

December 2024

# Newsletter



## PRESIDENTS WELCOME FRANK FRIZELLE

The October Spring Meeting in Melbourne marked the end of Dr Elizabeth Murphy's term as President of the CSSANZ. As incoming President, I wish to thank Liz for her efforts to support the membership and improve patient care through this challenging time, which was complicated by the impact of Covid on all of our lives, and wish her all the best for the future.

The new CSSANZ Executive Board has Dr Michael Johnson confirmed as Vice President, Dr Sze-Lin Peng as Secretary, and Dr Chris Gillespie as Treasurer. The other elected board members are Associate Professor Mary Theophilus, Dr Peter Lee, Associate Professor Cherry Koh, and the new member elected was Dr Michelle Thomas. The Ex-Officio members (non-elected) are Dr Raymond Yap (Chair of the Colorectal section RACS), Dr Andrew Luck (Chair of Training Board), Dr Damien Peterson (Chair of Foundation), and Professor Stephen Smith (Chair of Research Committee).

The Council also has the benefit of two Training Fellow Representatives – Dr Lauren Cohen and Dr Talia Shepherd.

The Spring meeting in Melbourne was excellent, as was the quality of the local and international speakers. I wish to thank the local organising committee, Dr Michael Johnston and Dr Cori Behrenbruch, for the time and effort they put in to make this work.

Next year we have the ASC in Sydney in May and the tripartite in Paris in September, as well as the Sydney meeting. There will be no Spring meeting as usual when there is a tripartite meeting.

I wish to thank the members for taking the time to vote in the recent elections and wish everyone best of luck as we rush into the pre-Christmas madness that seems to engulf us every year.

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**A big thank you to our amazing Convenors** for running Journal Clubs! They go above and beyond their professional and personal commitments to make these sessions valuable for our members.

A gentle reminder: If you're planning to attend a Journal Club meeting, please make sure to register in advance. **Turning up without registering can create challenges** for both the venues and our Convenors. Similarly, if you've **registered but can't attend, please let us know** as soon as possible. Your cooperation helps us ensure smooth and successful meetings for everyone. Thank you! **You can register** for Journal Club through our [Events List](#) (log-in required).

**Journal Club articles** can be accessed through your event registration or Members can view them in the [CSSANZ Resource Library](#). (log-in required).

## 2025 JOURNAL CLUB DATES

### AUSTRALIA

#### QLD - North Queensland

Tuesday, 4 February  
Tuesday, 4 March  
Thursday, 3 April  
Tuesday, 3 June  
Thursday, 3 July  
Tuesday, 5 August  
Tuesday, 2 October  
Tuesday, 4 November  
Thursday, 4 December

#### QLD - Brisbane

Tuesday, 11 February  
Thursday, 13 March  
Tuesday, 8 April  
Thursday, 12 June  
Tuesday, 8 July  
Thursday, 14 August  
Tuesday, 14 October  
Thursday, 13 November  
Tuesday, 9 December

#### QLD - Gold Coast

Tuesday, 11 February  
Thursday, 13 March  
Tuesday, 8 April  
Thursday, 12 June  
Tuesday, 8 July  
Thursday, 14 August  
Tuesday, 14 October  
Thursday, 13 November  
Tuesday, 9 December

### AUSTRALIA

#### NSW - Sydney

Tuesday, 11 February  
Thursday, 13 March  
Tuesday, 8 April  
Thursday, 12 June  
Tuesday, 1 July  
Thursday, 7 August  
Tuesday, 14 October  
Thursday, 13 November  
Tuesday, 9 December

#### VIC - Melbourne

Wednesday, 5 February  
Monday, 3 March  
Wednesday, 2 April  
Monday, 2 June  
Wednesday, 9 July  
Monday, 4 August  
Wednesday, 8 October  
Monday, 10 November  
Wednesday, 3 December

#### SA - Adelaide

To be confirmed

#### WA - Perth

Thursday, 20 February  
Monday, 14 April  
Thursday, 19 June  
Monday, 18 August  
Thursday, 16 October  
Monday, 8 December

### NEW ZEALAND

#### Auckland

Wednesday, 19 March  
Wednesday, 11 June  
Wednesday, 20 August  
Wednesday, 12 November

#### Christchurch and Dunedin

Tuesday, 18 February  
Tuesday, 11 March  
Tuesday, 15 April  
Tuesday, 10 June  
Tuesday, 15 July  
Tuesday, 12 August  
Tuesday, 7 October  
Tuesday, 11 November  
Tuesday, 2 December

#### Waikato

February TBC  
Monday, 10 March  
Monday, 9 June  
Monday, 25 August  
Monday, 24 November

#### Wellington

Thursday, 13 March  
Thursday, 19 June  
Thursday, 9 October  
Thursday, 4 December



## NURSES AWARDS

Calling all outstanding nurses!

The CSSANZ is thrilled to announce two Nurses Awards recognising excellence in the field of colorectal care.

Do you know a dedicated nurse who:

- Creates exceptional educational materials for patients and staff?
- Demonstrates exceptional professional skills and commitment?

