Fri. Nov 14, 2025

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-1]

The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang[1], Yaru Niu[1], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-2]

Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

[E1-3]

A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma[1], Xuan Guan[1], Jinzhu Zhang[1], Yaru Niu[1], Yihang Shi[1], Baohong Yang[2], Haiyi Liu[2], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E1-4]

Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jinzhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-5]

Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang[1], Ming Yin Shen[1,2], Tzu Liang Chen[1,2] (1.Department of Surgery, China Medical University HsinChu Hospital, 2.China Medical University)

[E1-6]

Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

English Abstract Session

📅 Fri. Nov 14, 2025 9:20 AM - 10:20 AM JST | Fri. Nov 14, 2025 12:20 AM - 1:20 AM UTC 🏛 Room 10

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-1]

Outcomes of NOSES vs TLRH for Right-Sided Colon Cancer: A Propensity Score-Matched Study

Zheng Xu, Yueyang Zhang, Xu Guan, Yihang Shi, Haipeng Chen, Zhixun Zhao, Zhaoxu Zheng, Haitao Zhou, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E2-2]

Short-term Outcomes of NOSES vs Conventional Laparoscopic Surgery in CRC

Xu Guan (Department of Colorectal Surgery, National Cancer Center/NationalClinical Research Center for Cancer/Cancer Hospital, Chinese Academy ofMedical Sciences and Peking Union Medical College)

[E2-3]

ICG Fluorescence Imaging allows Navigation of Critical Vessels during Laparoscopic and Robotic Colorectal Surgery

Trevor M Yeung, Wing Wa Leung, Prudence Tam, Ruby Lau, Julie Ng, Nicole Cheng, Vienna Ng, Cherry Wong, Simon Chu, Sophie S Hon, Kaori Futaba, Simon S Ng (The Chinese University of Hong Kong)

[E2-4]

Ergonomic Advantages of the Open Console System in Robotic Colorectal Resection

Chunlin Wang, Yulingming Wang, Guiyu Wang (Department of colorectal cancer surgery, the Second Affiliated Hospital of Harbin Medical University)

[E2-5]

CUSUM-Based Learning Curve Analysis of RiSSA in Robotic Left-Sided Colorectal Cancer Surgery

Shih-Feng Huang[1], Chih-Chien Wu[1,2] (1.Division of Colorectal Surgery, Kaohsiung Veterans General Hospital, 2.School of Medicine, National Yang Ming Chiao Tung University)

[E2-6]

Short term outcomes of intracorporeal anastomosis in robotic and laparoscopic left colectomy.

Yenchen Shao[1,2], Mina Mingyin Shen[1,2], William Tzuliang Chen[1,2] (1.China Medical University Hsinchu Hospital, 2.China Medical University)

[E2-7]

The long-term effects of anastomotic leakage after colorectal cancer surgery on Quality of Life – A systematic review

Gielen AHC, Heuvelings DJI, Sylla P, van Loon YT, Melenhorst J, Bouvy ND, Kimman ML, Breukink SO (CoReAL collaborative)

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-1]

Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

Alongkot Kaewkim[1], Kamales Prasitvarakul[2] (1.Hatyai hospital, 2.Haiyai hospital)

[E3-2]

D3 LND improves the survival outcome in patients with cT2 colorectal cancer

Liming Wang[1], Yinggang Chen[1], Yasumitsu Hirano[2] (1.National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 2.Division of Gastroenterological Surgery, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan.)

[E3-3]

Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

Baohong Yang[1], Xu Guan[1,2], Jian Ma[2], Shuai Jiao[1], Qingxia Xu[1], Yanfeng Xi[3], Xishan Wang[1,2] (1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E3-4]

laparoscopic right hemicolectomy in obstructed hepatic flexure colon cancer, a technical challenge

Sumet Saeli (Hatyai hospital)

[E3-5]

Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

Yao Zengwu, Jinchen Hu, Yifei Zhang (Yantai Yuhuangding hospital)

[E3-6]

Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

Sat. Nov 15, 2025

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-1]

Clinical value of CT 3D construction of pelvis and mesorectum in middle-low rectal carcinoma

Xiao-Cong Zhou[1], Fei-Yue Ke[2], Hao Chen[2], Qiang Wang[2], Gaurav Dhamija[3], Ruchi Dharamshibhai Viroja[4], Gui-Ping Chen[1] (1.The First Affiliated Hospital of Zhejiang Chinese Medical University (Zhejiang Provincial Hospital of Traditional Chinese Medicine), 2.The Dingli Clinical Institute of Wenzhou Medical University (Wenzhou Central Hospital), 3.Ram Krishna Medical College Hospital and Research Centre, 4.Bhavsinhji General Hospital)

[E4-2]

Pre-Operative Endoscopic Assessment and MRI as Predictors of Pathological Complete Response and Long-Term Survival in Locally Advanced Rectal Cancer after Neoadjuvant Therapy

Trevor M Yeung[1], Wing Wa Leung[1], Justin Lam[1], Prudence Tam[1], Julie Ng[1], Kaori Futaba[1], Sophie S Hon[1], Simon Chu[1], Esther Hung[2], Carmen Cho[2], Simon S Ng[1] (1.The Chinese University of Hong Kong, 2.Department of Imaging and Interventional Radiology, The Chinese University of Hong Kong, Prince of Wales Hospital)

[E4-3]

CRCFound: A Colorectal Cancer CT Image Foundation Model Based on Self-Supervised Learning

Du Cai[1], Jing Yang[2], Junwei Liu[3], Zhenfeng Zhuang[4], Yibing Zhao[5], Feng-Ao Wang[6], Chenghang Li[7], Chuling Hu[1], Baowen Gai[1], Yiping Chen[8], Yixue Li[9], Liansheng Wang[4], Feng Gao[1], Xiaojian Wu[1] (1.Department of General Surgery (Colorectal Surgery), The Sixth Affiliated Hospital, Sun Yat-sen University, 2.National Institute for Data Science in Health and Medicine, Xiamen University, 3.Guangzhou National Laboratory, 4.Department of Computer Science at the School of Informatics, Xiamen University, 5.Department of Colorectal Surgery, Ningbo Medical Center Lihuili Hospital (Affiliated Lihuili Hospital of Ningbo University), 6.Key Laboratory of Systems Health Science of Zhejiang Province, School of Life Science, Hangzhou Institute for Advanced Study, University of Chinese Academy of Sciences, 7.Artificial Intelligence Thrust, The Hong Kong University of Science and Technology, 8.School of Geospatial Engineering and Science, Sun Yat-Sen University, 9.Shanghai Institute of Nutrition and Health, Chinese Academy of Sciences)

[E4-4]

Deep learning in radiogenomics for enhanced risk prediction only from CT images in colorectal cancer

Feng Gao[1,2,3], Fengao Wang[4,5], Chuling Hu[1,2,3], Du Cai[1,2,3], Yibin Zhao[6], Daisuke Izumi[7], Haoning Qi[1,2,3], Baowen Gai[1,2,3], Junxiang Ding[4,5], Ruikun He[8], Junwei Liu[5], Yixue Li[4,5,9,10,11,12,13], Xiaojian Wu[1,2,3] (1.Department of General Surgery (Department of Colorectal Surgery), The Sixth Affiliated Hospital, Sun Yat–sen University, 2.Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Diseases, The Sixth Affiliated Hospital, Sun Yat–sen University, 3.Biomedical Innovation Center, The Sixth Affiliated Hospital, Sun Yat–sen University, 4.Institute for Advanced Study, University of Chinese Academy of Sciences, 5.Guangzhou National Laboratory, 6.Department of Colorectal Surgery, Ningbo Medical Center Lihuili Hospital (Affiliated Lihuili Hospital of Ningbo University), 7.Izumi Gastroenterology & Surgery Clinic, 8.BYHEALTH Institute of Nutrition & Health, 9.GZMU–GIBH Joint School of Life Sciences, The Guangdong–Hong Kong–Macau Joint Laboratory for Cell Fate Regulation and Diseases, Guangzhou Medical University, 10.School of Life Sciences and Biotechnology, Shanghai Jiao Tong University, 11.Shanghai Institute of Nutrition and

Health, Chinese Academy of Sciences, 12.Collaborative Innovation Center for Genetics and Development, Fudan University, 13.Shanghai Institute for Biomedical and Pharmaceutical Technologies)

[E4-5]

Vancomycin boosts immunotherapy in MSS CRC via gut microbiota modulation

Bo Shi, Songbing He (The First Affiliated Hospital of Soochow University)

[E4-6]

Clinical Impact of 1L Therapeutic Strategies in BRAF V600E-Mutant Metastatic Colorectal Cancer

Shihwei Chiang[1,2], Chia-Chang Yeh[1], Feng-Fan Chiang[1,3] (1.Taichung Veterans General Hospital, 2.Department of Nutrition, Chung Shan Medical University, 3.College of Humanities and Social Sciences, Providence University)

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-1]

Neutrophil Biomarkers and EDCs for IBD Prediction via Bioinformatics & ML

Shihui Chen, Jianbao Zheng, Junhui Yu, Xuejun Sun (The First Affiliated Hospital of Xi'an Jiao Tong University)

[E5-2]

Factor related to mortality in colovesical fistula patients

Pohnpatchara Debsane, Siripong Sirikurnpiboon, Paiboon Jivapaisarnpong (Rajavithi hospital)

[E5-3]

The beneficial effect of plasma jet on hemorrhoids in mice by anti-inflammatory response

Zeshaan Yahaya Haji Mahmood[1], Xuejun Sun[8], Jianbao Zheng[7] (1.Zeshaan Yahaya Haji Mahmood, 2.Shibo Hu, 3.Zepeng Dong, 4.Junhui Yu, 5.Dehui Xu, 6.Dingxin liu, 7.Jianbao Zheng, 8.Xuejun Sun)

[E5-4]

Effectiveness of Flavonoids in Postoperative Pain and Wet Anus After Hemorrhoidectomy

Waranthorn Somjinda, Siripong Sirikurnpiboon (Department of Surgery, Rajavithi Hospital)

[E5-5]

Ligation of the Intersphincteric Fistula Tract (LIFT): Technical Refinements

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-1]

"Newly Diagnosed Familial Adenomatous Polyposis Without Family History: A Case Report"

Tolkhiinjan Dostikh (Mungunguur hospital)

[E6-2]

Endoscopic Intermuscular Dissection (EID) for Deep Submucosal Invasive Carcinoma in Rectum

Xutao Lin[1], Dejun Fan[1], Jingwen Qi[2], Tao Yang[1], Lishuo Shi[3], Fangqian Li[4], Qiuning Wu[1], Lingyu Huang[1], Jiancong Hu[1] (1.Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, 2.Department of Pathology, The Sixth Affiliated Hospital, Sun Yat-sen University, 3.Center for Clinical Research, The Sixth Affiliated Hospital, Sun Yat-sen University, 4.Department of Radiology, The Sixth Affiliated Hospital, Sun Yat-sen University)

[E6-3]

Organ-Sparing Surgery for Rectal GISTs: A Video Demonstration of The Trans-Sacrococcygeal Technique

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

[E6-4]

Efficacy and Safety of Oral Iohexol in the Management of Postoperative Chylous Ascites

Zhixun Zhao[1], Yihang Shi[1], Haipeng Chen[1], Xu Guan[1], Zheng Jiang[1], Ming Yang[1], Henchang Liu[1], Jianwei Liang[1], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E6-5]

Clinicopathological and Genomic Characterization of Intestinal Adenosquamous Carcinoma

Baohong Yang[1], Xu Guan[1,2], Yanfeng Xi[3], Podda Mauro[4], Xishan Wang[1,2] (1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 4.Department of Surgical Science, Cagliari State University.)

