Fri. Nov 14, 2025

JSCP-KSCP Symposium Session

Fri. Nov 14, 2025 3:30 PM - 4:30 PM JST | Fri. Nov 14, 2025 6:30 AM - 7:30 AM UTC Room 10

[JKS1] JSCP-KSCP Symposium Session 1 Front Line of Rectal Cancer Treatment

Moderator:Takashi Akiyoshi(Gastroenterological Surgery, The Cancer Institute Hospital of JFCR), Seok-Hwan Lee(Kyung Hee University Hospital at Gangdong)

[JKS1-1]

The Role of MRI in the Preoperative Diagnosis for Rectal Cancer

Kazusige Kawai, Daisuke Nakano, Misato Takao, Hiroki Kato (Tokyo Metropolitan Cancer and Infectious Diseases Center, Komagome Hospital)

[JKS1-2]

The Latest Preoperative Treatment for Locally Advanced Rectal Cancer and its Pros and Cons

Seung-Bum Ryoo (Seoul National University Hospital)

[JKS1-3]

The Benefits of Upfront Surgery for Locally Advanced Rectal Cancer

Akio Shiomi (Division of Colon and Rectal Surgery, Shizuoka Cancer Center)

[JKS1-4]

Robotic Surgery and Laparoscopic Surgery for Rectal Cancer: Advancing the Front Line of Treatment

Songsoo Yang (Ulsan University hospital)

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[JKS2] JSCP-KSCP Symposium Session 2 Endoscopic Diagnosis and Treatment for Colorectal Diseases

Moderator:Shiro Oka(Department of General Internal Medicine, Hiroshima University Hospital), Soon Sup Chung(Ewha Womans University)

[JKS2-1]

Indications and Outcomes of Treatment for Abdominal Abscesses

Hidenori Tanaka, Shiro Oka (Hiroshima University Hospital)

[JKS2-2]

Diagnosis for Benign Diseases

Jun Woo Bong (Korea University Guro Hospital)

[JKS2-3]

Indications and Limitations of Treatment for Malignant Diseases

Naohisa Yoshida, Reo Kobayashi, Ken Inoue (Department of Endoscopy and Ultrasound, University Hospital, Kyoto Prefectural University of Medicine)

[JKS2-4]

Endoscopic diagnosis of malignant disease

Nina Yoo (Division of Colorectal Surgery, Department of Surgery, The Catholic University of Korea, St. Vincent's Hospital)

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[JKS1-1] The Role of MRI in the Preoperative Diagnosis for Rectal Cancer

Kazusige Kawai, Daisuke Nakano, Misato Takao, Hiroki Kato (Tokyo Metropolitan Cancer and Infectious Diseases Center, Komagome Hospital)

Local recurrence after rectal cancer surgery can occur in two distinct forms: central pelvic recurrence and lateral pelvic recurrence, and even after chemoradiotherapy (CRT), residual metastatic lateral lymph nodes may result in lateral pelvic recurrence.
We conducted a nationwide prospective study to determine the optimal indication for the lateral lymph node dissection (LLND) by preoperative MRI, which included 337 rectal cancer patients who underwent TME plus LLND. We developed the criteria using the initial 212 patients, and validated them using the remaining 125 patients. Through this study, we could establish criteria for LLND which could be applied to all patients without preoperative treatment, with neoaduvant chemotherapy (NAC), and with CRT, as follows;
1. Small nodes; <3.5 mm in long axis
2. Rod-shaped nodes; short/long ratio <0.5
3. Oval nodes of intermediate size; <7 mm in long axis and short/long ratio <0.7
I'll also show the result of other sub-analyses of the study, including the development of two AIs for the determination of lateral lymph node metastasis.
In addition, I'll overview of the published studies investigating the diagnostic accuracy of MRI for lateral lymph node metastasis.

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[JKS1-2] The Latest Preoperative Treatment for Locally Advanced Rectal Cancer and its Pros and Cons

Seung-Bum Ryoo (Seoul National University Hospital)

Neoadjuvant long-course chemoradiotherapy (CRT) followed by total mesorectal excision (TME) and adjuvant chemotherapy has been the standard treatment for locally advanced rectal cancer (LARC). This multimodal approach, established through landmark European and German trials, significantly reduced local recurrence and improved survival outcomes. However, despite local recurrence rates as low as 5-8% in modern practice, distant metastasis remains a major cause of treatment failure, with 10-year cumulative incidence approaching 30%. Adjuvant fluoropyrimidine-based chemotherapy failed to adequately prevent distant relapse, partly due to poor compliance and delayed initiation after CRT. To overcome these limitations, the concept of total neoadjuvant therapy (TNT) has emerged, aiming to deliver systemic chemotherapy earlier to eradicate micrometastases and increase pathologic complete response (pCR) rates. Recent randomized trials have demonstrated the benefits of TNT. The STELLAR and RAPIDO trials showed that short-course radiotherapy followed by CAPOX improved pCR and disease-related treatment failure compared with conventional CRT. The PRODIGE 23 trial using FOLFIRINOX followed by CRT significantly improved 3-year disease-free survival and doubled the pCR rate. These advances highlight TNT as a promising strategy for both oncological control and organ preservation. Nevertheless, the optimal regimen for standard-risk LARC remains unsettled. Key questions include the choice between short- and long-course radiotherapy, induction versus consolidation chemotherapy sequencing, and appropriate chemotherapy intensity. Ongoing randomized trials are expected to clarify these issues and establish a new standard of care.