**Nominate them for the CSSANZ Nurses Awards!**

**Encourage your colleagues and outstanding nurses you know to apply. Applications close on August 1st.**

Learn more and access the application here:

[CSSANZ Nurses Awards](#)

## 2024 PROFESSIONAL EXCELLENCE WINNER KELLY VICKERS

To The Colorectal Surgical Society of Australia and New Zealand (CSSANZ),

I would like to express my gratitude to CSSANZ for the amazing opportunity to attend the 2024 Spring Meeting in Melbourne, and the generous award including flights and accommodation that allowed me to attend. It is an honor to be the inaugural recipient of the Nurses Award – Professional Excellence Category.

I thoroughly enjoyed the conference and hearing from memorable presenters such as Prof. Brendan Moran and Prof. Laura Hancock. I was utterly amazed by the advancements surgeons are making in the field of robotics, and was fascinated by the surgical videos that were shown. Having an interest in research and quality improvement myself, I found the free paper session on day 2 with the trainees also of great interest. I learnt a great amount during those 2 days, knowledge that I will take with me in my clinic practice as a Stomal Therapy Nurse.

I greatly value the strong professional relationships that I have built with the many remarkable Colorectal Surgeons that I work with, and attending this conference alongside them was valuable. Thank you to CSSANZ for the recognition of nurses within the Colorectal Surgical Specialty. I look forward to being able to attend more of these Spring Meetings in the future.

Kind Regards

Kelly



## RECRUIT TOP COLORECTAL TALENT

### ADVERTISE ON THE CSSANZ JOBS BOARD!

Expand your reach and attract qualified candidates for your next colorectal surgical position with the CSSANZ Jobs Board.

**FIND OUT MORE**



## FIND A SURGEON

### ARE YOU LISTED?

Patients are searching  
for YOU!

Don't be a hidden gem! Make sure your Find a Surgeon profile is sparkling by  checking your consent box.





## RETIREMENT

### PROFESSOR ALEXANDER ENGEL

We congratulate Prof Alexander Engel on his retirement and celebrate his remarkable career. Trained in the Netherlands and at St Mark's Clinic in London, Prof Engel earned his PhD in 1994 on surgical management of faecal incontinence.

With over 20 years as a colorectal surgeon, he mentored more than 30 surgeons, served at Royal North Shore and North Shore Private Hospitals, and taught at the University of Sydney.

A founding member of the European Society for Coloproctology, he contributed extensively to research, publishing widely and editing Colorectal Disease.

We thank Prof Engel for his exceptional contributions to surgery, education, and research and wish him well in retirement.



## RETIREMENT

### PROFESSOR YIK-HONG HO

Prof Yik-Hong Ho has retired, marking the end of a remarkable career in colorectal surgery. As Head of Surgery at James Cook University and Chairman of the Board of Studies for the School of Medicine and Dentistry, he shaped countless future surgeons.

Prof Ho's academic contributions are notable, with over 180 peer-reviewed publications, 26 textbook chapters, and editorial roles for International Surgery and Techniques in Coloproctology.

A leader in surgical training and research supervision, he also served as World Corporate Secretary of the International College of Surgeons.

We thank Prof Ho for his legacy of excellence and wish him a well-deserved and fulfilling retirement!



## RETIREMENT

### PROFESSOR PETER HEWETT

CSSANZ thanks Prof Peter Hewett for his outstanding contributions to colorectal surgery. After a 25-year career, Prof Hewett has retired from the private health sector.

A skilled surgeon, he served at The Queen Elizabeth Hospital and the University of Adelaide, specializing in colonoscopy, colorectal resections, and anorectal treatments. Prof Hewett continues to treat complex conditions like Pseudomyxoma Peritonei and abdominal mesothelioma with Peritonectomy and HIPEC.

We thank Prof Hewett for his service to the medical community and wish him well in retirement. His expertise and dedication have made a significant impact on patients and the field of colorectal surgery.



## MEMBER OF THE ORDER OF AUSTRALIA PROFESSOR ADRIAN POLGLASE

We are delighted to celebrate Emeritus Professor Adrian Polglase, a founding member of CSSANZ and Life Member since 2022, on being awarded a Member of the Order of Australia (AM) on Australia Day 2024. This esteemed recognition highlights his significant contributions to medicine as a surgeon, researcher, and educator.

As the founder and patron of Let's Beat Bowel Cancer, Prof Polglase has been a driving force behind life-saving research, education, and prevention campaigns.

Congratulations on this well-deserved recognition, and thank you for your outstanding dedication to advancing healthcare and inspiring future generations of professionals.



## WHERE ARE THEY NOW?

### HONORING PROFESSOR PIERRE CHAPUIS AM

Professor Pierre Chapuis AM, a pioneer in colorectal surgery and medical education, has recently retired, marking the end of an extraordinary career spanning over five decades.

As a foundation member of CSSANZ, Pierre served as Chair of the Research Committee and a longstanding member of the Foundation Board. He is also a founding member of the Australian & New Zealand Association of Clinical Anatomists and a key advisor to the ANZ Journal of Surgery.