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-1]

The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang[1], Yaru Niu[1], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-2]

Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

[E1-3]

A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma[1], Xuan Guan[1], Jinzhu Zhang[1], Yaru Niu[1], Yihang Shi[1], Baohong Yang[2], Haiyi Liu[2], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E1-4]

Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jinzhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

[E1-5]

Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang[1], Ming Yin Shen[1,2], Tzu Liang Chen[1,2] (1.Department of Surgery, China Medical University HsinChu Hospital, 2.China Medical University)

[E1-6]

Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-1] The impact of tumor-associated inflammatory adhesions on survival in patients with colon cancer

Jinzhu Zhang[1], Yaru Niu[1], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Purpose: In colon cancer patients with tumor-associated inflammatory adhesions (TAIA), the preoperative clinical staging is cT4b, but postoperative pathology reveals that the tumor has not invaded surrounding organs (non-pT4b). We aimed to investigate the impact of TAIA on prognosis and treatment strategies for colon cancer patients.
Methods: Colon cancer patients from the Surveillance, Epidemiology, and End Results (SEER) database (2010 to 2019) and Chinese multicenter cohort were included to compare survival differences between the TAIA and non-TAIA groups. A Cox proportional hazards model was used to evaluate independent risk factors for survival in colon cancer patients. Additionally, we analyzed the impact of adjuvant chemotherapy on survival in TAIA patients.
Results: A total of 112,659 colon cancer patients from the SEER database and 881 colon cancer patients from the Chinese database were included in this study. After propensity score matching (PSM), both cohorts found that patients in the TAIA group exhibited worse overall survival (P<0.05) and cancer-specific survival (P<0.05). Additionally, the Cox multivariate proportional hazards model identified TAIA as an independent risk factor for cancer-specific survival in colon cancer patients (SEER: HR 1.45, 95% CI: 1.40 to 1.50, P<0.001; China: HR 1.54, 95% CI: 1.130 to 2.102, P 0.006). Subsequently, 36,496 TAIA patients from the SEER database and 229 TAIA patients from a Chinese multicenter database were independently divided into adjuvant chemotherapy and control groups. After PSM, both databases indicated better survival in the adjuvant chemotherapy group.
Conclusion: Colon cancer patients with TAIA have a poorer prognosis. Adjuvant chemotherapy can improve the prognosis of TAIA patients.

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-2] Laparoscopic Anterior Resection in Elderly Patients: Short-term Outcomes in a District Hospital

Likana Pattanapongsa (Miss)

Background:
Laparoscopic anterior resection (LAR) is widely accepted as a standard treatment for colorectal cancer. However, data on its short-term outcomes in elderly patients treated at district hospitals remain limited. This study aims to evaluate the short-term surgical outcomes of LAR in elderly patients at a 200-bed district hospital.
Methods:
A retrospective review was conducted of patients aged 65 years and older who underwent LAR at Takua Pa Hospital, Phang Nga, Thailand. Data collected included patient demographics, length of hospital stay, postoperative complications, conversion to open surgery, and 30-day readmission rates.
Results:
A total of 41 elderly patients were included. The mean length of hospital stay was 12.1 days. The postoperative complication rate was 22%, while the conversion rate to open surgery was 12.2%. The 30-day readmission rate was 7.3%. Most complications were minor and managed conservatively.
Conclusions:
Laparoscopic anterior resection in elderly patients can be performed safely in a medium-sized district hospital, with acceptable rates of complications and readmissions. These findings support the feasibility and safety of minimally invasive colorectal surgery for elderly patients in community hospital settings.

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-3] A Predictive Nomogram for Retrieving 12 Lymph Nodes in Rectal Cancer Patients

Jian Ma[1], Xuan Guan[1], Jinzhu Zhang[1], Yaru Niu[1], Yihang Shi[1], Baohong Yang[2], Haiyi Liu[2], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

Objective
This study aims to develop a nomogram model to predict the probability of retrieving 12 LNs postoperatively in rectal cancer (RC) patients.
Methods
Patients collected from Shanxi Cancer Hospital between 2015 and 2020 were retrospectively analyzed. Continuous variables were converted into categorical variables. Chi-square tests were used to identify key factors influencing 12 LNs detected. Significant variables were incorporated into a nomogram model. The model's discrimination ability was evaluated based on the receiver operating characteristic (ROC) curve, while model calibration was assessed using calibration plots. The clinical utility of the model was determined using decision curve analysis (DCA).
Results
A total of 2,724 RC patients were included, 1,906 cases were assigned to the training dataset, while 818 were assigned to the in-validation dataset. Chi-square analysis identified age, T stage, N stage, tumor size, CEA, CA19-9, hemoglobin, and PLT as significant factors associated with 12 LN retrieval. The nomogram indicated that T stage, N stage, and tumor size contributed most significantly. The AUCs of the model were 0.669 for the training and 0.689 for the in-validation dataset. The calibration plots showed good agreement between the predicted probabilities and actual outcomes. The DCA curves demonstrated a favorable net benefit across a wide range of threshold probabilities.
Conclusion
The nomogram model can effectively predict 12 LNs retrieving in RC patients. It also provides a valuable tool for preoperative risk stratification and personalized clinical decision-making.

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-4] Robotic NOSES Combined with En Bloc Resection for Bilateral Lateral Lymph Node in Rectal Cancer

Yihang Shi, Zhixun Zhao, Xu Guan, Jinzhu Zhang, Jian Ma, Zheng Xu, Haipeng Chen, Xishan Wang
(Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College)

Abstract
Background: Rectal cancer often metastasizes to bilateral lateral pelvic lymph nodes (LPLNs). While radical resection with lateral lymph node dissection (LLND) is standard for suspected metastasis, traditional piecemeal resection risks tumor dissemination. Natural orifice specimen extraction surgery (NOSES) enhances recovery by avoiding abdominal incisions. This first report combines robotic-assisted NOSES with en bloc resection for rectal cancer and bilateral LLND.
Methods: A 31-year-old male with mid-rectal adenocarcinoma and bilateral LPLN enlargement (8mm) underwent robotic en bloc tumor resection with bilateral LLND. Using a modified lithotomy position, retroperitoneal access was established at the left iliac bifurcation. Bilateral LLND and total mesorectal excision preserved specimen integrity. Transanal extraction followed intersphincteric resection, enabling direct anastomosis.
Results: Successful 391-minute procedure with 100mL blood loss. Bilateral internal/external iliac and obturator nodes were dissected without abdominal incisions/stomas. Discharge occurred on postoperative day 10. Pathology confirmed pT3N0M0 adenocarcinoma. Four-year follow-up showed no recurrence/metastasis, with preserved urinary/defecatory function.
Conclusion: Robotic NOSES with en bloc resection demonstrates safety and feasibility for locally advanced rectal cancer with bilateral LPLN metastasis. This technique combines oncologic radicality (minimizing tumor spread risk) and functional preservation, while transanal extraction optimizes recovery. The 4-year recurrence-free survival supports its dual benefits, offering a minimally invasive paradigm for complex cases. Multicenter validation and protocol standardization are warranted.

[E1-5] Single stapler anastomosis in minimal invasive rectal surgery-outcome in single institution

Chu Cheng Chang[1], Ming Yin Shen[1,2], Tzu Liang Chen[1,2] (1.Department of Surgery, China Medical University HsinChu Hospital, 2.China Medical University)

Background Anastomotic leakage in rectal surgery can lead to increased morbidity, mortality, and a higher rate of local tumor recurrence. Many risk factors, such as blood supply, tension, and patient comorbidities, have been identified as contributing to the risk of leakage. Several studies have noted that the numbers of staplers used during rectal transection is an independent risk factor for anastomotic leakage. Here, we present our experience with single stapler anastomosis in minimal invasive rectal surgery.

Method After completing the dissection of rectum, the transection point was selected. One purse-string suture was made proximal to transection point to close the rectum. The transection was done with scissors. We made another hand-sewn purse-string suture at rectum stump in laparoscopic or robotic platform. The anastomosis was completed with single staple circular stapler.

Result From November 2022 to April 2025, we've performed 28 single stapler anastomosis. 18(64.3%) male and 10(35.7%) female patients. The mean age was 59.3(38-80) years old. 4 patients had received pre-operative radiotherapy. 3(10.7%) patients received laparoscopic surgery and 25(89.3%) had robotic surgery. 7(25%) patients received natural orifice specimen extraction surgery. 3 patients had protective stoma diversion. The mean anastomosis height was 5.25(2-8) cm from anal verge. There were 4(14.3%) patients experienced post-operative complications. One post-operative ileus, one acute urinary retention, one intraabdominal infection, and one patient had anastomosis leakage. The overall leakage rate was 3.6%. The mean length of stay was 6(3-20) days.

Conclusion Our result showed single stapler anastomosis in rectal surgery is a feasible and promising method in minimal invasive surgery.

English Abstract Session

📅 Fri. Nov 14, 2025 8:30 AM - 9:20 AM JST | Thu. Nov 13, 2025 11:30 PM - 12:20 AM UTC 🏛 Room 10

[E1] English Abstract Session 1 Surgical outcome

Moderator:Kazuhiko Yoshimatsu(Department of Digestive Surgery, Kawasaki Medical School), James Ngu(Department of Surgery, Changi General Hospital, Singapore)

[E1-6] Preservation of most nerves in the Denonvilliers' fascia during laparoscopic total mesorectal excision for middle rectal cancer-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

Rectal cancer is a global disease, and surgical resection is the most effective method for its treatment. Total mesorectal excision as the gold standard surgery for rectal cancer was first proposed by professor Heald in 1982, and it significantly reduced the probability of tumour recurrence after surgery . However, some studies have shown that sexual and urinary functions, which are considered closely related to the pelvic autonomic nerves, deteriorate to varying degrees after surgery . Division of the Denonvilliers' fascia can damage the inferior hypogastric plexus and efferent pathways. However, the method of protecting the Denonvilliers' fascia and ensuring the integrity of total mesorectal excision is a difficult point. Especially in some patients receiving neoadjuvant radiotherapy and chemotherapy, the anatomical layer is not very clear. Laparoscopic surgery allows for better visualization of autonomic nerves, and therefore, more precise dissection and preservation .
There are different surgical approaches to protect the Denonvilliers' fascia. This video demonstrates in a 56-year old man with low rectal cancer, laparoscopic radical rectal resection after preoperative neoadjuvant chemoradiotherapy. We incise the peritoneum 1 cm above the peritoneal reflection, and then cut it about 0.5 cm from the cranial side after complete exposure of the Denonvilliers' fascia. This approach ensures the integrity of anterior proper fascia of rectum and protects most of the nerves in the Denonvilliers' fascia. The patient was followed-up for 2 years. Sexual and urinary function did not decrease significantly, and the tumour did not recur.

