730
Website: www.plasmasurgical.com

Booth 222

EXHIBITS

PRANICURA, LLC

5320 Saddle Ridge Trl
Maple Plain, MN 55359-9413
Phone: (763) 537-3419
Fax: (763) 210-6881
Website: www.pranicura.com
Contact Email: help@pranicura.com

Pranicura is a safe and highly effective topical ointment and treatment process proven to successfully alleviate the symptoms associated with pruritus ani, anal fissures, and hemorrhoids. In a recent survey, 90% of users found success with the Pranicura Treatment. It is a true breakthrough in providing long-term relief to those suffering from anal itching, burning and irritation. Since 2013, the Pranicura Treatment has improved the quality of life for thousands of people across the world.

Prometheus Group

1 Washington St, Ste 303
Dover, NH 03820
Phone: (800) 442-2325
Fax: (603) 749-0511
Website: www.theprogrp.com
Contact Email: info@theprogrp.com

Visit The Prometheus Group® in Booth #306 to see the pelvic floor diagnostic and treatment system: Morpheus®. What will Morpheus® do? Multicompartment Pelvic Floor Ultrasound ~ 360° Endoanal, 90° Endovaginal, Transperineal, Four channels of Anorectal Manometry with Paradoxical EMG. Structured or Freestyle Depth Study Protocols. Combined EMG and Manometry Protocols. HPZ, RAIR, Sensation and Balloon Expulsion Study. Pelvic Floor Rehabilitation-Simultaneous Pelvic Muscle EMG, Accessory Muscle EMG and Rectal Pressure Manometry. Four Frequencies of Stimulation synchronized with Vaginal or Rectal EMG.

Recro Pharma, Inc.

4940 Lapp Rd
Malvern, PA 19355
Phone: (484) 395-2470
Fax: (484) 395-2471
Website: www.recropharma.com
Contact Email: info@recropharma.com

Booth 504

Redfield Corporation

336 W Passaic St
Rochelle Park, NJ 07662
Phone: (201) 845-3990
Fax: (201) 845-3993
Website: www.redfieldcorp.com/
Contact Name: Andrew Gould
Contact Email: info@redfieldcorp.com

Infrared Coagulation has long been the leading non-surgical treatment for internal hemorrhoids. Its use has expanded to the treatment of AIN, which an increasing number of colon & rectal surgeons have elected to do. The IRC2100™ is easy to use, safe, and well-tolerated, with clinical effectiveness proven for thirty years.

Booth 312

ResiCal, Inc.

PO Box 894
Orchard Park, NY 14127
Phone: (800) 204-6434
Fax: (843) 815-4002
Website: www.resical.com

Patient samples are available for CALMOL 4 Hemorrhoidal Suppositories – a non-prescription medication. CALMOL 4 provides safe and effective treatment for hemorrhoids, minor fissures, and inflamed tissues. Active ingredients: Zinc Oxide and Cocoa Butter (contains no steroids). Active ingredients are not absorbed or interact with internal medications. NO PACKAGE WARNINGS for patients with high blood pressure, diabetes, heart, thyroid or prostate disease. ORDER FREE PATIENT SAMPLES at www.calmol4.com

Booth 414

Royal Bee

3175 W Ali Baba Ln Unit 807
Las Vegas, NV 89118
Phone: (702) 485-5866
Website: www.royalbeenaturals.com

Royal Bee is our company, we vend raw honey products, candles, creams, pillows, and the raw honey itself in jars. We believe in the incredible healing and soothing properties of honey and even offer informative books for clients to learn how to incorporate raw honey products into their everyday lives for better health and living.

Our company stands on three pillars of usage for the raw honey, aroma-therapeutically; by use of candles to calm a room and wind down stress, we also have burlap pillows filled with beads of raw honey that help one achieve a better night's sleep. Other uses of our products include topical application; using creams to sooth dry skin, treat wounds and burns, eczema and psoriasis etc., and finally by ingestion; to ingest the raw honey itself you can sooth a sore throat and improve gut health.

Booth 717

EXHIBITS

Shire

300 Shire Way
Lexington, MA 02421
Phone: (617) 349-0200
Website: www.shire.com

Shire is the leading global biotechnology company focused on serving people with rare diseases and other highly specialized conditions. We strive to develop best-in-class products across our core therapeutic areas including Hematology, Immunology, Neuroscience, Ophthalmics, Lysosomal Storage Disorders, Gastrointestinal/Internal Medicine/Endocrine, Hereditary Angioedema, and Oncology.

Sontec Instruments, Inc.

7248 S Tucson Way
Centennial, CO 80112
Phone: (303) 790-9411
Fax: (303) 792-2606
Website: www.sontecinstruments.com
Contact Email: info@sontecinstruments.com

Sontec offers a comprehensive selection of exceptional hand held surgical instruments, headlights and loupes available to the discriminating surgeon. There is no substitute for quality expertise and individualized service. Sontec's vast array awaits your consideration at our booth.

SurgiMark, Inc.

1703 Creekside Loop
Yakima, WA 98902
Phone: (509) 965-1911
Fax: (509) 965-4852
Website: www.surgimark.com
Contact Email: custserv@surgimark.com

SurgiMark® offers the VIA-GUARD® line of clog-free disposable Tip and Poole suction tips that feature performance, economy, and safety. Always sterile and always clean means surgery-ready for every hospital and outpatient surgery center and or sea.

