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* The complete Program Book, including the Disclosure Index and Foundation Contributors, will be mailed to SSAT Early Bird Registrants in advance of the Annual Meeting. In addition, complete Program Books with these two sections will be available for SSAT Members on site in Chicago, Illinois, or by logging into the Members Only Area of the SSAT Website at: http://www.ssat.com/cgi-bin/membersOnly.cgi.
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This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the American College of Surgeons and the Society for Surgery of the Alimentary Tract. The American College of Surgeons is accredited by the ACCME to provide continuing medical education (CME) for physicians.

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In compliance with ACCME regulations, the American College of Surgeons, as the accredited provider of this activity, must ensure that anyone in a position to control the content of the educational activity has disclosed all relevant financial relationships with any commercial interest. All reported conflicts are managed by a designated official to ensure a bias-free presentation. Please refer to the following pages for a complete listing of program committee, moderator, and speaker disclosures.

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HISTORY OF THE SSAT

The history of the SSAT begins in 1957 when Dr. Robert Turell dreamed of launching a new surgical organization oriented to the problems of the alimentary tract and of creating a research or educational foundation. He discussed the possibility of a new society with many prominent surgeons and many discouraged him, but he found substantial support from Dr. Warren Cole, who agreed to help under the condition that Dr. John Waugh would assist in the formation of the society. The three met in Rochester, Minnesota, at which time Dr. Waugh confessed that he had been entertaining similar thoughts for a society devoted to the advancement of alimentary surgery.

The Society was incorporated on March 30, 1960, and was initially named the Association for Colon Surgery. The founding membership consisted of authors who had contributed papers to six issues of the Surgical Clinics of North America edited by Dr. Turell and the authors of the chapters in his textbook Diseases of the Colon and Anorectum. In the beginning it was thought advisable to limit the Society's interest to surgery of the colon, but Dr. Cole proposed that the name be changed to The Society for Surgery of the Alimentary Tract to reflect wide interest in abdominal surgery. Dr. Robert Zollinger, the Society's third president, gave a convincing address entitled "Justifying our Existence." He noted that papers related to the alimentary tract made up less than half of the programs of other societies including the American College of Surgeons Clinical Congress, and that SSAT was the only North American organization focused on surgical problems of the entire alimentary tract, a situation which still exists today.

The requirements for membership in the Society have been a matter of frequent debate since its inception. In 1965, five years after the founding of the society, the Board of Trustees directed that the membership should be enlarged rather than restricted to a small group. The first constitution of the Society was approved that same year. The requirements for membership were:

1. Fellowship in the American College of Surgeons or its equivalent; and
2. Demonstrated interest in the function and disease of the alimentary tract as evidenced by fundamental research or by publication of significant papers.

Initially, the number of published papers was flexible, but by 1981, sixteen years later, the requirement for at least 10 publications became the law of the membership committee. As a result, the society's growth flattened.

In 1984, the Board of Trustees became concerned over the lack of growth and again decided that the publication requirement should be liberalized. Dr. James Thompson, Chairman of the Board, noted that "the ascendancy of our collegial organization, the American Gastroenterological Association (AGA), to a position of great importance, many believe, dates from its adoption of the recommendation of Dr. Mort Grossman that it be an egalitarian and not an elitist organization." Dr. Thompson urged the membership to identify surgeons practicing alimentary surgery in their community and propose them for membership. At this time, the only membership criteria were certification by the American Board of Surgery or its equivalent, membership in the American College of Surgeons or its equivalent, and an interest in gastrointestinal surgery.

In 1993, President-Elect Dr. Bernard Langer set an agenda that focused on three important issues facing the Society: first, the creation of advanced training programs in gastrointestinal surgery; second, the need to increase substantially the membership of the Society to include the vast majority of surgeons practicing alimentary tract surgery in North America; and third, an assessment of starting the Society's own journal of gastrointestinal surgery. During his presidency, Dr. Langer convened a task force that recommended to the Board a campaign to aggressively recruit members, a change in the membership process to one of direct application, and the creation of a trainee membership. The proposed criteria for membership were:

1. A degree from a medical school acceptable to the Board of Trustees;
2. A license to practice medicine in the applicant's state, province or country;
The Society for Surgery of the Alimentary Tract

3. Certification by a board that is a member of the Board of the American Board of Medical Specialties, the Royal College of Physicians and Surgeons in Canada or an equivalent body; and

4. An interest in surgical aspects of digestive disease. The most important part of the proposal was that applications for membership could be initiated by the applicant.

The result of these changes has been a substantial increase in the membership of the Society in recent years.

The development of the Society's own journal took many years. The founders of the organization wished to live in harmony with the already established surgical organizations, which precluded consideration of an independent journal. After the first annual meeting, several existing journals expressed interest in publishing the Society's papers. The publication of the papers presented at the first annual meeting. Ultimately, a decision was made to publish in the American Journal of Surgery, edited by Dr. Zollinger; that journal subsequently published the papers presented at the Society for the next ten years. Only once during that period, in 1965, the Society reviewed the possibility of publishing its own journal, but thought it not to be desirable at the time. In 1970, the American Journal of Surgery became the official journal of the Society, with all members subscribing to the journal as part of their membership.

The issue resurfaced again in 1993 as one of Dr. Langer's three important decisions facing the Society. The issue became part of the agenda of the special task force convened during his presidency. In response to the report of the task force, the Board appointed a Publication Committee, chaired by Dr. Keith Kelly, to study the issue. At its October, 1995 meeting, the Board accepted the recommendation of the Publication Committee to proceed with establishing an SSAT journal. The name selected was the Journal of Gastrointestinal Surgery. Most importantly, the journal was to be owned and copyrighted by the Society. The Board made the decision to have dual editors and appointed Drs. Keith Kelly and John Cameron to the position.

From the beginning, SSAT has shown an interest in integrating with other professional organizations. It all started in 1964, when Dr. Helger Jenkins urged that a committee be appointed to work out a joint membership with gastroenterologists. Apparently in response to his request, a Liaison Committee to the AGA was appointed by the Board around 1966. Dr. Lloyd Nyhus chaired the committee. Their charge was to explore possible ways of bringing the two societies interested in gastrointestinal diseases into closer relationship. The committee found it impossible to schedule a joint meeting with the AGA and the whole issue would have been dropped if it was not for the death of a prominent individual in Minneapolis from ulcerative colitis. The family of the deceased individual established the Digestive Disease Foundation of Minneapolis for the purpose of funding research in the broad scope of digestive diseases. In February, 1967 Dr. Nyhus, still attempting to make contact with the AGA, attended a conference on Digestive Disease as a National Problem. This conference was sponsored by the Digestive Disease Foundation of Minneapolis, the National Institute of Arthritis and Metabolic Diseases and the AGA. The purpose of the conference was to stress to the federal government the overall importance of digestive disease on the American public. Details regarding the prominence of the problem, the need for continued research, the needs for manpower and a plan to provide for these needs in the future were presented. As a direct result of the conference, the National Institute of Arthritis and Metabolic Disease identified the problem of gastrointestinal disease for in-depth study.

The following year, Dr. Nyhus reported to the Society that the AGA had taken an interest in our Society because of the desire to have surgeons involved in discussions about digestive disease with governmental agencies. This provided an opportunity for the two societies to discuss a variety of issues, including the possibility of a joint annual meeting. At that time, the SSAT's annual meeting was held in conjunction with the AMA meeting, and it was suggested that SSAT change its meeting dates to coincide with the AGA.

The AGA, in moving towards its goal of obtaining research dollars, formed both a Federation of Digestive Disease Societies and a Digestive Disease
Foundation. Dr. Morton Grossman addressed the SSAT’s Board of Trustees at its 1970 meeting, explaining that the goal of the Federation and Foundation was to develop a National Digestive Disease Institute similar to the National Cancer Institute. The purpose of the Institute would be to support research, education of the lay public, unify public relations and initiate legislation regarding digestive diseases. He expressed the hope that our Society would join both organizations. There was considerable discussion of Dr. Grossman’s presentation, and the decision was made to join both the Federation and Foundation.

When the action of the Board was reported at the Society’s annual business meeting, Dr. Ward Griffen took the issue of integration with the AGA one step further and recommended that the membership be polled regarding moving the meeting of our Society to coincide with the AGA meeting.

At the 1972 meeting, Dr. Nyhus reported that the poll of the membership showed that eighty percent were strongly in favor of changing the date and location of the meeting to coincide with the AGA in a so-called Digestive Disease Week; accordingly, arrangements for a combined meeting in New York were set for May, 1973.

The combined meeting went exceedingly well and most members enthusiastically supported the motion to continue the arrangement. In October, 1974, six months after the annual meeting, Dr. Robert Zeppa and Dr. Frank Moody were authorized to attend the newly formed Digestive Disease Week Council as representatives of our Society. So it was that Digestive Disease Week came into being.

Four years later, in his presidential address entitled “Cooperation to Meet the Challenges,” Dr. Zeppa reviewed the Society’s decision to join Digestive Disease Week Council. He noted that financial benefit and stability came to each of the four societies, namely the AGA, the American Association for the Study of Liver Diseases (AASLD), the American Society for Gastrointestinal Endoscopy (ASGE) and the SSAT; second, attendance at our meeting increased; third, the quality of our program improved; fourth, the educational benefits for our members expanded by the diversity of programs available; and fifth, there was increased accessibility for dialogue, formal and informal, with our medical colleagues. He concluded that the membership was to be congratulated for its wise decision.

More recently we have furthered our relationship with the component societies of DDW by contributing to combined clinical symposiums, organizing a yearly consensus conference, and integrating appropriate oral and poster presentations of our papers into AGA focused research sections and the president’s plenary poster session. The Society’s founder, Dr. Robert Turell, in his presidential address, spoke of his dream of creating a research and educational foundation for alimentary surgery. In practical terms, creating a research and educational foundation required the development of an enduring source of funding. The first move in realizing this dream occurred at the Board of Trustees meeting in October, 1985. Dr. Bernard Jaffe, Chairman of the Ad Hoc Committee on Research and Education, recommended that the Board issue a policy statement supporting the development of a two year program for post-residency experience in research and clinical surgery of the digestive tract for the purpose of providing leadership for the discipline in the future. The committee further recommended that the Society sponsor a Career Development Award to support individuals involved in this advanced experience.

The next year, the Society used its share of DDW profits to fund the fellowship. Drs. David Nahrwold and Jaffe worked out the process of application and selection with the understanding that the first award would be given in 1987. The annual award was subsequently increased step wise to its current level of $50,000 per year. The majority of its recipients currently have University appointments and many have ongoing NIH funding. The program has been a tremendous success.

Five decades after Dr. Turell’s initial imaginings, the SSAT is a strong organization with a growing membership, strong ties to other disciplines in medicine involved in the study and treatment of digestive diseases, and a commitment to support the next generation of alimentary tract surgeons.

References

* This history of the SSAT was excerpted from the Presidential Address of Tom DeMeester at the 38th Annual Meeting in Washington DC by Richard Bell. The full text can be found in – DeMeester TR. Change, Relationships, and Accountability: Marks of a Vibrant Society. J Gastrointest Surg. 1998;2:2-10.
**SSAT FOUNDATION**

The SSAT Foundation is the philanthropic arm of the Society for Surgery of the Alimentary Tract. The Foundation was established in 2000 to help the Society achieve its mission. Founded over forty years ago, the SSAT now has a membership of over 2,850 physicians and is in the forefront of its medical specialty. The SSAT’s mission is to stimulate, foster, and provide surgical leadership in the art and science of patient care; to promote and support the education and research of the diseases and functions of the alimentary tract; to provide a forum for the presentation of such research and educational endeavors; and to foster training and funding opportunities and scientific publications in support of these activities.

Research and education remain the cornerstone of fulfilling the Society’s mission, and the Foundation seeks to support the SSAT’s current initiatives including: the Career Development Award for young faculty members; the Residents and Fellows Research Conference held at the time of Digestive Disease Week; the Doris and John L. Cameron Guest Oration; the Maja and Frank Moody State-of-the-Art Lecture; the Carol and Tom R. DeMeester Traveling Fellowship for Surgeons within the U.S. or Canada; the Karen and Josef E. Fischer International Traveling Fellowship Award for Surgeons in Academic Practice; and the Andrew L. Warshaw Master Educator Award.

The SSAT Foundation receives support from a variety of sources including private foundations, industry, and individual friends of the Society, most notably SSAT members. The Foundation offers a variety of giving opportunities including charitable lead trusts, charitable remainder trusts, bequests, and other planned giving instruments. The Foundation is proud of its supporters and pays special tribute to its donors through recognition of them in the following list.

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FOUNDEMS MEDAL
Sunday, May 8, 2011
7:45 AM – 8:15 AM
McCormick Place S504

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Massachusetts General Hospital, Boston, MA

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“Bioengineering and Clinical Applications of Circulating Tumor Cell Microchip”
Sunday, May 8, 2011
11:15 AM – 12:00 PM
McCormick Place S504

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STATE-OF-THE-ART LECTURE
“The Transformation of America’s Hospitals”
Monday, May 9, 2011
11:15 AM – 12:00 PM
McCormick Place S504

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SCIENTIFIC PROGRAM
Fifty-Second Annual Meeting
May 6–10, 2011

All rooms at McCormick Place unless otherwise indicated.

¢ indicates a ticketed session requiring a separate registration and fee.

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Friday, May 6, 2011
8:00 AM – 2:30 PM
RESIDENTS & FELLOWS RESEARCH CONFERENCE
Monroe Ballroom, Palmer House Hilton
By invitation only. The 26 participating presentations are indicated throughout this program by the icon to the left.

Saturday, May 7, 2011
8:00 AM – 5:00 PM
MAINTENANCE OF CERTIFICATION COURSE
THE SURGEON IN THE MANAGEMENT OF GASTRIC AND ESOPHAGEAL DISEASES
Course Director: David W. Rattner, Boston, MA
Participants will be able to:

- Understand the impact of obesity on morbidity;
- appreciate the metabolic benefits of weight loss surgery; and review the available data on the effects of bariatric surgery on NASH.