English Abstract Session

📅 Fri. Nov 14, 2025 9:20 AM - 10:20 AM JST | Fri. Nov 14, 2025 12:20 AM - 1:20 AM UTC 🏛 Room 10

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-1]

Outcomes of NOSES vs TLRH for Right-Sided Colon Cancer: A Propensity Score-Matched Study

Zheng Xu, Yueyang Zhang, Xu Guan, Yihang Shi, Haipeng Chen, Zhixun Zhao, Zhaoxu Zheng, Haitao Zhou, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E2-2]

Short-term Outcomes of NOSES vs Conventional Laparoscopic Surgery in CRC

Xu Guan (Department of Colorectal Surgery, National Cancer Center/NationalClinical Research Center for Cancer/Cancer Hospital, Chinese Academy ofMedical Sciences and Peking Union Medical College)

[E2-3]

ICG Fluorescence Imaging allows Navigation of Critical Vessels during Laparoscopic and Robotic Colorectal Surgery

Trevor M Yeung, Wing Wa Leung, Prudence Tam, Ruby Lau, Julie Ng, Nicole Cheng, Vienna Ng, Cherry Wong, Simon Chu, Sophie S Hon, Kaori Futaba, Simon S Ng (The Chinese University of Hong Kong)

[E2-4]

Ergonomic Advantages of the Open Console System in Robotic Colorectal Resection

Chunlin Wang, Yulingming Wang, Guiyu Wang (Department of colorectal cancer surgery, the Second Affiliated Hospital of Harbin Medical University)

[E2-5]

CUSUM-Based Learning Curve Analysis of RiSSA in Robotic Left-Sided Colorectal Cancer Surgery

Shih-Feng Huang[1], Chih-Chien Wu[1,2] (1.Division of Colorectal Surgery, Kaohsiung Veterans General Hospital, 2.School of Medicine, National Yang Ming Chiao Tung University)

[E2-6]

Short term outcomes of intracorporeal anastomosis in robotic and laparoscopic left colectomy.

Yenchen Shao[1,2], Mina Mingyin Shen[1,2], William Tzuliang Chen[1,2] (1.China Medical University Hsinchu Hospital, 2.China Medical University)

[E2-7]

The long-term effects of anastomotic leakage after colorectal cancer surgery on Quality of Life – A systematic review

Gielen AHC, Heuvelings DJI, Sylla P, van Loon YT, Melenhorst J, Bouvy ND, Kimman ML, Breukink SO (CoReAL collaborative)

[E2-1] Outcomes of NOSES vs TLRH for Right-Sided Colon Cancer: A Propensity Score-Matched Study

Zheng Xu, Yueyang Zhang, Xu Guan, Yihang Shi, Haipeng Chen, Zhixun Zhao, Zhaoxu Zheng, Haitao Zhou, Xishan Wang (Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

Background: Small-incision assisted laparoscopic right hemicolectomy with intracorperal anastomosis, commonly referred to as totally laparoscopic right hemicolectomy (TLRH), represents an advanved minimally invasive technique for the treatment of right-sided colon cancer. Recently, natural orifice specimen extraction surgery(NOSES), using trasvaginal or transrectal routes, has emerged as an advanvcement that potentially minimizes abdominal wall trauma. This study compares the perioperative and long-term outcomes of NOSES and TLRH.
Methouds: A retrospective cohort of 349 patients with stage I-III right sided colon cancer who underwent curative laparoscopic resection from January 2018 to January 2023 was analyzed. Using propensity score matching(1:1), 115 NOSES cases were matched with 115 TLRH cases based on age, BMI, tumor size, neoadjuvant therapy, and T stage. Outcomes included perioperative recovery, fatigue, complications, pelvic floor function, and oncologic results.
Results: Post-matching, baseline characteristics were balanced. Operative time and blood loss were comparable. NOSES patients reported significantly less pain from postoperative days 1-3(p<0.001), reduced analgesic use(p<0.001) and lower fatigue levels(p<0.001). Learning curves for transvaginal and transrectal NOSES stablilized after 57 and 41 cases, respectively. Incision-related complications were more frequent in TLRH(p<0.005). Functional outcomes were comparable, and no differences were observed in disease-free or overall survival.
Conclusions: NOSES is a safe, effective option for selected patients with right-sided colon cancer. It provides better postoperative pain control, reduced fatigue and fewer incision-relateed complications with promising oncological outcomes.

English Abstract Session

📅 Fri. Nov 14, 2025 9:20 AM - 10:20 AM JST | Fri. Nov 14, 2025 12:20 AM - 1:20 AM UTC 🏛 Room 10

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-2] Short-term Outcomes of NOSES vs Conventional Laparoscopic Surgery in CRC

Xu Guan (Department of Colorectal Surgery, National Cancer Center/NationalClinical Research Center for Cancer/Cancer Hospital, Chinese Academy ofMedical Sciences and Peking Union Medical College)

Abstract: This multicenter RCT compared NOSES (n=234) with conventional laparoscopic surgery (CLS, n=235) in patients with stage cT1-3N0-2M0 sigmoid/upper rectal cancer. NOSES demonstrated superior recovery outcomes: significantly shorter time to first flatus (48 vs 50h, $P<0.001$), lower pain scores at 24/48/72h (all $P<0.001$), and reduced opioid analgesic requirement (17.5% vs 37.4%, $P<0.001$). While overall complication rates trended lower (12.0% vs 18.3%, $P=0.056$), major complications (Clavien-Dindo &geIII) were comparable (4.3% vs 5.1%, $P=0.682$). No differences were observed in oncologic safety measures including lymph node harvest (median 22 vs 21, $P=0.312$) or resection margins. Quality of life assessments using EQ-5D-5L showed consistent superiority for NOSES at 1/3/6 months postoperatively (all $P<0.05$), particularly in pain/discomfort and anxiety/depression domains. These robust findings confirm NOSES as a safe, minimally invasive alternative offering meaningful clinical benefits for appropriately selected colorectal cancer patients.

[E2-3] ICG Fluorescence Imaging allows Navigation of Critical Vessels during Laparoscopic and Robotic Colorectal Surgery

Trevor M Yeung, Wing Wa Leung, Prudence Tam, Ruby Lau, Julie Ng, Nicole Cheng, Vienna Ng, Cherry Wong, Simon Chu, Sophie S Hon, Kaori Futaba, Simon S Ng (The Chinese University of Hong Kong)

Introduction
This study assesses the role of Indocyanine Green (ICG) in identifying critical vessels in both laparoscopic and robotic colorectal surgery and surgeon satisfaction in the use of this technology.

Methods
This was a prospective single-center study that included patients undergoing laparoscopic and robotic surgery for colorectal cancer. A low dose of ICG was injected intravenously intraoperatively to visualize critical vascular structures, using the Visera Elite III laparoscopic system and Da Vinci Xi Firefly robotic system. Primary outcome was the identification of critical vascular structures under fluorescence imaging. Secondary outcomes included time to visualise vessels under fluorescence, any change in surgical plan, and surgeon ratings on strength of signal, ease of use, helpfulness and overall satisfaction assessed using a Likert scale.

Results
Eight patients (four right sided resections, four left sided resections) were included. ICG successfully identified critical vascular structures in all cases, with visualization occurring 22-35 seconds after injection. The optimal dose was 2.5mg. In four patients, ICG identified critical vessels which altered surgical plan, including an aberrant ascending branch of the left colic artery, an accessory vessel in close proximity to the IMV and, in two cases, the marginal artery in the mesocolon of the colonic conduit. Surgeons reported high satisfaction with the use of ICG in vessel navigation.

Conclusion
ICG fluorescence imaging is a valuable tool for identifying critical vascular structures during minimally invasive colorectal surgery, improving surgical precision and decision-making, with high surgeon satisfaction. Further studies are needed to assess its impact on patient outcomes.

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-4] Ergonomic Advantages of the Open Console System in Robotic Colorectal Resection

Chunlin Wang, Yulingming Wang, Guiyu Wang (Department of colorectal cancer surgery, the Second Affiliated Hospital of Harbin Medical University)

Background: This study evaluates whether the Kangduo SR-01 (KD) open console system reduces intraoperative ergonomic strain while preserving technical performance during robotic colorectal resection.
Methods: A tripartite assessment framework was implemented: ergonomic strain quantification (Borg CR-10 Scale), team coordination evaluation (Oxford NOTECHS II), and blinded video-based technical performance analysis (OSATS).
Results: Posture during DV was significantly more challenging for Neck and back. There was a significant greater increase in discomfort over time (up to 3 h) for the neck and back in DV group compared with KD group. Notably, both systems achieved equivalent technical proficiency (OSATS, P=0.259) and maintained comparable team coordination metrics (NOTECHS II, P=0.120) with similar short-term outcomes.
Conclusions: The open console system significantly reduces musculoskeletal strain, especially for neck and back, during robotic colorectal surgery while maintaining critical technical performance.

English Abstract Session

📅 Fri. Nov 14, 2025 9:20 AM - 10:20 AM JST | Fri. Nov 14, 2025 12:20 AM - 1:20 AM UTC 🏛 Room 10

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-5] CUSUM-Based Learning Curve Analysis of RiSSA in Robotic Left-Sided Colorectal Cancer Surgery

Shih-Feng Huang[1], Chih-Chien Wu[1,2] (1.Division of Colorectal Surgery, Kaohsiung Veterans General Hospital, 2.School of Medicine, National Yang Ming Chiao Tung University)

Background
The robotic intracorporeal single-stapling anastomosis (RiSSA) technique offers a promising alternative to traditional double-stapling methods in minimally invasive colorectal surgery. However, data on its procedural learning curve remain limited.

Methods
This retrospective study assessed the first 28 consecutive robotic low anterior resections using the RiSSA technique by a single surgeon for left-sided colorectal cancer. Operative time was analyzed using cumulative sum (CUSUM) methodology to identify the learning inflection point. Patients were stratified into early (cases 1-14) and late (cases 15-28) phases. Secondary outcomes included console time, intraoperative blood loss, complication rate, and length of stay.

