



20th European Conference on General Thoracic Surgery



**European Society
of Thoracic Surgeons**

www.ests.org

Essen - Germany

10 - 13 June 2012

INVITED SESSIONS



EUROPEAN SOCIETY OF THORACIC SURGEONS

ESTS

**20th European Conference on General Thoracic Surgery
Essen, Germany, 10 - 13 June 2012**

**4th Joint Collaborative Postgraduate Symposium on General Thoracic Surgery
Organised by ESTS – AATS – STS – JACS – ASCVTS**

“The Masters’ Court” - The World Cup of Thoracic Surgery

Organiser: David Waller, Leicester

Sunday 10 June 2012 08:30 – 18:00

3 teams based on their continent!

America (AATS/STS)

A Patterson (Coach), D Sugarbaker (capt), M Ferguson, S Cassivi, D Rice, Y Colson, F Detterbeck, G Darling, E Vallieres

Europe (ESTS)

G Stamatis (Coach), G Rocco (capt), B Passlick, C Gebitekin, J Schirren, P Thomas, F Venuta, W Weder, S Mattioli

Asia (ASCTVS/JACS)

M Okumura (capt), R Santosham (capt), A Sihoe, H Date, H Osugi, A Yim, S Hasegawa, A Ooi.

Captains will organize preparation of presentations by their teams

A clinical case – 3 alternative management plans by 3 presenters from each of the 3 teams – a preliminary vote -cross-examination by the audience- the final vote
Presenters submit their arguments in advance (5 slides max). Points are won for the team who produced the winning presentation **and** effect the greatest shift in audience opinion between pre and post votes.

Each case will take 45 min :

- | | |
|---|-------|
| - Initial clinical scenario - presented by the Moderator | 5min |
| - Initial vote (interactive voting pads) | 5min |
| - 3 presentations (one from each team) | 15min |
| - Discussion - chaired by the Moderator, involving captains and presenter | 15min |
| - Final vote (interactive voting pads) | 5 min |

The following 8 cases fill the course with 4 sessions each lasting 90 min consisting of 2 cases.

Case Scenarios

Session 1 : 08:30-10:00 – Lung Cancer

1. LUNG CANCER - OCCULT N2 DISEASE

A 74 year old female of PS 0 with clinical stage IA adenocarcinoma in R segment 6 is scheduled for a segmentectomy. At thoracotomy you find an enlarged station 7 which is positive for malignancy on intraoperative frozen section. Do you ...

- a) Close the case and refer the patient for chemotherapy ? **G G Darling (Am)**
- b) Continue the operation as planned with a segmentectomy and lymph node dissection and refer for adjuvant chemotherapy ?
B Passlick (Eur)
- c) Extend the operation to either a lobectomy or pneumonectomy ? **M Okumura (Asia)**

Explore the indications for sublobar resection, whether the extent of nodal disease should dictate the extent of parenchymal resection and the policy of surgery in N2 disease.

2. LUNG CANCER - R1 RESECTION

You have performed a right upper lobectomy in a 60 year old male of PS1 with FEV1 and DLCO > 70% predicted. He has recovered well but histology reports a T2 N2 squamous ca with positive peribronchial resection margins (although the bronchial mucosa and vascular margins are clear) Do you ...

- a) Proceed to a completion R pneumonectomy **G Rocco (Eur)**
- b) Advocate just adjuvant chemotherapy **F Detterbeck (Am)**
- c) Advocate both adjuvant chemo and radiotherapy ? **A Yim (Asia)**

Explore the relative benefits of local vs systemic therapy and the risk/benefit analysis of revisional surgery

Session 2 : 10:30-12:00 – Oesophagus

3. OESOPHAGEAL CANCER - SYNCHRONOUS LUNG CANCER

A 55 year old male of PS 0 with a biopsy proven L lower lobe squamous is found to have abnormal PET uptake in the tumour and hilar LN (cstage II) and only elsewhere at the oesophago-gastric junction. Endoscopic biopsy confirms an early stage oesophageal adenocarcinoma.

Do you ...

a) Refer the patient for induction chemotherapy

S Cassivi (Am)

b) Advocate staged surgery to the lung first (by L thoracotomy) then to oesophagectomy

H Osugi (Asia)

c) Proceed to simultaneous L lower lobectomy and oesophagectomy via a L thoracotomy ?

