

ASCRS

The American Society of

colon and rectal
surgeons

St. Louis

ASCRS ANNUAL MEETING

June 2–6, 2007

America's Center &
Renaissance Grand Hotel

General Information

Overview and Objectives

This scientific program is designed to provide surgeons with an in-depth and up-to-date knowledge relative to surgery



Dr. Thomas Read
Program Chair



Dr. Howard Ross
Program Vice-Chair

for diseases of the colon, rectum, and anus with emphasis on patient care, teaching, and research. Presentation formats include formal papers, panel discussions, question periods, consultants corner, poster sessions, courses and interactive symposia. The purpose of all sessions is to improve the quality of care of patients with diseases of the colon and rectum and to provide practical knowledge to the practicing surgeon.

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

- Understand the technical steps of laparoscopic colectomy, for both routine and complicated cases, and review the current status of laparoscopic procedures for diseases of the colon and rectum
- Understand the techniques of endoanal and endorectal ultrasound and their potential application in fecal incontinence and rectal cancer
- Review the current national initiatives to improve perioperative care and explore how to implement them in practice
- Understand the potential benefits of various methods to shorten the duration of postoperative ileus
- Evaluate and resolve ethical dilemmas in colon and rectal surgery
- Analyze the roles of radiotherapy, chemoradiotherapy and surgical technique in the management of patients

with adenocarcinoma of the rectum, and of patients with epidermoid carcinoma of the anus

- Review the optimal management of patients suffering from complications following colorectal procedures, including bleeding and anastomotic leak
- Evaluate management approaches to anal fissure and hemorrhoids
- Understand the role of endoscopy in the management of colorectal disease, and explore the potential benefits of NOTES procedures
- Review the current role of medical and surgical therapies for patients suffering from inflammatory bowel disease
- Evaluate the potential for the creation of “centers of excellence” for the treatment of patients with rectal cancer
- Understand the legal process following initiation of a malpractice suit
- Evaluate management strategies for patients suffering from diverticulitis
- Understand the role of biologic materials in colon and rectal surgery
- Review methods to repair complex abdominal wall defects
- Comprehend methods to produce high quality educational videos of surgical procedures

Goals

The goals of these programs are to improve the prevention, diagnosis and treatment of patients with diseases and

disorders affecting the colon and rectum; and improve the quality of patient care by maintaining, developing and enhancing the knowledge, skills, professional performance and multidisciplinary relationships necessary to provide services for patients, the public and the profession.

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 and rectum.

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 designates this educational activity for a maximum of 44.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure

Each speaker has been requested to complete a faculty disclosure form. Disclosure will be made at the time of presentation and included in the Final Program.

CALL FOR ABSTRACTS 2008 CONVENTION AND TRIPARTITE MEETING

June 7-12, 2008

Sheraton Boston Hotel & Hynes Convention Center
Boston, Massachusetts

On-line submission ONLY, effective September 17, 2007
www.fascrs.org

General Information

Social Events

The **Welcome Reception** is scheduled Sunday, June 3, from 7:00 – 9:30 pm (complimentary) – and will feature hors d'oeuvres, cocktails and entertainment. The Welcome Reception will be held at the City Museum and transportation will be provided. *The Research Foundation will join forces with ASCRS to welcome all at this reception.*

The **Annual Dinner Dance** is scheduled Wednesday, June 6 with the reception beginning at 7:00 pm and dinner at 8:00 pm. Tickets are included in the registration fees for ASCRS members. Non-members may purchase tickets for \$75.

Accommodations

The meeting will be held at the St. Louis Renaissance Grand and Suites Hotel & America's Center in St. Louis, Missouri. The Hotel features two choices – The Grand Tower offering standard hotel accommodations and the Suites Tower featuring king bed rooms with small living room areas.

Hotel reservations must be made via the internet (www.fascrs.org); phone, fax or by mail using the housing form.

For best availability, make your reservation via the internet at www.fascrs.org. You may also make reservations by calling (800) 397-1282 or by faxing the housing form to (314) 418-5915. If paying by check, mail the housing form to: St. Louis Renaissance Grand Hotel, 800 Washington Avenue, St. Louis, MO 63101 Attn: Reservations – J Harris.

The deadline for hotel reservations is Tuesday, May 1, 2007.

Hotel reservations / rate availability are not guaranteed after the room block is full or after May 1, 2007. Please register early – only a limited number of rooms are available.

ASCRS Official Travel Agency

To book your air travel, please call Uniglobe Preferred Travel at (847) 640-7100 or (800) 626-0359 and after the prompt dial “0” (M-F 8:30 am – 5:30 pm CST).

If you prefer, you may book your travel online at www.uniglobepreferred.com. Scroll down and click on the Rapid-Rez icon. When the booking page comes up, click on the “Sign In/New Account” line in the upper left portion of the screen. Fill in your Member ID and Password, or if this is your first time at the site, click the “create a new account” line in the first paragraph, fill in the required information, and you are ready to book. Please record your Member ID and your Password for future use. Discount fares are automatically displayed on this site and booking on this site will have a reduced agency service fee of \$15.

Air Fare Discounts

ASCRS has arranged with American Airlines for special discounts on airfares to St. Louis. Save up to 5% when your tickets

are purchased on American Airlines and some restrictions may apply. Please mention the ASCRS Authorization number (listed below) when making your airline reservations.

- Call American's toll-free number, 1-800-433-1790. Mention the ASCRS' Authorization number – A8557AB, to qualify for discount fares.

In addition, Delta Air Lines offers new SimpliFares™ with flexible minimum stay requirements; significantly reduced fares; and lower change fees.

- To make reservations, call Delta Air Lines at 1-800-221-1212 or visit www.delta.com. Be sure to include your Skymiles frequent flyer number and the American Society of Colon & Rectal Surgeons' SkyBonus #US809444233.

Temperature

The average temperature in June ranges from a low of 66° to a high of 86°F.

Child Care Services

Please contact the concierge at the hotel at which you are staying for a list of bonded independent baby sitters and baby sitting agencies.

Spouse/Guest Program

Please review the following and indicate your choices on the registration form.

- Annual Reception**, 7:00 – 8:00 pm, Wednesday, June 6
- Annual Dinner Dance**, 8:00 – 10:30 pm, Wednesday, June 6
- Welcome Reception**, 7:00 – 9:30 pm, Sunday, June 3, City Museum, hors d'oeuvres, cocktails, entertainment.
- Hospitality Suite**, 7:30 – 10:30 am, Sunday – Wednesday
- Admission** to all scientific sessions and the exhibit area.

Package #1 (\$100) Includes items A thru E.

Package #2 (\$55) Includes items C thru E only.

Saturday, June 2

Transanal Endoscopic Microsurgery Course (TEM) Expanding the Role of Local Excision A Minimally Invasive Technique for Excision of Rectal Tumors

*Didactic & Lab Session 7:00 am – Noon • Fee: \$500 • Limit 20 • Registration Required • (No refunds after May 13th)
This course is also offered in the afternoon from 1:00 – 6:00 pm (see page 8)*

Didactic lectures will include the history and development of TEM, preoperative assessment, indications for TEM in benign and malignant lesions, getting started, surgical technique, complications, and results. The hands-on portion will include training on bovine intestine progressing from an open trainer to a closed trainer with only endoscopic visualization. Participants will learn techniques for exposure, full and partial thickness rectal excisions, and suture closure of rectal defects.

Course Directors: Peter Cataldo, MD, Burlington, VT and Theodore Saclarides, MD, Chicago, IL

The course includes:

- Introduction/History of TEM
- Indications and Pre-op Evaluation
- Instrumentation Set-up and Patient Positioning
- Operative Technique
 - Results, Complications, Literature Review
 - Coding, Reimbursement, Extended Application
- Explanation of Lab and Video
- Hands-on Wet Lab

Faculty:

- Peter Cataldo, MD, Burlington, VT
- John Marks, MD, Wynnewood, PA
- Theodore Saclarides, MD, Chicago, IL
- Dana Sands, MD, Weston, FL
- Lee Smith, MD, Washington, DC

Objectives: At the conclusion of this course, participants should be able to: a) understand the indications, risks, and benefits of TEM; b) understand patient selection for TEM in benign and malignant disease; and c) understand the technique of TEM.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 5 AMA PRA Category 1 Credit(s)[™].

Saturday, June 2

Hand Assisted Laparoscopic Intestinal Surgery Workshop

7:30 am – 5:00 pm • Fee: \$595 • Limit 30 • **Registration Required** • Continental Breakfast & Lunch included
(No refunds after May 13th)

This one-day course is designed for surgeons familiar with laparoscopic techniques who wish to expand their skills to laparoscopic intestinal surgery. It will feature lectures, interactive video presentations, and nearly one full day of surgical practice on a **cadaver** in the lab.

The course will emphasize:

- Intestinal anatomy as it relates to laparoscopic resection
- Oncologic principles of laparoscopic intestinal resection
- Bowel mobilization and devascularization
- Extracorporeal and intracorporeal anastomoses
- Stoma creation
- Hand access laparoscopic technique

Course Directors: Peter Marcello, MD, Burlington, MA and Matthew Mutch, MD, St. Louis, MO

Faculty:

- Robin Boushey, MD, Ottawa, ONT, Canada
- Bryan Butler, MD, Amherst, NY
- Alan Herline, MD, Nashville, TN
- Steve Hunt, MD, St. Louis, MO
- Sang Lee, MD, New York, NY
- James McCormick, DO, Pittsburgh, PA
- Jay Redan, MD, Celebration, FL
- David Vargas, MD, Chesapeake, VA
- Martin Weiser, MD, New York, NY
- Mark Whiteford, MD, Portland, OR

Objectives: At the conclusion of this course, participants should be able to: a) recognize the basic principles of laparoscopic intestinal surgery including laparoscopic bowel resection, creation of stomas, suturing of enterotomies, and creation of intestinal anastomoses; b) review intestinal anatomy as it relates to laparoscopy and apply laparoscopic techniques for hemostasis and soft tissue dissection to intestinal surgery; and c) recognize the principles in laparoscopic colorectal surgery for both benign and malignant disease.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 8 AMA PRA Category 1 Credit(s)TM.

Location: Washington University, St. Louis, MO
Eric P. Neuman Education Center
320 South Euclid
St. Louis, MO 63110
Seminar Room B

Transportation will be provided

Saturday, June 2

Endorectal Ultrasound Course Hands-On Lab

7:30 am – 5:00 pm • Fee: \$255 • Limit 80 • **Registration Required** • Lunch included
(No refunds after May 13th)

Over the past several years, the value of endorectal ultrasonography in the evaluation of benign and malignant anorectal disease has been soundly established. Hence, it is important that colorectal surgeons develop hands-on expertise in the use of this diagnostic modality by learning its applications and interpretations and applying it in their practices. This course will provide the colorectal surgeon with training in the basic use of ultrasound with a focused education in applied ultrasound for colorectal disease.

Course Director: Anders Mellgren, MD, *Minneapolis, MN*

■ Indications and rationale for rectal and anal US

Juan Nogueras, MD, *Weston, FL*

■ Physics, technique and image interpretation

Charles Finne, MD, *Minneapolis, MN*

■ Normal ultrasound anatomy

Robert Akbari, MD, *Pittsburgh, PA*

■ Evaluation of fistula & abscess

Sharon Gregorcyk, MD, *Dallas, TX*

■ Evaluation of incontinence

Anders Mellgren, MD, *Minneapolis, MN*

■ Preoperative staging of rectal cancer

David Beck, MD, *New Orleans, LA*

■ Considerations in US of large villous adenomas

Anders Mellgren, MD, *Minneapolis, MN*

■ Pitfalls in US cancer staging

Julio Garcia-Aguilar, MD, *San Francisco, CA*

■ Post-op follow-up and biopsy technique

Charles Finne, MD, *Minneapolis, MN*

■ New technologies and equipment

Charles Tsang, MD, *Singapore*

■ 3-D ultrasound in rectal cancer

Susan Parker, MD, *Tuscon, AZ*

■ 3-D ultrasound in benign disease

Laurence Sands, MD, *Miami, FL*

■ Review of Patient Cases

Drs. Sharon Gregorcyk, *Dallas, TX* and
Anders Mellgren, *Minneapolis, MN*

Hands-On Lab

■ Station 1: Equipment and interpretation

Charles Tsang, MD, *Singapore*

■ Station 2: Rectal ultrasound

Julio Garcia-Aguilar, MD, *San Francisco, CA*

■ Station 3: Anal ultrasound

Susan Parker, MD, *Tuscon, AZ*

■ Station 4: US guided biopsy

Charles Finne, MD, *Minneapolis, MN*

■ Post Test

Drs. Sharon Gregorcyk, *Dallas, TX* and
Anders Mellgren, *Minneapolis, MN*

Coordinators: Linda Jensen, RN, *Minneapolis, MN* and Peggy Ashton, RN, *Minneapolis, MN*

Objectives: Upon completion of the interactive program, participants should be able to: a) discuss the basics of ultrasound principles and physics; b) outline the indications for endorectal ultrasound in colorectal disease; c) describe the normal ultrasound anatomy of the anus, rectal wall, and surrounding structures; d) describe the technique and image interpretation of endorectal and endoanal ultrasound examinations for rectal cancer staging, evaluation of anal incontinence, and fistula/abscess; and e) describe the technique of ultrasound guided needle biopsy of extrarectal pathology.

Participants may present the certificate of attendance for this course to the appropriate credentialing authority as documentation of his or her education and training. This course meets the criteria for Level 2 of the AMA's criteria for documenting achievement in new procedures/skills and will verify that the physician attended and completed the course. Award of Level 2 certificate requires a passing score on the written examination.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 8 *AMA PRA Category 1 Credit(s)*[™].

Saturday, June 2

Colorectal Research: How to Get Started and How to Fund It

An ASCRS Research Foundation Workshop

1:00 – 4:00 pm

Director: Walter Koltun, MD, Hershey, PA

Surgical research can be of many types and funded through various means. This session plans to provide insight and specific recommendations for the individual looking to start a research program in colorectal surgery. Various research formats or paradigms will first be discussed, focusing on critical elements necessary for success in each, so the listener can identify the type of research he/she is most interested in and able to do. The second session similarly provides specific information regarding funding opportunities at several levels, from the individual's own institution all the way to the federal level, including a specific summary of the funding programs at the ASCRS Research Foundation.

