ICS-Czech Joint Symposium

Sat. Nov 15, 2025 3:00 PM - 4:40 PM JST | Sat. Nov 15, 2025 6:00 AM - 7:40 AM UTC Room 10

[ICS] ICS-Czech Joint Symposium Various Approaches in Colorectal Surgery

Moderator:Kotaro Maeda(Oumeimai Hospital), Karel Novák(Czech section of ICS / 1st World Vice President of ICS)

[ICS-1]

Tumor budding in colorectal cancer: an overview of the issue and institutional experience with a focus on histopatholocical methods of assessment

Miroslav Kavka[1], Jiri Lenz[2] (1.Department of Surgery, 2.Department of Pathology)

[ICS-2]

Treatment Strategy for Colorectal Cancer with Deficient Mismatch Repair

Kenji Fujiyoshi, Takahiro Shigaki, Naohiro Yoshida, Takafumi Ohchi, Takefumi Yoshida, Fumihiko Fujita (Depertment of Surgery, Kurume University)

[ICS-3]

TaTME and it is use in the treatment of low - lying rectal tumors

Jan Tihon, Michal Skacel, Petr Vlcek, Dominik Kuchar (Department of Surgery, University Hospital St. Anna Brno)

[ICS-4]

Current Status and Future Prospects of Robotic Colorectal Surgery

Koichi Okuya, Maho Toyota, Hiroki Toyota, Kohei Okamoto (Department of Surgery, Division of Gastroenterological Surgery, Sapporo Medical University)

[ICS-5]

Surgical Strategies for Bowel Management in Deep Infiltrating Endometriosis

Radek Chvatal[1], Miroslav Kavka[1] (1.District Hospital Znojmo, 2.District Hospital Znojmo)

[ICS-6]

Robotic surgery for colorectal cancer including hinotori^{TM} system: Clinical advantages and system-specific challenges

Tsutomu Kumamoto, Koki Otsuka, Ichiro Uyama, Koichi Suda (Fujita Health University)

[ICS-7]

Present Aproaches in the Treatment of Hemoroids

Jindřich Šebor (Centre of One-Day Surgery and Orthopeaedics, City Hospital Privamed, Plzen, Czech Republic)

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Miroslav Kavka[1], Jiri Lenz[2] (1.Department of Surgery, 2.Department of Pathology)

Background: Tumor budding is a well-established independent adverse prognostic marker of colorectal cancer, but methods for its assessment have varied considerably in the past. There is currently controversy regarding the role of immunohistochemistry in the scoring of tumor budding.
Objectives: The aim of the study was to compare the hematoxylin-eosin staining with pankeratin AE1/AE3 immunostaining in the assessment of tumor budding in colorectal cancer.
Methods: The study included 50 patients who underwent bowel resection for colorectal cancer in stages pT1 to pT4 between 2020 and 2023 in one institution. Two serial sections from each tumor sample were stained with hematoxylin-eosin and pankeratin, and tumor budding score was assessed according to recommendations based on the 2016 International Tumor Budding Consensus Conference. Subsequently, a correlation between the tumor budding score and the tumor grade was performed.
Results: In hematoxylin-eosin stained slides, Bud1, Bud2, and Bud3 categories were detected in 23/50 (46%), 23/50 (46%), and 2/50 (4%) cases, respectively. AE1/AE3 immunostaining revealed the Bud1 category in 17/50 (34%) cases, the Bud2 category in 28/50 cases (56%), and the Bud3 category in 3/50 cases (6%). Hematoxylin-eosin staining detected an overall degree of correlation of 0.7 between tumor budding category and corresponding tumor grade (specifically 0.78 for the Bud1/G1 category, 0.82 for the Bud2/G2 category and 0.5 for the Bud3/G3 category).
Conclusion: Our study did not demonstrate markedly improved reproducibility in the assessment of tumor budding with immunohistochemistry compared to hematoxylin-eosin. Immunohistochemistry can be helpful in challenging cases such as glandular fragmentation or strong peritumoral inflammation.

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[ICS-2] Treatment Strategy for Colorectal Cancer with Deficient Mismatch Repair

Kenji Fujiyoshi, Takahiro Shigaki, Naohiro Yoshida, Takafumi Ohchi, Takefumi Yoshida, Fumihiko Fujita (Depertment of Surgery, Kurume University)

The carcinogenesis of colorectal cancer (CRC) is classified into microsatellite instability (MSI) and chromosomal instability pathways. Deficient mismatch repair (dMMR)/MSI-high (MSI-H) status, identified by MSI or immunohistochemistry (IHC) testing, is a key biomarker, as these tumors show high response rates to immune checkpoint inhibitors (ICIs). Consequently, treatment strategies for dMMR/MSI-H CRC differ significantly from those for pMMR/MSS tumors.