**Metabolic Consequences of Obesity: The Impact of Bariatric Surgery**

**Sp73**
Samuel Klein, St. Louis, MO

**Will Bariatric Surgery Change the Natural History of NASH?**

**Sp74**
Philippe Mathurin, Lille, France

**Preparing the Patient with Known NASH for Bariatric Surgery: Operative Choices, Preoperative Preparations**

**Sp75**
Peter T. Hallowell, Charlottesville, VA

**Intraoperative Decision-Making by the Surgeon: Who to Biopsy, Biopsy Techniques, and Treatment if Cirrhosis Present**

**Sp76**
Samer G. Mattar, Indianapolis, IN

**Panel Discussion**

---

305 Disparities in the Use of Minimally-Invasive Surgery for Colorectal Disease

Celia N. Robinson, Shubhada Sansgiry, Courtney J. Balentine, David H. Berger

1Michael E. DeBakey Department of Surgery, Baylor College of Medicine, Houston, TX; 2Operative Care Line, Michael E. DeBakey Veterans Affairs Medical Center, Houston, TX; 3Houston VA Health Services Research and Development Center of Excellence, Michael E. DeBakey Veterans Affairs Medical Center, Houston, TX
306 Laparoscopic Pancreaticoduodenectomy for Cancer: Margin Status, Adequacy of Resection and 90 Day Outcomes
Craig P. Fischer1,2, Bridget N. Fahy1,2, Brian J. Dunkin1,2, Patrick R. Reardon1,2, Barbara L. Bass1,2
1Surgery, The Methodist Hospital, Houston, TX; 2Surgery, Weill Medical College of Cornell University, New York, NY; Division of Surgical Oncology, The Methodist Hospital, Houston, TX; Division of Minimally Invasive and Foregut Surgery, The Methodist Hospital, Houston, TX

Wei J. Lee1, Kyung Yul Hur2, Muffazal Lakdawala3, Kazunori Kasama4, Simon K. Wong5
1Surgery, Min Sheng General Hospital, Taoyuan, Taiwan; 2Surgery, Soonchunhyang University Hospital, Seoul, Korea, Democratic People’s Republic of; 3Surgery, Saifee Hospital, Mumbai, India; 4Surgery, Yotsuya Medical Cube, Tokyo, Japan; 5Surgery, Prince of Wales Hospital, Hong Kong, Hong Kong

308 Female Sexual Function After Pure Transvaginal Appendectomy: A Cohort Study
Daniel Solomon1,2, Rachel Lentz2, Andrew Duffy1,2, Robert Bell1,2, Kurt E. Roberts1,2
1Department of Surgery, Yale-New Haven Hospital, New Haven, CT; 2Surgery, Yale University School of Medicine, New Haven, CT

9:15 AM – 10:00 AM PRESIDENTIAL ADDRESS
Sp265 Jeffrey L. Ponsky, Cleveland, OH

Happy Mother’s Day
Sp266 David W. Rattner, Boston, MA

10:00 AM – 10:30 AM COFFEE BREAK

309 How Much Pharyngeal Acid Is “Normal?”: Normative Data for Laryngopharyngeal Reflux Events Using Hypopharyngeal Multichannel Intraluminal Impedance (HMII)
Toshitaka Hoppo1, Alejandro F. Sanz1, Katie S. Nason1, Thomas Carroll2, Clark Rosen3, Daniel P. Normolle4, Nicholas J. Shaheen1, James D. Luketich1, Blair A. Jobe1
1Cardiothoracic Surgery, University of Pittsburgh Medical Center, Pittsburgh, PA; 2Otolaryngology, Tufts Medical Center, Boston, MA; 3Otolaryngology, University of Pittsburgh Medical Center, Pittsburgh, PA; 4Biostatistics, University of Pittsburgh, Graduate School of Public Health, Pittsburgh, PA; 5Medicine, University of North Carolina, Chapel Hill, NC

310 Laparoscopic Paraesophageal Hernia Repair: Defining Long-Term Clinical and Anatomic Outcomes
Brant K. Oelschlager1, Rebecca P. Petersen1, L. Michael Brunt1, Nathaniel J. Soper2, Brett C. Sheppard2, Lee Mitsuori2, Charles Rohrmann1, Lee L. Swanstrom3, Carlos A. Pellegrini1
1Surgery, University of Washington, Seattle, WA; 2Surgery, Washington University, St. Louis, MO; 3Surgery, Northwestern University, Chicago, IL; 4Surgery, Oregon Health & Science University, Portland, OR; 5Radiology, University of Washington, Seattle, WA; 6Surgery, The Oregon Clinic, Portland, OR

311 Hiatal Hernia Recurrence Following Mesh and Non-Mesh Repair
Hubert Kim, Kevin M. Reavis, Ninh T. Nguyen
UCI Medical Center, Orange, CA
11:15 AM – 12:00 PM

DORIS AND JOHN L. CAMERON GUEST ORATION

Bioengineering and Clinical Applications of Circulating Tumor Cell Microchip

Sp293 Mehmet Toner, Charlestown, MA

12:00 PM – 2:00 PM

POSTER SESSION I

Hall A

Authors available at their posters to answer questions
12 PM – 2 PM; posters on display 8 AM – 5 PM.

12:30 PM – 1:45 PM

MEET-THE-PROFESSOR LUNCHEONS

Avoiding and Repairing Cholecystectomy

Sp294 Steven M. Strasberg, St. Louis, MO

Participants will be able to:
- Explain the pathogenesis of biliary injuries; explain a method for identification of biliary structure so as to avoid injury; recognize and diagnose biliary injuries; and explain how to repair biliary injuries.

Modern Treatment of Barrett’s Esophagus:

Sp307 Brian J. Dunkin, Houston, TX, & Herbert C. Wolfsen, Jacksonville, FL

Participants will be able to:
- Paraphrase diagnostic considerations for endoscopy staging of Barrett’s Disease (including utility of advanced imaging with high definition endoscopy, narrow band imaging and endoscopic mucosal resection); explain the utility and limitations of histologic assessment in Barrett’s Disease; discuss the technical differences, treatment efficacy and complication profile of endoscopic ablation technologies, including thermal ablation, photodynamic therapy, and radiofrequency ablation; and discuss long term strategies for surveillance endoscopy and control of gastro-esophageal reflux disease.

Single Port Surgery: Beyond Cholecystectomy

Sp310 Aurora D. Peyr, Durham, NC, & Sharona B. Ross, Tampa, FL

Participants will be able to:
- Evaluate different approaches to single incision laparoscopic surgery; recommend the best approaches for specific patients and disease states; and integrate techniques for minimal access MIS into practice.

The Difficult Ventral Hernia

Sp313 Michael Rosen, Cleveland, OH

Participants will be able to:
- Understand what characteristics make a ventral hernia difficult; review surgical strategies to improve outcomes in challenging ventral hernia repair; and discuss long term strategies for surveillance endoscopy and control of gastro-esophageal reflux disease.

2:15 PM – 3:45 PM

CONTROVERSIES IN GI SURGERY A

DEBATE 1: NISSEN FUNDOPLICATION IS UNDERUTILIZED IN THE TREATMENT OF GERD

Moderator: Craig P. Fischer, Houston, TX

Participants will be able to:
- Risk-stratify patients for risk of failure to either surgical or medical therapy; identify which patients are most likely to benefit from surgical approaches to GERD; list additional symptoms, such as LPR, chronic cough and delayed gastric emptying which may impact decision-making for surgical or medical
therapy; understand the impact of proton-pump inhibitors upon the stabilization or progression of Barrett’s dysplasia; and evaluate the role of surgery upon Barrett’s dysplasia.

Frame the Issue
Sp378  Craig P. Fischer, Houston, TX
Surgical Fundoplication Saves Money, Prevents Cancer, and Is Underutilized
Sp379  Mehran Anvari, Hamilton, ON
We Have It Just Right—A Small Minority of Patients Will Benefit from Surgical Approaches to GERD; Medication and Close Observation is Appropriate for the Vast Majority
Sp380  Chin Hur, Boston, MA
Panel and Audience Discussion

DEBATE 2: ROBOTICS APPLICATIONS IN GASTROINTESTINAL SURGERY: INDUSTRY SPONSORED HEALTH CARE INFLATION OR REAL ADVANCE THAT WILL BENEFIT PATIENTS?

Moderator: Brian Dunkin, Houston, TX

Participants will be able to:
• Recognize technical limitations of laparoscopy; understand advantages of robotic surgical devices, which allow more degrees of freedom, easier suturing, and stereoscopic vision; learn means to successfully implement robotic techniques at your hospital; and identify specific technical components of gastrointestinal operations where Robotics may offer an advantage.

Frame the Issue
Sp381  Brian Dunkin, Houston, TX
The Robot Is Not a Glorified Sewing Machine; It’s a Real Advance for Patients and Surgeons
Sp382  Sayeed Ikramuddin, Minneapolis, MN

52ND ANNUAL MEETING • MAY 6–10, 2011 • CHICAGO, IL

What You Can Do with Your Robot, I Can Do with My Laparoscope Faster and Cheaper
Sp383  Lee Swanstrom, Portland, OR
Panel and Audience Discussion

2:15 PM – 3:45 PM  
DDW COMBINED CLINICAL SYMPOSIUM
DEFINITION AND MANAGEMENT OF PPI FAILURE IN GERD
Sponsored by: SSAT, AGA
Moderators: Jeffrey H. Peters, Rochester, NY  
Peter J. Kahrilas, Chicago, IL

Participants will be able to:
• Explain the broad context with which the phrase “PPI failure” has come to be used; appreciate the unique subtypes of PPI failure patients who might be amenable to alternative medical or surgical therapies; and review the limitations of current diagnostic methods and learn to interpret them with appropriate caution.

“GERD Symptoms” Are Not All Equal and Not All from GERD
Sp329e  Peter J. Kahrilas, Chicago, IL
What Is PPI Failure from a Surgical Perspective and What Subsets of Patients Are More Likely to Respond to Surgical Management?
Sp329f  John G. Hunter, Portland, OR
The Role of Symptom Profiling and Physiological Testing in Subtyping Refractory Patients
Sp329g  Michael Vaezi, Nashville, TN
PPIs in Relation to Barrett’s: Preventative? Post-Ablation? Reduced Cancer Risk?
Sp329h  Prateek Sharma, Kansas City, MO
Panel Discussion
2:15 PM – 4:30 PM

VIDEO SESSION I: SPECIALTY VIDEOS
10-minute presentation, 5-minute discussion

Moderators: Michael Rosen, Cleveland, OH
C. Daniel Smith, Jacksonville, FL

Participants will be able to:
• Discuss current investigations and novel strategies in the management of patients with surgical conditions relating to the gastrointestinal tract, liver and pancreas.

538 Minimally Invasive Esophagectomy for Carcinoma of Esophagus After Neoadjuvant Chemoradiation
Daniel K. Tong, Simon Law, Fion S. Chan, Kam H. Wong
Surgery, The University of Hong Kong, Hong Kong, Hong Kong

539 Minimally Invasive Esophagectomy After Nissen Fundoplication
Hubert Kim, Ninh T. Nguyen, Kevin M. Reavis
Surgery, University of California, Irvine, Orange, CA

540 Laparoscopic Transgastric Resection of a Large Intussuscepted Gastric Polyp
Etienne Auger-Dufour1, Liane S. Feldman1, Gerald M. Fried1, Lorenzo E. Ferri1
Surgery, McGill University Health Centre, Montreal, QC, Canada

541 Laparoscopic Re-Do Myotomy for Recurrent Achalasia After Heller-Dor Procedure
Mariah Alexander, Aaron M. Hurd, Gregory J. Mancini
University of Tennessee Medical Center Knoxville, Knoxville, TN

542 Laparoscopic Truncal Vagotomy and Antrectomy
Minah Alexander, Aaron M. Hurd, Gregory J. Mancini
University of Tennessee Medical Center Knoxville, Knoxville, TN

543 Laparoscopic-Assisted Frey Procedure: A New Option for Treatment of Pain in Chronic Pancreatitis
Sujit Kulkarni, Dilip Parekh, Rick Selby, Kaylene Barrera
Surgery, University of Southern California, Los Angeles, CA

544 Laparoscopic Pancreatic Head Resection with Hybrid Reconstruction via Pancreatogastrostomy
Department for General and Visceral Surgery, University of Freiburg, Freiburg, Germany

545 Laparo-Endoscopic Single Site (LESS) Morgagni Hernia Repair and Toupet Fundoplication
Sharona B. Ross1,2, Harold Paul1,2, Kenneth Luberice1,2, Farhaad C. Golkar1,2, Alexander S. Rosemurgy1,2
1Surgery, University of South Florida, Tampa, FL; 2Tampa General Hospital, Tampa, FL

546 Robot-Assisted Laparoscopic Biliopancreatic Diversion with Duodenal Switch
Sapan S. Desai, Ranjan Sudan
General Surgery, Duke University Medical Center, Durham, NC

2:15 PM – 4:45 PM

STATE-OF-THE-ART CONFERENCE
PERSONALIZED MEDICINE IN GASTROINTESTINAL CANCER: POTENTIAL APPLICATIONS IN CLINICAL PRACTICE
Moderator: Taylor S. Riall, Galveston, TX

Participants will be able to:
• Describe the current and potential roles of proteomic and genomic research in the care of patients with cancer; discuss the most recent advances in proteomic/genomic research in three types of gastrointestinal cancers: colorectal cancer, pancreatic cancer, and gastrointestinal stromal tumors (GIST); describe current clinical applications of this research in gastrointestinal cancers; and identify patients who are potential candidates for personalized therapy based on recent proteomic and genomic research.
Overview of Personalized Medicine in GI Cancers: Different Things to Different People
Celia Chao, Galveston, TX

Proteomics, Genomics, and Molecular Biology in the Personalized Treatment of Colon Cancer
John M. Carethers, Ann Arbor, MI

Personalized Medicine in Pancreatic Cancer: Potential Implications for Therapy
Christine A. Iacobuzio-Donahue, Baltimore, MD

Personalized Therapy: Prognostic Factors for GIST
Ronald P. DeMatteo, New York, NY

Panel and Audience Discussion

PLENARY SESSION III

10-minute presentation, 5-minute discussion

Moderators: Elijah Dixon, Calgary, AB
Jean Nicolas Vauthey, Houston, TX

Learning objectives for this session are the same as those for Plenary Session I on page 61.

Prospective Study for Selective Management of Patients with Acute Biliary Pancreatitis: Interim Results
Dana A. Telem, Modesto Colon, Nalin Ranasinghe, Michelle K. Kim
Surgery, The Mount Sinai Hospital, New York, NY

Biliary Dyskinesia: Are We Treating It Right?
Vikas Singhal, Patrick Szeto, Heather Norman, Nan Walsh, Thomas J. VanderMeer
Surgery, Guthrie-Robert Packer Hospital, Sayre, PA

Validation of the Updated 7th Edition AJCC TNM Staging Criteria for Gastric Adenocarcinoma
Lee J. McGhan, Barbara A. Pockaj, Richard J. Gray, Sanjay P. Bagaria, Nabil Wasi
General Surgery, Mayo Clinic Arizona, Scottsdale, AZ; General Surgery, Mayo Clinic Florida, Jacksonville, FL

Acquisition of Metastatic Potential in Colonic Adenocarcinomas Is Associated with Downregulation of Complementary Strand MicroRNAs
Surgery, University of South Florida, Tampa, FL; Gastrointestinal Oncology, Moffitt Cancer Center, Tampa, FL; Bioinformatics, Moffitt Cancer Center, Tampa, FL

National Trends in Survival for Pancreatic Adenocarcinoma Based on Location of the Primary Lesion
Gautam K. Malhotra, Lynette M. Smith, Quan P. Ly, Aaron R. Sasson, Chandrakanth Are
College of Medicine, University of Nebraska Medical Center, Omaha, NE; Department of Biostatistics, College of Public Health, University of Nebraska Medical Center, Omaha, NE; Division of Surgical Oncology, Department of Surgery, University of Nebraska Medical Center, Omaha, NE

Pain Control and Quality of Life After Pancreatectomy with Islet Cell Autotransplantation for Chronic Pancreatitis
Katherine A. Morgan, Stefanie M. Owczarski, Jeffrey J. Borckardt, Alok Madan, David B. Adams
Surgery, MUSC, Charleston, SC; Psychiatry and Behavioral Services, MUSC, Charleston, SC

Superior Prognostic Importance of Perineural Invasion vs. Lymph Node Involvement After Curative Resection of Duodenal Adenocarcinoma
Stefano Cecchini, Camilo Correa-Gallego, Vikram Deshpande, Abdelmetin Dursun, Jennifer A. Wargo, Carlos Fernandez del-Castillo, Andrew L. Warshaw, Cristina R. Ferrone
General Surgery, Massachusetts General Hospital, Boston, MA; Pathology, Massachusetts General Hospital, Boston, MA; General Surgery, Parma University, Parma, Italy; Surgery, Harvard Medical School, Boston, MA
554 The Fate of Barrett’s Epithelium Under Acid Suppression Obtained by Medical or Surgical Therapy
Renato Salvador1, Paola Parente1, Nicola Passuello1, Mario Costantini1, Lisa Zanatta1, Tieppo Chiara1, Loredana Nicoletti1, Francesco Cavallini1, Fabio Farinati1, Ermanno Ancona1, Massimo Rugge1, Giovanni Zaninotto1
1Department of Surgical and Gastroenterological Sciences, Clinica Chirurgica I, University of Padova, Padua, Italy; 2Department of General Surgery, SS Giovanni e Paolo Hospital, ULSS 12, Venice, Italy; 3Department of Medical Diagnostic Sciences & Special Therapies, Pathology Unit, University of Padova, Padova, Italy; 4Surgical Oncology, Istituto Oncologico Veneto, IOV-IRCCS, Padova, Italy

555 Budd-Chiari Syndrome Revisited: Thirty-Eight Years’ Experience with Surgical Portal Decompression
Marshall J. Orloff1, Jon I. Isenberg1, Henry O. Wheeler1, Pat O. Daily1, Barbara Girard1
1Surgery, University of California, San Diego, San Diego, CA

556 Surgical Resection Versus Local Ablation for HCC on Cirrhosis: Results from a Propensity Case-Matched Study
Andrea Ruzzenente, Tommaso Campagnaro, Alessandro Valdegamberi, Simone Conci, Fabio Bagante, Gianni Turcato, Calogero Iacono, Alfredo Guglielmi
Department of Surgery, University of Verona Medical School, Verona, Italy

557 Pure Laparoscopic Hepatectomy for HCC Patients with Severe Liver Cirrhosis
Zenichi Morise
Department of Surgery, Fujita Health University Banbuntane Houtokukai Hospital, Nagoya, Aichi, Japan

558 Prevalence of Defaecatory Disorders in Morbid Obese Patients Before and After Bariatric Surgery
Pierpaolo Sileri, Paolo Gentileschi, Ida Camperchioli, Elisabetta De Luca, Domenico Benavoli, Luana Franceschilli, Giulio P. Angelucci, Sara Lazzaro, Achille Gaspari
Surgery, University of Rome Tor Vergata, Rome, Italy

4:00 PM – 5:00 PM CLINICAL WARD ROUNDS: DELAYED PRESENTATION OF APPENDICITIS: IS SURGERY STILL NECESSARY?
Moderator: Mark A. Malangoni, Philadelphia, PA
Participants will be able to:
• Identify patients with appendicitis who may be successfully managed conservatively; determine risk factors for failure of conservative management; determine the role of imaging and timing in managing complex appendicitis; appreciate the role of interventional percutaneous techniques in managing delayed appendicitis and focus upon patients likely to fail such an approach; and list rationale for interval appendectomy and focus on patients who may not require interval appendectomy
Panelists:
Sp394 Stanley W. Ashley, Boston, MA
Sp395 W. Scott Melvin, Columbus, OH
Sp396 Steven C. Stain, Albany, NY
Monday, May 9, 2011

7:30 AM – 9:15 AM  VIDEO SESSION II: BREAKFAST AT THE MOVIES  S504
10-minute presentation, 5-minute discussion

Moderators: Patrick M. Forgione, Burlington, VT
Paresh C. Shah, New York, NY

Learning objectives for this session are the same as those for Video Session I on page 68.