Pierre's journey began at the University of Queensland, graduating in 1969. He trained at the Royal Brisbane Hospital and advanced his surgical expertise in the UK, including a Fellowship at St Mark's Hospital, London, and further studies in France. Returning to Sydney in 1978, Pierre joined Sydney Hospital's Edward Wilson Colon and Rectum Unit.

He later became Senior Research Fellow at Concord Hospital, where his groundbreaking studies on colorectal cancer earned him a Doctor of Surgery degree in 1984. As a cornerstone of Concord's Colorectal Unit, Pierre trained countless surgeons and advanced surgical education.

Among his many accolades are the Order of Australia (AM) in 2020 and the titles of Professor Emeritus (2021) and Honorary Consultant Emeritus (2023).

In retirement, Pierre remains active in academic surgery and enjoys spending time with family in France.

We thank him for his remarkable contributions to colorectal surgery and medical education.





My name is Raymond Yap, and for those who I have not had the pleasure of meeting, I am the new Chair of the Colon and Rectum section of RACS. I would firstly like to thank Ian Faragher, immediate past-chair, for his hard work over the last 3 years, especially during a difficult time within the College.

The Section, in more recent times, has become less prominent. Nonetheless, I think there is still great value in having the Section while we remain as fellows of the College. I see the Section as having three main responsibilities:

- 1) To provide a home for all surgeons who have an interest in colorectal surgery. This includes both members of the Society, but also general surgeons with a colorectal interest, registrars and IMG surgeons. While the Society in many ways is an exclusive body, the Section is an inclusive body. Membership to the Section is free, and I would encourage all of you to become Section members if you have not already done so, and to encourage others. It is my intention during my time as chair to grow what the Section offers members, and would be delighted with any suggestions.
- 2) To assist in the running of meetings - the Section helps to run the ASC, houses the Sydney Colorectal Meeting, and also joins with the Society in running the Spring CME. In addition, the Section, with the Society participates in the Tripartite Meeting process as well. The Section also administers the Mark Killingback prize for the best colorectal research presented at the ASC by a surgical trainee or younger fellow (within 10 years of fellowship).
- 3) To represent the interests of colorectal surgery to the College. In some ways, this is the most important function of the Section.



The Section is a part of the College, and has access to the processes of the College. This has been important in the past to the Training Board, a joint organisation between the Society and Section, as well as giving a voice for Section members within the various College committees.

As I am sure you are all aware, these are very turbulent times at the College right now, and I think it is important for us as a Society to maintain a voice within the College organisation which is what the Section provides. In addition, I think that as a Society, we have a duty to both lift and uphold the standards of colorectal surgery around Australia; especially as we recognise that a considerable amount of colorectal surgery, especially emergency and in rural areas, are still being performed by general surgeons. Without taking away the value of subspecialty training, we are not at a stage where Society members can provide all of the colorectal surgery that happens in Australia, and we should ensure that standards in colorectal surgery in Australia are ever on an upwards trajectory.

On a more personal note, I am currently based in Melbourne, Australia, and like every Melbournian, enjoy my caffeine with far too much pretension, as well as spending a lot of time eating out. I am always happy to be contacted about Section or other matters, and look forward to seeing you all at upcoming meetings.



We are pleased to welcome the Colorectal Units at Waikato Hospital and The Northern Hospital as our 30th and 31st Accredited Hospital Training Unit.

**Waikato Hospital** is a tertiary referral centre located in central Hamilton, New Zealand (1.5 hours south of Auckland). Although Hamilton is a relatively small city (population 165,400), the 759 bed hospital serves a large geographical area and provides specialised and emergency healthcare for the Te Manawa Taki/ Midlands and Waikato region.

Waikato Hospital is an accredited level 1 trauma centre. It is one of the busiest trauma centres in New Zealand, with a dedicated trauma team to manage complex patients with multi-system injuries. There is a large general surgical department comprised of 18 consultant surgeons and multiple sub-specialty teams including oesophago-gastric/bariatric, hepatopancreatobiliary, oncological breast, endocrine and colorectal/peritoneal malignancy.

There are two colorectal teams (each with 3 consultants, 1 general surgical trainee and 1 junior registrar). The colorectal fellow works with the all the consultants and provides support to both colorectal teams but is not responsible for running the wards. This allows them to focus on elective commitments during working hours. The fellow acts as a direct line of contact for IBD referrals.

**The Northern Hospital** is a tertiary hospital in Epping in outer metropolitan Melbourne. It is the principal hospital in the Northern Health hospital network.

Collaborating hospitals in the Northern Health network are: Northern Hospital Epping, Broadmeadows Hospital, Bundoora Centre, Craigieburn Centre, and Kilmore District Hospital.

The Northern Health catchment includes three of Victoria's six growth areas: Hume, Whittlesea and Mitchell. The swift development of new suburbs in the north will see our population grow over 74% (more than 290,000 people) by 2036.

