Landing your First #ColorectalSurgery Job: Lessons from 2012-16 Graduates

ASCRS Young Surgeons Committee Survey:
2012-16 fellowship graduates
n=140 responded (28.8%)
Interviewed at:
Mean of 2.8+1.3 positions

100% ABS Certified

Resources Used:
ASCRS job website: 39.4%
CRS Program Director: 38.0%
Cold Calling: 29.2%
Gensurg Contacts: 25%
Lawyer: 30%

50% signed contract April-June
<15% before January
4% after fellowship

Most Important Factors:
1) Geography/Family
2) Practice Type
3) Compensation
4) Call Frequency

Mean salary: $267k
45.6% signing bonus ($22k)
Mean RVU target = 5,802
(median RVU target= 6,500)
63% Only CRS (no gensurg)


Resident’s Corner: Rectal GIST

Key points:
Size <2cm: proceed to surgery

Size >5cm or high risk features, use neoadjuvant imatinib

Surveillance not well defined, late recurrences may occur

Kane WJ, Friel CM. Dis Colon Rectum 2018;62(5):537-41
Increased Leak Rates After Stapled (vs. Handsewn) Ileocolic Anastomosis & Colon CA

Danish Colorectal Cancer Group Database 2014-15:
1,414 patients
28% stapled vs. 72% handsewn

Leak Rate:
3.2% overall (n=45)
5.4% vs. 2.4%
Odds Ratio for Leak (with stapled anastomosis):
2.41 C.I. [1.24-4.67] p=0.004
*p=0.009 propensity score matched


Impact of Muscle & Adipose Tissue on Long-Term Survival with #ColorectalCancer

968 patients with Stage I-III Colorectal Cancer:
Sarcopenia:
OS (H.R. 1.45)
DFS (H.R. 1.32)

Eveluated Effect of Sacroptenia, Myosteatosis & Obesity on Survival

Myosteatosis:
OS (H.R. 1.53)

BMI / CT-derived adiposity measures:
No influence on survival

Role of Re-Repeat Resection with Metastatic Colorectal Cancer

- 323 patients underwent Re-resection (after initial curative surgery)
- Of these, 211 developed Re-Recurrence
- 80 had second repeat resection

Of 323 with recurrent surgery, 5-year Overall Survival (OS):
- Liver only: 56%
- Lung only: 43%
- Peritoneal only: 30%
- Multiple Organs: 28%
- Multiple: 100%

Of 80 w/ second repeat surgery 5-year OS:
- Liver Only: 56%
- Lung only: 46%
- Peritoneal only: 100%


QoL and Persistent Symptoms After Uncomplicated Diverticulitis

- 528 patients surveyed after treatment of uncomplicated diverticulitis:
- Baseline, 3/6/12/24 month evaluation
- 32-38% had persistent symptoms after 1-2 years:
- Flatulence, Bloating, Fullness, # Stools

Risk Factors for Persistent Symptoms:
- Pain score >3.75 during initial 10 days
- Prolonged Time to Recovery

Anal Cancer Precursor Lesions / HPV Subtype in HIV+ Persons: Distribution and Tx Response

79 HIV+ Patients w/ HGAIN 2009-12:
Genomic DNA, HPV prevalence/subtype, & response to treatment evaluated
Mean F/U 35 months

90% had at least one HPV subtype:
Type 16 in 39%
Type 33 in 15%
77% had electrosurgical ablation & surveillance biopsy

On surveillance:
51% had LGAIN
49% had HGAIN

No difference by:
CD4+ counts, viral load, HAART, h/o warts


Sex Differences in Treatment Strategies Among Patients with Ulcerative Colitis

Insurance Claims Data for:
38,851 patients
Age 12-64 with newly diagnosed UC:
At least 1 year F/U

Men more likely to:

Have surgery: 2.94%
(vs. 1.97%) p<0.001

Get Maintenance Meds w/ Biologic / 6-MP:
12-16% (vs. 10-15%) p<0.05

Women more likely to:

Get rescue therapy w/ steroids: 56%
(vs. 54%) p=0.002

Get opioid treatment:
50% (vs. 46%) p<0.001

What is the Best Treatment of Pouch-Vaginal Fistulas?

n=70 patients with pouch-vaginal fistulas undergoing surgery: 2010-17

56% had fistula location arising from ATZ/dentate (e.g. not at anastomosis)

Successful closure in 56% (n=39/70)

Highest Success Rates w/:
1) Redo IPAA (69%)  
2) Pouch Advancement Flap (61%)


Worse Outcomes for Ulcerative Colitis with Delayed (vs. Immediate) Emergency Colectomy

573 propensity score matched NSQIP patients undergoing colectomy for UC:

Early/Immediate: Median 1 day  
Delayed: Median 6 days

4.9% Mortality*  20.3%  *p<0.001

Time to surgery:
≤2 days (Early)  vs. Later (Delayed)

64.5% Complication Rate  72%  p=0.052

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Methodologic Validation of a Faster Pelvic Floor Test (Acoustic Reflectometry)

Fecal Incontinence patients:

No difference in resting/squeeze pressures regardless of test order

Slow & fast filling rates compared (5cm H2O/1s vs. 5cm/3s)

No difference at either rate compared to manometry


Prolonged Postop Ileus Significantly Increases Cost of Elective #ColorectalSurgery

325 patients at tertiary care center w/ ERAS protocol:

Ileus patients: $27,981* (includes medical, lab, radiology, medication, ward, nursing, and allied health costs)

27% developed ileus (criteria assessed at POD#4)

Non-ileus patients: $16,317* p<0.005

12.5 days Median LOS

5 days Median LOS p<0.005