611 Complete Traumatic Rupture of the Pancreas—Pancreas Preserving Reconstruction: A Non-Resectional Procedure Using Pancreatogastrostomy and a Modified “Blumgart” Anastomosis
Hannes P. Neeff, Frank Makowiec, Tobias Keck, Ulrich T. Hofer
Department of Surgery, University of Freiburg, Freiburg, Germany

612 Minimally Invasive Esophageal Stripping for Early Esophageal Cancer
Daniel K. Tong, Simon Law, Fion S. Chan, Kam H. Wong
Surgery, The University of Hong Kong, Hong Kong, Hong Kong

613 Laparoscopic Frey Procedure for Chronic Calculific Pancreatitis
Jessica M. Gutierrez, Michael L. Kendrick
Mayo Clinic, Rochester, MN

614 Adrenocortical Carcinoma with Intracaval Extension to the Right Atrium: Resection on Cardiopulmonary Bypass
Ryan Z. Swan, Kwan N. Lau, David Sindram, David A. Iannitti,
John B. Martinie
Surgery, Carolinas Medical Center, Charlotte, NC, United States

615 Laparoscopic Two-Staged Hepatic Resection
Farah A. Husain, Kalyana Nandipati, Edward Lin,
Juan M. Sarmiento
General Surgery, Emory University Hospital, Atlanta, GA

8:30 AM – 9:30 AM  CLINICAL WARD ROUNDS: LAPAROSCOPIC LIVER RESECTION: WHICH PATIENT AND HOW?  S501bcd

Moderator: Christina R. Ferrone, Boston, MA

Participants will be able to:
• List contraindications to a minimal access approach to liver resection; describe patient, disease and anatomical factors which may favor a MIS approach; learn access techniques, patient positioning and choice of instrumentation which facilitate laparoscopic liver resection; discuss role of pneumoperitoneum pressure on blood loss; analyze available methods of parenchymal transection in laparoscopic liver resection; compare traditional extrahepatic infl ow approaches to intrahepatic glissonian techniques; and learn critical details of the laparoscopic hanging maneuver.

Panelists:
Sp462 Joseph N. Espat, Providence, RI
Sp463 David A. Geller, Pittsburgh, PA
Sp464 Allan Tsung, Pittsburgh, PA
STAYING ALIVE: STRATEGIES FOR ACCOUNTABLE HEALTH CARE IN 2011

Moderators: Stuart G. Marcus, Bridgeport, CT
Kaye M. Reid Lombardo, Rochester, MN

Participants will be able to:
• Describe the differences between inherent patient care complications and patient safety events; discuss the role of checklists in improving patient safety; describe techniques to enhance the patient experience; describe the surgeon’s contribution to cost savings in the hospital; understand the concept of value-based purchasing; describe reasons contributing to decreased career satisfaction among surgeons; discuss potential strategies for surgeons to employ to adjust to public policy changes affecting their practice; and understand that new opportunities exist as a result of public policy changes.

Introduction
Sp489 Kaye M. Reid Lombardo, Rochester, MN
Do No Harm: Keeping Patients Safe
Sp490 Amy L. Halverson, Chicago, IL
Becoming a Patient: A Surgeon’s Perspective
Sp491 Vijay K. Maker, Chicago, IL
Keeping Hospitals Afloat
Sp492 Achilles A. Demetriou, Cleveland, OH
Surgeons Adjusting to the Changing Landscape
Sp493 Josef E. Fischer, Boston, MA
Panel and Audience Discussion

PANCREATIC NEUROENDOCRINE TUMORS

Moderator: Reid B. Adams, Charlottesville, VA

Participants will be able to:
• Discuss the presentation of patients with pancreatic neuroendocrine tumors (PNETs) and the importance of the clinical presentation in making treatment decisions; discuss the implications of the pathological findings in disease progression, prognosis and how this affects treatment decisions; define the appropriate indications for when to treat the primary PNET, the timing of the treatment, and the treatment options; understand the factors impacting the surgical approach to PNETs and define the conditions determining the appropriateness of enucleation versus formal pancreatectomy; describe the critical steps for the surgical approaches to enucleation/resection of PNETs; discuss the treatment options available for the treatment of patients with hepatic metastasis from PNETs; understand the elements determining the appropriateness of surgical therapy versus non-surgical therapy for liver metastasis from PNETs; define the indications for the application of each of the non-surgical therapies for liver metastasis from PNETs; and understand the biology of PNETs and its relationship to the concept of targeted therapy; describe the available systemic and targeted therapies available for treatment of PNETs; and define the role for each of the systemic and targeted therapies available for the treatment of PNETs.
Introduction

Sp499  Reid B. Adams, Charlottesville, VA

Presentation, Syndromes, and Pathology: Implications for Treatment

Sp500  David C. Metz, Philadelphia, PA

The Pancreatic Primary: When to Enucleate, When to Resect?

Sp501  Douglas B. Evans, Milwaukee, WI

PNET Liver Metastases: Surgical Approaches

Sp502  David M. Nagorney, Rochester, MN

PNET Liver Metastases: Radiological Approaches

Sp503  Margo Shoup, Maywood, IL

The Evolving Landscape of Molecular Targeted Therapy

Sp504  Irvin M. Modlin, New Haven, CT

Panel and Audience Discussion

10:00 AM – 11:15 AM  PLENUM SESSION IV

Moderators: Richard A. Hodin, Boston, MA
             Emina H. Huang, Gainesville, FL

Learning objectives for this session are the same as those for Plenary Session I on page 61.

680  RT-PCR Increases Detection of Submicroscopic Peritoneal Metastases in Gastric Cancer and Has Prognostic Significance

Joyce Wong, Kaithlyn J. Kelly, Arjun Mittra, Mithat Gonen, Peter J. Allen, Yuman Fong, Daniel G. Coit
Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY

681  Is There a Role for Surgery Alone with Adequate Nodal Evaluation in Gastric Adenocarcinoma?

Vikas Dudeja1, Elizabeth Habermann1, Anasooya Abraham1, Wei Zhong1, Helen M. Parsons1, Jennifer F. Tseng2, Waddah B. Al-Refaei1
1University of Minnesota and Minneapolis VAMC, Minneapolis, MN; 2University of Massachusetts Medical School, Surgical Outcomes Analysis & Research (SOAR), Worcester, MA

10:00 AM – 11:15 AM  QUICK SHOTS SESSION I

Moderators: Clifford S. Cho, Madison, WI
            William G. Hawkins, St. Louis, MO

Learning objectives for this session are the same as those for Plenary Session I on page 61.

682  Laparoscopic and Robotic Distal Gastrectomy with Lymphadenectomy for Gastric Adenocarcinoma in an Obese Patient

Joshua Ellenhorn
City of Hope National Medical Center, Duarte, CA

683  YKL-40: A Predictive Biomarker for Stage II Colon Cancer

Richard B. Arenas1, Hannah Swayze-Quinn1, Christopher N. Chapman2, Frida Rosenblum2, Jane Garb1, Rong Shao1, Q. Jackie Cao3
1Surgery, Baystate Medical Center, Springfield, MA; 2Pathology, Baystate Medical Center, Springfield, MA; 3Pioneer Valley Life Sciences Institute, Springfield, MA

684  Acute Enterocyte Adaptation to Luminal Glucose: A Posttranslational Mechanism for Rapid Apical Recruitment of the Transporter GLUT2

Rizwan M. Chaudhry, Jeffrey S. Scow, Srivats Madhavan, Judith A. Duenes, Michael G. Sarr
Gastrointestinal and General Surgery, Mayo Clinic, Rochester, MN
Efficacy of Self Expanding Metal Biliary Stents in Patients Receiving Preoperative Chemoradiation for Resectable Pancreatic Cancer
A. Aziz Aadam1, Abdul H. Khan1, Young Oh1, Doug B. Evans2, Kulwinder S. Dua1
1Division of Gastroenterology and Hepatology, Medical College of Wisconsin, Milwaukee, WI; 2Department of Surgery, Medical College of Wisconsin, Milwaukee, WI

Investigation for Biomarkers of Barrett’s Esophagus
Jawad Ahmad1,2, Ken Arthur3, Perry Maxwell4, Helen G. Mulholland4, J.A. Kennedy4, Liam Murray5, Brian T. Johnston6, Damian T. McMams2
1School of Medicine, Dentistry and Biomedical Sciences, Queens University Belfast, Belfast, United Kingdom; 2Belfast Health and Social Care Trust, Belfast, United Kingdom; 3Tissue CTU, Belfast, United Kingdom

How Do Adults and Adolescents Compare in Improvement of Biochemical Cardiac Risk Factors S/P Roux-en-Y Gastric Bypass?
Dylan Gwaltney, Shushmita Ahmed, John M. Morton
Surgery, Stanford University, Stanford, CA

MiR-675-Induced Mesenchymal to Epithelial Transition in HCC is Associated with a Reduction in Twist1
Whalen Clark1, Abul Elahi1, Jonathan M. Hernandez1, Jian Wang1, Leigh Ann Humphries1, Bryan C. Fuchs2, Kenneth Tanabe2, David Shibata1
1Gastrointestinal Oncology, Moffitt Cancer Center, Tampa, FL; 2Surgical Oncology, Massachusetts General Hospital, Boston, MA

Impact of Therapeutic Intervention on Survival in Patients with Cholangiocarcinoma
Rebecca Wiatttek, Rebecca Nelson, Brian Mailey, Wendy Lee, Julio Garcia-Aguilar, Gagandeep Singh, Joseph Kim
City of Hope National Medical Center, Duarte, CA

p53 Gene Mutation Predicts Lymph Node Disease Following Neoadjuvant Chemoradiation Therapy in Rectal Cancer Patients
Mariju Philip N. Duldulao1, Zhenbin Chen, Wenyen Li, Wendy Lee, Joseph Kim, Julio Garcia-Aguilar
General Oncologic Surgery, City of Hope, Duarte, CA

Hepatocyte Nuclear Factor (HNF) 4α Expression Distinguishes Ampullary Cancer Subtypes and Prognosis After Resection
Robert Grüttmann1, Florian Ehehalt1, Petra Ruemmele2, Stephan Kersting1, Christian Pilarsky1
1Surgery, University Hospital Dresden, Dresden, Germany; 2Department of Pathology, University Hospital Regensburg, Regensburg, Germany

A Novel Measure of Recovery After Abdominal Surgery
Tung T. Tran1,2, Pepe Kaneva1, Gerald M. Fried3,4, Nancy E. Mayo1, Liane S. Feldman1,2
1Steinberg Bernstein Centre for Minimally Invasive Surgery, McGill University, Montreal, QC, Canada; 2Division of Clinical Epidemiology, McGill University, Montreal, QC, Canada; 3Surgery, McGill University, Montreal, QC, Canada

Oncolytic Viruses Effectively Target and Kill Pancreatic Cancer Stem Cells
Joyce Wong, Allison Schulman, Arjun Mittra, Yuman Fong
Surgery, Memorial Sloan-Kettering Cancer Center, New York, NY

Minimizing MIS Using Magnetically Anchored and Percutaneous Needlescopic Instruments for Basic and Complex Procedures
Nabeel Arain1, Sara Best1, Jeffrey A. Cadeddu2, Deborah C. Hogg1, Richard Bergs1, Raul Fernandez3, Lauren B. Mashaud1, Daniel J. Scott1
1Department of Surgery, University of Texas Southwestern Medical Center, Dallas, TX; 2Department of Urology, University of Texas Southwestern Medical Center, Dallas, TX; 3Texas Manufacturing Assistance Center/Automation and Robotics Research Institute, University of Texas Arlington, Arlington, TX
Endoscopic Treatment of Weight Regain in the Post-Bypass Patient
Rabindra R. Watson¹, David B. Lautz², Christopher C. Thompson¹
¹Division of Gastroenterology, Brigham & Women’s Hospital, Boston, MA; ²Surgery, Brigham and Women’s Hospital, Boston, MA

Use of a Magnetically Coupled Camera and Novel Mini Laparoscopic Instruments to Perform Minimally Invasive Sigmoid Colon Resection
Calvin D. Lyons, Rohan A. Joseph, Nilson Salas, Patrick R. Beardon, Barbara L. Bass, Brian J. Dunkin
Department of Surgery, The Methodist Hospital, Houston, TX

Laparoscopic Rectosigmoid Resection with Transvaginal Rectopexy and Extraction for Rectal Prolapse
Patricia Sylla¹, Samantha J. Pulliam², May Wakamatsu²
¹Surgery, Massachusetts General Hospital, Cambridge, MA; ²Obstetrics and Gynecology, Massachusetts General Hospital, Boston, MA

NOTES Transoral Remnant Extraction (TORE) for Sleeve Gastrectomy
Sheetal Nijhawan, Saniea F. Majid, Toshio Katagiri, Takayuki Dotai, Michael Sedrak, Bryan J. Sandler, Garth R. Jacobsen, Mark A. Talamini, Alan Wittgrove, Santiago Horgan
University of California at San Diego, San Diego, CA

The Society for Surgery of the Alimentary Tract

10:30 AM – 12:00 PM
DDW COMBINED CLINICAL SYMPOSIUM

ENDOSCOPIC MUCOSAL RESECTION OF GE JUNCTION DYSPLASIA
Sponsored by: SSAT, ASGE
Moderators: Blair A. Jobe, Pittsburgh, PA
Irving Waxman, Chicago, IL

Participants will be able to:
• Understand indications for endoscopic resection of esophageal dysplasia; understand recent advances in imaging techniques for the purpose of reducing sampling error in Barrett’s esophagus; comprehend molecular basis for progression along the metaplasia-dysplasia-carcinoma sequence; comprehend therapeutic approaches to dysplasia of the esophagus and esophagogastric junction; and understand recommendations for subsequent surveillance after endoscopic resection of esophageal dysplasia.

Endoscopic Detection and Assessment of HGD, ICA, and Carcinoma of the EGJ: The Cutting Edge in Imaging Techniques
Sp518 Vani J.A. Konda, Chicago, IL
Endoscopic Staging of Risk: Where Are We Now and Where Are We Headed?
Sp519 Rhonda F. Souza, Dallas, TX
Endoscopic Mucosal Resection Management and the High-Risk Lesion
Sp520 Stefan Seewald, Zurich, Switzerland
Technical Aspects of ESD for Early Carcinoma of the EGJ: Advantages and Outcomes
Sp521 Naohisa Yahagi, Tokyo, Japan
The Role of Surgical Resection: Esophagectomy vs. Endoscopic Resection for the HGD
Sp522 Jeffrey H. Peters, Rochester, NY

11:15 AM – 12:00 PM
MAJA AND FRANK G. MOODY STATE-OF-THE-ART LECTURE
The Transformation of America’s Hospitals
Sp531 Kenneth Kaufman, Skokie, IL

12:00 PM – 2:00 PM
Poster Session II (non-CME) Hall A
Authors available at their posters to answer questions
12 PM – 2 PM; posters on display 8 AM – 5 PM.

12:30 PM – 1:45 PM
MEET-THE-PROFESSOR LUNCHEONS

Biliary Dyskinesia: A Surgical Diagnosis?
Sp532 Wayne H. Schwesinger, San Antonio, TX, & Martin Freeman, Minneapolis, MN

S406a

S401d
Participants will be able to:

- Understand the concept of biliary dyskinesia and its limitations; and be able to diagnose biliary dyskinesia and select the patients who are most likely to benefit from cholecystectomy.

