



**Session Guide** 

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#ASCRS21

	SCHEDULE AT A GLANCE
	Saturday, April 24, 2021 (pages 5-11)  Click on any session title to
12:00 - 4:00 pm	SYMPOSIUM: Practice Management SYMPOSIUM: Advance Practice Provider/Allied Health
1:00 - 4:00 pm	WORKSHOP: Question Writing: Do You Know How to Write the Perfect Exam Question?
1:00 - 4:30 pm	SYMPOSIUM: Advanced Techniques in Rectal Prolapse Surgery: Ventral Rectopexy Masterclass
	SYMPOSIUM: AIN and HRA: What the Colorectal Surgeon Needs to Know
1:00 - 5:30 pm	WORKSHOP: Early Career Mock Orals and More
	Sunday, April 25, 2021 (pages 12-24)
7:00 - 9:00 am	SYMPOSIUM: Critical Review of Manuscripts
7:30 - 9:45 am	SYMPOSIUM: Advanced Endoscopy
8:00 - 9:30 am	SYMPOSIUM: The Challenging Stoma
8:00 - 10:00 am	SYMPOSIUM: Core Subject Update PLENARY ABSTRACT SESSION I: Benign Anorectal Disease and Pelvic Floor
10:00 - 10:15 am	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
10:15 am - 12:00 pm	PLENARY ABSTRACT SESSION II: Rectal Cancer
10:15 - 11:45 am	SYMPOSIUM: Management of Diverticulitis. Is There Anything We Were Taught That is True? SYMPOSIUM: Pelvic Floor: The Great Falling Out. QUICK SHOTS I: Quality, Cost and Education
12:00 - 1:00 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
1:00 - 1:30 pm	Welcome and Opening Announcements
1:30 - 2:15 pm	Humanities in Surgery Lectureship
2:15 - 3:00 pm	Memorial Lectureship Honoring David Margolin, MD
3:00 - 3:15 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
3:15 - 4:30 pm	SYMPOSIUM: Duty Hours and Evaluation Forms and Robots, Oh My! A Levelheaded Approach to Intraoperative Teaching
3:15 - 4:45 pm	SYMPOSIUM: Paradigm Shifts in the Diagnosis and Neoadjuvant Treatment of Rectal Cancer PLENARY ABSTRACT SESSION III: Colorectal Cancer and Other Neoplasia
6:30 - 8:30 pm	ASCRS Welcome Reception: ASCRS "TOGETHER IN SPIRIT" (Networking Lounge)
	Monday, April 26, 2021 (pages 25-38)
7:00 - 8:00 am	LGBTQ+ and Allies Virtual Meet-up Meet the Professor Roundtables
7:30 - 9:15 am	PLENARY ABSTRACT SESSION IV: Quality Cost and Education
7:45 - 9:15 am	Quick Shots of Distinction
8:00 - 9:15 am	ABSTRACT SESSION: General Surgery Forum
9:15 - 9:30 am	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
9:30 - 10:15 am	Norman D. Nigro, MD, Research Lectureship
10:15 - 11:30 am	QUICK SHOTS II: Benign Anorectal Disease and Pelvic Floor
10:15 - 11:45 am	SYMPOSIUM: Enhancing Your Recovery Program SYMPOSIUM: From Pull-through to PSARP: Caring for Patients with Congenital and Pediatric Colorectal Disease as they Age PLENARY ABSTRACT SESSION V: Benign Abdominal Disease
11:45 am - 1:15 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
1:15 - 2:00 pm	Special Lectureship: Leadership in Turbulent Times
	return

	SCHEDULE AT A GLANCE (continued)
2:00 - 3:15 pm	SYMPOSIUM: Controversies in IBD Surgery SYMPOSIUM: How to Wake-Up from An Intra-Operative Nightmare SYMPOSIUM: Beyond the Knife. Personalized Colorectal Cancer Treatment - Genetics, Molecular Targets, Immunotherapy and More
3:15 - 3:30 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
3:30 - 5:15 pm	SYMPOSIUM: New Technologies
5:30 - 6:45 pm	Residents' Reception
	Tuesday, April 27, 2021 (pages 39-50)
7:00 - 8:00 am	Diversity Virtual Meet-up
7:30 - 9:00 am	QUICK SHOTS III: Rectal Cancer, Colorectal Cancer, and Other Neoplasia
8:00 - 9:00 am	SYMPOSIUM: A Well-Made Anastomosis Could Be Your Best Sleep Medicine SYMPOSIUM: Diversity in Colorectal Surgery ABSTRACT SESSION: Research Forum
9:00 - 9:15 am	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
9:15 - 10:15 am	ASCRS Annual Business Meeting and State of the Society Address
10:15 - 11:00 am	Masters in Colorectal Surgery Lectureship Honoring Robert D. Fry, MD
11:00 - 11:15 am	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
11:15 am - 12:00 pm	Ernestine Hambrick, MD, Lectureship
12:00 - 1:30 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
	Women and Allies for Women in Colorectal Surgery Virtual Meet-up
1:30 - 3:00 pm	SYMPOSIUM: Complete Response after Neoadjuvant Therapy for Rectal Cancer: Cases and Considerations SYMPOSIUM: So, You Want to Be an Academic Colorectal Surgeon? Then Come to this Session PLENARY ABSTRACT SESSION VI: Inflammatory Bowel Disease QUICK SHOTS IV: Inflammatory Bowel Disease, and Benign Abdominal Disease
3:00 - 3:15 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
3:15 - 4:15 pm	Deep Roots Video Presidential Address
4:15 - 4:30 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
4:30 - 6:00 pm	Game Show: ASCRS JeoPARODY (Networking Lounge)
	Wednesday, April 28, 2021 (pages 51-57)
9:00 - 10:30 am	PLENARY ABSTRACT SESSION VII: Best of 2020 (I) SYMPOSIUM: The Challenge of Caring for Geriatric Patients - Adopting Novel Studies in Everyday Practice SYMPOSIUM: Video Based Education Premiers: Robotic and Laparoscopic Techniques SYMPOSIUM: Best of the Diseases of the Colon & Rectum Journal
10:30 - 10:45 am	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
10:45 - 11:30 am	Harry E. Bacon, MD, Lectureship
11:30 am - 12:30 pm	Virtual Engagement Break (ASCRS Central in the Exhibit Hall)
12:30 - 1:15 pm	PLENARY ABSTRACT SESSION VIII: Best of 2020 (II)
12:30 - 2:00 pm	SYMPOSIUM: Anorectal Controversies: Let's Get to the Bottom of This SYMPOSIUM: Alternate Career Options: From Manhattan to Rural America
	STMPOSION. Alternate Career Options. From Mannattan to Rural America
2:00 - 2:45 pm	QUICK SHOTS: Best of 2020
2:00 - 2:45 pm 2:00 - 3:15 pm	

## General Information

All sessions are in the auditorium unless noted. All times are in Pacific Time. **Please Note:** Times and Speakers are subject to change.

## **Continuing Medical Education Information**

#### **Continuing Medical Education Mission Statement**

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

## Annual Meeting Scientific Meeting Goals, Purpose and Learning Objectives

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

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

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

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

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

treatment in patients with diseases of the colon, rectum and anus

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

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

#### Accreditation



The American Society of Colon and Rectal Surgeons (ASCRS) is accredited by the Accreditation Council for Continuing Medical Education (ACCME)

to provide continuing medical education (CME) for physicians. ASCRS takes responsibility for the content, quality and scientific integrity of this CME activity.

#### **Continuing Medical Education Credit**

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

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

CME credits are subject to change

#### **Continuing Nursing Education Accreditation**



SynAptiv is an approved provider of continuing nursing education by the California Board of

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Registered Nursing. Provider approved by California Board of Registered Nursing, Provider #16031 for 25 contact hours.

#### Continuous Certification Credit (Previously MOC)

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

## Daily Schedule

## Saturday, April 24, 2021

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

**ePosters:** 12:00 - 5:30 pm

### 12:00 - 4:00 pm

**SYMPOSIUM: Practice Management** 

CME Credit Hours: 4 CNE Credit Hours: 4

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

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

#### **Objectives**

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

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

#### **Co-Directors**

Jeffrey Cohen, MD, Hartford, CT Jennifer Rea, MD, Lexington, KY

12:00 pm	<b>Introduction</b> Jeffrey Cohen, MD, Hartford, CT Jennifer Rea, MD, Lexington, KY
12:05 pm	The Art of Negotiation: Strategies that Work Jennifer Rea, MD, CPE, Lexington, KY
12:25 pm	The Art of Negotiation: Does Gend

12:25 pm The Art of Negotiation: Does Gender Matter?

Karin Hardiman, MD, PhD, Birmingham, AL

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

1:00 pm

Ancillary Services and
Entrepreneurship
Steven Fassler, MD, Abington, PA

1:20 pm Panel Discussion
All Faculty

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

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

2:30 pm Marketing Your Practice in 2021
Rebecca Stewart, Hartford, CT
2:45 pm Leadership Lessons Learned Dui

2:45 pm Leadership Lessons Learned During the Time of COVID-19
Jeffrey Cohen, MD, Hartford, CT
3:00 pm Mentorship and Leadership:

Perspectives from the Editor
Susan Galandiuk, MD, Louisville, KY

#### **Practice Management** continued

3:15 pm **Mentorship and Leadership:** 

**Perspectives from a Program** 

**Director** 

Leander Grimm, Jr., MD, Mobile, AL

3:30 pm **Panel Discussion** 

All Faculty

4:00 pm **Adjourn** 

#### 12:00 - 4:00 pm

## SYMPOSIUM: Advance Practice Provider/ Allied Health

CME Credit Hours: 4
CNE Credit Hours: 4

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

#### **Objectives**

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

- Recognize the varied practice roles APPs have in colon and rectal Surgery
- 2. Realize the importance of nutrition perioperatively
- 3. Describe APP practice models that exist within the inpatient, outpatient or combination of settings. Optimizing APP scope of practice and utilization can lead to increased patient access to care, increased productivity of the team and improved APP and patient satisfaction
- 4. Gain insight and learn from other APP participants with facilitated round table discussions on APP roles, barriers to practice, job satisfaction and experience

 Promote and build a national network of colon and rectal surgery APPs with a common mission, goals, and connection to ASCRS

#### Director

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

12:00 pm Introductions

Michele Rubin, MSN, APN, CNS-BC,

CGRN, Chicago, IL

12:05 pm Workup and Surgical Option for

**Chronic Constipation** 

Karrie Ann Driscoll, MSN, ANP-BC

12:25 pm Case Presentation: Low Anterior

**Resection Syndrome** 

Samantha Wolff, PA-C, Milwaukee, WI

12:45 pm **Perioperative Nutrition** 

Kelly Issokson, MS, RD, CNSC,

Los Angeles, CA

1:05 pm APP Practice Models/Scope of

Practice

Michele Rubin, APRN, CNS-BC, Chicago, IL

1:30 pm **Panel Discussion and Questions** 

2:00 pm Condyloma and HRA Clinic

Daniel Worrall, APRN, NP-BC,

Boston, MA

2:20 pm Benign Anorectal: Hemorrhoids,

**Fissures and Fistulas** 

Marcia A. Dinsmore, APRN, NP-BC,

Rochester, NY

2:40 pm Ostomy Clinic

Janice Colwell APRN, CNS-BC, Chicago, IL

3:00 pm J-Pouch Assessment and

Surveillance Clinic

Michele Rubin APRN, CNS-BC, Chicago, IL

3:25 pm Questions and Answer

4:00 pm **Adjourn** 

#### 1:00 - 4:00 pm

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

CME Credit Hours: 3
Registration Required

Link to be sent to pre-registered participants

Limit: 70 participants

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

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

#### **Objectives**

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

- Identify fundamental problems with construction of questions developed for testing purposes
- Explain the sequential thinking process used to write an acceptable question and understand how a key concept drives question development
- 3. Demonstrate how to write a stem for a question utilizing the key concept as a foundation

- 4. Develop a second order question that combines diagnosis and management and format the answers in an acceptable form
- 5. Recognize the key differences between a written question and question sequence developed for oral examination formats, as well as questions for various other examination formats

#### **Co-Directors**

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

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

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

1:25 pm	The Stem - The Makings of a Good
	Question
	Shane McNevin, MD, Spokane, WA

1:45 pm	The Answers - They Can Ruin a
	Great Stem
	Liana Tsikitis, MD, Portland, OR

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

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

2:40 pm	Examination Question
	Scott Steele, MD, MBA, Cleveland, OH

3:00 pm	Let's Write Questions	
	All Faculty	

4:00 pm **Adjourn** 



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#### 1:00 - 4:30 pm

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

CME Credit Hours: 3.5 CNE Credit Hours: 3.5

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

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

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

#### **Objectives**

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

- Explain ventral rectopexy, indications and long-term outcomes
- 2. Describe surgical steps for ventral rectopexy using a minimally invasive approach such as laparoscopy or robotics
- 3. Distinguish how to avoid and how deal with surgical complication after prolapse surgery
- 4. Refine VR technique and improve efficiency

#### **Co-Directors**

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

Andrew Stevenson, MD, Brisbane, Australia	
1:00 pm	<b>Introduction</b> Brooke Gurland, MD, Stanford, CA
1·10 nm	Principles and Evalution of

1:10 pm

Principles and Evolution of
Procedures for Rectal Prolapse
Anders Mellgren, MD, PhD, Chicago, IL

1:25 pm Testing? What Helps Me Prior to Prolapse/VR Repair?

Amy Thorsen, MD, Minneapolis, MN

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

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

2:10 pm

To Mesh or Not Mesh in

Multicompartment Prolapse

Liliana Bordeianou, MD, Boston, MA

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

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

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

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

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

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

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

4:10 pm **Question and Answer**4:30 pm **Adjourn** 

#### 1:00 - 4:30 pm

## SYMPOSIUM: AIN and HRA: What the Colorectal Surgeon Needs to Know

CME Credit Hours: 3.5
CNE Credit Hours: 3.5

Self-Assessment Credit: 3.5

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

#### **Objectives**

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

- Describe how to operatively manage chronic anal fissures
- 2. Recognize different treatment paths for grade III internal hemorrhoids
- 3. Assess the utility and critically examine the evidence for anal dysplasia screening

- 4. Describe different management strategies for pilonidal disease
- 5. Examine the utility and efficacy of cutting seton for anal fistula

#### **Co-Directors**

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

	, , , ,
1:00 pm	<b>Welcome</b> Stephen Goldstone, MD, New York, NY
1:05 pm	Introduction to HPV: Scope of the Problem Joel Palefsky, MD, San Francisco, CA
1:20 pm	Pathology and Cytology and the LAST Criteria Teresa Darragh, MD, San Francisco, CA
1:40 pm	Fundamentals of HRA Naomi Jay, RN, NP, PhD, San Francisco,

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

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

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

4:20 pm

Question and Answer

J. Michael Berry-Lawhorn, MD,
San Francisco, CA
Teresa Darragh, MD, San Francisco, CA
Stephen Goldstone, MD, New York, NY
Naomi Jay, RN, NP, PhD, San Francisco, CA
Rebecca Levine, MD, New York, NY
Joel Palefsky, MD, San Francisco, CA
Julian Sanchez, MD, Tampa, FL

Joseph Terlizzi, MD, New York, NY

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4:30 pm **Adjourn** 

#### 1:00 - 5:30 pm

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

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

Link to be sent to pre-registered participants \*\*CME Credit Hours: 2.0 Real Time MOCK Exam

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

Track I: 1:00 - 3:00 pm *Pacific Time* 

CRS Residents/Fellows-in-Training

Track II: 3:30 - 5:30 pm Pacific Time

Physicians in Practice Applying for

**Board Certification** 

Registration is Required

(This course is not intended for General Surgery Residents)

Candidate Member Fee: \$50

Member Fee: \$100 Non-Member Fee: \$125

Limit: 60 participants per Track

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

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

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

#### **Objectives**

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

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

## **Early Career Mock Orals and More** *continued* **Didactic Symposium\***

#### **Co-Directors**

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

#### Introduction

Jennifer Davids, MD, Worcester, MA

#### Welcome

Najjia Mahmoud, MD, Philadelphia, PA

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

#### Things I Wish I Knew in My First Year of **Practice**

Tal Raphaeli, MD, Houston, TX

#### What No One Ever Teaches You: The Basics of **Billing and Coding**

Karen Zaghiyan, MD, Los Angeles, CA

#### What Can ASCRS Do for You and What Can You Do for ASCRS?

Kellie Mathis, MD, Rochester, MN

#### Finances 101

Conan Mustain, MD, Little Rock, AR

#### **Must-Know Topics and Avoiding Pitfalls for the Oral Examination**

David Row, MD, Phoenix, AZ

#### **Building Your Practice and Defining Your** Niche

Jennifer Rea, MD, Lexington, KY

#### How to Make the Most of Your First 5 Years of **Practice**

Brian Bello, MD, Washington, DC

#### **Teaching and Mentoring While You are Just Getting Your Own Feet Wet**

Heather Yeo, MD, MBA, New York, NY

#### **How to Navigate Changes in Your Practice: Tips** for Success

Leandro Feo, MD, Boca Raton, FL

#### \*\*Live/Real Time Mock Oral Exams

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

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

#### Young Surgeon's Committee as Examiners:

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



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## Daily Schedule

## **Sunday, April 25, 2021**

Exhibit Hall Open: 7:00 am - 8:30 pm

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

Ongoing Video Room: 7:00 am - 8:30 pm

ePosters: 7:00 am - 8:30 pm

#### 7:00 - 9:00 am

# SYMPOSIUM: Critical Review Somour



Link to be sent to pre-registered participants

CME Credit Hours: 2 CNE Credit Hours: 2

Please Note: 8:00 - 9:00 am is live interaction

with the faculty.