Paradigms for Surgical Research

- **Using an Institutional Patient Database for Clinical/Outcome Studies**
James Church, MD, *Cleveland, OH*
- **Using Regional and National Databases for Clinical Population Studies**
Clifford Ko, MD, *Los Angeles, CA*
- **The Multi-Centered Co-operative Sponsored Trial: ACOSOG, ECOG, NSABP**
Heidi Nelson, MD, *Rochester, MN*
- **The Industry Sponsored Research Program**
James Fleshman, MD, *St. Louis, MO*
- **Using 'Patients as Models' for Scientific Discovery**
Walter Koltun, MD, *Hershey, PA*
- **The Basic Science Lab**
Kelli Bullard Dunn, MD, *Buffalo, NY*

Mechanisms of Funding

- **Funding/Facilitating the 'Start-up Effort'**
Lisa Poritz, MD, *Hershey, PA*
- **The 'Classic NIH' Path: K08, R21, R01**
Robert Thompson, MD, *St. Louis, MO*
- **Advocacy/Society Funding: ACS, ACS, CCFA, SSO, AAS**
Scott Strong, MD, *Cleveland, OH*
- **The ASCRS Granting Mechanisms**
José Guillem, MD, *New York, NY*

Objectives: At the conclusion of this course, attendees should be able to understand and recognize the necessary components of successful research programs: a) based on institutional databases; b) using national databases; c) using multi-institutional centrally co-ordinated trials; d) using industrially directed research; e) using patients for scientific research; and f) in bench-top research. Attendees will be able to identify potential sources of research funding at multiple levels, including: a) institutional; b) specialty society; c) patient advocate groups; d) NIH; and e) the Research Foundation of the ASCRS.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 3 *AMA PRA Category 1 Credit(s)*TM.

Saturday, June 2

Transanal Endoscopic Microsurgery Course (TEM) Expanding the Role of Local Excision A Minimally Invasive Technique for Excision of Rectal Tumors

Didactic & Lab Sessions • 1:00 – 6:00 pm • Fee: \$500 • Limit 20 • Registration Required

(No refunds after May 13th)

This course is also offered in the morning from 7:00 am – Noon (see page 4)

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The course includes:

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Faculty:

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- John Marks, MD, Wynnewood, PA
- Theodore Saclarides, MD, Chicago, IL
- Dana Sands, MD, Weston, FL
- Lee Smith, MD, Washington, DC

Objectives: At the conclusion of this course, participants should be able to: a) understand the indications, risks, and benefits of TEM; b) understand patient selection for TEM in benign and malignant disease; and c) understand the technique of TEM.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 5 AMA PRA Category 1 Credit(s)TM.

Saturday, June 2

Teaching Ethics and the Ethics of Teaching: *Just Trying to Keep Up with Changes!*

1:30 – 4:30 pm • *Registration Required*

Dramatic changes in the practice of medicine present surgeons and surgical educators with new ethical challenges which demand innovative approaches to patient care and physician training. This seminar is intended for those who are interested in learning and teaching an understanding of, and a curriculum for, dealing with the increasingly complex ethical dilemmas which confront surgeons daily. Emphasis will be placed on teaching this challenging material to students, residents, fellows, and colleagues facing the new and rapidly changing era of modern surgery; where mentoring has become disrupted, trainees have diminished contact with patients and families, information is acquired by electronic media rather than by didactic lectures, and yet medicine and surgery can actually do more good than ever before. Emphasis will be placed on the generational differences as “new surgeons” become colleagues of established “old surgeons”.

The first half of the seminar will deal with current ethical and teaching challenges; and the second half will present a system for implementing the teaching and disseminating at established institutions. The program will be presented by faculty, residents and students from Washington University School of Medicine in St. Louis and the Washington University Center for the Study of Ethics and Human Values. There will be a debate between surgery residents on controversial cases, moderated by Mary McGrath, MD, Chair of the American College of Surgeons Regents’ Committee on Ethics. After each debate session, she will moderate a panel of experts to define the ethical principles involved in each case.

Participants are encouraged to submit, in advance, challenging issues and cases from their own experiences, which they would like to see considered during the seminar (send to: ijkodner@aol.com by April 30, 2007).

Course Director: Ira Kodner, MD, St. Louis, MO

Faculty:

- **Mary H. McGrath, MD**, Chair of Ethics Committee, Board of Regents, American College of Surgeons, *San Francisco, CA*
- **Mary Klingensmith, MD**, Program Director, Department of Surgery, Washington University, *St. Louis, MO*
- **Valerie Halpin, MD**, Assistant Professor of Surgery, Washington University School of Medicine, *St. Louis, MO*
- **Stuart Yoak, PhD**, Executive Officer, Washington University Center for the Study of Ethics and Human Values, *St. Louis, MO*
- **Emily Rivet, MD**, Surgery Resident, Washington University School of Medicine, *St. Louis, MO*
- **Sean Glasgow, MD**, Surgery Resident, Washington University School of Medicine, *St. Louis, MO*
- **Aaron Norris, MD, PhD**, Student, Washington University School of Medicine, *St. Louis, MO*

Objectives: At the conclusion of this session, participants should be able to: a) define the nature of complex ethical dilemmas facing surgeons and their trainees in the current atmosphere of generic medicine, decreased reimbursement, limited resident work hours, and changing values among our patients, our trainees, and society in general; and b) provide a detailed and proven effective, technique for initiating and maintaining a surgical ethics educational curriculum within established surgical education programs.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 3 *AMA PRA Category 1 Credit(s)*[™].

Saturday, June 2

Directors' Corner: Technical Aspects on How to Make and Present "State of the Art" Surgical Videos

3:00 – 5:00 pm

This course will offer instruction on how to create a "state of the art" surgical video, how to avoid major technological glitches during presentation, and new innovative ways to incorporate videos into educational programs.

Directors: Jeffrey Milsom, MD, New York, NY and Toyooki Sonoda, MD, New York, NY

- **Lights, camera, action! Recording the best video**
(Including necessary equipment/costs; recording media, ie. SVHS vs. Mini DV vs. DVD vs. HD; lighting, camera angles; how to in laparoscopy, open surgery, anorectal surgery)
- **Editing videos**
(Software, capturing and editing the critical steps of the operation; ideal file size and video length)
- **Presenting videos:**
Avoiding the "oops, it worked at home..."
(Why presentations go bad; best format & foolproof setups; including it in a Powerpoint Presentation)
- **Modern methods of video education**
(DVD's; Web-based education; downloading to iPOD)
- **Roundtable Discussion**
- **Questions from the Audience**

Objectives: At the conclusion of this session, participants should be able to: a) demonstrate and explain how "state of the art" surgical videos are created and edited utilizing cameras, lighting and editing software; b) understand what to include and what to edit out; c) develop appropriate format and size for the finished product; d) understand how to present these videos at meetings (format, file size, inclusion in Powerpoint); and e) understand how to disseminate to the audience (DVD, web-based, download onto iPOD).

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)TM.

Saturday, June 2

DC&R Workshop

So You Want to be an Editor...

4:00 – 5:30 pm

This interactive course is intended for all individuals interested in critical appraisal of scientific manuscripts, including present and aspiring future reviewers of *Diseases of the Colon and Rectum*. The first half of the course will comprise brief didactic lectures addressing such key topics as study design, presentation of data, and scientific writing. The second half of the session will be devoted to critical evaluation of one or more published manuscripts. This portion of the course is designed for maximal participation of registrants, with ongoing commentary and discussion with the panel of expert editors.

Moderator: Robert Madoff, MD, Minneapolis, MN

■ **Introduction**

Robert Madoff, MD, *Minneapolis, MN*

■ **What is the Question, and is the Study Design Appropriate?**

W. Donald Buie, MD, *Calgary, AB, Canada*

■ **Statistical Pitfalls in Data Reporting**

Nancy N. Baxter, MD, PhD, *Toronto, ONT, Canada*

■ **Assessing the Text**

James M. Church, MD, *Cleveland, OH*

■ **Interactive Panel Discussion**

Objectives: At the conclusion of this session, participants should be able to: a) understand key issues in framing a scientific question for publication; b) understand key points in presenting scientific data; and c) critically evaluate scientific manuscripts for importance, applicability, accuracy and clarity of expression.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*TM.

Saturday, June 2

Dinner Symposium

Biologics in Colorectal Surgery

6:00 – 7:30 pm

This course will enhance your awareness and efficacy of biological materials in colorectal surgery. Didactic talks, videos and peer review data will be utilized.

Director: José Cintron, MD, Chicago, IL

- **Overview of Biologics**
Bradford Sklow, MD, *Salt Lake City, UT*
- **Do Biologics Work for Crohn's Anorectal Fistulas?**
David Armstrong, MD, *Decatur, GA*
- **Repair of Rectovaginal Fistulas with Biological Materials**
Herand Abcarian, MD, *Chicago, IL*
- **Biologics for Complex Anorectal Fistulas**
José Cintron, MD, *Chicago, IL*
- **Pelvic Floor Reconstruction with Biologics**
Neal Ellis, MD, *Mobile, AL*
- **Parastomal Hernia Repair: Can Biologics Enhance Results?**
Bruce Orkin, MD, *Washington, DC*

Objectives: At the conclusion of this session, participants should be able to: a) describe the composition of various biological materials and their natural history after implanatation; and b) understand the role of biologics in a variety of difficult clinical problems including anorectal fistulas, rectovaginal fistulas, pelvic floor abnormalities and parastomal hernias.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*TM.

Sunday, June 3

Breakfast Symposium

Laparoscopic Colectomy: The Basics and Beyond

An ASCRS and SAGES Program
6:30 – 9:00 am • Continental Breakfast

This two and a half hour breakfast symposium will be an enthusiastic and wide-ranging presentation of the spectrum of different techniques used for laparoscopic colorectal operations. The experienced presenters each have three minutes to demonstrate succinctly with video clips the techniques and tips they use in their practice. Presenters will also be called upon to explain and defend their choice of technique.

Directors: Tonia Young-Fadok, MD, Scottsdale, AZ and Richard Whelan, MD, New York, NY

Basics –

Moderator: Nancy Baxter, MD,
Toronto, ON, Canada

- **Establishment of pneumoperitoneum**
John Pemberton, MD, Rochester, MN
- **Pfannenstiel incision**
Mark Whiteford, MD, Portland, OR
- **Placement of hand device**
Peter Marcello, MD, Burlington, MA
- **Intracorporeal division of vessels**
Morris Franklin, MD, San Antonio, TX

Right Colectomy Mobilization –

Moderator: Morris Franklin, MD
San Antonio, TX

- **Port placement-right colon**
Madhulika Varma, MD,
San Francisco, CA
- **Lat-to-Med R colon**
Amir Bastawrous, MD, Chicago, IL
- **Med-to-lat start vessels**
George Chang, MD, Houston, TX
- **Exposure/division right middle colic**
Daniel Geisler, MD, Cleveland, OH
- **Inf-to-sup**
Matthew Mutch, MD, St. Louis, MO

Right Colon-Flexure, Resection

- **Omental peel/lesser sac**
Eric Weiss, MD, Weston, FL
- **Hepatocolic - divide**
David Rivadeneira, MD,
Stony Brook, NY
- **EC resection and anastomosis**
David Dietz, MD, St. Louis, MO
- **IC resection and anastomosis**
Ramesh Ramanathan, MD,
Pittsburgh, PA

Left Colon – Sigmoid Colectomy –

Moderator: Tonia Young-Fadok, MD
Scottsdale, AZ

- **Port placement-sigmoid colon**
Robert Akbari, MD, Pittsburgh, PA
- **Med-Lat early devasc, inf approach**
Martin Weiser, MD, New York, NY
- **HA Med-to-Lat inf approach**
John Park, MD, Niles, IL
- **Med-Lat starting above IMV**
Daniel Feingold, MD, New York, NY

Left Colon-Sigmoid-Flexure, Resection

- **Lat-Med left colon mobilization**
Jonathan Efron, MD, Scottsdale, AZ
- **Entry lesser sac/omental peel**
Laurence Yee, MD, San Francisco, CA
- **HA splenic flexure**
Jeffrey Cohen, MD, Hartford, CT

Pelvis - Rectum –

Moderator: Richard Whelan, MD
New York, NY

- **Laparoscopic rectal mobilization**
John Marks, Wynnwood, PA
- **HA rectal mobilization**
Sang Lee, MD, New York, NY
- **Laparoscopic & HA division of rectum**
Toyooki Sonoda, MD, New York, NY
- **Intracorporeal colorectal anastomosis**
Conor Delaney, MD, Cleveland, OH
- **Transperineal colonic j pouch**
Steven Wexner, Weston, FL

Objectives: At the conclusion of this session, participants should be able to: a) understand safe methods of abdominal access and different trocar placement patterns; b) describe alternative surgical approaches to the right and left colon; and c) comprehend the difficulties of dissection in the pelvis.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)TM.

Sunday, June 3

Breakfast Symposium

Technologic and Pharmacologic Advances for Enhanced Recovery After Colectomy

6:45 – 9:00 am

There has been an increasing emphasis on the benefits of enhanced recovery programs for patients undergoing colectomy. A multimodal program which includes evidence-based approaches to preoperative preparation, surgical techniques, anesthetic management, pharmacologic adjuncts, and postoperative care must be integrated for optimal outcomes.

Directors: Anthony Senagore, MD, Grand Rapids, MI

Strategies to Reduce Postoperative Ileus

■ **Surgical technique, anesthesia, postop care**
David Margolin, MD, *New Orleans, LA*

■ **Pharmacologic**
Conor Delaney, MD, *Cleveland, OH*

Strategies to Improve Surgical Outcome

■ **Cathartic bowel preparation: a thing of the past?**
James McCormick, DO, *Pittsburgh, PA*

■ **From across the drapes: anesthesia perspective**
Ashley Storey, MD, *Pittsburgh, PA*

■ **Performance measures: the mandates and the evidence**
Robert Sinnott, DO, *Allentown, PA*

Objectives: At the end of this symposium, participants should be able to accomplish the following with respect to enhanced recovery programs: a) implement surgical care plans; b) implement post-operative care plans; and c) understand potential pharmacologic adjuncts.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)TM.

Sunday, June 3

Question Writing Workshop

7:30 – 9:00 am • (Closed Session – by invitation only)

The new requirements for Maintenance of Certification coupled with the ongoing written and oral Board exams have created an increased demand on our existing question pools. This “closed” workshop is aimed at present or potential question writers for the Self Assessment exam and the Written Board exam. The essentials of appropriate question writing will be presented. Experienced, successful question writers will present their approach and practical tips. Participants will submit questions for review and critique.

Moderator: John Roe, MD, Sacramento, CA

Faculty:

■ **H. Randolph Bailey, MD, Houston, TX**

■ **Robert Fry, MD, Philadelphia, PA**

■ **James Fleshman, MD, St. Louis, MO**

■ **Patricia Roberts, MD, Burlington, MA**

Objectives: At the conclusion of this session, participants should be able to: a) recognize and use key features for test materials in a given subject area; b) avoid common question writing flaws; and c) write high quality, effective Type A questions.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*[™].