Northern Health cares for a diverse community, born in more than 185 countries, who speak over 107 different languages and follow over 90 different religions or beliefs.

To learn more about ANZTBCRS Accredited Hospital Training Units [click here](#).



**ANZTBCRS**

Australia and New Zealand Training Board  
in Colon and Rectal Surgery



FELLOWS' TRAINING WEEKEND | SYDNEY, NSW - AUGUST 2024  
JODIE ELLIS-CLARK | CONVENOR





FELLOWS' TRAINING WEEKEND | SYDNEY, NSW - AUGUST 2024  
JODIE ELLIS-CLARK | CONVENOR





## PRE-FELLOWS' WORKSHOP | MELBOURNE, VIC - OCTOBER 2024 SATISH WARRIER | CONVENOR





PRE-FELLOWS' WORKSHOP | MELBOURNE, VIC - OCTOBER 2024  
SATISH WARRIER | CONVENOR





On behalf of the CSSANZ Foundation, I want to express our sincere thanks for your ongoing support. Your generous donations are the fuel that propels our mission in colorectal disease research, education, and awareness.

Thanks to you, we're making significant strides in understanding and treating this critical health issue. Your contributions have a real impact on the lives of countless individuals and families.

But the fight against colorectal disease is far from over. Your continued support is essential to fostering innovation and driving progress in this field.

We are incredibly grateful for your dedication to this cause. Together, we can achieve more than we can imagine. Thank you for being a valued partner in our mission.

**The following donors contributed over \$44,000  
 between 1 January to 30 November 2024**

Sarah Abbott	Tamara Glyn	Isabella Mor	Rebecca Shine
Sinan Albayati	Craig Harris	Matthew Morgan	Richard Simpson
Nabila Ansari	Julian Hayes	Mark Muhlmann	Stewart Skinner
Kirk Austin	Alexander Heriot	Elizabeth Murphy	Timothy Slack
Cori Behrenbruch	Henry Hicks	Chrispen Mushaya	Nicholas Smith
Maria Bernardi	Abraham Jacob	Thang Nguyen	Stephen Smith
Andrew Bui	Stephen Jancewicz	Gregory Nolan	Malcolm Steel
Christopher Byrne	Michael Johnston	Mark Omundsen	Andrew Stevenson
John Cartmill	Ian Jones	Eugene Ong	Bruce Stewart
Frank Chen	James Keck	Bushra Othman	Neil Strugnell
Jin Cho	Cherry Koh	Gareth Owen	Douglas Stupart
Jodie Ellis-Clark	Michael Lamperelli	Alexandra Peacock	Andrew Sutherland
Rowan Collinson	Matthew Lawrence	Sze-Lin Peng	William Teoh
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Angelina Di Re	David Lloyd	Toan Pham	Hamish Urquhart
Mark Doudle	Peter Loder	Stephen Pillinger	Reolof Van Dalen
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Justin Evans	David Lubowski	Philippa Rabbitt	Christopher Wakeman
Rhys Filgate	Andrew Luck	Ruben Rajan	Michael Warner
Ram	Greg Makin	David Rangiah	Satish Warriar
Ganesalingam	Scott Mansfield	Praveen Ravindran	Anna Wilkes
Rohan Gett	Matthew McNamara	Andrew Riddell	Robert Winn
Katherine Gibson	Arend Merrie	Yasser Salama	John Woodfield
Chris Gillespie	Michael Moir	Margaret Schnitzler	Rodney Woods
Andrew Gilmore	James Moore	Tony Shakeshaft	Danette Wright



**PREDICTORG: PERSONALISED INTRAPERITONEAL  
CHEMOTHERAPY FOR RESECTABLE COLORECTAL PERITONEAL  
METASTASES**

**DR ANSHINI JAIN, PROF ALEXANDER HERIOT AND A/PROF CHERRY KOH**

Administering Institution: Peter MacCallum Cancer Centre, University of Melbourne and Royal Prince Alfred Hospital, SOURCE

Funded AUD: \$20,000

Scientific Proposal: Colorectal cancer ranks second in cancer-related mortality and up to 13% of patients develop Colorectal Peritoneal Metastases (CPM). Without effective treatment strategies, these patients face an inevitably fatal diagnosis, with survival less than twelve months. Select patients with CPM are suitable for potentially curative cytoreductive surgery (CRS) and heated intraperitoneal chemotherapy (HIPEC), which can increase their median overall survival (OS) to 40 months. Recent trials have questioned the benefit of HIPEC, demonstrating no overall survival benefit compared to cytoreductive surgery (CRS) alone. However, the pivotal study did demonstrate both an Overall Survival and disease-free survival benefit in a subgroup of patients with limited tumour burden that underwent CRS+HIPEC. Consequently, there is a state of clinical equipoise regarding the true benefit of HIPEC, resulting in divergent clinical practices and a genuine knowledge gap. The PREDICTORG Part I Study collaboratively by uniting patients with translational scientists, medical oncologists, and surgeons across two high-volume peritoneal malignancy centres (Peter MacCallum and Royal Prince Alfred Hospitals) into a combined multicentre translational clinical trial. The PREDICTORG trial utilises a novel personalised medicine approach by preclinically determining an individual patients' tumour response to chemotherapy prior to its administration intraperitoneally (HIPEC). Prediction of treatment efficacy helps avoid expensive, ineffective, and toxic chemotherapy and maximises the oncological outcomes in patients undergoing CRS+HIPEC. PREDICTORG Part I will test each patient's individual tumour in the laboratory to determine the 'best' chemotherapy response and deliver effective personalised HIPEC. The PREDICTORG study will unite all Australian clinicians/scientists with expertise in this field to lead to a synergistic solution to this pertinent clinical problem and improve its patients' clinical outcomes.



