We are delighted to welcome you to the 9th European Multidisciplinary Colorectal Cancer Congress 2019!

The European Multidisciplinary Colorectal Cancer Congress (EMCCC) is the European conference that truly provides a platform for in-depth multidisciplinary interaction among the various research areas involved. The Dutch Colorectal Cancer Group (DCCG) has taken the initiative for the EMCCC since 2001. The conference in 2019 builds upon eight previous successful multidisciplinary conferences on colorectal cancer which were held in the Netherlands, Germany and France.

The EMCCC offers an intimate scientific/educational environment. Colorectal cancer is one of the most common types of malignancies and much progress has been made in recent years in understanding the biology and treatment of this disease. These developments encompass almost the full research area including genetics, biology, pathology/prognostic markers, surgery, screening, systemic treatment, radiotherapy, and imaging. This implies that both pre-clinical and clinical research is becoming much more multidisciplinary oriented. The conference will have separate workshops on surgery, medical oncology, radiotherapy, pathology, imaging, gastroenterology, and genetics, but all other sessions are plenary in order to have optimal interaction between all disciplines.

**EMCCC 2019 Organizing committee**

Pieter Tanis (Surgery, DCCG) Dirk Arnold (Medical Oncology, EORTC) Helder Mansinho (Medical Oncology, GICD) Miriam Koopman (Medical Oncology, DCCG) Jeroen Buysen (Radiotherapy, DCCG) Rolf Sijmons (Genetics, DCCG) Leon Moons (Gastroenterology, DCCG) Regina Beets-Tan (Radiology, DCCG)

The 9th EMCCC 2019 is endorsed by:

An ESO Recommended Event
13:00 – 13:05 Opening

Auditorium 2

13:05 – 14:30 Lessons to be learned from national and international research infrastructures

Chairs: Dirk Arnold, Helder Mansinho

13:05 Dutch T1 CRC working group
Leon Moons, the Netherlands

13:12 French GRECCAR Study Group
Quentin Denost, France

13:19 National Cancer Research Institute - Colorectal Cancer Clinical Studies Group
Richard Adams, United Kingdom

13:26 Danish Colorectal Cancer Group
Lene Iversen, Denmark

13:33 Dutch Colorectal Cancer Group // PLCRC
Pieter Tanis & Geraldine Vink, the Netherlands

13:47 Italian Intergroup structure and projects
Sara Lonardi, Italy

13:54 German AIO group
Volker Heinemann, Germany

14:01 Lessons to be learned from national and international research infrastructures
-Portuguese GICD study group
Hélder Mansinho, Portugal

14:08 EORTC GI group
Marc Peeters, Belgium

14:15 Discussion

14:30 – 15:00 Break

15:00 – 16:00 Sponsored symposium Servier
See page 17

16:00 – 18:00 Discussing areas of controversy

Chair: Hans de Wilt

16:00 In primary treatment rectal cancer
David Sebag Montefiore, United Kingdom
16:25  In primary treatment colon cancer
       *Pieter Tanis, the Netherlands*

16:50  What is known and where are the major needs? In local treatments of metastases
       *Interventional Radiology*
       *Kees Verhoef, the Netherlands*

17:05  In local treatments of metastases Interventional Radiology
       *Martijn Meijerink, the Netherlands*

17:20  Local treatments in Colorectal metastasis: the role of radiotherapy.
       State of art and future prospective
       *Veronica Dell’Acqua, Italy*

17:35  In systemic treatment
       *Dirk Arnold, Portugal*

17:50  Discussion

18:00 – 18:30  **DCCG lecture**
               *Chairs: Dirk Arnold, Pieter Tanis*

18:00  Colon cancer: What is the best approach to understand the disease?
       *Louis Vermeulen, the Netherlands*

18:30 – 19:30  **Welcome reception**
08:15 – 09:30  
**Session 1: Challenges in screen detected early cancers**  
*Chair: Leon Moons*