Continental Breakfast

The Critical Role of Allied Health Professionals in The Management of Patients with Colorectal Diseases

8:00 am – Noon • Fee \$60 • **Registration Required** • (No refunds after May 13th)

Registrants are encouraged to register their Allied Health Professionals for this program

The second annual allied health care professionals' symposium follows last year's inaugural event with a program designed to focus on common patient problems. As the title of the course correctly states, allied health professionals play a critical role in patient care. We hope that attendance at this symposium will result in improved understanding of the diagnosis and management of common stoma problems, benign anal disorders and fecal incontinence. In addition, we will focus on the management of common post-operative complications that are so often the source of phone calls to the office by patients after surgery, as well as criteria for hospital readmission. We aim to provide a forum whereby allied health professionals can update their knowledge and skills and make themselves even more valuable to the patients and physicians with whom they work. Allied health professionals are also welcome to register to attend the entire ASCRS Annual Meeting and obtain additional continuing medical education credits.

Director: Susan Galandiuk, MD, Louisville, KY

Co-Directors: DeeAnn Davidson, ACNP, New York, NY; Linda Jensen, BSRN, CCRC, BCIAC, St. Paul, MN

■ Stomas

Linda Stamm, MSN, APRN, BC, St. Louis, MO

■ Post-operative Care and Complications

Dee Ann Davidson, ACNP, New York, NY

■ Anal/Rectal Problems – Diagnosis and Treatment

Sang Lee, MD, New York, NY

■ Fecal Incontinence – Diagnosis and Treatment

Elisa Birnbaum, MD, St. Louis, MO

■ Pelvic Floor Dysfunction

Crina V. Floruta, MSN, CNP, CWOCN, Cleveland, OH

■ Panel Discussion

Elisa Birnbaum, MD

Dee Ann Davidson, ACNP

Crina V. Floruta, MSN, CNP, CWOCN

Susan Galandiuk, MD

Linda Jensen, BSRN, CCRC, BCIAC

Sang Lee, MD

Linda Stamm, MSN, APRN, BC

Objectives: At the conclusion of this interactive program, participants should be able to: a) demonstrate the proper marking on a colorectal surgery patient for a colostomy and ileostomy; b) discuss patient education related to the care of ileostomy and colostomy; c) identify the characteristics of a parastomal hernia and the appropriate treatments; d) discuss the complications and appropriate treatment in the care of an ileostomy and colostomy stoma; e) identify and describe the complications that may occur postoperatively with colorectal surgical patients; f) discuss the appropriate treatment of postoperative complications; g) identify symptoms of fecal incontinence; h) describe treatment options for fecal incontinence; i) identify the differences between and describe the treatment options for internal hemorrhoids and thrombosed hemorrhoids; j) describe the characteristics of anal condyloma and the treatment options; k) identify pruritis ani and appropriate treatment; l) identify a symptomatic rectocele and treatment options; and m) identify the characteristics of an anal fissure and the treatment options.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 4 *AMA PRA Category 1 Credit(s)*TM.

Sunday, June 3

Core Subject Update

9:00 – 11:30 am

The Core Subject Update - one of the highlights of the meeting - was developed by ABCRS and ASCRS to assist in the education and recertification of colon and rectal surgeons. Core subjects have been restructured to include 24 topics rotating on a four year cycle. Speakers give a 20 minute evidence based review focused on current concepts and controversies followed by a 5-minute question period. A written précis based on each talk will be available on the ASCRS website prior to the meeting. Questions developed from each presentation are included in the ABCRS recertification question bank.

Director: Donald Buie, MD, Calgary, AB, Canada

■ **Complications in Colorectal Surgery**

Mark Whiteford, MD, *Portland OR*

■ **Sexually Transmitted Diseases Including HIV**

P. Terry Phang, MD, *Vancouver, BC, Canada*

■ **Constipation**

Charles Ternent, MD, *Plantation, FL*

■ **Crohn's Disease**

Robert Cima, MD, *Rochester, MN*

■ **Endoscopy/Polyps**

John Heine, MD, *Calgary, AB, Canada*

■ **Advanced Colon and Rectal Cancer**

Nancy Baxter, MD, *Toronto, ONT, Canada*

Objectives: Upon completion of this session, participants should be able to: a) demonstrate an understanding of the potential complications specific to colorectal surgery, risk modification strategies and treatment; b) demonstrate an understanding of sexually transmitted disease and an understanding of the implications of HIV in colorectal surgery; c) demonstrate an understanding of the current medical and surgical management of constipation; d) demonstrate an understanding of the current controversies and surgical management of Crohn's disease in the era of biologics; e) demonstrate an understanding of colonoscopy including polypectomy, stenting and local control of lower GI bleeding; and f) demonstrate an understanding of the current management of advanced colon and rectal cancer.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 2.5 AMA PRA Category 1 Credit(s)TM.

Sunday, June 3

Luncheon Symposium

Office and Outpatient Treatment of Fissure and Hemorrhoids

11:45 am – 1:15 pm • Limit 250

Common anorectal conditions such as hemorrhoids and idiopathic fissure are increasingly managed in an outpatient and nonoperative fashion. Each of these entities will be discussed first from the nonoperative point of view. Since these office treatments are not uniformly successful, operative treatments (generally performed on an outpatient basis) will also be described. Once the basics have been described, the combined expertise of the panel will be used to discuss individual difficult situations.

Director: David Schoetz, Jr., MD, Burlington, MA

■ **Hemorrhoids – Office Assessment and Treatment**

Lee Smith, MD, Washington, DC

■ **Hemorrhoids – Operations, New and Old**

Charles Whitlow, MD, New Orleans, LA

■ **Fissure – A Nonoperative Problem**

Alan Herline, MD, Nashville, TN

■ **Fissure – Operations: When, Where and How?**

Philip Gordon, MD, Montreal, QB, Canada

Objectives: At the conclusion of this session, participants should be able to: a) present the office treatment of hemorrhoids and idiopathic anal fissure; b) discuss various operative treatments of hemorrhoids; c) review the operative choices for anal fissure; and d) evaluate specific difficult cases and complications.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*TM.

Sunday, June 3

1:30 – 2:00 pm

Welcome and Opening Announcements

Lester Rosen, MD, Allentown, PA
President, American Society of Colon and Rectal Surgeons

Thomas Read, MD, Pittsburgh, PA
Program Chair

Howard Ross, MD, Philadelphia, PA
Program Vice-Chair

David Dietz, MD, St. Louis, MO
Local Arrangements Chair

David Rivadeneira, MD, Stony Brook, NY
Awards Chair

2:00 – 3:30 pm

Rectal Cancer

Moderators: Drs. James Fleshman, St. Louis, MO and James Celebrezze, Pittsburgh, PA

- **The Influence of Circumferential Resection Margins on Long-Term Outcomes following Rectal Cancer Surgery** S2
P. Tekkis, H. Tilney, S. Rasheed, J. Northover, London, UK, Harrow, UK
- **The Impact of 18-FDG Positron Emission Tomography-Computed Tomography on the Staging and Management of Advanced Primary Rectal Cancer** S3
A. Heriot, K. Davey, J. Mackay, E. Drummond, A. Hogg, A. Milner, R. Hicks, Melbourne, Australia
- **The Dilemma: Postoperative Radiotherapy for Stage IIIa Rectal Cancer?** S4
Y. Kariv, I. Lavery, J. Hammel, Cleveland, OH
- **Measuring Sexual and Urinary Outcomes in Females Following Rectal Cancer Excision** S5
J. Cornish, P. Tekkis, H. Tilney, F. Remzi, S. Strong, J. Church, I. Lavery, V. Fazio, London, UK, Cleveland, OH
- **Extended Radical Resection - The Choice for Locally Recurrent Rectal Cancer** S6
A. Heriot, J. Mackay, C. Byrne, M. Solomon, P. Lee, B. Dobbs, F. Frizelle, H. Tilney, Melbourne, Australia, Sydney, Australia, Christchurch, New Zealand, London, UK
- **Is Transanal Excision Only for Early Stage Rectal Cancer? Results of Transanal Excision of Locally Advanced Rectal Cancer following Combined Modality Therapy** S7
L. Santiago, J. Cromwell, T. Jordan, J. Marcet, Tampa, FL
- **Outcome of Selected T2 and T3 Distal Rectal Cancers Treated with Neoadjuvant Chemoradiation Followed by Full-Thickness Local Excision** S8
A. Sahai, D. Medich, E. Legnerd, J. Celebrezze, S. Beck, D. Parda, Pittsburgh, PA
- **Local Excision of Distal Rectal Adenocarcinoma: An Update of CALGB 8984** S9
J. Greenberg, D. Shibata, J. Herndon II, G. Steele, Jr., R. Mayer, R. Bleday, Boston, MA, Tampa, FL, Durham, NC, Danville, PA

Harry E. Bacon Lectureship



4:00 – 4:30 pm

Ulcerative Colitis: to Pouch or Not to Pouch?

**Professor Ralph John Nicholls, MA
MB MChir FRCS (Eng) FRCS(Glasg)
EBSQ(Coloproctology)
Emeritus Consultant Surgeon
St. Mark's Hospital
North West London Hospitals
NHS Trust, London, UK**

Sunday, June 3

Symposium

Radical Resections for Rectal Cancer

4:30 – 5:30 pm

Radical resections for locally advanced primary or recurrent rectal cancers are a major surgical challenge. Optimal preoperative evaluation and treatment planning based on clinical assessment and imaging studies are essential and will be addressed. The role of neoadjuvant therapy and intraoperative radiation therapy will be discussed. One of the key areas of focus will be on the operative techniques for extended rectal resections (such as exenteration, sacrectomy, etc) that are necessary to achieve an R0 resection which is essential for potential cure. Such extended resections can result in significant morbidity. Hence, the prevention and management of complications such as DVT, wound breakdown, septic complications and adverse effects of IORT will be addressed. This session will focus more on practical applications in evaluation and multidisciplinary management than on outcome data.

Director: W. Douglas Wong, MD, New York, NY

■ **Preoperative Evaluation and Treatment Planning**
Julio Garcia-Aguilar, MD, *San Francisco, CA*

■ **Neoadjuvant Therapy and the Role of IORT**
Bruce Minsky, MD, *Chicago, IL*

■ **Operative Techniques for Extended Rectal Resections**
Philip Paty, MD, *New York, NY*

■ **Prevention and Management of Complications**
Ronald Bleday, MD, *Boston, MA*

■ **Panel Discussion**

Objectives: At the completion of this session, participants should be able to: a) discuss the optimal preoperative evaluation and decision making in treatment planning; b) understand the potential advantages of neoadjuvant therapy for locally advanced rectal cancer; c) discuss the optimal regimens for neoadjuvant therapy; d) discuss the potential role of IORT; e) describe the operative techniques necessary to achieve an R0 resection by utilizing extended resections for locally advanced or recurrent rectal cancer; and f) understand methods to prevent complications such as DVT, wound breakdown, septic complications as well as how to manage such complications.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Welcome Reception

7:00 – 9:30 pm

City Museum

(transportation provided)

Housed in the 600,000 square-foot former International Shoe Company, the museum is an eclectic mixture of children's playground, funhouse, surrealist pavilion, and architectural marvel made out of unique, found objects. The brainchild of internationally acclaimed artist Bob Cassilly, a classically trained sculptor and serial entrepreneur, the museum opened for visitors in 1997 to the riotous approval of young and old alike.

Complimentary hors d'oeuvres, cocktails and entertainment.



Monday, June 4

Breakfast Symposium

Prevention and Treatment of Complications after Colorectal Surgery: *Ileus, Anastomotic Leak, Hemorrhage, and DVT*

6:30 – 7:30 am

This interactive educational symposium is focused on recognition and treatment of complications arising from colorectal surgery. The common perioperative complications of ileus, DVT, embolism, and anastomotic failure will be discussed, and new recommendations for treatment will be explored.

Director: Janice Rafferty, MD, Cincinnati, OH

■ **Preventing Post-op Ileus: Can We? Should We?**

Elizabeth Breen, MD, *Boston, MA*

■ **Anastomotic Complications: Strategies for Prevention and Treatment**

Eugene Foley, MD, *Charlottesville, VA*

■ **Good Clot, Bad Clot - Preventing DVT while Promoting Hemostasis**

Kirsten Bass Wilkins, MD, *Edison, NJ*

Objectives: At the conclusion of this session, participants should be able to: a) understand factors contributing to prolonged post-operative ileus; b) recognize role of agents that may decrease duration of ileus and associated complications; c) describe strategies for management of anastomotic dehiscence, bleeding, fistula, and stenosis; and d) plan prophylaxis of thrombotic complications after surgery, and treat patients in whom deep vein thrombosis develops.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

"Meet the Professor" Breakfasts

6:30 – 7:30 am

Limit: 30 per breakfast • Fee: \$35
Continental Breakfast • Registration Required
(No refunds after May 13th)

Registrants are encouraged to bring problems and questions to this informal discussion. Please register early and indicate your 1st and 2nd choice on the Physicians' Registration Form.