Results
CUSUM analysis demonstrated a learning curve inflection at case 16. Compared to the early phase, the late phase showed significant reductions in operative time (285.0 vs. 269.0 minutes, $p = 0.014$) and console time (194.0 vs. 146.5 minutes, $p = 0.001$). No major complications (Clavien-Dindo >= III) occurred in either phase.

Conclusions
RiSSA can be safely implemented with a manageable learning curve on a fully robotic platform. The technique demonstrated improved efficiency without compromising patient safety, supporting its feasibility for broader clinical adoption and training programs.

English Abstract Session

📅 Fri. Nov 14, 2025 9:20 AM - 10:20 AM JST | Fri. Nov 14, 2025 12:20 AM - 1:20 AM UTC 🏛 Room 10

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-6] Short term outcomes of intracorporeal anastomosis in robotic and laparoscopic left colectomy.

Yenchen Shao[1,2], Mina Mingyin Shen[1,2], William Tzuliang Chen[1,2] (1.China Medical University Hsinchu Hospital, 2.China Medical University)

Background
Colo-colonic intracorporeal anastomosis (ICA) during left hemicolectomy (LH) has become a feasible option. However, its safety and efficacy remain uncertain. Therefore, this study aims to compare the short-term outcomes of ICA in laparoscopic and robotic LH.

Method
This single-center retrospective cohort study analyzed patients diagnosed with colon cancer located between the left-sided transverse colon and the descending-sigmoid junction. Eligible patients underwent ICA in laparoscopic (L-LH) or robotic left colectomy (R-LH) between January 2019 and December 2024 and met no exclusion criteria. Patients were categorized into the laparoscopic (L-ICA) and robotic (R-ICA) groups.The primary outcome measure was length of hospital stay (LOH), while the secondary outcome focused on comparing LOH among the various subgroups.

Results
A total of 93 patients were included in the final analysis (L-ICA n=66 vs R-ICA n=27). The R-ICA group was associated with significantly shorter LOH than L-ICA (5.1 days vs 7.2 days, p=0.02). Comparing to alternative anastomosis methods (Anti-peristaltic n=6 and Iso-peristaltic n=5), end-to-end subgroup (n=81) demonstrated significantly shorter LOH (5.6 days vs 13.2 days, p=0.045). Within the end-to-end subgroup, using the technique of staple plus suture (n=30) had significant shorter LOH than other techniques (n=51): 4.8 days vs 6.1 days, p=0.002.

Conclusion
ICA has proven to be a safe and feasible surgical option. Robotic ICA is associated with enhanced postoperative recovery, shorten length of hospital stay. End-to-end anastomosis using staple plus suture technique is associated with the shortest hospital stay, suggesting a potential benefit in optimizing patient outcomes.

English Abstract Session

📅 Fri. Nov 14, 2025 9:20 AM - 10:20 AM JST | Fri. Nov 14, 2025 12:20 AM - 1:20 AM UTC 🏛 Room 10

[E2] English Abstract Session 2 Colorectal Surgery 1

Moderator:Atsushi Hamabe(Department of Gastroenterological Surgery Graduate School of Medicine, The University of Osaka), Mina Ming-yin Shen(Department of Surgery, China Medical University Hsinchu Hospital, Taiwan)

[E2-7] The long-term effects of anastomotic leakage after colorectal cancer surgery on Quality of Life – A systematic review

Gielen AHC, Heuvelings DJI, Sylla P, van Loon YT, Melenhorst J, Bouvy ND, Kimman ML, Breukink SO (CoReAL collaborative)

Background Colorectal anastomotic leakage remains one of the most frequent and dreaded post- operative complications following colorectal resection. However, limited research has been conducted on the impact of this complication on quality of life of patients undergoing colorectal cancer surgery. The aim of this systematic review was to identify, appraise and synthesize the available evidence regarding quality of life in patients with anastomotic leakage following oncological colorectal resections in order to inform clinical decision-making.

Methods Pubmed, Embase and the Cochrane library were searched for studies reporting on quality of life using validated questionnaires in patients with anastomotic leakage after oncological colorectal resections. The literature search was performed systematically and according to PRISMA guidelines. Outcomes of quality of life questionnaire scores of patients with and without anastomotic leakage were analysed.

Results Thirteen articles reporting on 4618 individual patients were included, among which 527 patients developed AL. Quality of life was evaluated utilizing ten distinct questionnaires administered at various postoperative time points, ranging from 1 month to 14 years. Quality of life outcomes differed across studies and time points, but overall scores were most negatively affected by AL up to twelve months postoperatively. Limitation of this study is the high heterogeneity between the included studies based on used questionnaires and time of assessment.

Conclusion The published evidence suggests that anastomotic leakage following oncologic colorectal resection is associated with impaired quality of life, especially within the first postoperative year. The impact of anastomotic leakage on quality of life warrants further evaluation and discussion with patients.

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-1]

Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

Alongkot Kaewkim[1], Kamales Prasitvarakul[2] (1.Hatyai hospital, 2.Haiyai hospital)

[E3-2]

D3 LND improves the survival outcome in patients with cT2 colorectal cancer

Liming Wang[1], Yinggang Chen[1], Yasumitsu Hirano[2] (1.National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 2.Division of Gastroenterological Surgery, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan.)

[E3-3]

Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

Baohong Yang[1], Xu Guan[1,2], Jian Ma[2], Shuai Jiao[1], Qingxia Xu[1], Yanfeng Xi[3], Xishan Wang[1,2] (1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

[E3-4]

laparoscopic right hemicolectomy in obstructed hepatic flexure colon cancer, a technical challenge

Sumet Saeli (Hatyai hospital)

[E3-5]

Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

Yao Zengwu, Jinchen Hu, Yifei Zhang (Yantai Yuhuangding hospital)

[E3-6]

Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-1] Intraoperative Peritumoral Indocyanine Green Injection During Laparoscopic Left Hemicolectomy

Alongkot Kaewkim[1], Kamales Prasitvarakul[2] (1.Hatyai hospital, 2.Haiyai hospital)

Introduction
Accurate lymph node assessment is critical in colon cancer surgery, influencing staging and treatment. Traditional lymphadenectomy relies on anatomical landmarks. Indocyanine green (ICG) fluorescence imaging allows real-time lymphatic visualization and may enhance surgical precision. We present a case using intraoperative peritumoral ICG injection during laparoscopic left hemicolectomy for descending colon adenocarcinoma.

Case Presentation
A 66 year old male presented with anemic symptoms. Colonoscopy demonstrated a mass at descending colon. Biopsies confirmed moderately differentiated adenocarcinoma. Preoperative computed tomography (CT) showed no distant metastases.
He underwent laparoscopic left hemicolectomy. At the beginning of the procedure, after pneumoperitoneum establishment and laparoscopic exploration, 2 mL of diluted ICG solution was injected subserosally around the tumor using a 25 gauge needle under laparoscopic vision. Following mobilization of the colon, near-infrared (NIR) fluorescence imaging was employed. The lymphatic channels draining from the tumor site were clearly visualized, and fluorescence-guided lymphadenectomy was performed along the inferior mesenteric vessels and corresponding mesocolon.
The operative time was 210 minutes with 150 mL blood loss. No intraoperative complications occurred. Postoperative recovery was uneventful, and the patient was discharged on postoperative day 4. Final pathology revealed pT3N0M0 cancer with 22 negative lymph nodes.

Conclusion
Intraoperative peritumoral ICG injection is a feasible, safe technique to enhance lymphatic mapping in colorectal surgery. It may improve lymph node harvest and surgical precision without significantly prolonging operative time.

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-2] D3 LND improves the survival outcome in patients with cT2 colorectal cancer

Liming Wang[1], Yinggang Chen[1], Yasumitsu Hirano[2] (1.National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital & Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, 2.Division of Gastroenterological Surgery, Saitama Medical University International Medical Center, Hidaka, Saitama, Japan.)

Background: The extent of lymphadenectomy in patients with cT2 colorectal cancer (CRC) remains controversial.
Methods: A total of 590 patients diagnosed with cT2 CRC underwent radical colorectal resection. According to the pathological type, patients were divided into the well-differentiated adenocarcinoma (WDA) group and the non-well-differentiated adenocarcinoma (nWDA) group. Each group was further divided into D3LND and D2LND groups according to the extent of lymph node dissection. The main outcomes were overall survival (OS), cancer-specific survival (CSS) and relapse free survival rate (RFS).
Results: Before PSM, there was a statistically significant difference across the cohort in OS and CSS (p=0.001 and 0.021) between D3 LND and D2 LND groups in the nWDA patients. The estimated hazard ratio (HR) was 3 (95% confidence interval (CI), 1.3-6.8, p=0.0084) for OS and 3.2 (95% CI, 1-10, p=0.047) for CSS in the D3 LND group. There was also a significant difference in OS (p=0.007) and in CSS (0.012) after matched, with an estimated HR for OS of 4 (95% CI, 1.2-14, p=0.028) and an estimated HR for CSS of 16 (95% CI, 1.2 -220, p=0.034). For cT2 WDA, D2 LND had the same favorable prognosis as D3 LND before and after matching. Postoperative complications were independent risk factor for the prognosis of cT2 WDA CRC.
Conclusions:
D3 LND improves survival outcomes in cT2 colorectal cancer patients with non-well differentiated adenocarcinoma. For patients with well differentiated adenocarcinoma, D3 LND should be preferentially recommended in terms of reducing perioperative complications.

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-3] Tailored Minimum Examined Lymph Nodes Threshold in Colon Cancer

Baohong Yang[1], Xu Guan[1,2], Jian Ma[2], Shuai Jiao[1], Qingxia Xu[1], Yanfeng Xi[3], Xishan Wang[1,2]
(1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University)

Background: This study aims to identify patient-specific factors associated with the number of ELNs retrieved in CC patients undergoing hemicolectomy and to explore the potential for establishing a minimum ELNs threshold based on patient characteristics.
Methods: We retrospectively analyzed data on patients with stage I-III CC from two sources: the Chinese Multi-Institutional Registry (N=10,367; 2010-2018) and the Surveillance, Epidemiology, and End Results (SEER) database (N=121,216; 2010-2018). We employed logistic regression modelling on the data to identify patient-specific factors associated with the number of ELNs. Subsequently, eight distinct patient cohorts were constructed within the Chinese and SEER datasets. The relationship between ELNs and overall survival (OS) was assessed continuously using restricted cubic spline (RCS) curves. Additionally, Kaplan-Meier curves were generated to estimate 5-year OS within each patient cohort.
Results: A median ELNs count of 16 (IQR: 12 - 22) and 15 (IQR: 12 - 20) was reported in the SEER and Chinese cohorts, respectively; age, tumour size, and location emerged as the specific factors influencing ELN numbers. Notably, across all eight cohorts established within the SEER database, the minimum number of ELNs required for optimal survival exceeded the current recommendation of 12, ranging from 14 - 17. Furthermore, exceeding the minimum ELNs threshold in each cohort was associated with significantly improved OS in both databases.
Conclusion: The present study reported heterogeneity in the minimum number of ELNs required across different patient cohorts undergoing hemicolectomy for CC. Further research is warranted to validate these observations and establish tailored recommendations.