How to Enhance Your Career in Academic GI Medicine: Perspectives of Surgery and Gastroenterology

Sp540
Charles M. Vollmer, Jr., Boston, MA, & Douglas Adler, Salt Lake City, UT

Participants will be able to:

- Understand how to develop foundations for a successful career in academic GI medicine/surgery.

Re-Do Anti Reflux Surgery: When and How

Sp547
C. Daniel Smith, Jacksonville, FL

Participants will be able to:

- Recognize the symptoms of a failed anti-reflux operation; describe the patterns of failure of an anti-reflux operation; describe the work-up of a patient with recurrent symptoms after an anti-reflux operation; and understand the pros and cons of using mesh for hiatal hernia repair.

2:15 PM – 3:15 PM HOW TO SUCCEED IN ACADEMIC SURGERY

Moderator: David W. Rattner, Boston, MA

Life, Work Balance in Academic Surgery

Sp571
Barbara L. Bass, Houston, TX

The Early Years: Finding Your Strengths and Leveraging Your Institutional Assets

Sp572
Jean Nicolas Vauthey, Houston, TX

NIH Funding and a Busy Clinical Practice

Sp573
Richard A. Hodin, Boston, MA

Do You Really Want To Be a Chair?

Sp574
Layton F. Rikkers, Madison, WI

Panel and Audience Discussion

2:15 PM – 3:45 PM CONTROVERSIES IN GI SURGERY B

DEBATE 3: WHIPPLE AND ILEOANAL POUCH OPERATIONS SHOULD BE PERFORMED BY FELLOWS IN GASTROINTESTINAL SURGERY, NOT RESIDENTS IN GENERAL SURGERY TRAINING PROGRAMS

Moderator: Paresh C. Shah, New York, NY

Participants will be able to:

- List the pros and cons of segmenting rare and complex operations to advanced surgical trainees; understand the impact of a given surgeons’ skill set upon patients in urban and rural areas and in the western United States, where distances are long for many to reach a tertiary care center; acquire knowledge regarding ways to help trainees rapidly develop skills, and competency; and evaluate the impact of volume of procedures during training and eventual practice competency.

Frame the Issue

Sp609
Paresh C. Shah, New York, NY

The General Surgery Residents Need This Experience

Sp610
Thomas J. Howard, Indianapolis, IN
No They Don’t: Would You Let That 5-Year Grad Do Your Whipple? Let My Fellow Do 50 Whipples, and He Will Provide Better Outcomes

D. Rohan Jeyarajah, Dallas, TX

Panel and Audience Discussion

DEBATE 4: REGIONALIZATION OF HIGH VOLUME, MODERATE COMPLEXITY SURGERY: LET’S REFER YOUR LAPAROSCOPIC COLON RESECTION TO A BETTER HOSPITAL

Moderator: Thomas Howard, Indianapolis, IN

Participants will be able to:

• Identify valid methodologies which allow meaningful comparison of perioperative surgical outcomes; compare consequences to patients and the health care system, if types of surgical procedures are regionalized or restricted; understand the current gap which exists within most hospitals, regarding meaningful data collection of perioperative surgical outcomes; and learn ways in which your local institution may enhance the gathering of outcomes data in a fair manner.

Frame the Issue

Patient Outcomes Are Better at High Volume Referral Hospitals

Taylor Riall, Galveston, TX

Low and Moderate Volume Facilities Do Just Fine, Thank You

David Bentrem, Chicago, IL

Panel and Audience Discussion
Learning objectives for this session are the same as those for Plenary Session I on page 61.

**800** A Standard “Oncologic” Segmented Colorectal Resection Is Indicated for Dysplastic Adenomas That Come to Surgery: ESD and EMR Are Best Avoided in These Patients

Joon H. Jang¹, Emre Balik¹, Michael J. Grieco¹, Tromp Wouter¹, Daniel D. Kirchoff², Anjali S. Kumar², Daniel L. Feingold², Richard L. Whelan³
¹Surgery, St. Luke Roosevelt Hospital, New York, NY; ²Surgery, Washington Hospital Center, Washington DC, DC; ³Surgery, Columbia University, New York, NY

**801** Single Port Transanal Surgery of a Giant Rectal Adenoma

Renée M. Barendse¹, Pascal G. Doornebosch¹, Willem A. B. Meulenberg¹, Evelien Dekker¹, Paul Fockens¹, Thomas M. Van Gulik¹, Eelco J. de Graaf²
¹Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, Netherlands; ²Surgery, IJsselland Hospital, Capelle aan den IJssel, Netherlands; ³Surgery, Academic Medical Center, Amsterdam, Netherlands

**802** Transesophageal Endoscopic Myotomy (TEEM) for the Treatment of Achalasia: The United States Human Experience

Ozanam E. Meireles¹,², Garth R. Jacobsen¹,³, Toshio Katagiri¹,³, Karl Thompson¹,³, Abraham Mathew¹,³, Noam Belkind¹,³, Michael Sedrak¹,³, Bryan J. Sandler¹,³, Takayuki Dotai¹,³, Thomas J. Savides¹,³, Saniea F. Majid¹,³, Sheetal Nijhawan¹,³, Mark A. Talamini¹,³, Santiago Horgan¹,³
¹Department of Surgery, University of California San Diego, San Diego, CA; ²Department of Surgery, Massachusetts General Hospital—Harvard Medical School, Boston, MA; ³Department of Gastroenterology, University of California San Diego, San Diego, CA; ⁴Department of Gastroenterology, Penn State Milton S. Hershey Medical Center, Hershey, PA

**803** Single Incision Laparoscopic Heller Myotomy and Dor Fundoplication

John Afthinos¹, Koji Park¹, James McGinty¹, Niran Koshy¹, Julio Teixeira¹
¹General Surgery, St. Luke’s Roosevelt Hospital Center, New York, NY

**804** Bariatric Surgery Outcomes in the Elderly Population: An ACS NSQIP Study

Robert B. Dorman¹, Anasooya Abraham¹, Waddah B. Al-Refaie¹, Helen M. Parsons¹, Sayeed Ikramuddin¹, Elizabeth Habermann¹
¹Surgery, University of Minnesota, Minneapolis, MN

**805** Counter-Clockwise Rotation of Roux-en-Y Limb Significantly Reduces Internal Herniation in Laparoscopic Roux-en-Y Gastric Bypass (LRYGB)

Kalyana Nandipati¹,², Edward Lin¹, Farah A. Husain¹, John F. Sweeney¹, S.S. Davis¹
¹General Surgery, Emory University, Decatur, GA

**806** Factors Predictive of Recurrence and Mortality After Definitive Surgical Repair of Enterocutaneous Fistula

Jose L. Martinez¹, Enrique Luque-de-León¹
¹Gastrocirugía, UMAE Hospital Especialidades Centro Médico Nacional SXXI, Mexico DF, Mexico

3:15 PM – 4:45 AM SSAT/ASCRS JOINT SYMPOSIUM S504

**SURGERY FOR INFLAMMATORY BOWEL DISEASE**

Moderator:  David A. Margolin, New Orleans, LA

Participants will be able to:

- Understand the latest evidence management strategies for the treatment of complex IBD patients, both Crohn’s disease and Ulcerative Colitis, including treatment strategies and algorithms for the elective, urgent and emergent IBD patient.

**Introduction**

Sp615 David A. Margolin, New Orleans, LA

Emergency Surgery for Inflammatory Bowel Disease

Sp616 Harry L. Reynolds, Jr., Cleveland, OH
THE SOCIETY FOR SURGERY OF THE ALIMENTARY TRACT

Surgical Treatment of Peri-Anal Crohn’s Disease
Sp617 Craig A. Reickert, Detroit, MI

Surgery for Crohn’s Disease
Sp618 Kirk A. Ludwig, Milwaukee, WI

Surgery for Ulcerative Colitis
Sp619 Michael J. Stamos, Orange, CA

Panel and Audience Discussion

4:00 PM – 5:00 PM

CLINICAL WARD ROUNDS:
INITIAL NON-SURGICAL THERAPIES FOR HEPATOCELLULAR CARCINOMA: GI SURGEON AND HEPATOLOGY CASE PRESENTATIONS

Moderator: Robert C.G. Martin, Louisville, KY

Participants will be able to:
• List contraindications to liver transplantation for patients with HCC; describe the role of radiofrequency ablation, microwave ablation and catheter-based treatments of primary HCC and the impact of these treatments on patients treated as “destination” therapy or bridge to transplant; learn limitations of current staging modalities for HCC; discuss which patients may benefit from a primary ablation or resection, followed by observation; analyze risk factors for failure of catheter and energy techniques; compare outcomes of similar patients treated with various approaches; and learn evolving imaging modalities to allow accurate staging and characterization of HCC.

Panelists:
Sp620 Robert C.G. Martin, Louisville, KY
Sp621 Fred Poordad, Los Angeles, CA
Sp622 William S. Rilling, Milwaukee, WI

52ND ANNUAL MEETING • MAY 6–10, 2011 • CHICAGO, IL

4:00 PM – 5:00 PM

QUICK SHOTS SESSION II

S501a 3-minute presentation, 3-minute discussion

Moderators: John D. Christein, Birmingham, AL
Bridget N. Fahy, Houston, TX

Learning objectives for this session are the same as those for Plenary Session I on page 61.

807 Assessment of In Vivo Functionality of a Novel Cancer-Targeting Adenovirus Expressing Interferon Alpha in an Immunocompetent Model
Leonard Armstrong, Julia Davydova, Eric J. Brown, Selwyn M. Vickers, Masato Yamamoto
University of Minnesota, Minneapolis, MN

808 Difference in Clinical Characteristics and Survival Outcomes in Asian and American Patients with Hepatocellular Carcinoma
Taejin Song1,2, Yunan Fong3, Sang-Ock Suh3, Sang-Yong Choi4, William R. Jarnagin5, Mithat Gonen6, David S. Klimstra6
1Surgery, MSKCC, New York, NY; 2Surgery, Korea University College of Medicine, Seoul, Republic of Korea

809 Intestinal Resection-Induced Enteroocyte Apoptosis Is Mediated by p38δ MAPK-Directed Activation of Bax
Derek Wakeman1, Jun Guo1, Jethrina A. Santos1, John Schneider2, Jennifer A. Leinicke1, Kathryn J. Bowland4, Christopher R. Erwin1, Brad W. Warner1
1Surgery, Washington University School of Medicine, Saint Louis, MO; 2Texas A&M University, College Station, TX; 3Washington University, Saint Louis, MO

810 Depression Is Associated with Prolonged and Complicated Recovery Following Colorectal Surgery
Courtney J. Balentine1,2, Aanand D. Naik1,2, Celia N. Robinson3,4, Jesus H. Hermosillo-Rodriguez5, David H. Berger1,2
1Houston VA HSR&D Center of Excellence, Houston, TX; 2Michael E. DeBakey VA Hospital, Houston, TX; 3Michael E. DeBakey Department of Surgery, Baylor College of Medicine, Houston, TX; 4Internal Medicine, Baylor College of Medicine, Houston, TX
811 Laparoscopic Versus Open Abdominoperineal Resection for Rectal Cancer: Is There a Short-Term Advantage in Complication Rates with a Minimally Invasive Approach?
David B. Stewart, Christopher S. Hollenbeak, Melissa M. Boltz
Surgery/Division of Colon and Rectal Surgery, Penn State Hershey Medical Center, Hershey, PA

812 Ex-Vivo Intra-Arterial Methylene Blue Dye Injection Augments Pathology Lymph-Nodes Harvest Following Colorectal Cancer Surgery
Pierpaolo Sileri1, Luana Franceschilli1, Marco D’Eletto1, Giulio P. Angelucci1, Sara Lazzaro1, Mara Capperucci1, Giampiero Palmieri2, Nicola Di Lorenzo2, Vincenzo Formica1, Achille Gaspari1
1Surgery, University of Rome Tor Vergata, Rome, Italy;
2Pathology, University of Rome Tor Vergata, Rome, Italy

813 Prolonged Pre-Operative Hospitalization Correlates with Worse Outcomes After Colectomy for Acute Fulminant Ulcerative Colitis
Brian A. Coakley, Dana A. Telem, Scott Q. Nguyen, Celia M. Divino
Department of Surgery, The Mount Sinai Medical Center, New York, NY

814 The Laparoscopic Nissen—Hill Hybrid Anti-Reflux Repair Is Effective for Managing Paraesophageal Hernias and Barrett’s Esophagus
Ralph W. Aye, Aliya Qureshi, Alexander S. Farivar, Oliver J. Wagner, Ariel W. Knight, Brian E. Louie
Esophageal and Thoracic Surgery, Swedish Cancer Institute and Medical Center, Seattle, WA

815 Routine Contrast Radiology After Oesophagectomy and Total Gastrectomy
Paul Finn, S. Dresner, H. Wescott, Peter A. Davis
Upper Gastrointestinal Surgery, James Cook University Hospital, Middlesbrough, United Kingdom

816 Changes in Re-Operative Intervention for Failed Anti-Reflux Surgeries Over the Past 19 Years in Our Practice
Arpad Juhasz, Masato Hoshino, Abhishek Sundaram, Tommy H. Lee, Charles J. Filipi, Sumeet K. Mittal
Department of Surgery, Creighton University Medical Center, Omaha, NE

4:00 PM – 5:30 PM
DDW COMBINED CLINICAL SYMPOSIUM (ASGE-ACCREDITED)
SHOW ME THE WAY: FINDING THE DUCT IN THE SURGICALLY ALTERED ANATOMY
Sponsored by: ASGE, SSAT
Moderators: Raj J. Shah, Aurora, CO
Charles M. Vollmer, Jr., Boston, MA

Participants will be able to:
• Promote the recognition of surgically altered upper GI anatomy and associated common disease processes; identify endoscopic techniques utilized to access the pancreatic or biliary ductal systems; and describe the surgical alternatives for managing complications following pancreatobiliary surgery.

Surgically Altered Upper GI Anatomy: Plumbing and Predicaments
Sp623 Charles M. Vollmer, Jr., Boston, MA
Sp624 Raj J. Shah, Aurora, CO
Sp625 Kenneth F. Binmoeller, San Francisco, CA
Sp626 David B. Adams, Charleston, SC
Questions & Discussion
Tuesday, May 10, 2011

7:30 AM – 9:30 AM  
**SSAT/ISDS JOINT BREAKFAST SYMPOSIUM**  
WHAT DO YOU DO WHEN THE FIRST OPERATION DOESN'T WORK OR GOES WRONG?  
Moderators:  
Gerald M. Fried, Montreal, PQ  
Tonia M. Young-Fadok, Phoenix, AZ

*Participants will be able to:*
- Perform adequate Nissen and know how to fix failure;  
- Work up weight gain after bariatric procedure and be aware of revisional procedures; prevent and treat pancreatic leaks; avoid and recognize CBD injury and perform damage control before transfer; manage contained rectal anastomotic leaks; treat recurrent perianal/rectovaginal fistulas; avoid early return to OR in enterocutaneous fistula; and manage non-recovery of liver function after extended resection.

**Introduction**

Sp684  
Tonia M. Young-Fadok, Phoenix, AZ  
“I still have that heartburn, Doc.”: Recurrent Reflux After Nissen Fundoplication.

Sp685  
Marco G. Patti, Chicago, IL  
“But I eat less than a sparrow!”: Weight Gain After a Bariatric Operation

Sp686  
Philip R. Schauer, Cleveland, OH  
“Lab calling: That fluid you sent has an amylase of 12,000.”: Pancreatic Fistula After Whipple Procedure

Sp687  
Chung-Mau Lo, Hong Kong, China  
“Oops, was that the CBD?”: Management of BDI During Lap Cholecystectomy

Sp688  
Nathaniel J. Soper, Chicago, IL  
“Radiology calling: Do you want a drain in this collection?”: Contained Leak After Low Anterior Resection

Sp689  
Susan Galdaniuk, Louisville, KY
“It still feels like it did before surgery”: Recurrent Perianal/Rectovaginal Fistula
Tracy L. Hull, Cleveland, OH

“Is that bile staining in the wound?”: Management of Enterocutaneous Fistula
Wai-Lun Law, Hong Kong, China

“Shouldn’t the enzymes be improving by now?”: Liver Failure After Extended Hepatic Resection
Go Wakabayashi, Morioka, Japan

8:00 AM – 9:30 AM  TRANSLATIONAL SCIENCE PLENARY (PLENARY SESSION VI)
10-minute presentation, 5-minute discussion
Moderators: Kimberly Brown, Pittsburgh, PA
Jonathan F. Critchlow, Boston, MA

Learning objectives for this session are the same as those for Plenary Session I on page 61.

