

Program at a Glance

February 24 (Friday)			February 25 (Saturday)		
Time	Vista 1	Vista 2	Time	Vista 1	Vista 2
08:00-	Registration		08:00-09:00	Oral Presentation III	Oral Presentation IV
08:50-09:50	Oral Presentation I	Oral Presentation II			
09:50-10:00	Opening Ceremony		09:00-10:30	Symposium IV Multidisciplinary Treatment	
10:00-11:10	Symposium I New Technologies in Surgical Oncology		10:30-11:00	Coffee Break	
11:10-11:30	Coffee Break		11:00-12:10	Symposium V Precision Medicine	Symposium VI Cutting Edge of Technology in Robotic Surgery
11:30-12:40	Symposium II Role of Surgical Oncologist		12:10-12:40	General Assembly of KSSO	
12:40-13:30	Luncheon Symposium		12:40-13:30	Luncheon Symposium	
13:30-14:00	State-of-the-Art Lecture I		13:30-14:00	State-of-the-Art Lecture II	
14:00-15:10	Symposium III Role of Surgery in Stage IV Patients		14:00-15:10	Symposium VII Updates in Surgical Oncology	
15:10-15:30	Coffee Break		15:10-15:30	Coffee Break	
15:30-17:30	Great Debates Session	Medical Student Camp	15:30-17:05	Symposium VIII Minimally Invasive Surgery	
			17:05-18:05	Best Video Session	
18:00-20:30	Welcome Reception		18:05	Awards & Closing Ceremony	

Oral Session

1. **[OP1-1] The Efficacy of Intravenous Ferric Carboxymaltose for the Treatment of Intractable Iron Deficiency Anemia after Gastric Cancer Surgery**
Sang-Yong Son (Ajou University)

2. **[OP1-2] Nutritional Safety and Metabolic Benefits of Long Limb Uncut Roux-en Y Gastrojejunostomy for Obese Gastric Cancer Patients**
Young Suk Park (Seoul National University)

3. **[OP1-3] Intraoperative Identification of Resection Margin Using Magnifying Narrow Band Imaging Technique after Gastrectomy for Gastric Cancer**
Sang-Yong Son (Ajou University)

4. **[OP1-4] Immune-profiling According to Radio-responsiveness in Rectal Cancer Patients Treated with Preoperative Chemoradiotherapy**
Da Kyum Shin (University of Ulsan)

5. **[OP1-5] Effectiveness for Chemoport Insertion Using Wireless Mobile Ultrasonography in Colorectal Cancer: A Pilot Study**
Sung Won Park (Gachon University)

6. **[OP1-6] Does Sphincter Saving Resection Impair Oncologic Outcomes in Very Low Rectal Cancer Patients?**
Seung Seop Yeom (University of Ulsan)

7. **[OP2-1] Single-center Experience with Intraabdominal Liposarcoma: Optimal Minimum Duration for Postoperative Remnant Tumor Screening**
Jinsoo Rhu (Sungkyunkwan University)

8. **[OP2-2] Tissue Expander Placement and Adjuvant Radiotherapy after Surgical Resection of Retroperitoneal Liposarcoma Offers Improved Local Control**
Hyojun Park (Sungkyunkwan University)

9. **[OP2-3] Sarcopenia is Predictive of for Poor Survival in Obstructive Colorectal Cancer**
Daeyoun David Won (The Catholic University of Korea)

10. **[OP2-4] Adjuvant Chemotherapy and Overall Survival in Korean Stage II Colon Cancer Patients**
Min Ki Kim (The Catholic University of Korea)

11. **[OP2-5] The Efficacy of Preoperative Chemoradiotherapy for Upper/Mid Rectal Cancer**
Gyoung Tae Noh (Yonsei University)

12. **[OP2-6] The Fate of Preserved Sphincter in Rectal Cancer Patients**
Ri Na Yoo (The Catholic University of Korea)