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

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

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

#### **Objectives**

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

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

#### **Co-Directors**

Susan Galandiuk, MD, Louisville, KY David Stewart, MD, Tucson, AZ

Sullday, April 25, 2021				
Critical Review of Manuscripts continued	Objectives			
7:00 am Introduction Susan Galandiuk, MD, Louisville, KY	At the conclusion of this session, participant should be able to:			
7:05 am <b>Observational Studies</b> Matthew Z. Wilson, MD, Lebanon, NH	of the c	Explain methods to predict neoplastic lesions of the colon and select the best endoscopic resection technique.		
7:17 am <b>Administrative Database Studies</b> Kristen Crowell, MD, Boston, MA	resection technique  2. Recognize the available enhanced endoscopic visualization techniques			
7:29 am Randomized Controlled Trials Willem Bemelman, MD, PhD, Amsterdam, Netherlands	3. Describe the indications and uses for endoscopic submucosal resection for colorectal neoplasia and the associated			
7:41 am Systematic Reviews & Meta- Analyses Husein Moloo, MD, MBA, Ottawa, Ontario, Canada	learning curve  4. Explain available techniques for endosco closure of the bowel wall, stents and hemostatic agents			
*Live interaction with faculty	7:30 am	Introduction		
7:53 - <b>Breakout Rooms</b> 9:00 am Each assigned room will cover:	7:35 am	Kyle Cologne, MD, Los Angeles, CA  The Art of Endoscopic Electro-		
<ul><li>Observational Study</li><li>Administrative Database Study</li></ul>		<b>surgery</b> Jennifer Hrabe, MD, Iowa City, IA		
<ul> <li>Randomized Controlled Trial</li> <li>Systematic Reviews &amp; Meta- Analysis</li> </ul>	7:50 am	Utility of Intraoperative Colonoscopy and Interventions Lea Lowenfeld, MD, New York, NY		
9:00 am <b>Adjourn</b>	8:05 am	<b>Beyond Poypectomy: EMR, ESD</b> Richard L. Whelan, MD, New York, NY		
7:30 - 9:45 am	8:20 am	Combined Endo-Laparoscopic		
SYMPOSIUM: Advanced Endoscopy		Surgery (CELS) and Full Thickness		
CME Credit Hours: 2.25 CNE Credit Hours: 2.25		Laparo-Endoscopic Excision (FLEX) for Complicated Polyps		
There has been significant expansion of new		David Rosen, MD, Cleveland, OH		
techniques and instrumentation for advanced endoscopic procedures. These techniques broaden our ability to perform more complex	8:35 am	ELSI (EndoLuminal Surgical Interventions): ESD and Beyond Uzma D. Siddiqui, MD, Chicago, IL		
procedures in a much less invasive way. As colorectal surgeons, we are positioned to adopt these techniques and lead in this field.	8:50 am	Quality Metrics and Endoscopy – What do I need to Know, and Who's Watching?		
Yet as busy practicing surgeons, it is often	- 1-	Margarita Murphy, MD, Charleston, SC		
difficult to get exposure to state-of-the-art techniques. This symposium highlights new advanced endoscopic techniques and their	9:15 am	The Future of Endoluminal Surgery David Kleiman, MD, Burlington, MA		
applications as well as existing platforms.	9:30 am	Panel Discussion and Questions		
	9:45 am	Adjourn		

#### 8:00 - 9:30 am

SYMPOSIUM: The Challenging Stoma

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

#### **Objectives**

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

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

#### **Co-Directors**

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

8:00 am	<b>Introduction</b> Jennifer Beaty, MD, Omaha, NE
8:05 am	An Ounce of Prevention: Preoperative Patient Preparation for Stoma Creation Crina Floruta, RN, NP, Cleveland, OH
8:20 am	"It Won't Reach!" Intraoperative

**Considerations for Stoma Creation** Peter Cataldo, MD, Burlington, VT

8:35 am "It Keeps Leaking and I'm Really **Dizzy!**" Diagnosis and Management of Early Postoperative Stoma **Complications** 

Samantha Hendren, MD, MPH, Ann Arbor, MI

8:50 am "There's a Big Bump Under my Bag!"

**Diagnosis and Management of Late Postoperative Stoma Complications** 

Virginia Shaffer, MD, Atlanta, GA

9:05 am The Bottom of the Barrel:

**Challenging Case Presentations and** 

**Panel Discussion** 

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

9:30 am Adjourn

#### 8:00 - 10:00 am

SYMPOSIUM: Core Subject Update

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

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

#### **Objectives**

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

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

#### **Core Subject Update** *continued*

#### Director

Mukta Krane, MD, Seattle, WA

8:00 am Introduction

Mukta Krane, MD, Seattle, WA

**Anal Fissure and Hemorrhoids** 8:05 am

Jennifer Irani, MD, Boston, MA

8:24 am Discussion

8:28 am Prolapse/Intussusception/Solitary

**Rectal Ulcer** 

Margarita Murphy, MD, Mt. Pleasant, SC

8:47 am **Discussion** 

**Ulcerative Colitis** 8:51 am

Jonathan Abelson, MD, Burlington, MA

9:10 am **Discussion** 

9:14 am Trauma, Colonic Volvulus

Cary Aarons, MD, Philadelphia, PA

9:33 am Discussion

9:37 am **Benign and Malignant Anal Tumors/** 

**Retrorectal Tumors** 

Marcia Russell, MD, Los Angeles, CA

9:46 am **Discussion** 

10:00 am **Adjourn** 

#### 8:00 - 10:00 am

## PLENARY ABSTRACT SESSION I: Benign **Anorectal Disease and Pelvic Floor**

CME Credit Hours: 2

8:00 am Introduction

> Robert Goldstone, MD, New York, NY Amber Traugott, MD, Columbus, OH

8:08 am **ACPGBI Travelling Fellow** 

> The International Anorectal **Physicology Working Group** (IAPWG) Recommendations: **Standardized Testing Protocol** and the London Classification for Disorders of Anorectal

> > Function

Emma V Carrington<sup>1</sup>, Henriette Heinrich<sup>2</sup>,

Charles H Knowles<sup>1</sup>, Mark Fox<sup>2</sup>,

Satish Rao<sup>3</sup>, Donato F Altomare<sup>4</sup>, Adil E Bharucha<sup>5</sup>, Rebecca Burgell<sup>6</sup>, William D Chey<sup>7</sup>, Guiseppe Chiarioni<sup>8</sup>, Phil Dinning<sup>9</sup>, Anton Emmanuel<sup>10</sup>, Ridzuan Farouk<sup>11</sup>, Richelle JF Felt-Bersma<sup>12</sup>, Kee Wook Jung<sup>13</sup>, Anthony Lembo<sup>14</sup>, Allison Malcolm<sup>15</sup>, Ravinder K Mittal<sup>16</sup>, François Mion<sup>17</sup>, Seung-Jae Myung<sup>13</sup>, P Ronan O'Connell<sup>18</sup>, Christian Pehl<sup>19</sup>, Jose María Remes Troche<sup>20</sup>, R Matthew Reveille<sup>21</sup>, Carolynne J Vaizey<sup>22</sup>, Veronique Vitton<sup>23</sup>, William E Whitehead<sup>24</sup>, Reuben K Wong<sup>1</sup>, S Mark Scott<sup>1</sup> (All members of the International Anorectal Physiology Working Group). <sup>1</sup>Queen Mary, University of London, United Kingdom; <sup>2</sup>University of Zürich, Switzerland; <sup>3</sup>Medical College of Georgia, USA; <sup>4</sup>University Aldo Moro of Bari, Italy; <sup>5</sup>Mayo Clinic, USA; <sup>6</sup>Monash University and Alfred Health, Australia; <sup>7</sup>Michigan Medicine, USA; <sup>8</sup>AOUI Verona, Italy: 9Flinders University, Australia; <sup>10</sup>University College London, UK; <sup>11</sup>National University Hospital Singapore, Singapore: <sup>12</sup>UMC Amsterdam, Netherlands; <sup>13</sup>Asan Medical Center, Korea; <sup>14</sup>Harvard Medical School, USA; 15University of Sydney and Royal North Shore Hospital, Australia: <sup>16</sup>University of California, USA, <sup>17</sup>Université de Lyon et Hospices Civils de Lyon, France; <sup>18</sup>University College Dublin, Ireland; 19 Krankenhaus Vilsbiburg and Technical University Munich, Germany; <sup>20</sup>University of Veracruz, Mexico; <sup>21</sup>University of Colorado, Denver VAMC, USA; <sup>22</sup>St Mark's Hospital and Imperial College London, UK; <sup>23</sup>AP-HM - Aix-Marseille University, France; <sup>24</sup>University of North Carolina at Chapel Hill, USA.

SP3 Outcomes of an Algorithmic, Multidisciplinary Approach to

Rectourethral Fistula Repair; A Pre- and Post-Intervention Quasi-**Experimental Study** 

J. Hayden\*1, W. Boysen1, U. Kowalik1, B. Inouve<sup>1</sup>, J. Migaly<sup>1</sup>, C. Mantyh<sup>1</sup>, D. Erdmann<sup>1</sup>, A. Peterson<sup>1</sup>; <sup>1</sup>Durham, NC

**SP4** Risk of Anal Fistula Recurrence in Immunocompromised Patients: A Case-control Study

J.A. Nguyen\*1, A. Cioci1, M.S. Meece1, F. Marchetti<sup>1</sup>, L. Sands<sup>1</sup>, V. Hui<sup>1</sup>; <sup>1</sup>Miami, FL

8:16 am

8:24 am

Benign Anorectal Disease and Pelvic Floor continued		9:20 am	SP11 Multi-institutional Safety Profile of Minimally Invasive Ventral Rectopexy in the	
8:32 am	SP5 Endorectal Advancement Flap		United States	
	with Fibrin Glue for Treatment of Trans-sphincteric Fistulas		G. Chitragari* <sup>1</sup> , G.B. Filosa <sup>1</sup> , J. Ogilvie <sup>1</sup> ; <sup>1</sup> Grand Rapids, MI	
	S.G. Lee* <sup>1</sup> , A. Ferrara <sup>1</sup> , J. Gallagher <sup>1</sup> , P. Williamson <sup>1</sup> , S. DeJesus <sup>1</sup> , R. Mueller <sup>1</sup> , J. Karas <sup>1</sup> , M. Ferrara <sup>1</sup> ; <sup>1</sup> Orlando, FL	9:28 am	SP12 Working Towards a Universal Language: A Preliminary Report from the ASCRS Pelvic	
8:40 am	SP6 Outcomes of Virtual Visits for Anorectal Complaints During the COVID-19 Pandemic		Floor Disorders Consortium on Pelvic Organ Prolapse (POP) Physical Exam (PE) Workgroup	
	K.K. Thanki* <sup>1</sup> , J. Ayscue <sup>1</sup> , M. Bayasi <sup>1</sup> , S. Berkey <sup>1</sup> , J. Fitzgerald <sup>1</sup> , A. Kata <sup>1</sup> , B. Bello <sup>1</sup> ; <sup>1</sup> Washington, DC		M. Varma*1, D.S. Keller², C. Grimes³, L. Bordeianou⁴, E. PE Workgroup⁵; ¹San Francisco, CA, ²Columbia, SC, ³Valhalla,	
8:48 am	SP7 Does Adding a Fissurectomy to		NY, <sup>4</sup> Boston, MA, <sup>5</sup> Multiple, MA	
	Botox Injection Increase Success Rate or Just Cost?	9:36 am	SP13 Does Concomitant Pelvic Organ Prolapse Repair at the	
	K. Winter* <sup>1</sup> , M. Porter <sup>1</sup> , K. Quinn <sup>1</sup> , T. Savolt <sup>1</sup> , N. Sanchez <sup>1</sup> ; <sup>1</sup> Wichita, KS		time of Rectopexy Impact Rectal Prolapse Recurrence	
8:56 am	SP8 Anorectal Abscess: The High-Cost of Unguided Care		Rates? A Retrospective Review of a Prospectively Collected Pelvic Floor Disorders	
V.C. Simon* <sup>1</sup> , J.H. Frankel <sup>1</sup> , B.C. Chapman <sup>1</sup> , S.S. Michael <sup>1</sup> , E. Birnbaum <sup>1</sup> , J.D. Vogel <sup>1</sup> ; <sup>1</sup> Aurora, CO			Consortium Quality Improvement Database	
0.04 am			L. Bordeianou*1, J. Ogilvie², B. Gurland³, P.	
9:04 am SP9 Implementation of a  Multimodal Enhanced  Recovery Protocol in			QI Database Participants <sup>4</sup> ; <sup>1</sup> Boston, MA, <sup>2</sup> Grand Rapids, MI, <sup>3</sup> Palo Alto, CA, <sup>4</sup> Multiple, ME	
	Ambulatory Anorectal Surgery: A Randomized Trial	9:44 am	SP14 The Prevalence of Mental Health Disorders in Young	
	L. Yao* <sup>1</sup> , A. Parrish <sup>2</sup> , P. Fleshner <sup>1</sup> , K.		Patients with Rectal Prolapse  A. Whitlock* <sup>1</sup> , M.N. Fakler <sup>1</sup> , B.G. Allar <sup>1</sup> , T.E. Cataldo <sup>1</sup> , K.T. Crowell <sup>1</sup> , A. Fabrizio <sup>1</sup> , E. Messaris <sup>1</sup> ; <sup>1</sup> Boston, MA	
	Zaghiyan¹; ¹Los Angeles, CA, ²Los Gatos, CA			
9:12 am	SP10 Opioid Prescription Guidelines for Anorectal Surgery - The			
	Answer to a Missing Piece in the Current Opioid Literature	10:00 am	Adjourn	
	A. Althans* <sup>1</sup> , K. Hrebinko <sup>1</sup> , O. Olaitan <sup>1</sup> ,	10:00 - 1	0:15 am	
M. Ettore <sup>1</sup> , J.Celebrezze <sup>1</sup> , D. Medich <sup>1</sup> , J.		Vistual Engagement Dreak Join us		

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

Holder-Murray<sup>1</sup>; <sup>1</sup>Pittsburgh, PA

3,			
10:15 am - 12:00 pm  PLENARY ABSTRACT SESSION II:  Rectal Cancer  CME Credit Hours: 1.75		10:40 am	SP23 An Improvement in Assessment of Response to Preoperative Chemoradiotherapy for Rectal Cancer Using MRI and
10:15 am	Introduction  Mary Kwann, MD, Los Angeles, CA Bradford Sklow, MD, Cleveland, OH	10.40	Multigene Biomarker  I. Park* <sup>1</sup> , E. Cho* <sup>1</sup> , Y. Kim <sup>1</sup> , S. Hong <sup>1</sup> , S. Lim <sup>1</sup> , C. Yu <sup>1</sup> , J. Kim <sup>1</sup> ; 'Seoul, Korea (the Republic of)
10:16 am	SP20 Association of Patient, Tumor, and Operative Characteristics with TME Intactness in Rectal Surgery: Review of a Multi- institutional Database	10:48 am	SP24 Total Neoadjuvant Therapy Significantly Increases Clinical Complete Response  R.L. Rettig*¹, B.W. Beard¹, J.J. Ryoo¹, R.A. Parker¹, M. Tam¹, V. Attaluri¹; ¹Los Angeles, CA
	M. Mohammed* <sup>1</sup> , K.M. Reitz <sup>1</sup> , K. Hrebinko <sup>1</sup> , S. Regenbogen <sup>2</sup> , A. Hawkins <sup>3</sup> , A. Ejaz <sup>4</sup> , P. Bauer <sup>5</sup> , G. Balch <sup>6</sup> , J. Holder-Murray <sup>1</sup> ; <sup>1</sup> Pittsburgh, PA, <sup>2</sup> Ann Arbor, MI, <sup>3</sup> Nashville, TN, <sup>4</sup> Columbus, OH, <sup>5</sup> St. Louis, MO, <sup>6</sup> Atlanta, GA	10:56 am	SP25 Trajectory of Low Anterior Resection Syndrome After Restorative Proctectomy for Rectal Adenocarcinoma  F. Alrashid*1, S. Robitaille1, P. Charlebois1,
10:24 am	SP21 Perineural Invasion is a Reliable Predictor of Recurrence and Response in Rectal Cancer Patients Who Underwent Curative Resection After Preoperative Chemoradiotherapy	11:04 am	B.L. Stein¹, L.S. Feldman¹, J.F. Fiore Jr.¹, A.S. Liberman¹, L. Lee¹; ¹Montreal, QC, Canada  SP26 Transanal Endoscopic Microsurgery versus Total Mesorectal Excision in ypT0-1 Rectal Cancer after Pre- operative Radiochemotherapry:
	Y. Kim* <sup>1</sup> , C. Kim <sup>1</sup> , J. Lee <sup>1</sup> , Y. Yoon <sup>1</sup> , I. Park <sup>1</sup> , S. Lim <sup>1</sup> , C. Yu <sup>1</sup> , J. Kim <sup>1</sup> ; <sup>1</sup> Seoul, Korea (the Republic of)		Post-operative morbidity, Functional Results, and Long- term Oncologic Outcome
10:32 am	SP22 Post-treatment Rectal MRI for Rectal Cancer Underestimates Distance to Circumferential Resection Margin (CRM) Particularly in Anterior Tumors - A Comparison with Whole- mount Pathological Specimens		G. Rizzo* <sup>1</sup> , D.P. Pafundi <sup>1</sup> , F. Sionne <sup>1</sup> , C. Mattana <sup>1</sup> , G. Pietricola <sup>1</sup> , R. Aversa <sup>1</sup> , L. D'Agostino <sup>1</sup> , C. Coco <sup>1</sup> ; <sup>1</sup> Cerveteri, Italy
		11:12 am	SP27 Management and Outcomes of Pathologic Upstaging of Clinical Stage 1 Rectal Cancers
	J.B. Yuval* <sup>1</sup> , H.M. Thompson <sup>1</sup> , C. Firat <sup>1</sup> , F.S. Verheij <sup>1</sup> , M. Widmar <sup>1</sup> , J. Shia <sup>1</sup> , M.J. Gollub <sup>1</sup> ,		A. Lussiez* <sup>1</sup> , S.J. Rivard <sup>1</sup> , P. Bauer <sup>2</sup> , K. Edwards-Hollingsworth <sup>3</sup> , S. Abdel-Misih <sup>4</sup> , K. Hrebinko <sup>5</sup> , G. Balch <sup>6</sup> , L. Maguire <sup>1</sup> ; <sup>1</sup> App.

J. Garcia-Aguilar<sup>1</sup>; <sup>1</sup>New York, NY

GΑ

K. Hrebinko<sup>5</sup>, G. Balch<sup>6</sup>, L. Maguire<sup>1</sup>; <sup>1</sup>Ann

Arbor, MI, <sup>2</sup>St. Louis, MO, <sup>3</sup>Nashville, TN, <sup>4</sup>Columbus, OH, <sup>5</sup>Pittsburgh, PA, <sup>6</sup>Atlanta,

#### **Rectal Cancer** continued

11:20 am **SP28 Evaluation of Magnetic Resonance - Tumor Regression Grade for Prediction of Pathological Response to Neoadjuvant Treatment in** 

**Rectal Cancer** 

I. Sapci\*1, A. Purysko1, M. Kalady1, E. Gorgun<sup>1</sup>, M.A. Valente<sup>1</sup>, S. Steele<sup>1</sup>, C. Delaney<sup>1</sup>, D. Liska<sup>1</sup>; <sup>1</sup>Cleveland, OH

11:28 am **SP29 In Patients with Rectal Cancer** who are Treated with Total Neoadjuvant Therapy, Rectal **Resection May Be Superfluous** in More than One-Third of

> Patients. B.C. Chapman\*1, S. Lai1, T. Friedrich1, E. Birnbaum<sup>1</sup>, M.D. McCarter<sup>1</sup>, J.D. Vogel<sup>1</sup>;

<sup>1</sup>Aurora, CO

11:36 am **SP30 Deep Learning Based Assessment of Rectal Tumors** after Total Neoadjuvant

Therapy

H.M. Thompson\*1, R. Jimenez-Rodriguez2, J. Garcia-Aguilar<sup>1</sup>, H. Veeraraghavan<sup>1</sup>; <sup>1</sup>New York, NY, <sup>2</sup>Sevilla, Spain

11:44 am **SP31 Anastomotic Leak Does Not** Affect Survival in Rectal

**Cancer Patients Receiving Neoadjuvant Therapy: An Analysis of the US Rectal Cancer Consortium** 

K. Hrebinko\*1, K.M. Reitz1, S. Regenbogen2, A. Hawkins<sup>3</sup>, A. Ejaz<sup>4</sup>, P. Bauer<sup>5</sup>, G. Balch<sup>6</sup>, J. Holder-Murray<sup>1</sup>; <sup>1</sup>Pittsburgh, PA, <sup>2</sup>Ann Arbor, MI, <sup>3</sup>Nashville, TN, <sup>4</sup>Columbus, OH,

<sup>5</sup>St. Louis, MO, <sup>6</sup>Atlanta, GA

11:52 am **SP32 The Efficacy of Adjuvant Chemotherapy on Oncologic Outcomes in Stage 2A Rectal** 

**Cancer Patients** 

H. Ryu\*1, J. Lee1; 1Seoul, Korea (the

Republic of)

12:00 pm Adjourn

#### 10:15 - 11:45 am

SYMPOSIUM: Management of **Diverticulitis. Is There Anything We** Were Taught That is True?

