



Sunday, September 20 - Board & Committee Meetings

10:00 - 17:00	Pre-Congress Courses
10:00 - 17:00	ISDE Committee Meetings
19:00 - 19:30	

Monday, September 21 - Full Congress Day and Welcome Reception

	Plenary Room	Break Out 1	Break Out 2	Break Out 3
07:30-08:30		Sunrise Session 1	Sunrise Session 2	
08:30-10:00	PL01 Management of early esophageal cancer	S06 Surgical techniques in esophageal cancer	Abstract Session	Video Session
10:00-10:30	Visit Exhibits & Posters			
10:30-12:30	PL02 Gastroesophageal Reflux	ESDE Session	Abstract Session	Abstract Session
12:30-13:30	Lunch Break - Meet the Expert Sessions / Industry Symposia			
13:30-15:00	PL03 Barrett's esophagus	CSDE Session	Abstract Session	Video Session
15:00-15:30	Visit Exhibits & Posters			
15:30-17:00	PL04 Barrett's esophagus	S07 Plenary Video session on a how I do it theme	Abstract Session	Abstract Session
17:00-18:30	PL05 Complications of Surgical and Endoscopic Interventions for Esophageal Disease from around the world			
19:00 - 19:30	Opening Session			
19:30 - 21:00	Welcome Reception in Exhibitor & Poster Presentation area			



Tuesday, September 22 - Full Congress Day

	Plenary Room	Break Out 1	Break Out 2	Break Out 3
07:30-08:30		Sunrise Session 3	Sunrise Session 4	
08:30-10:00	PL08 Staging, workup and decision making for Locally Advanced Esophageal Cancer	S11 Eosinophilic esophagitis	Abstract Session	Abstract Session
10:00-10:30	Visit Exhibits & Posters			
10:30-12:30	PL09 Treatment of Locally Advanced Esophageal Cancer - Neoadjuvant Therapy	S12 Esophageal motility disorders (non-achalasia)	Abstract Session	Abstract Session
12:30-13:30	Lunch Break - Meet the Expert Sessions / Industry Symposia			
13:30-15:00	PL10 Other topics in advanced Esophageal Cancer	DOTe Festival	Abstract Session	Abstract Session
15:00-15:30	Visit Exhibits & Posters			
15:30-16:30	Awards and President's Address			
16:30-17:00	ISDE Business Meeting	Poster Presentations and Wine Reception in Exhibit Area		
17:00-17:30				

Wednesday, September 23 - Half Congress Day

08:30-10:00	PL13 Large Hiatus Hernia / Paraesophageal hernia	S15 Management of Esophageal emergencies	Abstract Session	Abstract Session
10:00-10:30	Networking Break			
10:30-12:30	PL14 Optimizing Outcomes for esophageal cancer - the Surgical Encounter – winning at both ends?	S16 Achalasia	Abstract Session	Abstract Session
13:00-18:00	Post-Congress Courses			



MONDAY, SEPTEMBER 21, 2020

07:30-08:30	Sunrise Industry Sessions	
08:30-10:00	(PL01) Management of Early Esophageal Cancer	
08:30-08:50	PL1.1 Endoscopic Resection for Early Esophageal Cancer – Technical Aspects, Pitfalls, and Outcomes A) Endoscopic Mucosal Resection B) Endoscopic Submucosal Dissection	
08:50-09:00	PL1.2 What is the Role of Ablative Therapies for Early Malignancies of the Esophagus?	
09:00-09:15	PL1.3 Appropriate Pathologic Assessment of the Endoscopic Resection Specimen – The Tumour is out, now what?	
09:15-09:30	PL1.4 “Borderline” or “Non-Curative” Endoscopic Resection – What does it mean and what are the options?	
09:30-10:00	PL1.5 Case Presentations and Panel Discussion	
08:30-10:00	(S06) Surgical Techniques in Esophageal Cancer – How I do it video session	
08:30-09:30 <i>videos of techniques 5 minutes each</i>	S06.1 Thoracoscopic approach in the Left Lateral position	
	S06.2 Thoracoscopic approach in the Prone position	
	S06.3 Hybrid Prone/Left Lateral minimally invasive approach to the mediastinum	
	S06.4 Thoracoscopic approach using the Robot	
	S06.5 Open en-bloc Ivor-Lewis approach	
	S06.6 Laparoscopic abdominal approach	
	S06.7 Laparoscopic abdominal approach using the Robot	
	S06.8 Left Thoraco-abdominal open approach	
09:30-10:00 <i>10 mins each + 3 mins rebuttal</i>	S06.9 Mini Debate: Does the Type of Surgery Matter? A) Surgery is not adequate unless an en bloc approach with radical lymph node resection is performed B) Where is the evidence to show that lymph nodes matter? Radical nodal dissection isn't needed	
10:00-10:30	Visit Exhibits & Posters	
10:30-12:30	(PL02) Gastroesophageal Reflux	
10:30-10:40	PL02.1 Proton pump inhibitors are safe and effective for the treatment of gastroesophageal reflux - Side effects are not an issue	