Current standards of care include pembrolizumab for advanced disease and CAPOX/FOLFOX as adjuvant therapy for Stage III tumors, given their resistance to 5-FU. Recently, neoadjuvant therapy with ipilimumab plus nivolumab has demonstrated remarkably high pathological response rates in resectable dMMR colon cancer, heralding a paradigm shift.

Reflecting these advances, our institution now performs routine upfront MMR-IHC testing to guide treatment. We present the case of a 29-year-old male with dMMR rectal cancer who was enrolled in a clinical trial. He achieved a clinical complete response (cCR) with immunotherapy, successfully avoided surgery, and returned to work.

The evolution of treatment for dMMR CRC has made non-operative management (NOM) following neoadjuvant ICI a viable option. This progress underscores the critical need for upfront molecular evaluation, positioning MMR status assessment as a top priority to facilitate personalized, organ-sparing strategies.

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[ICS-3] TaTME and it is use in the treatment of low - lying rectal tumors

Jan Tihon, Michal Skacel, Petr Vlcek, Dominik Kuchar (Department of Surgery, University Hospital St. Anna Brno)

Our experience and presentation of results with Transanal total mesorectal excision in the treatment of selected low - lying rectal tumors.
Methods : We analyzed the results for the period 2019 - 2024 using the Gel point platform, laparoscopic technic with stapler or coloanal anastomosis. We focused on complications, histological results and oncological radicality of this procedure.
Results : The TaTME technique was used in 17 cases. 14 men and 3 woman. The average age was 67 years. Stapler anastomosis was used in 6 cases, coloanal anastomosis in 11 cases. The average distance from the anocutaneous line was 4 cm. The final histology contained only adenocarcinoma. There was one positive margine found at one of the cases. The average number of lymph nodes found was 18. Three cases had positive nodes. There was 41 % of postoperative morbidity and 0% of mortality. Two patients have terminal colostomy and two patients ileostomy as definitive solution.
Conclusion : Transanal total mesorectal excision TaTME is a modern technique for managing rectal tumors. It is technically demanding and requires a longer learning curve. However, in the hands of an experienced colorectal surgeon, it offers in selected patients the hope of precise treatment of rectal cancer and significantly reduces the rate of permanent stoma, while also improving oncological outcomes.
Key words : transanal - mesorectal excision - laparoscopic technic - stapler or coloanal anastomosis

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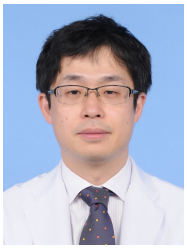
[ICS-4] Current Status and Future Prospects of Robotic Colorectal Surgery

Koichi Okuya, Maho Toyota, Hiroki Toyota, Kohei Okamoto (Department of Surgery, Division of Gastroenterological Surgery, Sapporo Medical University)



Background: At our institution, all rectal cancer surgeries are performed using a minimally invasive robotic-assisted approach. For tumors located distal to the first Houston valve, a two-team procedure incorporating transanal total mesorectal excision (TaTME) is employed.
Objective: To evaluate the surgical and oncological outcomes of robotic-assisted rectal resection combined with TaTME.
Methods: A retrospective analysis was conducted on 176 patients who underwent this combined approach between January 2018 and December 2024, selected from a total of 664 patients who received curative rectal cancer surgery during the same period.
Results: The cohort included 125 men and 51 women, with a median age of 64 years and a median BMI of 22.5. Clinical staging was 0/I/II/III/IV in 1/59/53/50/13 patients, respectively. Neoadjuvant therapy was administered to 99 patients, and lateral lymph node dissection was performed in 73 cases. Robotic systems used included da Vinci Xi (152), hinotori (5), da Vinci SP (5), and Hugo (14). The median console time for rectal resection was 131 minutes (IQR: 99-166), median operative time was 446 minutes (IQR: 307-631), and median estimated blood loss was 20 mL (IQR: 5-50). Grade ≥ 3 complications (Clavien-Dindo classification) occurred in 20 cases (11.3%), with no anastomotic leakage observed. The median postoperative hospital stay was 18 days. All cases had negative distal margins, and the circumferential resection margin (CRM) positivity rate was 5.1%.
Conclusion: Robotic-assisted rectal resection combined with TaTME is a feasible and safe approach for distal rectal cancer, with acceptable short-term surgical and oncological outcomes.