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

Self-Assessment Credit: 1.5

The management of diverticulitis has changed over the past decades. In this symposium, we will discuss the shifts in the treatment paradigm of diverticulitis. We will review the evidence behind the new guidelines for the treatment of this prevalent disease.

#### **Objectives**

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

- 1. Explain the role of antibiotics in acute diverticulitis
- 2. Discuss the role of surgical management of acute and chronic diverticulitis
- 3. Discuss minimal invasive tips and tricks for acute diverticulitis
- 4. Recognize options for medical management of diverticulitis

#### **Co-Directors**

10:15 am

Jason Hall, MD, MPH, Boston, MA Mehraneh Dorna Jafari, MD, Irvine, CA

Introduction

	Jason Hall, MD, MPH, Boston, MA Mehraneh Dorna Jafari, MD, Irvine, CA
10:20 am	What is the Best Medical Therapy for the Treatment of Acute Noncomplicated Diverticulitis? Fergal Fleming, MD, Rochester, NY
10:30 am	Do All Complicated Presentations of Diverticulitis Require Surgery?

Dana Hayden, MD, Chicago, IL

10:42 am When is Enough, Enough? Surgical **Management of Recurrent** 

**Uncomplicated Diverticular Disease** 

Sean Langenfeld, MD, Omaha, NE

10:52 am Tips and Tricks for the Minimally **Invasive Management of Emergency** 

> **Resections for Diverticulitis** Lynn O'Connor, Huntington, NY

#### **Management of Diverticulitis continued**

Is there Still a Role of for the 11:12 am **Hartmann Procedure in the** 

Management of Hinchey III and IV

**Diverticular Disease?** 

Christy Cauley MD, MPH, Boston, MA

11:23 am **Case Presentations** 

> Jason Hall, MD, MPH, Boston, MA. Mehraneh Dorna Jafari, MD, Irvine, CA

11:45 am Adjourn

#### 10:15 - 11:45 am

## SYMPOSIUM: Pelvic Floor: The Great Falling Out.

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

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

pain management and functional medicine together for evaluation and holistic patient treatment.

#### **Objectives**

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

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

#### **Co-Directors**

Russell Farmer, MD, Louisville, KY Sarah Vogler, MD, MBA, Cleveland, OH

10:15 am	Introduction Russell Farmer, MD, Louisville, KY Sarah Vogler, MD, MBA, Cleveland, OH
10:20 am	Sacral Neuromodulation in 2021 - What's New? Bidhan Das, MD Houston, TX
10:35 am	The Mystery Behind Rectoceles Karmjit Koko Singh Khanduja, MD, Columbus, OH
10:50 am	Obstructive Defecation - Has the Evaluation and Care Pathway Changed? Madulika Varma, MD, San Francisco, CA
11:05 am	Ventral Rectopexy - When and Why is this an Option? Kenneth Loh, MD, San Francisco, CA
11:20 am	Stump The Experts - A Review of Difficult Cases Panel
11:35 am	Question and Answer

11:45 am

Adjourn

10:15 - 11:45 am		10:45 am	QS6	Acceptability of Telemedicine for Routine Colorectal Care	
QUICK SHOTS I: Quality, Cost and Education				Sokas*1, T.E. Cataldo¹, K.T. Crowell¹, ssaris¹, A. Fabrizio¹; ¹Boston, MA	
CME Credi	it Hou	rs: 1.5	10:50 am	QS7	Outcomes of Open,
10:15 am Introduction Michael Guzman, MD, Indianapolis, IN Jennifer Paruch, MD, New Orleans, LA				Laparoscopic, and Robotic Colectomy in the Veterans Health Administration: A 2008-2019 National Case	
10:20 am	QS1	Impact of Resident Involvement on Surgeon Productivity in Outpatient Anorectal Procedures		A. Sp	Review  olleran* <sup>1</sup> , M.A. Napolitano <sup>1</sup> , arks <sup>1</sup> , F. Brody <sup>1</sup> , J. Duncan <sup>1</sup> ; nington, DC
	M. Ma	nelan* <sup>1</sup> , M. Abdel-Rasoul <sup>1</sup> , D. Koller <sup>1</sup> , ngallanes <sup>1</sup> , S.S. Lansing <sup>1</sup> , J. Chen <sup>1</sup> , sain <sup>1</sup> ; <sup>1</sup> Columbus, OH	10:55 am		Enhanced Recovery Pathways Should be Mandatory in
10:25 am	QS2	Gender Differences in Reimbursement among Colorectal Surgeons in the			Elective Colorectal Operations ukder*1, D. Davenport1, A. Bhakta1, atel1; 1Lexington, KY
	B. An	United States  la*¹, A. Hoffman¹, I. Ramos¹,  derson¹, S. Merani¹, A. Stefanou²;  ha, NE, ²Detroit, MI	11:00 am	QS9	Development and Validation of a Colorectal Operative Severity Score: An Independent Predictor of Postoperative
10:30 am	QS3	QS3 Fewer Complications Seen in Rectal Cancer Patients Treated at National Accreditation			Outcomes stales*1, C. Qin1, o. Owudunni1, bre-Kidan1, S. Gearhart1; Towson, MD
		rogram for Rectal Cancer NAPRC) Sites Versus on-NAPRC Sites.	11:05 am	QS10	Ketamine Intolerance in Enhanced Recovery after Surgery patients undergoing
		nnson*1, M. Parikh1, J. Wright1, cking1, J.R. Monson1; ¹Orlando, FL		S. Str	Colorectal Operations ingfield*1, C. Keirsyn1, B. Burgess1,
10:35 am	QS4	Cost Comparison of Colectomies for Colon Cancer			sselman¹, A. Waddimba¹, A. Fichera¹, ters¹, K. Wells1; ¹Dallas, TX
		Performed by General or Colorectal Surgeons	11:10 am	QS11	Colorectal Surgery During COVID: Sicker Patients, Similar
		e Leannec*1, C.C. Jensen²; 1New York, Inneapolis, MN			Outcomes, More Readmissions ong*1, C.M. Sokas¹, T.E. Cataldo¹,
10:40 am	QS5 Modified Frailty Index is a Good Predictor of			orizio¹, K.T. Crowell¹, E. Messaris¹; on, MA	
		Postoperative Venous Thromboembolism Incidence in Colorectal Surgery Patients	11:15 am	QS12	Acute Kidney Injury is a Common and Significant Complication After Ileostomy Formation
	S. Svo	Asgar* <sup>1</sup> , C. D'Adamo <sup>1</sup> , J. Wolf <sup>1</sup> , bboda <sup>1</sup> , G. Metoyer <sup>1</sup> , A. Mavanur <sup>1</sup> ; more, MD		C. Ce	ria* <sup>1</sup> , C.F. Justiniano <sup>1</sup> , J. Sper <mark>an</mark> za <sup>1</sup> , lini <sup>1</sup> , R. Salloum <sup>1</sup> , L.K. Temple <sup>1</sup> , ming <sup>1</sup> ; <sup>1</sup> Rochester, NY

#### **Quality, Cost and Education** *continued*

11:20 am QS13 Comparison of 90-Day **Outcomes for Robotic and Laparoscopic Colorectal** Surgery

> S.S. Pervaiz\*1, Y. Hung1, C. D'Adamo1, A. Mavanur<sup>1</sup>, S. Svoboda<sup>1</sup>, J. Wolf<sup>1</sup>;

<sup>1</sup>Baltimore, MD

**QS14** Association of Medicaid 11:25 am **Expansion with Earlier Rectal Cancer Stage at Diagnosis** 

> M. Lin\*1, C.M. Foglia<sup>2</sup>, S. Raman<sup>1</sup>, J. Franko<sup>1</sup>, S.Y. Chao<sup>2</sup>; <sup>1</sup>Des Moines, IA, <sup>2</sup>Flushing, NY

11:30 am **QS15 Discharge Prescribing Protocol** 

**Decreases Opioids in Circulation and Does Not** Increase Refills after Colorectal Surgery

P.S. Bauer\*1, A. Damle1, J. Abelson1, E. Otegbeye<sup>1</sup>, R. Smith<sup>1</sup>, S. Glasgow<sup>1</sup>, P. Wise<sup>1</sup>, S.R. Hunt<sup>1</sup>, M. Mutch<sup>1</sup>, M. Silviera<sup>1</sup>; <sup>1</sup>St. Louis, MO

11:35 am **Discussion and Commentary** 

> James Fleshman, Jr., MD, Dallas, TX Michael Guzman, MD, Indianapolis, IN Jennifer Paruch, MD, New Orleans, LA

11:45 am Adjourn

#### 12:00 - 1:00 pm

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

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

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

#### Industry Education Booth - Live Symposium

 Takeda Pharmaceuticals Industry Education Symposium

#### 1:00 - 1:30 pm

### **Welcome and Opening Announcements**

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

President, ASCRS

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

Program Chair

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

Awards Chair

1:15 pm Ronald Bleday, MD, Boston, MA

President, Research Foundation of

the ASCRS

Michael Arvanitis, MD, Eatontown, NJ 1:20 pm

**Public Relations Chair** 

1:25 pm Sean Langenfeld, MD, Omaha, NE

Social Media Chair

**Adjourn** 1:30 pm

#### 1:30 - 2:15 pm

#### **Humanities in Surgery Lectureship**

CME Credit Hours: .75 CNE Credit Hours: .75

Code Status: Cruelty or Kindness?

Piroska Kopar, MD

Washington University in St. Louis, Assistant

Professor

Center for Humanism and Ethics in Surgical

Specialties, Director

St. Louis. MO

Introduction: John Griffin, MD

#### 2:15 - 3:00 pm

## Memorial Lectureship Honoring David Margolin, MD

CME Credit Hours: .75 CNE Credit Hours: .75

The Doctor Who Failed: An Anthology of Personal Experiences

#### Steven Shackford, MD

Professor and Chairman Emeritus University of Vermont College of Medicine San Diego, CA

Introduction: Charles Whitlow, MD

3:00 - 3:15 pm

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

3:15 - 4:30 pm

**SYMPOSIUM: Duty Hours and Evaluation** Forms and Robots, Oh My! A Levelheaded Approach to **Intraoperative Teaching** 

CME Credit Hours: 1.25 CNE Credit Hours: 1.25

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

#### **Objectives**

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

- 1. Why is it so difficult to verbalize something as simple as a retraction angle when I'm not doing it myself (and how can I find the words)?
- 2. How do I know that I can trust the resident with this portion of this case, especially if it's robotic and I must relinquish control completely?

3. How can I give difficult feedback effectively and without watching my teaching evaluations plummet? What is implicit bias and could it be affecting me?

#### **Co-Directors**

4:30 pm

**Adjourn** 

Emily Huang, MD, MEd, Columbus, OH Jesse Moore, MD, Burlington, VT

3:15 pm	Introduction Emily Huang, MD, MEd, Columbus, OH
3:20 pm	Getting Them to Put Down the Phone: Engaging Learners in the Operating Room Anjali Kumar, MD, Spokane, WA
3:30 pm	Striking the Balance: Autonomy in the OR Nell Maloney Patel, MD, New Brunswick, NJ
3:45 pm	Head in the Console: Tips for Teaching Robotic Surgery Rebecca Hoffman, MD, MSCE, Danville, PA
3:55 pm	How am I Doing? Providing Feedback Amy Halverson, MD, Chicago, IL
4:10 pm	Question & Answer



#### 3:15 - 4:45 pm

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

CME Credit Hours: 1.25 CNE Credit Hours: 1.25

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

#### **Objectives**

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

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

#### **Co-Directors**

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

Introduction- Defining the Goal and 3:15 pm

> **Understanding the Trade-offs** Y. Nancy You, MD, Houston, TX

3:20 pm **Tools for Risk Stratifying Rectal** 

Cancers

Marc Gollub, MD, New York, NY

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

3:45 pm **Chemotherapy: Options and** 

Outcomes

Maria Widmar, MD, MPH, New York, NY

4:00 pm Putting it All Together: Matching the

**Tool with the Goal** 

Eric Dozois, MD, Rochester, NY

**Case Presentation and Question and** 4:15 pm

**Answer** 

Matthew Silviera, MD, St. Louis, MO

4:30 pm Adjourn

3:15 - 4:45 pm

### PLENARY ABSTRACT SESSION III:

## **Colorectal Cancer and Other Neoplasia**

CME Credit Hours: 1.5

3:15 pm Introduction

> John Byrn, MD, Ann Arbor, MI Seth Felder, MD, Tampa, FL

**Killingback Award Winner** 

3:17 pm **SP35 Establishing and Characterising** 

> a Panel of Human Anal SCC **Cell Lines**

Glen R. Guerra<sup>1-4</sup>, Joseph C. Kong MS<sup>1-4</sup>, Matthew Read 2-4, David S Liu 2-4,

Rosemary M. Millen<sup>2,3</sup>, Shienny Sampurno<sup>3</sup>, Vignesh Narasimhan<sup>1-4</sup>, Toan D Pham<sup>2-4</sup>, Sara Roth<sup>3</sup>, Maria-Pia Bernardi<sup>1</sup>, Robert G. Ramsay<sup>2-4</sup>, Wayne A. Phillips<sup>1-4</sup>, Alexander G. Heriot<sup>1,2,4</sup>; <sup>1</sup>Department of Surgery; <sup>2</sup>Sir

Peter MacCallum Department of Oncology, University of Melbourne; <sup>3</sup>Division of Cancer Research, <sup>4</sup>Division of

Cancer Surgery, Peter MacCallum Cancer Centre, Melbourne, Victoria, Australia

3:25 pm **SP36 Improved Survival in Patients** Over Age 75 with FIT-detected **Colorectal Cancer** 

> C. Cahill\*<sup>1</sup>, M.E. Lipson<sup>1</sup>, T. Maclean<sup>1</sup>, C. Wong<sup>2</sup>, A. Afzal<sup>1</sup>, S. Roen<sup>1</sup>, W. Buie<sup>1</sup>; <sup>1</sup>Calgary, AB, Canada, <sup>2</sup>Edmonton, AB, Canada

Colorectal Cancer and Other Neoplasia continued		4:13 pm	SP42 A Prospective, Multicenter Trial of Circumferential
3:33 pm	SP37 Activation of the Urokinase- plasminogen System is Associated with Postoperative Nodal Recurrence in a Mouse Colorectal Cancer Resection  J. Vigneswaran* <sup>1</sup> , H. Koo <sup>1</sup> , R. Morgan <sup>1</sup> , L. Alpert <sup>1</sup> , J.C. Alverdy <sup>1</sup> , O. Zaborina <sup>1</sup> , B.D. Shogan <sup>1</sup> ; <sup>1</sup> Chicago, IL	4:21 pm	Radiofrequency Ablation (cRFA) of Anal High-grade Squamous Intraepithelial Lesions (HSIL)  S.E. Goldstone*1, J. Terlizzi1, R.A. Levine2, P. Tobia2, B. Pereira Vera1; 1New York, NY, 2Bronx, NY  SP43 Impact of Frailty on Long-term
3:41 pm	SP38 Do Immune Inflammatory Markers Correlate with Anal Dysplasia and Anal Cancer Risk in Patients Living with HIV?		Survival in Patients with Colorectal Cancer J.A. Dressler* <sup>1</sup> , K.T. Crowell <sup>1</sup> , A. Fabrizio <sup>1</sup> , T.E. Cataldo <sup>1</sup> , E. Messaris <sup>1</sup> ; <sup>1</sup> Boston, MA
	J. Stem* <sup>1</sup> , Q. Yang <sup>1</sup> , E. Carchman <sup>1</sup> , R. Striker <sup>1</sup> , C. Geltzeiler <sup>1</sup> ; <sup>1</sup> Madison, WI	4:29 pm	SP44 Ileal Pouch-Anal Anastomosis is more "Desmoidogenic" than
3:49 pm	SP39 Prognostic Value of CEA to Maximum Tumor Diameter Ratio in Patients with Stage II Colorectal Cancer  X. Li*1, m. xie1, Z. Xiong1, Y. Chen1, L. Jin1, P. Lan1, L. Lian1; 1Guangzhou, Guangdong,		Ileorectal Anastomosis In Patients with Familial Adenomatous Polyposis  J. Sommovilla*¹, D. Liska¹, M. Kalady¹, B. Sklow¹, S. Steele¹, C. Burke¹, B.H. Leach¹, J. Church¹; ¹Cleveland, OH
3:57 pm	China  SP40 The Effects of Routine MMR	4:37 pm	SP45 Tumor Genotypes Account for Survival Differences in Right
3.37 pm	Testing on the Management of Patients with Colorectal Cancer		and Left-sided Colon Cancers  T. Ward* <sup>1</sup> , C.E. Cauley <sup>1</sup> , C. Stafford <sup>1</sup> , R.N. Goldstone <sup>1</sup> , L. Bordeianou <sup>1</sup> , H. Kunitake <sup>1</sup> , D. Berger <sup>1</sup> , R. Ricciardi <sup>1</sup> ; <sup>1</sup> Boston, MA
	S.J. Rheinhardt*¹, P. Pacheco¹, J. Rakinic¹, N. Engelking¹, M. Brandt¹; ¹Springfield, IL	<b>4</b> :45 pm	Adjourn
4:05 pm	SP41 Germline Cancer Risk Profiles of Young-Onset Colorectal Cancer Patients: Findings From A Universal Germline Testing		30 pm Welcome Reception: 'TOGETHER IN SPIRIT"

## **ASCRS "TOGETHER IN SPIRIT"**

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

To join, please go to the Networking Lounge.