### **PHASE I CLINICAL TRIAL OF A NOVEL INTRAPERITONEAL LIGNOCAINE IMPLANT FOR POSTOPERATIVE ANALGESIA IN ELECTIVE LAPAROSCOPIC COLECTOMY**

**PROF ANDREW HILL**

Administering Institution: The University of Auckland

Funded AUD: \$40,000

Scientific Proposal: Surgeons have become increasingly aware of the myriad of negative effects associated with opioids in the postoperative setting following major abdominal surgery. Local anaesthetic agents such as lignocaine are recognised as a non-opioid alternatives to treat postoperative pain. Lignocaine works by blocking nerve channels, so pain responses are stopped from reaching the brain. We have previously published our work on using lignocaine for pain relief being administered directly into the abdominal cavity, targeting the site of surgical wounds. We have previously performed randomized controlled trials comparing use of intravenous lignocaine to intraabdominal lignocaine after bowel surgery, and have shown that those in the intra-abdominal lignocaine group had lower mean pain scores and didn't require as much opioid in the first three postoperative days, compared to those in the intravenous lignocaine group. Over the past decade, our research group have designed a removable implant loaded with lignocaine. This implant can be placed in the abdominal cavity at the conclusion of surgery, while the patient is still under general anaesthetic. As soon as the implant is placed in the abdominal cavity, lignocaine is released in a sustained manner. The implant is secured to the skin and remains inside the abdominal cavity for 72 hours following surgery. At the end of the 72-hour period (or earlier if required due to any possible side effects), the implant can be removed by nursing staff on the ward.

### **EXPLORING THE ASSOCIATION BETWEEN THE GUT MICROBIOME AND YOUNG ONSET COLORECTAL CANCER**

**DR VIGNESH NARASIMHAN, A/PROF SAMUEL FORSTER & DR WILLIAM TEOH**

Administering Institution: Monash Health

Funded AUD: \$20,000

Scientific Proposal: Colorectal cancer (CRC) is the third most common cancer in Australia, making it a major health burden. While historically considered a disease of older age, the incidence of young onset (<50 y) CRC has been on the rise. Colorectal cancer is now the leading cause of cancer related mortality in patients aged 20-39. Australia and New Zealand have one of the highest age standardised incidence rates of young onset CRC (YO-CRC). The causative drivers for YO-CRC remain elusive. Genomic studies have not demonstrated any strong genetic differences between YO-CRC and Older onset CRC. Microsatellite instability is slightly more prevalent in YO-CRC. Molecular characterisation studies have also confirmed a slightly higher preponderance of microsatellite instability in YO-CRC. However, over 80% are still sporadic in nature. While well established risk factors for CRC such as obesity, physical inactivity, diet (red, processed meat, sugary drinks), smoking, alcohol no doubt play a role in YO-CRC, they don't explain the increasing incidence of YO-CRC. One of the key developments in recent years has been the understanding that the gut microbiome plays a key role in the development of cancers, including CRC. Bacteria such as *Fusobacterium nucleatum*, *Bacteroides fragilis*, *Salmonella enterica* and pks+ expressing strains of *E. coli* have been found to be enriched in colonic mucosa of patients with CRC compared to healthy patients. Understanding how these bacteria contribute to the development of CRC is a focus of much research. The aim of this study is to explore the role of the gut microbiome in YO-CRC compared to older onset CRC. Exploring whether key bacteria are enriched in YO-CRC would have implications both in prevention and as potential targets for new therapies for patients with advanced cancers.



One of the various committees that make up the fabric of the CSSANZ is the Research Support Committee. This committee both assists with approval and guidance for the ANZTBCRS fellow research projects and reviews and approves the research surveys that are sent out regularly to members.

Comprised of:

Steve Smith (Chair) – Newcastle

David Clark (ANZTBCRS Representative) – Brisbane,

Peter Lee (Society Representative) – Sydney

Mary Theophilus (Society Representative) – Perth

Michelle Thomas (Conflict of Interest Reviewer) – Adelaide

The Research Support Committee, ensures high-quality surveys reach CSSANZ members. We review surveys for quality, ethics, relevance, and potential to improve patient care. While we only approve six surveys annually, your participation in these impactful surveys is vital, especially considering the valuable insights busy surgeons bring.