Code

M-1 Bringing a New Partner into Your Practice

Drs. Charles Littlejohn and Guy Orangio

M-2 Complex Perianal Fistulae

Drs. Larry Rusin and Alan Thorson

M-3 Crohn's: Controversial Issues

Drs. Victor Fazio and John Murray

M-4 Vexing Perianal Problems

Drs. Patricia Roberts and Narimantas Samalavicius

M-5 Diverticulitis: Controversial Issues

Drs. Stanley Goldberg and Neil Hyman

M-6 Metastatic Colorectal Cancer

Drs. Philip Paty and Martin Weiser

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Residents' Breakfast

6:30 – 7:30 am

**Colon and Rectal Surgery:
Past, Present and Future**

Ann Lowry, MD

*Adjunct Professor of Surgery
Division of Colorectal Surgery
University of Minnesota
Minneapolis, MN*



Complimentary Continental Breakfast

Residents Only • Registration Required

Monday, June 4

7:40 – 9:00 am

Neoplasia 1

Moderators: Drs. Philip Caushaj, *Pittsburgh, PA* and Najjia Mahmoud, *Philadelphia, PA*

- **Impact of Histological and Molecular Markers on Cancer Specific Five-Year-Survival in Colorectal Cancer Patients: A Prospective Study** S10
U. Kronberg, F. Lopez-Kostner, E. Garcia, J. Cisternas, P. Munoz, I. Wistuba, P. Viviani, Santiago, Chile, Houston, TX
- **Identification of High Risk Stage II Colon Cancer Patients for Adjuvant Therapy** S11
H. Quah, W. Wong, J. Guillem, P. Paty, L. Temple, M. Weiser, J. Shia, D. Schrag, New York, NY
- **Gene Expression Profiles and Recurrence in Stage II Colon Cancer** S12
K. Meredith, E. Siegel, A. Sarniak, S. Eschrich, J. McLoughlin, R. Nair, Q. Ly, M. Alvarado, J. Lewis, E. Jensen, T. Yeatman, D. Shibata, Tampa, FL
- **Absence of Lymph Nodes (Nx) in the Resected Specimen after Radical Surgery for Distal Rectal Cancer following Neoadjuvant CRT. What does it mean?** S13
I. Proscurshim, A. Habr-Gama, R. Perez, R. Santos, D. Kiss, I. Ceconello, V. Rawet, Sao Paulo, Brazil
- **Adequacy of Nodal Evaluation for Colon Cancers: Does Side Matter?** S14
K. Bilimoria, B. Palis, A. Stewart, A. Freel, D. Bentrem, M. Talamonti, C. Ko, M. McGory, Chicago, IL, Los Angeles, CA
- **Pre-operative Chemoradiation for Rectal Cancer Reduces Lymph Node Harvest in Proctectomy Specimens** S15
S. de la Fuente, R. Manson, K. Ludwig, C. Mantyh, Durham, NC
- **Lymph Node Retrieval Rates for Colorectal Neoplasia: Not All Pathologists are Created Equal** S16
M. Whiteford, Portland, OR

10:00 – 11:30 am

Neoplasia 2

Moderators: Drs. Ann Lowry, *St. Paul, MN* and Maher Abbas, *Los Angeles, CA*

- **Colorectal Mucinous Adenocarcinomas are Characterized by Markers of Differentiation and Components of the Mucin-Producing Machinery** S17
M. Melis, R. Nair, E. Siegel, J. McLoughlin, J. Lewis, S. Eschrich, G. Bloom, T. Yeatman, D. Shibata, Q. Ly, E. Jensen, M. Alvarado, Tampa, FL, Omaha, NE, Minneapolis, MN, San Francisco, CA
- **Social Deprivation is an Independent Predictor of Non-Restorative Rectal Cancer Surgery** S18
P. Tekkis, H. Tilney, R. Lovegrove, J. Smith, M. Thompson, London, UK, Portsmouth, UK
- **Is Neoadjuvant Chemoradiation a Risk Factor for Anastomotic Leak after Resection of Rectal Cancer** S19
Y. Al-Suhaibani, I. Pinsk, F. Hagggar, M. Friedlich, H. Stern, R. Boushey, Ottawa, Canada
- **Germline Missense Polymorphisms in the Adenomatous Polyposis Coli Gene and Colorectal Cancer Risk** S20
R. Gryfe, S. Cleary, S. Gallinger, Toronto, Canada
- **A Comparison of Anal Cytology to Human Papillomavirus Testing to High-Resolution Anoscopy with Biopsy for Detecting High-Grade Anal Intraepithelial Neoplasia** S21
J. Berry, N. Jay, T. Darragh, M. DaCosta, J. Palefsky, P. Chin-Hong, San Francisco, CA
- **High Resolution Anoscopy Targeted Surgical Destruction of Anal High-Grade Squamous Intraepithelial Lesions: A Ten Year Experience** S22
C. Pineda, M. Welton, J. Berry, N. Jay, J. Palefsky, Stanford, CA, San Francisco, CA
- **Combined Chemoradiotherapy for HIV-Associated Squamous Cell Carcinoma of the Anus in the Era of HAART** S23
S. Goldstone, J. Rescigno, O. Maisonet, A. Berson, A. Wexler, R. Waltzman, J. Penzer, New York, NY
- **Squamous Cell Carcinoma of the Anal Canal: Predictors of Treatment Failure** S24
R. Roohipour, W. Wong, J. Guillem, P. Paty, M. Weiser, L. Temple, B. Minsky, J. Shia, D. Schrag, New York, NY

Norman Nigro Research Lectureship



9:00 – 9:30 am

Pathologic Examination of the Colorectal Cancer Surgical Resection Specimen: What the Surgeon Needs to Know and Why It Matters

Carolyn C. Compton, MD, PhD
*Adjunct Professor of Pathology
Johns Hopkins Medical Institutions
Baltimore, MD*

Presidential Address



11:30 – Noon

Surprise Me

Lester Rosen, MD
*Professor of Clinical Surgery
Pennsylvania State University
Hershey Medical Center
Hershey, PA*

Monday, June 4

1:00 – 2:30 pm
Laparoscopy

Moderators: Drs. Anthony Senagore, Grand Rapids, MI and Karim Alavi, Minneapolis, MN

- **Laparoscopic vs. Open Colectomy for Colon Cancer: Results from a Large Nationwide Population-Based Analysis** S25
S. Steele, T. Brown, R. Rush, M. Martin, Fort Lewis, WA
- **Laparoscopic Resection for Colon Cancer: Do All Patients Benefit?** S26
H. Moloo, E. Sabri, E. Wassif, F. Haggar, E. Poulin, J. Mamazza, R. Boushey, Ottawa, Canada
- **Benefits of Laparoscopic Colorectal Resection are More Pronounced in Elderly than in Young Patients** S27
M. Braga, M. Frasson, A. Vignali, W. Zuliani, V. Di Carlo, Milan, Italy
- **Laparoscopic-Assisted Ultra-Low Anterior Resection: Laparoscopic vs. Hand-Assisted Laparoscopic Surgery: A Case-Controlled Comparison** S28
J. Tjandra, M. Chan, C. Yeh, Melbourne, Australia
- **Hand Access vs. "Pure" Laparoscopic Colectomy: A Multicenter Prospective Randomized Trial** S29
P. Marcello, The MITT Study Group, Burlington, MA, St. Louis, MO
- **Oesophageal Doppler Fluid Optimisation in Laparoscopic Colorectal Surgery** S30
S. Noblett, A. Horgan, Newcastle Upon Tyne, UK
- **Laparoscopic Anterior Rectopexy: A New Approach that Still Cures Rectal Prolapse, but also Improves Preop Constipation without Inducing New-Onset Constipation** S31
M. Cristaldi, R. Collinson, P. Boons, C. Cunningham, I. Lindsey, Oxford, UK
- **Outcome of Discharge within 24-72 Hours of Laparoscopic Colorectal Surgery** S32
C. Delaney, B. Champagne, H. Reynolds, Cleveland, OH
- **Minimal Wounds, Minimal Wound Infections: Laparoscopic Surgery Decreases Morbidity of Surgical Site Infections and Decreases the Cost of Wound Care** S33
M. Dobson, D. Geisler, T. Garofalo, T. Hull, M. Kalady, L. Stocchi, F. Remzi, J. Vogel, V. Fazio, Cleveland, OH

Memorial Lectureship honoring Dr. John Ray



2:30 – 3:00 pm

Evolution of Endoscopy

David E. Beck, MD

Chairman

Dept. of Colon and Rectal Surgery

Ochsner Clinic Foundation

New Orleans, LA

Monday, June 4

Symposium

Advanced Laparoscopic Colectomy Techniques: The Tough Stuff

3:30 – 4:30 pm

This session will discuss issues in laparoscopic colorectal surgery beyond the basics. Areas to be discussed include the hostile abdomen, complex inflammatory disease, laparoscopic proctectomy, and avoiding intraoperative complications. This session will be instructional for the participants with review of video footage.

Director: Peter Marcello, MD, Burlington, MA

- **Avoiding and Responding to Complications**
Robin Boushey, MD, Ottawa, ONT, Canada
- **The Hostile Abdomen: Adhesions, Obesity, etc.**
Amir Bastawrous, MD, Chicago, IL
- **Complex Inflammatory Disease: Crohn's, Diverticulitis, Fistulas**
Shane McNevin, MD, Spokane, WA
- **Laparoscopic Proctectomy**
Matthew Mutch, MD, St Louis, MO

Objectives: At the conclusion of this session, participants should be able to: a) understand more clearly how to avoid intraoperative complications during laparoscopic colorectal surgery; b) review how to approach the abdomen laparoscopically with intra-abdominal adhesions, obesity, and the difficult flexure; c) understand the approaches to laparoscopic proctectomy; and d) review approaches to complex inflammatory disease laparoscopically.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM.

Expert Panel

4:30 – 5:30 pm

Stump the Professor

Moderator: Jeffrey Cohen, MD, Hartford, CT

Professors:

- Dr. Marvin Corman
- Dr. Patricia Roberts
- Dr. Paul Finan
- Dr. Steven Wexner
- Dr. Robert Fry

5:30 – 6:30 pm

Poster Walk-Arounds

Relax and enjoy a glass of wine while you talk to poster authors. This is an opportunity to pose questions and engage in discussions with the authors and other attendees in an informal setting.

*Wine and cheese will be served.
Authors are required to be at their poster.*

Tuesday, June 5

Breakfast Symposium

Controversies in Diverticulitis

6:30 – 7:30 am

Surgical treatment of diverticulitis is evolving towards a more conservative approach. This interactive symposium includes a panel of recognized experts in the surgical management of diverticulitis. Through a case orientated approach, the panel will highlight specific decision points in surgical management through interactive discussion and active audience participation. In addition to a discussion on the management of each case, short talks will be given by the panelists to review the current literature on specific management issues.

Director: Donald Buie, MD, Calgary, AB, Canada

Case Topics include:

- Twice is not enough
- The age thing: is 50 the old 40?
- Complicated disease: is it really simple?

Faculty: Marcus Burnstein, MD, Toronto, ONT, Canada; Philip Caushaj, MD, Pittsburgh, PA; E. Patchen Dellinger, MD, Seattle, WA; Neil Hyman, MD, South Burlington, VT; Janice Rafferty, MD, Cincinnati, OH; Patricia Roberts, MD, Burlington, MA

Objectives: At the conclusion of this session, participants should be able to: a) understand the current literature on the relationship between recurrent diverticulitis and timing of resection; b) understand the current concepts on age and risk of recurrent disease; c) understand the present evolution in the treatment of complicated diverticular disease; and d) understand the role of laparoscopy in acute diverticulitis.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM.

"Meet the Professor" Breakfasts

6:30 – 7:30 am • Limit: 30 per breakfast • Fee: \$35

Continental Breakfast • Registration Required • (No Refunds after May 13th)

Registrants are encouraged to bring problems and questions to this informal discussion. Please register early and indicate your 1st and 2nd choice on the Physicians' Registration Form.

Code

- T-1 Rectal Cancer: Controversial Issues**
Drs. Robert Fry and Julio Garcia-Aguilar
- T-2 Advances in the Treatment of Neurogenic Incontinence**
Drs. Susan Parker and Madhulika Varma
- T-3 Anal Intraepithelial Neoplasia**
Drs. Lester Gottesman and Mark Welton

Code

- T-4 Complications of Ileal-Pouch Anal Anastomosis**
Drs. Stephen Gorfine and Juan Noguera
- T-5 How to Integrate Laparoscopy into Your Practice**
Drs. Clifford Simmang and Mark Whiteford
- T-6 Rectovaginal Fistula**
Drs. Vendie Hooks and Martin Luchtefeld

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM.

Tuesday, June 5

7:40 – 9:00 am

Anorectal

*Moderators: Drs. Herand Abcarian, Chicago, IL and
J. Byron Gathright, New Orleans, LA*

- **Anorectal Physiology: Don't Misuse it** S34
L. Salcedo, M. Zutshi, T. Hull, J. Hammel,
Cleveland, OH
- **Resting Manometric Pressures Correlate with
the Fecal Incontinence Severity Index and with
Presence of Sphincter Defects on Ultrasound** S35
L. Bordeianou, K. Lee, T. Rockwood, N. Baxter,
A. Lowry, A. Mellgren, S. Parker, Boston, MA, Seoul,
South Korea, St Paul, MN, Toronto, Canada
- **Sacral Nerve Stimulation is More Effective than
Optimal Medical Therapy for Severe Fecal
Incontinence: A Randomized Controlled Study** S37
J. Tjandra, M. Chan, C. Yeh, C. Green,
Melbourne, Australia
- **Assessing Safety of the STARR Procedure
for ODS: Preliminary Results of the European
STARR Registry** S38
A. Stuto, O. Schwandner, D. Jayne, Pordenone, Italy,
Regensburg, Germany, Leeds, UK
- **Botulinum Toxin Reduces Anal Spasm but has
no Effect on Pain after Haemorrhoidectomy** S38A
B. Singh, I. Lindsey, B. George, N. Mortensen,
C. Cunningham, Oxford, UK
- **Short Term Results in the Treatment of
Anal Fistulas with Surgisis® AFP** S39
A. Ky, P. Sylla, S. Kim, R. Steinhagen, New York, NY
- **Anal Fistula Plug: Initial Experience
and Outcomes** S40
B. Safar, S. Jobanputra, S. Cera, D. Sands, E. Weiss,
A. Vernava III, J. Noguerras, S. Wexner, Weston, FL

10:00 – 11:00 am

Endoscopy

*Moderators: Drs. H. Randolph Bailey, Houston, TX and
Sonia Ramamoorthy, San Diego, CA*

- **Reduction of Unnecessary Polyp Surveillance
Colonoscopy Will Improve the Efficiency of
Endoscopy Units** S41
G. Kaur, N. Rahman, Scunthorpe, UK
- **Management of the Difficult Colon Polyp
Referred for Resection: Resect or Rescope?** S42
T. Voloyiannis, M. Snyder, H. Bailey, M. Pidala, Houston, TX
- **Molecular Evidence Linking Large Hyperplastic
Polyps with the Serrated Pathway of Neoplasia** S43
M. Kalady, J. Sanchez, K. DeJulius, A. Bennett,
G. Casey, J. Church, Cleveland, OH
- **Prospective Observation of Small Adenomas in
Post Colorectal Cancer Surgery Patients through
Magnification Chromocolonoscopy** S44
K. Togashi, K. Shimura, Y. Miyakura, K. Koinuma,
H. Horie, H. Nagai, F. Konishi, Tochigi, Japan,
Saitama, Japan
- **Self-Expanding Wall Stents in Malignant
Colorectal Obstruction - Is Absolute Obstruction
a Contraindication to Stent Placement?** S45
G. Stenhouse, A. McKelvie, L. Giles, A. Macdonald,
Airdrie, UK
- **Classic "Outlet" Rectal Bleeding Does Not
Require Full Colonoscopy to Exclude
Significant Pathology** S46
E. Marderstein, J. Church, Cleveland, OH

The Ernestine Hambrick Lectureship



9:00 – 9:30 am

Anal Fistula

Professor Robin Phillips

Consultant Colorectal Surgeon

Honorary Professor of Colorectal Surgery

Clinical Director

Director, Polyposis Registry

St. Mark's Hospital

Harrow, Middlesex UK

Tuesday, June 5

Centers of Excellence for the Treatment of Rectal Cancer

11:00 am – Noon

The concept of developing Centers of Excellence (COE) in surgery to drive quality improvement and clinical research is not new. In the past, most such attempts failed to achieve their quality and research goals in part because the process seemed self-serving. Institutions or physician groups were accused of working in isolation and of using the label of self-designated COE primarily to attract increased patient referrals. Payors were accused of designating COE primarily to control costs. Today, three factors have converged to renew national interest in COE. One is that data show that outcomes of surgery, especially involving rare or complex conditions, often vary with volume, specialty training, and institutional processes. A second factor is the success of the national trauma-level designation system, a type of COE program that has improved outcomes and is now widely-accepted. A final factor is the recent development of COE by the American Society for Bariatric Surgery. Colon and rectal surgeons need to understand the pros and cons of establishing COE for the treatment of rectal cancer. This program is intended to initiate such a dialogue among our members.