VIA-GUARD® SUCTION SETS:

- STANDARD VIA-GUARD® Yankauer Poole Suction Set
- VASCULAR VIA-GUARD® Stainless-Steel Andrews-Pynchon Poole Suction Set
- CLASSIC VIA-GUARD® Stainless-Steel Yankauer Poole Suction Set

For more information visit: <http://www.surgimark.com/>

Booth 501

BRONZE PARTNER

THD America

Booth 415

1731 SE Oralabor Rd
Ankeny, IA 50021
Phone: (866) 374-9442
Fax: (813) 626-0303
Website: www.thdamerica.com
Contact Email: info@thdamerica.com

The mission of THD is to design and develop cutting edge technology for Colorectal Surgeons.

In addition to having introduced the single, current, surgical alternative to hemorrhoidectomy, THD Doppler Procedure, THD offers a wide range of innovative colorectal solutions. With self-illuminated scopes, an entire physiology lab, an innovative portable system for Anal Manometry for clinical use, as well as, the first totally dedicated screening device for HRA and anal dysplasia/neoplasia; THD provides answers to different coloproctologist's needs. THD is central to the advancement of colorectal solutions.

The Florida Hospital Nicholson Center

Booth 622

404 Celebration Place
Celebration, FL 34747
Phone: (407) 303-4290
Fax: (407) 303-4473
Website: www.nicholsoncenter.com/

TransEnterix, Inc.

Booth 223

635 Davis Drive, #300
Morrisville, NC 27560
Phone: (919) 765-8400
Fax: (919) 765-8459
Website: www.transenterix.com
Contact Email: info@transenterix.com

TransEnterix is a medical device company that is pioneering the use of robotics to improve minimally invasive surgery by addressing the clinical and economic challenges associated with current laparoscopic and robotic options. Through "responsible robotics," we have addressed the constraints of value-based healthcare to optimize outcomes.

EXHIBITS

Twistle

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Phone: (702) 715-5034
Website: www.twistle.com
Contact Name: Brad Woodward
Contact Email: brad.woodward@twistle.com

Twistle is changing the way patients engage with their care. Through clinically validated protocols/pathways/ERAS, and population health initiatives the Twistle platform is automating much of the tedious messaging and ongoing surveillance that is required to help keep patients on track. The automated collection of patient reported outcomes and IoT integrations allow Twistle to shape the way results are captured and reimbursement measures are collected. Twistle, keeping patient on track.

United Ostomy Associations of America, Inc.

PO Box 525
Kennebunk, ME 04043
Phone: (800) 826-0826
Fax: (888) 747-9655
Website: www.ostomy.org

United Ostomy Associations of America, Inc. (UOAA) promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration. Our 300+ Affiliated Support Groups in the United States provide vital peer support for patients and caregivers alike.

UOAA works toward a society where people with ostomies and intestinal or urinary diversions are universally accepted and supported socially, economically, medically, and psychologically. Visit us at Booth #402 to learn more about working together to enhance the quality of life for all who have or may have surgery!

Vioptix, Inc.

39655 Eureka Drive
Newark, CA 94560
Phone: (510) 226-5860
Fax: (510) 226-5864
Website: www.vioptix.com
Contact Name: Mark Lonsinger
Contact Email: lonsingerm@vioptix.com

ViOptix is the recognized leader in real-time measurement of tissue viability. We give clinicians a revolutionary new capability – to obtain non-invasive, objective, real-time measurement of oxygen saturation (StO₂) in the soft tissues affected by many surgical procedures – to help improve patient surgical outcomes by detecting problems before symptoms are visible.

Booth 602

Wolters Kluwer

Two Commerce Square
Philadelphia, PA 19103
Phone: (215) 521-8300
Fax: (215) 814-8911
Website: www.shop.lww.com
Contact Email: customerservice@lww.com

Wolters Kluwer Health is a leading global provider of medical information and point of care solutions for the healthcare industry. Our solutions are designed to help professionals build clinical competency and improve practice so that healthcare organizations can succeed in value-based care delivery models. We offer premier medical, nursing and allied health content; clinical decision support tools; drug information and patient surveillance; structured documentation and coding; healthcare terminology, data management and systems interoperability solutions; precision medical research tools; and continuing medical education solutions. Our leading product solutions include Lippincott, Ovid®, UpToDate®, and others.

Booth 410

Booth 402

Zinnanti Surgical Design Group, Inc.