10:40-10:50	PL02.2 Fundoplication remains the gold standard for the surgical management of gastroesophageal reflux	
10:50-11:00	PL02.3 Back to the Future; Endoscopic therapy is the ideal solution for gastroesophageal reflux (Esophyx, Stretta, etc)	
11:00-11:10	PL02.4 Linx – the solution to the woes of the Nissen fundoplication	
11:10-11:20	PL02.5 Let's get real - Endoscopic therapies and LINX don't fix anything	
11:20-11:30	PL02.6 Partial fundoplication – the low-tech solution to woes of the Nissen fundoplication	
11:30-11:40	PL02.7 When should we be considering a Roux-en-Y procedure for the treatment of reflux?	
11:40-12:10	Panel and Case Discussions	
12:10-12:20	Top Rated Abstract on Gastroesophageal Reflux <i>7 min presentation + 3 min discussion</i>	
12:20-12:30	Top Rated Abstract on Gastroesophageal Reflux <i>7 min presentation + 3 min discussion</i>	
10:30-12:30	ESDE Session	
12:30-13:30	Lunch Break - Meet the Expert Sessions / Industry Symposia	
13:30-15:00	(PL03) Barrett's Esophagus - Screening and Surveillance	
13:30-13:45	PL03.1 Screening for Barrett's Esophagus - Who deserves it and who doesn't?	
13:45-13:55	PL03.2 Biomarkers for Barrett's Esophagus – where do we stand?	
13:55-14:10	PL03.3 VLE & OCT & WATS3D - Oh My! Adjuncts to Endoscopic	
14:10-14:20	PL03.4 Chemoprevention and Barrett's Esophagus after AsPECT	
14:20-14:30	PL03.5 What is the Prognosis of LGD and its Best treatment?	
14:30-14:40	Top Rated Abstract on this topic <i>7 min presentation + 3 min discussion</i>	
14:40-15:00	PL03.6 Panel and Case Discussion	



13:30-15:00	CSDE Session	
15:00-15:30	Visit Exhibits & Posters	
15:30-17:00	(PL04) Barrett's Esophagus – Endoscopic and Surgical Therapy	
15:30-15:40	PL04.1 Selecting Candidates for Endoscopic Ablation Therapy - Does All LGD Deserve It? Does all Non-Dysplastic Not?	
15:40-15:50	PL04.2 Explaining the Armamentarium: Comparing Ablation Modalities in Barrett's esophagus	
15:50-16:00	PL04.3 Quality of Care in Treatment of Barrett's esophagus	
16:00-16:10	PL04.4 Does fundoplication have a role in patients undergoing Ablation of Barrett's esophagus?	
16:10-16:20	PL04.5 Debate: Superficial T1b Adenocarcinoma is an Endoscopic Disease	
16:20-16:30	PL04.6 Debate: Superficial T1b Adenocarcinoma is a Surgical Disease	
16:30-16:40	Top Rated Abstract on this topic <i>7 min presentation + 3 min discussion</i>	
16:40-17:00	PL04.7 Panel and Case Discussion	
15:30-17:00	(S07) Plenary Video Session on A How I Do It Theme - Endoscopic Topics	
15:30-15:40	S07.1 POEM	
15:40-15:50	S07.2 ESD	
15:50-16:00	S07.3 ENDOFlip	
16:00-16:10	S07.4 Tranoral incisionless fundoplication	
16:10-16:20	S07.5 Endoscopic Surveillance with VLE	
16:20-16:30	S07.6 Linx	
16:30-16:40	S07.7 Repair of very large hiatus hernia without mesh	
16:40-16:50	S07.8 Repair of very large hiatus hernia with mesh	
16:50-17:00	S07.9 Transoral management of Zenker's diverticulum	
17:00-18:30	(PL05) Complications of Surgical and Endoscopic Interventions for Esophageal Disease – solutions from around the world	
17:00-17:15	PL05.01 Case 1 - Canada – McGill/Toronto	
17:15-17:30	PL05.02 Case 2 – Australia/New Zealand	