Director: David A. Rothenberger, MD, *Minneapolis, MN*

■ **Centers of Excellence: An Overview**
David A. Rothenberger, MD, *Minneapolis, MN*

■ **Bariatrics: Lessons Learned**
Walter Paires, MD, *Greenville, NC*

■ **European Perspective**
Lars Pahlman, MD, *Uppsala, Sweden*

■ **The American College of Surgeons View**
Thomas Russell, MD, *Chicago, IL*

■ **Intended and Unintended Consequences**
Frank Opelka, MD, *New Orleans, LA*

■ **Panel**

Objectives: At the conclusion of this session, participants should be able to: a) define what is meant by centers of excellence (COE); b) understand how other groups developed COE and why some have failed and some succeeded; c) clarify the role of the American College of Surgeons in COE development and management; d) recognize potential pitfalls in developing COE; e) identify potential for COE in rectal cancer to improve outcomes and facilitate research; f) begin to form their opinion as to whether the American Society of Colon and Rectal Surgeons should lead or participate in development of a COE program for rectal cancer; and g) offer input to the Executive Council of the American Society of Colon and Rectal Surgeons as they further explore development of COE for rectal cancer.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Womens' Luncheon

Noon – 1:30 pm

The Womens' Luncheon offers an opportunity for women to renew friendships and make new contacts.

All female attendees of the Annual Meeting are welcome. Trainees are particularly encouraged to attend as the luncheon provides a chance to meet experienced colon and rectal surgeons from a variety of settings. If you are interested in attending, please contact Lisa Newstrom at lnewstrom@colonrectal.org or call 651-312-1521.

Tuesday, June 5

Research Forum

1:00 – 3:00 pm

This Forum will highlight the works of young researchers, such as residents in surgery and colon and rectal surgery. It is a forum for new ideas, works in progress and completed projects. Nine papers will be presented with a three minute discussion by an invited discussant immediately followed by three minutes of discussion from the floor.

Director: Howard Ross, MD, Philadelphia, PA

- **Identification of Human Tumor-initiating Cells from Colitis**
M. Hynes, E. Huang, Ann Arbor, MI
RF-1
- **Dual Inhibition of 5-Lipoxygenase and Cyclooxygenase-2 Pathway by Curcumin has Better Anti-carcinogenic Effect in Colorectal Cancer Compared to NSAIDs**
R. Ganesh, K. Sales, A. Seifalian, M. Winslet, London, UK
RF-2
- **Tissue Microarray Analysis of p21, p27, p53, TS and Ki-67 Expression in Rectal Cancer following Preoperative Chemoradiation: A Novel Approach for Predicting Lymph Node Involvement**
T. Leibold, J. Guillem, J. Shia, E. Riedel, New York, NY
RF-3
- **Two Models of Neuropathic Fecal Incontinence**
C. Healy, P. O'Connell, J. Jones, C. O'Herlihy, Dublin, Ireland
RF-4
- **Validation of the NITI Endoluminal Compression Anastomosis Ring Device and Comparison to the Traditional Circular Stapled Colorectal Anastomosis in a Porcine Model**
D. Stewart, R. Pierce, D. Mao, P. Frisella, K. Cook, J. Fleshman, B. Starcher, St. Louis, MO and Tyler, TX
RF-5
- **Determination of Tumor Downstaging in Distal Rectal Cancer following Neoadjuvant Chemoradiation by Sequential PET-CT at Different Interval Periods - Preliminary Results of a Prospective Study**
R. Perez, A. Habr-Gama, I. Proscurschim, G. Sao-Juliao, D. Kiss, I. Ceconello, J. Gama-Rodrigues, C. Buchpiguel, Sao Paulo, Brazil
RF-6
- **Comparison of Long-term Survival and Quality of Life following Restorative vs. Non-restorative Surgery for Lower Third Rectal Cancer**
P. Tekkis, V. Fazio, I. Lavery, J. Church, F. Remzi, H. Tilney, Cleveland, OH and London, UK
RF-7
- **The Influence of Intra-abdominal Infection on Angiogenesis and Tumor Growth after Surgical Excision of Colon Cancer in Mice**
B. Bohle, M. Pera, M. Pascual, S. Alonso, L. Grande, X. Mayol, M. Salvado, J. Schmidt, Barcelona, Spain and Heidelberg, Germany
RF-8
- **Creating the Perfect Anastomosis: A New Staple-Free Nitinol Compression Technique**
S. Cohen, Riverdale, GA
RF-9

Objectives: Upon completion of this session, participants should be able to: 1) understand possible strategies for isolation of tumorigenic cells from colitis; 2) analyze the difference in the anti-carcinogenic effect of curcumin and NSAIDs in colorectal cancer cells and develop a clinical trial to compare its chemopreventive property; 3) appreciate the potential for examining the expression of cell cycle proteins in residual rectal cancer following preoperative chemoradiation as a means for determining regional lymph node involvement and need for further therapies; 4) understand external anal sphincter muscle physiology and new methods of examining external anal sphincter function in an animal model and be aware of the development of fecal incontinence following childbirth and aware of potential new targets for therapeutic manipulation; 5) understand how a compression anastomosis is formed and compare and contrast stapling techniques with compression anastomosis techniques; 6) understand the role of pet-ct during rectal cancer response assessment to CRT at different interval periods; 7) understand differences in oncologic and quality of life outcomes between patients undergoing anterior resection or abdominoperineal excision for rectal cancer; 8) understand the influence of peritoneal infection on angiogenesis and tumor growth in an animal model of colon cancer; and 9) understand the reasons that intestinal anastomosis leak and be able to demonstrate the new technology for intestinal anastomosis.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 2 AMA PRA Category 1 Credit(s)TM.

Tuesday, June 5

Symposium

Advanced Endoscopy and Natural Orifice Surgery

1:00 – 2:00 pm

The session is to present current topics in endoscopy. Understanding the basic "anatomy and physiology" of colonoscopes allows for better appreciation for their limitations and methods to prevent failure. The current video colonoscopes are undergoing changes in their capabilities and their imaging capabilities. This session will discuss chromoendoscopy, colonic pit anatomy and new platforms for colonoscopy such as multi-arm, multi channel colonoscopes and high definition colonoscopy. Colonoscopic polypectomy is now being performed utilizing a number of new technologies such as saline injection, submucosal resection, endoscopic clips, and detachable snares, which will be covered. Lastly, NOTES as it applies to colon and rectal surgery will be discussed.

Director: Eric Weiss, MD, Weston, FL

■ **The Anatomy and Physiology of the Colonoscope and How to Keep it Healthy**

Nina Paonessa, DO, *Allentown, PA*

■ **The Colonoscope: Teaching an Old Scope New Tricks**

James Church, MD, *Cleveland, OH*

■ **Beyond Polypectomy**

Michael Kochman, MD, *Philadelphia, PA*

■ **NOTES in Colorectal Surgery**

Conor Delaney, MD, *Cleveland, OH*

Objectives: At the conclusion of this session, participants should be able to: a) understand and be familiar with the parts and components of a colonoscope; b) comprehend new colonoscopic technologies and platforms; c) learn advanced polypectomy techniques including submucosal resections; and d) understand NOTES and its relationship to colorectal surgery.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Tuesday, June 5

Symposium

Pelvic Floor: The View from the Other Side

2:00 – 3:00 pm

Effective treatment of pelvic floor disorders can be challenging for surgeons. A thorough understanding of the pelvic floor anatomy and the various pelvic compartments is necessary. Because of the complexity of those clinical problems, a collaborative multidisciplinary approach between colorectal surgeons and urogynecologists is often required. Using typical clinical scenarios, this session will review the mutual benefits of colorectal and urogynecological evaluations prior to surgery for pelvic floor disorders. Our expert panel will then discuss illustrative cases of rectal prolapse, rectocele, cystocele, enterocele, and fecal or urinary incontinence requiring a collaborative approach for optimal management.

Director: Judith Trudel, MD, St Paul, MN

■ **A Primer in Anatomy: We Are All In This Together**

Anders Mellgren, MD, *Minneapolis, MN*

■ **The Value of Urogynecological Evaluation Prior to Colorectal Surgery for Pelvic Floor Disorders**

Vincent Lucente, MD, *Allentown, PA*

■ **The Value of Colorectal Evaluation Prior to Urogynecological Surgery for Pelvic Floor Disorders**

Susan Parker, MD, *Tucson, AZ*

■ **Panel Discussion**

Cases involving rectal prolapse, rectocele, cystocele, enterocele and fecal/urinary incontinence will be presented.

Objectives: At the conclusion of this symposium, participants should be able to: a) understand the close mutual anatomical relationship between the anterior and posterior pelvic compartments; b) understand the need for both urogynecological and colorectal evaluations prior to surgery for pelvic floor disorders; c) appreciate the impact of complete pre-operative pelvic floor evaluation on surgical outcomes; and d) describe the role of gynecological and colorectal evaluation in the treatment of rectal prolapse, rectocele, cystocele, enterocele, and fecal and urinary incontinence.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Tuesday, June 5

General Surgery Forum

3:30 – 5:00 pm

General Surgery residents will present work that they have researched and written in a podium format. General Surgery resident colleagues will critique the presentations and start the discussions.

Director: Eugene Foley, MD, Charlottesville, VA

- **Transanal Endoscopic Microsurgery vs. Traditional Transanal Excision of Rectal Masses** **GSF 1**
J. Moore, P. Cataldo, T. Osler, N. Hyman, Burlington, VT
- **15 Years of Local versus Radical Surgery for T1 Rectal Cancer: More Isn't Always Better!** **GSF 2**
E. Schochet, R. Sinnott, O. Jazaeri, J. Matulay, J. Obuch, S. Eid, Allentown, PA
- **Evaluating the Colonoscopy Learning Curve of Colorectal Trainees using a Large Prospective Database** **GSF 3**
C. Selvasekar, G. Kennedy, E. Dozois, D. Larson, H. Nelson, Rochester, MN
- **Can Pre-operative Endoanal Ultrasound for Fistula-in-ano Predict Post-operative Outcome?** **GSF 4**
N. Weisman, M. Abbas, Los Angeles, CA
- **Quality of Life in Patients with or without a Stoma during the Initial 6 Weeks after Elective Colorectal Surgery** **GSF 5**
Y. You, R. Cima, A. Seltman, J. Pemberton, R. Qin, I. Hassan, Rochester, MN, Springfield, IL
- **A Single Center Experience with 183 Consecutive Cases of Diverticulitis Managed Laparoscopically** **GSF 6**
K. Garrett, B. Champagne, B. Valerian, E. Lee, Albany, NY

Objectives: Upon completion of this presentation, participants should be able to: 1) understand the different roles that radical and local surgery hold in the modern treatment of early stage rectal cancer; 2) appreciate the different follow-up and treatment options available for locoregional recurrence; 3) evaluate the colonoscopy learning curve of colorectal trainees; 4) cite whether endoanal ultrasound plays a prognostic role in post-operative outcome of fistula in ano; 5) list indications for anal ultrasound; 6) understand the impact of time interval since surgery and of stoma construction on QOL during the first 6 postoperative weeks; and 7) analyze the feasibility of elective laparoscopic resection for all patients presenting with diverticular disease.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*TM.

Tuesday, June 5

So You've Been Sued: Now What?

3:30 – 4:30 pm

This symposium is directed at the clinical reality of how medical malpractice suits affect the colorectal surgeon. This course will give a status update on the magnitude of medical malpractice claims in the United States, as well as the view of the ongoing strategies to combat this problem. Exemplary medical malpractice claims will be presented in a case study format that will lead to the discussion of how a colorectal surgeon who has been sued should proceed. This discussion will be led by a nationally respected malpractice defense attorney. The panel also will discuss techniques to prevent exposures to medical malpractice claims.

Director: Terry Hicks, MD, New Orleans, LA

Faculty:

■ Anthony Senagore, MD, Grand Rapids, MI

■ Charles Gay, New Orleans, LA

Objectives: At the conclusion of this session, participants should be able to: a) obtain a current understanding of the magnitude and impact of medical malpractice upon colorectal surgeons; b) gain insight on how to respond to a medical malpractice claim; and c) learn how to prevent exposure to medical malpractice claims.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM.

Anal Cancer

4:30 – 5:30 pm

This symposium aims to address current challenges in the multimodality management of invasive squamous cancer of the anus, including: 1) surgical management of early staged lesions: Can a local procedure without chemoradiation suffice?; 2) chemoradiation therapy for anal squamous cancer in the HIV positive patient: what to offer, how much and when?; and 3) the role of neoadjuvant chemotherapy: When can we use it?

Director: José Guillem, MD, New York, NY

■ T1 Anal Squamous CA: RT/Chemo vs Local Excision Alone
Bruce Orkin, MD, Washington, DC

■ Role of Neoadjuvant Chemotherapy Prior to Salvage Surgery for SCC
David Ryan, MD, Boston, MA

■ Multidisciplinary Management of the HIV+ Patient with Invasive SCC
Larissa Temple, MD, New York, NY

Objectives: At the conclusion of this session, participants should be updated on recent advances on the multidisciplinary management of different stages of invasive anal Squamous Cell Carcinoma including early and locally aggressive.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM.

Tuesday, June 5

Residents Reception

5:30 – 6:30 pm

Open to general surgery residents and colorectal program directors.

General Surgery residents will have an opportunity to meet colorectal program directors.

Young Surgeons' Reception

7:15 – 8:15 pm

Open to all ASCRS Young Surgeons (Surgeons under age 45 or in practice less than 5 years)

The Young Surgeons' Committee is hosting a reception where young colon and rectal surgeons (age 45 and under) can interact with members of the ASCRS Council in a social setting. This unique opportunity will allow young surgeons to meet each other and to raise their specific issues and concerns to members of the Council.

This year, Dr. Guy Orangio will give a brief presentation on *Transitioning from Fellowship into Practice.*

Dinner Symposium

Complex Abdominal Wall Problems: Got Mesh?

5:45 – 7:15 pm

Abdominal wall problems can be a significant source of morbidity for patients undergoing colon and rectal surgery. Optimal treatment of these complex wounds can be challenging. There are now multiple options available for the open or contaminated abdominal wound and for parastomal hernias. This symposium will address the different surgical approaches for these difficult situations and explore the role of both biologic and synthetic mesh in this setting.

