February, 10th - 11th, 2016

WORKSHOP ON ROBOTIC SURGERY IN THORACIC ONCOLOGY

Humanitas Auditorium - Room B
Building 2
Via Manzoni 56 - Rozzano (MI)

COURSE DIRECTORS
Marco Alloisio
Chief of the Section of Thoracic Surgery Humanitas Research Hospital

Giulia Veronesi
Director, Unit of Robotic Surgery Division of Thoracic Surgery Humanitas Research Hospital

OFFICIAL LANGUAGE
English

REGISTRATION
www.humanitasedu.it

SESSION 3 ESOPHAGUS AND MEDIASTINUM
Chair: J. Rueckert

ROBOTIC APPROACH IN THE TREATMENT OF MEDIASTINAL LESIONS - J. Rueckert

VATS APPROACH IN THE TREATMENT OF MEDIASTINAL LESIONS - E. Bottoni

ROBOTIC ESOPHAGECTOMY: TECHNICAL ASPECTS
R. Cerfolio

ADVANTAGES OF MINIMALLY INVASIVE ESOPHAGECTOMY
U. Fumagalli

DAY TWO: FEBRUARY 11TH LIVE SURGERY

ore 15:00 - 16:00

SESSION 4 - RESEARCH PROGRAMS IN THORACIC ROBOTIC SURGERY
Chairs: G. Veronesi, F. Melfi

INTERNATIONAL NETWORK OF THORACIC ROBOTIC SURGERY (ROC-NET, ROBOTIC CHEST NETWORK)
G. Veronesi

DISCUSSION with W. Weder, A.Toker, P. Thomas, F. Melfi, E. Meacci

RANDOMIZED TRIAL OF ROBOT VERSUS VATS LOBECTOMY FOR EARLY STAGE LUNG CANCER - M. Infante

MULTICENTER PROSPECTIVE STUDY FOR THE TREATMENT OF N2 NSCLC - R. Cerfolio

ORE 16:00 COFFEE BREAK
ORE 16:15 - 17:15

SUPPORTED BY

abmedica

Organizing Secretariat

www.humanitasedu.it
Thanks to the improvement of radiological techniques and diffusion of LDCT screening a larger number of early stage lung cancers is diagnosed today compared to the past. In parallel surgical technique has evolved during the last decades with introduction of minimally invasive approach. The manual videothoracoscopic approach has become the standard procedure for the treatment of early stage disease with many benefits. Despite that the diffusion of this approach among thoracic surgeons was slowed by the technical difficulties of the procedure and by fear of incomplete radicality for oncological diseases. The robotic surgical system has been introduced and adopted by some centers to overcome the limitations of the manual videothoracoscopic approach. Despite randomized controlled trials are not available, recent initial series demonstrated that robot-assisted lobectomy is feasible and safe with oncological radicality similar to that of open approaches. The workshop has the objectives to take stock of the robotic surgery in Italy, Europe and United States, to assess the prospects for future development, compare different techniques and explain the advantages and disadvantages of the same. In parallel it aims to create an opportunity to discuss the launch of an international collaboration of robotic thoracic surgeons aimed to: i) share large series of data (common database), with the possibility to design wide clinical trials, share technology, ideas and protocols; ii) to foster a climate of cooperation that encourages researchers to exchange ideas and develop their skills; iii) to approve protocols for their application at the clinical level and to develop and adopt guidelines and quality control; iv) to standardize and eventually certify training and education; v) to monitor quality, results and adverse events of robotics in thoracic surgery.