



LIVER SURGERY – TIMING, TECHNIQUES & OUTCOMES

PROGRAMME

Sessions will consist of three 1 ½ hour length sessions per day.

Sunday, Monday, Tuesday – 1300 to 1830

1300 – 1430

1500 – 1630

1700 - 1830

Wednesday- 0830 to 1230

0830 – 1000

1030 – 1230

Sunday 19th October

Session 1

Welcome and Introduction	R. Padbury	10 mins
Molecular markers, stem cells and cancer	W. Phillips	25 mins
Liver Imaging: Establishing the diagnosis without biopsy	N. Hacking	20 mins
PET Scanning – How valuable	Sze Ting Lee	15 mins
Scoring systems and predictors of outcome	M. Rees	<u>20 mins</u>
<ul style="list-style-type: none"> • What value? 		90 mins

Session 2 – Chemotherapy

State of the Art Colorectal Cancer Chemotherapy	T. Shapiro	25 mins
What is the role of Sirt?	P. Gibbs	15 mins
Profiles of liver damage after chemotherapy	J. Koea	15 mins
Liver Resection after chemotherapy – Risk analysis	J. Garden	20 mins
Down staging – A reasonable option	M. Rees	<u>15 mins</u>
		90 mins

Session 3 – Novel Approaches

Synchronous METS - 1° or 2° first	J. Garden	20 mins
PVE – is it necessary or beneficial?	T. Hugh	20 mins
Staged Liver Resections – A valuable strategy	V. Usatoff	15 mins
Extending the Boundaries - Concomitant Extra hepatic Disease	P. Greig	15 mins
Anterior approach and liver hanging	M. Buchler	<u>15 mins</u>
		85 mins



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Monday 20th October

Session 4 – Evidence in Liver Surgery

Evidence in Liver Surgery		
Level 1 – Past, Present, and Future	M. Buchler	25 mins
Other forms of Evidence	M. Solomon	30 mins
Outcomes after Liver Resection for CRC METS	P. Evans	20 mins
• The Australian Experience		
Proposal for a multi-centre trial of surgery and chemotherapy	D. Goldstein and J. Fawcett	<u>30 mins</u> 105 mins

Session 5 – What is the Evidence?

Risk of biopsy in malignant liver tumours	M. Rees	20 mins
What is a margin for CRC Liver Resection?	R. Padbury	20 mins
Ablation of CRC liver metastases	G. Maddern	20 mins
Response to Chemotherapy – is it a prognostic factor?	J. Simes	20 mins
Post operative liver failure	J. Garden	<u>20 mins</u> 100 mins

Session 6 – Extending the Limits of Evidence

Resection of Non-CRC METS	T. O'Rourke	20 mins
Transplantation for CRC METS – A trial	M. Buchler	20 mins
Transplantation for HCC – Beyond Milan	P. Greig	<u>20 mins</u> 60 mins

ANZHPBA Annual General Meeting

Tuesday 21st October

Session 7

Benign and malignant Lesions – Pathology	C. Campbell	20 mins
Liver Lesions –The role of interventional radiology	N. Hacking	30 mins
Screening for HCC – Is it Effective?	D. Crawford	20 mins
Drugs and HCC – SIRT, TACE and SERAFINIB	P. Gibbs	<u>20 mins</u> 90 mins

Session 8

What to do with small HCC (<3cm). A Canadian view	P. Greig	20 mins
What to do with small HCC (< 3cm)A European view	J. Garden	20 mins
Resection in Cirrhotics in Western Society	M. Buchler	15 mins
Laparoscopic resection of HCC	I. Dagher	15 mins
Ablation/resection – Bridge or Salvage Transplantation?	P. Greig	<u>20 mins</u> 90 mins



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Session 9

Post Graduate Training in HPB in ANZ	C. Christophi	15 mins
The surgical implications of Hepato-biliary Anatomy	R. Strong	25 mins
Adult to adult LRT in Western Societies	P. Greig	30 mins
Fast track recovery after liver surgery	J. Garden	<u>20 mins</u> 90 mins

Wednesday 22nd October

Session 10 – Techniques in Liver Surgery

Vascular Control	J. Gallagher	10 mins
CUSAR	M. Rees	10 mins
GYRUS	A. Mitchell	10 mins
WATER JET	P. Greig	10 mins
RF	D. Morris	10 mins
Stapler	M. Buchler	10 mins
Segmental Liver Resections	M. Rees	<u>20 mins</u> 80 mins

Session 11 and 12 – Laparoscopic Liver Surgery

Session 11

Introduction – Definitions and selections	N. O'Rourke	5 mins
Prevalence	M. Crawford	5 mins
Gold Standard in oncologic resection at open surgery	M. Rees	10 mins
Results – morbidity and oncologic	I. Dagher	10 mins
	R. Bryant/(Cherqui)	10 mins
	N. O'Rourke/Hatzifotis	<u>10 mins</u> 50 mins

Break

Session 12 – Techniques

Majors	I. Dagher	20 mins
Llats	N. O'Rourke	5 mins
Segments	L. Nathanson	10 mins
Cases/Panel <u>Chair Tom Hugh</u>		<u>25 mins</u>
<ul style="list-style-type: none"> • Easily respectable probable benign lesion • Peripheral HCC – resect or ablate • Solitary CR met 		60 mins