13. **[OP3-1] Remnant Stomach Volume and Diet Volume Study Using CT Volumetry**
Sang-Ho Jeong (Gyeongsang National University)

14. **[OP3-2] Extranodal Extension is an Independent Prognostic Factor in Node-positive Gastric Carcinomas**
In Seob Lee (University of Ulsan)

- 15. **[OP3-3] Molecular Profiling of Adenocarcinoma of Esophagogastric Junction**
Yun-Suhk Suh (Seoul National University)

16. **[OP3-4] Effects of Laparoscopic Approach on the Timing of Adjuvant Chemotherapy Administration for Patients with Gastric Cancer**
Yoontaek Lee (Seoul National University)

17. **[OP3-5] One-stage Robotic or Combined Minimally Invasive Surgical Resection for Colorectal Cancer with Liver Metastases - A Cohort Study**
Samuel TW Lo (Pamela Youde Nethersole Eastern Hospital, Hong Kong)

18. **[OP3-6] PADI2, an Independent Molecular Biomarker for Lymph Node Metastasis in Gastric Cancer, Induces Cell Invasion by Enhancing Inflammation**
Jimin Min (Seoul National University)

19. **[OP4-1] Diagnostic Accuracy of CA 125 & ROMA in Differentiating Malignant and Benign Ovarian Masses**
Shiv Rajan (King Georges Medical University, India)

20. **[OP4-2] Biological Characteristics of Breast Cancer in the Elderly**
Seong Hoon Lee (Korea University)

21. **[OP4-3] Optimal Combination of Treatment Modality to Increase Survival in Anaplastic Thyroid Carcinoma Patients - A Single Center Experience**
Joon-Hyop Lee (Gachon University)

22. **[OP4-4] Impact of Phellinus Linteus on Adherence to Adjuvant Treatment after Curative Resection in Pancreatic Ductal Adenocarcinoma: Outcomes of a Propensity Score-Matched Analysis**
Sung Hwan Lee (Yonsei University)

23. **[OP4-5] Optimal Surveillance after Gastrectomy for Early Gastric Cancer**
Dong Jin Park (Ulsan University Hospital)

24. **[OP4-6] Laparoscopic Liver Resection for Malignancy, Why Not More**
Ik Soo Kwun (Yeungnam University)

Symposium

1. **[SY I-1] Pure NOTES for Rectal Cancer by Transanal Laparoscopic Approach**
Sang Chul Lee (The Catholic University of Korea)

2. **[SY I-2] Onco-metabolic Surgery for Type 2 DM Gastric Cancer**
Jong-Han Kim (Korea University)

3. **[SY I-3] Robotic Single Site Plus ONE Port Pancreatectomy**
Chang Moo Kang (Yonsei University)

4. **[SY I-4] Transoral Endoscopic Thyroidectomy Vestibular Approach**
Angkoon Anuwong (Police General Hospital, Thailand)

5. **[SY II-1] Role of Surgical Oncologist - KSSO**
Han-Kwang Yang (Chairman of KSSO, Seoul National University)

6. **[SY II-2] Education, Training and Accreditation in Surgical Oncology - The ESSO Perspective**
Tibor Kovacs (President-Elect of ESSO, Guy's and St. Thomas' NHS Foundation Trust, UK)

7. **[SY II-3] Role of Surgical Oncologist - SSO**
Daniel Coit (President of SSO, Memorial Sloan-Kettering Cancer Center, USA)

8. **[SY III-1] Distal Pancreatectomy with en-bloc Celiac Axis Resection (DP-CAR)**
Hyung Jun Kwon (Kyungpook National Medical Center)

9. **[SY III-2] Current Issues in Hepatectomy for Colorectal Liver Metastasis**
Jai Young Cho (Seoul National University)

10. **[SY III-3] Role of Surgery in Stage IV Gastric Cancer**
Moon-Won Yoo (University of Ulsan)

11. **[SY III-4] Role of Surgery in Stage IV Breast Cancer**
Tan Kiak Mien Veronique (National Cancer Center Singapore, Singapore)