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-4] laparoscopic right hemicolectomy in obstructed hepatic flexure colon cancer, a technical challenge

Sumet Saeli (Hatyai hospital)

Background: Laparoscopic right hemicolectomy is a minimally invasive surgical technique used to treat right-sided colon cancers. This abstract details a case involving a patient with an obstructed hepatic flexure due to colon cancer.

Case Presentation: A 46-year-old female presented with symptoms of bowel obstruction,abdominal pain,anemia. Imaging studies revealed an obstructed hepatic flexure mass consistent with colon cancer. A multidisciplinary team evaluated the patient and determined that laparoscopic extended right hemicolectomy was the most appropriate intervention.

Surgical Technique: The procedure was performed under general anesthesia using standard laparoscopic techniques. Access was gained through insert one 12 mm trocar at umbilicus and four 5 mm trocar at RUQ,RLQ,LUQ,LLQ. The right side colon was mobilized from inferior and medial mesocolon was open ,the ileocolic vessels , middle colic vessel were ligated. An side to side anastomosis was performed extracorporeal between the ileum and the remaining colon. The operation was completed without conversion to open surgery.

Outcomes: The patient experienced an uneventful postoperative course, with a return to normal bowel function within 3 day.

Conclusion: Laparoscopic right hemicolectomy is a safe and effective approach for managing obstructed hepatic flexure colon cancer. This case highlights the benefits of minimally invasive surgery in reducing recovery time and improving patient outcomes.

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-5] Cranial-caudal-medial approach, counterclockwise complete mesocolic excision in laparoscopic right hemicolectomy- A video vignette.

Yao Zengwu, Jinchen Hu, Yifei Zhang (Yantai Yuhuangding hospital)

Hohenberger proposed complete mesocolic excision (CME) to optimize oncological outcomes via central vascular ligation. Laparoscopic right hemicolectomy has shifted from lateral (open era) to medial/caudal approaches. However, medial approaches face challenges in identifying the superior mesenteric vein (SMV) in obese patients, while anatomical variations of the gastrocolonic trunk (GCT) increase bleeding risks during dissection.
We propose a cranial-caudal-medial counterclockwise CME approach:
Cranial-first: Early separation of GCT branches reduces bleeding risks.
Caudal: Safely accesses the retrocolonic space, minimizing ureteral/duodenal injury.
Medial: Facilitates SMV branch dissection with better bleeding control.
Guided gauzes are placed after cranial/caudal dissection to merge surgical planes, simplifying subsequent steps. This sequential approach enhances safety, minimizes complications, and ensures oncological efficacy in laparoscopic CME.

English Abstract Session

📅 Fri. Nov 14, 2025 2:40 PM - 3:30 PM JST | Fri. Nov 14, 2025 5:40 AM - 6:30 AM UTC 🏛 Room 10

[E3] English Abstract Session 3 Colorectal Surgery 2

Moderator:Akihiro Kondo(Department of Gastroenterological Surgery, Faculty of Medicine, Kagawa University), Woramin Riansuwan(Colorectal Surgery Unit, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand)

[E3-6] Treitz ligament-guided medial approach for complete mesocolic excision in laparoscopic left hemicolectomy-A video vignette.

Yao Zengwu, Yifei Zhang, Jinchen Hu (Yantai Yuhuangding hospital)

Complete mesocolic excision (CME), proposed by Hohenberger, improves oncological outcomes in colorectal surgery. Left-sided CME remains challenging due to splenic flexure anatomy and Toldt's space access. We describe a Treitz ligament-guided medial approach:
Toldt's space entry: Dissected between IMV and Riolan's arch, expanding retroperitoneally.
Splenic flexure mobilization: Combined three-directional (medial, cranial, lateral) dissection. Medially, the gastrocolic ligament and transverse mesocolon were divided along the pancreatic edge. Laterally, the paracolic sulcus's yellow-white junction was incised.
Final steps: Sigmoid artery ligation and mesocolon excision.
This method prioritizes anatomical landmarks (Treitz ligament, pancreatic edge) to simplify splenic flexure dissection, particularly in obese patients. Prior methods accessed Toldt's space near the IMA, but our approach may reduce operative difficulty. Further studies are needed to validate efficacy and safety.

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-1]

Clinical value of CT 3D construction of pelvis and mesorectum in middle-low rectal carcinoma

Xiao-Cong Zhou[1], Fei-Yue Ke[2], Hao Chen[2], Qiang Wang[2], Gaurav Dhamija[3], Ruchi Dharamshibhai Viroja[4], Gui-Ping Chen[1] (1.The First Affiliated Hospital of Zhejiang Chinese Medical University (Zhejiang Provincial Hospital of Traditional Chinese Medicine), 2.The Dingli Clinical Institute of Wenzhou Medical University (Wenzhou Central Hospital), 3.Ram Krishna Medical College Hospital and Research Centre, 4.Bhavsinhji General Hospital)

[E4-2]

Pre-Operative Endoscopic Assessment and MRI as Predictors of Pathological Complete Response and Long-Term Survival in Locally Advanced Rectal Cancer after Neoadjuvant Therapy

Trevor M Yeung[1], Wing Wa Leung[1], Justin Lam[1], Prudence Tam[1], Julie Ng[1], Kaori Futaba[1], Sophie S Hon[1], Simon Chu[1], Esther Hung[2], Carmen Cho[2], Simon S Ng[1] (1.The Chinese University of Hong Kong, 2.Department of Imaging and Interventional Radiology, The Chinese University of Hong Kong, Prince of Wales Hospital)

[E4-3]

CRCFound: A Colorectal Cancer CT Image Foundation Model Based on Self-Supervised Learning

Du Cai[1], Jing Yang[2], Junwei Liu[3], Zhenfeng Zhuang[4], Yibing Zhao[5], Feng-Ao Wang[6], Chenghang Li[7], Chuling Hu[1], Baowen Gai[1], Yiping Chen[8], Yixue Li[9], Liansheng Wang[4], Feng Gao[1], Xiaojian Wu[1] (1.Department of General Surgery (Colorectal Surgery), The Sixth Affiliated Hospital, Sun Yat-sen University, 2.National Institute for Data Science in Health and Medicine, Xiamen University, 3.Guangzhou National Laboratory, 4.Department of Computer Science at the School of Informatics, Xiamen University, 5.Department of Colorectal Surgery, Ningbo Medical Center Lihuili Hospital (Affiliated Lihuili Hospital of Ningbo University), 6.Key Laboratory of Systems Health Science of Zhejiang Province, School of Life Science, Hangzhou Institute for Advanced Study, University of Chinese Academy of Sciences, 7.Artificial Intelligence Thrust, The Hong Kong University of Science and Technology, 8.School of Geospatial Engineering and Science, Sun Yat-Sen University, 9.Shanghai Institute of Nutrition and Health, Chinese Academy of Sciences)

[E4-4]

Deep learning in radiogenomics for enhanced risk prediction only from CT images in colorectal cancer

Feng Gao[1,2,3], Fengao Wang[4,5], Chuling Hu[1,2,3], Du Cai[1,2,3], Yibin Zhao[6], Daisuke Izumi[7], Haoning Qi[1,2,3], Baowen Gai[1,2,3], Junxiang Ding[4,5], Ruikun He[8], Junwei Liu[5], Yixue Li[4,5,9,10,11,12,13], Xiaojian Wu[1,2,3] (1.Department of General Surgery (Department of Colorectal Surgery), The Sixth Affiliated Hospital, Sun Yat–sen University, 2.Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Diseases, The Sixth Affiliated Hospital, Sun Yat–sen University, 3.Biomedical Innovation Center, The Sixth Affiliated Hospital, Sun Yat–sen University, 4.Institute for Advanced Study, University of Chinese Academy of Sciences, 5.Guangzhou National Laboratory, 6.Department of Colorectal Surgery, Ningbo Medical Center Lihuili Hospital (Affiliated Lihuili Hospital of Ningbo University), 7.Izumi Gastroenterology & Surgery Clinic, 8.BYHEALTH Institute of Nutrition & Health, 9.GZMU–GIBH Joint School of Life Sciences, The Guangdong–Hong Kong–Macau Joint Laboratory for Cell Fate Regulation

and Diseases, Guangzhou Medical University, 10.School of Life Sciences and Biotechnology, Shanghai Jiao Tong University, 11.Shanghai Institute of Nutrition and Health, Chinese Academy of Sciences, 12.Collaborative Innovation Center for Genetics and Development, Fudan University, 13.Shanghai Institute for Biomedical and Pharmaceutical Technologies)

[E4-5]

Vancomycin boosts immunotherapy in MSS CRC via gut microbiota modulation

Bo Shi, Songbing He (The First Affiliated Hospital of Soochow University)

[E4-6]

Clinical Impact of 1L Therapeutic Strategies in BRAF V600E-Mutant Metastatic Colorectal Cancer

Shihwei Chiang[1,2], Chia-Chang Yeh[1], Feng-Fan Chiang[1,3] (1.Taichung Veterans General Hospital, 2.Department of Nutrition, Chung Shan Medical University, 3.College of Humanities and Social Sciences, Providence University)

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-1] Clinical value of CT 3D construction of pelvis and mesorectum in middle-low rectal carcinoma

Xiao-Cong Zhou[1], Fei-Yue Ke[2], Hao Chen[2], Qiang Wang[2], Gaurav Dhamija[3], Ruchi Dharamshibhai Viroja[4], Gui-Ping Chen[1] (1.The First Affiliated Hospital of Zhejiang Chinese Medical University (Zhejiang Provincial Hospital of Traditional Chinese Medicine), 2.The Dingli Clinical Institute of Wenzhou Medical University (Wenzhou Central Hospital), 3.Ram Krishna Medical College Hospital and Research Centre, 4.Bhavsinhji General Hospital)

Background
Laparoscopic anus-preserving radical resection for middle-low rectal carcinoma is challenging due to the confined pelvic space and bulky rectal mesentery. Few studies have quantified pelvic and rectal mesenteric volumes using three-dimensional (3D) reconstruction. This study reconstructs and measures pelvic and rectal anatomy in 3D, analyzes sex-based differences, and assesses their impact on short-term surgical outcomes.
Methods
This retrospective study included 103 patients with middle-low rectal carcinoma undergoing laparoscopic low/ultra-low anterior resection from January 2018 to January 2024. Pelvic measurements from CT imaging and 3D reconstructions were analyzed. Pelvic volume and rectal mesenteric fat volume were compared between sexes, and their influence on surgical outcomes was evaluated.
Results
Significant sex-based differences were found in pelvic diameter, angle, volume, and rectal mesenteric fat volume ($P<0.05$). Males had smaller pelvic volume ($P=0.007$) but larger rectal mesenteric fat volume ($P=0.047$). Females had lower intraoperative blood loss ($P<0.05$), despite more prior abdominal surgeries ($P<0.05$).
Conclusions
3D reconstruction reveals sex-based anatomical differences, aiding in defining a difficult pelvis. This enhances preoperative planning and surgical outcomes in rectal cancer surgery.