and Tele-Genetics Program

Y. You\*1, J. Moskowitz1, M. Mork1,

M. Rodriguez-Bigas<sup>1</sup>, B.K. Bednarski<sup>1</sup>,

Sanchez<sup>1</sup>, G.J. Chang<sup>1</sup>; <sup>1</sup>Houston, TX

C. Messick<sup>1</sup>, M.M. Tillman<sup>1</sup>, J.M. Skibber<sup>1</sup>,

D. Renaud<sup>1</sup>, S. Nguyen<sup>1</sup>, S. Kopetz<sup>1</sup>, E. Vilar

## Daily Schedule

## Monday, April 26, 2021

Exhibit Hall Open: 7:00 am - 6:45 pm

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

Ongoing Video Room: 7:00 am - 6:45 pm

**ePosters:** 7:00 am - 6:45 pm

7:00 - 8:00 am

## **LGBTQ+ and Allies Virtual Meet-up**

Open to all registered attendees

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

#### Facilitated by:

Alexander Sender Liberman, MD, Stanford, CA Samantha Quade, MD, Everett, WA

7:00 - 8:00 am

#### **Meet the Professor Roundtables**

MTP-M1 **Inflammatory Bowel Disease** 



CME Credit Hours: 1

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

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



#### **Objectives**

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

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

#### **Co-Directors**

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

#### MTP-M2 Anorectal



CME Credit Hours: 1

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

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

#### **Objectives**

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

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

#### Meet the Professor Roundtables continued

- 2. Determine appropriate evaluation and discuss management alternatives for patients with trans-sphincter anal fistulas or rectovaginal fistulas
- 3. Select candidates for operative and nonoperative care for perianal Paget's disease

#### **Co-Directors**

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

## Colorectal Cancer Somo MTP-M3

CME Credit Hours: 1

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

#### **Objectives**

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

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

#### **Co-Directors**

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



#### 7:30 - 9:15 am

#### PLENARY ABSTRACT SESSION IV: Quality **Cost and Education**

CME Credit Hours: 1.75

7:30 am Introduction

> Aneel Damle, MD, Minneapolis, MN Elise Lawson, MD, Madison, WI

7:31 am MP1 The Impact of an Enhanced **Recovery After Surgery** Program in a Non-Academic

**Hospital System** 

K.A. Beiermeister\*1, M.J. Worsey1, C. Chieco<sup>1</sup>; <sup>1</sup>La Jolla, CA

7:38 am MP2 Association Between Ileostomy **Creation, Postoperative Acute** Kidney Injury, and Progression to Chronic Kidney Disease after Rectal Cancer Surgery: A Propensity-score Matched **Analysis** 

> Q. Teo\*1, D. Chua1, W.J. Tan1, N. Syn1, S. Chew<sup>1</sup>, C. Tang<sup>1</sup>, M. Chew<sup>1</sup>; <sup>1</sup>Singapore, Singapore

7:46 am MP3 Pelvic 3D Modeling for Rectal Cancer and Complex Fistula in

C. Koerner\*1, A. Bastawrous1; 1Seattle, WA

7:54 am **MP4** Antiseptic Skin Preparation Agents to Prevent Surgical Site Infection in Colorectal Surgery: A Three-armed Randomized **Clinical Trial** 

> F.S. Reid\*1, B. Stephensen2, S. Smith2; <sup>1</sup>Kensington, Victoria, Australia, <sup>2</sup>Newcastle, New South Wales, Australia

MP5 Liposomal Bupivacaine TAP Blocks in Laparoscopic **Colorectal Resections: A Single** Institution Randomized **Controlled Trial** 

G. Chevrollier\*1, H. Green1, C. Whitlow1, H. Vargas<sup>1</sup>, B. Kann<sup>1</sup>, W.F. Johnston<sup>1</sup>, J. Paruch<sup>1</sup>, D. Margolin<sup>1</sup>; <sup>1</sup>New Orleans, LA

8:02 am

**MP10 Targeted Colorectal Surgery** 

**Quality Cost and Education** *continued* 

## Monday, April 26, 2021

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8:10 am	MP6 Factors Influencing Rank on the Colon and Rectal Surgery Resident Candidate		Enhanced Recovery Pathway Strategies Decrease Readmissions
	Assessment		S. Stapler <sup>1</sup> , K. Brockhaus <sup>1</sup> , M. Battaglia <sup>1</sup> , S. Mahoney <sup>1</sup> , R.K. Cleary* <sup>1</sup> ; <sup>1</sup> Ann Arbor, MI
	S.S. Lansing* <sup>1</sup> , W.M. Oslock <sup>1</sup> , L.R. Coleman <sup>1</sup> , M. Abdel-Rasoul <sup>2</sup> , S. Noria <sup>1</sup> , M. Magallanes <sup>1</sup> , M. Kalady <sup>1</sup> , S. Husain <sup>1</sup> ; <sup>1</sup> Columbus, OH, <sup>2</sup> Colbus, OH	8:50 am	MP11 Decreasing Hospital Readmissions After Ileostomy Creation (DRAIC) Through a
8:18 am	MP7 Comparison of Textbook versus 3D Animation versus Cadaveric Training Video in Teaching Laparoscopic Rectal Surgery: A Prospective		Perioperative Counseling Program  A. Hsu*1, C. Todd², X. Zhou¹, B. Safar¹, J. Efron¹, C. Atallah¹, P. Najjar¹, S. Fang¹; ¹Baltimore, MD, ²Philadelphia, PA
	Randomized Clinical Trial from Tertiary Care Centre  C. Benlice*1, A. Elcircevi1, B. Kutlu1, D. Dogan1, H.I. Acar1, A. Kuzu1; 1Ankara, Turkey	8:58 am	MP12 Effect of Incisional Negative Pressure Wound Therapy on Surgical Site Infections in High Risk Re-operative Colorectal Surgery: A Randomized
8:26 am	MP8 Validation of Task-specific Metrics for the Assessment of Hand-sewn Bowel Anastomoses: Developing a		Controlled Trial  I. Sapci* <sup>1</sup> , T. Hull <sup>1</sup> , J.H. Ashburn <sup>1</sup> , M.A. Valente <sup>1</sup> , S.D. Holubar <sup>1</sup> , C. Delaney <sup>1</sup> , S. Steele <sup>1</sup> , D. Liska <sup>1</sup> ; <sup>1</sup> Cleveland, OH
	Virtual Reality-based Colorectal Surgical Trainer L.M. Parker* <sup>1</sup> , A. Khan <sup>2</sup> , C. Kumwendawilson <sup>1</sup> , T. Halic <sup>3</sup> , S. De <sup>4</sup> , G. Sankaranarayanan <sup>1</sup> , J.W. Fleshman <sup>1</sup> ; <sup>1</sup> Dallas, TX, <sup>2</sup> Nashville, TN, <sup>3</sup> Conway, AR, <sup>4</sup> Troy, NY	9:06 am	MP13 An Observational Survey Study on Quality and Efficacy of Telemedicine Visits in Outpatient Colorectal Surgical Clinic During COVID-19 Pandemic  W. Liu*, D. Blitzer, D. Lisle, J. Ferris;
8:34am	MP9 Incidence of Acute Kidney Injury Following Colorectal Surgery with Use of Ureteral Stents Before and After the	9:15 am	Baltimore, MD  Adjourn

8:42 am



Implementation of ERAS **Protocol: A Single Surgeon** 

A. Rather<sup>1</sup>, L. Chew\*<sup>2</sup>, A. Fisher<sup>1</sup>, D. Chun<sup>1</sup>;

**Experience** 

<sup>1</sup>Dover, DE, <sup>2</sup>Philadelphia, PA

11011ddy, 710111 20, 2021							
7:45 - 9:15 am  Quick Shots of Distinction  CME Credit Hours: 1.5  8:15 am  QSD6  Are Improvements in Surgical Care Leaving African American IBD Patients Behind?							
7:45 am Introduction Marjun P Sarah Ko New Jer Rectal S				M. Maga	* <sup>1</sup> , M. Abdel-Rasoul <sup>1</sup> , llanes <sup>1</sup> , J. Chen <sup>1</sup> , S.S. Lansing <sup>1</sup> , an <sup>1</sup> , A. Afzali <sup>1</sup> , S. Husain <sup>1</sup> ; us, OH		
		rsey Society of Colon and Surgeons Award (Best Basic • Quick Shot)	8:20 am	QSD7	High Grade Dysplasia in Inflammatory Bowel Disease - Time for Colectomy?		
7:50 am	QSD1	Microbiome Diversity Predicts Surgical Success in Patients with Rectovaginal		<sup>1</sup> Hershey			
	M. Walth	<b>Fistula</b> ch*1, J. Chen², L. Yang², H. Chua², ner-Antonio², J.A. Occhino²; buth, VA, ²Rochester, MN	8:25 am	QSD8	Revisiting the Volume Outcome Relationship in Rectal Cancer: Do All High-Volume Hospitals Have Improved Outcomes?		
7:55 am	QSD2	Non-Randomized Retrospective Comparative Study of Laser		M.W. Gru	ra*¹, J.M. Underhill¹, unvald¹, A.R. Bhama¹, vden¹; ¹Chicago, IL		
		Sphincterolysis Versus Surgical Sphincterotomy for the Treatment of Chronic Anal Fissure	8:30 am	QSD9	Early Rectal Cancer is Not Always So Early: Should We Recommend Neoadjuvant Therapy For cT2NO Tumors?		
0.00	M.S. Eftahia*1; ¹Amman, Jordan			G.A. Rubio* <sup>1</sup> , R.D. Hurst <sup>1</sup> , K. Umanskiy <sup>1</sup> ,			
8:00 am	QSD3	Do General Surgery Residents Retain Knowledge		B.D. Shogan <sup>1</sup> , N. Hyman <sup>1</sup> , K.B. Skowron <sup>1</sup> ; <sup>1</sup> Chicago, IL			
	After an Anorectal Skills Workshop? M.C. Ginesi* <sup>1</sup> , A. Ofshteyn <sup>1</sup> , J.T. Brady <sup>1</sup> , J.T. Bliggenstorfer <sup>1</sup> , K. Bingmer <sup>1</sup> , S.L. Stein <sup>1</sup> , E. Steinhagen <sup>1</sup> ; <sup>1</sup> Cleveland, OH		8:35 am	QSD10 Left-Sided Prevalence and Advanced Stage at Presentation of Early Onset Colorectal Cancers: Enough to Justify Earlier Screening?			
8:05 am	QSD4	Impact of the Early COVID-19 Surge on the			n*1, N.A. Jeganathan1, M. Deutsch1, n1, J.S. Scow1; 1Hershey, PA		
	Outcomes of Diverticulitis T.H. Aulet*1, S.B. Spencer¹, J. Abelson¹, E. Breen1, A. Kuhnen¹, J. Saraidaridis¹, P. Marcello¹, D.A. Kleiman¹; ¹Burlington, MA		8:40 am	QSD11	Risk of Malignancy and Outcomes of Presacral Tailgut Cysts: A Contemporary Review of the		
8:10 am	A. Merch	Management of Acute Diverticulitis In Immunocompromised Patients- The Mayo Clinic Experience N. Mishra¹, D. Etzioni¹, S. Kelley², nea³; ¹Scottsdale, AZ, ²Rochester, eksonville, FL		N. Mishr K.T. Behi	Mayo Clinic Experience ard* <sup>1</sup> , L. Stocchi <sup>1</sup> , E. Dozois <sup>2</sup> , a <sup>3</sup> , K.L. Mathis <sup>2</sup> , K. Maimone <sup>1</sup> , m <sup>2</sup> , D. Colibaseanu <sup>1</sup> , A. Merchea <sup>1</sup> ; iville, FL, <sup>2</sup> Rochester, MN, k, AZ		

#### **Quick Shots of Distinction continued**

8:45 am QSD12 Trends in General Surgery
Resident Experience with
Colorectal Surgery: An
Analysis of the Accreditation
Council for Graduate
Medical Education Case

Logs

S.M. Kling\*<sup>1</sup>, S. Raman<sup>1</sup>, M. Philp<sup>1</sup>, J. Poggio<sup>1</sup>, H. Ross<sup>1</sup>, L.E. Kuo<sup>1</sup>; <sup>1</sup>Philadelphia, PA

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

8:50 am QSD13 Association of Medicaid Expansion with Earlier Colon Cancer Stage at Diagnosis

M. Lin\*<sup>1</sup>, C.M. Foglia<sup>2</sup>, S. Raman<sup>1</sup>, J. Franko<sup>1</sup>, S.Y. Chao<sup>2</sup>; <sup>1</sup>Des Moines, IA, <sup>2</sup>Flushing, NY

8:55 am **QSD14 Ketorolac is Not Associated** 

with Increased
Complications Following
Segmental Colectomy

K.Y. Hu\*1, L.E. Rein1, R. Sparapani1, C. Peterson1, K.A. Ludwig1, T. Ridolfi1; 1Milwaukee, WI

9:00 am Summary and Commentary

Marjun Philip Duldulao, MD, Burbank, CA Sarah Koller, MD, Los Angeles, CA Patrick Sullivan, MD, Atlanta, GA

9:15 am **Adjourn** 



#### 8:00 - 9:15 am

ABSTRACT SESSION: **General Surgery Forum** 

CME Credit Hours: 1.25

8:00 am **Introduction** 

**Sandy Kavalukas, MD**, Louisville, KY **Alicia Logue, MD**, San Antonio, TX

2020 General Surgery Forum Best Paper Award

8:03 am GS1 ASCL1: A Candidate

Epigentically-Regulated Tumor Suppressor in HPV-Associated Malignancies

L. Hendrick\*<sup>1</sup>, A. Elahi<sup>1</sup>, D. Wong<sup>1</sup>, A. Ajidahun<sup>1</sup>, M. Husain<sup>1</sup>, J. Lomax<sup>1</sup>, I. Getun<sup>1</sup>, R. Kansal<sup>1</sup>, E.S. Glazer<sup>1</sup>, D. Shibata<sup>1</sup>; <sup>1</sup>Memphis, TN

**Discussant** 

Grace Lee, MD, Boston, MA

8:12 am **GS2 Venous Thromboembolism** 

Rates in Colorectal Cancer Patients Before and After Extended Prophylaxis

Guidelines

A. Ore\*<sup>1</sup>, P. Raje<sup>1</sup>, A. Fabrizio<sup>1</sup>, T.E. Cataldo<sup>1</sup>, K.T. Crowell<sup>1</sup>, E. Messaris<sup>1</sup>; <sup>1</sup>Boston, MA

Discussant

Kent Peterson, MD, Milwaukee, WI

8:21 am GS3 Multiple High-Risk Features in Stage II Colon Carcinoma Portend Worse Survival Than

Stage III Disease

B.C. Herritt\*<sup>1</sup>, C. Castellucci<sup>1</sup>, L. Hajirawala<sup>1</sup>, Y. Yi<sup>1</sup>, A. Klinger<sup>1</sup>, G.R. Orangio<sup>1</sup>, K. Davis<sup>1</sup>, J.S. Barton<sup>1</sup>; <sup>1</sup>New Orleans, LA

**Discussant** 

Paul McClelland, MD, Brooklyn, NY

#### **General Surgery Forum** continued

8:30 am **GS4** Adjuvant Treatment and **Survival in Patients with Stage** 

II/III Small Bowel Adenocarcinoma

B. Li\*1, E.C. Brown1, F. Egawa1, J. Lambrecht1,

D.M. Krishnamurty<sup>1</sup>; <sup>1</sup>Omaha, NE

Discussant

Sarah Morgan Kling, MD, Philadelphia, PA

8:39 am **GS5** Risk Factors for Microscopic

> **Disease Positivity at Ileocolic Resection Margins for Crohn's**

Disease

A. Truong\*1, J. Chough1, K. Zaghiyan1,

P. Fleshner<sup>1</sup>; <sup>1</sup>Los Angeles, CA

**Discussant** 

Ashlyn Whitlock, MD, Boston, MA

8:48 am **GS6** Colorectal Surgery ERAS: **Lessons Learned Years Later** 

> A.M. Madiedo\*1, G. Rasic1, U.R. Phatak1, J.F. Hall<sup>1</sup>, J. Favuzza<sup>1</sup>; <sup>1</sup>Allston, MA

Discussant

Scott Nguyen, MD, Honolulu, HI

8:57 am **GS7** The Association Between Sex and Survival for HPV Positive

**Anal Squamous Cell Carcinoma** 

V.M. Welten\*1, A.C. Fields1, R.A. Malizia1, J. Yoo<sup>1</sup>, J. Irani<sup>1</sup>, R. Bleday<sup>1</sup>, J. Goldberg<sup>1</sup>,

N. Melnitchouk<sup>1</sup>; <sup>1</sup>Boston, MA

**Discussant** 

Dalun Tang, MD, Ann Arbor, MI

9:06 am **GS8** Mediating Factors Between **Patient Race and Time to** 

**Colorectal Cancer Treatment** 

M.W. Grunvald\*1, J.M. Underhill1, C.T. Aguina<sup>1</sup>, A.R. Bhama<sup>1</sup>, D.M. Hayden<sup>1</sup>,

A. Becerra<sup>1</sup>; <sup>1</sup>Chicago, IL

**Discussant** 

Stevie-Jay Stapler, MD, Ann Arbor, MI

9:15 am **Adjourn** 

#### 9:15 - 9:30 am

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

#### 9:30 - 10:15 am

## Norman D. Nigro, MD, Research Lectureship

CME Credit Hours: .75 CNE Credit Hours: .75

The History and Future of Infection Prevention Following Colorectal Surgery: SSIs, Leaks and Beyond

John C. Alverdy, MD

Sarah and Harold Lincoln Thompson Professor

of Surgery

University of Chicago

Chicago, IL

Introduction: Gregory D. Kennedy, MD, PhD

#### 10:15 - 11:30 am

#### QUICK SHOTS II: Benign Anorectal **Disease and Pelvic Floor**

CME Credit Hours: 1.25

10:15 am Introduction

> Nathalie Mantilla, MD, Chicago, IL Maria Michailidou, MD, Porto Rafti,

Greece

10:17 am **QS20 Obstacle or Miracle?** 

> A Modified Bareness of **External Anal Sphicter** (BEAS) for High Horeshoe Anal Fistula Based on a Cohort Study.