12. **[SY IV-1] Every Multidisciplinary Treatment Looks So Similar Yet Different**
Dae Ho Lee (University of Ulsan)

13. **[SY IV-2] High-Quality Diagnosis and Clinicopathologic Communication in Multidisciplinary Team Working**
Youn Soo Lee (The Catholic University of Korea)

14. **[SY IV-3] Radiation Oncologist's Role in Multidisciplinary Treatment**
Won Park (Sungkyunkwan University)

15. **[SY IV-4] How to Orchestrate the MDT Team? To Discuss, Make a Decision and Get Feedback?**
Nam Kyu Kim (Yonsei University)

16. **[SY V-1] Use of Somatic Mutation Profiling Panels in the Personalized Management of Cancer Patients**
Young Tae Kim (Seoul National University)

17. **[SY V-2] The Use of Individual Molecular Information and Advanced Pre-clinical Models for Drug Development**
Oliver Rath (Champions Oncology, Inc., Germany)
18. **[SY V-3] The Sunbelt Melanoma Trial**
Kelly McMasters (President-Elect of SSO, University of Louisville School of Medicine, USA)
19. **[SY VI-1] Utilization of Fluorescence Imaging in Robotic Gastric Surgery**
In Gyu Kwon (Keimyung University)
20. **[SY VI-2] Challenges of Robotic Pancreatic Surgery**
Chung-Ngai Tang (Pamela Youde Nethersole Eastern Hospital, Hong Kong)
21. **[SY VI-3] Fluorescence Image-guided Robotic Liver Resection**
Gi Hong Choi (Yonsei University)
22. **[SY VI-4] Robotic TaTME**
Kil Yeon Lee (Kyung Hee University)
23. **[SY VII-1] Should Oncoplastic Breast Conservation be Standard of Care**
Tibor Kovacs (President-Elect of ESSO, Guy's and St. Thomas' NHS Foundation Trust, UK)
24. **[SY VII-2] Gastric Cancer is a Peritoneal Disease**
Santiago Gonzalez-Moreno (President of ESSO, MD Anderson Cancer Center Madrid, Spain)
25. **[SY VII-3] Quality of Surgery for Colorectal Cancer**
Hirotoshi Kobayashi (Tokyo Metropolitan Hiroo Hospital, Japan)
26. **[SY VII-4] Surgical Strategies for Gallbladder Carcinoma According to T Stage**
Dong Wook Choi (President of KSSO, Sungkyunkwan University)
27. **[SY VIII-1] The New Paradigm in Training Minimally Invasive Surgeries**
Chung-Ngai Tang (Pamela Youde Nethersole Eastern Hospital, Hong Kong)
28. **[SY VIII-2] Future Perspectives of MIS in Gastric Cancer**
Hyung-Ho Kim (Seoul National University)
29. **[SY VIII-3] Will Single Port Laparoscopic Surgery Become the Future of Surgery for Colon Cancer?**
Jun-Gi Kim (The Catholic University of Korea)
30. **[SY VIII-4] Minimally Invasive Surgery (Hepatocellular Carcinoma)**
Yangseok Koh (Chonnam National University Hwasun Hospital)
31. **[SY VIII-5] Role of Minimal Invasive Surgery in Pancreas**
Kee-Hwan Kim (The Catholic University of Korea)

Video

1. **[V-01] Reduced Ports Simultaneous Robotic Resection of Rectal Cancer with Hepatic Metastasis Using da Vinci Xi™ System**
Jung Il Ju (Hallym University)

2. **[V-02] Totally Laparoscopic Total Gastrectomy Using the Overlap Method; Early Outcomes of 50 Consecutive Cases**
In Seob Lee (University of Ulsan)

3. **[V-03] Laparoscopic Single Incisional Distal Gastrectomy with Uncut Roux-en-Y Gastrojejunostomy**
Young Suk Park (Seoul National University)