Director: Martin Luchtefeld, MD, Grand Rapids, MI

■ **The Biology of Biologics: The Use of Mesh in the Contaminated Field**

Charles Bellows, MD, *Houston, TX*

■ **Parastomal Hernias: What are the Options?**

Peter Cataldo, MD, *Burlington, VT*

■ **Parastomal Hernias: The Laparoscopic Approach**

Pavlos Papasavas, MD, *Pittsburgh, PA*

■ **The Open Abdomen: Old Problem, New Approaches**

Jeffrey Nicholas, MD, *Atlanta, GA*

Objectives: At the conclusion of this session, participants should be able to: a) understand the physiology of both biologic and prosthetic mesh; b) know several different options for the treatment of parastomal hernias; and c) understand general different treatment options for the open abdomen.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s)TM.

Wednesday, June 6

Breakfast Symposium

"So what do I do now?": Case Discussions in Hereditary Colorectal Cancer

6:30 – 7:30 am

With the discovery of new syndromes such as "MAP" and "Syndrome X", the work-up and management of patients with hereditary colorectal cancer has become more complicated and confusing. For one hour the panelists and the audience will discuss cases that illustrate some of the more common diagnostic and therapeutic challenges in this area. The experienced panelists cover a broad range of expertise and audience participation is encouraged.

Directors: James Church, MD, Cleveland, OH and Martin Weiser, MD, New York, NY

- **Overview of Genetics of Hereditary Colorectal Cancer**
James Church, MD, *Cleveland, OH*
- **Clinical Management of MAP and HPP**
Jon Vogel, MD, *Cleveland, OH*
- **Clinical Management of the Lynch Syndrome and Syndrome X**
Martin Weiser, MD, *New York, NY*
- **Genetic Counseling and Genetic Testing**
Kate Lynch, *Cleveland, OH*
- **Clinical Management of FAP**
Neal Ellis, MD, *Mobile, AL*
- **Running a Registry**
Lisa LaGuardia, *Cleveland, OH*

Objectives: At the conclusion of this session, participants should be able to: a) appreciate the heterogeneity of hereditary colorectal cancer; b) diagnose the particular syndrome that is presenting; c) understand how to manage the patient and their family; d) know the advantages of being affiliated with a registry; and e) realize the importance of genetic counseling and testing.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Wednesday, June 6

7:40 – 9:00 am

Benign Colorectal

Moderators: Drs. Richard Billingham, *Seattle, WA* and
Leela Prasad, *Chicago, IL*

- **The Constipation Severity Instrument:
A Validated Measure** S47
M. Varma, J. Wang, S. Hart, T. Patterson, J. Berian,
San Francisco, CA
- **Sacral Nerve Stimulation for Constipation** S48
T. Dudding, M. Kamm, M. Jarrett, C. Vaizey,
J. Melenhorst, C. Baeten, S. Buntzen, S. Laurberg,
C. Johansson, B. Holzer, H. Rosen, K. Matzel,
London, UK, Maastricht, Netherlands,
Aarhus, Denmark, Stockholm, Sweden, Vienna,
Austria, Erlangen, Germany
- **Should We Look?
The Role of Colon Evaluation following
Hospitalization for Acute Diverticulitis** S49
T. Sadiq, J. Murray, P. Roberts, P. Marcello,
J. Collier, L. Rusin, D. Schoetz, Jr., Burlington, MA
- **Efficacy of Transarterial Embolization
as Definitive Treatment in Lower
Gastrointestinal Bleeding** S50
D. Koh, M. Luchtefeld, D. Kim, Singapore,
Singapore, Grand Rapids, MI
- **Fever Evaluations after Colorectal Surgery:
Identification of Risk Factors that Increase
Yield and Decrease Cost** S51
A. Moreira, M. Kalady, V. Fazio, J. Vogel, J. Hammel,
Cleveland, OH
- **Risk Factors for Surgical Site Infections in
Colon and Rectal Surgery** S52
K. Hammond, D. Beck, T. Hicks, A. Timmcke,
C. Whitlow, D. Margolin, New Orleans, LA
- **Compliance with Performance Measures Does
Not Reduce the Rate of Surgical Site Infection
in Colorectal Surgery** S53
E. Wick, L. Indorf, L. Goetz, M. Varma,
J. Garcia-Aguilar, L. Gibbs, San Francisco, CA

Expert Panel

10:00 – 10:45 am

How Do You Approach Problems of Generic Medicine from an Educational, Economic, and Practice Perspective?

The pressures for generic medicine have undermined what many believe are the most important values of the medical professional. Some of the most difficult ethical challenges facing surgeons today in the practice of medicine result in conflicts among physician colleagues. Differences in how medicine is or should be practiced can be seen in the economic, life style, and practice choices physicians make. These choices have a direct and ongoing impact on patient care and the professional attitudes of physicians among one another.

A faculty panel representing different perspectives, ages, and genders will identify key value aspects of professional surgical practice today and state how ethical principles apply to the career choices physicians make.

Moderator: Ira Kodner, MD, *St. Louis, MO*

Panelists: Herand Abcarian, MD, *Chicago, IL*;

Val Halpin, MD, *St. Louis, MO*;

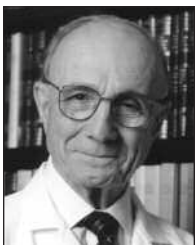
Gregg Laiben, MD, *St. Louis, MO*;

Edmund Pellegrino, MD, *Washington, DC*;

Thomas Read, MD, *Pittsburgh, PA*

Objectives: At the conclusion of this session, participants should be able to: describe the current moral values that impact surgical practice and physicians today.

Parviz Kamangar Humanities in Surgery Lectureship



9:00 – 9:30 am

The Moral Tradition of the Doctor-Patient Relation

Edmund D. Pellegrino, MD
*Chairman, The President's Council on
Bioethics and Professor Emeritus of Medicine
and Medical Ethics, Center for Clinical
Bioethics, Professor of Philosophy at
Georgetown University, Washington, DC*

Wednesday, June 6

10:45 – 11:30 am

2006 Impact Paper of the Year Award

Resident / Fellow Presentations

Moderator: Graham Newstead, MD, Sydney, Australia

11:00 am *ASCRS International Scholarship Winner*

■ **Andean Megacolon**

Luis Augusto Borda, MD
Hospital Nacional Guillermo Almenara
Lima, Peru

11:07 am *ASCRS International Scholarship Winner*

■ **The Comparative Study of Morbidity and Mortality of APR vs. LAR: The Experience from a Department of Surgical Gastroenterology**

Ashok Kumar, MD
Sanjay Gandhi Postgraduate Institute
of Medical Sciences
Lucknow, India

11:14 am *British Traveling Fellow Presentation*

■ **Should we be using Pan-chromoscopy for Polyp Detection?**

Steven Brown
Consulting Surgeon
Department of Surgery and Gastroenterology
Sheffield Teaching Hospitals
Sheffield, UK

11:21 am *Mark Killingback Prize Winner*

■ **Utility of FDG-PET in Predicting Response to Chemoradiotherapy in Locally Advanced Rectal Cancer Patients**

Cuong Duong, MB, BS, PhD, FRACS
Peter MacCallum Cancer Institute
Melbourne, Australia

Maintenance of Certification



11:30 am – 11:45 am

Maintenance of Certification – Update

Martin Luchtefeld, MD
Assistant Professor, Department
of Surgery, College of Human Medicine,
Michigan State University
East Lansing, MI

Noon – 1:00 pm

ASCRS Annual Business Meeting and State of the Society Address

*Complimentary Lunch will be provided to ASCRS
members attending the Business Meeting
and*

Complimentary Lunch in Exhibit Hall

1:00 – 2:30 pm

Inflammatory Bowel Disease

Moderators: Drs. Robert Beart, Los Angeles, CA and
Feza Remzi, Cleveland, OH

- **A Prospective Analysis of Predictive Factors for the Development of Crohn's Disease after Ileal Pouch-Anal Anastomosis for Ulcerative Colitis** S54
O. Bardakcioglu, G. Melmed, M. Dubinsky, A. Ippoliti, K. Papadakis, E. Vasiliauskas, S. Targan, P. Fleshner, Los Angeles, CA
- **Epidemiology of C. Difficile in Inflammatory Bowel Disease** S55
R. Ricciardi, J. Ogilvie, N. Baxter, Burlington, MA, Minneapolis, MN, Toronto, Canada,
- **A Rapid Non Invasive Test for the Qualitative Detection of Elevated Fecal Lactoferrin in Ileal Pouch Patients with Inflammation** S56
S. Gonsalves, D. Thekkinkattil, M. Lim, P. Sagar, P. Finan, D. Burke, Leeds, UK
- **CT Enterography for Crohn's Disease: Accurate and Enhanced Preoperative Diagnostic Imaging** S57
J. Vogel, A. Moreira, V. Fazio, M. Baker, J. Hammel, Cleveland, OH
- **Risk Factors for Disease Recurrence after Ileocolic Resection of Crohn's Disease** S58
J. Unkart, C. Miller, D. Dietz, L. Anderson, E. Li, C. Stone, Y. Yan, St. Louis, MO
- **Infliximab in Ulcerative Colitis is Associated with an Increased Risk of Post-operative Complications after Restorative Proctocolectomy** S59
I. Mor, J. Vogel, F. Remzi, B. Shen, J. Hammel, Cleveland, OH
- **Does Infliximab Infusion Impact Results of Operative Treatment for Crohn's Perianal Fistulas?** S60
W. Gaertner, A. Decanini, A. Mellgren, A. Lowry, S. Goldberg, R. Madoff, M. Spencer, Minneapolis, MN
- **Alterations in Surgery for Crohn's Disease in a Single Institution over Three Decades: A Prospective Study in 813 Patients** S61
H. Kessler, W. Hohenberger, M. Siassi, Erlangen, Germany

Wednesday, June 6

Expert Exchange on Difficult Dilemmas in Inflammatory Bowel Disease

3:00 – 4:00 pm

The symposium will offer a review of the recent medical and surgical advances in IBD and a discussion of the surgical management of technically challenging conditions.

Director: Steven Wexner, MD, Weston, FL

■ **Problems and Pitfalls of New Medical Agents:**

When to Call a Surgeon

Daniel Present, MD, *New York, NY*

■ **Relapses and Recurrence: Optimizing the Outcomes of Reoperative Surgery for Crohn's Disease**

Scott Strong, MD, *Cleveland, OH*

■ **Secrets for Success in Reoperative Pelvic Pouch Surgery**

Ian Lavery, MD, *Cleveland, OH*

■ **Advantages and Attributes, Limitations and Lessons Learned from Laparoscopic Surgery**

Tonia Young-Fadok, MD, *Scottsdale, AZ*

Objectives: At the conclusion of this session, participants should be able to: a) outline the success of and problems associated with advanced medical management of IBD; b) review the methods of surgical management of complex recurrent Crohn's disease; c) assess the indications for, techniques of, and results after redo pelvic pouch surgery; and d) analyze the results of laparoscopic surgery for Crohn's disease and for mucosal ulcerative colitis.

The American Society of Colon and Rectal Surgeons designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM.

Colorectal Jeopardy

4:00 – 5:00 pm

Colorectal Jeopardy is a good-natured, informal competition in which contestants match wits about colorectal disease and related topics. We encourage all attendees to watch the game and root the participants on to victory! Beer, wine and pretzels will be served free of charge to get you in the Jeopardy mode.

Moderators: Scott Browning, MD, *Portland, OR*; Sharon Gregorcyk, MD, *Dallas, TX* and Clifford Simmang, MD, *Dallas, TX*

Host: Terry Hicks, MD, *New Orleans, LA*

7:00 – 10:30 pm

Annual Reception and Dinner Dance

Poster Presentations

Poster Display Hours: Sunday: Noon – 4:00 pm, Monday and Tuesday: 9:00 am – 4:00 pm, Wednesday: 9:00 am – 1:00 pm
Poster Walk Arounds with Authors Present: Monday from 5:30 – 6:30 pm
Complimentary Wine & Cheese Reception

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Laparoscopic Colon Surgery & Colonoscopy	P49 – P60		

Anal Physiology

- P1** **The Development of a Constipation-Related Quality of Life Measure**
J. Wang, M. Varma, S. Hart, T. Patterson, J. Berian, San Francisco, CA
- P2** **Factors Associated with Increased Perineal Descent in Women**
H. Wang, S. Chung, M. Kwak, D. Sands, J. Nogueras, E. Weiss, S. Wexner, Weston, FL
- P3** **A Defecographic Study of Anatomical Factors that Influence the Fecal Continence Mechanism**
M. Kwak, S. Chung, D. Sands, J. Nogueras, E. Weiss, S. Cera, A. Vernava III, S. Wexner, Weston, FL
- P4** **Fecal Incontinence in Men and Women: A Comparative Study**
D. Christoforidis, L. Bordeianou, T. Rockwood, A. Mellgren, A. Lowry, S. Parker, Minneapolis, MN

Anorectal Conditions

- P5** **Excessive Mortality of Patients with Rectal Prolapse Undergoing Abdominal Surgery in the United States**
S. Khera, H. Davis, J. Marcet, J. Cromwell, Tampa, FL
- P6** **Subcutaneous Fissurotomy: A Novel Sphincter-Saving Procedure for Chronic Fissure-in-Ano**
A. Pelta, K. Davis, D. Armstrong, Atlanta, GA
- P7** **Prospective Randomized Trial for Determination of Optimum Size of Side Limb in Low Anterior Resection with Side-to-End Anastomosis for Rectal Cancer**
A. Tsunoda, G. Kamiyama, M. Watanabe, Y. Tsunoda, M. Kusano, Tokyo, Japan
- P8** **Perianal Streptococcal Dermatitis: An Important Differential Diagnosis in Pediatric Patients**
J. Jongen, A. Eberstein, J. Bock, H. Peleikis, V. Kahlke, Kiel, Germany
- P9** **Tracking Outcomes for Anorectal Surgery: The Need for a Legitimate Quality Assessment Process**
N. Hyman, P. Cataldo, G. Trevisani, Burlington, VT