343 Soquel Ave. Suite 409
Santa Cruz, CA 95062
Phone: (800) 459-1389
Fax: (800) 459-1389
Website: <http://www.zinnantisurgical.com/>

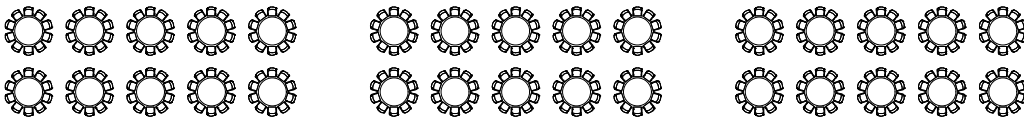
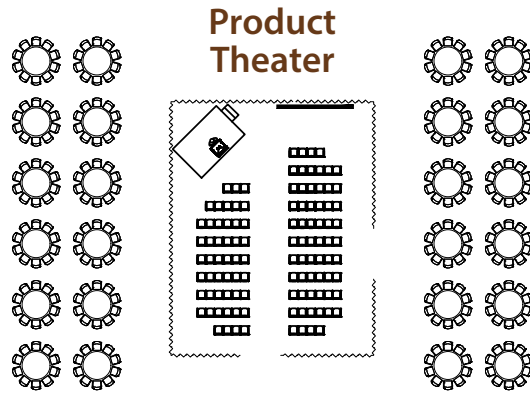
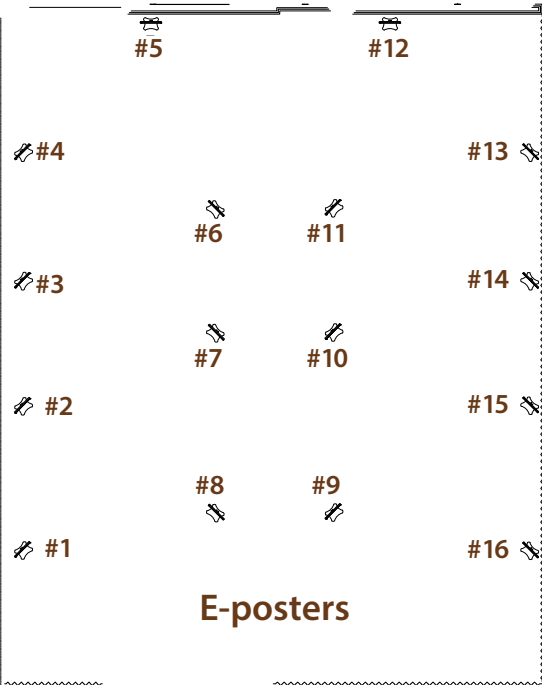
Zinnanti Surgical Design Group, Inc. combines experience in device development, medical training and research. We create innovative surgical devices that improve safety, effectiveness and efficiency. We specialize in developing devices with dual function. Our patented design technology, "Smoke-Evac Fusion", suction both smoke and fluids directly through the active electrode for all types of surgery.

Booth 423

Booth 316

EXHIBIT HALL

Music City Center Level 3



Olympus Exec Suite 124	Life Sciences 125	American College of Surgeons 224	TransEnterix 223	325	424	425	524	11 Health and Technologies 523	624	Florida Hospital Weston Center 622	Medspira 623	722	Medtronic Exec Suite 625	Cook Medical Exec Suite 825			
Kyra Medical 120	Invuity 117	Adler Micromed 218	Konsyl 219	Sontec Inst 318	CS Surgical 217	Vioptix, Inc 316	Calosopina 319	HCA 418	THD America 415	Medrobotics 515	F&B	Medtronic Exec Suite 817					
Boston Scientific 116	Intuitive Surgical 109	AGI medical 215	Cleveland Clinic 314	bk Ultrasound 213	Redfield Corp 312	Inner Vision Travel 211	Infinite Beauty 310	Agency for Medical Innovations 311	Wollers Kluwer Health 410	Ovesco Endoscopy USA 411	General Surgery News 510	Olympus 507	Clinical Genomics 610	Irrisept 606			
Lumendi 108	Johnson & Johnson Medical Devices (Ethicon) 101	Cook Medical 207	Heron Therapeutics 308	Prometheus Group 306	Integra LifeSciences 317	Cooper Surgical 315	ResiCal, Inc 414	Coloplast 309	Hackensack Meridian Health 408	Bard Davol 407	Creo Medical 506	MiMedx 611	Pacira 708	Royal Bee 713	Merck 711	Recro Pharma 709	F&B
	Applied Medical 201	KCI an Acelity Co 301	UOAA 402	Electro Surgical Instrument 400	Aesculap 305	Halo Medical Tech 405	Pranicura 504	LABORIE 401	KARL STORZ Endoscopy 500	Shire 501	Twistie 602	Erbe USA 600	Medtronic 700	Charished Memories PhotoBooth 801			