J. Zhu<sup>1</sup>, Q. Wang<sup>\*1</sup>, Z. Mei<sup>1</sup>, W. Yang<sup>1</sup>; <sup>1</sup>Shanghai, China

10:22 am **QS21 Botulinum Toxin** 

**Chemodenervation for Anal** Fissure: Survey of ASCRS

Members

A.R. Bhama\*1, B.C. Chapman2, J.S. Davids3, S.G. Eisenstein<sup>4</sup>, D.R. Fish<sup>5</sup>, K. Sherman<sup>6</sup>, V. Simianu<sup>7</sup>, K. Zaghiyan<sup>8</sup>, M.B. Zoccali<sup>9</sup>; <sup>1</sup>Chicago, IL, <sup>2</sup>Aurora, CO, <sup>3</sup>Worchester, MA, <sup>4</sup>La Jolla, CA, <sup>5</sup>Springfield, MA, <sup>6</sup>Durham, NC, <sup>7</sup>Seattle, WA, <sup>8</sup>Los Angeles,

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CA, 9New York, NY

Benign Anorectal Disease and Pelvic Floor continued			10:52 am	QS27	Sacral Nerve Stimulation for Fecal Incontinence: Can	
10:27 am	QS22	Transanal Hemorrhoidal Dearterialization: Long-term Outcomes from a Single- center Retrospective Study in the US		Demographics and Diagnosis Predict Success Results of a Retrospective Chart Review.  R.J. Straker*1, P.T. Hernandez1, D. Murke E.C. Paulson1, J.I. Bleier1; 1Philadelphia,		
	C.F. Fong* <sup>1</sup> , S. Kim <sup>1</sup> ; <sup>1</sup> New York, NY		10:57am	QS28	Which Radiographic or	
10:32 am	QS23	A Randomized Trial of Deep Breathing Exercises to Reduce Postoperative Pain Following Hemorrhoidectomy all*1, U.R. Phatak1, D. Kent1, S. Talutis1, oie1, A. Kuhnen2, J. Favuzza1; 'Boston,	10.37 a111	<b>G</b> :320	Clinical Findings Best Predict Outcome Following Ventral Rectopexy for Obstructed Defecation Syndrome?	
	S. Lajoie <sup>1</sup>			K.A. Kell	ey* <sup>1</sup> , J. Ogilvie <sup>1</sup> ; <sup>1</sup> Grand Rapids, MI	
			11:02 am	QS29	Sacral Nerve Stimulation for	
10:37 am	QS24	A New Pathway of Spread of Pus/Sepsis in the Outer Fibers of External Ana Sphincter: Evidence and Its Implications in Management of Anal Fistulas			Treatment of Fecal Incontinence: Complication Rates, and Post-Revision Outcomes	
					andez*¹, R.J. Straker¹, D. Murken¹, Ison¹, J.I. Bleier¹; ¹Philadelphia, PA	
	J. Chowo	, K. Singla¹, S.S. Sodhi¹, dhry²; ¹Panchkula, Haryana, India, i, Maharashtra, India	11:07 am	QS30 Laparoscopic Posterior Suture Rectopexy (LPS Laparoscopic Ventral M		
10:42 am	QS25	A Simple New Protocol to Effectively Manage Anal			Rectopexy (LVMR) in the Management of Rectal	
	Fistulas with No Obvious	Fistulas with No Obvious Internal Opening:An Audit		Prolapse  M.N. Fakler* <sup>1</sup> , A. Whitlock <sup>1</sup> , B.G. Allar <sup>1</sup> , T.E. Cataldo <sup>1</sup> , K.T. Crowell <sup>1</sup> , A.C. Fabrizio <sup>1</sup> , E. Messaris <sup>1</sup> ; <sup>1</sup> Boston, MA  QS31 Prospective Evolution of		
		<sup>1</sup> , K. Singla¹, S.S. Sodhi¹, J. ry²; ¹Panchkula, Haryana, India, i, Maharashtra, India	11,10 am			
			11:12 am	Q331	Natural Orifice Transanal	
10:47 am		Use of Botulinum Toxin Injections for the Treatment of Chronic Anal Fissure: Results from an American Society of Colon and Rectal Surgeons National Survey iarek*1, D.J. Borsuk², J.J. Park²,		V. Gupta	Endoscopic Rectopexy as a novel treatment for Complete Rectal Prolapse. dra*1, P. Rajan¹, N. Kumar¹, l¹, A. Pai¹, M. Rajashekhara¹, B. Sangal¹; ¹Lucknow, Uttar India	
	S.J. Mare	ecik², A. Mellgren¹, K. Kochar²;				

<sup>1</sup>Chicago, IL, <sup>2</sup>Park Ridge, IL

## **Benign Anorectal Disease and Pelvic Floor**

continued

11:17 am **QS32 Correlation of Symptoms** and Pelvic Floor **Dvsfunctions with Levator Ani Muscle Defect in Female** 

> **Patients after Vaginal Delivery**

S.M. Murad-Regadas\*1, A.d. Vilarinho1, L.B. Veras<sup>1</sup>, L.B. Batista<sup>1</sup>, D. Lima<sup>2</sup>, F.S. Regadas Filho<sup>1</sup>, M.T. Oliveira<sup>1</sup>, M. Macedo<sup>1</sup>; <sup>1</sup>Fortaleza, Ceara, Brazil, <sup>2</sup>Cascavel, Brazil

11:22 am **Discussion and Commentary** 

> Nathalie Mantilla, MD, Chicago, IL Maria Michailidou, MD, Porto Rafti, Greece

Juan Nogueras, MD, Cleveland, OH

11:30 am **Adjourn** 

#### 10:15 - 11:45 am

## SYMPOSIUM: Enhancing Your Recovery **Program**

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

#### **Objectives**

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

- 1. Identify administrative barriers and mitigation strategies for successful ERP implementation
- 2. Recognize the differences in techniques and efficacy of various regional anesthesia modalities
- 3. Explore the association between NSAIDs and surgical complications
- 4. Describe the components of Prehabilitation

#### **Co-Directors**

Amanda Hayman, MD, Portland, OR Traci Hedrick, MD, Charlottesville, VA

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

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

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

10:46 am The Latest and Greatest in Regional Anesthesia: TAPs, Spinals, Blocks, and Beyond

Anoushka Afonso MD, New York, NY

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

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

11:25 am **Panel Discussion** 

11:45 am **Adjourn** 



#### 10:15 - 11:45 am

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

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

Self-Assessment Credit: 1.5

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

#### **Objectives**

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

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

#### **Co-Directors**

Alessandra Gasior, DO, Columbus, OH Erin Teeple, MD, Wilmington, DE

10:15 am Introduction Alessandra Gasior, DO, Columbus, OH 10:30 am **Anorectal Malformations: Embryology, Anatomy, Treatment** and Long-term Considerations Payam Saadai, MD, Sacramento, CA

10:45 am Hirschsprung's Disease: Embryology, Anatomy, Treatment and Long-term

**Considerations** 

Erin Teeple, MD, Wilmington, DE

11:00 am **Neurogenic Bowel: Definition,** 

**Associated Conditions, Treatment** and Long-term Considerations Kristin Fiorini, MD, Philadelphia, PA

11:15am **Barriers to Transitioning Colorectal** 

**Care from Pediatric to Adult Centers** 

Meagan Costedio, MD, Cleveland, OH

11:30 am **Closing Comments** 

Erin Teeple, MD, Wilmington, DE

11:35 am **Panel Discussion & Questions** 

11:45 am Adiourn

### 10:15 - 11:45 am

## PLENARY ABSTRACT SESSION V: Benign

## **Abdominal Disease**

**CME Credit Hours: 1.5** 

10:15 am Introduction

> Sami Chadi, MD, Toronto, ON Canada Bruce Robb, MD, Indianapolis, IN

10:25 am MP21 **Should We Scope Beyond** 

> the Age-Limit of Guidelines? Adenoma Detection Rates and Outcomes of Screening

and Surveillance

**Colonoscopies in Patients** Aged 75 -79 Years Old

Z. Harra\*1, C. Vasilevsky1, G. Ghitulescu1, N. Morin<sup>1</sup>, M. Boutros<sup>1</sup>, A. Pang<sup>1</sup>; <sup>1</sup>Montreal,

QC, Canada

10:33 am **MP23 Recurrence and Need for** 

> **Surgery After Acute Diverticulitis: Does Family History Matter?**

J.N. Cohan\*1, J.J. Horns1, H.A. Hanson1, K. Allen-Brady<sup>1</sup>, M.C. Kieffer<sup>1</sup>, J. Hotaling<sup>1</sup>,

B.S. Brooke<sup>1</sup>; <sup>1</sup>Salt Lake City, UT

10:41 am MP24 Rare Loss of Function **Genetic Variants Associated** with Diverticular Disease

> H.D. Schaeffer\*1, S. Saylors1, D.T. Smelser1, J. Dove<sup>1</sup>, K. Long<sup>1</sup>, C. Buzas<sup>1</sup>, D.J. Carey<sup>1</sup>,

R. Hoffman<sup>1</sup>; <sup>1</sup>Danville, PA

#### **Benign Abdominal Disease** *continued*

10:49 am MP25 The Impact of Extended **Postoperative Antibiotics on** the Incidence of Surgical Site Infections after Surgery

for Diverticulitis.

T. Peponis\*1, R. Bleday1, M. Rubin2, C.E. Cauley<sup>1</sup>, R.N. Goldstone<sup>3</sup>, R. Ricciardi<sup>1</sup>, K. Ahmed<sup>1</sup>, L. Bordeianou<sup>1</sup>; <sup>1</sup>Boston, MA, <sup>2</sup>Salem, MA, <sup>3</sup>Newton, MA

10:57 am

MP27

MP26 **Provocative Mesenteric** Angiograms - It's Not As Risky As You Might Think

G. Thiry\*1, S. Dhand2, A. Gregorian1, N. Shah<sup>3</sup>; <sup>1</sup>Whittier, CA, <sup>2</sup>Los Angeles, CA, <sup>3</sup>Providence, RI

11:05 am

**Playing the Long Game:** A Cross Sectional Survey of **Patient Reported Outcomes** in the Management of **Recurrent Diverticulitis** 

N.J. Harrison\*1, M. Hopkins1, M. Ford1, R. Muldoon<sup>1</sup>, D. Beck<sup>1</sup>, A. Khan<sup>1</sup>, T.M. Geiger<sup>1</sup>, A. Hawkins<sup>1</sup>; <sup>1</sup>Nashville, TN

11:13 am

**MP28 Surgical Management of Patients with Gastrointestinal Tuberculosis** 

E.T. Limpin\*1, M.J. Lopez1, S. Maglangit1, J. Torres<sup>1</sup>, M.S. Onglao<sup>1</sup>, M.C. Cabanilla-Manuntag<sup>1</sup>, R. Maralit<sup>1</sup>, R. Dofitas<sup>1</sup>; <sup>1</sup>Manila, Metro Manila, Philippines

11:21 am

**MP29 Enterococcus Faecalis is** Associated with Anastomotic Leak in **Patients Undergoing Colorectal Surgery** 

D. Anderson\*1, R. Keskey1, M.T. Ackerman1, O. Zaborina<sup>1</sup>, N. Hyman<sup>1</sup>, J.C. Alverdy<sup>1</sup>, B.D. Shogan<sup>1</sup>; <sup>1</sup>Chicago, IL



11:29 am MP30 Impact of COVID-19 On **Colorectal Surgery; Effect** on Postoperative **Respiratory Events** 

> R.N. Goldstone\*1, C.E. Cauley1, J. Zhang2, C. Stafford<sup>1</sup>, L. Bordeianou<sup>1</sup>, H. Kunitake<sup>1</sup>, T. Francone<sup>1</sup>, R. Ricciardi<sup>1</sup>; <sup>1</sup>Boston, MA, <sup>2</sup>New Haven, CT

11:45 am Adjourn

#### 11:45 am - 1:15 pm

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

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

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

#### Industry Education Booth - Live Symposia

- BD Industry Education Symposium
- Baudax Bio, Inc. Industry Education Symposium

#### 1:15 - 2:00 pm

## **Special Lectureship**

CME Credit Hours: .75 CNE Credit Hours: .75

### Leadership in Turbulent Times

Tracy L. Hull, MD

Professor of Surgery

Cleveland Clinic Lerner College of Medicine of

Case Western Reserve University

Department of Colon and Rectal Surgery

The Cleveland Clinic Foundation

Cleveland, OH

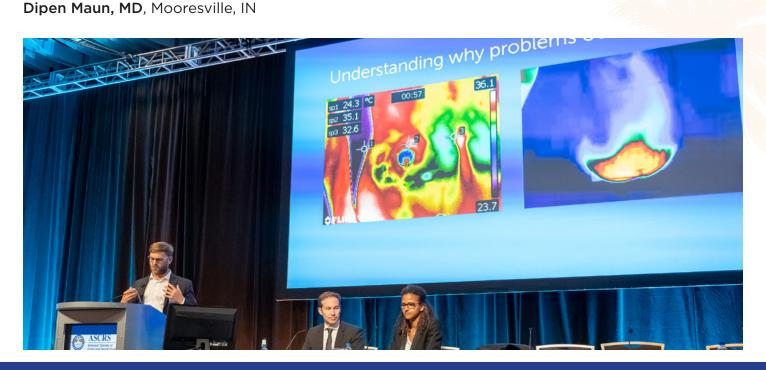
Introduction: Neil H. Hyman, MD

37 1 7				
2:00 - 3:15 pm	2:00 pm	Introduction Syed Husain, MD, Columbus, OH		
SYMPOSIUM: Controversies in IBD		Sharon Stein, MD, Cleveland, OH		
Surgery	2:05 pm	Three-stage Procedure for Chronic Ulcerative Colitis is Preferable to Two-stage Procedures Karen Zaghiyan, MD, Los Angeles, CA		
CME Credit Hours: 1.25				
CNE Credit Hours: .75				
There are many controversies in the treatment of inflammatory bowel disease. This symposium will focus on three areas of controversy:	2:10 pm	Two-stage Procedure for Chronic Ulcerative Colitis is Preferable to Three-stage Procedures Hiroko Kunitake, MD, Boston, MA		
<ol> <li>Two vs three-stage pouch for patients with ulcerative colitis</li> </ol>	2:15 pm	Case Presentation and Panel Discussion Syed Husain, MD, Columbus, OH Sharon Stein, MD, Cleveland, OH		
2. Cessation of biologics prior to semi-elective resection for patients with Crohn's disease				
<ol><li>Treatment of low-grade dysplasia in the setting of ulcerative colitis</li></ol>	2:30 pm	Preoperative Cessation of		
A case-based discussion, with invited quick review of the relevant literature, audience polling and participation, and discussion of risks benefits and caveats by an expert panel in		Immunosuppression is Necessary in Steroid Dependent Crohn's Patients Before Semi-Elective Surgeries Lisa Cannon, MD, Rochester, NY		
the medical and surgical management of inflammatory bowel disease.	2:35 pm	Preoperative Cessation of Immunosuppression is Not Necessary in Steroid Dependent Crohn's		
Objectives		Patients Before Semi-Elective Surgeries Stefan Holubar, MD, Cleveland, OH		
At the conclusion of this session, participants should be able to:				
Discuss the clinical scenarios where two- stage pouch procedures would be preferable     to three stage apprehiums and vice years.	2:40 pm	Case Presentation and Panel Discussion		
to three-stage operations, and vice versa.  2. Explore the nuances in perioperative		Syed Husain, MD, Columbus, OH Sharon Stein, MD, Cleveland, OH		
management of immunosuppression in steroid dependent patients: is active disease at the time of surgical intervention associated with worse outcomes than active immunosuppression?	2:55 pm	Low-grade Dysplasia is an Absolute Indication for Total Proctocolecotmy in Chronic Ulcerative Colitis Patients Samuel Eisenstein, MD, La Jolla, CA		
3. Evaluate if a total proctocolectomy is essential in all CUC patients with low-grade dysplasia; is there any role of surveillance in the era of image-enhanced endoscopy?	3:00 pm	Not All Chronic Ulcerative Colitis Patients with Low-grade Dysplasia Require Total Proctocolectomy Karen Zaghiyan, MD, Los Angeles CA		
Co-Directors	3:05 pm	Case Presentation and Panel		
Syed Husain, MD, Columbus, OH Sharon Stein, MD, Cleveland, OH		<b>Discussion</b> Syed Husain, MD, Columbus, OH Sharon Stein, MD, Cleveland, O		
	3:15 pm	Adjourn		

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## 2:00 - 3:15 pm

SYMPOSIUM: How to Wake-Up from An Intra-Operative Nightmare	2:00 pm	Introduction Steven Lee-Kong, MD, New York, NY Dipen Maun, MD, Mooresville, IN	
CME Credit Hours: 1.25	2:05 pm	Was That the Ureter?	
CNE Credit Hours: .75		Sergey Khaitov, MD, New York, NY	
This symposium will highlight potential complications that can occur during common colorectal surgical procedures, as well as	2:11 pm	<b>How Did all that Blood Get There?</b> Alodia Gabre-Kidan MD, Columbia, MD	
describe/illustrate methods for rapid identification and management of these serious	2:17 pm	<b>Had to Be a Stapler Misfire!</b> Toyooki Sonoda, MD, Garden City, NY	
adverse events. The presenters will review brief videos, when possible, which capture difficulties	2:23 pm	<b>TaTME - What Plane am I In?</b> Jutin Maykel, MD, Worcester, MA	
that surgeons may encounter. Detailed review of the encountered complications and how one can recover from them will be reviewed.	2:29 pm	<b>Not Really that NICE</b> Jean-Paul LeFave, MD, Houston, TX	
Objectives	2:35 pm	Is That the Peritoneum We are Looking at?	
At the conclusion of this session, participants should be able to:		Garrett Friedman, MD, Las Vegas, NV	
	2:41 pm	Collateral Damage During "Routine"	
<ol> <li>Explain the potential intra-operative complications that may occur during common surgical procedures</li> </ol>		<b>Colectomy?</b> Matthew Mutch, MD, St. Louis, MO	
2. Identify the above potential complications	2:47 pm	<b>Pelvic Surgery in the Morbidly Obese</b> David Dietz, MD, Cleveland, OH	
<ol><li>Employ surgical management strategies to manage the above complications</li></ol>	2:53 pm	Question & Answer	
Co-Directors	3:15 pm	Adjourn	



Steven Lee-Kong, MD, New York, NY

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Monday, April 26, 2021

### 2:00 pm - 3:15 pm

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

CME Credit Hours: 1.25 CNE Credit Hours: .75

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

### **Objectives**

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

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

#### **Co-Directors**

Emily Steinhagen, MD, Cleveland, OH Paul Wise, MD, St. Louis, MO

2:00 pm	<b>Introduction and Opening Comments</b> Emily Steinhagen, MD, Cleveland, OH Paul Wise, MD, St. Louis, MO
2:05 pm	When in Doubt, Take it Out? Extent of Surgery in Lynch Syndrome Sonia Ramamoorthy, MD, San Diego, CA
2:20 pm	Gene-mutation Negative Polyposis: Now What? James Church, MD, Cleveland, OH
2:35 pm	What is the Tumor Telling Us? A Primer in Tumor Profiling Heather Hampel, MS, LGC, Columbus, OH
2:50 pm	<b>Immunotherapy: When &amp; For Whom?</b> Aaron Miller, MD, PhD, San Diego, CA
3:05 pm	<b>Panel Discussion and Questions</b>
3:15 pm	Adjourn