S Mattioli (Eur)

Explore the importance of induction therapy in oesophageal cancer, the preferred laterality of approach to oesophagectomy and the risk/benefit analysis of combined procedures.

4. BENIGN OESOPHAGEAL DISEASE – OESOPHAGEAL RUPTURE

A 27 year old male has been admitted 36hr ago with a suspected Boerhaave oesophageal rupture which was contained and managed conservatively. He has now developed a right pleural effusion, fever and leucocytosis. An oesophagram demonstrates a non-contained leak in the mid –oesophagus. Your options are :

a) To operate and attempt to repair the perforation

A Ooi (Asia)

b) To stent the oesophagus and continue drainage and parenteral nutrition

P Thomas (Eur)

c) To electively perform oesophagectomy

M Ferguson (Am)

Explore the perceived importance of delayed presentation and the risk/benefit argument for radical vs conservative treatment.

Session 3 : 14:30 – 16:00 – Emphysema

5. EMPHYSEMA - END STAGE TREATMENT

A 57 year old female ex-heavy smoker is referred for treatment of disabling dyspnoea. She has upper lobe predominant emphysema is significantly hyperinflated. Her FEV1 is 17% predicted, pO₂ 7.1KPa, pCO₂ 6.9KPa. She has mild RV dysfunction and MPAP of 39mmHg. Which of the following would you advise ?

a) Lung transplantation **W Weder (Eur)**

b) Lung volume reduction surgery **H Date (Asia)**

c) Endobronchial valve therapy **E Vallieres (Am)**

Explore the interface between organ transplantation and remodelling and the evidence for non-invasive therapy.

6. EMPHYSEMA – PERSISTENT AIR LEAK

You have successfully performed a R VATS upper lobectomy on a 79 year old female with poor lung function and COPD . However, 8 days later she still has a significant air leak and requires suction drainage to maintain lung expansion. Do you

a) Reoperate **A Sihoe (Asia)**

b) Not operate, continue with conservative management/portable drainage **Y Colson (Am)**

c) Consider the use of an endobronchial valve **F Venuta (Eur)**

Discuss whether the risks of reoperating are greater than the continued risks of immobility and the use of new technology in this situation.

Session 4 :1630-1800 – Pleuropulmonary

7. MALIGNANT MESOTHELIOMA

A 50 year old is referred to you with a diagnosis of stage II epithelioid malignant mesothelioma made on percutaneous biopsy. He has no co-morbidity but is dyspnoeic from his right pleural effusion. Your options are..

a) Pleurodesis and chemotherapy **S Hasegawa (Asia)**

b) Extrapleuralpneumonectomy as part of multimodality therapy
D Sugarbaker (Am)

c) Extended pleurectomy/decortication as part of multimodality therapy
J Schirren (Eur)

Discuss the evidence for radical surgery in mesothelioma and the argument for lung sparing surgery.

8. INFECTIVE LUNG DISEASE

A 70 year old male with a history of TB and COPD is admitted with major haemoptysis. Investigations suggest a right apical aspergilloma to be the cause of the bleeding which is not settling. Do you

a) Perform a thoracotomy and attempt resection **R Santosham (Asia)**

b) Refer to an interventional radiologist for bronchial embolization in the first instance ?
D Rice (Am)

c) Operate with a cavernostomy and myoplasty **C Gebitekin (Eur)**

Discuss alternative options to the traditional treatment of a relatively uncommon condition.



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Database and Quality Certification Session

Sunday 10 June 2012 13:00 – 14:30

Organisers: Alessandro Brunelli, Ancona – Gonzalo Varela, Salamanca

Lecture 10' + 5' discussion

- 13:00 ESTS Database: 2012 Annual Report
P E Falcoz, Strasbourg
- 13:15 ESTS Institutional Accreditation: rules of engagement
A Brunelli, Ancona
- 13:30 ESTS Institutional Accreditation: the point of view of a local auditor
H Decaluwe, Leuven
- 13:45 ESTS Institutional Accreditation: the point of view of a certified unit
A Toker, Istanbul
- 14:00 GTS database: International perspectives and collaboration
M Magee, Dallas
- 14:15 ESTS Database/Quality Control: future developments
G Varela, Salamanca



