GENERAL INFORMATION

Registration
The registration fee covers course participation, coffee/tea, lunch. Registration can be done via the congress website, www.essr2017.eu. Registration for the full ESSR congress (15-17 June) gives you access to this symposium as well.

Registration fees
Early Bird to 10 April 2017: EUR 150
Mid Bird 10 April to 13 June 2017: EUR 170
Full Price After 13 June 2017: EUR 190

Cancellations after 12 May 2017 will be reimbursed minus EUR 25 administration costs. Cancellation is only possible by e-mail through essr2017@congresscompany.com

Venue
Beurs van Berlage
Damrak 243
1012 ZJ Amsterdam
The Netherlands

Accreditation
Accreditation is requested at UEMS.

Contact
www.congresscompany.com
essr2017@congresscompany.com

SYMPOSIUM
ONE DAY ON NEW STRATEGIES IN THE TREATMENT OF COLORECTAL LIVER METASTASES

Beurs van Berlage, Amsterdam, the Netherlands
Dear colleagues,

We are very pleased to invite you to the symposium One day on new strategies in the treatment of colorectal liver metastases, to be held in the ‘Beurs van Berlage’ in Amsterdam, on Friday June 16, 2017.

The “One day….” symposia have become a tradition in Amsterdam. The aim of these symposia is to provide an update on selected topics in liver surgery. This year we address the various therapies currently available for the treatment of colo-rectal liver metastases.

Surgical removal of the metastases remains the gold standard for cure. Although the criteria for resectability are straightforward, assessment of resectability may vary even among expert panels. Initially unresectable metastases are amenable to neoadjuvant systemic treatment in order to down-size tumor. From the liver side, several techniques can be used to preoperatively up-size parenchyma of the future remnant liver such as portal vein embolization and more recently, ALPPS. The laparoscopic approach has advanced and is now used also for the larger liver resections. The margin status and concomitant resection of extra-hepatic disease have been debated in the light of modern chemotherapy although the role of perioperative chemotherapy is still under discussion. Identification of RAS status of the tumor besides other molecular and clinical parameters offer the prospect of personalized care of patients with colo-rectal liver metastases. Several locoregional therapies have emerged as an adjunct to liver resection or as alternative strategies when a curative resection is not feasible. Radiofrequency ablation (RFA) has been widely used for local destruction of liver metastases and can be applied percutaneously or intra-operatively, alone or in combination with resection. Irreversible electroporation (Nanoknife) and stereotactic body radiation therapy (SBRT) are alternative methods to locally destroy tumor.

The afternoon program is devoted to Selective Internal Radiation Therapy (SIRT) using microspheres loaded with the high-energy beta-emitting radioisotope yttrium-90. SIRT is increasingly used in the management of patients with unresectable colo-rectal liver metastases. When used in the unilateral setting, it may even induce contralateral hypertrophy allowing secondary resection.

This year, the symposium is part of the 52nd International Meeting of the European Society for Surgical Research, which will be held from June 14-17 in the ‘Beurs van Berlage’ in Amsterdam. The Beurs van Berlage is a historical building in the center of Amsterdam and offers the perfect venue for this international meeting. We would like to thank our colleagues from world leading centers for coming to Amsterdam to share their experience with us in this symposium.

We look forward to welcoming you in Amsterdam on June 16th 2017, Thomas van Gulik, Joost Huiskens, Pieter Tanis and Kees Punt

Faculty
René Adam, Hôpital Universitaire Paul Brousse, Villejuif, France
Marc Besselink, Academic Medical Center, Amsterdam, The Netherlands
Yun Chur, MD Anderson Cancer Center, Houston, USA
Benjamin Garlipp, University Hospital Magdeburg, Germany
Thomas Gruenberger, Rudolf Foundation Hospital, Vienna, Austria
Thomas van Gulik, Academic Medical Center, Amsterdam, the Netherlands
Derek Manas, Newcastle Hospitals, Newcastle, UK
Martijn Meijerink, VU medical center, Amsterdam, the Netherlands
Bernard Nordlinger, Hospital Ambroise Pare, Paris, France
Fernando Pardo, University of Navarra, Pamplona, Spain
Kees Punt, Academic Medical Center, Amsterdam, the Netherlands
Myrddin Rees, Hampshire Hospitals, Basingstoke, UK
Theo Ruers, Netherlands Cancer Institute, Antonie van Leeuwenhoek, Amsterdam, the Netherlands
Michael Schön, Hospital of Karlsruhe, Germany
Pieter Tanis, Academic Medical Center, Amsterdam, the Netherlands
Henrique Westerveld, Academic Medical Center, Amsterdam, the Netherlands

Program
08.00 - 09.00 Registration, coffee and tea
09.00 - 09.05 Welcome T. van Gulik
09.05 - 10.45 Chair: B. Nordlinger, T. van Gulik
09.05 - 09.30 Liver resection for CRLM - The gold standard M. Rees
09.30 - 09.55 Unresectable CRLM - How is it defined T. Gruenberger
09.55 - 10.20 Strategies to increase resectability of CRLM (ALPPS, PVE, RFA) T. van Gulik
10.20 - 10.45 Laparoscopic liver resection for CRLM - Where are the limits? M. Besselink
10.45 - 11.15 Coffee break
11.15 - 12.55 Chair: T. Ruers, M. Besselink
11.15 - 11.40 The margin issue in resected CRLM P. Tanis
11.40 - 12.05 Concomitant resection of extra-hepatic disease R. Adam
12.05 - 12.30 Systemic therapy - Strategies to convert unresectable into resectable disease C. Punt
12.30 - 12.55 Peri-operative chemotherapy - what to do now B. Nordlinger
12.55 - 13.45 Lunch
13.45 - 15.25 Chair: D. Manas, P. Tanis
13.45 - 14.10 Ras mutations - the key to tailored approach Y. Chun
14.10 - 14.35 Heat ablative therapies - Where are we standing T. Ruers
14.35 - 15.00 Nanoknife treatment of CRLM M. Meijerink
- The new kid on the block
15.00 - 15.25 Stereotactic body radiation therapy G. Westerveld
- When does it come in
15.25 - 15.55 Tea break
15.55 - 17.25 Chair: T. Gruenberger, M. Meijerink
15.55 - 16.20 SIRT Technical considerations F. Pardo
16.20 - 16.45 SIRT for CRLM D. Manas
16.45 - 17.10 SIRT and ALPPS M. Schoen
17.10 - 17.25 SIRT for induction of parenchymal liver hypertrophy B. Garlipp
17.25 - 17.30 Closure
17.30 - 18.30 Cocktails