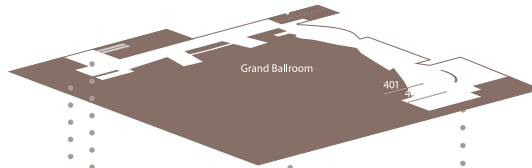
ENTRANCE

MUSIC CITY CENTER

Overview

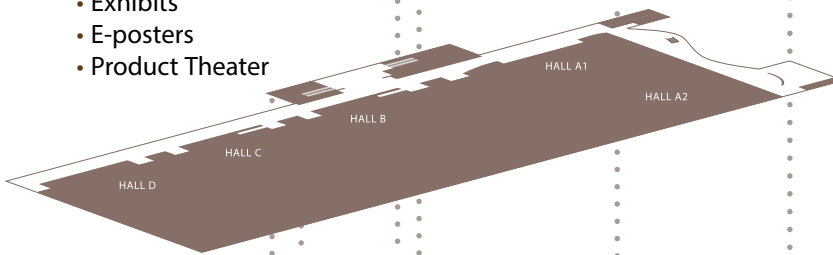
LEVEL 4

- General Sessions
- Speaker Ready Room



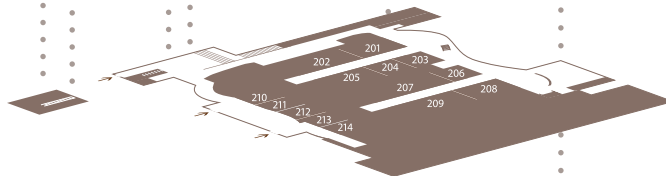
LEVEL 3