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BREAKFAST SESSIONS

Monday 11 June 2012 07:30 – 08:20

MEET THE EXPERTS

- | | |
|---------------------------------|-----------------------------------|
| 1) Airway stenting | L Freitag, Essen |
| 2) Transhiatal esophagectomy | M Orringer, Ann Arbor |
| 3) Intrathoracic phrenic pacing | F Le Pimpec Barthes, Paris |

Tuesday 12 June 2012 07:30 – 08:20

DEBATE

- | | |
|--|--|
| 1) Drainage after lung resections: suction vs non suction | E Ruffini, Torino - G Varela, Salamanca |
| 2) Reoperation for failed laparoscopic hiatal hernia: open vs laparoscopic | W Coosemans, Leuven – S Mattioli, Bologna |
| 3) Surgery for small cell lung cancer: pro versus con | G Stamatis, Essen – S Margaritora, Rome |

Wednesday 13 June 2012 08:00 – 08:50

HOW TO DO IT

- | | |
|--|------------------------------------|
| 1) Uniportal VATS lobectomy | D Gonzalez-Rivas, La Coruna |
| 2) Laparoscopic treatment of giant esophageal hernia | S Cassivi, Rochester |
| 3) Lung cancer invading the spine | D Grunenwald, Paris |



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ESTS Working Group on Thymic Tumors

Monday 11 June 2012 17:30 – 19:00

Organiser: Enrico Ruffini, Torino

Chairmen: Pascal Thomas, Marseille - Federico Venuta, Rome

“Thymic malignancies. A state of the art and an overview of the global cooperation”

17:30 Introduction and report of the ESTS thymic working group

E Ruffini, Torino

17:40 ITMIG update and staging issues in thymic malignancies

F Detterbeck, New Haven

17: 50 The Thymoscape project from ETOP: A chance for thoracic
surgeons in translational research

W Weder, Zurich

18:00 Pathology issues and update in histologic classification of thymic tumors

A Marx, Mannheim

18:10 Minimally invasive approaches in thymic malignancies

A Toker, Istanbul

18:20 Multimodality approach to thymic malignancies

F Venuta, Rome

18: 30 Targeted therapy and research studies in thymic malignancies

N Girard, Lyon

18:40 Discussion



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ESTS Working Group on Regenerative Medicine

Monday 11 June 2012 17:30 – 19:00

Organiser: Thorsten Walles, Würzburg

Chairmen: Thorsten Walles, Würzburg – A Seifalian, London

“Regenerative Medicine Approaches for Thoracic Surgery”

- | | | |
|-------|---|-----------------------------------|
| 17:30 | ESTS Regenerative Working Group: Aims and Scope | T Walles, Würzburg |
| 17:35 | Nanomaterials for tracheal tissue engineering | A Seifalian, London |
| 18:05 | Stem cell therapy applied for bronchial healing | D Gomez de Antonio, Madrid |
| 18:20 | Stem cell therapy applied for tracheo-bronchial fistula healing | P Diaz Agero, Madrid |
| 18:35 | Organ perfusion to restore graft function in lung transplantation | C Aigner, Vienna |
| 18:50 | Interactive discussion | |



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Techno Meeting

Organiser: Konstantinos Papagiannopoulos, Leeds - René Petersen, Copenhagen

Tuesday 12 June 2011 08:30 – 12:30

Chairs: Konstantinos Papagiannopoulos, Leeds - René Petersen, Copenhagen

Part 1: sponsored by Ethicon

8:30 Latest device developments in the world of thoracic surgery; How can these help drive forward the more complex procedures?