## 2024 Surveys to Members & Response Rates

Distribution Month	Investigators (Member as PI)	Survey Topic	Response Rate	Survey Outcomes
Dec-23	Ian ONG, Helen MOHAN and David PROUD	Low Anterior Resection Syndrome (LARS)	19.29% total response of 342 Members emailed.	Poster presentation at the most recent RACS ASC 2024 entitled: Current Management of low anterior resection syndrome(LARS) in Australia and New Zealand
Jun-24	Claudia PATERSON, Andrew HILL and Parry SINGH	Use of mechanical bowel preparation and oral antibiotics in Australasia	28.3% total response of 356 Members emailed.	To be advised
Aug-24	Yui KANEKO, James KECK and Cori BEHRENBRUCH	Mesh rectopexy registry survey	29.8% total response of 358 Members emailed.	To be advised
Oct-24	Kate WILSON, Kheng-Seong NG	National Assessment of Low Anterior Resection Syndrome (LARS) Management survey	19.9% total response of 366 Members emailed.	To be advised
Dec-24	Elizabeth MURPHY, LynetteCUSACK and Kelly Vickers	An evidence-based risk assessment tool for parastomal hernias: Evaluating face validity for translation into practice	TBC	To be advised



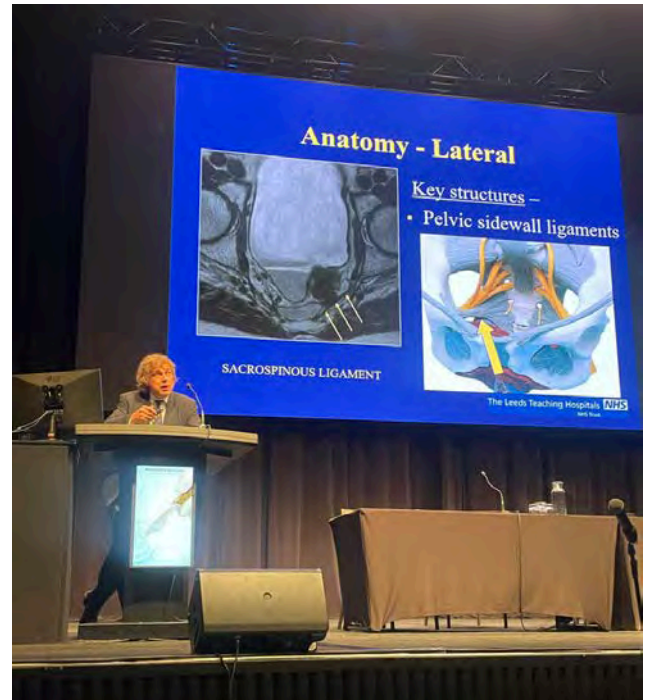
## RACS ASC | CHRISTCHURCH - MAY 2024 TAMARA GLYN | CO-CONVENOR RACS CRS SECTION

In the first week of May 2024, RACS ASC was held at Te Pae in Christchurch, NZ. We welcomed over 1600 delegates to the city, with a strong representation from colorectal surgery. Thank-you to all those that travelled to join us, we enjoyed having you back in Christchurch after all these years!

The organisers would also like to extend their thanks to the CSSANZ and the Medtronic Visiting Colorectal Surgeon Grant which allowed us to support the travel costs for our international speakers. We were delighted to host Professor Amy Lightner (Scripps, San Diego) and Professor Peter Sagar (St James' Hospital/LGI, Leeds). Along with Professor Angus Watson (Raigmore Hospital, Inverness), the talks covered Partnership with Industry, navigating the Medico-legal frontier and Humanitarian advocacy in surgery.

The breakfast sessions ranged from the technical aspects of peritonectomy and exenteration, to the philosophical questions of what we wished we knew in younger life. Highlights included an almost poetic 'Ode to robotic surgery' (Associate Professor Kim-Chi Thien) and the inimitable Maree Weston's 'How I do it: pruritus ani'. I, for one, will never be the same again.

I would like to thank everyone who made this experience a success.





## ACPGBI | NEWPORT, WALES - JULY 2024 KILIAN BROWN | CSSANZ-ACPGBI TRAVELLING FELLOW

This year I was fortunate to visit the UK as the ACPGBI Travelling Fellow, generously supported by ACPGBI and CSSANZ. The highlight of my visit was attending the ACPGBI Annual Meeting in Newport, Wales, which featured an excellent scientific program. I was grateful for the opportunity to deliver an oral presentation titled "Defining Benchmarks for Pelvic Exenteration Surgery: A Multicentre Analysis of Patients with Locally Advanced and Recurrent Rectal Cancer." It was particularly rewarding to meet many surgeons from the 16 international exenteration centres who contributed to this collaborative study.

I also attend the PelvEx Collaborative Annual Meeting in London, heard from international experts about all aspects of beyond TME surgery, and delivered on "Global Collaborations in Pelvic Exenteration".

Beyond these meetings, I had the opportunity visit two leading exenteration units, and was hosted by two previous RPA fellows. At The Christie Hospital in Manchester, I caught up with my friend and former colleague Paul Sutton and had the opportunity to explore their exenterative surgery and translational research programs.