- Exhibits
- E-posters
- Product Theater

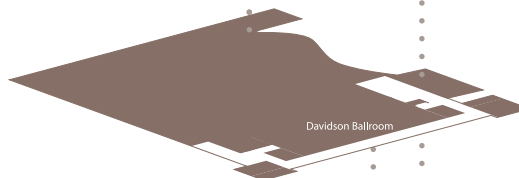


LEVEL 2

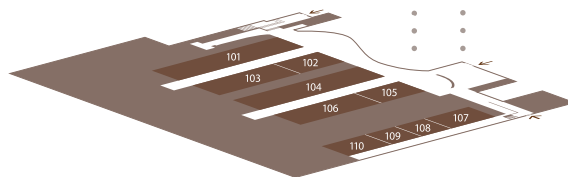
- Registration
- Coat Check



LEVEL 1M

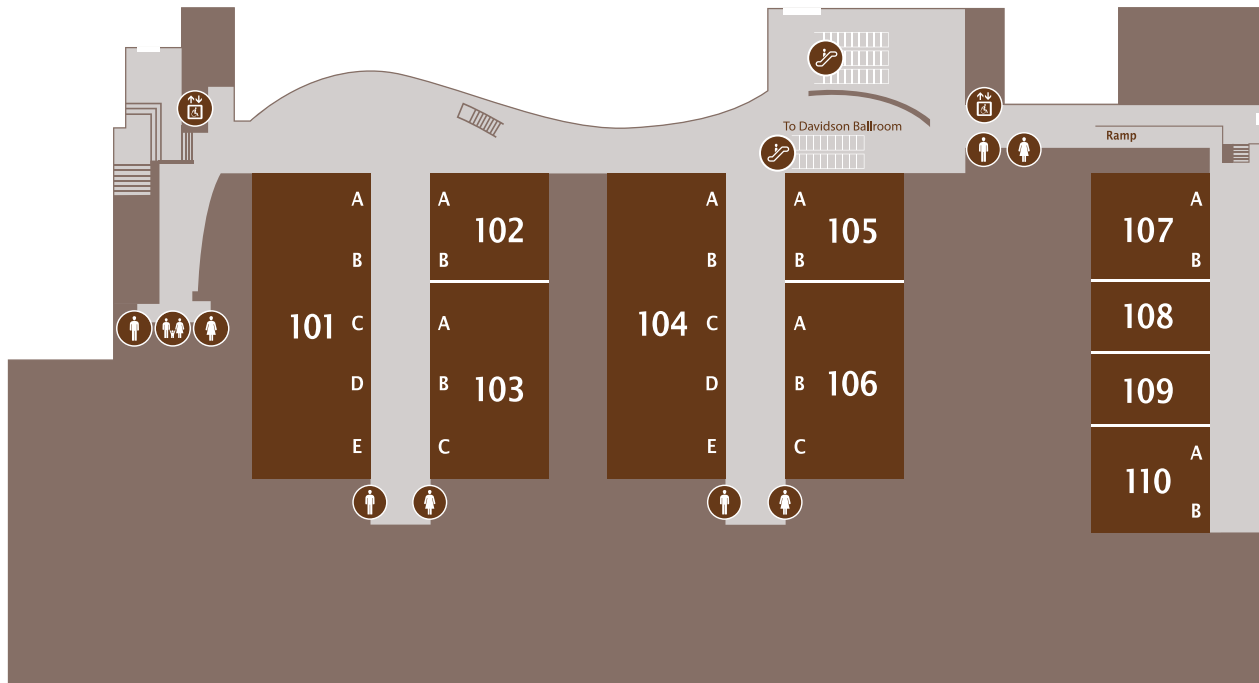