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[JKS1-3] The Benefits of Upfront Surgery for Locally Advanced Rectal Cancer

Akio Shiomi (Division of Colon and Rectal Surgery, Shizuoka Cancer Center)

Robot-assisted surgery is a promising modality with high degrees of freedom and tremor suppression capabilities, making it a potentially more precise approach than conventional laparoscopic surgery.
In Japan, the number of robot-assisted procedures for rectal cancer has rapidly increased since national insurance coverage was introduced in 2018. Studies using large-scale domestic databases have demonstrated a reduction in the conversion rate to open surgery compared to laparoscopic surgery. Additionally, randomized controlled trials from overseas have shown that robot-assisted surgery facilitates more reliable achievement of a negative circumferential resection margin (CRM).
In 2022, insurance coverage was extended to colon cancer. Evidence from domestic multicenter prospective studies has confirmed the usefulness of robot-assisted surgery, particularly in terms of reducing conversion rates and postoperative complications.
Since 2023, new surgical robotic systems have been launched by various manufacturers, increasing the range of available options.
Reflecting these developments, the 2024 edition of the Japanese Guidelines for the Treatment of Colorectal Cancer strongly recommends robot-assisted surgery as a treatment option for rectal cancer, and weakly recommends it for colon cancer.
At our department, we have performed over 1,800 robot-assisted surgeries for colorectal cancer since 2011. In this presentation, we will highlight our outcomes-particularly under the principle of upfront surgery - and discuss the current status and future perspectives of robot-assisted surgery.

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[JKS1-4] Robotic Surgery and Laparoscopic Surgery for Rectal Cancer: Advancing the Front Line of Treatment

Songsoo Yang (Ulsan University hospital)

Background: Rectal cancer surgery has evolved significantly over the past two decades, with minimally invasive techniques such as laparoscopic and robotic surgery becoming standard approaches in many centers. While laparoscopic surgery has demonstrated oncologic safety and functional benefits compared to open surgery, robotic platforms have offered enhanced dexterity, stable 3D vision, and improved ergonomics - particularly advantageous in the narrow pelvic cavity.
Content: We will compare laparoscopic and robotic approaches for rectal cancer, reviewing the current evidence on short- and long-term outcomes, including oncologic safety, postoperative recovery, and functional preservation. Although high-quality randomized controlled trials (RCTs) directly comparing these modalities remain limited, multiple observational studies suggest that robotic surgery may reduce conversion rates, facilitate total mesorectal excision quality, and improve postoperative urinary and sexual function.
In addition, recent advances in Single-Port (SP) robotic surgery have introduced new possibilities for rectal cancer treatment. Early clinical experiences indicate that SP robotic platforms may further minimize surgical trauma, improve cosmesis, and maintain oncologic principles, while potentially enhancing recovery. Although robust evidence from RCTs is not yet available, initial results are promising and suggest that SP robotic surgery could play a significant role in the next phase of minimally invasive rectal cancer surgery.
Conclusion: As technology advances, the role of robotic surgery - including SP platforms - continues to expand in rectal cancer treatment. Careful evaluation of ongoing and future studies will be essential to define their position at the frontline of surgical management.

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[JKS2] JSCP-KSCP Symposium Session 2 Endoscopic Diagnosis and Treatment for Colorectal Diseases

Moderator:Shiro Oka(Department of General Internal Medicine, Hiroshima University Hospital), Soon Sup Chung(Ewha Womans University)

[JKS2-1]

Indications and Outcomes of Treatment for Abdominal Abscesses

Hidenori Tanaka, Shiro Oka (Hiroshima University Hospital)

[JKS2-2]

Diagnosis for Benign Diseases

Jun Woo Bong (Korea University Guro Hospital)

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Indications and Limitations of Treatment for Malignant Diseases

Naohisa Yoshida, Reo Kobayashi, Ken Inoue (Department of Endoscopy and Ultrasound, University Hospital, Kyoto Prefectural University of Medicine)

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Endoscopic diagnosis of malignant disease

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[JKS2-1] Indications and Outcomes of Treatment for Abdominal Abscesses

Hidenori Tanaka, Shiro Oka (Hiroshima University Hospital)