**P Licht, Odense
Speaker TBC**

Part 2: sponsored by Medela

9:00 Improving chest tube management through objective data

A Sihoe, Hong Kong

9:15 Adding objectivity to chest drain management: nuisance or necessity

T Walles, Würzburg

Part 3: sponsored by Covidien

9:30 VATS LVRS for advanced emphysema – an “underused” procedure

W Weder, Zurich

10:00 Single incision VATS resection in challenging cases

D Gonzalez Rivas, Coruña

10:30 – 11:00 coffee break

Part 4: sponsored by Nycomed

11:00 Biomaterial for bronchial stump coverage

speaker TBC

Part 5: sponsored by Olympus

11:30 Latest update on Intra Bronchial Valve air leak management and other applications

speaker s TBC

Part 6: sponsored by Sygan

12:00 US experience with a new, unique FDA approved Sealant

D Miller, Atlanta



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Joint ESTS - IASLC Session

Tuesday 12 June 2012 08:30 – 10:30

Organiser: Paul De Leyn, Leuven

Chairmen: Peter Goldstraw, London (President IASLC) – Ramon Rami-Porta, Barcelona

Lymph node staging for non-small cell lung cancer: Update on guidelines

08:30 ESTS guidelines on preoperative and intraoperative lymph node staging of NSCLC (2007)

P De Leyn, Leuven

08:45 Current role of TEMLA/VAMLA in mediastinal staging of NSCLC

M Zielinski, Zakopane

09:00 Current role of EBUS/EUS in mediastinal staging of NSCLC

K Tournoy, Ghent

09:15 Current role of PET-CT in mediastinal staging of NSCLC

C Pöttgen, Essen

09:30 Case presentation

09:40 Questions and Discussion

10:00 Intraoperative lymph node sampling or dissection? Is it feasible by VATS?

G Darling, Toronto

10:20 Discussion



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Joint ESTS-ISDE Session

Tuesday 12 June 2012 11:00 – 12:30

Organiser: Mark Ferguson, Chicago

Chairmen: Mark Ferguson, Chicago – Xavier Benoit D'Journo, Marseille

**Barrett's High Grade Dysplasia;
Evolving Standards of Care and How They Affect Surgeons**

How should this information influence our behavior and our expectations regarding our non-surgical colleagues?

- 09:00 The changing face of Barrett's high grade dysplasia
M Ferguson, Chicago
- 09:15 What should a surgeon expect from:
- Pathologic evaluation of HGD **R Berrisford, Plymouth**
- Endoscopic management of HGD **R Bisschops, Leuven**
- 09:45 The great debate: Endoscopic vs surgical management of Barrett HGD
- Pro-endoscopic therapy **M Ferguson, Chicago**
- Pro-surgery **X B D'Journo, Marseille**
- 10:15 Panel Discussion



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Session on Infectious Lung Diseases

Wednesday 13 June 2011 9:00 – 10:30

Organiser: Georgios Stamatis, Essen

Chairmen: Ludwig Lampl, Augsburg - Andrey Akopov, St Petersburg

Lectures 12' + 3' discussion

- 09:00 Acute lung parenchyma destruction: surgical diagnosis and treatment
A Akopov, St Petersburg
- 09:15 Surgery for complications after typical and atypical mycobacteriosis
W Rzyman, Gdansk
- 09:30 Lung resection versus cavernotomy and plastic procedures for fungal disease
L Lampl, Augsburg
- 09:45 Multimodality treatment for acute mediastinitis
I Poliakov, Krasnodar
- 10:00 Disobliteration of pleural space for chronic infectious disease
G Massard, Strasbourg
- 10:15 Surgical options for complicated bronchial fistula after pneumonectomy
M Perelman, Moscow



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Joint ESTS-DGT Session

Wednesday 13 June 2012 09:00 – 10:30

Organiser: Bernward Passlick, Freiburg

Chairmen: Bernward Passlick, Freiburg – Dirk Van Raemdonck, Leuven

Lectures 12' + 6' discussion

Perspectives in Modern Thoracic Surgery

- 09:00 VATS Anatomical Pulmonary Resections:
Segmentectomy – Lobectomy – Pneumonectomy – What's feasible, what's reasonable?
J Bodner, Giessen
- 09:18 The Role of Pleurectomy and Additive Intraoperative Treatment Options
in the Management of Malignant Pleural Mesothelioma
S Bolukbas, Wiesbaden
- 09:36 The malignant mesothelioma of the pleura - new insights into the etiology
T Ploenes, Freiburg
- 09:54 Intrapulmonary growth pattern of metastasis -consequences for surgical strategies
S Welter, Essen
- 10:12 Single versus double lung transplantation – pros and cons
H Winter, Munchen