LEVEL 1

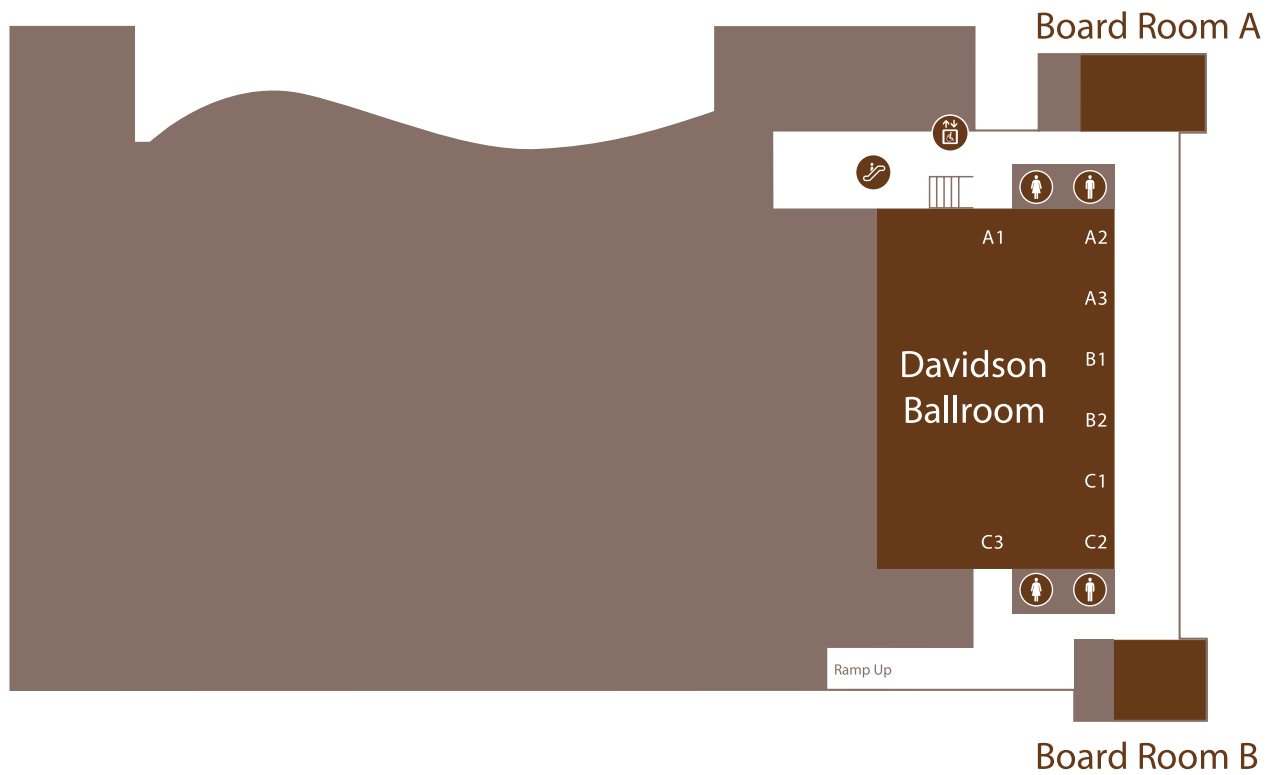


MUSIC CITY CENTER

Level 1

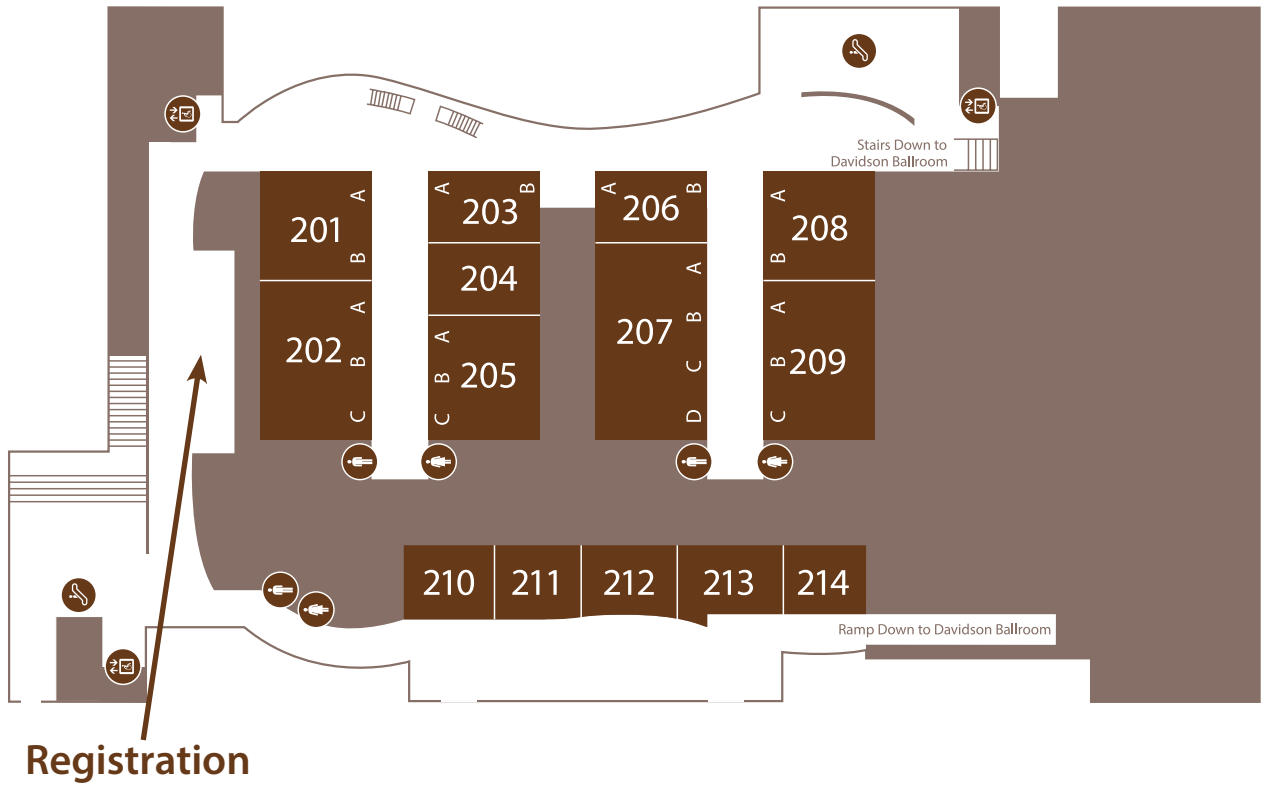


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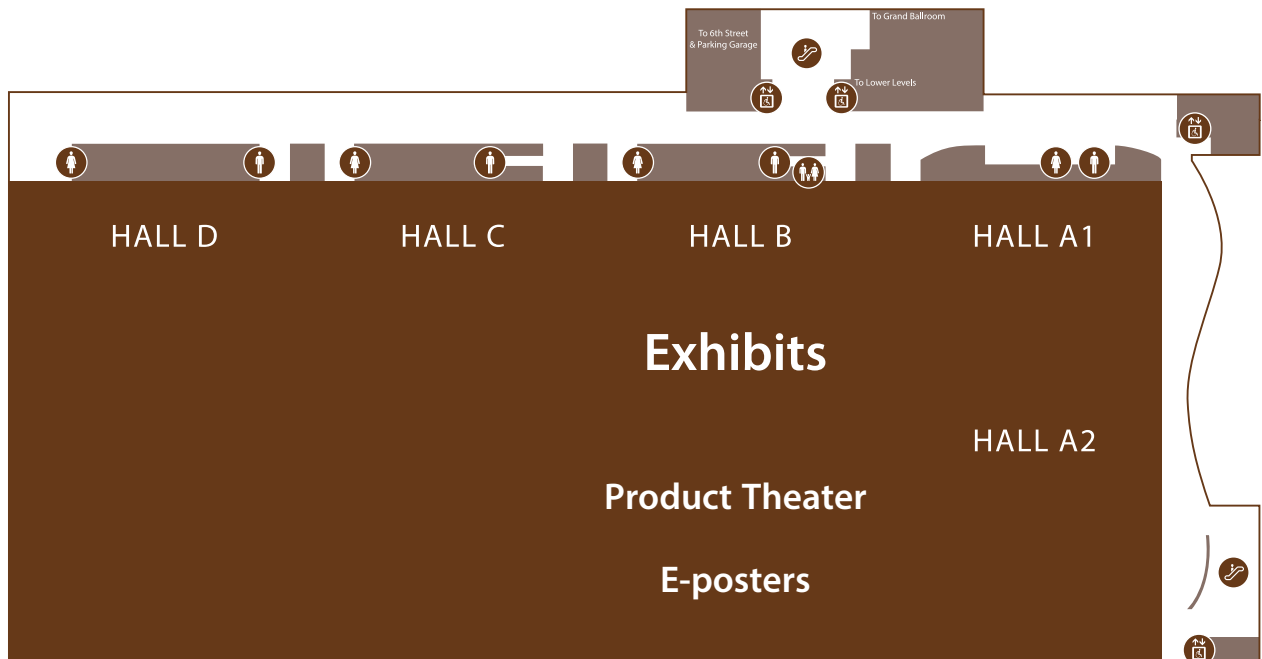