- P10** **Outcomes after Repair of Rectoceles Using Bioprosthesis**
C. Ellis, Mobile, AL
- P11** **Predictive Factors for Fecal Incontinence after Third or Fourth Degree Obstetric Tears: A Clinico-Physiologic Study**
S. Kwok, C. Yeh, J. Tan, J. Tjandra, C. Green, R. Hiscock, K. Sloane, M. Carey, Melbourne, VIC, Australia
- P12** **Injectable Silicone Biomaterial is More Effective than Durasphere® in Treating Passive Fecal Incontinence - A Randomized Trial**
J. Tjandra, M. Chan, C. Yeh, Melbourne, VIC, Australia
- P13** **Risk Factors for Anal Incontinence and Quality of Life in Incontinent Patients after Lateral Internal Sphincterotomy**
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- P14** **Hybrid Capture II Detection of Oncogenic HPV: A Useful Tool when Evaluating MSM with Abnormal Anal Cytology**
S. Goldstone, R. Goldstone, A. Goldstone, J. Huyett, A. Kawalek, New York, NY
- P15** **Prospective Non-Randomized Trial of Transanal Hemorrhoidal Dearterialization versus Stapled Hemorrhoidopexy**
P. Giordano, P. Nastro, S. Ahmed, London, UK
- P16** **Rectal Irrigation in the Treatment of Disorders of Fecal Continence - A Prospective Review**
N. Srinivasaiah, J. Marshall, A. Gardiner, G. Duthie, Cottingham, UK
- P17** **The ProTect™: A Revolutionary Device for Patients with Intractable Fecal Incontinence**
P. Giamundo, D. Altomare, M. Rinaldi, P. De Nardi, A. Infantino, F. Pucciani, G. Romano, Bra (CN), Italy, Bari, Italy, Milano, Italy, San Vito al Tagliamento, Italy, Florence, Italy, Avellino, Italy
- P18** **Anal Gatekeeper: A New Bulking Agent for Patients with Fecal Incontinence**
C. Ratto, A. Parello, L. Donisi, F. Litta, G. Doglietto, Rome, Italy

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L. Siproudhis, Groupe de Recherche en Proctologie, Rennes, France, Paris, France
- P20 Late Results of Systematic Malone Appendicostomy Adjunction to Double Graciloplasty in the Total Perineal Reconstruction after Abdominoperineal Resection for Rectal Cancer**
N. Abbes Orabi, E. Mauel, T. Vanwymersch, B. Crispin, O. Ykman, R. Detry, A. Kartheuser, Brussels, Belgium
- P21 Laparoscopic Non-Resection Suture Rectopexy-The Gold Standard Operation for Full Thickness Rectal Prolapse?**
A. Engledow, V. Datta, A. Privitera, R. Motson, J. Phillips, London, UK, Colchester, UK
- P22 Are Topical Estrogens Useful in the Treatment of Fecal Incontinence? A Double Blind Randomized Trial**
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- P23 Increased Risk of Anal Incontinence in Morbidly Obese Women**
D. Altman, S. Rossner, C. Forsgren, I. Melin, A. Mellgren, Stockholm, Sweden, Minneapolis, MN
- P24 Gracilis Muscle Interposition for Rectourethral Fistula: Experience in 35 Consecutive Patients**
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- P25 Expanded Adipose-derived Stem Cells (Cx401) for the Treatment of Complex Perianal Fistula - A Phase II Clinical Trial**
D. Garcia-Olmo, D. Herreros, I. Pascual, P. De la Quintana, M. Garcia-Arranz, J. Pascual, E. Del Valle, J. Zorrilla, M. Gonzalez, J. Alemany, G. Fernandez, I. Portero, M. Pascual, Madrid, Spain
- P26 Topical Captopril Cream: A New Treatment for Anal Fissure? The First Human Study**
M. Khaikin, S. Yebara, B. Bashankaev, N. Daniel, E. Weiss, J. Noguera, S. Wexner, D. Sands, Weston, FL
- P27 Is Functional Outcome Explained by Anatomical Modifications after Stapled Transanal Rectal Resection for Obstructed Defaecation Syndrome?**
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T. Adams, J. Yang, P. Kondylis, Erie, PA
- P29 Transobturator Post-Anal Sling for the Treatment of Anal Incontinence**
P. Rosenblatt, T. Ferzandi, S. Pulliam, P. Sasson, Cambridge, MA
- P30 Anal Fistula Plug for the Treatment of Fistula-in-Ano**
M. Abbas, D. Lawes, J. Heppell, T. Young-Fadok, J. Efron, T. Tejirian, A. Hamadani, Scottsdale, AZ, Los Angeles, CA
- P31 Role of Anal Cushions in Idiopathic Fecal Incontinence**
D. Thekkinkattil, S. Gonsalves, M. Lim, P. Sagar, P. Finan, D. Burke, R. Dunham, Leeds, UK
- P32 Can Internal Anal Sphincter Repair Improve Fecal Incontinence?**
S. Schechter, J. Lagares-Garcia, A. Klipfel, M. Vrees, Pawtucket, RI
- P32A Bulking Agents in Fecal Incontinence: A Single-Blind Placebo-Controlled Study**
L. Siproudhis, F. Lainé, V. Desfourneaux, Rennes, France

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- P33 Defective Colonic Mucosa Detoxification of Hydrogen Sulfide: A Possible Pathogenetic Factor in Ulcerative Colitis**
J. Lee, R. Madoff, D. Weinberg, M. Levitt, Minneapolis, MN, Plymouth, MN
- P34 The Use of Diverting Loop Ileostomy at the Time of Ileal-Pouch-Anal Anastomosis for Ulcerative Colitis: Current Practices of North American Colorectal Surgeons**
S. de Montbrun, P. Johnson, Halifax, NS, Canada
- P35 Hanging Out with Your Pouch: Incidence and Management of Ileoanal Pouch Prolapse**
I. Mor, J. Church, V. Fazio, Cleveland, OH
- P36 Effects of Preoperative Adsorptive Leukocytapheresis on Immunologic Reactions and Septic Complications after Restorative Proctocolectomy for Active Ulcerative Colitis: A Prospective Study**
T. Yamamoto, S. Umegae, K. Matsumoto, A. Saniabadi, Yokkaichi, Mie, Japan, Hamamatsu, Shizuoka, Japan
- P37 Perineal Wound Healing following Ileal Pelvic Pouch Excision. When will it Stop Draining?**
R. Zhang, V. Fazio, F. Remzi, S. Strong, Cleveland, OH
- P38 Changing Trends in Colorectal Cancer in Crohn's Disease**
P. Sylla, M. Harris, R. Steinhagen, S. Gorfine, A. Greenstein, New York, NY
- P39 Proctectomy in the Setting of Crohn's Disease**
P. Sylla, M. Harris, S. Kim, R. Steinhagen, J. Bauer, S. Gorfine, New York, NY
- P40 Pattern of Surgical Treatment for Ulcerative Colitis over Seven Years in NY State SPARCS Database**
C. Cellini, S. Lee, T. Sonoda, J. Milsom, New York, NY
- P41 A Prospective Evaluation of Adhesion Formation after Laparoscopic Total Colectomy: A Silent Advantage**
J. Canete, T. Sadiq, P. Marcello, Burlington, MA
- P42 Lipopolysaccharide Primes Human Intestinal Fibroblasts to the Profibrotic Actions of TGF B1.**
J. Coffey, P. O'Connell, J. Burke, N. Docherty, R. Watson, Dublin, Ireland
- P43 A Comparison of Sulphomucin Expression in Ileal Pouches Fashioned for Ulcerative Colitis and Familial Adenomatous Polyposis**
J. Coffey, N. Bambury, H. Redmond, W. Kirwan, Dublin, Ireland, Cork, Ireland

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- P44 Risk Factors for Portal Vein Thrombosis following Restorative Proctocolectomy**
I. Mor, F. Remzi, B. Shen, J. Bartholomew, J. Hammel, Cleveland, OH
- P45 Primary and Salvage Ileal Pouch Surgery in the United Kingdom - A Multi-Centre Study of 2,491 Patients**
P. Tekkis, R. Lovegrove, H. Tilney, R. Nicholls, P. Sagar, A. Shorthouse, N. Mortensen, London, UK, Harrow, UK, Leeds, UK, Sheffield, UK, Oxford, UK
- P46 Evaluation of Loop Ileostomy Creation as a Mesenteric Lengthening Procedure in Patients Undergoing Ileal Pouch-Anal Anastomosis**
O. Bardakcioglu, P. Fleshner, K. Facklis, Los Angeles, CA
- P47 The Impact of Ileal Pouch Function on Quality of Life following Restorative Proctocolectomy**
R. Lovegrove, F. Remzi, V. Fazio, R. Nicholls, P. Tekkis, H. Tilney, Cleveland, OH, Harrow, UK, London, UK
- P48 Outcomes in Patients with Inflammatory Bowel Disease Undergoing Partial or Complete Reconstructive Surgery for Failed Ileal Pouch-Anal Anastomosis**
K. Mathis, E. Dozois, D. Larson, R. Cima, J. Pemberton, B. Wolff, Rochester, MN

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- P49 Advanced Laparoscopic Colorectal Surgery- How Do Surgeons Want to Learn**
F. Haggar, H. Moloo, F. Balaa, E. Poulin, J. Mamazza, R. Boushey, I. Graham, J. Grimshaw, Ottawa, ON, Canada
- P50 Impact of Metabolic Syndrome on Short-Term Outcome of Laparoscopic Surgery for Colorectal Cancer**
N. Nitatori, H. Hasegawa, H. Nishibori, Y. Ishii, T. Endo, M. Kitajima, Tokyo, Japan
- P51 Laparoscopic Surgery for Recurrent Crohn's Disease**
S. Lee, J. Bleier, T. Sonoda, J. Milsom, New York, NY
- P52 Is There a Role for Urgent/Emergent Laparoscopic Assisted Colectomy?**
G. Nash, J. Bleier, J. Milsom, T. Sonoda, S. Lee, New York, NY
- P53 Laparoscopic Anterior Rectopexy Improves Both Obstructed Defaecation and Fecal Incontinence in Patients with Rectal Intussusception**
M. Cristaldi, R. Collinson, P. Vanduijvendijk, C. Cunningham, I. Lindsey, Oxford, UK
- P54 Totally Laparoscopic Hartmann's Reversal: A Safe Procedure for even High-Risk Patients**
K. McConville, E. Schochet, R. Bergamaschi, Allentown, PA
- P55 Laparoscopic Repair of Parastomal Hernia**
D. Pastor, E. Pauli, W. Koltun, R. Haluck, T. Shope, L. Poritz, Hershey, PA
- P56 Normothermia Quality Initiative: When do Patients Lose Heat?**
D. Lawes, K. Huguet, J. Efron, J. Heppell, T. Young-Fadok, Scottsdale, AZ
- P57 Feasibility of Laparoscopic Transverse Colectomy with Complete Division of the Middle Colic Pedicle**
D. Feingold, T. Arnell, A. Nasar, D. Moradi, R. Whelan, S. Lee, T. Sonoda, J. Milsom, New York, NY
- P58 Prospective Evaluation of Physiologic Effects of Simultaneous CO2 Infusion by Laparoscopy and Colonoscopy**
S. Stein, S. Lee, T. Sonoda, J. Milsom, B. Stein, J. Samuels, P. Dhar, W. Briggs, New York, NY
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M. Ott, D. Kim, M. Luchtefeld, N. Dujovny, J. Fox, Grand Rapids, MI
- P60 Hand-Assisted Laparoscopic Colectomy: A Cost-Effective Alternative to Standard Laparoscopic Colectomy**
A. Roslani, D. Koh, C. Tsang, K. Wong, W. Cheong, H. Wong, Singapore, Singapore

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- P61 Underutilization of Adjuvant Radiation Therapy for Locally Advanced Rectal Cancer with Advancing Age**
L. Santiago, J. Sanchez, J. Marcet, J. Cromwell, Tampa, FL
- P62 A 5-Year Survival Index for Colorectal Cancer**
E. Ley, D. Klaristenfeld, D. Goodrich, G. Ault, P. Vukasin, A. Kaiser, R. Beart, M. Stern, Los Angeles, CA
- P63 Identification of Large Genomic Rearrangements and Imbalances of Allelic Expression in FAP Patients without APC Germline Mutations**
K. Kim, I. Kim, H. Kang, S. Jang, S. Ahn, H. Yoon, S. Han, D. Kim, J. Park, Seoul, South Korea, Goyang, South Korea
- P64 In Vitro Testing of Drug Cross-Resistance to Improve Standard Combination Chemotherapy Selection in Colorectal Cancer**
R. Parker, I. Yu, E. Mechetner, Tustin, CA
- P65 Curved Cutter Stapler vs. Linear Stapler in Rectal Cancer Surgery: A Prospective Randomized Clinical Trial**
W. Lee, H. Chun, W. Lee, S. Yun, H. Yun, Y. Cho, Seoul, South Korea
- P66 Heterogeneity of Adenosine Triphosphate-Based Chemotherapy Response Assay in Colorectal Cancer**
J. Huh, Y. Park, S. Sohn, Seoul, South Korea
- P67 Area-Specific Tumor Budding in T2 Colorectal Cancer: An Independent Predictive Factor for Lymph Node Metastasis**
H. Uchida, H. Hasegawa, H. Nishibori, Y. Ishii, T. Endo, M. Kitajima, M. Mukai, Tokyo, Japan
- P68 Surgical Salvage with Bone Resection for Locally Recurrent Rectal Cancer**
E. Choi, J. Skibber, M. Rodriguez-Bigas, B. Feig, G. Chang, Houston, TX