# 3:15 - 3:30 pm

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

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



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### Monday, April 26, 2021

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4. 4	( ) —	٦.	5	pm
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### SYMPOSIUM: New Technologies (Non-CME)

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

### **Co-Directors**

Sam Atallah, MD, Orlando, FL Patricia Sylla, MD, New York, NY

Sam Atallah, MD, Orlando, FL Patricia Sylla, MD, New York, NY

NT1 3:35 pm Closing the Gaps: Improving

**Quality of Life and Patient Reported Outcomes For** Ostomates

L. Auerbach\*1, P. Gallagher1, B. Dinh1, B. Reel<sup>1</sup>, R. Fearn<sup>2</sup>; <sup>1</sup>Irivine, CA, <sup>2</sup>Irvine, CA

3:47 pm NT2 **Magnetic Assisted** 

> **Laparoscopic Right Hemicolectomy with Intracorporeal Anastomosis**

R. Cox\*1, M. Downs1, J. Salgado1, C.H. Olson<sup>1</sup>; <sup>1</sup>Dallas, TX

3:59 pm **Industry Sponsored Presentation:** 

ColubrisMX

**Advancing Endoluminal Colorectal** 

**Surgery through Robotics** 

Todd Wilson, MD

**Industry Sponsored Presentation:** 4:11 pm

**LumenEve®** 

A Prospective Observational Analysis of a Novel Digital Rectoscope: LumenEye®

James Kinross, MD



4:23 pm NT3 **Natural Orifice Endo**sonographic Colposuspension with **Rectopexy for Comorbid Rectal & Vaginal Pelvic Organ Prolapse** 

> A. Chandra\*1, P. Rajan1, M. Rajashekhara1, V. Gupta<sup>1</sup>, N. Kumar<sup>1</sup>, A. Pai<sup>1</sup>, R. Patel<sup>1</sup>, P. Shah<sup>1</sup>; <sup>1</sup>Lucknow, Uttar Pradesh, India

4:35 pm **Industry Sponsored Presentation:** 

Colospan

**Protection of Colorectal Anastomosis** with an Intraluminal Bypass Device Instead of a Diverting Stoma - A **Potential Paradigm Shift** 

Surya Nalamati, MD

4:47 pm NT4 **Initial Experience in Robotic** 

**Colorectal Resection Using a Novel Modular Robotic** 

**Surgical System:** 

A Dual-center Case of 51

**Patients** 

P.G. Vaughan-Shaw\*1, J. Vojak1, A. Le Saint Grant<sup>1</sup>, D.R. Collins<sup>1</sup>, H. Paterson<sup>1</sup>, A.S. Nizar<sup>2</sup>, H. Tilney<sup>2</sup>, D. Speake<sup>1</sup>; <sup>1</sup>Edinburgh, United Kingdom, <sup>2</sup>Frimley, United

**Summary and Conclusion** 4:59 pm

> Sam Atallah, MD, Orlando, FL Patricia Sylla, MD, New York, NY

5:15 pm Adjourn

# 5:30 - 6:45 pm

# **Residents' Reception**

Open to General Surgery residents and Colorectal Surgery program directors only

This event is an opportunity for general surgery residents to network with colorectal surgery program directors and learn more about the specialty and the Society.

Advance registration is required. Residents can win a copy of the ASCRS Textbook of Colon and Rectal Surgery, the ASCRS Manual of Colon and Rectal Surgery or free registration to the 2022 Annual Scientific Meeting.

# Daily Schedule

# Tuesday, April 27, 2021

Exhibit Hall Open: 7:00 am - 6:00 pm

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

Ongoing Video Room: 7:00 am - 6:00 pm

ePosters: 7:00 am - 6:00 pm

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# **Diversity Virtual Meet-up**

Open to all registered attendees

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

### Facilitated by:

Jonathan Laryea, MD, Louisville, KY Lynn O'Connor, MD, Huntington, NY

### 7:30 - 9:00 am

QUICK SHOTS III: Rectal Cancer,

# **Colorectal Cancer, and Other Neoplasia**

CME Credit Hours: 1.5

7:30 am Introduction

> Avana Chase, MD, Atlanta, GA David Rosen, MD, Cleveland, OH

7:35 am **QS35 Postoperative Outcomes for** 

**Non-Metastatic Rectal Cancer in Academic Versus Community Cancer Centers:** An Analysis of The National **Cancer Database** 

M.L. Horsey\*1, A. Sparks1, M. Ng1, V. Obias1; <sup>1</sup>Washington, DC

7:40 am **QS36 Preoperative** 

Chemoradiotherapy in cT2NO Distal Rectal Cancer

**Patients is Justifiable?** 

M. Park\*1, C. Yu1, J. Lee1, Y. Yoon1, I. Park1, S. Lim<sup>1</sup>, J. Kim<sup>1</sup>; <sup>1</sup>Seoul, Korea (the Republic of) 7:45 am

**QS37 Pathological Complete Response in Patients with ypTO Primary Tumor After** 

**Neoadjuvant Therapy for Rectal Cancer** 

S. Qureshi\*1, C. Reickert1, M. Asai1; 1Detroit, MI

7:50 am

**QS38** Impact of Total Neoadjuvant **Therapy on Perioperative** 

**Outcomes After Proctectomy for Rectal** 

Cancer

Z. Xu\*1, M.A. Valente1, B. Sklow1, D. Liska1, E. Gorgun<sup>1</sup>, H. Kessler<sup>1</sup>, D. Rosen<sup>1</sup>, S. Steele<sup>1</sup>;

<sup>1</sup>Cleveland, OH

7:55 am

**QS39 Management of Patients** with Rectal Cancer in Wisconsin: Implications for

Improving Quality and Addressing Disparities

D. Livingston-Rosanoff\*1, J. Schumacher1, J. Peters<sup>1</sup>, M. Venkatesh<sup>1</sup>, D. Yang<sup>1</sup>,

E. Lawson<sup>1</sup>; <sup>1</sup>Madison, WI

8:00 am

QS40 **Using CT Based Pelvimetry** and Visceral Obesity

**Measurements to Predict** TME Quality for Patients **Undergoing Rectal Cancer** 

Surgery

V. Bolshinsky\*1, D. Sweet2, D. Vitello2, I. Sapci<sup>2</sup>, X. Jia<sup>2</sup>, S.D. Holubar<sup>2</sup>, B. Herts<sup>2</sup>, S. Steele<sup>2</sup>; <sup>1</sup>Melbourne, Victoria, Australia,

<sup>2</sup>Cleveland, OH

Rectal Cancer, Colorectal Cancer, and Other Neoplasia continued		8:35 am	QS47	Quantitative Indocyanine Green Fluorescence Imaging	
8:05 am	QS41	Transanal TME Surgery For Rectal Cancer: Oncological Outcomes in a Single UK			Assessment for Peritoneal Metastases location. First RCP Study.
Cent		<b>Centre</b> r*¹, E. Courtney¹; ¹Bath, United		C. González* <sup>1</sup> , A. Besa <sup>1</sup> , B. De Lacy <sup>1</sup> , S. Valverde <sup>1</sup> , R. Almenara <sup>1</sup> , A.M. Lacy <sup>1</sup> ; <sup>1</sup> Barcelona, Spain	
8:10 am	Kingdom QS42	Lack of Complete Pretreatment Staging is Associated with Omission of Neoadjuvant Therapy for Rectal Cancer: A Statewide Study	8:40 am		Malignant Colon Polyps: An Under-Over Surgical Treatment Dilemma uje*1, N. Manguso1, B. Powers1, rez1, S. Dessureault1, S. Felder1; FL
		, S.J. Rivard1, w. weng1, C. Ramm1, ary*1, S. Hendren1; 1Ann Arbor, MI	8:45 am	QS49	Performance Evaluation of Stool DNA Methylation Tests in Colorectal Cancer
8:15 am		Racial Disparities: Effects on Treatment and Survival for Rectal Cancer		A. Rojas	Screening abayov* <sup>1</sup> , E. Lebovics <sup>1</sup> , <sup>1</sup> , M. McGuirk <sup>1</sup> , C. Anderson <sup>1</sup> , amaschi <sup>1</sup> ; <sup>1</sup> Valhalla, NY
8:20 am <b>QS44</b>		D'; 'Philadelphia, PA  Zebrafish Patient Derived  Xenograft Model of Colon  Cancer as Personalized	8:50 am	QS50	Does Colonic Stenting for Malignant Large Bowel Obstruction Increase Surgical Risk?
Medicine Tool to Predict t Most Effective Treatment Strategy G. Di Franco*1, A. Usai1, M. Piccardi1,	Most Effective Treatment Strategy anco* <sup>1</sup> , A. Usai <sup>1</sup> , M. Piccardi <sup>1</sup> ,		F. Flemir	ord* <sup>1</sup> , G. Poles <sup>1</sup> , L.K. Temple <sup>1</sup> , ng <sup>1</sup> , L. Cannon <sup>1</sup> , C. Cellini <sup>1</sup> , R. <sup>1</sup> , J. Speranza <sup>1</sup> , J. Dux <sup>1</sup> ; <sup>1</sup> Rochester,	
P. Cateni <sup>1</sup> , C. Cremolini <sup>1</sup> , L. Pollina <sup>1</sup> , V. Raffa <sup>1</sup> , L. Morelli <sup>1</sup> ; <sup>1</sup> Pisa, Italy		, L. Morelli¹; ¹Pisa, Italy	8:55 am <b>Discussion and Commentar</b> Ayana Chase, MD, Atlanta, GA		hase, MD, Atlanta, GA
8:25 am	Ad	Does Small Bowel Adenocarcinoma Portend		David Ro	Connor, MD, New York, NY osen, MD, Cleveland, OH
a Worse Prognosis than Colonic Adenocarcinoma? A Case-matched Comparison		9:00 am	Adjour	n e e e e e e e e e e e e e e e e e e e	



8:30 am

K.O. Wells<sup>1</sup>, G. Ogola<sup>1</sup>, A. Waddimba<sup>1</sup>, M. Al-temimi\*2; ¹Dallas, TX, ²San Francisco,

> Racial Disparity in Age and **Stage at Diagnosis for**

**Colorectal Cancer: Is it Time** 

to Rethink Screening Recommendations V. Nfonsam\*1, S. Saeed1, E. Thompson1, C. Villa<sup>1</sup>, P. Hsu<sup>1</sup>, M. Hamidi<sup>1</sup>, D.M. Hayden<sup>2</sup>;

<sup>1</sup>Tucson, AZ, <sup>2</sup>Chicago, IL

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**QS46** 

### 8:00 - 9:00 am

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

CME Credit Hours: 1 **CNE Credit Hours: 1** 

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

### **Objectives**

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

- 1. Describe techniques for optimal handsewn anastomotic techniques
- 2. Recall the history and limitations of the stapled anastomotic technique
- 3. Discuss the risks and benefits of handsewn vs. stapled IPAA construction

#### **Co-Directors**

Emina Huang, MD, Cleveland, OH Benjamin Shogan, MD, Chicago, IL

8:00 am	Introduction Emina Huang, MD, Cleveland, OH Benjamin Shogan, MD Chicago, IL
8:05 am	<b>Sewing Yourself Out of Trouble</b> Evie Carchman, MD, Madison, WI
8:17 am	Do You Know How to Correctly Use the Staplers? Muneera Kapadia MD, MME, Chapel Hill, NC
8:29 am	Methods to Ensure Adequate Blood Flow to Your Anastomosis - Do They Work? Daniel Popowich MD, New York, NY

8:41 am	Managing	Anastomotic	Leaks	

Karin Hardiman MD, PhD, Birmingham, AL

8:53 am **Panel Question and Answer** 

9:00 am Adiourn

### 8:00 - 9:00 am

# **SYMPOSIUM: Diversity in Colorectal Surgery**

CME Credit Hours: 1 **CNE Credit Hours: 1** 

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

### **Objectives**

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

- 1. Recognize how implicit biases have led to the inequities in the American healthcare system
- 2. State how changes in approach to patient care combat the biases and disparities
- 3. Explain how modifying trainee recruitment and research practices can lead to better outcomes for the disparate patient population

### **Co-Directors**

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

8:00 am	Welcome and Introduction Erin King-Mullins, MD, Atlanta, GA Wayne B. Tuckson, MD, Louisville, KY
8:05 am	Speaker Dayna Bowen Matthew, JD, PhD, Washington, DC
8:35 am	Panel and Discussion Dayna Bowen Matthew, JD, PhD, Washington, DC Charles, Friel, MD, Charlottesville, VA Dana Hayden, MD, Chicago, IL Valentine Nfonsam, MD, Tucson, AZ
8:55 am 9:00 am	Closing Remarks/Wrap-Up Adjourn

### 8:00 - 9:00 am

ABSTRACT SESSION: Research Forum

CME Credit Hours: 1

8:00 am Introduction

> Nelya Melnitchouk, MD, Boston, MA Karen Zaghiyan, MD, Los Angeles, CA

2020 Works in Progress Award

8:06 am RF1 Mucinous Adenocarcinoma of the Rectum: A Whole-genome

**Sequencing Study** 

I.S. Reynolds\*1, E. O'Connell1, V. Thomas1, D.A. McNamara<sup>1</sup>, E.W. Kay<sup>1</sup>, J.H. Prehn<sup>1</sup>, S.J. Furney<sup>1</sup>, J. Burke<sup>1</sup>; <sup>1</sup>Dublin, Leinster, Ireland

**Discussant** 

Mehraneh Dorna Jafari, MD, Irvine, CA

8:15 am RF2 Long Non-coding RNA ZFAS1

> Knockdown is Associated with **Decreased Tumorigenesis Through Decreased Cellular Proliferation and Migration**

S.J. O'Brien\*1, M. Paas1, A. Patel1, S. Galandiuk<sup>1</sup>; <sup>1</sup>Louisville, KY

**Discussant** 

Deborah Keller, MS, MD, New York, NY

8:24 am RF3 SDF-1 to Regenerate the Anal **Sphincter After a Chronic** 

> A. Billups<sup>1</sup>, S. Li<sup>2</sup>, A. Rietsch<sup>1</sup>, M. Damaser<sup>1</sup>, M. Zutshi\*2; ¹Cleveland, OH, ²Cleveland

Injury. Does Dose Matter?

Heights, OH

**Discussant** 

Lisa Cannon, MD, Rochester, MN

8:33 am **RF4** A Novel Continuous

**Professional Development Program for Colorectal** 

Surgeons

S.J. Rivard\*1, C. Varlamos1, C. Hibbard1, A. Duby<sup>1</sup>, M.J. Callow<sup>1</sup>, J.B. Dimick<sup>1</sup>, J.C. Byrn<sup>1</sup>, M.E. Byrnes<sup>1</sup>; <sup>1</sup>Ann Arbor, MI

**Discussant** 

Nicole Lopez, MD, La Jolla, CA

8:42 am RF5 Parastomal Hernia Rates and **Exercise Following Ostomy** 

Surgery

J. Park\*1, S.J. Rivard1, L. Maguire1, C. Varlamos<sup>1</sup>, A. Duby<sup>1</sup>, S. Hendren<sup>1</sup>; <sup>1</sup>Ann Arbor, MI

**Discussant** 

Anthony De Buck Van Overstraeten, MD,

Toronto, ON, Canada

8:51 am **RF6** Rectal Cancer Survivorship: **Utilizing Photoelicitation to** 

**Study Patient Needs** 

S.J. Rivard\*1, C. Vitous1, C. Varlamos1, A. Duby1, P.A. Suwanabol1; 1Ann Arbor, MI

**Discussant** 

Trevor Wood, MD, Thunder Bay, ON,

Canada

9:00 am Adjourn

9:00 - 9:15 am

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

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



9:15 - 10:15 am

**ASCRS Annual Business Meeting and State of the Society Address** 

### 10:15 - 11:00 am

# **Masters in Colorectal Surgery Lectureship Honoring Robert D. Fry, MD**

CME Credit Hours: .75 CNE Credit Hours: .75

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

### Najjia Mahmoud, MD

Professor of Surgery University of Pennsylvania Philadelphia, PA

Introduction: Joshua Bleier, MD

### 11:00 - 11:15 am

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

# 11:15 am - 12:00 pm

# **Ernestine Hambrick, MD, Lectureship**

CME Credit Hours: .75 CNE Credit Hours: .75

Understanding the Business of Healthcare: When to Sav YES

Susan Moffatt-Bruce, MD, PhD, MBA, FRCSC

Chief Executive Officer, The Ohio State University

Columbus, OH

Introduction: Elizabeth Wick, MD

### 12:00 - 1:30 pm

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

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

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

### **Industry Education Booth - Live Symposia**

- Intuitive Industry Education Symposium
- Ethicon Industry Education Symposium

# 12:00 - 1:30 pm

# Women and Allies for Women in **Colorectal Surgery Virtual Meet-up**

Open to all registered attendees

### **Hosted By**

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

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



### 1:30 - 3:00 pm

SYMPOSIUM: Complete Response after **Neoadjuvant Therapy for Rectal Cancer: Cases and Considerations** 

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

### **Objectives**

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

- 1. Recognize what a complete response clinically and radiographically
- 2. Recognize what patients should be treated and how they should be treated when a complete response is the goal of therapy
- 3. Explain what a reasonable watch and wait strategy looks like and the consequence of tumor regrowth

### Director

Kirk Ludwig, MD, Milwaukee, WI

Introduction 1:30 pm

Kirk Ludwig, MD, Milwaukee, WI

1:35 pm Case #1 The Patient is So Young: Is This Dangerous?

> Who Should Be Considered for a Watch-and-Wait Approach?

Erin Kennedy, MD, PhD, Toronto, ON, Canada

1:54 pm Case #2 Looks Good, But Does Not Feel Perfect.

> How Can MR Imaging Help in Assessment of Tumor Response?

Regina Beets-Tan, MD, PhD, Amsterdam, Netherlands

Case #3 We Are So Close to a 2:08 pm Complete Response. Can We Get There?

> How to Get to a Complete Response and Can We Get From a Near-Complete Response to a Complete Response? CH/RT, TNT, More RT or Change Who We Treat?

Julio Garcia-Aguilar, MD, PhD, New York, NY

Case #4 The Tumor Looks Like It Has 2:22 pm Regrown. Now What?

> Reasonable Plans for Watchand-Wait and What If There is Tumor Regrowth?