08:15  
S1.1  
**Prediction models for lymph node metastasis**  
*Miangele Lacle, the Netherlands*

08:35  
S1.2  
**Screen detected early cancers: evaluation of the resection margin—is 1 mm sufficient?**  
*Maurice Loughrey, Ireland*

08:55  
S1.3  
**What is coming next in the prediction of LNM**  
*Cord Langner, Austria*

09:15  
**Discussion**

09:30 – 10:45  
**Session 2: What’s new in diagnostic imaging – and what are the therapeutic consequences?**  
*Chairs: Regina Beets-Tan, Pieter Tanis*

09:30  
S2.1  
**Locoregional staging of colon and rectal cancer**  
*Regina Beets-Tan, the Netherlands*

09:50  
S2.2  
**Imaging modalities for liver metastases**  
*Doenja Lambregts, the Netherlands*

10:10  
S2.3  
**New diagnostic tools: radiomics, “deep learning” – really helpful?**  
*Philippe Lambin, the Netherlands*

10:30  
**Discussion**

10:30 – 16:30  
**PARALLEL PROGRAM – GASTROENTEROLOGY**  
See page 11

10:45 – 11:15  
**Break**

11:15 – 12:30  
**Session 3: State of the art and development in neo-adjuvant treatment**  
*Chairs: Jeroen Buijsen, Kees Verhoef*

11:15  
S3.1  
**Difference between cCR after CRT for advanced rectal cancer and aiming for cCR with CRT in early rectal cancer**  
*Rob Glynne-Jones, United Kingdom*

11:35  
S3.2  
**Is chemotherapy going to replace radiotherapy in rectal cancer?**  
*David Sebag Montefiore, United Kingdom*

11:55  
S3.3  
**Deciding on further local treatment after induction therapy for local and metastatic disease; value and timing of re-staging modalities**  
*Geerard Beets, the Netherlands*
12:15  Discussion

12:30 – 14:00  Lunch & Poster Presentations (odd numbers)

12:45 – 13:45  CRC Group Meetings / Trial Meetings / Consensus or Guideline initiatives

12:45  B1.1  InterAACT: A global initiative in anal cancer
        room 1.05
        Sheela Rao, United Kingdom

12:45  B1.2  Presentation of CIREL and Ciemar registries
        room 1.06
        Philippe Pereira, Germany

12:45  B1.3  Translational research: from bench to bedside and back
        room 1.07
        Chair: Onno Kranenburg

12:45  B1.3.1  From Tissue towards Liquid biopsy: current status
        room 1.07
        Marc Peeters, Belgium

13:00  B1.3.2  The serrated pathway: implications for research
        Iris Nagtegaal, the Netherlands

13:15  B1.3.3  Organoid models to improve intraperitoneal chemotherapy
        Onno Kranenburg, the Netherlands

13:30  B1.3.4  Circulating tumor DNA as biomarker in colorectal cancer: turning
        research into care
        Remond Fijneman, the Netherlands

14:00 – 15:00  Session 4: Case discussion with expert panel

        Expert panel: Kees Verhoef, Marc Peeters, Hugo Pinto Marques, Gero Puhl,
        Sara Lonardi, Pieter Tanis

14:00  S4.1  Case on the edge of liver surgery for mCRC
        Hugo Pinto Marques, Portugal

14:15  S4.2  Case on the edge of multimodality treatment of mCRC
        Gero Puhl, Germany

14:30  Panel discussion

15:00 – 16:00  Session 5: Translational research: From markers to decisions

        Chairs: Onno Kranenburg, Karen-Lise Garm Spindler

15:00  S5.1  Clinical implications of “liquid” markers (ctDNA) for treatment
        selection and response evaluation
        Karen-Lise Spindler, Denmark
SUNDAY 10 MARCH

15:20  S5.2  Molecular subtypes in colorectal cancer: CMS and beyond  
       *Louis Vermeulen, the Netherlands*

15:40  S5.3  Organoids to assess treatment response  
       *Nicola Valeri, United Kingdom*