885 Innate Immune Environment in Ileal Pouch Mucosa: α-5 Defensin Up-Regulation as Predictor of Chronic/Relapsing Pouchitis
Marco Scarpa1, Alessia R. Grillo2, Melania Scarpa3, Paola Brun1, Carlo Castor01, Anna Pozza1, Diego Faggian2, Cesare Ruffolo3, Renata D’Incà1, Romeo Bardini2, Ignazio Castagliuolo2, Imerio Angriman1
1Department of Oncological Surgery, Venetian Oncology Institute (IOV-IRCCS), Padova, Italy; 2Department of Histology, Microbiology and Medical Biotechnologies, University of Padova, Padova, Italy; 3Department of Surgical and Gastroenterological Sciences, University of Padova, Padova, Italy; 4Department of Diagnostic Sciences and Special Therapy, University of Padova, Padova, Italy; 5Department of Surgery (Chirurgia IV), Ospedale “Ca’ Foncello”, Treviso, Italy

886 Allergic Predisposition, Histamine and Histamine Receptor Expression (H1R, H2R) Are Associated with Complicated Courses of Sigmoid Diverticulitis
Burkhard H. von Rahden1, Martin Grimm1, Stefan Kircher2, Maria Lazariotou1, Matthias Jung1, Christoph-Thomas Germer1
1Department of Surgery, University Hospital Wuerzburg, Wuerzburg, Germany; 2Department of Pathology, University Hospital Wuerzburg, Wuerzburg, Germany

887 Neoadjuvant Radiochemotherapy in Adenocarcinoma of the Esophagus: ERCC1 Gene Polymorphisms for Prediction of Response and Prognosis
Ralf Metzger, Ute Warnecke-Eberz, Hakan Alakus, Jan Brabender, Daniel Vallbohmer, Peter P. Grimminger, Arnulf H. Hölscher, Elfriede Bollschweiler
Department of General, Visceral and Cancer Surgery, University of Cologne, Cologne, Germany

888 Rage Gene Deletion Inhibits the Development and Progression of Ductal Neoplasia and Prolongs Survival in a Mouse Model of Pancreatic Cancer
Joseph DiNorcia1, Minna K. Lee1, Dorota N. Moroziewicz2, Megan D. Winner1, Paritos Suman1, Fei Bao3, Helen Remotti1, Yu Shan Zou1, Shi Fang Yan1, Wanglond Qi1, Gloria H. Su1, Ann Marie Schmidt2, John D. Allendorf1
1Surgery, Columbia University College of Physicians and Surgeons, New York, NY; 2Medicine, New York University Langone Medical Center, New York, NY; 3Pathology, Columbia University Medical Center, New York, NY

889 Accumulation of Pro-Cancer Cytokines in the Plasma Fraction of Stored Packed Red Cells
Douglas Benson2, Adam W. Beck3, Marie Schluterman1, Rolf A. Brekken2, Christopher Silliman1,4, Carlton C. Barnett1,2
1Surgery, University of Colorado at Denver HSC, Aurora, CO; 2Surgery, Denver Health Medical Center, Denver, CO; 3Surgery, University of Texas at Southwestern Medical Center, Dallas, TX; 4Bonfils Blood Center, Denver, CO
Regulation of Retinoblastoma Protein (Rb) by p21 Is Critical for Adaptation to Massive Small Bowel Resection
Jennifer A. Leinicke, Jun Guo, Derek Wakeman, Brad W. Warner
Department of Surgery, Washington University in St. Louis, St. Louis, MO

Early Recognition of Barrett’s Neoplasia
Prateek Sharma, Kansas City, MO

Endoscopic Resection and Ablation
Christian Ell, Wiesbaden, Germany

Pre and Post Ablation Histological Evaluation
John Goldblum, Cleveland, OH

Minimally Invasive Approaches to Barrett’s Neoplasia and Cancer
Lee L. Swanstrom, Portland, OR

Summary: Current Status
Kenneth K. Wang, Rochester, MN
959 Long Term Outcome of Patients Undergoing Pancreaticoduodenectomy for Non-Malignant Disease
Nicholas T. Orfanidis1, David E. Loren1, Carmi Santos1, Eugene P. Kennedy2, Ali A. Siddiqui1, Harish Lavu1, Charles J. Yeo2, Thomas E. Kowalski2
1Gastroenterology and Hepatology, Thomas Jefferson University Hospital, Philadelphia, PA; 2Department of Medicine, Thomas Jefferson University Hospital, Philadelphia, PA; 3Department of Surgery, Thomas Jefferson University Hospital, Philadelphia, PA

960 Incidence and Impact of a Close Superior Mesenteric Artery Margin Following Pancreaticoduodenectomy for Adenocarcinoma
Matthew Katz1, Huamin Wang1, Aparna Balachandran1, Priya Bhosale1, Xuemei Wang1, Peter W.T. Pisters1, Jeffrey E. Lee1, Doug B. Evans1, Chusilp Charnsangavej1, Jason B. Fleming1
1Surgical Oncology, UT MD Anderson Cancer Center, Houston, TX; 2Pathology, UT MD Anderson Cancer Center, Houston, TX; 3Diagnostic Radiology, UT MD Anderson Cancer Center, Houston, TX; 4Biostatistics, UT MD Anderson Cancer Center, Houston, TX; 5Surgery, The Medical College of Wisconsin, Milwaukee, WI

961 Outcomes of Primary Surveillance for Intraductal Papillary Mucinous Neoplasm
Christy E. Cauley1, Joshua A. Waters1, Ryan P. Dumas1, Juliana E. Meyer1, Mohammad A. Al-Haddad2, John M. DeWitt2, Keith D. Lillemeoe1, C. Max Schmidt1
1Surgery, Indiana University School of Medicine, Indianapolis, IN; 2Gastroenterology, Indiana University School of Medicine, Indianapolis, IN

962 Updated Results for Dual Modality Versus Percutaneous Drainage for the Treatment of Symptomatic Walled Off Pancreatic Necrosis
Michael Gluck, Andrew S. Ross, Shayan Irani, S. Ian Gan, Mehran Fotoothi, Robert Crane, Justin Siegal, Ellen Hauptmann, Richard A. Kozarek
Digestive Disease Institute, Virginia Mason Medical Center, Seattle, WA

963 Is It Worth Looking? Abdominal Imaging After Pancreatic Cancer Resection: A National Study
Elan R. Witkowski, Jillian K. Smith, Elizaveta Ragulin-Coyne, Sing Chau Ng, Shimul A. Shah, Jennifer E. Tseng
Surgical Outcomes Analysis & Research, Department of Surgery, University of Massachusetts Medical School, Worcester, MA

964 Activation of the BMP4 Pathway and Early Expression of CDX2 Characterize the Development of Nonspecialized Columnar Metaplasia in a Human Model of Barrett Esophagus
Manuel R. Pera Roman1, Daniel Castillo1, Sonia Puig1, Carme de Bolos1, Mar Iglesias2, Agusti Seoane3, Laura Comerma1, Vicente Munitiz1, Pascual Parrilla4, Richard Poulson5, Luis Grande1
1Section of Gastrointestinal Surgery, Hospital Universitario del Mar, Barcelona, Spain; 2Department of Pathology, Hospital Universitario del Mar, Barcelona, Spain; 3Service of Gastroenterology, Hospital Universitario del Mar, Barcelona, Spain; 4Service of General and Digestive Surgery, Hospital Virgen de la Arrixaca, Murcia, Spain; 5Programa de Recerca en Cancer, Institut de Recerca Hospital del Mar (IMIM), Barcelona, Spain; 6Histopathology Unit, London Research Institute, Cancer Research UK, London, United Kingdom

10:30 AM – 11:45 AM QUICK SHOTS SESSION III S501bcd
3-minute presentation, 3-minute discussion
Moderators: Imran Hassan, Springfield, IL
Thomas H. Magnuson, Baltimore, MD

Learning objectives for this session are the same as those for Plenary Session I on page 61.
965 Cholinesterases Predict Outcome in Patients Undergoing Hepatic Resection for Hepatocellular Carcinoma: Results from a Retrospective Analysis
Matteo Donadon1, Matteo M. Cimino1, Fabio Procopio1,
Emanuela Moreghi2, Angela Palmisano1, Daniele Del Fabbro1,
Marco Montorsi1, Guido Torzilli1
1Liver Surgery Unit, Third Department of Surgery, University of Milan, IRCCS Istituto Clinico Humanitas, Rozzano, Milan, Italy; 2Biostatistics Unit, University Of Milan IRCCS Istituto Clinico Humanitas, Rozzano, Milan, Italy

966 Comprehensive Perioperative Geriatric Assessments May Predict Surgical Outcomes in a Prospective Study of Older Patients Undergoing Pancreatoduodenectomy
Kevin K. Roggin1, Joshua A. Hemmerich2, Jeffrey B. Matthews1,
Mitchell C. Posner1, William Dale1
1Surgery, University of Chicago, Chicago, IL; 2Internal Medicine, Section of Geriatrics and Palliative Care, University of Chicago, Chicago, IL

967 Trends in the Palliative Surgical Management of Patients with Unresectable Pancreatic Adenocarcinoma: Lessons Learned from a Large, Single Institution Experience
Peter J. Kneuertz, Steven Cunningham, Sergio Lopez, John L. Cameron, Joseph M. Herman, Martin A. Makary, Frederic E. Eckhauser, Kenzo Hirose, Barish H. Edil, Michael A. Choti, Richard D. Schulick, Christopher L. Wolfgang, Timothy M. Pawlik
Department of Surgery, The Johns Hopkins University School of Medicine, Baltimore, MD

968 Management and Perioperative Morbidity Among Patients with Surgically Managed Pancreatic Adenocarcinoma: A Population-Based Analysis Using SEER-Medicare Data
Skye C. Mayo1, Marta M. Gilson1, John L. Cameron1, Hari Nathan1, Joseph M. Herman1, Martin A. Makary1, Frederic E. Eckhauser1, Kenzo Hirose2, Barish H. Edil1, Michael A. Choti1, Richard D. Schulick1, Christopher L. Wolfgang2, Timothy M. Pawlik1
1Surgery, The Johns Hopkins Medical Institutions, Baltimore, MD; 2Radiation Oncology, The Johns Hopkins Hospital, Baltimore, MD
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974 Adult Intussusception in the Last 25 Years of Modern Imaging: Is Surgery Still Indicated
John H. Donohue1, Travis Grotz2, Edwin O. Onkendi1, Joseph A. Murray2
1Surgery, Mayo Clinic, Rochester, MN; 2Gastroenterology, Mayo Clinic, Rochester, MN

975 Under-Utilization of Surgical Resection for Gastric Cancer in the Era of Multi-Modality Therapy
Lee J. McGhan1, Barbara A. Pockaj1, Richard J. Gray1, Sanjay P. Bagaria2, Nabil Wasif2
1General Surgery, Mayo Clinic Arizona, Scottsdale, AZ; 2General Surgery, Mayo Clinic Florida, Jacksonville, FL

976 Proficiency-Based Training for Robotic Surgery: Feasibility and Initial Results
Genevieve Dulan, Robert V. Rege, Deborah C. Hogg, Kristine M. Gilberg-Fisher, Seifu T. Tesfay, Daniel J. Scott
Surgery, UT Southwestern, Dallas, TX

10:30 AM – 12:00 PM  DDW COMBINED
FAMILIAL COLORECTAL CANCER: SCREENING AND SURGICAL MANAGEMENT
Sponsored by: SSAT, ASGE, AGA
Moderators: James M. Church, Cleveland, OH
James Anthony DiSario, Monterey, CA

Participants will be able to:
• Recognize patients at high risk of developing colorectal cancer by virtue of their family history; select patients and families for genetic counseling and testing; design surveillance programs for at risk patients and their relatives that will cover the upper and lower gastrointestinal tract, as well as the extracolonic organs at risk; and discuss the surgical options for patients with familial colorectal cancer, and explain their advantages and disadvantages in any given situation.

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Familial Colorectal Cancer Risk and Syndromes:
Taking Family History and Genetic Testing
Sp766
Randall W. Burt, Salt Lake City, UT

Endoscopic Surveillance and Therapy, and Chemoprevention
Sp767
James Anthony DiSario, Monterey, CA

Prophylactic Surgery in Hereditary Colorectal Cancer
Sp768
Matthew F. Kalady, Cleveland, OH

Case Discussion Session
Sp769
James M. Church, Cleveland, OH

Audience Questions

12:00 PM – 2:00 PM  POSTER SESSION III  Hall A
NON-CME
Authors available at their posters to answer questions
12 PM – 2 PM; posters on display 8 AM – 5 PM.

12:00 PM – 3:00 PM  KELLY AND CARLOS
PELLEGRINI SSAT/SAGES
JOINT LUNCHEON SYMPOSIUM
THE EPIDEMIC OF OBESITY: SURGICAL IMPLICATIONS
Moderators: Jeffrey H. Peters, Rochester, NY
Steven D. Schwartzberg, Cambridge, MA

Participants will be able to:
• Understand the unique physiologic considerations in the morbidly obese patient and apply them to clinical practice; understand unique considerations of surgical complications and morbidly obese patients and how they potentially impact these patients differently than other nonobese populations; discuss the evidence concerning the relationship between obesity and cancer and apply these principles to therapeutic choice and patient education; discuss the value proposition that surgery for obesity be restricted to centers of excellence; discuss the management of the
superobese patient in terms of whether or not these procedures should be optimally performed in a staged fashion relative to outcomes and cost; understand the optimal circumstance for the application of the lap band and related devices and apply this information to optimize outcomes and minimize complications; and understand the specific issues related to post bariatric surgery complications and unique considerations for applying them to the management of this challenging population.

The Problem

Epidemiology of an Epidemic: Obesity in the U.S.
Sp807  Raul J. Rosenthal, Weston, FL

Obesity Is Driving an Epidemic of GI Cancer
Sp808  Jeffrey H. Peters, Rochester, NY

Unique Physiologic Considerations in Morbidly Obese Patients
Sp809  Bruce D. Schirmer, Charlottesville, VA

Panel and Audience Discussion

Controversies in Bariatric Surgery

The Lap Band Should Be Abandoned
Sp810  Marina S. Kurian, New York, NY

Lab Band Is an Alternative
Sp811  Ninh T. Nguyen, Orange, CA

Metabolic Surgery: Are We There Yet?
Sp812  Philip R. Schauer, Cleveland, OH

Panel and Audience Discussion

Complications

Surgical Complications in the Obese: Paradox or Problem?
Sp813  Matthew M. Hutter, Boston, MA

Bariatric Centers of Excellence: The Right Thing for Patients
Sp814  Daniel B. Jones, Boston, MA

Centers of Excellence Are Unnecessary and Restrict Access
Sp815  Edward L. Felix, Fresno, CA

Early and Late Complication of Bariatric Surgery That General Surgeons Must Know
Sp816  Michael G. Sarr, Rochester, MN

12:30 PM – 1:45 PM MEET-THE-PROFESSOR LUNCHEONS

MOTILITY DISEASES OF THE ESOPHAGUS: WHEN TO OPERATE?
Sp825  Marco G. Patti, Chicago, IL

Participants will be able to:
• Describe the clinical presentation of and the work-up of patients with motility disorders of the esophagus; understand patient’s selection for surgery; and describe the different surgical options.