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[ICS-5] Surgical Strategies for Bowel Management in Deep Infiltrating Endometriosis

Radek Chvatal[1], Miroslav Kavka[1] (1.District Hospital Znojmo, 2.District Hospital Znojmo)

Study Objective
The prevalence of endometriosis in highly developed countries is alarming. An estimated 40% of women of childbearing age are affected by endometriosis to some degree. The primary contributing factor is delayed first pregnancy, among others. Endometriosis has become not only a medical issue but also a socioeconomic concern. When considering deep infiltrating endometriosis (DIE) of the pelvis, infiltration of the rectovaginal septum is of particular importance. In such cases, close cooperation between gynecologists and surgeons is essential. As we are treating young patients, it is crucial to preserve hypogastric innervation, the ureters, and the vagina. Rectovaginal nodules typically infiltrate both of these structures. For preoperative diagnosis, we rely on ultrasound, MRI, rectoscopy, and combined vaginal and rectal examinations.
Setting
Our hospital operates a dedicated center for the treatment of endometriosis. Over the past 11 years, we have performed more than 100 laparoscopic procedures for rectovaginal septum endometriosis. The gynecologist is responsible for dissecting the rectosigmoid, performing ureterolysis and neurolysis, and, if necessary, resecting the posterior vaginal vault. The surgeon determines the most appropriate surgical method based on the extent of infiltration. There are three main approaches: (A) shaving, (B) discoid resection, and (C) rectosigmoid resection with end-to-end anastomosis. We have not encountered any major complications. Anastomotic leakage occurred in 8% of cases, and minor bladder denervation was observed rarely. It is important to note that these patients are often infertile and seeking pregnancy. In cases of pregnancy, cesarean section is inevitable.
Conclusion
Rectovaginal DIE is a serious condition, and surgical treatment invariably leaves some sequelae. The expertise, cooperation, and mutual understanding of the surgical team play a crucial role in achieving optimal outcomes.
Keywords:
deep infiltrating endometriosis (DIE), rectosigmoid, innervation

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[ICS-6] Robotic surgery for colorectal cancer including hinotori™ system: Clinical advantages and system-specific challenges

Tsutomu Kumamoto, Koki Otsuka, Ichiro Uyama, Koichi Suda (Fujita Health University)

At our institution, four robotic platforms - da Vinci Xi, da Vinci SP, hinotori ™, and Hugo RAS - are used for robotic colorectal cancer surgery. Each platform has unique structural characteristics and clinical advantages. In this presentation, we focus on da Vinci Xi and hinotori™, using intraoperative videos to illustrate key differences in operability and perioperative outcomes, especially subcutaneous emphysema (SE). The da Vinci Xi system provides stable visualization and precise instrument control through its robust docking structure. It is also equipped with advanced technologies such as robotic staplers and integrated energy devices, making it highly suitable for complex and high-precision colorectal procedures. In contrast, the hinotori™ platform features a pivot-based free-docking system that offers greater flexibility during setup. Although robotic staplers and energy devices are not currently integrated into this system, its docking architecture may help reduce abdominal wall pressure, potentially contributing to a lower risk of subcutaneous emphysema, as previously discussed in our publication (*Surg Endosc*, 2024). By presenting comparative surgical videos, we aim to highlight the specific features and advantages of each platform and provide practical insights for improving outcomes in robotic colorectal surgery, such as reducing the risk of subcutaneous emphysema.

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[ICS-7] Present Aproaches in the Treatment of Hemoroids

Jindřich Šebor (Centre of One-Day Surgery and Orthopeaedics, City Hospital Privamed, Plzen, Czech Republic)

Foreword: The second half of 20th century was characterized of gradual progress in surgery. The surgeons were forced to specialized and that enabled them to carry out more erudite treatments, and also all the technics became more and more progressive. The new methods enable to shorten the time of the procedures and mainly the time of recovery. The development of so called one day treatment had even more advantage - minimalisation of the risk of an infection, shortening the time of recovery and earlier comeback to the normal life, less expensive treatment.
Material: The author describes his fifteen year experience in one day surgery. How the selection of patients is made, which treatment can be performed, how the recovery is managed in means of postoperative follow-up and analgesia. Except of miniinvasive surgery the author speaks about the treatment of the hemoroids.
Results: In fifteen year time was performed over 25,000 procedures according to more than 800 procedures on hemoroids. 99% of patients were discharged according to one day surgery standards (within 1-3 days). The author describes the history of hemoroids, all possibilities of conservativ treatment (way of life, diet, local treatment, medicine, etc.) and surgical treatment (older and new method). He suggests the Longo method in the treatment of hemoroids gr. II.-III., describes advantage of this method for surgeons and mainly patients. All this procedures are possible to perform in regime of one day surgery.
Conclusion: The one day surgery has become a part of a care of surgical patients. It also applies for the treatment of hemoroids. The advantage of this kind of care is indisputable.