# Program 2006

**Thursday February 23**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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| 0830–0905 | **STATE OF THE ART LECTURE:**  
1. Norman Barrett – an Adelaide son  
2. Endoscopic recognition and assessment of early oesophageal cancer |
| 0905–1030 | **PLENARY SEMINAR: The Management Of High Grade Dysplasia And Early Adenocarcinoma:**  
1. Natural history of high grade dysplasia and the practicalities of making a secure diagnosis  
2. The role of endoscopic ultrasound  
3. When should we use mucosal ablation?  
4. The role of mucosal resection  
5. Oesophageal resection in high grade dysplasia |
| 1030–1100 | **MORNING TEA**                                                        |
| 1100–1230 | **PLENARY FREE PAPERS**                                                |
| 1230–1300 | **PLENARY LECTURE: Epidemiological evidence relevant to theories about the increasing incidence of oesophageal adenocarcinoma** |
| 1300–1430 | **LUNCH AND POSTER PRESENTATIONS**                                    |
| 1430–1530 | **PLENARY SEMINAR: Antireflux Surgery For Barrett’s Oesophagus:**  
1. Laparoscopic or open antireflux surgery  
2. Antireflux surgery for prevention of cancer in patients with Barrett’s – on unproven premise  
3. Antireflux surgery for prevention of cancer in patients with Barrett’s – may be unproven, but … ! |
| 1530–1600 | **AFTERNOON TEA**                                                      |
| 1600–1730 | **SEMINAR: Intra Thoracic Stomach:**  
Intra thoracic stomach – the treatment of large hiatus hernias  
1. Indications for surgery in large hiatus hernias  
2. The rationale for an open approach  
3. Laparoscopic repair of large hiatus hernias, without using mesh  
4. Laparoscopic repair of large hernias using mesh  
5. Treating the short oesophagus using minimally invasive techniques  
   i) Laparoscopic and thoracoscopic approach  
   ii) Laparoscopic approach  
**SEMINAR: Intriguing Issues And Technical Developments In Oesophagology:**  
1. Capsule endoscopy of the oesophagus  
2. Eosinophilic oesophagitis  
3. Advances in oesophageal pH monitoring  
4. Chemoprevention of Barrett’s oesophagus and oesophageal adenocarcinoma  
**WORKSHOP: Mucosal Resection For Diseases Of The Oesophagus:**  
1. Assessment of mucosal lesions : endoscopic ultrasound  
2. How I do it – suction cap resection  
3. How I do it – snare resection  
4. New techniques – the IT Knife |
**Friday February 24**

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<tbody>
<tr>
<td>0830–0900</td>
<td><strong>STATE OF THE ART LECTURE:</strong> Advances in the understanding of oesophageal transit</td>
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| 0900–1030 | **PLENARY SEMINAR:** Oesophageal Cancer Extending Beyond The Mucosa: Emerging Future Directions  
1. Molecular markers: for oesophageal malignancy  
2. Controversies in staging  
3. Gene therapy of oesophageal cancer  
4. Chemoradiation as first line therapy  
5. Salvage oesophagectomy  
6. Minimally invasive oesophagectomy |
| 1030–1100 | **MORNING TEA**                                                      |
| 1100–1230 | **PLENARY FREE PAPERS:**                                              |
| 1230–1300 | **PLENARY LECTURE:** Surgery for motor disorders of the oesophagus   |
| 1300–1430 | **LUNCH, POSTER PRESENTATIONS**                                      |
| 1430–1530 | **PLENARY SEMINAR:** The genetics of Barrett’s oesophagus and oesophageal mucosal damage  
1. The genome and gastro-oesophageal reflux  
2. The use of F.I.S.H. in Barrett’s oesophagus  
3. Stem cells and oesophageal mucosal injury  
4. The genetics of dysplasia |
| 1530–1600 | **AFTERNOON TEA**                                                   |
| 1600–1730 | **SEMINAR:** Adverse Outcomes After Oesophagectomy: Their Prevention And Management  
1. Quality of life after oesophagectomy  
2. Perioperative complications  
   i. Anastomotic leak  
   ii. Chylous fistula  
   iii. Ischaemia of the oesophageal substitute  
3. Postoperative problems  
   i. The use of a jejunostomy for feeding  
   ii. Anastomotic stricture  
   iii. Reflux  
4. Preventative strategies  
**SEMINAR:** Motility Disorders And Their Medical And Surgical Management  
1. The pathogenesis of disorders affecting the upper oesophageal sphincter  
2. Surgery for “Zenkers” diverticulum – endoscopic and open approaches  
3. Oesophageal diverticula and their treatment  
4. Myotomy for achalasia – is an antireflux procedure necessary? – the evidence base  
5. Diffuse oesophageal spasm  
**WORKSHOP:** Endoscopic Diagnosis And Grading Of Reflux Esophagitis And Barrett’s Oesophagus  
1. Options for endoscopic/histological improvements in diagnosis of non-erosive reflux disease  
2. Reflux oesophagitis  
3. Barrett’s oesophagus  
4. Dysplasia/malignancy |

**Saturday February 25**

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<tr>
<td>0830–0900</td>
<td><strong>STATE OF THE ART LECTURE:</strong> The definition of reflux disease</td>
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| 0900–1030 | **PLENARY SEMINAR:** Hot Topics In Gastro Oesophageal Reflux Disease  
1. The clinical significance of weakly acidic reflux  
2. Novel targets and drugs for reflux disease  
3. Endoscopic therapy: the present state of play  
4. What is the future of endoscopic antireflux surgery  
5. Sleep disturbance in reflux disease |
| 1030–1100 | **MORNING TEA**                                                      |
| 1100–1230 | **PLENARY FREE PAPERS:**                                              |
| 1230–1300 | **PLENARY LECTURE:** How and why patients with reflux do so with abnormal frequency |
| 1300–1430 | **PLENARY SEMINAR:** Extra Oesophageal Manifestations Of Gastro Oesophageal Reflux  
1. Methods of patient selection and assessment  
2. How good are the diagnostic tools?  
3. Insights from trials of medical therapy  
4. The evidence base for the use of antireflux surgery |
| 1430–1530 | **LUNCH, POSTER PRESENTATIONS**                                      |
| 1530–1600 | **AFTERNOON TEA**                                                   |
| 1600–1730 | **SEMINAR:** Mechanisms Of Symptoms Of Oesophageal Disease  
1. Luminal events, symptoms and their central processing  
2. Fundamental intrinsic and extrinsic innervation of the oesophageal body and the lower oesophageal sphincter  
3. Oesophageal mechanics  
4. Molecular modulation of visceral sensation  
**SEMINAR:** The What, When, How And Why Of Antireflux Surgery And Revisional Antireflux Surgery – The View From Down Under  
1. An overview of evidence based medicine in antireflux surgery  
2. Laparoscopic total fundoplication: with or without division of the short gastric vessels  
3. Laparoscopic partial fundoplications: anterior 180° and 90°  
4. Laparoscopic partial fundoplications: posterior  
5. Revisional antireflux surgery  
**WORKSHOP:** Lymphadenectomy For Oesophageal Cancer  
1. Biology of micrometastases in oesophageal cancer  
2. Sentinel node mapping  
3. Two field lymphadenectomy: rationale  
4. Three field lymphadenectomy: rationale  
5. The technical aspects of two field/en bloc lymphadenectomy  
6. The technical aspects of three field lymphadenectomy  
7. Multidisciplinary therapy – where does it fit? |