Pancreatic Cystic Neoplasms: Observe or Resect?
Sp832  Peter J. Allen, New York, NY, & John M. DeWitt, Indianapolis, IN

Participants will be able to:
• List the most common types of cystic neoplasms of the pancreas; describe radiographic features that are concerning for malignancy; and have an understanding of the most appropriate tests for diagnosis.
S406b

Interval Colorectal Cancers Frequently Have Subtle Macroscopic Appearance: A 10 Year-Experience in an Academic Center
Chantal le Clercq, Maastricht Netherlands

1094r

The Presence of Anesthesiology Professional Services During Colonoscopy Is Associated with Increased Adenoma Detection Rates and Decreased Incidence of Colorectal Cancer: A Medical Outcomes Registry Analysis
Brooks D. Cash, Gaithersburg, MD

601r

The Water Method Is Associated With Higher Adenoma Detection Rate (ADR): A Head-to-Head Comparative Study
Francisco C. Ramirez, Scottsdale, AZ

961r

Outcomes of Primary Surveillance for Intraductal Papillary Mucinous Neoplasm
Christy E. Cauley, Avon, IN

620r

Should Screen-Detected and Asymptomatic Celiac Disease Patients Be Treated? A Prospective and Randomized Trial
Kalle Kurppa, Tampere, Finland

Cyclosporin Versus Infliximab in Severe Acute Ulcerative Colitis Refractory to Intravenous Steroids: A Randomized Trial
David Laharie, Pessac, France

625r

Telaprevir-Based Regimen in Genotype 1 Hepatitis C Virus-Infected Patients with Prior Null Response, Partial Response or Relapse to Peginterferon/Ribavirin: REALIZE Trial Final Results
Paul Pockros, La Jolla, CA

601r

Novel Susceptibility Loci for Primary Sclerosing Cholangitis Identified by Genome-Wide Association and Replication Analysis
Espen Melum, Oslo Norway

310r

Transesophageal Endoscopic Myotomy (TEEM) for the Treatment of Achalasia: The United States Human Experience
Ozanan R. Meireles, Boston, MA

723r

Per Oral Endoscopic Myotomy (P.O.E.M.) for Treatment of Esophageal Motility Disorders: From Bench to Bedside
Philip W.Y. Chiu, Hong Kong, China
POSTER SESSION DETAIL

Designated presenting authors listed. For complete author strings, consult the Poster Session Abstracts in the Program Book Abstract Supplement. ★ indicates a Poster of Distinction.

Sunday, May 8, 2011

12:00 PM – 2:00 PM    POSTER SESSION I    Hall A

(NON-CME)

Authors available at their posters to answer questions 12:00 PM – 2:00 PM; posters on display 8:00 AM – 5:00 PM.

Basic: Colon-Rectal

★ Su1837 5-Lipoxygenase Deficiency Diminishes Th2 Cell, Regulatory T-Cell and Dendritic Cell Infiltration of Murine Intestinal Polyps
Joseph D. Phillips, Surgery, Northwestern University, Feinberg School of Medicine, Chicago, IL

Su1838 The Oncogenetic microRNA 21 and Tumorsuppressive microRNAs 143 and 145 as Response Predictors for Multimodal Treatment of the Locally Advanced Rectal Carcinoma
Peter P. Grimminger, General-, Visceral- and Tumorsurgery, University Clinic Cologne, Cologne, Germany

Su1839 Intra-Gastric Administration of a Japanese Herbal Medicine, Dai-Kenchu-To, Stimulates Colonic Motility via Transient Receptor Potential Cation Channel, Subfamily V, Member 1 (TRPV1) Receptors in Conscious Dogs
Chikashi Shibata, Tohoku University School of Medicine, Sendai, Japan

Basic: Esophageal

Su1840 Searching for Keys: Unlocking Mesenchymal Stem Cells Homing Potentials After Acute Anal Sphincter Injury
Massarat Zutshi, Colorectal Surgery, Biomedical Engineering, Cleveland Clinic Foundation, Cleveland, OH

Su1841 A Sprayable Hyaluronate/Carboxymethylcellulose Based Adhesion Barrier Reduces Remote Intraabdominal Adhesion Formation and Does Not Impair Intestinal Healing
Holly K. Sheldon, General Surgery, Boston Medical Center, Boston, MA

Su1841a NOD2 Mutation Results in Altered Wound Healing in Epithelial Cells
Lisa S. Poritz, Surgery, Cellular and Molecular Physiology, The Milton S. Hershey Medical Center, Hershey, PA

Basic: Hepatic

★ Su1843 Diazoxide, a Opening mitoKATP, Reduces Liver Damage Secondary to Ischemic/Reperfusion Injury
Ana Maria M. Coelho, Gastroenterology, University of Sao Paulo, Sao Paulo, Brazil
Basic: Pancreas

Su1844 Pterostilbene Induces Mitochondrially-Derived 
Apoptosis in Pancreatic Cancer Cells by Increasing 
MnSOD Activity and Release of Cytochrome C and 
Smac/DIABLO
Denise E. McCormack, Surgery, Surgery, Danbury Hospital, 
University of Vermont, Burlington, VT

Su1845 Systemic Inflammation with Multiorgan Dysfunction 
Is the Cause of Death in Murine Pancreatic Duct 
Ligation-Induced Acute Pancreatitis
Zuobiao Yuan, University of Iowa Carver College of Medicine, 
Iowa City, IA

Su1846 A Promising Novel Target in Pancreatic Cancer: 
HuR Modulates Multiple Core Signaling Pathways 
Required for Pancreatic Tumorigenesis
Vanessa A. Talbott, Surgery, Thomas Jefferson University, 
Philadelphia, PA

Basic: Small Bowel

Su1847 Changes in Neurotransmission via Alpha- and 
Beta-Receptors During Postoperative Ileus in Rat 
Circular Jejunal Muscle
Michael Simon Kasparek, Department of Surgery, Walter Brendel 
Centre of Experimental Medicine, Ludwig-Maximilians-University Munich, LMU Munich, Munich, Germany

Su1848 Central Vagal Activation During Early Postoperative 
Ileus in the Mouse
Mia Karpitschka, Walter-Brendel Institute, University of Munich, 
München, Bavaria, Germany

Su1849 Role of Hydrogen Sulfide in Contractile Activity in 
Circular Muscle of Rat Jejunum
Munenori Nagao, Surgery, Gastroenterology Research Unit, Mayo 
Clinic, Mayo Clinic, Rochester, MN

Basic: Stomach

Su1850 Molecular Determinants of Hyperthermic Intraperitoneal 
Chemotherapy (HIPEC) in a Model of Peritoneal Gastric 
Cancer Carcinogenesis
Stefano Fiorucci, Medicina Clinica e Sperimentale, University of 
Perugia, Perugia, Umbria, Italy

Su1851 Energy Metabolism Following High-Fat Diet and 
Bariatric Surgeries (Gastric Bypass, Sleeve Gastrectomy, 
Duodenal Switch and Ileum Transposition) in Rats
Yosuke Kodama, Department of Cancer Research and Molecular 
Medicine, Norwegian University of Science and Technology, Trondheim, 
Norway

Clinical: Biliary

Su1600 Cost Comparison of Single Incision Laparoscopic 
Cholecystectomy to Standard Laparoscopic 
Cholecystectomy
Meredith Claire McMahon, Department of Surgery, University of 
Louisville, Louisville, KY

Su1601 High Expression of Telomerase Is an Independent 
Prognostic Factor in Ampullary Carcinoma
Ryutaro Sakabe, Surgery, Hiroshima University, Hiroshima, Japan

Su1602 Single Incision Laparoscopic Cholecystectomy: 
A Combined Analysis of Resident and Attending 
Learning Curves at a Single Institution
Mark Joseph, Department of Surgery, University of North Carolina, 
Chapel Hill, NC

Clinical: Colon-Rectal

Su1603 Does Pelvic Radiotherapy Affect Genitourinary 
Function in Patients After Abdominoperineal 
Resection for Distal Rectal Cancer?
Michael Simon Kasparek, Division of Colon and Rectal Surgery, 
Department of Surgery, Mayo Clinic Rochester, Ludwig-Maximilians- 
University Munich, Munich, Germany
Su1604 Hospital Costs, Length of Stay and Readmission Rates for C. Difficile Colitis: Comparing Outcomes Between CDC as the Primary and Secondary Admission Diagnosis
David B. Stewart, Sr., Surgery/Division of Colon and Rectal Surgery, Penn State Hershey Medical Center, Hershey, PA

Su1605 Laparoscopic Ventral Rectopexy for Rectal Prolapse Using Biological Mesh
Luana Franceschilli, Surgery, University of Rome Tor Vergata, Rome, Italy

Su1606 Safety of Cytoreduction Surgery and Hyperthermic Intraperitoneal Chemotherapy in Older Patients
Susan Beth Kesmodel, Surgery, Surgical Oncology, University of Maryland, Baltimore, MD

Su1607 Liver Resection for Colorectal Metastases: Does Primary Tumor Grade Predict Positive Surgical Margins?
Cesare Ruffolo, II Department of Surgery (IV unit), Regional Hospital Cà Foncello, Treviso, Treviso, Italy

Su1608 Magnetic Resonance Enterography for Crohn’s Disease: What the Surgeon Can Take Home
Marco Scarpa, Department of Oncological Surgery, Venetian Oncology Institute (IVO-IRCCS), Padova, Italy

Su1609 Clinical Examination Versus Computed Tomography in the Diagnosis of Acute Appendicitis
Rachel Wilson, Surgery, Temple University School of Medicine, Philadelphia, PA

Su1610 CHF and COPD Predict Poor Surgical Outcomes in Older Adults Undergoing Elective Diverticulitis Surgery
Amy Sheer, Surgery, Department of Health Policy and Management, Johns Hopkins University School of Medicine, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Su1611 Gastrointestinal Surgery Risk Assessment Must Factor Into NSQIP, Medicare Public Reporting and Pay-For-Performance Measures: Bring CR-POSSUM Scoring to the U.S.
Anjali S. Kumar, Colon and Rectal Surgery, Washington Hospital Center, Washington, DC

Su1612 Ileocecectomy for Crohn’s Disease (CD): Which Factors Augment Intraoperative Small Bowel Preservation?
Liliana Bordeianou, Surgery, Massachusetts General Hospital, Boston, MA

Clinical: Esophageal

Su1613 Laparoscopic Heller’s Myotomy and Fundoplication in Patients with Massive Dilated Megaesophagus
Fernando A.M. Herbella, Department of Surgery, Federal University of Sao Paulo, Sao Paulo, Brazil

Su1614 Efficacy and Durability of Laparoscopic Heller Myotomy: Patient Symptoms and Satisfaction at Long Term Follow Up
John Griffith Linn, Center for Minimally Invasive Surgery, The Ohio State University Medical Center, Columbus, OH

Su1615 Advanced Esophageal Carcinoma: Is It Still Worth to Operate?
Dean Bogoevski, General, Visceral and Thoracic Surgery, University Clinic Hamburg-Eppendorf, Hamburg, Germany

Su1616 Dysphagia After Esophagectomy for Esophageal Cancer
Alexandra Koenig, University Medical Centre of Hamburg-Eppendorf, Hamburg, Germany

Su1617 The Myotomy Length on the Gastric Side Doesn’t Influence the Final Outcome of Laparoscopic Heller Dor for Esophageal Achalasia
Renato Salvador, Department of Surgical and Gastroenterological Sciences, Clinica Chirurgica I, University of Padova, Padova, Italy
Su1618 Prognostic Factors for Adenocarcinoma of Esophagogastric Junction
Fion SiuYin Chan, Surgery, University of Hong Kong, Hong Kong

Su1619 Revisional Surgery After Failed Esophagogastric Myotomy for Achalasia: Successful Esophageal Preservation
Ross Frederick Goldberg, Department of Surgery, Mayo Clinic – Florida, Ponte Vedra Beach, FL

Su1620 Endoscopic Stapling System for Trans Oral Treatment of GERD: Three Years Follow Up
Aviel Roy-Shapira, Surgery A, Faculty of the Health Sciences, Soroka University Hospital, Ben Gurion University, Beer Sheva, Israel

Su1621 Neoadjuvant Chemo-Radiotherapy Modifies the Histologic Grade of Esophageal Cancer
Gianpietro Zanchettin, Department of Surgical and Gastroenterological Sciences, Clinica Chirurgica I, University of Padova, Caneva, Italy

Su1622 Incidence and Resolution of Anemia with Paraesophageal Hernia Repair
Chady Haurani, Surgery, Henry Ford Hospital, Detroit, MI

Su1623 The Hypertensive Upper Esophageal Sphincter Is Related to GERD and Is Improved by Antireflux Surgery
Konstantinos I. Makris, Minimally Invasive Surgery, Legacy Health System, Portland, OR

Su1624 Positional Effects on the Gastroesophageal Junction and Clinical Presentation: Isolated Upright Reflux vs. Combined/Supine Reflux
Toshitaka Hoppo, Cardiothoracic Surgery, University of Pittsburgh Medical Center, Pittsburgh, PA

Su1625 The Effect of Laparoscopic Nissen Fundoplication (LNF) on Acid and Non Acid Reflux: A prospective evaluation at 1, 3, and 6 months using 24-h pH-Multichannel Intraluminal Impedance (MII-pH)
Antonio Ramos-De la Medina, Gastrointestinal Surgery, Veracruz Regional Hospital, Boca del Rio, Veracruz, Mexico

Clinical: Hepatic

Su1626 Comparison of Laparoscopic and Open Liver Resections in Cirrhotic Patients Using a Matched Pair Analysis
Faizal Diamond Bhojani, Toronto General Hospital, Division of General Surgery, University Health Network, University of Toronto, Toronto, ON, Canada

Su1627 Surgical Outcomes of Hepatic Resection in Elderly Patients with Colorectal Liver Metastases
Javairiah Fatima, Division of Gastroenterologic and General Surgery, Mayo Clinic, Rochester, MN

Su1628 Safety and Efficacy of Preoperative Portal Vein Embolization in Patients at Risk for Postoperative Liver Failure
Kristen Massimino, Surgery, Oregon Health & Science University, Portland, OR

Clinical: Pancreas

Su1629 Intrapancreatic Nerve Invasion as a Predictor for Recurrence After Pancreatoduodenectomy in Patients with Invasive Ductal Carcinoma of the Pancreas
Kazuki Shimada, Hepatobiliary and Pancreatic Surgery Division, National Cancer Center Hospital, Tokyo, Japan

Su1630 Assessment of Peripancreatic Fat Infiltration of Pancreatic Ductal Adenocarcinoma by Multidetector-Row Computed Tomography: Correlation to Extrapancreatic Nerve Invasion and Surgical Outcomes
Yasuake Yamamoto, Hepatobiliary and Pancreatic Surgery, National Cancer Center Hospital, Tokyo, Japan

Su1631 Does Routine Endoscopic Ultrasound Alter Surgical Management of Patients with Pancreatic Cystic Lesions? A Retrospective Analysis of 93 Consecutive Patients
Cherif Boutros, Division of Surgical Oncology, University of Maryland School of Medicine, Baltimore, MD
Su1632 Incidence and Implications of Impaired Glycemic Control Following Distal Pancreatectomy
R. Matthew Walsh, General Surgery, Cleveland Clinic, Cleveland, OH

Su1633 Surgical Site Infection After Pancreatoduodenectomy: Single Center Experience of 356 Consecutive Patients
Teiichi Sugiura, Division of Hepato-Biliary-Pancreatic Surgery, Shizuoka Cancer Center, Shizuoka, Japan

Su1634 Prior Acute Pancreatitis Is the Most Common Cause of Obstructive Pancreatitis in Patients Undergoing Distal Pancreatectomy
Daniel Chan, Mayo Medical School, Mayo Clinic, Rochester, MN

Su1635 Can We Downstage Regionally Advanced Pancreatic Cancer to Resectable: A Phase I/II Study of Induction Oxaliplatin and 5FU Chemo-Radiation
Marcovalerio Melis, Surgery, New York University, New York, NY

Su1636 Influence of Staple Size on Fistula Formation Following Distal Pancreatectomy
Boris Sepesi, Department of Surgery, University of Rochester Medical Center, Rochester, NY

Su1637 Distal Pancreatectomy: Clinically Relevant Leakage from the Pancreatic Stump Closure May Be Due to Drain Failure or Backpressure
Yasushi Hashimoto, Center for Pancreatic Disease, Department of Surgery, Graduate School of Biomedical Science, Hiroshima University, St. Luke’s Hospital System, Hiroshima University, Hiroshima, Japan

Su1638 Novel Prediction of Pancreatic Anastomotic Failure After Pancreatoduodenectomy Using Preoperative CT Imaging with the Evaluation of Remnant Pancreatic Volume and Body Composition
Yujiro Kirihara, Surgery, Mayo Clinic, Rochester, MN

Su1639 Changes in Pancreatic Endocrine and Exocrine Function After First Episode of Acute Alcoholic Pancreatitis
Juhani Sand, Department of Gastroenterology and Alimentary Tract Surgery, Tampere University Hospital, Finland, Tampere, Finland
Su1647 Neoadjuvant Treatment of Duodenal Adenocarcinoma: A Rescue Strategy
Edwin O. Onkendi, Surgery, Mayo Clinic, Rochester, MN