*Operating theatre visit with  
Mr Ian Jenkins, St Mark's, London*

At St Mark's Hospital in London, Elaine Burns gave me an in depth walk through of their complex cancer program, including observing clinics, operating theatres, and MDT discussions.

I am incredibly grateful for the opportunities the travelling fellowship provided and for the support of CSSANZ and ACPGBI.

*PelvEx Collaborative Annual Meeting, London*





## CR SPRING MEETING | MELBOURNE, VICTORIA - OCTOBER 2024 MICHAEL JOHNSTON & CORI BEHRENBRUCH | CO-CONVENORS



The CR24 Colorectal Spring Meeting, held in Melbourne is a time for our members and broader CR community from New Zealand and Australia to connect.

Keynote Highlights:

**Professor Brendan Moran (UK)** delivered two standout presentations:

- **Optimising Rectal Cancer Outcomes (OReCO):** Professor Moran shared key strategies for improving rectal cancer management, emphasising evidence-based approaches to enhance patient outcomes.
- **The CSSANZ Oration, Reflection on Building a Successful Colorectal Service:** He provided a thought-provoking overview of the journey and principles behind creating a sustainable, world-class colorectal service.

**Professor Laura Hancock (UK)** delivered two exceptional lectures:

- **The prestigious ESR Hughes Lecture, Morbidity in IBD – What Are We Doing About It?:** Professor Hancock explored the current landscape of inflammatory bowel disease (IBD) management, focusing on reducing morbidity and improving quality of life for patients.
- **The Role of the Mesentery and Anastomotic Technique in Recurrence of Luminal CD:** On Day 2, she presented her findings on how surgical technique and mesenteric involvement influence recurrence in Crohn's disease, sparking meaningful discussions on improving surgical outcomes.

The meeting included a diverse program with:

- IBD
- Updates on clinical trials and their application to colorectal practice.
- Case discussions on managing complex colorectal conditions.
- Workshops covering advanced laparoscopic and robotic surgical techniques.

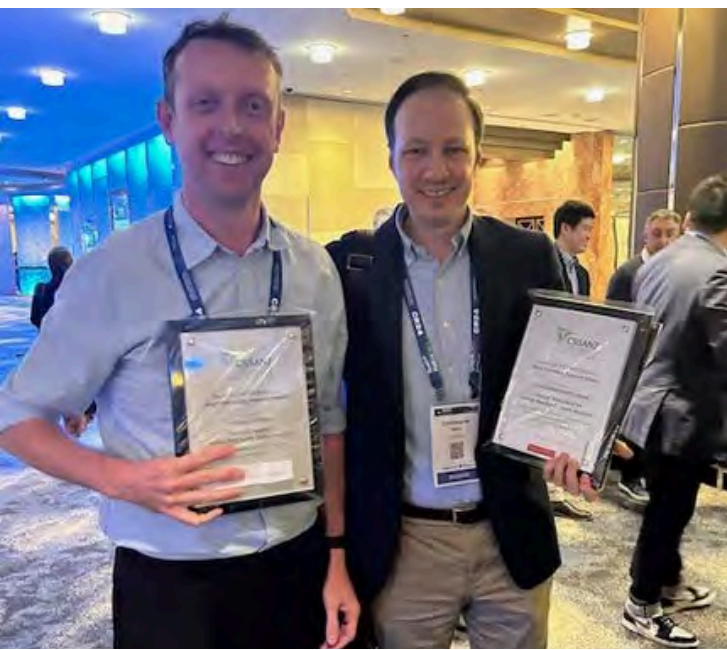
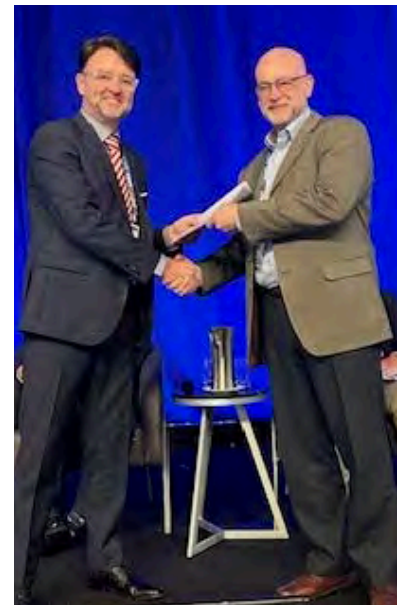
The meeting's success was made possible through the efforts of co-convenors Michael Johnston and Cori Behrenbruch and organising committee, Liz Murphy, Raymond Yap, Szelin Peng, Suet Chin Ng and Leticia Delmenico, who curated a thought-provoking and smoothly executed event.