4. **[V-04] Laparoscopic Total Gastrectomy with Splenic Hilar Dissection**
Yoontaek Lee (Seoul National University)

5. **[V-05] My strategies to Prevent Bleeding and Pancreatic Fistula during Laparoscopic Spleen Preserving Distal Pancreatectomy**
Sung Su Yun (Yeungnam University)

6. **[V-06] Robotic Assisted Pylorus Preserving Gastrectomy with Intracorporeal Gastrogastrostomy**
Dong-Wook Kim (Seoul National University)

7. **[V-07] Totally Laparoscopic En Bloc Resection of Liver Tumor Invading Diaphragm without a Chest Tube**
Sungho Kim (Seoul National University)

Poster Session

1. **[P-01] Developed Operation Method for Patient-driven Orthotopic Xenograft Model of Hepatocellular Carcinoma**
Hye Rim Byeon (National Cancer Center)

2. **[P-02] Prognostic Impact of OPN and DKK1 in Patient of Hepatocellular Carcinoma after Hepatectomy**
Yun Sung Seo (National Cancer Center)

3. **[P-03] Breast Conserving Surgery with Sentinel Lymph Node Biopsy under Monitored Anesthesia Care in Patients with Breast Cancer**
Jin Gu Kang (Daegu Fatima Hospital)

4. **[P-04] Prognostic Implications of Central Lymph Node Ratio for Recurrence of Papillary Thyroid Carcinoma**
Woo Young Kim (Korea University)

5. **[P-05] The Expression of EMT(Epithelial Mesenchymal Transition) Factor Brachyury and the Status of Tumor Infiltrating CD8 to FOXP3 Lymphocyte Ratio in Predicting Treatment Responses to Neoadjuvant Chemotherapy of Breast Cancer**
Kwanho lee (Sungkyunkwan University)

6. **[P-06] An Alteration of Hormonal Receptor Status throughout Tumor Progression Related to Prognosis in Breast Cancer Patients**
Eun-Shin Lee (Seoul National University)

7. **[P-07] Cecal Cancer is Different from Ascending Colon Cancer in Clinical Presentations and Prognosis**
Nam-Hee Kim (The Catholic University of Korea)

8. **[P-08] Metastasis of Hepatocellular Carcinoma in the Small Bowel Causing Intussusception**
Jungsik Kim (Korea University)

9. **[P-09] Clinicopathologic Features of Sporadic Early-onset Colorectal Cancer Presenting under the 45 Years-old**
Rumi Shin (Seoul National University)

10. **[P-10] Prognostic Implications of Over-expression of Her-2 in Locally Advanced Rectal Cancer Treated with Neoadjuvant Chemoradiation**
Dong Hyun Kim (Hallym University)

11. **[P-11] Surgical and Oncologic Outcome of Robotic Surgery for Colon Cancer: Comparison with Open and Laparoscopic Surgery Using Propensity Score Matching**
Gyoung Tae Noh (Yonsei University)

12. **[P-12] Prognostic Impact of Postoperative Adjuvant Chemotherapy in Patients Aged over 80 Years with Stage II and III Colon Cancer**
Dong Min Seo (Seoul National University)

13. **[P-13] Expression of MicroRNA-221 and miR-18a in Patients with Hepatocellular Carcinoma and its Clinical Significance**
Hae Il Jung (Soonchunhyang University)

14. **[P-14] External Drainage of Common Pancreatic Duct at the Gastropancreatoduodenal Resection**
Viktoriya Tsay (Tashkent Medical Academy, Uzbekistan)

15. **[P-15] Periampullary Tumours: Features of Diagnostics and Surgical Tactics**
Viktoriya Tsay (Tashkent Medical Academy, Uzbekistan)

16. **[P-16] Is It Necessary Total Pancreatectomy in the Segmental Main Duct Type Intraductal Papillary Mucinous Neoplasm of the Pancreas**
Gun-Hyung Na (The Catholic University of Korea)