Clinical: Stomach

Su1648 Laparoscopic Roux-en-Y Gastric Bypass vs. Laparoscopic Band for the Treatment of Morbid Obesity: Data from the Nationwide Inpatient Sample (NIS), 2006–2008
Hossein Masoomi, Surgery, University of California, Irvine-Medical Center, Orange, CA

Su1649 Minimally Invasive Gastrectomy for Gastric Cancer: A Single Institution Experience
Maithao Ngoc Le, General & Oncologic Surgery, City of Hope, Duarte, CA

Su1650 Pre-Operative Nomogram to Predict Risk of Peri-Operative Mortality Following Gastric Resections for Malignancy
Mashaal Dhir, Surgery, Division of Surgical Oncology, University of Nebraska Medical Center, Omaha, NE

Su1651 Laparoscopic Gastrectomy: A Single-Center Experience
Rebecca Kowalski, Surgery, Lenox Hill Hospital, Hofstra Medical School, New York, NY

Su1652 Is There a Golden Window for the LAP-BANDTM: Greater Intra-Band Pressure Is Needed as Time Passes with LAGB?
David Anh Nguyen, Bariatric Surgery, Skyplex Advanced Surgical, Inc., Los Angeles, CA

Combined Science

Su2087 A Comparison of Short Term Outcomes Following Abdominal Wall Hernia Repair Based on Pre-Operative Functional Health Status
Emily Albright, University of Kentucky, Lexington, KY

Mo1861 Sustained Anal Pressure Improvement After Anal Sphincter Injury and Serial IV Infusions Suggests Homing of Mesenchymal Stem Cells
Massarat Zutshi, Colorectal Surgery, Cleveland Clinic Foundation, Cleveland, OH

Mo1862 Gene Chip Analysis for Detection of Potential Tumor Suppressor Genes in Colorectal Cancer Cell Lines
Michael Carsten Gock, Department of General Surgery, University of Rostock, Rostock, Germany

Mo1863 The Cancer Testis Antigens CABYR a/b and CABY C Are Expressed in a Subset of Colorectal Cancers and Hold Promise as Targets for Specific Immunotherapy
C.M. Shantha Kumara H, Surgery, St. Luke Roosevelt Hospital, New York, NY

Mo1864 HPP1 Mediates Tumor Suppression by Upregulation of JAK1-STAT Signaling Pathways in Colorectal Cancer
Abul Elahi, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL

Mo1865 The Impact of Citrulline on L-Arginine/Adma Ratio in Sepsis
Theodor Asgeirsson, Surgery/Colorectal, Research, Spectrum Health, Spectrum Health, Grand Rapids, MI
Basic: Esophageal

Mo1866 The Prognostic Significance of Multiple Molecular Markers in Blood of Patients with Multimodal Treatment of Esophageal Cancer
Jan Brabender, Department of Surgery, University of Cologne, Cologne, Germany

Basic: Hepatic

Mo1867 Pentoxifylline Inhibits Tumor Necrosis Factor Synthesis and Improves Liver Regeneration After Partial Hepatectomy in Rats by a Mechanism Related to Inhibition of TGF Beta 1 Expression
Marcel C.C. Machado, Gastroenterology, University of Sao Paulo, Sao Paulo, Brazil

Basic: Pancreas

Mo1868 Replicative Stress-Induced Midkine Expression and Secretion Activates Notch Signaling and Is Linked to Epithelial-Mesenchymal Transition and Chemoresistance in Pancreatic Cancer
Maximilian Bockhorn, General, Visceral and Thoracic Surgery, University Hospital, Hamburg, Germany

Mo1869 Pancreatic Consistency and Hounsfield Unit on CT Scan in Mature (65+) Subjects
Yuichi Kitagawa, Surgery, National Center for Geriatrics and Gerontology, Obu, Japan

Mo1870 B Lymphocytes Inhibit Proliferation of Pancreatic Cancer
Patrick B. White, Surgery, Indiana University School of Medicine, Indianapolis, IN

Basic: Stomach

Mo1875 Overexpression of GLO1 Promotes Tumor Invasion in Gastric Cancer
Chia-Siu Wang, Department of General Surgery, Chang Gung Memorial Hosp, Chia-Yi, Pu-Tz City, Taiwan

Clinical: Biliary

Mo1584 Cholecystectomy in the Very Elderly: Is Ninety the New Seventy?
Attila Dubecz, Surgery, Klinikum Nurnberg, Nurnberg, Germany
Mo1585 Magnetically Anchored Cautery Dissector Improves Triangulation and Depth Perception During Single Site Laparoscopic Cholecystectomy
Nabeel Arain, Department of Surgery, University of Texas Southwestern Medical Center, Dallas, CA

Mo1586 Prognostic Impact of Thymidylate Synthase Expression in Adjuvant Gemcitabine Plus S-1 Chemotherapy After Surgical Resection for Bile Duct Cancer
Hironori Kobayashi, Graduate School of Biomedical Sciences, Hiroshima University, Hiroshima, Japan

Mo1587 Gangrenous Cholecystitis: A Difficult Diagnosis
Jacqueline J. Choi, Surgery, The Mount Sinai School of Medicine, New York, NY

Clinical: Colon-Rectal

Mo1588 Can Whole Gut Scintigraphy Optimize Patient Selection and Outcomes in Slow Transit Constipation?
Deborah Keller, Surgery, Temple University Hospital, Philadelphia, PA

Mo1589 Adhesive Small Bowel Obstruction After Open and Laparoscopic Colorectal Surgery: A Prospective Longer-Term Study
Stefano D'Ugo, Surgery, University of Rome Tor Vergata, Roma, Italy

Mo1590 A Critical Analysis of 28 Patients with Metachronous Peritoneal Dissemination from Colorectal Cancer
Ashraf Haddad, General Surgery, St. Agnes Hospital, Baltimore, MD

Mo1591 Total Abdominal Colectomy for Refractory Ulcerative Colitis—Evolution in Surgical Treatment
Alessandro Fichera, Surgery, Inflammatory Bowel Disease Center, University of Chicago, University of Chicago Medical Center, Chicago, IL

Mo1592 Outcomes of Right Versus Left Colectomy for Colon Cancer
Hossein Masoudi, Surgery (colorectal division), University of California, Irvine-Medical Center, Orange, CA

Mo1593 Sacral Nerve Stimulation for Fecal Incontinence: Predictors of Long-Term Success
Tracy L. Hull, Cleveland Clinic Ohio, Cleveland, OH

Mo1594 Early Postoperative Outcomes After Laparoscopic Segmental Colorectal Resection for Endometriosis: The Impact of Surgical Experience
Stefano Partelli, Department of Surgery, Department of Surgery, University of Verona, Ospedale Sacro Cuore Don Calabria, Verona, Italy

Mo1595 Laparoscopic Colorectal Surgery for Bowel Endometriosis with Transvaginal Resection and Specimen Extraction: Perioperative Results in 40 Consecutive Patients
Stefano Crippa, Department of Surgery, Department of Surgery, Ospedale Sacro Cuore Don Calabria, Università di Verona, Verona, Italy

Mo1596 Discoid Resection with Combined Laparoscopic/Endoscopic Approach for Rectal Endometriosis: Perioperative and Long-Term Outcomes
Stefano Crippa, Department of Surgery, Department of Surgery, Ospedale Sacro Cuore Don Calabria, University of Verona, Verona, Italy

Mo1597 Management and Outcomes of Primary Coloduodenal Fistulas
Ashwin S. Kamath, General Surgery, Mayo Clinic, Rochester MN, Rochester, MN

Mo1598 Use of Hand-Assisted Laparoscopy in a Colorectal Cancer Practice Leads to a Rapid and Safe Adoption of Minimally Invasive Techniques
Sonia Tewani Orcutt, Surgery, Baylor College of Medicine, Houston, TX

Mo1599 Impact of Preoperative Microsatellite Instability Testing on Surgical Management in Young-Onset Colorectal Cancer Patients: Results from a Reflex Testing Protocol
Jennifer Holder-Murray, Colon & Rectal Surgery, Mayo Clinic, Rochester, MN
Mo1600 Laparoscopic Rectopexy: The Procedure of Choice for Rectal Prolapse to Reduce Surgical Site Infections and Length of Stay
Trent Magruder, Department of Surgery, Johns Hopkins University School of Medicine, Baltimore, MD

Clinical: Esophageal

Mo1601 Video Assisted Thoracoscopic Surgery of Esophagus (VATS-E) in Left Lateral and Prone Position: Our Methods and Devices at Our Hospital
Hiroshi Makino, Gastroenterological Surgery, Surgery, Nippon Medical School, Nippon Medical School, Chiba-Hokusoh Hospital, Tokyo, Japan

Mo1602 Radiofrequency Energy Delivery to the Lower Esophageal Sphincter Reduces Esophageal Acid Exposure and Improves GERD Symptoms: A Meta-Analysis
Ambar Banerjee, Center of Minimally Invasive Surgery, The Ohio State University, Columbus, OH

Mo1603 Ramp Bolus Pressure: A Determinant for Tailoring the Degree of the Fundoplication
Shahin Ayazi, Surgery, University of Southern California, Los Angeles, CA

Mo1604 Chemoradiotherapy or Pharyngo-Laryngo-Esophagectomy for Cervical Esophageal Squamous Cancer
Shirley Yuk-wah Liu, Department of Surgery, The Chinese University of Hong Kong, Hong Kong, China

Mo1605 Trans-Thoracic Approaches to Esophagectomy Associated with Higher Morbidity
Ross Frederick Goldberg, Department of Surgery, Mayo Clinic, Ponte Vedra Beach, FL

Mo1606 Obesity Does Not Affect Outcomes in Gastro-Esophageal Cancer
Russell Farmer, Department of Surgery, University of Louisville, Louisville, KY

Mo1607 Defining the Learning Curve of Laparo-Endoscopic Single Site (LESS) Heller Myotomy
Sharona B. Ross, Surgery, University of South Florida, Tampa, FL

Mo1608 The Impact of Delayed Gastric Emptying on Outcome of Nissen Fundoplication in GERD Patients
Shahin Ayazi, Surgery, University of Southern California, Los Angeles, CA

Mo1609 A Tailored Surgical Approach to Esophago-Gastric Junction Cancers: Can We Maximize Complete Resection Without Increasing Morbidity?
Frank Schweitzer, Surgery, McGill University, Montreal, QC, Canada

Mo1610 Utilization and Morbidity Associated with Routine Placement of a Feeding Jejunostomy at the Time of Gastro-Esophageal Resection
Omar H. Llaguna, Division of Surgical Oncology and Endocrine Surgery, University of North Carolina School of Medicine, Chapel Hill, NC

Mo1611 Pharyngeal pH Monitoring May Be Superior to Proximal pH Monitoring in the Detection of Laryngopharyngeal Reflux
Candice Leigh Wilshire, Thoracic and Foregut Surgery, University of Rochester Medical Center, Rochester, NY

Clinical: Hepatic

Mo1612 Laparoscopic Hepatic Resection: Do Favorable Short-Term Outcomes Make It the Procedure of Choice for Lesions of the Left Hemiliver?
C. Kristian Enestvedt, Surgery, Oregon Health & Science University, Portland, OR

Mo1613 Liver Resection for Colorectal Metastases Is Safe After Preoperative Chemotherapy: A Prospective Non-Randomized Controlled Study
Cesare Ruffolo, II Department of Surgery (IV Unit), Regional Hospital Ca Foncello, Treviso, Italy
Mo1614 Increasing Safety of Liver Resection in Cirrhotic Livers: An Initial Experience Combining Autologous CD 133+ Stem Cell Application with In-Situ Splitting and Two Stage Hemipatectomy
Andrea Alexander, Surgery, Heinrich-Heine-University, Duesseldorf, Germany

Mo1615 Serum AFP Elevation in Patients with Hepatocellular Carcinoma Is Associated with Poor Survival and Tumor Size, but Not with Histologic Features Indicative of Aggressive Tumor Biology
Kunal R. Parikh, Surgical Oncology, Mount Sinai School of Medicine, New York, NY

Mo1616 Feasibility Demonstration of Single Incision Multiple Port Laparoscopic Liver Resection (SIMPLLR) in Three Patients
Ramanathan Seshadri, Department of Surgery, Baystate Medical Center, Springfield, MA

Clinical: Pancreas

Mo1617 Usefulness of Modified Possum for Major Pancreatic Resection
Takeshi Nishi, Digestive and General Surgery, Shimane University Graduate School of Medicine, Izumo, Japan

Mo1618 Staple and Non-Staple Closure of Pancreatic Remnant After Distal Pancreatectomy: A Multicenter Retrospective Analysis of 388 Patients
Daisuke Ban, Department of Hepato-Biliary-Pancreatic Surgery, Tokyo Medical and Dental University, Tokyo, Japan

Mo1619 Perioperative Blood Transfusions May Influence Prognosis After Surgery for Pancreatic Cancer Independent of Complications or Body Mass Index: Multivariate Analysis of 270 Resected Patients
Tobias Keck, Department of Surgery, University of Freiburg, Freiburg, Germany

Mo1620 Are Body/Tail Pancreatic Cancers Really Worse Per Se? Debunking a Myth
Elizaveta Ragulin-Coyne, Surgical Outcomes Analysis & Research (SOAR) Department of Surgery, University of Massachusetts Medical School, Marlborough, MA

Mo1621 Changes in Incretin Responses and Glucose Metabolism After Pancreatectomy
Yasuhisa Mori, Surgery and Oncology, Kyushu University, Fukuoka, Japan

Mo1622 Usefulness of the International Study Group for Pancreatic Fistula (ISGPF) Classification for Clinical Decision Making
Maximilian Bockhorn, General-Visceral and Thoracic Surgery, University Medical-Center Hamburg-Eppendorf, Hamburg, Germany

Mo1623 Pancreatic Serous Cystic Neoplasms: Is Size an Indication for Surgery?
Juan R. Aguilar-Saavedra, Surgery, Cleveland Clinic, Cleveland, OH

Mo1624 A Novel Approach to Pancreatectoduodenectomy: Utilization of a Laparoscopic Hand Assisted Technique
Nicholas N. Nissen, Hepatobiliary Surgery and Liver Transplantation, Cedars-Sinai Medical Center, Los Angeles, CA

Mo1625 Is Postoperative Adjuvant Therapy Indicated for Ampullary Adenocarcinoma?
Veeraiah Siripurapu, Fox Chase Cancer Center, Philadelphia, PA

Mo1626 Systematic Review of Central Pancreatectomy “The Dagradi-Serio-Iacono Operation” and Meta-Analysis Versus Distal Pancreatectomy
Calogero Iacono, Department of Surgery, University of Verona Medical School, Verona, Italy

Mo1627 What Do You Do When Surgery for Chronic Pancreatitis Pain Fails: Is Long-Term Opioid Therapy Effective?
William McIver Leppard, Surgery, Medical University of South Carolina, Charleston, SC
Mo1628 Detailed Analysis of Learning Curve in Pancreatic Surgery: Surgeon and Hospital Volume Are Equally Important
Ulrich Friedrich Wellner, Surgery, University Hospital Freiburg, Freiburg, BW, Germany

Mo1629 The Impact of Regionalization of Pancreatoduodenectomy for Pancreatic Cancer in North Carolina Since 2004
Ryan Z. Swan, Surgery, Carolinas Medical Center, Charlotte, NC

Mo1630 Early Experience with Minimally Invasive Surgical Pancreatic Débridement
Nicholas J. Zyromski, Surgery, Indiana University, Indianapolis, IN

Mo1631 Pancreatic Enucleation: A Safe and Potentially Underutilized Operation
Purvi Parikh, Department of Surgery, Albany Medical Center, Albany, NY

Mo1632 Does Stenting Decrease the Rate of Postoperative Pancreatic Fistula Following Pancreatoduodenectomy?
Toshiyuki Moriya, General Surgery, Mayo Clinic, Rochester, MN

Mo1633 Complications of Endoscopic Preoperative Biliary Drainage (PBD) for Pancreatic Cancer: A Tertiary Hospital Experience
Damien MengYew Tan, Gastroenterology, Indiana University, Singapore, Singapore

Mo1634 Predictive Clinical Factor for Clinically Relevant Postoperative Pancreatic Fistula After Pancreatoduodenectomy
Kenichiro Uemura, Surgery, Hiroshima University, Hiroshima, Japan

Clinical: Small Bowel

Mo1635 Recurrence and Long Term Results of Laparoscopic vs. Open Ileo-Colonic Resection in Crohn’s Disease: A Prospective Longitudinal Study
Giuseppe S. Sica, General Surgery, University of Tor Vergata, Rome, Italy

Clinical: Stomach

Mo1636 Late Accidental Dislodgement of the Percutaneous Endoscopic Gastrostomy: An Underestimated Burden on Patients and the Healthcare System
Laura Horst Rosenberger, General Surgery, University of Virginia Health System, Charlottesville, VA

Mo1637 Prevalence of Adverse Intraoperative Events During Obesity Surgery and Their Sequelae
Alexander J. Greenstein, Surgery, Mount Sinai Medical Center, New York, NY

Mo1638 Comorbidities Remission After Roux-en-Y Gastric Bypass for Morbid Obesity Is Sustained in a Long-Term Follow-Up
Fernando A.M. Herbella, Department of Surgery, Federal University of Sao Paulo, Sao Paulo, Brazil

Mo1639 Esophagastroduodenoscopy (EGD) Reporting for Preoperative Management of Gastric Cancer: Evaluation of Quality
Nikila Comondore Ravindran, University of Calgary, Calgary, AB, Canada

Mo1640 The Weight Loss Response to Roux-en-Y Gastric Bypass Is Host Mediated
Joseph A. Caruana, Surgery, Sisters of Charity Hospital and State University of New York at Buffalo, Buffalo, NY

Mo1641 Anastomotic Complications Following RYGB: Can Ulcers/Strictures Be Predicted?
Shushmita Ahmed, Surgery, Stanford University, Stanford, CA
Tuesday, May 10, 2011

12:00 PM – 2:00 PM  POSTER SESSION I (NON-CME)  Hall A

Authors available at their posters to answer questions
12:00 PM – 2:00 PM; posters on display 8:00 AM – 5:00 PM.