# Conferences



CR SPRING MEETING | MELBOURNE, VICTORIA - OCTOBER 2024  
MICHAEL JOHNSTON & CORI BEHRENBRUCH | CO-CONVENORS





## ADVANCED & APPLIED ANATOMY OF THE PELVIS WORKSHOP | SYDNEY - NOVEMBER 2024 CHERRY KOH | CSSANZ / MEDTRONIC GRANT RECIPIENT



The "Advanced and Applied Anatomy of the Pelvis Workshop" was held on November 15, 2024, at the Royal Prince Alfred Hospital Institute of Academic Surgery. The course, led by a distinguished faculty, was fully booked within a week and attracted significant interest from CSSANZ surgeons and trainees.

The workshop provided a comprehensive overview of pelvic anatomy and surgical techniques, combining didactic lectures with hands-on dissection sessions. Delegates had the opportunity to observe complex cases in the MDT setting and to practice key surgical skills under expert guidance.

The convenors express their gratitude to CSSANZ and Medtronic for their generous support, which contributed to the success of the workshop. The overwhelmingly positive feedback from participants, who rated all aspects of the course as excellent, highlights the value of this advanced training opportunity.



*From L to R, Prof Michael Solomon (Faculty), Dr Laura Cohen (TBCRS fellow), Dr Alexandra Peacock (TBCRS fellow), Dr Tahlia Shepherd (TBCRS fellow), Dr Eric Dozois (Faculty).*



*From L to R, Dr Asiri Arachchi (consultant, Vic), Dr Toan Pham (consultant, Vic), Dr Vignesh Narasimhan (consultant, Vic), Dr Michael Mar Fan (consultant, Qld), Dr Krishanth Naidu (ANZTBCRS Fellow).*





*Julie Flynn and Joshua Balhorn - part time ANZTBCRS Fellows at Royal Melbourne Hospital 2023 and Box Hill Hospital 2024*

## **PART TIME TRAINING JULIE FLYNN**

In 2023 the Royal Melbourne Hospital CSSANZ training position has been filled by two fellows working part time in a job share arrangement. We have alternated weeks, with a detailed handover every Sunday. Given the unit schedule rotates through a four-week roster, we have switched weeks every three months, to ensure that we both experienced the full range of unit activities.

Regular communication between us has been key, both at handover and if any communications are directed to the 'off' fellow. Having very good registrars has certainly made it easier to ensure that nothing was missed in the regular change overs.

On a personal note, part-time training has meant that I could care for and bond with my newborn without the loss of momentum that I feared would result from taking a full year off in the middle of my colorectal fellowship. While there is no way to avoid the exhaustion of having a baby, knowing that I will have next week to devote myself to all three of my children, as well as a simple respite from needing to be on the ball allows me to fully commit to work and, for the most part, has meant the difference between coping and not. I look forward to continuing as a part time fellow for my final year of training at Box Hill Hospital in 2024. I am grateful to the units at both hospitals for their flexibility and willingness to consider a variation from the norm.





## ROBOTIC TRAINING

AMY CAO

Robotic colorectal surgery has expanded exponentially since its introduction, as has the demand for robotic training. In Australia and New Zealand, access to a public robot and console time as a fellow is rare (though slowly increasing) through training posts on CSSANZ.

Robotic training and accreditation can be achieved via proctorship as a consultant or the equivalency pathway as a fellow. My training via the equivalency pathway at Royal Brisbane and Women's Hospital (RBWH) involved a series of simulation modules, a minimum of 10 bedside assisting robotic cases and a full day cadaveric workshop in the first 6 months followed by 6 months of console time with weekly robotic lists.

A minimum of 20 robotic cases where 50% of the case was performed by the fellow would be required to apply for the equivalency pathway. Once this is achieved, most hospitals require an additional credentialing process to recognise your practice as a robotic surgeon.

The robotic program at RBWH is well established and having analysed the learning curve of all 9 previous second year fellows, it appears that a median of 9 robotic cases is required to be able to complete 75% of a colorectal case in a timely manner. During my 12 months fellowship at RBWH, I was able to achieve 31 robotic cases as the operating surgeon where I completed part or all of the surgery. This has allowed me to be a competent and safe robotic surgeon, though a lot more cases will be required to become a "master" in robotic colorectal surgery.

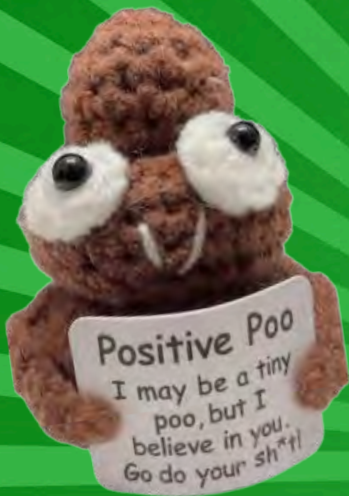
\*Footnote: I am sincerely grateful for the patience and teachings from my robotic mentors at RBWH: Prof Andrew Stevenson, Dr Carina Chow, Dr Craig Harris and Dr Jayson Moloney.



# CHRISTMAS GIFTS

for every

## CR SURGEON



Mini Crochet Plush  
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Poo Plush Ball  
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Poo Emoji Merry Christmas  
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Poomoji  
70g Chocolate



Pooplets Candy

Brown Poop Emoji  
Adult Onesie