17. **[P-17] Prediction of Surgical Benefit after Pancreatectomy for Pancreatic Ductal Adenocarcinoma**
Jiae Park (Yonsei University)

18. **[P-18] Bile Duct Segmental Resection versus Pancreatoduodenectomy for Middle and Distal Common Bile Duct Cancer**
Huisong Lee (Ewha Womans University)

19. **[P-19] A Case of Solitary Paraaortic Lymph Node Recurrence after Surgical Resection for Intrahepatic Cholangiocarcinoma**
Huisong Lee (Ewha Womans University)

20. **[P-20] Primary Omental Malignant Solitary Fibrous Tumor**
Jung-Min Bae (Yeungnam University)

21. **[P-21] Do Prophylactic Regional Lymphadenectomy Necessary for Marjolin's Ulcer**
Shiv Rajan (King Georges Medical University, India)

22. **[P-22] En Bloc Nephrectomy for Perirenal Retroperitoneal Sarcoma is Beneficial in Local Control of Tumor and Acceptable with Residual Kidney Function Based on Renal Adaptation**
Chan Woo Cho (Sungkyunkwan University)

23. **[P-23] Patient-derived Xenograft of De-differentiated Liposarcoma for Personalized Treatment**
Eun Byeol Jo (Sungkyunkwan University)

24. **[P-24] Clear Cell Sarcoma-like Tumor of the Ileum: Two Cases Report**
Yoona Chung (Kyung Hee University)

25. **[P-25] Silent Invasion of Hem-O-Lok Clip**
Dong Jin Park (Ulsan University Hospital)

26. **[P-26] Investigation of Gastric Cancer Survival Model Using Multiple Biomarker**
Sang-Ho Jeong (Gyeongsang National University)

27. **[P-27] Short-term Outcomes of Gastric Cancer Surgery after Preoperative Chemotherapy**
Jun-Young Yang (Gachon University)

28. **[P-28] Splenectomy in Total Gastrectomy is Unnecessary to Conduct Prophylactic Lymph Node Dissection for Advanced Gastric Cancer**
You Na Kim (Yonsei University)

[P-14] External Drainage of Common Pancreatic Duct at the Gastropancreatoduodenal Resection

Viktoriya Tsay (Tashkent Medical Academy, Uzbekistan)

Topic: Hepatobiliary Cancer and Pancreas Cancer

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1 Department of General Surgery, Tashkent Medical Academy, Uzbekistan

Background/Aims:

Improve the outcomes of surgical treatment of patients with periampullary tumors by placing an external drain to the main pancreatic duct.

Methods:

The analysis of 41 clinical results of gastropancreatoduodenal resections (GPDR) was conducted in the 2nd clinic of Tashkent Medical Academy (TMA) during 2005-2014. The patients under observation were divided into 2 groups. In the 1st group (control group, 22 patients) pancreatodigestive anastomosis was imposed without drainage. In 2nd group (basic group, 19 patients), the reconstructive stage included external drainage of the main pancreatic duct imposed by our proposed method. For this purpose, proximal and distal openings were made in jejunum for the purpose of pancreatojejunoanastomosis and hepaticojejunoanastomosis. Then PVC drainage pipe with diameter of 2-3 mm was introduced through the side openings in the right hepatic duct, as well as the proximal and distal openings in jejunum into the main pancreatic duct, between the stitches of the pancreas, jejunum and hepatic-choledochus using the standard methods. Drainage tube was led out to the side wall of the abdomen (patent application No. 20140342 IAP). The drainage tube was removed by the 8-12th day. A comparative analysis of the clinical effectiveness of our method, i.e. drainage of the pancreatic duct, was controlled by the amount of pancreatic juice in drainage, the nature and quantity of discharge to drainages installed in the abdominal cavity.