Matthew Kalady, MD, Columbus, OH

**Panel Discussion and Audience** 2:36 pm Questions

**Adjourn** 3:00 pm



### 1:30 - 3:00 pm

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

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

### **Objectives**

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

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

### **Co-Directors**

James Yoo, MD, Boston, MA Elizabeth Wick, MD, San Francisco, CA

1:30 pm	Introduction James Yoo, MD, Boston, MA
1:40 pm	Turning a Research Skill Set into an Independent Research Program Amy Lightner, MD, Cleveland, OH
1:55 pm	The Role of Mentorship and Getting a "K" Award Alexander Hawkins, MD, Nashville, TN
2:10 pm	Maintaining your Research Efforts - Navigating Pitfalls to Keep it Going Valentine Nfonsam, MD, Tucson, AZ
2:25 pm	Academic Longevity - The Art of Reinvention and Expanding Your Skillset Elizabeth Wick, MD, San Francisco, CA
2:40 pm	Panel Discussion, Question & Answer
3:00 pm	Adjourn



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1:30 - 3:	00 pm	2:12 pm	TP6 Short- and Long-term	
PLENAR\	ABSTRACT SESSION VI:		Outcomes of Intestinal Pouch Creation in Obese, Ulcerative Colitis Patients	
CME Cred	it Hours: 1.5		I. Leeds*1, S.D. Holubar1, T. Hull1, J. Church1, J. Lipman1, A. Lightner1, B. Sklow1,	
1:30 pm	Introduction Jennifer Davids, MD, Worcester, MA Vitaliy Poylin, MD, Boston, MA	2:20 pm	S. Steele <sup>1</sup> ; <sup>1</sup> Cleveland, OH <b>TP7 Inpatient Infliximab Therapy</b>	
1:32 pm TP1 Patients Undergoing Ileoanal J-Pouch Surgery Experience a Unique Syndrome: A Report from the Patient Reported			for Acute Crohn's Disease Flare  A. Whitlock*1, I. Zakopoulos1, D. Wong1, K.T. Crowell1, S. Kaul1, E. Messaris1; 1Boston, MA	
	Outcomes after Pouch Surgery (PROPS) Delphi Consensus Study	2:28 pm	TP8 High Resolution Analysis of Colitis Associated Cancer In- vivo and In-vitro	
	P.M. Cavallaro*1, N. Fearnhead², I. Bissett³, S. Wexner⁴, S. Hendren⁵, P. Myrelid⁶, L. Bordeianou¹, O. PROPS Delphi Scientific		<b>Co-cultures</b> R.K. DeHaan* <sup>1</sup> , R. Fisher <sup>1</sup> , E. Huang <sup>1</sup> ; <sup>1</sup> Cleveland, OH	
	Committee <sup>1</sup> ; <sup>1</sup> Boston, MA, <sup>2</sup> Cambridge, United Kingdom, <sup>3</sup> Auckland, New Zealand, <sup>4</sup> Weston, FL, <sup>5</sup> Ann Arbor, MI, <sup>6</sup> Linkoping, Sweden	2:36 pm	TP9 Is Pelvic Sepsis After Transabdominal Re-do IPAA Associated with Worse Functional Outcomes and	
1:40 pm	TP2 Increasing Experience with LIFT Procedure in Crohn's Disease Patients with Complex Anal Fistula		Quality of Life?  E. Esen* <sup>1</sup> , M. Grieco <sup>1</sup> , A. Erkan <sup>1</sup> , E. Aytac <sup>2</sup> , A. Sutter <sup>1</sup> , J. Esterow <sup>1</sup> , P. Lynn <sup>1</sup> , H.T. Kirat <sup>1</sup> , F.H. Remzi <sup>1</sup> ; 'New York, NY, <sup>2</sup> Istanbul,	
	T. Wood* <sup>1</sup> , A. Truong <sup>1</sup> , A. Mujukian <sup>1</sup> , K. Zaghiyan <sup>1</sup> , P. Fleshner <sup>1</sup> ; <sup>1</sup> Los Angeles, CA	2:44 pm	Turkey  TP10 A Prospective Single-Center	
1:48 pm	TP3 Tip of the J-Pouch Leaks: Diagnosis, Management and Long-term Pouch Survival  R. Rajamanickam*¹, E. Gorgun¹, M.A. Valente¹, A. Lightner¹, T. Hull¹, J. Church¹, S. Steele¹, S.D. Holubar¹; ¹Cleveland, OH	2. <del>44</del> pm	Comparative Study of Transabdominal and Transanal Ileal Pouch-Anal Anastomosis. Has the Bar Been Raised?  L. Park*1, K. Zaghiyan1, P. Fleshner1; 1West Hollywood, CA	
1:56 pm	TP4 Stoma-less Ileal-Pouch-Anal- Anastomosis is Not Associated with Increased Long-term Pouch Failure Rates in Patients with Ulcerative Colitis	2:52 pm	TP11 Synoptic Reporting Necessary for Crohn's Disease Surgery? Variability in Operative Reports Across Inflammatory Bowel Disease Referral Centers	
	E. Olecki* <sup>1</sup> , A.P. Kronfli <sup>1</sup> , K.A. Stahl <sup>1</sup> , S. King <sup>1</sup> , N. Razavi <sup>1</sup> , W. Koltun <sup>1</sup> ; <sup>1</sup> Hershey, PA		A. Mujukian*1, K. Zaghiyan1, A. Truong1, E. Steinhagen2, P.S. Vaidya2, A. Lightner2,	
2:04 pm	TP5 High Amplitude Peristaltic Contractility: Another Factor Impacting IPAA Function?		F. Morin <sup>3</sup> , A. de Buck van Overstraeten <sup>3</sup> , P. Fleshner <sup>1</sup> ; <sup>1</sup> Los Angeles, CA, <sup>2</sup> Cleveland, OH, <sup>3</sup> Toronto, ON, Canada	
	J. Stem* <sup>1</sup> , E. Carchman <sup>1</sup> , C. Heise <sup>1</sup> , N. Marka <sup>1</sup> , B. Harms <sup>1</sup> ; <sup>1</sup> Madison, WI	3:00 pm	Adjourn	

1:30 - 3:0	00 pm		1:55 pm	QS55	Use of a 5-Item Modified
QUICK SHOTS IV: Inflammatory Bowel Disease, and Benign Abdominal Disease				Frailty Index for Assessing Outcomes after Hartmann Feversal: An ACS- NSQIP Study	
CME Credi	t Hours:	1.5			nge*¹, A. Ata¹, D. Chismark¹, e¹, B.T. Valerian¹, E.C. Lee¹;
1:30 pm	Introduce Jeffrey B	ction arton, MD, New Orleans, LA	2:00 := :=	<sup>1</sup> Menand	s, NY
1.75		eiman, MD, Burlington, MA	2:00 pm	QS56	A National Inpatient Sample (NIS) Analysis of Racial
1:35 pm	QS51	Colectomy for Diverticulitis: Contributing Factors for Readmission			Disparities After Segmental Colectomy for Inflammatory Colorectal Diseases
		e*1, E. Thompson1, K. Bakia1, E. Krall1, V. Nfonsam1; ¹Tucson, AZ			r*1, C. Ortiz Gomez1, efano1, L. Montorfano1, F. Ferri1,
1:40 pm <b>QS52 K II N</b>		Keep Them on the Table: Improved Outcomes After Minimally Invasive Colectomy Despite Longer		R. Rosen E. Rivet <sup>2</sup>	er', E.C. Lee¹, H. Gilshtein¹, hthal¹, J.K. Bohl², N. Wieghard², , J. Peysha², S. Sharp²; ¹Weston, hmond, VA
		Operative Times in High- Risk Diverticulitis Patients num* <sup>1</sup> , A. Becerra <sup>1</sup> , Y. Zhang <sup>1</sup> ,	2:05 pm	QS57	Is Bariatric Surgery a Protective Factor to Avoid Recurrent Diverticulitis in Obese Patients?
1:45 pm		ekar <sup>1</sup> , D.M. Hayden <sup>1</sup> , T.J. es <sup>1</sup> , A.R. Bhama <sup>1</sup> ; <sup>1</sup> Chicago, IL <b>Colectomy in Patients with</b>		E. Lomei	* <sup>1</sup> , F.L. Okida <sup>1</sup> , H. Liang <sup>1</sup> , nzo <sup>1</sup> , G. Dasilva <sup>1</sup> , R. Rosenthal <sup>1</sup> , er <sup>1</sup> ; <sup>1</sup> Weston, FL
		Liver Disease: Albumin- Bilirubin Score Accurately Predicts Outcomes	2:10 pm	QS58	Comprehensive Assessment of Quality of Life and
	J. Poggio	g*1, G. Taylor1, A.M. Fagenson1, p1, M. Philp1, H. Ross1, H.A. Pitt2, ; 1Philadelphia, PA, 2New ck, NJ			Functional Outcomes After Transanal Ileal Pouch-Anal Anastomosis: A Prospective Single-Center Experience
1:50 pm	QS54	To Divert or Not? A Coarsened Exact Matched		L. Park*1, Hollywoo	K. Zaghiyan¹, P. Fleshner¹; ¹West od, CA
		Cohort Comparing Primary Anastomosis with or Without Diversion for Acute Perforated Diverticulitis in	2:15 pm	QS59	Redo Ileocolic Resection is Not an Independent Risk Factor for Anastomotic Leak in Recurrent Crohn's Disease
		the Emergency Setting Using the ACS-NSQIP Database		J. Lipma	<sup>l</sup> , M. Cama <mark>rgo¹, </mark> A. Lightn <mark>er¹,</mark> n¹, M.A. Valente¹, T. Hull¹, S. Steele¹, ıbar¹; ¹Cleveland, OH
	M. Abou A. Pang <sup>1</sup> ,	Raheem*1, D. Marinescu <sup>1</sup> , Khalil <sup>1</sup> , N. Wong-Chong <sup>1</sup> , N. Morin <sup>1</sup> , C. Vasilevsky <sup>1</sup> , os <sup>1</sup> ; <sup>1</sup> Montreal, QC, Canada	2:20 pm	QS60	Significant Decrease in the Incidence of Ileoanal Anastomosis Surgery: Analysis of the ACS NSQIP Database
					*1, J. Lucking¹, J.R. Monson¹ <mark>, J.</mark> M. Soliman¹, B.A. Orkin1; ¹Orlando, FL

### **Inflammatory Bowel Disease, and Benign Abdominal Disease** continued

2:25 pm **QS61** Frailty is a Stronger **Predictor Than Age for Post-Operative Morbidity in** Crohn's Disease

> J. Wolf\*1, T. Hassab1, S. Svoboda1, C. D'Adamo<sup>1</sup>, M. Katlic<sup>1</sup>; <sup>1</sup>Baltimore, MD

2:30 pm **QS62** Mental Health Disorders in IBD Patients: The Effect on **Surgical Outcomes** 

> U.R. Phatak\*1, A. Giron1, L. Merlotti1, A. Kim<sup>1</sup>, J.F. Hall<sup>1</sup>, J. Favuzza<sup>1</sup>; <sup>1</sup>Boston, MA

2:35 pm **QS63** Perioperative Use of NSAIDs and the Risk for Short-term **Endoscopic Recurrence in Crohn's Disease Patients** 

> I.A. Gaytan Fuentes\*1, C. Cordova-Cassia1, K.T. Crowell<sup>1</sup>, A. Fabrizio<sup>1</sup>, T.E. Cataldo<sup>1</sup>, E. Messaris<sup>1</sup>; <sup>1</sup>Brookline, MA

2:40 pm **QS64 Patient Preferences in** Surgical vs. Medical Management of **Inflammatory Bowel Disease: A Discrete Choice** 

**Experiment** 

B.E. Haac\*1, U. Wong2, A. Yang3, J. Deitschel<sup>4</sup>, A.C. Bafford<sup>2</sup>; <sup>1</sup>New York, NY, <sup>2</sup>Baltimore, MD, <sup>3</sup>Bethesda, MD, <sup>4</sup>Wright-Patterson AFB, OH



2:45 pm **QS65 Are Patients Undergoing Ileocolic Resection for** Crohn's Disease Meeting the **Current Standards for Surveillance and Recurrence Prevention?** 

> F. Rouleau Fournier\*1, Q. Parker1, T. Phang1, M. Raval<sup>1</sup>, A. Karimuddin<sup>1</sup>, A. Roshan<sup>1</sup>, K. Yoo<sup>1</sup>, G. Rosenfeld<sup>1</sup>, C. Brown<sup>1</sup>;

<sup>1</sup>Vancouver, BC, Canada

2:50 pm **Discussion and Commentary** 

> Jeffrey Barton, MD, New Orleans, LA David Kleiman, MD, Burlington, MA Jonathan Laryea, MD, Little Rock, AR

3:00 pm **Adjourn** 

### 3:00 - 3:15 pm

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

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

### 3:15 - 4:15 pm

# **Deep Roots Video**

### **Presidential Address**

CME Credit Hours: 1.0

# The Curmudgeon and the Categorical **Imperative**

### Neil H. Hyman, MD

Professor of Surgery Section Chief, Colon and Rectal Surgery Co-Director, Digestive Diseases Center The University of Chicago Medicine Chicago, IL

Introduction: Peter Cataldo, MD

### 4:15 - 4:30 pm

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

### 4:30 - 6:00 pm

Game Show: ASCRS JeoPARODY (Non-CME)

Host Sean Langenfeld, MD, Omaha, NE

Director Emily Huang, MD, Med, Columbus, OH

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

### **TEAM A**

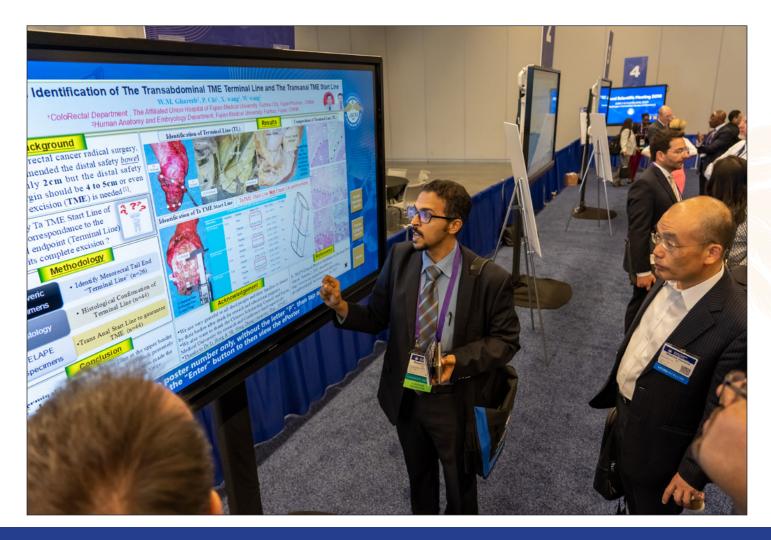
Team Captain
Participants

Joshua Bleier, MD, Philadelphia, PA Lillias Maguire, MD, Ann Arbor, MI Peter Marcello, MD, Burlington, MA Justin Maykel, MD, Worcester, MA Jennifer Paruch, MD, New Orleans, LA

### **TEAM B**

Team Captain Participants

Sonia Ramamoorthy, MD, La Jolla, CA Joseph Carmichael, MD, Orange, CA Karen Zaghiyan, MD, Los Angeles, LA Jorge Marcet, MD, Tampa, FL Steven Wexner, MD, PhD, Weston, FL



# Daily Schedule

# Wednesday, April 28, 2021

Exhibit Hall Open: 7:00 am - 3:30 pm

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

Ongoing Video Room: 7:00 am - 3:30 pm

**ePosters:** 7:00 am - 3:30 pm

9:00 - 10:30 am

PLENARY ABSTRACT SESSION VII:

**Best of 2020 (I)** 

CME Credit Hours: 1.5

9:00 am Introduction

> Emily Carter Paulson, MD, Philadelphia, PA Timothy Ridolfi, MD, Milwaukee, Wi

2020 New England Society of Colon

& Rectal Surgeons Award

9:04 am **WP1 A Prospective Randomized Trial of Transversus Abdominis** Plane Intraoperative Block with **Bupivacaine Against Liposomal** 

> A. Truong\*1, P. Fleshner1, J. Mirocha1, H. Tran1, R. Shane<sup>1</sup>, K. Zaghiyan<sup>1</sup>; <sup>1</sup>Los Angeles, CA

**Bupivacaine: The TINGLE Trial** 

2020 Ohio Valley Society of Colon & **Rectal Surgeons Award** 

WP2 Perfusion Assessment in Left-Sided/Low Anterior Resection (PILLAR III): A Randomized, Controlled, Parallel, **Multicenter Study Assessing** 

**Perfusion Outcomes with PINPOINT Near-Infrared** Fluorescence Imaging in Low **Anterior Resection** 

M.D. Jafari\*1, A. Pigazzi1, E.C. McLemore2, M. Mutch<sup>3</sup>, E. Haas<sup>4</sup>, S. Rasheid<sup>5</sup>, A.D. Wait<sup>3</sup>, I.M. Paquette<sup>6</sup>, D. Margolin<sup>7</sup>, O. Bardakcioglu<sup>8</sup>, B. Safar<sup>9</sup>, R.G. Landmann<sup>10</sup>, M. Varma<sup>11</sup>, D. Maron<sup>12</sup>, J. Martz<sup>13</sup>, J. Bauer<sup>13</sup>, V. George<sup>14</sup>, J.W. Fleshman<sup>15</sup>, S. Steele<sup>16</sup>, M.J. Stamos<sup>1</sup>; <sup>1</sup>Orange, CA, <sup>2</sup>Los Angeles, CA, <sup>3</sup>St Louis, MO, <sup>4</sup>Houston, TX, <sup>5</sup>Tampa, FL, <sup>6</sup>Cincinnati, OH, <sup>7</sup>New Orleans, LA, <sup>8</sup>Las Vegas, NV, <sup>9</sup>Baltimore, MD, <sup>10</sup>Jacksonville, FL, <sup>11</sup>San Francisco, CA, <sup>12</sup>Weston, FL, <sup>13</sup>New York, NY, 14Charleston, SC, 15Dallas, TX,

9:20 am **WP3 Unbundling Bundles:** 

> **Evaluating the Effectiveness** of Individual Components of a **Colorectal Surgical Site** Infection (SSI) Reduction **Bundle in a Statewide** Collaborative

C.R. Schlick\*1, R. Huang1, B.C. Brajcich1, A.L. Halverson<sup>1</sup>, A. Yang<sup>1</sup>, L. Kreutzer<sup>1</sup>, K.Y. Bilimoria<sup>1</sup>, M.F. McGee<sup>1</sup>; <sup>1</sup>Chicago, IL

**WP4** Correlation of Colorectal Surgical Skill with Patient **Outcomes - A Cautionary Tale** 

A.E. Kanters\*1, S. Evilsizer1, S. Regenbogen<sup>1</sup>, S. Hendren<sup>1</sup>, D.A. Campbell<sup>1</sup>, J.B. Dimick<sup>1</sup>, J.C. Byrn<sup>1</sup>; <sup>1</sup>Ypsilanti, MI

**WP5 Improved Morbidity and** Gastrointestinal Restoration Rates without Compromising Survival Rates for Diverting **Loop Ileostomy with Colonic** Lavage vs. Total Abdominal **Colectomy for Fulminant** Clostridioides difficile Colitis: A Multicenter Retrospective **Cohort Study** 

M. Abou Khalil\*1, C. Vasilevsky1, A.S. Liberman<sup>1</sup>, M. Poirier<sup>1</sup>, P. Montpetit<sup>1</sup>, H. Sebajang<sup>1</sup>, N. Morin<sup>1</sup>, M. Demian<sup>1</sup>, S. Demyttenaere<sup>1</sup>, R. Younan<sup>1</sup>, F. Schwenter<sup>1</sup>, M. Boutros<sup>1</sup>; <sup>1</sup>Montreal, QC, Canada

9:12 am

<sup>16</sup>Cleveland, OH

9:28 am

9:36 am

### Best of 2020 (I) continued

**WP6 Prospective Evaluation** 9:44 am of a Standardized Opioid **Prescribing Guidelines for Anorectal Operations** 

> D.C. Meyer\*1, S.S. Hill1, A. Resnick1, A.C. Purkayastha<sup>1</sup>, J.S. Davids<sup>1</sup>, P.R. Sturrock<sup>1</sup>, J.A. Maykel<sup>1</sup>, K. Alavi<sup>1</sup>; <sup>1</sup>Worcester, MA

9:52 am WP7 When the P-Value Doesn't Cut

> It: The Fragility Index Applied to Colorectal Surgery Related **Randomized Controlled Trials**

D. Nelms\*1, H. Vargas2, R. Bedi2, D. Margolin2, J. Paruch<sup>2</sup>; <sup>1</sup>La Crosse, WI, <sup>2</sup>New Orleans, LA

10:00 am **Adjourn** 

### 9:00 - 10:30 am

# SYMPOSIUM: The Challenge of Caring for Geriatric Patients - Adopting Novel **Studies in Everyday Practice**

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

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

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

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

patients are unique and their colorectal surgery care should be individualized and approached in a multidisciplinary fashion.