17:30-17:45	PL05.03 Case 3 - US – Memorial Sloan Kettering/MD Anderson/Pittsburgh/	
17:45-18:00	PL05.04 Case 4 - UK/Ireland – Trinity College Dublin/Newcastle/	
18:00-18:15	PL05.05 Case 5 - Europe - Amsterdam University Medical Centre/	
18:15-18:30	PL05.06 Case 6 - Japan – Keio/Toronomon/Osaka City/Sapporo/Kyushu	
19:00-19:30	Opening Session	
19:30-21:00	Welcome Reception in Exhibitor & Poster Presentation area	



TUESDAY, SEPTEMBER 22, 2020

07:30-08:30	Sunrise Industry Sessions	
08:30-10:00	(PL08) Staging, Workup and Decision Making for Locally Advanced Esophageal Cancer	
08:30-08:45	PL08.1 Staging investigations – what is needed	
08:45-09:00	PL08.2 How to manage nutrition during neoadjuvant therapy – nasogastric-jejunal tube, stent, gastrostomy/jejunostomy, or fast track chemo-chemorads. What are the risks of invasive feeding?	
09:00-09:15	PL08.3 Mini Debate – 2 Location matters: Siewert II junctional adenocarcinoma require a thoracic approach and esophagectomy A	
09:15-09:30	PL08.4 Siewert II junctional adenocarcinoma require can be managed via the abdomen with total gastrectomy	
09:30-09:40	Top Rated Abstract on this topic <i>7 min presentation + 3 min discussion</i>	
09:40-10:00	PL08.5 MDT Panel discussion – Potential controversies to include in cases: Siewert II Age – eg fit 81 yr old Distal 1/3 adenocarcinoma with involved paratracheal nodes on PET	
08:30-10:00	(S11) Eosinophilic Esophagitis	
08:30-08:48	S11.1 Epidemiological Insights into the Pathogenesis of Eosinophilic Esophagitis	
08:48-09:08	S11.2 Management of eosinophilic esophagitis: diet or dilation?	
09:08-09:26	S11.3 New Pharmacological Therapies for eosinophilic esophagitis	
09:26-09:44	S11.4 The Utility of Maintenance Therapy in Eosinophilic esophagitis	
09:44-10:00	Q&A	
10:00-10:30	Visit Exhibits & Posters	



10:30-12:30 (PL09) Treatment of Locally Advanced Esophageal Cancer - Neoadjuvant Therapy	
10:30-11:00	PL09.1 Mini Debate: Locally Advanced Esophageal Adenocarcinoma: A) Chemoradiation is the best option B) Chemotherapy is the best option
11:00-11:10	PL09.2 Neoadjuvant + surgery vs Definitive Chemoradiation for Resectable ESCC
11:10-11:20	PL09.3 Neoadjuvant + surgery vs Definitive Chemoradiation for Resectable adenocarcinoma of the esophagus
11:20-11:30	PL09.4 The role of Salvage Esophagectomy for Esophageal Cancer
11:30-11:45	PL09.5 Optimal Neoadjuvant Chemotherapy Regimens for Esophageal Cancer – what is current data and what is the future?
11:45-12:00	PL09.6 Approaches to increase efficacy and limit toxicity with esophageal irradiation prior to surgery - Radiation oncologist
12:00-12:30	PL09.7 Panel Discussion: Upper GI Tumour Board 3-4 cases
10:30-12:30 (S12) Esophageal Motility Disorders (Non-Achalasia)	
10:30-10:55	S12.1 An Overview of Chicago 4.0
10:55-11:15	S12.2 Spastic Disorders of the Distal Esophagus: Diagnosis and management
11:15-11:35	S12.3 GE Junction Outflow Obstruction
11:35-11:55	S12.4 EndoFlip in the Diagnosis of Motility Disorders
11:55-12:15	S12.5 Ineffective Esophageal Motility - Causes and Treatment
12:15-12:30	Q & A
12:30-13:30	Lunch Break - Meet the Expert Sessions / Industry Symposia



