Cleveland Clinic presents
4th Annual
Minimally Invasive Approaches
to Rectal Cancer Symposium

May 15 & 16, 2020
InterContinental Hotel and Conference Center
Cleveland, Ohio

Hands On Lab
Limited slots available

Register today! ccfcme.org/RECTAL2020
Course Description / Overview

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 Heald 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 minimally invasive surgery (TAMIS)) 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. Robotics 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, 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.

- Robotic approaches to TME
- Transanal TME approaches to rectal cancer
- Laparoscopic approaches to rectal cancer

Learning Objectives

After completing this educational activity, the participant will be able to do the following:

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

Who Should Attend?

The symposium is directed to all surgeons treating rectal cancer. Colorectal surgeons looking to expand their skillset and general surgeons and trainees performing more complex colorectal surgery.
Faculty

Course Director

Scott R. Steele, MD, MBA
Professor of Surgery
Cleveland Clinic Lerner College of Medicine
Chairman, Department of Colorectal Surgery
Rupert B. Turnbull, M.D. Endowed Chair in Colorectal Surgery
Digestive Disease & Surgery Institute
Cleveland Clinic
Cleveland, OH

Cleveland Clinic Faculty

Bradley J. Champagne, MD
Chairman of Surgery, Fairview Hospital
Director of Services, DDSI West Region
Professor of Surgery, Cleveland Clinic Lerner School of Medicine
Medical Director of Fairview Ambulatory Surgery Center
Fairview Hospital
Cleveland, OH

Emre Gorgun, MD
Krause-Lieberman Chair in Laparoscopic Colorectal Surgery
Staff Surgeon
Department of Colorectal Surgery
Digestive Disease & Surgery Institute
Cleveland Clinic
Cleveland, OH

Matthew Kalady, MD
Professor of Surgery
Co-Director, Comprehensive Colorectal Cancer Program
Director, Sanford R. Weiss, MD, Center for Hereditary Colorectal Neoplasia
James M. Church, MD, and Edward J. DeBartolo, Jr. Family Endowed Chair
Vice Chairman, Department of Colorectal Surgery
Digestive Disease & Surgery Institute
Cleveland Clinic
Cleveland, OH

Sherief Shawki, MD
Staff Surgeon
Department of Colorectal Surgery
Digestive Disease & Surgery Institute
Cleveland Clinic
Cleveland, OH

Michael Valente, DO
Associate Professor of Surgery
Program Director, Colorectal Surgery Residency
Department of Colorectal Surgery
Cleveland Clinic
Cleveland, OH

Guest Faculty

Roel Hompes, MD
Surgical Oncology and Gastrointestinal Surgery (Lower GI)
Department of Surgery
Academic Medical Center - Amsterdam
Amsterdam-Zuidoost, Netherlands

Justin Maykel, MD
Gladys Smith Martin Endowed Chair in Oncology
Chief, Division of Colorectal Surgery
UMass Memorial Medical Center
Worcester, MA

Sonia Ramamoorthy, MD
Chief, Division of Colon and Rectal Surgery
Professor of Surgery
University of California San Diego Health
San Diego, CA

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Cleveland Clinic Lerner College of Medicine
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UMass Memorial Medical Center
Worcester, MA

Sonia Ramamoorthy, MD
Chief, Division of Colon and Rectal Surgery
Professor of Surgery
University of California San Diego Health
San Diego, CA
Agenda

Day 1: Friday, May 15, 2020
(Dinner/Didactic) – Intercontinental Hotel & Conference Center

5:30 PM  Registration / Reception
6:00 – 6:10 PM  Course Introduction
Scott R. Steele, MD
Provide background on rectal cancer, the course itself and why this is a novel and needed course. Review goals of the participants.

6:10 – 6:30 PM  Principles of Rectal Cancer Surgery
Michael Valente, DO
Cover basic and advances principles of rectal cancer surgery to include total mesorectal excision (TME), vascular ligation (high vs. low), lymph node dissection, and pelvic anatomy pearls and pitfalls.