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- P69** **Early Detection of Clinical Anastomotic Leakage by Intraperitoneal Microdialysis and Intraperitoneal Cytokines after Anterior Resection of the Rectum for Cancer?**
P. Matthiessen, K. Jansson, I. Strand, M. Andersson, L. Norgren, Orebro, Sweden
- P70** **Is Renal Cancer Part of the Phenotype of MYH-Associated Polyposis? Experience with 6 Families**
J. Church, L. LaGuardia, K. Bova, Cleveland, OH
- P71** **Are Rectal Polyps Always Present in Patients with FAP?**
J. Church, L. LaGuardia, C. Burke, Cleveland, OH
- P72** **Identifying Patients at Risk for Colon Cancer Nodal Metastasis Prior to Surgery**
R. Landmann, W. Wong, L. Temple, P. Paty, J. Guillem, M. Weiser, J. Shia, New York, NY
- P73** **Rectal Cancer Survival in the Nordic Countries and Scotland**
J. Folkesson, L. Pahlman, A. Wibe, L. Tryggvadottir, D. Brewster, T. Hakulinen, E. Ehrnrooth, G. Engholm, H. Storm, Uppsala, Sweden, Trondheim, Norway, Reykjavik, Iceland, Edinburgh, UK, Helsinki, Finland, Copenhagen, Denmark
- P74** **Predictive Histopathologic Factors for Lymph Node Metastasis in Patients with T1 Colorectal Carcinomas**
H. Ochiai, H. Hasegawa, H. Nishibori, Y. Ishii, T. Endo, M. Kitajima, M. Mukai, Tokyo, Japan
- P75** **Is Familial Adenomatous Polyposis More Severe in African Americans?**
J. Petrofski, J. Church, Cleveland, OH
- P76** **Diagnostic Accuracy of Magnetic Resonance Imaging for Prediction of Circumferential Resection Margin in Rectal Cancer: Do Different Scan Planes Improve Accuracy?**
Y. Kim, N. Kim, H. Kim, J. Pyo, H. Cha, Seoul, South Korea
- P77** **Comparison of Self-Expanding Metallic Stenting with Emergency Surgery as First-Management for Obstructing Colorectal Cancer**
H. Kim, S. Lee, I. Lee, W. Kang, C. Ahn, S. Oh, J. Suh, J. Kwon, S. Kim, Seoul, South Korea
- P78** **Radiofrequency Ablation for Metachronous Liver Metastasis from Colorectal Cancer after Curative Surgery**
I. Park, H. Kim, C. Yu, J. Kim, P. Choi, S. Jung, D. Kim, D. Hong, Seoul, South Korea
- P79** **Measuring Functional Outcomes and Quality of Life following Restorative Resection of Rectal Cancer: The Development of a Composite Score**
P. Tekkis, V. Fazio, J. Church, I. Lavery, T. Hull, H. Tilney, Cleveland, OH, London, UK
- P80** **A Meta-Analysis of Quality of Life for Abdominoperineal Excision of Rectum versus Anterior Resection for Rectal Cancer**
J. Cornish, H. Tilney, A. Heriot, I. Lavery, V. Fazio, P. Tekkis, London, UK, Melbourne, VIC, Australia, Cleveland, OH
- P81** **Laparoscopic Sentinel Lymphnode Study in Stage I-II Colon Cancer. A Prospective Study of Predictive Value on Regional Lymphnodes Status**
P. Bianchi, M. Rottoli, C. Ceriani, M. Montorsi, Milano, Italy
- P82** **Percutaneous Drainage in Postoperative Abscess after Low Rectal Resection with Anastomosis**
O. Brehant, F. Browet, D. Fuks, F. Dumont, J. Regimbeau, F. Mauvais, M. Serot, T. Yzet, Amiens, France, Beauvais, France
- P83** **Prognostic Significance of Tumor Regression Grade after Preoperative Chemoradiation in Rectal Cancer**
B. Min, N. Kim, Y. Ko, S. Baek, K. Lee, C. Cho, S. Sohn, J. Pyo, H. Kim, Seoul, South Korea
- P84** **Emergency Colorectal Surgery: Specialization Can Make a Difference**
M. Millan, S. Biondo, E. Kreisler, D. Fraccalvieri, T. Golda, D. Julia, J. Marti-Rague, E. Jaurrieta, Barcelona, Spain
- P85** **Loss of IGF-2 Genomic Imprinting on Clinical Pathological Characteristics in Rectal Cancer Patients**
R. Zhao, H. Wang, M. Oviedo, C. Luo, J. Nogueras, D. Sands, E. Weiss, S. Wexner, M. Berho, F. Giardiello, M. Cruz-Correa, Weston, FL, San Juan, Puerto Rico, Baltimore, MD
- P86** **Three-Dimensional Reconstruction and Volume Rendering Improve the Accuracy of Endosonography in the Evaluation of Early Invasive Rectal Cancer**
G. Santoro, G. Di Falco, G. Gizzi, L. Pellegrini, B. Salvioli, Treviso, Italy, Bologna, Italy
- P87** **Impact of Laparoscopic Abdominoperineal Resection on Radial Margin**
Y. Raftopoulos, R. Bergamaschi, J. Arnaud, K. Lovvik, Allentown, PA, Angers, France, Pittsburgh, PA, Oslo, Norway
- P88** **Distinct Synchronous and Metachronous Neoplasms in Patients with Early Age-of-Onset Colon versus Rectal Cancer**
R. Leon, D. Chessin, P. Paty, M. Weiser, L. Temple, W. Wong, J. Guillem, A. Markowitz, H. Thaler, New York, NY
- P89** **Patients' Preference and Involvement in Therapeutic Decision, Impact with their Current Quality of Life after Surgery for Low Rectal Cancer**
M. Pocard, L. Sideris, P. Lasser, S. Dauchy, F. Zenasni, M. Di Palma, D. Vernerey, Paris, France, Villejuif, France
- P90** **Composite Abdominosacral Resection for Locally Advanced Pelvic Tumours and Recurrent Rectal Cancer**
R. Heath, J. Woodfield, N. Phillips, P. Sagar, Leeds, UK
- P91** **Predictors of Disease-Free Survival in Rectal Cancer Patients Undergoing Curative Proctectomy**
D. Stewart, I. Kodner, S. Hunt, J. Lowney, M. Mutch, E. Birnbaum, J. Fleshman, D. Dietz, Y. Yan, St. Louis, MO
- P92** **Mucinous Colorectal Adenocarcinoma: Influence of Mucin Expression (Muc1, 2 and 5) on Clinico-Pathological Features and Prognosis**
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- P93 Tumor Hypoxia Predicts Response to Neoadjuvant Chemoradiation Therapy in Rectal Cancer: Results of a Pilot Study of the Novel Hypoxia-Detecting 60Cu-ATSM PET Scan**
D. Dietz, M. Welch, B. Siegel, F. Dehdashti, R. Malyapa, R. Myerson, P. Grigsby, B. Tan, J. Picus, J. Ritter, St. Louis, MO
- P94 Measuring Outcome using Quality of Care Indicators in Colorectal Cancer is Feasible**
O. Vergara-Fernandez, C. Victor, B. O'Connor, W. Yoon, C. Swallow, R. Gryfe, H. MacRae, Z. Cohen, R. McLeod, Toronto, ON, Canada
- P95 Do Patient Age and Year of Surgery Optimize Lymph Node Harvest and Survival of Stage II Colon Carcinoma?**
L. Stocchi, S. Hong, V. Fazio, I. Lavery, Cleveland, OH
- P96 Provider Compliance with Reporting Family History of Colorectal Cancer**
V. Chaudhry, J. Cintron, M. DiGiacomo, A. Bastawrous, R. Pearl, L. Prasad, Chicago, IL
- P97 Understanding Racial Disparities in Adjuvant Therapy among Rectal Cancer Patients**
A. Hayanga, A. Morris, Ann Arbor, MI
- P98 The Fate of Ostomies Created for Anastomotic Leak**
J. McCaffrey, D. Barkel, H. Wasvary, Royal Oak, MI
- P99 Emergency Surgery, Circumferential Radial Margin Positivity and Stage Predict Poor Outcome in Colorectal Cancer Patients**
O. Vergara Fernandez, C. Swallow, C. Victor, W. Yoon, B. O'Connor, R. Gryfe, H. MacRae, Z. Cohen, R. McLeod, Toronto, ON, Canada
- P100 Rectal Cancer Resection with in-Continuity Prostatectomy and/or Seminal Vesiculectomy and Total Mesorectal Excision**
J. Poggio, H. Quah, M. Weiser, L. Temple, P. Paty, J. Guillem, W. Wong, New York, NY
- P101 Accuracy of MRI and 18F-FDG PET in Restaging after Neoadjuvant Chemoradiotherapy for Rectal Cancer**
Y. Cho, H. Chun, S. Yun, W. Lee, S. Lee, M. Kim, B. Kim, J. Choi, W. Park, W. Kang, Seoul, South Korea
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B. Billings, D. Larson, R. Cima, E. Dozois, Rochester, MN
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J. Canete, P. Marcello, L. Rusin, D. Schoetz, J. Murray, J. Collier, P. Roberts, Burlington, MA
- P104 Pattern of First Recurrence and First Detection of Colon Cancer Based on Standardized Follow Up from a Surgical Trial**
K. Malireddy, H. Nelson, E. Green, D. Sargent, Rochester, MN
- P105 Predicting Treatment Failure in Squamous Cell Anal Canal Carcinoma - Does Endoanal Ultrasound Help?**
E. Kim, C. Finne, R. Madoff, A. Thorsen, C. Heise, J. Garcia-Aguilar, Minneapolis, MN, San Francisco, CA, Madison, WI
- P106 The Initial TEM Experience in a Fellowship Training Program: What is the Learning Curve and when should the Fellow Begin Operating?**
C. LeBlanc, G. Blatchford, N. Garg, Omaha, NE

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M. Baek, S. Bae, E. Shin, Y. Jang, O. Song, H. Cho, D. Park, Cheonan, Chungnam, South Korea
- P108 RON Activity Correlates with HAS3 Expression in Colon Cancer Cells**
R. Singh, Y. Zhao, J. Wang, G. Howell, M. Brattain, A. Rajput, K. Bullard Dunn, Buffalo, NY
- P109 5-HT Release in the Proximal Colon is Modulated by Stress-Induced Brain CRF Receptors in Rats**
C. Mantyh, K. Tsukamoto, K. Ludwig, T. Pappas, T. Takahashi, Durham, NC
- P110 Comparison between Patients' Subjective Perception of Bowel Control and Vaizey's Score in Fecal Incontinence: Is There a Correlation? Review of 423 Patients**
D. Pares, Y. Maeda, C. Norton, Harrow, UK
- P111 A Prospective, Randomized Trial Comparing the Effects of Postoperative Epidural Bupivacaine Catheters vs. Intravenous Lidocaine on Ileus following Major Colon Resection**
B. Swenson, M. Barclay, C. Friel, E. Foley, M. Durieux, M. Birk, J. Heckman, J. Click, M. Chitnavis, Charlottesville, VA
- P112 Engineering of Attenuated Salmonella Typhimurium for Production of Interleukin-10: A Novel Delivery Method for Treatment of IBD**
C. Heise, J. Lan, Madison, WI
- P113 Evaluation of Sensory and Motor Rectal Response after Haemorrhoidopexy with Electronic Barostat**
P. De Nardi, C. Staudacher, M. Corsetti, S. Passaretti, P. Testoni, Milano, Italy
- P114 Alvimopan 12 Mg Accelerates Gastrointestinal Recovery and Time to Hospital Discharge Order Written in Patients at Higher Risk for Prolonged Postoperative Ileus**
J. Bauer, F. Michelassi, W. Du, L. Techner, New York, NY, Exton, PA
- P115 Colorectal Mineralocorticoid Receptor Underexpression: An Early Event in Cancer Progression**
F. Di Fabio, P. Gordon, C. Alvarado, A. Majdan, E. Mitmaker, M. Trifiro, Montreal, QC, Canada
- P116 Alvimopan: A Peripherally Acting Mu-Opioid Receptor Antagonist. A Comparison of Efficacy in both Older and Younger Patients Following Bowel Resection**
B. Safar, S. Wexner, E. Weiss, J. Nogueras, J. Weese, W. Du, L. Techner, Weston, FL, Stratford, NJ, Exton, PA
- P117 Surgical Site Infections, Length of Stay and Costs Associated with 23,067 Elective Colorectal Procedures**
N. Mahmoud, R. Turpin, W. Saunders, Philadelphia, PA, West Point, PA, Charlotte, NC

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- P118** Baseline Virtual Reality Endoscopic Performance among Non-Medical Novices
R. Phitayakorn, C. Delaney, Cleveland, OH
- P119** Evaluating Lymph Nodes in Colon and Rectal Cancer Resection Specimens: The Effect of a Routine 'Second Look' on Patient Prognosis
T. Bollinger, S. Li, R. Lenington, Orlando, FL
- P120** Prospective Assessment of Patient Quality of Life during the Initial 6 Weeks after Elective Colorectal Surgery
I. Hassan, R. Cima, Y. You, A. Saltman, D. Larson, E. Dozois, J. Pemberton, Springfield, IL, Rochester, MN
- P121** Colorectal Cancer Outcomes Vary By Hospital Type
K. Rhoads, San Francisco, CA
- Trauma Volvulus and
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- P122** Morbidity and Mortality Assessment of Modified Duhamel Operation with Immediate Mechanical End-to-Side Colorectal Anastomosis for Chagasic Megacolon: The Role of the Diverting Stoma
R. da Silva, H. Cancado, M. Luz, S. Conceicao, A. Filho, Belo Horizonte, Minas Gerais, Brazil
- P123** Postoperative Bleeding or Thromboembolic Complications after Colon and Rectal Surgery. Has the Scale Tipped the Other Way?
H. Elhassan, R. Sinnott, L. Rosen, J. Reed, Allentown, PA
- P124** The Effectiveness of Seprafilm in Different Severity of Adhesions Observed at the Time of Relaparotomies: An Experimental Study on Mice
M. Oncel, Y. Altuntas, M. Kement, L. Kaptanoglu, N. Kurt, Istanbul, Turkey
- P125** Diverticular Disease Increases and Affects Younger Ages: An Epidemiological Study of 10 Year Trends
S. Jeyarajah, S. Papagrigoriadis, C. Sutton, London, UK, Northampton, UK
- P126** Surgery of Recurrent Parastomal Hernia: Primary Repair or Relocation?
W. Riansuwan, T. Hull, M. Millan, J. Hammel, Cleveland, OH
- P127** Outcomes after Pelvic Floor Reconstruction Using Bioprosthesis
C. Ellis, Mobile, AL
- P128** Parastoma Hernia - Is the Routine Placement of a Prosthetic Mesh Justified?
J. Witherspoon, I. Robertson, M. Speirs, A. Macdonald, L. Donnelly, Airdrie, UK
- P129** Non Reversal of Hartmann's for Diverticulitis: Derivation of a Scoring System to Predict Non Reversal
W. Riansuwan, T. Hull, M. Millan, J. Hammel, Cleveland, OH
- P130** Colorectal Resections in Solid Organ Transplant Patients: A Single Center Experience
H. Haider, A. Al-Hadad, A. Tekin, F. Marchetti, J. Leinicke, M. Hellinger, L. Sands, Miami, FL
- P131** Treatment of Megacolon - Low Anterior Resecton vs Duhamel Procedure Evaluated by Colonic Transit Time
E. Oliveira, G. Ramos, A. Gabriel, A. Luquetti, S. Gabriel-Neto, A. Habr-Gama, B. Zilberstein, Goais, Brazil, Sao Paulo, Brazil
- P132** Outcome of Patients Undergoing Subtotal Colectomy for Clostridium difficile Colitis
B. Jenkins, D. Dietz, J. Fleshman, I. Kodner, E. Birnbaum, M. Mutch, J. Lowney, S. Hunt, St. Louis, MO
- P133** Use of Sodium Hyaluronate/Carboxymethylcellulose Bioresorbable Membrane (Seprafilm®) in Loop Ileostomy Construction Facilitates Stoma Closure
K. Hammond, D. Beck, T. Hicks, A. Timmcke, C. Whitlow, D. Margolin, New Orleans, LA
- P134** Early Intervention in Patients Requiring Colectomy for Fulminant Clostridium Difficile Colitis Results in Improved Survival
C. Kenyon, W. Buie, A. MacLean, J. Kanashiro, Calgary, AB, Canada
- P135** Collagen Vascular Disease and Surgery for Diverticulitis: An Operative Dilemma
G. Kennedy, D. Larson, E. Dozois, R. Cima, B. Wolff, Rochester, MN

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