MUSIC CITY CENTER

Level 2

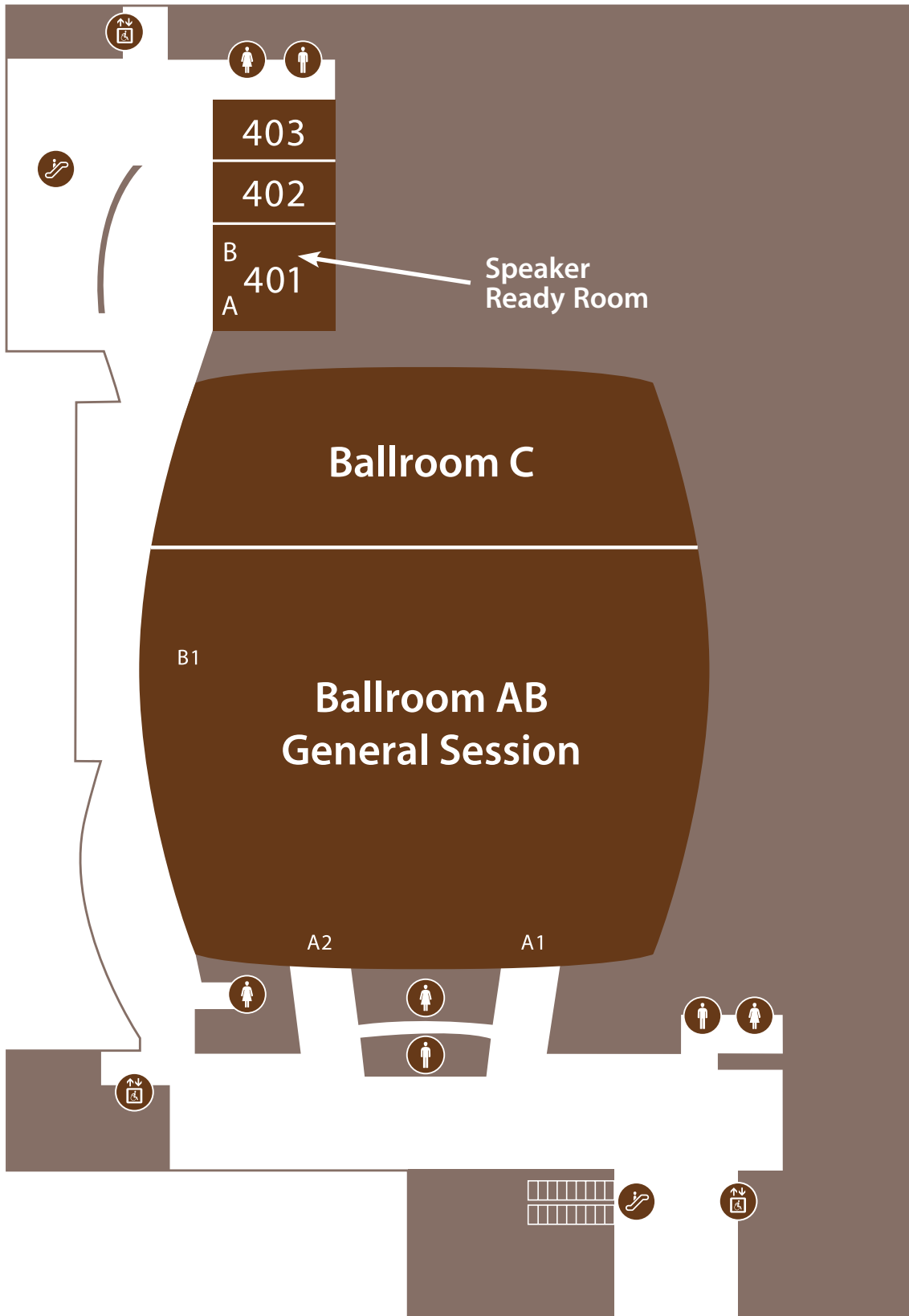


Level 3



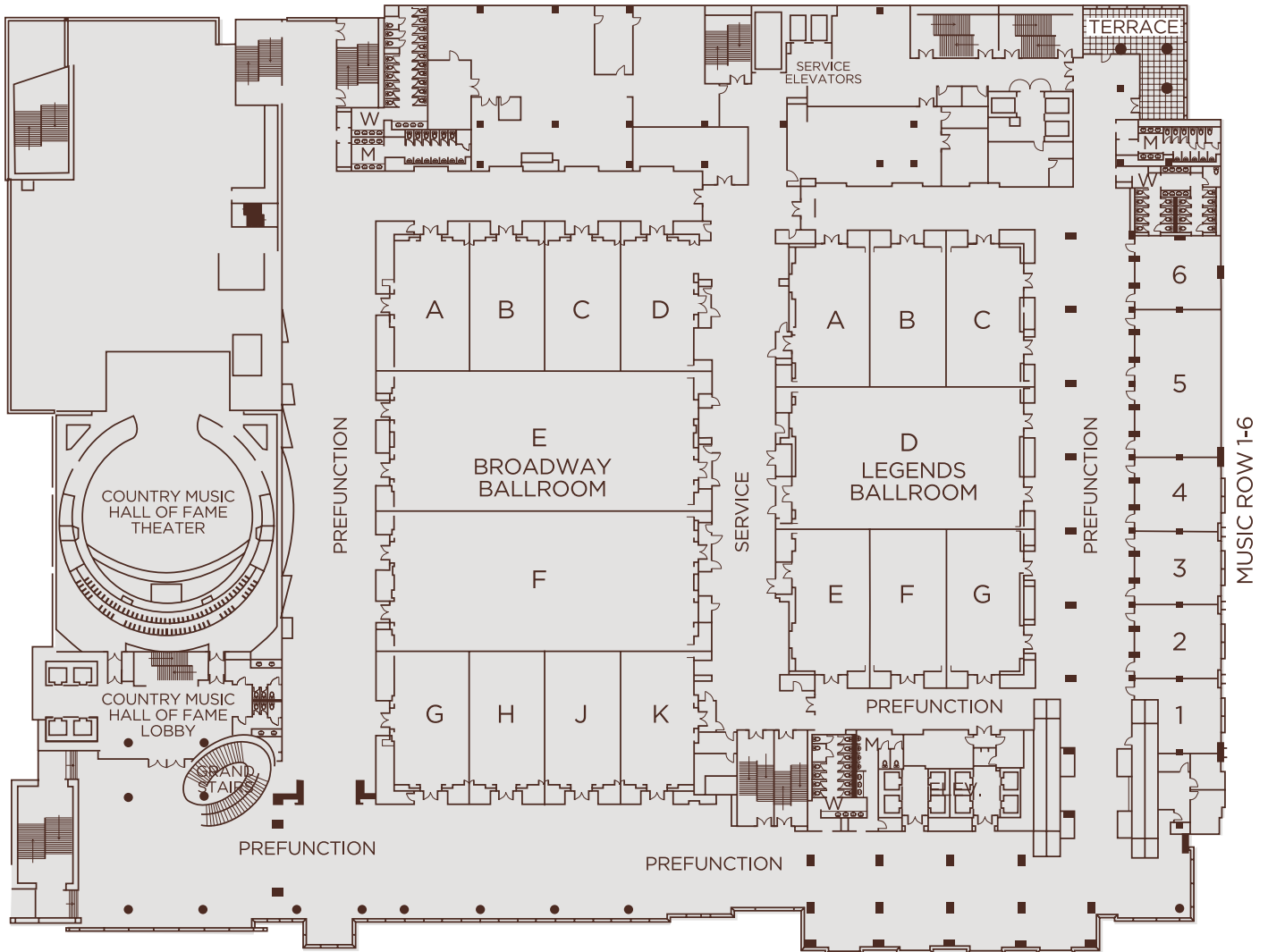
MUSIC CITY CENTER

Level 4



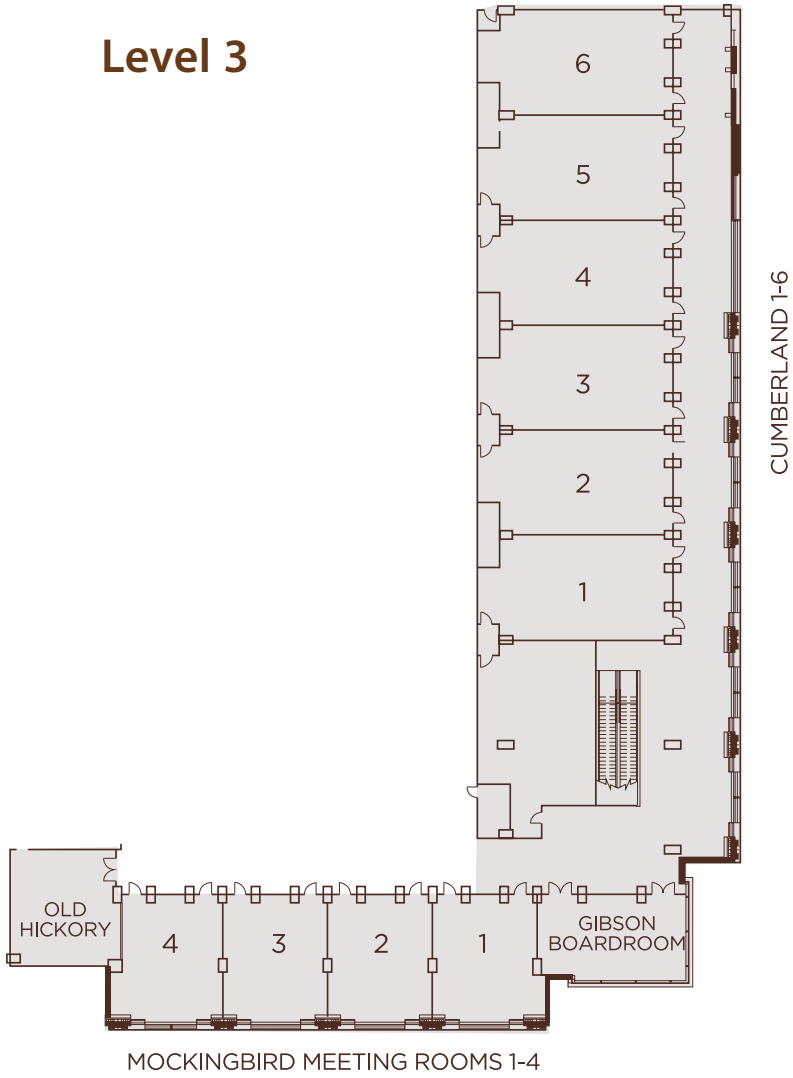
OMNI NASHVILLE HOTEL

Level 2

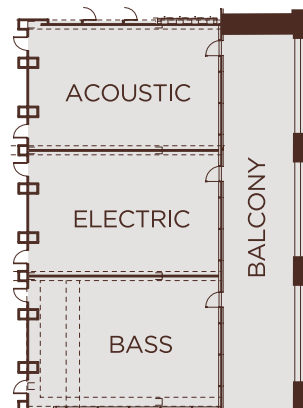


OMNI NASHVILLE HOTEL

Level 3



Level 4



RESEARCH FOUNDATION OF THE ASCRS MEET THE CHALLENGE 2018

The primary mission of the Research Foundation of the American Society of Colon and Rectal Surgeons is to raise and award funds to support research and educational programs related to colon and rectal diseases. During the 2017-2018 year, the Foundation awarded over \$418,000 in research grants.

The Research Foundation Meet the Challenge Campaign – held during Sunday’s Welcome Reception and throughout the 2018 Annual Meeting – challenges attendees to donate to the Foundation to support colorectal research and the future of the specialty. Donation forms will be available at the Welcome Reception and throughout the meeting at the Research Foundation table.

The Research Foundation would like to thank the Regional Societies who have generously donated to the 2018 Meet the Challenge Campaign:

- Chicago Society of Colon and Rectal Surgeons
- Michigan Society of Colon and Rectal Surgeons
- Midwest Society of Colon and Rectal Surgeons
- New England Society of Colon and Rectal Surgeons