6:30 – 6:50 PM  Tips & Tricks - Robotics / Q&A
Sherief Shawki, MD
Interactive discussion with video-based tips for robotic approach.

6:50 – 7:10 PM  Tools of the Trade - Energy, Stapling, & Access
Emre Gorgun, MD
Cover the 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.

7:10 – 7:45 PM  Break (Dinner)
7:45 – 8:45 PM  Individualizing the Approach to Your Patient
Bradley J. Champagne, MD
Evaluate the basics of robotics and straight laparoscopic approaches and transanal approaches to rectal cancer.

Day 2: Saturday, May 16, 2020
Intercontinental Hotel & Conference Center

7:30 – 8:30 AM  Transanal TME: Technique, Tips and Tricks
Roel Hompes, MD
Video-based discussions from set-up & anatomy to technical “how-to” for the taTME for proctectomy.

8:30 – 9:30 AM  Robotic Approaches to Rectal Cancer
Sonia Ramamoorthy, MD
Video-based discussions from set-up & anatomy to technical “how-to” for the robotic approach to proctectomy.

9:30 – 10:00 AM  Laparoscopic Approaches to Rectal Cancer
Bradley J. Champagne, MD
Video-based discussions from set-up to anatomy to technical “how-to” for the laparoscopic approach.

10:00 – 10:45 AM  Complications of Minimally Invasive Approach to Rectal Cancer
Matthew Kalady, MD
Video and technique-based forum to cover tips and tricks to avoid common complications of proctectomy.

10:45 to 11:30 AM  Working Lunch / Question and Answer Session
Scott R. Steele, MD, Bradley J. Champagne, MD, Emre Gorgun, MD, Roel Hompes, MD, Matthew Kalady, MD, Justin Maykel, MD, Sonia Ramamoorthy, MD, Sherief Shawki, MD, Michael Valente, DO

11:30 – 11:45 AM  Shuttle to Surgical Skills Training Lab
12:00 – 4:00 PM  Cadaver Lab
Scott R. Steele, MD, Bradley J. Champagne, MD, Emre Gorgun, MD, Roel Hompes, MD, Matthew Kalady, MD, Justin Maykel, MD, Sonia Ramamoorthy, MD, Sherief Shawki, MD, Michael Valente, DO
The cadaver lab will consist of 10 cadavers, 2 to 3 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 placed into focus groups for the robot, straight lap, hand assist and transanal TME depending on their goals and objectives of attending the course.
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General Information

Meeting Location
InterContinental Hotel and Conference Center
9801 Carnegie Avenue
Cleveland, OH  44106
(Bar will be held at Case Western Reserve University Surgical Skills Center)

Hotel Accommodations
A block of rooms has been reserved at InterContinental Hotel until 5:00 pm April 15, 2020. To make your reservations, contact the Hotel Reservations Department at 855.765.8709 and identify yourself as being with the Minimally Invasive Approaches to Rectal Cancer course for the special rate of $169 single/double plus tax.

Parking
Parking is available at the InterContinental Hotel for an additional charge. Overnight and guest parking for all attendees will be provided at the discounted rate of $24 per day with in and out privileges. Parking is also available in the East 100th Street Visitor’s Parking Garage at prevailing rates.

REGISTER ONLINE AT ccfcme.org/RECTAL2020

Fee includes: Friday dinner; Saturday breakfast, lunch, refreshment breaks and Faculty PowerPoint presentations in pdf format, post-course.

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Registration and Cancellation
Preregistrations are accepted online until May 7, 2020. Slots are limited so we cannot accommodate walk-ins. In case of cancellation, a full refund will be made if canceled by April 3, 2020. After April 3, a $100 cancellation fee be deducted from your refund. Written notification of cancellation is required in order to process your refund. NO REFUNDS WILL BE ISSUED AFTER April 17, 2020.

For further information about this activity, contact Rita Rys, DDSI CME Manager, at rysr@ccf.org. Website: ccfcme.org/RECTAL2020
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