### **Objectives**

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

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

### **Co-Directors**

9:00 am

Julia Berian, MD, Madison, WI Nicole Saur, MD, Philadelphia, PA

Introduction

9.00 am	Julia Berian, MD, Madison, WI Nicole Saur, MD, Philadelphia, PA
9:05 am	Frailty Screening and Geriatric Co-Management: An Untapped Resource to Decrease Post- Operative Morbidity and Mortality Armin Shahrokni, MD, New York, NY
9:15 am	What Really Matters to Geriatric Patients: Patient Reported Outcomes Jessica Zerillo, MD, Boston, MA
9:25 am	How to Measure and Prioritize Bowel Recovery in Geriatric Patients Marylise Boutros, MD, Montreal, PQ, Canada
9:35 am	Final Results of the GOSAFE Multi- Center International Study Evaluating Functional Recovery after Cancer Surgery in 1000 Patients Isacco Montroni, MD, PhD, Faenza, Italy
9:45 am	How to Prevent and Treat Delirium in Post-Operative Patients Tammy Hshieh, MD, MPH, Boston, MA
9:55 am	Leveraging the Literature to Establish and Maintain a Geriatric Colorectal Surgery Program Nicole Saur, MD, Philadelphia, PA
10:05 am	Panel Discussion

10:30 am

**Adjourn** 

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### 9:00 - 10:30 am

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

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

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

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

### **Objectives**

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

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

#### Director

9.00 am

Alessandro Fichera, MD, Dallas, TX Introduction

3.00 am	Alessandro Fichera, MD, Dallas, TX
9:05 am	Laparoscopic Right Hemicolectomy

Giovanni Dapri, MD, Brussels Belgium

9:15 am	Robotic Right Hemicolectomy
	Greta Bernier, MD, Renton, WA

9:25 am **Discussion** 

9:35 am Laparoscopic LAR

Sharon Stein, Cleveland, OH

9:45 am Robotic LAR

Jose Guillem, MD, MPH, MBA Chapel Hill, NC

9:55 am Discussion

10:05 am **Laparoscopic Sigmoid Resection** 

Marco Bertucci Zoccali, MD, New York, NY

10:15 am Discussion

10:30 am **Adjourn** 

### 9:00 - 10:30 am

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

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

### **Objectives**

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

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

### Best of the Diseases of the Colon & Rectum Journal continued

### **Director**

Susan Galandiuk, MD, Louisville, KY

9:00 am Introduction

Susan Galandiuk, MD, Louisville, KY

9:10 am The Impact of Muscle and Adipose

> Tissue on Long-term Survival in Patients with Stage I to III Colorectal

Cancer

Jessica Hopkins, MD, Edmonton, Alberta,

Canada

9:25 am **Achieving a Complete Clinical** 

> **Response After Neoadiuvant Chemoradiation That Does Not Require Surgical Resection: It May Take Longer Than You Think!**

Rodrigo Oliva Perez, MD, PhD, São Paulo,

Brazil

9:40 am Risk of Invasive Anal Cancer in

> **HIV-Infected Patients with High-Grade Anal Dysplasia: A Population-**

**Based Cohort Study** 

Keith Sigel, MD, New York, NY

9:55 am **Prolonged Postoperative Ileus** 

Significantly Increases the Cost of

**Inpatient Stay for Patients Undergoing Elective Colorectal Surgery: Results of a Multivariate** Analysis of Prospective Data at a

**Single Institution** 

Ian Bissett MD, Auckland, New Zealand

10:10 am **Does Coffee Intake Reduce** 

**Postoperative Ileus After** 

**Laparoscopic Elective Colorectal** Surgery? A Prospective, Randomized **Controlled Study: The Coffee Study** Antonio Nocito, MD, Zurich, Switzerland

10:30 am Adjourn

10:30 - 10:45 am

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

### 10:45 - 11:30 am

# Harry E. Bacon, MD, Lectureship

CME Credit: .75

CNE Credit Hours: .75

Climbing Mount Kilimanjaro: Reflections From a Surgeon's Journey

Maher Abbas, MD

Professor of Surgery Dubai Colorectal Clinic

United Arab Emirates

Introduction: Thomas Read, MD

### 11:30 am - 12:30 pm

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

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

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

Industry Education Booth - Live Symposium

- Ethicon Industry Education Symposium
- Natera

### 12:30 - 1:15 pm

### PLENARY ABSTRACT SESSION VIII:

### **Best of 2020 (II)**

CME Credit: .75

12:30 pm Introduction

> Scott Regenbogen, MD, MPH, Ann Arbor, MI Julia Saraidaridis, MD, Burlington, MA

2020 Canadian Society of Colon &

**Rectal Surgeons Award** 

**How Does Microsatellite** 12:33 pm

**Instability Affect Prognosis in Stage II Colon Cancer With High-Risk** 

P.M. Cavallaro\*1, C. Stafford1, C.E. Cauley1, D. Berger<sup>1</sup>, L. Bordeianou<sup>1</sup>, H. Kunitake<sup>1</sup>, T. Francone<sup>1</sup>, R. Ricciardi<sup>1</sup>; <sup>1</sup>Boston, MA

**WP11** 

WP12

### Best of 2020 (II) continued

2020 Chicago Society of Colon & **Rectal Surgeons Durand Smith, MD,** Award

12:40 pm

**High-Risk HPV Testing in Anal Pap Smear: Can It Optimize the Screening for** Anal Cancer?

C.M. Kimura\*1, C.R. Nahas1, E. Vieira da Silva Filho<sup>1</sup>, V. Lacerda Ribeiro<sup>1</sup>, F. Ferraz de Paes Alcantara<sup>2</sup>, A. Mendes Paiva<sup>1</sup>, I. Cecconello<sup>1</sup>, S.C. Nahas<sup>1</sup>; <sup>1</sup>São Paulo, São Paulo, Brazil, <sup>2</sup>São Paulo, São Paulo, Brazil

12:47 pm

**Incidence and Management** of Anal Transitional Zone **Neoplasia in Patients with Familial Adenomatous Polyposis** 

C. Lee\*1, M. Kalady1, M. Abbass1, J. Church1; <sup>1</sup>Cleveland, OH

12:54 pm

**WP13 Financial and Occupational** Impact of Low Anterior **Resection Syndrome in Rectal Cancer Survivors** 

R. Garfinkle\*1, A. Ky1, A. Singh1, N. Morin1, G. Ghitulescu<sup>1</sup>, J. Faria<sup>1</sup>, C. Vasilevsky<sup>1</sup>, M. Boutros<sup>1</sup>; 1Montreal, QC, Canada

1:01 pm

**Quality of Life Assessment** in Patients with Low **Anterior Resecton Syndrome** after Transanal Irrigation

B. Deoti<sup>1</sup>, F. Rodrigues<sup>1</sup>, K.C. Buzatti<sup>1</sup>, R.G. Campanati\*1, M.M. Profeta da Luz1, R. Gomes da Silva<sup>1</sup>, A. Lacerda Filho<sup>1</sup>; <sup>1</sup>Belo Horizonte, Minas Gerais, Brazil

1:08 pm

**WP15 Perioperative Blood Transfusions are Associated** with Worse Overall Survival but not Disease-Free **Survival After Curative Rectal Cancer Resection: A Propensity Matched Analysis** 

D. Hanna\*1, A.C. Gamboa2, G. Balch2, S. Regenbogen<sup>3</sup>, J. Holder-Murray<sup>4</sup>, S. Abdel-Misih<sup>5</sup>, M. Silviera<sup>6</sup>, A. Hawkins<sup>1</sup>; <sup>1</sup>Nashville, TN, <sup>2</sup>Atlanta, GA, <sup>3</sup>Ann Arbor, MI, <sup>4</sup>Pittsburgh, PA, <sup>5</sup>Stony Brook, NY, <sup>6</sup>St. Louis, MO

1:15 pm Adjourn

### 12:30 - 2:00 pm

# SYMPOSIUM: Anorectal Controversies: Let's Get to the Bottom of This

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

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

### **Objectives**

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

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

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### **Anorectal Controversies continued**

### **Co-Directors**

Ariane Abcarian, MD, Chicago, IL Lilian Chen, MD, MSEd, Boston, MA

12:30 pm Introduction

> Ariane Abcarian, MD, Chicago, IL Lilian Chen, MD, MSEd, Boston, MA

12:35 pm My Doctor Says I Have Hemorrhoids!

- Treatment of Grade 3 Hemorrhoids

Gifty Kwakye, MD, MPH, Ann Arbor, MI

12:50 pm Treatment of AIN3 - What are the

**Guidelines?** 

Terrah Paul Olson, MD, Atlanta, GA

1:05 pm The Use of Cutting Setons. Is the Old

**New Again?** 

Michael Valente, DO, Cleveland, OH

1:20 pm **Surgical Management of Chronic** 

**Anal Fissures** 

Kellie L. Mathis, MD, Rochester, MN

1:35 pm **Pilonidal Problems: Cystectomy or** 

Flap?

Jeffrey Sternberg, MD, San Francisco, CA

1:50 pm Discussion

2:00 pm Adjourn

# 12:30 - 2:00 pm

# **SYMPOSIUM: Alternate Career Options:** From Manhattan to Rural America

CME Credit Hours: 1.5 CNE Credit Hours: 1.5

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

career satisfaction and enhanced enjoyment of life, and it may also be a hedge against career burn-out.

### **Objectives**

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

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

#### **Co-Directors**

William Cirocco, MD, Phoenix, AZ Lynda Dougherty, MD, Oakland, MD

12:30 pm Introduction

> William Cirocco, MD, Phoenix, AZ Lynda Dougherty, MD, Oakland, MD

12:35 pm Big (Surgical Specialist) Fish in a

**Little Pond** 

Michael Liu, MD, Cleveland, OH

**Head for the Hills** 12:45 pm

Lynda Dougherty, MD, Oakland, MD

12:55 pm I'll Take Manhattan

T. Cristina Sardinha, MD, New Hyde Park, NY

1:05 pm Goodbye Yellow Brick Road

William Cirocco, MD, Phoenix, AZ

**Panel Discussion** 1:15 pm

2:00 pm Adjourn



QUICK SHOTS: Best of 2020

CME Credit: .75

2:00 pm Introduction

> Nicole Saur, MD, Philadelphia, PA Matthew Whealon, MD, Orange, CA

2020 Pennsylvania Society of Colon

& Rectal Surgeons Award

QS190 CD4/CD8 Ratio as a Marker 2:02 pm

for Increased Risk of Highgrade Anal Dysplasia and **Anal Cancer in Veterans** Living with HIV: A Regional **Retrospective Cohort Study** 

C.B. Geltzeiler\*1, Y. Xu1, E. Carchman1, E. Lawson<sup>1</sup>, C. Heise<sup>1</sup>, R. Striker<sup>1</sup>, C. Voils<sup>1</sup>; <sup>1</sup>Madison, WI

2020 Southern California Society of **Colon & Rectal Surgeons Award** 

2:07 pm QS191 **Short and Long-term Outcomes Following** 

**Surgical Resection of Presacral Tumors: A Single Center Series of 133 Patients** 

R. Pride\*1, P. Davis2, S. Kelley2, K.L. Mathis2, D. Larson<sup>2</sup>, A. Merchea<sup>2</sup>, E. Dozois<sup>2</sup>; <sup>1</sup>Carmel, IN, <sup>2</sup>Rochester, MN

QS192 Careful Examination of 2:12 pm

**Venous Invasion and** Subsequent Chemotherapy **Improves Oncologic** 

**Outcomes in Stage IIA Colon Cancer: A Scenario of** 

**Venous Invasion-Chemotherapy-Survival** 

H. Kim\*1, G. Choi1, J. Park1, S. Park1, A. Seo1, S. Cho1; 1Daegu, Korea (the Republic of)

**QS193** Adding Narrow-Band 2:17 pm

Imaging to

**Chromoendoscopy for the Evaluation of Tumor Response to Neoadjuvant** Therapy in Rectal Cancer

T. Konishi\*1, M. Ishioka2, A. Chino2,

S. Nagayama<sup>2</sup>, T. Akiyoshi<sup>2</sup>, T. Yamaguchi<sup>2</sup>,

T. Nagasaki<sup>2</sup>, Y. Fukunaga<sup>2</sup>, J. Fujisaki<sup>2</sup>;

<sup>1</sup>Houston, TX, <sup>2</sup>Tokyo, Japan

**QS194 Hand-Sewn Versus Stapled** 2:22 pm

> **Ileal Pouch Anal Anastomoses in Re-Do Setting: Indications, Patient** Characteristics, Operative, Function, and Quality of Life Outcomes

> E. Esen\*1, A. Erkan1, E. Aytac2, J. Esterow1, M.J. Grieco<sup>1</sup>, H.T. Kirat<sup>1</sup>, F.H. Remzi1; <sup>1</sup>New

York, NY, <sup>2</sup>Istanbul, Turkey

2:27 pm QS197 Readiness of Graduating **General Surgery Residents** 

to Perform Colorectal

**Procedures** 

J.V. Vu\*1, B.C. George1, S.J. Rivard1, M. Clark<sup>1</sup>, S. Regenbogen<sup>1</sup>, G. Kwakye<sup>1</sup>;

<sup>1</sup>Ann Arbor, MI

**Discussion and Commentary** 2:32 pm

> Nicole Saur, MD, Philadelphia, PA Matthew Whealon, MD, Orange, CA

2:37 pm Adjourn



2:00 - 3:15 pm		2:33 pm	V5	Trigone-Sparing Robotic Anterior Extramesorectal		
Abstract Video Session Excision (EME) in an						
CME Credit Hours: 1.25					Overweight Male	
2:00 pm Introduction Brian Bello, MD, Washington, DC Todd Francone, MD, Newton, MA		Bello, MD, Washington, DC		Dona	S.J. Marecik*1, D. Schlund1, J. Pearl1, C. Donahue1, K. Kochar1, J.J. Park1; 1Park Ridge, IL	
	Awaı	2020 Barton Hoexter, MD Best Video Award		V6	Robotic Transanal Minimally Invasive Surgery: Rectouretheral Fistula Closure	
2:05 pm	V1	V1 Endorectal Mucosal Advancement Flap by Transanal Endoscopic		N. Naik* <sup>1</sup> , A. Allawi <sup>1</sup> , K. Hebert <sup>1</sup> , B. Viers <sup>1</sup> , S. Kelley <sup>1</sup> , K.T. Behm <sup>1</sup> ; <sup>1</sup> Rochester, MN		
	J. Fre	<b>Microsurgery</b> zin* <sup>1</sup> , P. Bouchard <sup>1</sup> , A. Bouchard <sup>1</sup> ;	2:47 pm	V7	Technical Tips and Tricks of Colonic Interposition	
2:12 pm	¹Quek	Laparoscopic Lateral Pelvic		R.A. Malizia* <sup>1</sup> , P. Lu <sup>1</sup> , J. Yoo <sup>1</sup> , N. Melnitchouk <sup>1</sup> , J. Irani <sup>1</sup> , J. Wang <sup>1</sup> , R. Bleday <sup>1</sup> , J. Wee <sup>1</sup> , J. Goldberg <sup>1</sup> ; <sup>1</sup> Medford, MA		
		Lymph Node Dissection for Rectal Cancers - Key Anatomical and Technical		2021 Barton Hoexter, MD Best Video Award		
	<b>Details!</b> S. Patel* <sup>1</sup> , V. Sukumar <sup>1</sup> , S.S. Bankar <sup>1</sup> , J. Rohila <sup>1</sup> , A.L. Desouza <sup>1</sup> , A. Saklani <sup>1</sup> ;		2:54 pm	V8	Laparoscopic Ventral Mesh Rectopexy for Recurrent Rectal Prolapse	
2:19 pm	<sup>1</sup> Mumbai, India  V3 Prostate Sparing Robotic			G. Filosa* <sup>1</sup> , G. Chitragari <sup>1</sup> , J. Ogilvie <sup>1</sup> ; <sup>1</sup> Grand Rapids, MI		
·		Assisted LAR with Bilateral Removal of Seminal Vesicles lewton* <sup>1</sup> , R. Essani <sup>1</sup> ; <sup>1</sup> Temple, TX	3.01 pm	V9	Modified Duhamel Procedure for Adult Hirschsprung's Disease	
2:26 pm	V4	The Robotic Natural Orifice IntraCorporeal Anastomosis with Extraction (NICE) Procedure: The NICE Procedure with Intracorporeal Handsewn Anastomosis			/illanueva* <sup>1</sup> , M.S. Onglao <sup>1</sup> , <mark>M.J. Lopez<sup>1</sup>;</mark> la, Metro Manila, Philippines	
			3:08 pm	V10	The Cleft Lift Procedure, a Rotation and Advancement Flap for Pilonidal Disease: The Pilonidal RAF Procedure	
	E. Haas* <sup>1</sup> , R.L. Saracho <sup>1</sup> , T. Reif de Paula <sup>1</sup> , M.S. Smith <sup>1</sup> , J. LeFave <sup>1</sup> ; <sup>1</sup> Houston, TX			J.A. S	iternberg*1; ¹San Francisco, CA	
			3:15 pm	Adjo	urn	





# **Call for Abstracts**

**Abstract Submission** 

Site Opens: May 2021

**Abstract Submission** 

Site Closes: October 17

11:59 pm **Eastern Time**