The commitment to exceptional patient care begins with revolutionary discovery. University Hospitals Case Medical Center is the primary affiliate of Case Western Reserve University School of Medicine, a national leader in medical research and education and consistently ranked among the top research medical schools in the country by U.S. News & World Report. Through their faculty appointments at Case Western Reserve University School of Medicine, physicians at UH Case Medical Center are advancing medical care through innovative research and discovery that bring the latest treatment options to patients.

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April 1 and 2, 2016
University Hospitals Case Medical Center
11100 Euclid Avenue
Cleveland, Ohio 44106

MINIMALLY INVASIVE APPROACHES TO RECTAL CANCER SYMPOSIUM
April 1 and 2, 2016
University Hospitals Case Medical Center
11100 Euclid Avenue
Cleveland, Ohio 44106
BACKGROUND

The utilization of minimally invasive techniques in performing colon resections has increased significantly since the 2004 publication of the COST trial. Despite solid evidence supporting improved patient outcomes, adoption of minimally invasive approaches for rectal cancer has been relatively slow. With the introduction of the Total Mesorectal Excision (TME) by Halsted in 1979 and subsequent dissemination worldwide, rectal cancer recurrence rates have decreased and survival rates have increased. Concomitant with this, laparoscopic surgery has been shown to have equivalent outcomes to open surgery for rectal cancer with proper experience and expertise.

In addition to improvements in short-term benefits such as decreased length of stay, reduced pain and improved morbidity, a proposed technical benefit of a laparoscopic approach to rectal cancer is improved visualization in the small operative field. Despite these benefits, the anatomic challenges presented in rectal cancer surgery, especially in patients with a bulky tumor, mid-to-low location, and/or narrow pelvis, have not been completely solved by laparoscopic surgery.

For early stage lesions, transanal platforms [i.e., local excision, transanal endoscopic microsurgery (TEM), transanal rectal microsurgery (TARM)] have been developed to provide near equivalent outcomes with lower morbidity. However, these methods only address the local disease in the rectal wall, potentially leaving local-regional disease in the mesorectum. Robotic platforms have filled in some of this gap, allowing for improved visualization, "wrist-like" movement at the instrument level as well as additional arms and retraction at the pelvic floor. More recently, the transanal TME (taTME) approach has found to be feasible in animal models and cadavers prior to the first case report in humans in 2010. Since 2010, there have been multiple studies reporting on safety and feasibility of taTME, with the largest study including 140 cases.

Similar to other disease processes, the ideal approach needs to be individualized based on tumor and patient-specific criteria (size of lesion, recurrent operations and distance from anal verge). Additionally, surgeon expertise and experience factor critically into the ability to possess all approaches safely and effectively into the armamentarium and to ensure optimal outcomes. This course will focus on all three (laparoscopic, transanal TME and robotic) approaches for rectal cancer.

LEARNING OBJECTIVES

- Discuss the potential advanced approaches to complex situations encountered during laparoscopic colorectal resection
- Describe the appropriate utilization of available stapling and energy technology for proctectomy
- Reproduce the basic approaches to a proctectomy including the principles of a total mesorectal excision (TME) from an abdominal and transanal approach
- Explain tips and tricks of laparoscopic, transanal and robotic rectal mobilization
- Describe potential advantages to the laparoscopic, transanal and robotic approaches to pelvic dissection
- Identify the capabilities and tools associated with different minimally invasive platforms
- Recall the proper technical issues of both abdominal and pelvic rectal surgery

REGISTRATION

Cost: $550.00
- Space is limited to 16 attendees.
- All applicants will be screened and selected based on baseline experience.
- Visit http://tinyurl.com/uhcwapplicaton to apply. Once accepted, please note that the registration fee will be due. Depending on the amount of corporate support secured, a partial registration rebate may be available to participants to help cover travel expenses.
- Contact Rita Rys at Rita.Rys@Case.edu for further information.

PROGRAM AGENDA

Day 1: Friday, April 1, 2016 (Dinner/Didactic)

6 p.m.
Course Introduction
Scott Steele, MD
Background on rectal cancer; the course itself, why this is a novel and needed course, and goals of the participants

6:30 – 7:30 p.m.
Principles of Rectal Cancer Surgery
Conor Delaney, MD
Basic and advanced principles of rectal cancer surgery including total mesorectal excision (TME), vascular ligation (high vs. low), lymph node dissection, and pelvic anatomy pearls and pitfalls

7:30 – 8 p.m.
Tools of the Trade: Energy, Stapling and Access
Sharon Stein, MD
Various platforms for proctectomy used in this course (trocars, hand assist devices, transanal platforms and robotics) as well as understanding the science behind the equipment we use and tips and tricks to use them in the pelvis

Individualizing the Approach to Your Patient
Howard Ross, MD
Evaluate the basics of robotics and straight laparoscopic approaches to rectal cancer

8 – 9 p.m.

Day 2: Saturday, April 2, 2016

6:30 – 7 a.m.
Continental breakfast

7 – 8 a.m.
Transanal TME: Technique, Tips and Tricks
Justin Maykel, MD
Video-based discussions from set-up and anatomy to technical "how-to" for the taTME for proctectomy

8 – 9 a.m.
Robotic Approaches to Rectal Cancer
Martin Weser, MD, Howard Ross, MD and Paul Bosso, MD
Video-based discussions from setup and anatomy to technical "how-to" for the robotic approach to proctectomy

9 – 10 a.m.
Laparoscopic Approaches to Rectal Cancer
Conor Delaney, MD, and Harry Reynolds, MD
Video-based discussions from setup and anatomy to technical "how-to" for the laparoscopic approach

10 – 11 a.m.
Complications of Minimally Invasive Approach to Rectal Cancer
Scott Steele, MD
Video and technique-based forum to cover tips and tricks to avoid common complications of proctectomy

11 a.m. – 12 p.m.
Working lunch/Question and answer session
All Faculty

12 – 4 p.m.
Cadaver Lab
All Faculty

Cadaver lab will consist of eight cadavers, two surgeons at a station. Two stations will be dedicated to robotic use. All participants will perform straight laparoscopy and transanal approaches. The robotic approach will rotate participants through the dissection phase. Attendees will be screened by a vetting process prior to attending as well as then placed into focus groups for the robot, straight lap, hand assist and transanal TME depending on their goals and objectives of attending the course.