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-2] Pre-Operative Endoscopic Assessment and MRI as Predictors of Pathological Complete Response and Long-Term Survival in Locally Advanced Rectal Cancer after Neoadjuvant Therapy

Trevor M Yeung[1], Wing Wa Leung[1], Justin Lam[1], Prudence Tam[1], Julie Ng[1], Kaori Futaba[1], Sophie S Hon[1], Simon Chu[1], Esther Hung[2], Carmen Cho[2], Simon S Ng[1] (1.The Chinese University of Hong Kong, 2.Department of Imaging and Interventional Radiology, The Chinese University of Hong Kong, Prince of Wales Hospital)

Aims
We assessed the value of using pre-operative endoscopy and magnetic resonance imaging (MRI) in predicting pathological complete response (pCR) and long-term survival in patients with rectal cancer following neoadjuvant therapy.

Methods
Single-center retrospective analysis of a prospectively maintained database of all patients with stage II/III rectal cancer who underwent neoadjuvant therapy followed by surgery between 2016-2024. Patients underwent pre-operative endoscopic assessment and MRI restaging 4-8 weeks after completion of their neoadjuvant therapy, followed by surgery at 8-12 weeks. Primary outcome was the pCR rate in each endoscopic/MRI category.

Results
203 patients with rectal cancer were treated with neoadjuvant therapy. Overall, the pCR rate was 19.7%. 17 patients had complete clinical response (cCR), with a pCR rate of 76.4%. 42 patients had a near complete response (nCR), with a pCR rate of 47.6%. 130 patients had incomplete clinical response (iCR), with a pCR rate of 0%. Using cCR alone as a predictor of pCR yielded positive predictive value (PPV) 85.4%, negative predictive value (NPV) 65.5%, sensitivity 97.5%, and specificity 32.5%. Combining cCR with nCR yielded PPV 95.1%, NPV 55.9%, sensitivity 84%, and specificity 82.5%. The pCR rates for the different MRI TRG scores were: TRG1 (50%), TRG2 (38.5%), TRG3 (17.3%), TRG4 (9.6%), and TRG5 (25%). 8 -year overall survival rates for cCR, nCR and iCR were 100%, 75.2% and 62.3% respectively (p=0.038).

Conclusion
Endoscopic assessment provides a stronger predictor of pCR compared to MRI alone. Patients who develop cCR or nCR have better long-term overall survival compared to iCR and are good candidates for watch and wait.

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-3] CRCFound: A Colorectal Cancer CT Image Foundation Model Based on Self-Supervised Learning

Du Cai[1], Jing Yang[2], Junwei Liu[3], Zhenfeng Zhuang[4], Yibing Zhao[5], Feng-Ao Wang[6], Chenghang Li[7], Chuling Hu[1], Baowen Gai[1], Yiping Chen[8], Yixue Li[9], Liansheng Wang[4], Feng Gao[1], Xiaojian Wu[1]
(1.Department of General Surgery (Colorectal Surgery), The Sixth Affiliated Hospital, Sun Yat-sen University, 2.National Institute for Data Science in Health and Medicine, Xiamen University, 3.Guangzhou National Laboratory, 4.Department of Computer Science at the School of Informatics, Xiamen University, 5.Department of Colorectal Surgery, Ningbo Medical Center Lihuili Hospital (Affiliated Lihuili Hospital of Ningbo University), 6.Key Laboratory of Systems Health Science of Zhejiang Province, School of Life Science, Hangzhou Institute for Advanced Study, University of Chinese Academy of Sciences, 7.Artificial Intelligence Thrust, The Hong Kong University of Science and Technology, 8.School of Geospatial Engineering and Science, Sun Yat-Sen University, 9.Shanghai Institute of Nutrition and Health, Chinese Academy of Sciences)

Background: Existing deep learning models perform poorly in the preoperative diagnosis for colorectal cancer (CRC) and lack generalizability due to insufficient annotated data. To address these issues, we propose CRCFound, a self-supervised learning-based CT image foundational model for CRC.

Methods: A total of 6,332 CRC patients with preoperative CT images were collected from 2008 to 2019 at the Sixth Affiliated Hospital of Sun Yat-sen University. Among them, 5,137 unlabeled CT images were used for pretraining, and 1,195 images were reserved for fine-tuning and validation. Comprehensive benchmark tests were conducted on six diagnostic and two prognosis tasks in comparison with other models. Model interpretation was also explored to gain a more profound understanding of the model's behavior and decision-making process.

Results: For preoperative diagnosis of TNM stage, the average AUC of CRCFound for T, N, M, and overall TNM stage reached 0.889, 0.847, 0.830, and 0.774. In the MSI and CMS diagnosis tasks, it also showed good predictive performance (AUC 0.952 and 0.810, respectively). For prognosis prediction, CRCFound_CT was an independent risk factor for disease-free survival and overall survival . Feature visualization using the t-SNE algorithm demonstrated that CRCFound could effectively differentiate samples in multiple tasks. Visualization of the attention map indicates that CRCFound can focus more effectively on the critical areas of the tumor than traditional supervised learning models, thus providing more accurate predictions.

Conclusion: CRCFound addresses the challenge of insufficient annotated data and performs well in a wide range of downstream tasks, offering a promising solution for accurate diagnosis and personalized treatment of CRC patients.

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-4] Deep learning in radiogenomics for enhanced risk prediction only from CT images in colorectal cancer

Feng Gao[1,2,3], Fengao Wang[4,5], Chuling Hu[1,2,3], Du Cai[1,2,3], Yibin Zhao[6], Daisuke Izumi[7], Haoning Qi[1,2,3], Baowen Gai[1,2,3], Junxiang Ding[4,5], Ruikun He[8], Junwei Liu[5], Yixue Li[4,5,9,10,11,12,13], Xiaojian Wu[1,2,3] (1.Department of General Surgery (Department of Colorectal Surgery), The Sixth Affiliated Hospital, Sun Yat–sen University, 2.Guangdong Provincial Key Laboratory of Colorectal and Pelvic Floor Diseases, The Sixth Affiliated Hospital, Sun Yat–sen University, 3.Biomedical Innovation Center, The Sixth Affiliated Hospital, Sun Yat–sen University, 4.Institute for Advanced Study, University of Chinese Academy of Sciences, 5.Guangzhou National Laboratory, 6.Department of Colorectal Surgery, Ningbo Medical Center Lihuili Hospital (Affiliated Lihuili Hospital of Ningbo University), 7.Izumi Gastroenterology & Surgery Clinic, 8.BYHEALTH Institute of Nutrition & Health, 9.GZMU–GIBH Joint School of Life Sciences, The Guangdong–Hong Kong–Macau Joint Laboratory for Cell Fate Regulation and Diseases, Guangzhou Medical University, 10.School of Life Sciences and Biotechnology, Shanghai Jiao Tong University, 11.Shanghai Institute of Nutrition and Health, Chinese Academy of Sciences, 12.Collaborative Innovation Center for Genetics and Development, Fudan University, 13.Shanghai Institute for Biomedical and Pharmaceutical Technologies)

Background: Accurate prognosis prediction in colorectal cancer (CRC) patients is clinically essential. While the efficiency of radio-genomics multimodal learning in prognosis prediction, its clinical implementation is high costs and difficult. We aimed to develop a deep learning model to integrate radio-genomics datasets and enable prognosis prediction using only CT images.

Methods: Our retrospective study involved two CRC cohorts from the Sixth Affiliated Hospital of Sun Yat-sen University, who had paired radio-genomic data (n=486) or only CT images (n=3004). We developed a Cross-Infer Survival Multimodal (CISM) model that predicts overall survival in CRC patients trained with radio-genomic data and is capable of prognosis prediction with only CT images. We evaluated the performance improvement of our model in prognosis prediction with only CT images and characterized the important multi-omics features in patient survival.

Results: With the prospective training cohort consisting of paired CT images and genomic data, the CISM model can predict the overall survival of CRC patients with multimodal inputs (C-index 0.701), only CT images input (C-index 0.658), and surpassing the CT image model (C-index 0.619). In the validation cohort with only CT images, the CISM model demonstrated higher performance in stratifying CRC patients into high-risk and low-risk groups (HR 2.06) compared to CT image model (HR 1.37). We explored the genomic and CT image features related to the prognosis of CRC patients and found the optimal image lesion focuses with the CISM model.

Conclusions: The CISM model shows superior performance in prognosis prediction with only CT images, suggesting that cross-modal interactions benefit clinical decision-making with limited clinical resources.

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-5] Vancomycin boosts immunotherapy in MSS CRC via gut microbiota modulation

Bo Shi, Songbing He (The First Affiliated Hospital of Soochow University)

Although immune checkpoint blockade agents have achieved significant progress in the treatment of colorectal cancer (CRC), patients with microsatellite stable (MSS) CRC generally exhibit treatment resistance. Given the critical role of the gut microbiota in modulating the tumor immune microenvironment, this study focuses on vancomycin, an antibiotic with gut-specific effects. Oral administration of vancomycin can selectively deplete Gram-positive bacterial populations, and in this study, we aim to investigate whether the combination of vancomycin and anti-PD-1 can sensitize immunotherapy by modulating the gut microbiota. This study evaluates the anti-tumor effects of vancomycin combined with anti-PD-1 therapy through the establishment of a subcutaneous xenograft model of MSS CRC. By integrating transcriptomic sequencing, metagenomics, and metabolomics technologies, we comprehensively analyze the regulatory characteristics of the tumor immune microenvironment, gut microbiota, and metabolic networks during the treatment process. We observed that the combination of vancomycin and anti-PD-1 significantly enhanced anti-tumor responses compared to monotherapy groups. Integrated gut microbiome-metabolome analysis further demonstrated that the combination treatment specifically enriched Clostridium scindens and significantly upregulated isoLCA levels. IsoLCA promotes DC maturation by activating the TGR5/ZAP70 succinylation signaling axis, thereby enhancing tumor antigen cross-presentation and sensitizing immune checkpoint blockade therapy in MSS CRC. These findings indicate that vancomycin enhances the antigen-presenting capacity of DCs in tumor-draining lymph nodes by modulating the gut microbiota and their metabolites, thereby sensitizing immune checkpoint blockade therapy.