Background: Abdominal abscesses are commonly managed by antibiotics, percutaneous drainage, or surgery. However, recent advances in therapeutic endoscopy have enabled internal drainage approaches. We present two cases in which endoscopic interventions were applied, highlighting the key indications and technical considerations.
Case 1: A 74-year-old man developed a localized abscess in the descending colon wall. Endoscopic ultrasonography (EUS) confirmed an intramural abscess. A direct mucosal incision was made using a needle-type knife, allowing spontaneous drainage of the purulent contents. The procedure was completed without complications, and the abscess resolved completely. This case demonstrates that direct endoscopic incision is a feasible option for intramural abscesses when the cavity is well-demarcated, protrudes into the lumen, and EUS confirms intramural location and vascular safety.
Case 2: A 23-year-old man with ulcerative colitis underwent ileal pouch-anal anastomosis, after which he developed a presacral sinus. Despite multiple interventions including CT-guided drainage, endoscopic clip closure and transanal surgery, the sinus persisted. Endoscopic sinusotomy was performed using an insulated-tip knife to open the sinus into the ileal pouch, allowing unification of them. This case demonstrates that endoscopic sinusotomy can be a first-line option in suitable cases, especially when a visible fistula is present and the sinus tract is short and accessible.
Conclusion: Endoscopic treatment offers a minimally invasive option for abdominal abscesses. When lesion location and characteristics are properly assessed, especially using EUS, these procedures can be performed safely and effectively in selected benign cases.

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[JKS2-2] Diagnosis for Benign Diseases

Jun Woo Bong (Korea University Guro Hospital)

A wide spectrum of benign colorectal lesions may be identified during colonoscopy, many with clinical importance for symptoms, surveillance, and differentiation from malignancy. The most common are colorectal polyps: adenomas (tubular, villous, tubulovillous) that are precancerous; hyperplastic polyps, small and pale in the distal colon; and sessile serrated lesions, subtle and mucus-covered in the proximal colon. Juvenile and hamartomatous polyps appear lobulated or pedunculated and may occur in syndromic contexts. Complete removal and histology-based surveillance are essential.
Inflammatory diseases include ulcerative colitis (continuous from rectum), Crohn’s disease (skip lesions, cobblestoning), microscopic colitis (normal endoscopy, histology-based), eosinophilic colitis, ischemic colitis (segmental erythema/ulceration in watershed zones), radiation colitis (telangiectasia, strictures), and SCAD (localized sigmoid inflammation near diverticula).
Structural and other benign conditions include diverticulosis/diverticulitis, solitary rectal ulcer syndrome, melanosis coli, and pneumatosis coli. Vascular lesions encompass angiodysplasia, hemorrhoids, and rectal prolapse. Subepithelial lesions include lipomas, leiomyomas, duplication cysts, and rare endometriosis affecting the rectosigmoid.
Advanced imaging (high-definition, NBI, chromoendoscopy) enhances detection, enabling targeted biopsy, removal, and surveillance. Recognizing these diverse benign lesions ensures accurate diagnosis, tailored management, and improved outcomes.

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[JKS2-3] Indications and Limitations of Treatment for Malignant Diseases

Naohisa Yoshida, Reo Kobayashi, Ken Inoue (Department of Endoscopy and Ultrasound, University Hospital, Kyoto Prefectural University of Medicine)

With the widespread implementation of endoscopic screening, the early detection rate of colorectal cancer has significantly improved, and the role of endoscopic treatment is becoming increasingly important. For intramucosal cancers and superficially submucosal invaded cancer, endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) have become widely adopted as minimally invasive alternatives to surgical resection. EMR is globally recognized as a standard technique; however, piecemeal resection has traditionally been a limitation for large or recurrent lesions. Recent advances such as underwater EMR and precutting EMR have improved the precision and outcomes of the procedure (Yoshida N, et al. Endoscopy 2019;51:871-6). On the other hand, ESD allows en bloc resection regardless of tumor size and provides an accurate pathological diagnosis, although it requires advanced skills and carries a risk of complications such as perforation and delayed bleeding. Nevertheless, the development of the pocket-creation method and traction devices has contributed to reducing the technical difficulty and procedure time, and the introduction of various endoscopic closure techniques has further decreased the risk of adverse events (Yoshida N, et al. Endoscopy 2025;57:354-60). Recently, even delayed perforation can be treated with endoscopic closure (Yoshida N, et al. Dig Dis Sci 2025;70:2404-13). In this presentation, we will provide an overview of current endoscopic techniques for colorectal cancer, their limitations, and future perspectives.

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[JKS2-4] Endoscopic diagnosis of malignant disease

Nina Yoo (Division of Colorectal Surgery, Department of Surgery, The Catholic University of Korea, St. Vincent's Hospital)

Endoscopic techniques are central to the diagnosis and management of colorectal cancer, the third most common malignancy worldwide. Colonoscopy remains the gold standard, allowing for direct visualization of the colonic mucosa, detection of early neoplastic lesions, and precise biopsy of suspicious areas. Recent advances such as high-definition colonoscopy, chromoendoscopy, and narrow-band imaging have enhanced the detection of subtle or flat lesions, improving early diagnosis rates. Endoscopic ultrasound further aids in local staging by assessing tumor invasion depth and regional lymph node involvement. These minimally invasive methods have significantly contributed to the reduction of colorectal cancer morbidity and mortality through early detection and intervention. Ongoing innovations in endoscopic imaging and artificial intelligence promise to further refine diagnostic accuracy and patient outcomes in colorectal cancer care.

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