

Afsluitend Congres Multidisciplinary battles and bridges in GI Surgery

Beurs – World Trade Centre, Rotterdam

Donderdag 10 december 2009

Stomach and GE junction

<p>09.00 - 10.00 Registration</p> <p>10.00 - 12.00 Session I: Diagnostics Chairmen: S. DeMeester, surgeon, University of Southern California, California, USA J.J.G.H.M. Bergman, gastroenterologist, Academic Medical Centre, Amsterdam</p> <p>10.00 Key note lecture: Predictors of response and survival of neoadjuvant treatment H. Stein, surgeon, Klinikum Neurnberg, Nürnberg, Germany</p> <p>10.30 Endoscopic ultrasonography is the standaard work up in stomach and GE junction tumors PRO: F. Vleggaar, gastroenterologist, University Medical Centre Utrecht CON: O.R.C. Busch, surgeon, Academic Medical Centre, Amsterdam</p> <p>11.00 PET scan is of additional value in the diagnostic work up PRO: W.J.G. Oyen, nuclear medicine, University Medical Centre St. Radboud, Nijmegen CON: T. Lerut, surgeon, University Hospital Leuven, Belgium</p> <p>11.30 Screening for stomach and GE junction cancer is cost effective PRO: E.J. Kuiper, gastroenterologist, Erasmus Medical Centre, Rotterdam CON: P.M.M. Bossuyt, clinical epidemiologist, Academic Medical Centre, Amsterdam</p> <p>12.00 - 13.00 Lunch</p> <p>13.00 - 14.00 Satellite symposium COVIDIEN: NOTES</p> <p>14.00 - 15.30 Session II: Treatment Chairmen: M.S. Griffin, surgeon, Royal Victoria Infirmary, Newcastle, UK P.D. Siersema, gastroenterologist, University Medical Centre Utrecht</p> <p>14.00 Key note lecture: Surgical options for the treatment of stomach and GE junction cancer S. DeMeester, surgeon, University of Southern California, California, USA</p>	<p>14.30 Surgical resection is the standard of care in High grade dysplasia and intramucosal cancer PRO: H. Stein, surgeon, Klinikum Neurnberg, Nürnberg, Germany CON: J.J.G.H.M. Bergman, gastroenterologist, Academic Medical Centre, Amsterdam</p> <p>15.00 Definitive chemoradiation is a valid option in stomach and GE junction cancer PRO: E.P.M. Jansen, radiotherapist, Antoni van Leeuwenhoek Hospital, Amsterdam CON: H.J. Hartgrink, surgeon, Leids University Medical Centre, Leiden</p> <p>15.30 Neoadjuvant chemotherapy is the standard of care in GE junction and gastric cancer PRO: A. Cats, medical oncologist, Antoni van Leeuwenhoek Hospital, Amsterdam CON: J.J.B. van Lanschot, surgeon, Erasmus Medical Centre, Rotterdam</p> <p>15.30 - 16.00 Coffee break</p> <p>16.00 - 17.30 Session III: Complications Chairmen: H. Stein, surgeon, Klinikum Neurnberg, Nürnberg, Germany F.T.M. Peters, gastroenterologist, University Medical Centre Groningen</p> <p>16.00 Key note lecture: Treatment of esophageal rupture and perforation M.S. Griffin, surgeon, Royal Victoria Infirmary, Newcastle, UK</p> <p>16.30 Stenting is a valid option in anastomotic leakage and perforation PRO: P.D. Siersema, gastroenterologist, University Medical Centre Utrecht CON: H.W. Tilanus, surgeon, Erasmus Medical Centre, Rotterdam</p> <p>17.00 Antireflux Surgery can prevent the development of cancer in the esophagus PRO: S. DeMeester, surgeon, University of Southern California, California, USA CON: K.K. Krishnadath, gastroenterologist, Academic Medical Centre, Amsterdam</p> <p>17.30 - 18.30 Satellite symposium JOHNSON & JOHNSON</p> <p>18.30 - 19.30 Drinks</p> <p>19.30 Dinner and AMAZING GI Surgical party</p>
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Vrijdag 11 december 2009

Colorectal

<p>08.00 - 09.00 Registration</p> <p>09.00 - 11.00 Session I: Diagnostics Colorectal carcinoma Chairmen: H. Rutten, surgeon, Catharina Hospital, Eindhoven C.A.M. Marijnen, radiotherapist, Leids University Medical Centre, Leiden</p> <p>09.00 Key note lecture: MRI Scanning for staging of rectal carcinoma R.G.H. Beets-Tan, Memorial Sloan Kettering Cancer Centre New York, USA</p> <p>09.30 All rectal cancer patients should receive preoperative radiation therapy PRO: O. Reerink, radiotherapist, University Medical Centre, Utrecht CON: C.H.J. van de Velde, surgeon, Leids University Medical Centre, Leiden</p> <p>10.00 Sentinel node biopsy should be the standard in colon cancer therapy PRO: C.J. Buskens, surgeon, Gelre Hospital, Apeldoorn CON: H. Verheul, medical oncologist, Free University Medical Centre, Amsterdam</p> <p>10.30 At least 12 lymph nodes need to be examined for staging and treatment of colorectal cancer PRO: A.P. de Bruïne, pathologist, Maastricht University Medical Centre, Maastricht CON: J.H.W. de Wilt, surgeon, Erasmus Medical Centre, Rotterdam</p> <p>11.00 - 11.30 Coffee break</p> <p>11.30 - 12.30 Session II: Reports from the 2009 exchange fellows Chairmen: M.I. van Berge Henegouwen, surgeon, Academic Medical Centre, Amsterdam R. van Hillegersberg, surgeon, University Medical Centre Utrecht</p> <p>12.30 - 13.30 Lunch</p> <p>13.30 - 14.30 Satellite symposium NYCOMED</p> <p>14.30 - 16.00 Session III: Treatment Chairmen: W.A. Bemelman, surgeon, Academic Medical Centre, Amsterdam M.A.C. Meijssen, gastroenterologist, Isala Clinics, Zwolle</p>	<p>14.00 Key note lecture: Laparoscopic resection for colorectal cancer is the standard of care A. d'Hoore, surgeon, University Hospital Leuven, Belgium</p> <p>15.00 Good response after chemo-radiation justifies a "wait and see" policy PRO: R.M. van Dam, surgeon, Maastricht University Medical Centre CON: C. Marijnen, radiotherapist, Leids University Medical Centre, Leiden</p> <p>15.30 Piecemeal colonoscopic resection of large adenomas is safe PRO: T. Ponchon, gastroenterologist, Lyon, France CON: E.J.R. de Graaf, surgeon, Jsselland Hospital, Capelle aan de IJssel</p> <p>16.00 - 16.30 Coffee break</p> <p>16.30 - 18.00 Session IV: Complications Chairmen: M. Bemelmans, surgeon, Maastricht University Medical Centre, Maastricht T. Ponchon, gastroenterologist, Lyon, France</p> <p>16.30 Key note lecture: Complications after chemotherapy and antiangiogenesis treatment H. Verheul, medical oncologist, Free University Medical Centre, Amsterdam</p> <p>17.00 Colonic stenting is good as bridge to surgery in acute obstruction PRO: E.H. Eddes, surgeon, Deventer Hospital CON: P. Fockens, Academic Medical Centre, Amsterdam</p> <p>17.30 The fast track programme should be applied in open as well as laparoscopic surgery PRO: C.H.C. Dejong, surgeon, Maastricht University Medical Centre CON: W.A. Bemelman, surgeon, Academic Medical Centre, Amsterdam</p> <p>18.00 Closure and Drinks</p>
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