English Abstract Session

📅 Sat. Nov 15, 2025 11:00 AM - 11:50 AM JST | Sat. Nov 15, 2025 2:00 AM - 2:50 AM UTC 🏛 Room 10

[E4] English Abstract Session 4 Diagnosis & Drug Therapy

Moderator:Tetsuo Ishizaki(Department of Digestive and Transplantation Surgery, Tokyo Medical University Hachioji Medical Center), JIN KIM(Korea University College of Medicine)

[E4-6] Clinical Impact of 1L Therapeutic Strategies in BRAF V600E-Mutant Metastatic Colorectal Cancer

Shihwei Chiang[1,2], Chia-Chang Yeh[1], Feng-Fan Chiang[1,3] (1.Taichung Veterans General Hospital, 2.Department of Nutrition, Chung Shan Medical University, 3.College of Humanities and Social Sciences, Providence University)

BRAF V600E-mutant metastatic colorectal cancer (mCRC) is aggressive and shows poor response to standard therapy. While targeted treatments show promise in trials, real-world data are limited. This retrospective study included 36 patients treated at Taichung Veterans General Hospital between 2018 and 2024. Patients received either chemotherapy alone, chemotherapy with anti-VEGF, or chemotherapy with *BRAF*/*EGFR* plus or minus *MEK* inhibitors. Primary endpoints were overall survival (OS) and progression-free survival (PFS), while secondary endpoints included objective response rate (ORR) and disease control rate (DCR). The chemo plus anti-VEGF group showed the longest OS at 21.2 months and PFS at 10.5 months. The highest ORR at 53.8% and DCR at 76.9% were seen in the *BRAF*-targeted group. Liver metastasis and ECOG performance status [2] or above were poor prognostic factors. Right-sided tumors were unexpectedly associated with better survival (hazard ratio 0.20, p<0.028). Use of later-line *BRAF*-targeted therapy may have contributed to prolonged OS.

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-1]

Neutrophil Biomarkers and EDCs for IBD Prediction via Bioinformatics & ML

Shihui Chen, Jianbao Zheng, Junhui Yu, Xuejun Sun (The First Affiliated Hospital of Xi'an Jiao Tong University)

[E5-2]

Factor related to mortality in colovesical fistula patients

Pohnpatchara Debsane, Siripong Sirikurnpiboon, Paiboon Jivapaisarnpong (Rajavithi hospital)

[E5-3]

The beneficial effect of plasma jet on hemorrhoids in mice by anti-inflammatory response

Zeshaan Yahaya Haji Mahmood[1], Xuejun Sun[8], Jianbao Zheng[7] (1.Zeshaan Yahaya Haji Mahmood, 2.Shibo Hu, 3.Zepeng Dong, 4.Junhui Yu, 5.Dehui Xu, 6.Dingxin liu, 7.Jianbao Zheng, 8.Xuejun Sun)

[E5-4]

Effectiveness of Flavonoids in Postoperative Pain and Wet Anus After Hemorrhoidectomy

Waranthorn Somjinda, Siripong Sirikurnpiboon (Department of Surgery, Rajavithi Hospital)

[E5-5]

Ligation of the Intersphincteric Fistula Tract (LIFT): Technical Refinements

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-1] Neutrophil Biomarkers and EDCs for IBD Prediction via Bioinformatics & ML

Shihui Chen, Jianbao Zheng, Junhui Yu, Xuejun Sun (The First Affiliated Hospital of Xi'an Jiao Tong University)

This study investigates neutrophil-associated genes in inflammatory bowel disease (IBD) pathogenesis, identifying diagnostic biomarkers and linking key genes to endocrine-disrupting chemicals (EDCs). Utilizing four IBD datasets, neutrophil infiltration differences were analyzed between IBD and controls. Differential expression analysis revealed 496 DEGs, and WGCNA identified 182 neutrophil-related hub genes. Machine learning (LASSO/SVM-RFE) prioritized four signature genes (CHI3L1, IL6, PTGS2, TREM1) from 32 candidates, validated via Nomogram for diagnostic efficacy. Transcriptional regulatory networks highlighted upstream regulators. Leveraging these genes, 33 potential IBD-associated EDCs (e.g., bisphenols, phthalates) were identified. RT-qPCR confirmed elevated expression of signature genes in IBD patients versus controls. Findings reveal neutrophil-driven mechanisms in IBD, propose CHI3L1, IL6, PTGS2, and TREM1 as novel diagnostic biomarkers, and establish gene-EDC connections, offering insights for clinical management and environmental risk mitigation.

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-2] Factor related to mortality in colovesical fistula patients

Pohnpatchara Debsane, Siripong Sirikurnpiboon, Paiboon Jivapaisarnpong (Rajavithi hospital)

Aim The study aimed to analyze the factors related to mortality in patients with colovesical fistula (CVF), focusing on the impact of underlying causes, severity of symptoms, and surgical approaches.
Methods
A retrospective review was conducted on CVF cases over a 20-year period. Clinical and demographic data were analyzed using statistical tests, including the Student's t-test, Mann-Whitney U test, Chi-squared test, and Fisher's exact test ($p < 0.05$ was considered significant). Disease severity was assessed with the Sequential Organ Failure Assessment (SOFA) score. Surgical treatments included one-stage operations, multistage operations, and palliative ostomies.
Results
Diverticulitis was the most common etiology (42.5%), followed by colorectal cancer (31.5%) and radiation (12.7%).Mortality was linked to colorectal cancer and radiation cases, with septic shock and SOFA scores above 7 being significant risk factors.
No mortality occurred in the one-stage operation group, especially among patients with diverticulitis. In contrast, the palliative ostomy group showed the highest mortality rates (41.9%).
Multistage operations and ostomies were more common in severe cases with high SOFA scores or complex etiologies.
Conclusion
One-stage operations are safe and effective for CVF caused by diverticulitis, particularly in male patients. Mortality risk is elevated in cases involving colorectal cancer and radiation, especially with SOFA scores >7. For severely ill patients, palliative ostomy or staged operations should be prioritized to enhance safety.

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-3] The beneficial effect of plasma jet on hemorrhoids in mice by anti-inflammatory response

Zeshaan Yahaya Haji Mahmood[1], Xuejun Sun[8], Jianbao Zheng[7] (1.Zeshaan Yahaya Haji Mahmood, 2.Shibo Hu, 3.Zepeng Dong, 4.Junhui Yu, 5.Dehui Xu, 6.Dingxin liu, 7.Jianbao Zheng, 8.Xuejun Sun)

Aim: To overcome hemorrhoids treatments limitations, we explored the effect of plasma jet (He gas) on external hemorrhoids. Methods: C57 black male mice, 6 to 8 weeks, randomly selected, weight and external hemorrhoid model prepared; divided into normal control, positive control, pilex, plasma 30secs, plasma 1min and combined plasma 1min pilex group. Intergroup comparison were performed after induction to study: a. biochemical, hemorrhoidal and histological parameters; b. vascular permeability by Evans blue extravasation. Mice ear edema model was established to study the swelling response and also demonstrated plasma jet effect on pH and in gas and liquid phase. Results: 65 % acetic acid induced hemorrhoids; plasma jet for 30 secs to 1 min showed therapeutic potential; including generation of active particle species ROS in gas and liquid phase such as hydroxyl ions causing inactivation of the bacteria. Secondly, plasma jet 1 min showed significant tissue healing and regeneration similar to the pilex evident by significant reduction of anorectal coefficients, macroscopic severity score, serum TNFalpha and IL6 levels, pain scores, and improved histomorphological scores; combined plasma 1min pilex had superlative effect. The Evans blue extravasation showed significant reduction in vascular permeability and mice ear edema model showed plasma jet was significant in reducing the swelling evident by decreased swelling degree and increased swelling inhibition rate. Conclusion: Plasma jet can significantly promote tissue healing, reduce swelling and inflammatory markers. The treatment process is painless. Therefore, plasma jet can be beneficial for the treatment of external hemorrhoids in mice through antiinflammatory and swelling reduction mechanism.

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-4] Effectiveness of Flavonoids in Postoperative Pain and Wet Anus After Hemorrhoidectomy

Waranthorn Somjinda, Siripong Sirikurnpiboon (Department of Surgery, Rajavithi Hospital)

Background: Hemorrhoidectomy is the standard treatment for symptomatic or high-grade hemorrhoids; however, complications such as postoperative pain, wound dehiscence, and wet anus are common. Wet anus significantly impacts patient comfort and hygiene but remains understudied.
Objective: To evaluate the effectiveness of flavonoids in reducing postoperative pain and the incidence of wet anus.
Methods: A retrospective cohort study was conducted in 180 patients who underwent hemorrhoidectomy between 2017 and 2022. Patients were divided into a flavonoid group (n = 91) and a control group (n = 89). Postoperative outcomes including pain scores, wet anus, pruritus ani, acetaminophen consumption, and complications were analyzed.
Results: The incidence of wet anus was significantly lower in the flavonoid group (18.7% vs. 67.4%, p<0.001), as was pruritus ani (18.7% vs. 56.2%, p<0.001). Pain scores at 6 hours postoperatively were similar (7.22 vs. 7.25, p = 0.891), but the next-morning scores were modestly lower in the flavonoid group (6.11 vs. 6.73, p = 0.017). Acetaminophen consumption was significantly lower in the flavonoid group (1069.6 mg vs. 1631.6 mg, p<0.001). Wound dehiscence was also less frequent (16.5% vs. 25.8%, p = 0.045; OR = 0.473, 95% CI: 0.2260.993).
Conclusion: Flavonoids significantly reduced the incidence of wet anus and pruritus ani, and may lower the need for analgesics and wound complications. These findings support the adjunctive use of flavonoids in postoperative care following hemorrhoidectomy.

English Abstract Session

📅 Sat. Nov 15, 2025 1:30 PM - 2:12 PM JST | Sat. Nov 15, 2025 4:30 AM - 5:12 AM UTC 🏛 Room 10

[E5] English Abstract Session 5 Benign Disease & Early Cancer

Moderator:Fumio Ishida(Digestive disease center, Showa Medical University Northern Yokohama Hospital), Ravi Kiran(Global Center for Colorectal Surgery/IBD, Columbia University Medical Center)

[E5-5] Ligation of the Intersphincteric Fistula Tract (LIFT): Technical Refinements

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

Fistula-in-ano is a common challenging condition in proctology, requiring precise surgical management to minimize recurrence and preserve sphincter function. The Ligation of the Intersphincteric Fistula Tract (LIFT) procedure has developed as a sphincter-sparing technique with favorable outcomes.
We present a video aiming to educate surgeons with practical points to refine their LIFT technique and improve patient outcomes. This video provides a step-by-step demonstration of the LIFT procedure, highlighting essential tips and tricks to optimize success. Significant steps include patient selection, preoperative assessment, intraoperative techniques such as proper tract identification and secure ligation, and postoperative care.
By mastering these refinements, surgeons can optimize results, reduce recurrence, and improve patient quality of life.

