



Cleveland Clinic presents

4th Annual Minimally Invasive Approaches to Rectal Cancer Symposium

Sept. 13–14, 2024

Cleveland Clinic Main Campus
Cleveland, Ohio

*This program is generously
supported by*

Medtronic



Register today at ccfcme.org/RECTAL2024

Don't miss this activity. Limited slots available!

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 much 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. Recent concerns regarding local recurrence and high learning curve have slowed the growth of this approach, but techniques gained from taTME can be applied to the TaTa approach (transanal transabdominal proctosigmoidectomy) and allow for a single stapled anastomosis.

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 laparoscopic and robotic approaches for rectal cancer and also highlight the TaTa approach for single stapled anastomosis.

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

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.

Learning Objectives

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

- 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

FACULTY

Co-Activity Directors



David R. Rosen, MD
Assistant Professor of Surgery,
Cleveland Clinic Lerner College of Medicine
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Guest Faculty

Patricia Sylla, MD, FACS, FASCRS
System Chief of Colon and Rectal Surgery
Mount Sinai Health System
New York, New York

Cleveland Clinic Faculty

Anuradha Bhamra, MD
Emre Gorgun, MD
Arielle Kanters, MD
David Liska, MD
Joseph Trunzo, MD
Michael Valente, DO



AGENDA

DAY 1 FRIDAY, SEPT. 13, 2024

- | | | | |
|-----------|---|-----------|--|
| 5:00 p.m. | Course Introduction
David Rosen /
Scott Steele | 5:50 p.m. | Laparoscopic Approaches
to Rectal Cancer
David Liska |
| 5:10 p.m. | Principles of Rectal
Cancer Surgery
Michael Valente | 6:20 p.m. | Videos/Cases/Panel
Discussion
All Faculty |
| 5:30 p.m. | Tips and Tricks/
Robotics Q&A
Emre Gorgun | 7:10 p.m. | Welcome Dinner |
| | | 8:40 p.m. | Adjourn |

DAY 2 SATURDAY, SEPT. 14, 2024

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|------------|---|------------|--|
| 6:45 a.m. | Breakfast / Exhibits | 12:00 p.m. | Cadaver Lab
Includes laparoscopic and
robotic stations.
3 attendees per station
for 21 maximum
participants
All Faculty |
| 7:30 a.m. | Robotic Approaches to
Rectal Cancer
Anuradha Bhama | 4:00 p.m. | Adjourn |
| 8:15 a.m. | Complications to
Minimally Invasive
Approaches to Rectal
Cancer
Joseph Trunzo | | |
| 9:00 a.m. | Single Stapled
Anastomosis
Patricia Sylla | | |
| 9:30 a.m. | Individualizing the
Approach to Your Patient
Arielle KanTERS | | |
| 10:00 a.m. | Lateral Pelvic Lymph
Node Dissection
David Rosen | | |
| 10:45 a.m. | Lunch / Exhibits | | |
| 11:45 a.m. | Walk to CCF Lab | | |



GENERAL INFORMATION

Meeting Location

Education Building (N building: NA5-08)
9620 Carnegie Avenue, Cleveland, OH 44195
(Lab will be held at Cleveland Clinic Surgical Skills Training Laboratory, L1-300)

Lodging

ON CAMPUS

InterContinental Hotel & Conference Center
216.707.4100

InterContinental Suites Hotel
216.707.4300

NEAR CAMPUS

DoubleTree Tudor Arms
216.445.1260

Courtyard by Marriott University Circle
216.791.5678

REGISTER ONLINE at ccfcme.org/RECTAL2024

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

Category	Fee ON or BEFORE June 10, 2024	Fee AFTER June 10, 2024
Physician	\$995	\$1,195
Resident/fellow	\$795	\$995
Corporate Attendees	\$1,600	\$1,800

Registration and Cancellation

Preregistrations are accepted online until Sept. 2, 2024. Slots are limited so we cannot accommodate walk-ins. In case of cancellation, a full refund will be made if canceled by July 19, 2024. Written notification of cancellation is required in order to process your refund. NO REFUNDS WILL BE ISSUED AFTER July 19, 2024.

For further information about this activity, contact Jennifer DiPiero, Administrative Program Coordinator, at dipierj@ccf.org.

Website: ccfcme.org/RECTAL2024