Results:

The analysis of results in the control group during immediate postoperative period showed that in 3 (13.6%) cases an anastomotic dehiscence was diagnosed, requiring reoperation. Two cases (9.0%) of those were lethal. 1 case (4.5%) showed drainage leak of pancreatic juice into the abdominal cavity. The conservative therapy is possible to eliminate dehiscence of the pancreatodigestive anastomosis. In the main group external drainage of the main pancreatic duct allowed us to control the discharge amount of pancreatic juice. In the 1st group (5.3%) a transitory increase of serum amylase in the drain pipe was imposed to pancreatic-jejunoanastomosis up to 150 U/l. Strengthening of conservative therapy led to regression and complete recovery of the patient to 14 days after surgery. A patient in a satisfactory condition was discharged 18 days after surgery. In other cases, the main group of specific complications was observed. Analysis of the results of surgical treatment in the long term, any significant differences in the groups studied could not be revealed.

Conclusions:

The use of external drainage of the main pancreatic duct at the GPDR allows you to monitor the discharge of pancreatic juice and prevents possible anastomotic leak.

[P-15] Periampullary Tumours: Features of Diagnostics and Surgical Tactics

Viktoriya Tsay (Tashkent Medical Academy, Uzbekistan)

Topic: Hepatobiliary Cancer and Pancreas Cancer

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Background/Aims:

Improve the outcomes of surgical treatment of patients with periampullary tumors by applying high-informative diagnostic methods and optimizing surgical management.

Methods:

It has been analysed diagnostics and treatment results of 122 patients with periampullary tumors (PAT), complicated by mechanical jaundice (MJ), aged 29-86. Diagnosis has been based on multislice computer tomography (MSCTA), MRI-pancreatocholangiography (MRPCG) detection of tumor markers level CA 19.9, CEA, diagnostic laparoscopy. In 83 (68.0%) cases it has been diagnosed tumor of head of pancreas, in 26 (21.3%) – Vater's papille, in 11 (9.1%) - cancer of terminal part of the choledoche, in 2 (1.6%) - Cancer of the duodenum. According to classification AJCC (2002), 42 (34.4%) had I and II staging of disease, 80 (65,2%) - III and IV. Therapeutic management was in two steps. At first step it was decompression of biliary system for liquidation of MJ, at the second step – radical palliative operations. Aiming to decompress biliary ducts percutaneous transhepatic cholangiostomy was implemented. After normalization of functional condition of patients went to second step. Surgical approach depended on disease stage. So, at I-II stages 41 (33.6%) patients were done standart gastropancreatoduodenal resection, 18 (14.8%) – were put bypasses. In 18 (14.8%) cases were done diagnostic laparoscopy, in 2 patients whom performed radical surgery, and at 2 – were put bypasses. The other patients were directed to chemotherapeutical treatment.

Results:

Application of MSCTA and MRPCG let diagnose and specify therapeutic approach. Transhepatic operations let eliminate biliary hypertension and go to the second step of treatment. Application of videolaparoscopy in disputable situations let improve diagnostics and determine the possibility of implementation of radical surgery. After radical surgery in 5 (12.1%) cases noticed failure of pancreatodigestive anastomosis, in 3 (7.3%) cases – gastrointestinal hemorrhage, in 2 (4.9%) cases – intraperitoneal hemorrhage. Lethality in 14.6% (6 patients) cases. In a group of patients who had palliative operations in 1 case was failure of hepaticoenteroanastomosis, in 2 cases - postoperation stricture.

Conclusions:

It is reasonable to include MRI cholangiography and MSCTA into diagnostic algorithm PAT, complicated MJ, which let determine prevalence of tumor process, angioarchitecture of tumor blood supplying vessels, involving vessels into tumor process. In disputable situations, it is reasonable to add diagnostic laparoscopy to diagnostic step, to choose optimal therapeutic approach and avoid «useless» laparotomy. It is reasonable to make 2 step therapeutic approach. First step is to cut off MJ and normalize functional condition of organism, at the second step is to solve a decide the issue of possibility making radical operation. In unresectable cases it is effective to put bypass or transhepatic endobiliar operations with regional or system chemotherapy.