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-1]

"Newly Diagnosed Familial Adenomatous Polyposis Without Family History: A Case Report"

Tolkhiinjan Dostikh (Mungunguur hospital)

[E6-2]

Endoscopic Intermuscular Dissection (EID) for Deep Submucosal Invasive Carcinoma in Rectum

Xutao Lin[1], Dejun Fan[1], Jingwen Qi[2], Tao Yang[1], Lishuo Shi[3], Fangqian Li[4], Qiuning Wu[1], Lingyu Huang[1], Jiancong Hu[1] (1.Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, 2.Department of Pathology, The Sixth Affiliated Hospital, Sun Yat-sen University, 3.Center for Clinical Research, The Sixth Affiliated Hospital, Sun Yat-sen University, 4.Department of Radiology, The Sixth Affiliated Hospital, Sun Yat-sen University)

[E6-3]

Organ-Sparing Surgery for Rectal GISTs: A Video Demonstration of The Trans-Sacrococcygeal Technique

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

[E6-4]

Efficacy and Safety of Oral Iohexol in the Management of Postoperative Chylous Ascites

Zhixun Zhao[1], Yihang Shi[1], Haipeng Chen[1], Xu Guan[1], Zheng Jiang[1], Ming Yang[1], Henchang Liu[1], Jianwei Liang[1], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

[E6-5]

Clinicopathological and Genomic Characterization of Intestinal Adenosquamous Carcinoma

Baohong Yang[1], Xu Guan[1,2], Yanfeng Xi[3], Podda Mauro[4], Xishan Wang[1,2] (1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 4.Department of Surgical Science, Cagliari State University.)

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-1] "Newly Diagnosed Familial Adenomatous Polyposis Without Family History: A Case Report"

Tolkhiinjan Dostikh (Mungunguur hospital)

Background: Familial adenomatous polyposis (FAP) is a genetic disorder caused by mutations in the APC gene, typically leading to the development of numerous adenomatous polyps in the colon. This disease is often inherited in an autosomal dominant pattern but can also occur as a de novo mutation in the absence of family history. This case report presents a rare instance of sporadic FAP leading to advanced colorectal cancer.

Methods: A 36-year-old female with no family history of FAP presented with symptoms of abdominal distension, constipation, and nausea. Imaging studies, including CT and colonoscopy, revealed multiple polyps and signs of colorectal malignancy. Histopathological examination confirmed the diagnosis of adenocarcinoma.

Results: The patient underwent total colectomy and rectal excision, with post-operative recovery proceeding without complications. The histopathological findings confirmed adenocarcinoma in both the colon and rectum. The patient is currently undergoing chemotherapy and is being closely monitored for further complications.

Conclusion: This case highlights the importance of considering FAP even in the absence of a family history. Early diagnosis and surgical intervention are crucial to prevent colorectal cancer. Long-term surveillance is recommended to monitor for potential desmoid tumors and other associated malignancies.

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-2] Endoscopic Intermuscular Dissection (EID) for Deep Submucosal Invasive Carcinoma in Rectum

Xutao Lin[1], Dejun Fan[1], Jingwen Qi[2], Tao Yang[1], Lishuo Shi[3], Fangqian Li[4], Qiuning Wu[1], Lingyu Huang[1], Jiancong Hu[1] (1.Department of Gastrointestinal Endoscopy, The Sixth Affiliated Hospital of Sun Yat-sen University, 2.Department of Pathology, The Sixth Affiliated Hospital, Sun Yat-sen University, 3.Center for Clinical Research, The Sixth Affiliated Hospital, Sun Yat-sen University, 4.Department of Radiology, The Sixth Affiliated Hospital, Sun Yat-sen University)

Objective:
This study evaluates the efficacy and safety of endoscopic intermuscular dissection (EID) for deep submucosal invasive rectal carcinoma. We analyzed clinical data from 8 T1-stage rectal cancer patients treated with EID at The Sixth Affiliated Hospital of Sun Yat-sen University, focusing on R0 resection rate, complications, and postoperative recovery.
Methods:
Clinical records of 8 patients undergoing EID from January to September 2024 were reviewed. The EID technique involved dissecting lesions through the intermuscular space beneath rectal tumors. Parameters including operative time, dissection speed, R0 resection rate, complications, and pathological outcomes were analyzed.
Results:
All cases achieved successful R0 resection. Mean total operative time was 136.25 minutes (dissection time: 109.75 minutes) with an average dissection speed of 7.44 mm2/min. Intraoperative complications occurred in 25% (2/8), both being controlled perforations in initial cases managed endoscopically. Mean hospital stay was 9.75 days (postoperative: 5.63 days). Pathological findings confirmed deep submucosal invasion (T1b) in all cases: 6 moderately differentiated, 1 well-differentiated, and 1 poorly differentiated mucinous adenocarcinoma. During follow-up, 2 patients required additional surgery (1 segmental resection for poor differentiation, 1 colectomy for synchronous sigmoid cancer), with no recurrences observed in others.
Conclusion:
EID demonstrates promising outcomes for deep submucosal rectal carcinoma, achieving high R0 rates with acceptable safety. Larger multicenter studies are warranted to validate long-term efficacy.

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-3] Organ-Sparing Surgery for Rectal GISTs: A Video Demonstration of The Trans-Sacrococcygeal Technique

Aitsariya Mongkhonsupphawan, Woramin Riansuwan (Colorectal Surgery Unit, Department of surgery, Faculty of Medicine Siriraj Hospital, Mahidol University)

Gastrointestinal stromal tumors (GISTs) are uncommon neoplasms in the lower rectum, accounting for fewer than 5 % of all GIST cases. Lower rectal GISTs present unique surgical challenges due to their location in the narrow pelvic space, particularly in achieving negative margins while preserving sphincter function. The optimal surgical approach for these tumors must balance oncological safety with functional outcomes.
We present a video demonstrating the trans-sacrococcygeal approach for excision of a rectal GIST. This technique provides direct access to the retrorectal space while minimizing pelvic dissection. The approach facilitates en-bloc tumor excision with reduced risk of sphincter compromise, making it particularly suitable for low-lying rectal GISTs. Key steps include patient positioning, optimal exposure achieved through sacrococcygeal disarticulation and levator ani muscle incision, meticulous tumor dissection, and pelvic floor reconstruction
This approach serves as an alternative to more radical procedures such as abdominoperineal resection or low anterior resection, emphasizing organ preservation and improved quality of life.

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-4] Efficacy and Safety of Oral Iohexol in the Management of Postoperative Chylous Ascites

Zhixun Zhao[1], Yihang Shi[1], Haipeng Chen[1], Xu Guan[1], Zheng Jiang[1], Ming Yang[1], Henchang Liu[1], Jianwei Liang[1], Xishan Wang[1] (1.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College)

Abstract

Background: Chylous ascites (CA) post-abdominal and pelvic surgery presents a significant clinical challenge, often leading to prolonged hospital stays and increased morbidity. Traditional management strategies frequently fall short, necessitating innovative treatment approaches.

Methods: This single-arm prospective clinical trial evaluated the efficacy and safety of oral Iohexol for CA treatment in 30 patients post-pelvic and abdominal surgery. The study employed stringent diagnostic criteria, with intervention measures including oral Iohexol administration, followed by a resolution evaluation system. Non-responsive cases proceeded to interventional lymphangiography and embolization.

Results: Administration of oral Iohexol led to 80% of the cohort reaching Grade A Success, with a notable 33% achieving Grade A+ Success within the inaugural week, showcasing a swift therapeutic impact. Multivariate analysis indicated a lesser response to Iohexol among patients who underwent preoperative treatments or who experienced daily drainage exceeding 500 ml. For these patients, further intervention via lymphangiography was essential, leading to successful embolization in cases of confirmed lumbar trunk injury.

Conclusion: The use of oral Iohexol has proven to be an effective frontline treatment for CA post-surgery, significantly improving resolution rates compared to standard methods. The multivariate analysis indicates that certain patient profiles may require additional interventional treatments, suggesting the need for individualized management plans. These findings advocate for the inclusion of Iohexol in postoperative CA treatment protocols, with potential implications for enhancing patient recovery and outcomes

English Abstract Session

📅 Sat. Nov 15, 2025 2:12 PM - 2:54 PM JST | Sat. Nov 15, 2025 5:12 AM - 5:54 AM UTC 🏛 Room 10

[E6] English Abstract Session 6 Miscellaneous

Moderator:Kensuke Kumamoto(Department of Genome Medical Science and Medical Genetics, Faculty of Medicine, Kagawa University), Kamales Prasitvarakul(Hatyai Hospital)

[E6-5] Clinicopathological and Genomic Characterization of Intestinal Adenosquamous Carcinoma

Baohong Yang[1], Xu Guan[1,2], Yanfeng Xi[3], Podda Mauro[4], Xishan Wang[1,2] (1.Department of Colorectal Surgery, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 2.Department of Colorectal Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, 3.Department of Pathology, Shanxi Province Cancer Hospital/Shanxi Hospital Affiliated to Cancer Hospital, Chinese Academy of Medical Sciences/Cancer Hospital Affiliated to Shanxi Medical University, 4.Department of Surgical Science, Cagliari State University.)

Background: Adenosquamous carcinoma (ASC) is a rare malignancy with a poorly understood etiology. This study investigates primary intestinal ASC (IASC), with a specific focus on the ratio of these components and the underlying genetic alterations.
Methods: We retrospectively analyzed 14 patients diagnosed with IASC at Shanxi Cancer Hospital between 2012 to 2023 and the data on clinicopathological features were obtained. The proportions of adenocarcinoma and squamous cell carcinoma components were determined using immunohistochemistry (IHC). Whole-exome sequencing (WES) was performed on three primary duodenal ASC specimens and their corresponding normal tissues. This study was registered with the ChiCT Registry (ChiCTR2400084845).
Results: The median patient age was 53 years, with a male predominance (64.3%). The primary tumor locations were duodenum (42.9%), jejunum (7.1%), right colon (21.5%), sigmoid colon (7.1%), and rectum (35.7%). All tumors contained both components exceeding 20% of the total volume, with 64.3% exhibiting a dominant squamous cell carcinoma component. Human papillomavirus (HPV) infection and microsatellite instability (MSI) testing were negative for most patients. WES on three duodenal ASC cases revealed a predominance of missense mutations. Commonly mutated genes included SMYD4, NEB, SYNE1, and TP53BP1.
Conclusion: This study sheds light on the clinicopathological features of IASC and provides the first-ever whole-exome sequencing analysis of primary duodenal ASC. The identification of recurrently mutated genes in this aggressive malignancy presents promising targets for future therapeutic development. Further research is warranted to refine diagnostic strategies and explore targeted therapeutic approaches.