



MINUTES

COLORECTAL COMMITTEE

March 11, 2025

11:00 AM – 12:30 PM, Regency Ballroom A, Hyatt Regency, Long Beach CA

In attendance: McLemore, Alkhamesi, Rashidi, Whiteford, Addison, Basam, Blake, Carmichael, Chang, Dantu, Dapri, Dourado, Elhadi, Essani, Froehlich, Garfinkle, Grucela, Harzman, Hayden, Kaiser, Popowich, Sarin, Shawki, Sylla, Taylor

Dr. McLemore called the meeting to order. The committee reviewed the goals and approved them with no changes. Dr. Whiteford reminded the committee to ensure their disclosures were kept updated and to provide only balanced input.

Regular Business

ACTION ITEM: We will continue to have a Zoom meeting to discuss the colorectal meeting suggestions review meeting prior to submitting them to the program chairs. We submitted 11 proposals for 2026, including an ADOPT course proposal.

Dr. Elhadi reported about the Natural Orifice Extraction Study. They are still recruiting centers for this trial. They are waiting for the IRB approval from Methodist. They are working to finalize the study protocol. They could use help putting together the ASCRS grant. The enrolling surgeon volume is 20-30 patients or 6 month recruitment. If there are new people interested or students who want to help, please let Dr. Elhadi know.

Dr. McLemore presented the video based assessment (VBA) update on behalf of Drs. Costedio and Caycedo. The VBA next steps are to assess whether or not the rating scale that we have developed using the Task Inventory Questionnaire matches the videos that are submitted. We will ask all the committee to submit videos. Because the VBA is educational and de-identified, SAGES does not believe this requires an IRB approval.

Dr. Boutros celebrated the Board approval of the Management of Uncomplicated Diverticulitis (MUD) Task Force white paper, led by Dr. Garfinkle. The next project is the patient education brochure. The brochure will be written at patient level with graphics and will be available on SAGES website. This will be the first brochure that will have patient feedback.

Dr. Boutros described the Diverticulitis Guidelines, which is a collaboration with a number of other organizations, focused on areas with no consensus between society guidelines. They have a goal of completing this by the end of March. Rep from each society will serve as advisory group to vote. Ideally publish this year. We will also have patients involved in this publication.

Dr. Shawki reported on the work by the PROM (Patient Reported Outcome Measures) task force. The group decided to look at what PROMs currently exist for diverticulitis, ostomy, and IBD. Dr. Sylla described the work by the patient engagement taskforce. We will work to develop a consensus of the most valuable PROMS for particular procedures, and follow the same process



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for every review. Erin will link with the staff member from the patient engagement task force, and we will send the application for the Patient Partner Network to the committee.

Dr. Alkhamesi reported the paper on Acute Care of Colorectal Neoplasm & Appendages is in process.

Dr. Kaiser reported that the Obesity and Colorectal Surgery Task Force project is in process. They have a goal to have a manuscript for the committee to review by October 2025.

Drs. Harzman and Rashidi provided the 2024 ADOPT ICA Course final report. We learned that many of the surgeons did not have access to the robot. There was a suggestion that we should make it mandatory to have every participant upload a video for review. This will increase engagement.

Dr. Essani provided an update on the 2025 ICA Hands On Course. Dr. Popowich reminded the committee to use the Colorectal Facebook page to advertise SAGES things.

Dr. Garfinkle acknowledged Drs. Melissa Chang, Lisa McLemore and John Dwyer for the work they did on the AGES Masters Educational Module that was produced last year. The content is being re-formatted for shorter use. Dr. Garfinkle is part of the task force lead for Ed Council. The idea is to make the activity easier to access on mobile devices, quicker modules, same content.

Dr. Popowich provided the update on the SAGES Colorectal FB page. Dr. Jennifer Blake has volunteered to help with the admin role.

Dr. Alkhamesi reported that the Top 10 Articles for Masters Program Colon Pathway has been approved by the Board and it will be published soon.

The Colorectal Committee has nominated Drs. Nagle and deBeche-Adams to serve on the non-ACGME colorectal fellowships curriculum task force.

Dr. Sylla and Boutros reported on the Anastomotic Leak project. They are trying to create a reporting system to report leaks without defining a leak. They have developed a framework which will be published in DCR as this was funded by ASCRS. Anyone who is interested in piloting the framework in their institution, please contact Erin to volunteer.

The committee chairs will meet to discuss the new single port robotic tool, and the potential to create guidelines on how to do this.

[Following are notes from the Colorectal Committee Chairs' meeting.]



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Why are we still doing Hartmans (session 2027)

- creative solutions
- Colon wash out next day
- Delayed anastomosis

SP Manuscripts - Steps / Approach

- abdominal
- Trans anal
- Future robotic option (new technology coming “up the pike”)

Platforms:

Shurui single port platform
Vicarious single port platform
MIRA single port platform
SP da Vinci single port platform
Microport single port platform
Endoquest robotic platform

TES - full thickness is too deep ?

Is tenesmis really that bad after TES following radiation?

- 85% of recurrences are in the wall
- True organ preservation

Transabdominal vs transanal for distal rectal ca?

ctDNA / Immunotherapy

- tumor agnostic vs directed
- Timing
- Specificity, Sensitivity

Multidisciplinary approach to advanced pelvic cases

- pelvic organ prolapse
- Pelvic event
- T4 and/or metastectomy
- HPB
- Gyn
- MIS Plastic recon options; alternative to vram

Ureter Identification Options

Hartmans Reversal Strategies

- how to help your future colostomy reversal surgeon
- acute care : fixing the acute disasters with a mindful eye on future surgical needs