ENDOSCOPIC CONTROVERSIES IN GASTROINTESTINAL DISEASES 19-20th September

Copenhagen University Hospital Herlev, DENMARK

Gastrointestinal endoscopy has since its birth undergone a tremendous development from stiff endoscopes to flexible instruments with computerized imaging and sophisticated High Definition visualisation of the mucosa. Even images from within the GI tract as well as beyond can be shown in great details with different imaging technologies such as Endoscopic Ultrasound (EUS) and Confocal laser Endomicroscopy (CLE). Parallel to improved imaging, progress in endoscopic therapy has challenged traditional laparoscopic or open surgical methods. Some of the endoscopic methods are still experimental but others are at a stage that needs expansion into the clinical treatment algorithm of GI diseases.

It is the focus of this conference to present endoscopic controversies in GI disease in order to discuss the present status as well as the limitations of these procedures and methods with reference to traditional surgery. We have made great effort to illuminate the topics from different angles. Also a discussion as how to implement these new methods is important. The conference will contain state of the art lectures by international experts intermixed with endoscopic live demonstrations from the new endoscopic unit at Herlev Hospital showing the latest state-of-the-art technology.

We are confident that the venue at Copenhagen University Herlev Hospital will be optimal for this conference and we are looking forward to broadcasting from our new endoscopic department at the exact date of the one year jubilee. We look forward to see you all in late summer in Copenhagen.

Best regards,

Peter Vilmann MD, MD.Sc, HC Professor of Endoscopy Department of Surgery Copenhagen University Hospital Herlev Denmark Adrian Saftoiu MD, PhD, MSc, FASGE Visiting Clinical Professor Department of Endoscopy Copenhagen University Hospital Herlev Denmark

THURSDAY 19th September

09.00-09.15	Official opening		
09.15-10.15	Endoscopic or laparoscopic myotomi for Achalasia? (POEM)		
	Endoscopy.	H. Inoue, Japan	
	Laparoscopy.	Hvidovre, DK	
10.15-10.45	COFEE BREAK		
10.45-12.00	LIVE DEMO		
12.00-12.30	Lateral spreading benign duodenal mucosal neoplasia: Endoscopic surveillance,		
	endoscopic ablation or surgery?	MB Mortensen, DK	
12.30-13.00	Adenomas of the Papilla: Endoscopic resection or surgery?	P. Vilmann, DK	
13.00-14.00	LUNCH BREAK		
14.00-15.00	EUS frontiers (elasto, contrast, 3D, nCLE, NOTES)		
	Diagnosis:	A. Săftoiu, RO	
	Therapy:	P. Vilmann, DK	
15.00-15.30	COFEE BREAK		
15.30-16.30	LIVEDEMO		
16.30-17.15	EUS-guided biliary drainage as an alternative to PTC or surgery – w	hen is it indicated?	
		K. Binmoeller, US	
17.15-17.45	Endoscopic treatment of chronic pancreatitis – does it help?	P. Schmidt, DK	

19.00-22.00 OFFICIAL DINNER

FRIDAY 20th September

09.00-09.45	Endoscopic IBD surveillance – do we need enhanced imaging and CLE?		
		R. Bischops, Belgium	
09.45-10.15	Endoscopic or surgical treatment of refractory Crohn's stenoses in the GI tract?		
	Endoscopy.	J. Hendel <i>,</i> DK	
10.15-10.45	COFEE BREAK		
10.45-12.00	LIVEDEMO		
12.00-12.30	The challenging colo-rectal polyp- surgery or endoscopy?		
		H. Neuhaus, Germany	
12.30-13.00	TBD		
13.00-14.00	LUNCH BREAK		
14.00-14.45	EMR or ESD for colorectal neoplasias in the Nordic? Are we left behind?		
	Endoscopy.	S. Meisner, DK	
15.00-15.30	COFEE BREAK		
15.30-16.30	LIVEDEMO		
16.30-17.00	Perforation of the GI tract during endoscopy. When is endoscopic closure sufficient		
	and safe?	H. Inoue, Japan	
17.00-17.30	Endoscopic treatment for obesity as an alternative to surgical methods.		
		Ph. Knop, DK	

17.30-17.40 Closing remarks