13:30-15:00	(PL10) Other Topics in Advanced Esophageal Cancer	
13:30-13:45	PL10.1: Immunotherapy – What is the Mechanism and Evidence in Chest and Upper GI Cancers?	
13:45-14:00	PL10.2: Individualized decision making based on chemoradiation treatment response assessment in esophageal cancer	
14:00-14:15	PL10.3: Molecular Characterization of Esophageal Cancer – How Does it Impact Treatment?	
14:15-14:30	PL10.4: Oligometastatic Esophageal Cancer – Is there a role for curative intent treatment?	
14:30-14:45	PL10.5: Using Patient Derived Organoids/Xenografts to Direct Treatment of Esophageal Cancer	
14:45-15:00	QA	
13:30-15:00	NOTE Session	
15:00-15:30	Visit Exhibits & Posters	
15:30-16:30	Awards and President's Address	
16:30-17:30	ISDE Business Meeting	Poster Presentations and Wine Reception in Exhibit Area

WEDNESDAY, SEPTEMBER 23, 2020

08:30-10:00	(PL13) Large Hiatus Hernia / Paraesophageal Hernia	
08:30-08:40	PL13.1 Recurrences after repair of large hiatus hernia – how often, and what do they mean?	Blair Jobe, USA
08:40-09:00	PL13.2 Mini-debate 1 – Mesh? A) The case for - Mesh is always required for repair of large hiatus hernia B) The case against - Mesh is never required for repair of large hiatus hernia	Steven Deemester, USA David Watson, Australia
09:00-09:20	PL13.3 Mini-debate 2 – the short esophagus? A) The short esophagus exists – what is the solution? B) The short esophagus is not real, and the Collis procedure belongs in history books	



09:20-09:30	PL13.4 How I handle disasters and other complications following laparoscopic repair of large hiatus hernia	
09:30-10:00	PL13.5 Panel discussion	
08:30-10:00	(S15) Management of Esophageal Emergencies	
08:30-08:40	S15.1 Esophageal perforation following endoscopic dilatation	
08:40-08:50	S15.2 Post-surgical esophageal leaks	
08:50-09:00	S15.3 Boerhaave's syndrome – how I fix it	
09:00-09:10	S15.4 Technical aspects of endoscopic management of esophageal leaks; clips, stents and other options	
09:10-09:20	S15.5 Esophago-bronchial fistula after esophagectomy	
09:20-09:30	S15.6 Complex reconstruction after Caustic ingestion	
09:30-09:40	S15.7 Food impaction	
09:40-10:00	S15.8 Panel case discussions	
10:00-10:30	Networking Break	
10:30-12:30	(PL14) Optimizing Outcomes for Esophageal Cancer - The Surgical Encounter – Winning at Both Ends?	
10:30-10:45	PL14.1 Metrics and measuring outcomes - in 2020 what should we be achieving? (morbidity, mortality, length of stay etc)	
10:45-11:00	PL14.2 Enhanced recovery programs (ERAS) – do they make a difference? What elements matter?	
11:00-11:15	PL14.3 Prehabilitation – avoiding deconditioning during neoadjuvant therapy	
11:15-11:30	PL14.4 Which patients? – picking the winners	
11:30-11:45	PL14.5 Selecting the surgeon – Who should be operating for esophageal cancer?	
11:45-12:00	PL14.6 Selecting the anesthetist – Who should be gassing for esophageal cancer?	
12:00-12:30	PL14.7 Panel discussion	



10:30-12:30 (S16) Achalasia	
10:30-11:00	S16.1 State of the art - Diagnosis classification and work-up for achalasia
11:00-11:15	S16.2 Best management for type III achalasia long myotomy vs short myotomy vs no myotomy? Is POEM now the answer?
11:15-11:30	S16.3 Is late failure after myotomy for achalasia an issue? What can we do about it?
11:30-11:45	S16.4 Debate – POEM vs myotomy vs pneumatic dilatation: POEM is now the gold standard for the treatment of achalasia
11:45-12:00	S16.5 Debate – POEM vs myotomy vs pneumatic Laparoscopic myotomy is the best option for treatment of achalasia
12:00-12:15	S16.6 Debate – POEM vs myotomy vs pneumatic dilatation: Pneumatic dilatation remains the logical endoscopic therapy for achalasia
12:15-12:30	S16.17 Esophageal diverticulum – excise, myotomize or something else?
13:00-18:00	Post-Congress Courses