Basic: Colon-Rectal

Tu1870 A Novel Method to Generate Colon Cancer Orthotopic Tumors in Mice: Implantation Using the Cecal Pouch Technique
Carlos H.F. Chan, Department of Surgery, Goodman Cancer Research Centre, McGill University, Montreal, QC, Canada

Tu1871 Colorectal Cancer Is Associated with Elevated Plasma Levels of Soluble Galectin-3
C.M. Shantha, Surgery, St. Luke Roosevelt Hospital, New York, NY

Tu1872 Mesenchymal Stem Cells in a Scaffold: Do They Survive?
Massarat Zutshi, Colorectal Surgery, Biomedical Engineering, Cleveland Clinic Foundation, Cleveland Clinic Foundation, Cleveland, OH

Tu1873 Differential mRNA Expression Distinguishes Serrated KRAS-Mutated Adenomas from Conventional KRAS-Mutated Adenomas of the Colon
Michael Ryan Cassidy, Surgery, Boston University Medical Center, Boston, MA

Basic: Esophageal

Tu1874 Y-Box Binding Protein-1-Mediated Antiproliferative Effects in Esophageal Cancer
Sabrina Thieltges, Department of General, Visceral, and Thoracic Surgery, Universitätsklinikum Hamburg-Eppendorf, Hamburg, Germany

Basic: Hepatic

Tu1875 Ischemic Preconditioning-Like Effect of Polyunsaturated Fatty Acid-Rich Diet on Hepatic Ischemia/Reperfusion Injury
Ana Maria M. Coelho, Gastroenterology, University of Sao Paulo, Sao Paulo, Brazil

Basic: Pancreas

Tu1876 Albumin Administration in Acute Pancreatitis Increases Lung and Pancreatic Damage Reversed by Nitric Oxide Synthase Inhibitor
Marcel C.C. Machado, Gastroenterology, University of Sao Paulo, Sao Paulo, Brazil

Tu1877 Heme Oxygenase-1 Gene Promoter Polymorphism and Acute Pancreatitis
Aiste Pupine, Surgery, Lithuanian University of Health Sciences, Kaunas, Lithuania

Tu1878 Male Sex Predicts Adverse Events and Decreased Survival in Murine Pancreatic Adenocarcinoma
Douglas Benson, Surgery, University of Colorado at Denver HSC, Denver Health Medical Center, Aurora, CO

Basic: Small Bowel

Tu1879 Role of Different Beta-Receptor Subtypes in Control of Contractile Activity in Rat Jejunal Circular Muscle
Brigitte Goetz, Department of Surgery, Walter Brendel Centre of Experimental Medicine, Ludwig-Maximilians-University Munich, LMU Munich, Munich, Germany

Tu1880 Mesenteric Afferent Nerve Sensitivity in the Small Intestine During Mechanical Ileus in Mice
Mario Helmut Mueller, Surgery, Walter-Brendel Institute, University of Munich, University of Munich, Munich, Bavaria, Germany

Tu1881 SPHK1 Regulates c-Myc Translation Through Chk2-Dependent HuR Phosphorylation
Ping Jiang, BVAMC and University of Maryland, Baltimore, MD
Basic: Stomach

Tu1882 Failure of Diabetes Remission After Roux-en-Y Gastric Bypass
John R. Pender, IV, Surgery, East Carolina University, Greenville, NC

Tu1883 Mechanistic Role of p38 MAPK in Gastric Cancer Dissemination in a Rodent Model Peritoneal Metastasis
Stefano Fiorucci, Medicina Clinica e Sperimentale, University of Perugia, Perugia, Umbria, Italy

Clinical: Biliary

Tu1623 Overuse of Computed Tomography in Patients with Complicated Gallstone Disease
Jaime Benarroch-Gampel, Surgery, University of Texas Medical Branch, Galveston, TX

Tu1624 Optimal Timing of Elective Laparoscopic Cholecystectomy After Endoscopic Clearance of Choledocholithiasis in the Patients with Choledochocystolithiasis
Sang-Woo Cha, Division of Gastroenterology, Department of Internal Medicine, Eulji University College of Medicine, Eulji University Hospital, Daejeon, Republic of Korea

Tu1625 Risk Factors of Development of Gangrenous Cholecystitis and its Treatment Outcomes
Vachara Niumsawatt, Surgery, University of Melbourne, Heidelberg, VIC, Australia

Clinical: Colon-Rectal

Tu1626 Comparison of Outcomes of Laparoscopic Versus Open Appendectomy in Adults: Data from the Nationwide Inpatient Sample (NIS), 2006–2008
Hossein Masoomi, Surgery, University of California, Irvine-Medical Center, Orange, CA

Tu1627 Survival Rates Following Radical Resection for Persistent and Recurrent Anal Cancer Are Poor
George Roxin, Department of General Surgery-Colorectal Surgery, University of Calgary, Calgary, AB, Canada

Tu1628 Short Term Outcomes After Colorectal Surgery in Octogenarians.
Giulio P. Angelucci, Surgery, University of Rome Tor Vergata, Rome, Italy

Tu1629 Equivalent Outcomes of Laparoscopic Single-Site (LESS) Surgery and Open Surgery for Appendectomy
Koji Park, General Surgery, St. Luke’s Roosevelt Hospital Center, New York, NY

Tu1630 Robotic-Assisted Proctectomy for Inflammatory bowel Disease: A Case Matched Comparative Study of Laparoscopic and Robotic-Assisted Restorative and Completion Proctectomy
Konstantin Umanskiy, University of Chicago, Chicago, IL

Tu1631 Gastrointestinal Cancer Surgery in Patients with a Prior Ventriculoperitoneal Shunt
Shilpi Wadhwa, Surgery, St. Louis University, Glendale, CA

Tu1632 Colorectal Resection in Transplant Recipients: Is It Safe?
Avraham Reshef, Colorectal Surgery, Cleveland clinic, University Heights, OH

Tu1633 Population-Based Assessment of Prognostic Factors Associated with Neuroendocrine Tumors of the Colon
Ryaz Chagpar, Surgical Oncology, MD Anderson Cancer Center, Houston, TX

Tu1634 Does Tumor Location in Colon and Rectum Correlate with the Risk of Nodal Metastasis in T1 Colorectal Cancer?
Supakij Khomvilai, Colorectal Surgery, Digestive Disease Institute, Bangkok, Thailand
Tu1635 A Systematic Review of the Anal Fistula Plug for Patients with Crohns and Non-Crohns Related Fistula-In-ANO
James O’Riordan, Surgery, St. Michael’s Hospital, Toronto, ON, Canada

Clinical: Esophageal

Tu1636 High Resolution Manometry Findings in Patients with Esophageal Epiphrenic Diverticula
Fernando A.M. Herbella, Department of Surgery, Federal University of Sao Paulo, Sao Paulo, Brazil

Tu1637 Is the Number of Lymph Nodes Removed and the Type of Resection Associated with Postoperative Complications After Esophagectomy for Esophageal Cancer?
Arzu Oezcelik, Surgery, Surgery, Keck School of Medicine, University of Southern California, University of Essen, Los Angeles, CA

Tu1639 Results of the Introduction of a Minimally Invasive Esophagectomy Program in a Tertiary Referral Center
Rachel L. Blom, Surgery, Academic Medical Center, Amsterdam, Netherlands

Tu1640 The Outcomes of Curative Treatment for Advanced Carcinoma of the Cervical Esophagus
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**THE SOCIETY FOR SURGERY OF THE ALIMENTARY TRACT**

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Shuttle buses drop off and pick up along Martin Luther King Drive, in front of the South Building. Registration is located in South Hall of the South Building. The SSAT Maintenance of Certification Course takes place in Room S504, on Level 5 of the South Building; SSAT Scientific Sessions take place in Rooms S501a, S501bcd, S503, S504, and S505, on Level 5 of the South Building. The Speaker Ready Room is located in Room N426, on Level 4 of the North Building. The SSAT Office is located in Room N231, on Level 2 of the North Building.
SSAT 52nd Annual Meeting
SCHEDULE-AT-A-GLANCE

May 6 – 10, 2011
McCormick Place • Chicago, Illinois

FRIDAY, 5/6/2011
8:00 AM – 2:30 PM
RESIDENT & FELLOWS RESEARCH CONFERENCE
(by invitation only)
Mount Meru, Golden, Room 400

9:30 AM – 11:00 AM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Nutrition, Otolaryngology, and ENT

11:15 AM – 12:00 PM
MALLAN & MULLINS SYMPOSIUM
PATHOLOGY OF THE AIRWAYS
12:00 PM – 2:00 PM
POSTER SESSION III (non-CME)
Hall A

SATURDAY, 5/7/2011
8:00 AM – 6:00 PM
ADMIT
REHAPEMENT OF CERTIFICATION COURSE: 550a
THE SURGEON IN THE MANAGEMENT
OF GASTRIC AND ESOPHAGAL DISEASES
8:30 AM – 10:00 AM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Nutrition, Otolaryngology, and ENT

SUNDAY, 5/8/2011
7:45 AM – 9:15 AM
OPENING SESSION
550a
9:15 AM – 10:00 AM
PRESIDENTIAL ADDRESS
Happy Mother’s Day

10:20 AM – 11:00 AM
PRESIDENTIAL PLenary Session: C
DOERS AND JOHN L. CAMERON GUEST ORATION
550b
Biomimetic and Clinical Applications of
Circulating Tumor Cell Microscopy

12:00 PM – 2:00 PM
POSTER SESSION I (non-CME)
Hall A

12:30 PM – 1:45 PM
MEET THE PROFESSOR LUNCHCOURSES: Reading and Repairing Cholecystectomy: 540a
Diverticulitis and Diverticulosis: 540b
Malignancy to Cancer: 540c
Cystic and Sclerotic Cholecystopathy: 540d
The Difficult Vascular Hernia: 540e

2:15 PM – 2:45 PM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Debates 1: Nissen Fundaplication in Unidentified
In the Treatment of GESD
Debates 2: Robotics Applications in Gastronomous Surgery: Industry Innovation: Health Care: Inflatable or Dual Advances That Will Benefit Patients?

2:15 PM – 2:45 PM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Definition and Management of PPI Failure in GERD (SATE, AGA)

2:15 PM – 4:30 PM
SATE-STATE OF THE ART CONFERENCE
Personalized Medicine in Gastronomous Cancer: Potential Applications in Clinical Practice

2:15 PM – 3:15 PM
PRESIDENTIAL SESSION III
550a
4:00 PM – 5:15 PM
CLINICALWARD ROUNDs: DELAYED PRESENTATION OF APPENDICITIS: IS SURGERY STILL NECESSARY?

MONDAY, 5/9/2011
7:30 AM – 9:15 AM
VIDEO SESSION II: BREAKFAST AT THE MOVIES
8:10 AM – 9:30 AM
CLINICALROUNDs: LAPAROSCOPIC LAMI
10:00 AM – 11:00 AM
RESECTION: WHICH PATIENT AND SETUP?
10:30 AM – 11:00 AM
SATF PUBLIC POLICY COMMITTEE PANEL
Staging Alex: Strategies for Accountable Health Care in 2011

9:20 AM – 11:20 AM
SATE/AFPSA JOINT SYMPOSIUM
Pancreatic Neuroendocrine Tumors

10:00 AM – 11:15 AM
PRESIDENTIAL SESSION IV
550a
10:30 AM – 11:30 AM
VIDEO SESSION IV: EMERGING TECHNOLOGIES
550b
10:30 AM – 12:00 PM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Endosurgical Minimally Invasive Resection of GI Jaundice: Hepatoportojejunostomy (SATE, AGA)

11:15 AM – 12:00 PM
MALLAN & MULLINS SYMPOSIUM
THE TRANSFORMATION OF AMERICA’S HOSPITALS
POSTER SESSION II (non-CME)
Hall A

12:00 PM – 2:00 PM
POSTER SESSION II (non-CME)
Hall A

ADMIT
MEET THE PROFESSOR LUNCHEONS
Dilip Desai: A Surgical Destiny
If so, How to Select the Patient?
How to Enhance Your Career in Academia: GI
SATE-AGA
Medicine: Perspectives of Surgery and Gastroenterology
Sue A. Dott: Reflux Surgery: When and How
SATE-AGA
HOW TO SUCCEED IN ACADEMIC SURGERY
SATE-AGA
CONTROVERSIES IN SURGERY II
SATE-AGA
Dive 3: Whipple and Several Pancreatic Operations
Should Be Performed by Fellows in Gastrointestinal Surgery: Not Residents in General Surgery Training Programs
Dive 4: Regionalization of High Volume: Moderate Complicated Surgery: Let’s Refer Your Ligament of Treitz Benefits to a Better Hospital
SATE-AGA

12:15 PM – 1:45 PM
MEET THE PROFESSOR LUNCHCOURSES: Reading and Repairing Cholecystectomy: 540a
Diverticulitis and Diverticulosis: 540b
Malignancy to Cancer: 540c
Cystic and Sclerotic Cholecystopathy: 540d
The Difficult Vascular Hernia: 540e

3:30 PM – 4:00 PM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Surgery for Inflammatory Bowel Disease
SATE-AGA

4:00 PM – 5:00 PM
CLINICALWARD ROUNDs: INITIAL NON-SURGICAL THERAPIES FOR HEPATICCELLULAR CARCINOMA: COMBINED HEPATOLYMPH
550a

4:00 PM – 5:00 PM
DOCTOR-DOWN SYMPOSIUM
550a

5:00 PM – 6:00 PM
ANNUAL BUSINESS MEETINGS (May CME)
550a

6:00 PM – 7:00 PM
MEMBERS RECEPTION
Cathedral Hall, University Club of Chicago

TUESDAY, 5/10/2011
9:00 AM – 10:30 AM
SATE/IDSA JOINT BREAKFAST SYMPOSIUM
550a
What Do You Do When the First Operation Doesn’t Work or Go Wrong?
550a

9:30 AM – 12:00 PM
TRANSDUCTIONAL SCIENCE PLenary SESSION III
550a

10:30 AM – 11:45 AM
DOCTOR COMBINED CLINICAL SYMPOSIUM
(ASAE-accredited)
Multi-Disciplinary Approach to Barrett’s Esophagus
AGA, AGSE, NACET

12:00 PM – 2:00 PM
POSTER SESSION III (non-CME)
Hall A

12:00 PM – 2:00 PM
KELLY AND CARLOS PELLEGRIN SYMPOSIUM
550a

12:00 PM – 2:00 PM
ADMIT
MEET THE PROFESSOR LUNCHEONS
12:00 PM – 2:00 PM
MEET THE PROFESSOR LUNCHCOURSES: Reading and Repairing Cholecystectomy
Diverticulitis and Diverticulosis: 540b
Malignancy to Cancer: 540c
Cystic and Sclerotic Cholecystopathy: 540d
The Difficult Vascular Hernia: 540e

2:00 PM – 4:00 PM
BEST OF DOW 2011
540b
(Non-CME)