16:00 – 16:30  Break

16:30 – 17:45  Session 6: What’s new in diagnostic and therapeutic endoscopy?  
               *Chairs: Leon Moons, Pieter Tanis*

16:30  S6.1  State of the art optical diagnosis of polyps  
           *Yara Backes, the Netherlands*

16:50  S6.2  Endoscopic and surgical techniques for local excision in rectal cancer, 
           what should we do?  
           *Fransico Baldaque Silva, Sweden*

17:10  S6.3  Endoscopic and hybrid techniques for local excision of colon cancer  
           *Leon Moons, the Netherlands*

17:30  Discussion

19:00  Dinner  
      *See page 14*
## Session 7: Future of primary rectal cancer treatment

**Auditorium 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Speaker/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:15</td>
<td>S7.1</td>
<td>Role of external beam and endoluminal radiation boosting in rectal cancer</td>
<td>Maaike Berbeé, the Netherlands</td>
</tr>
<tr>
<td>08:35</td>
<td>S7.2</td>
<td>Challenges in rectal cancer surgery; which problems have to be solved?</td>
<td>Roel Hompes, the Netherlands</td>
</tr>
<tr>
<td>08:55</td>
<td>S7.3</td>
<td>Locally recurrent rectal cancer; multimodality approach</td>
<td>Quentin Denost, France</td>
</tr>
</tbody>
</table>

**Chair:** Kees Verhoef

### Discussion

### Session 8: Systemic therapy in the metastatic setting – state of the art and future

**Chairs:** Richard Adams, Hugo Pinto Marques

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Speaker/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30</td>
<td>S8.1</td>
<td>Targeting RAS mutated tumors</td>
<td>Volker Heinemann, Germany</td>
</tr>
<tr>
<td>09:50</td>
<td>S8.2</td>
<td>Prognostic/predictive value of molecular and clinical factors: What makes the difference?</td>
<td>Teresa Macarulla, Spain</td>
</tr>
<tr>
<td>10:10</td>
<td>S8.3</td>
<td>Feasibility and outcomes of a national expert panel to determine secondary resectability in patients with initially unresectable colorectal liver metastases (CRLM)</td>
<td>Karen Bolhuis, the Netherlands</td>
</tr>
</tbody>
</table>

### Discussion

### 09:45

**RADIOLOGY PARALLEL PROGRAM**

See page 12

### 10:45 – 11:15

**Break**

### 11:15 – 12:30

**Session 9: Colorectal cancer and the immune system**

**Chair:** Dirk Arnold

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Speaker/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:15</td>
<td>S9.1</td>
<td>What are the new drugs in the field of immunotherapy?</td>
<td>Guillem Argiles, Spain</td>
</tr>
<tr>
<td>11:35</td>
<td>S9.2</td>
<td>What are the diagnostic tools and novel concepts of cancer evolution?</td>
<td>Jerome Galon, France</td>
</tr>
<tr>
<td>11:55</td>
<td>S9.3</td>
<td>What are the effects that are interfering with local or current treatments?</td>
<td>Miriam Chalabi, the Netherlands</td>
</tr>
</tbody>
</table>

### Discussion

### 12:30 – 14:00

**Lunch & Poster Presentations (even numbers)**
MONDAY 11 MARCH

12:45 – 13:45  Best abstract session
Auditorium 2

12:45  O0.1  Circulating tumor DNA as a marker of minimal residual disease following local treatment of metastases from colorectal cancer
Anders Boysen, Denmark

12:55  O0.2  Outcomes of J-pouch vs side-to-end vs end-to-end colorectal anastomoses after total mesorectal excision for rectal carcinoma: a prospective trial
Arsen Rasulov, Russia

13:05  O0.3  Brachytherapy boost for rectal cancer as a part of curative treatment - retrospective study
Manuel Louro, Portugal

13:15  O0.4  Is decompressing stoma a better alternative than stent as bridge to surgery for left-sided obstructive colon cancer
Joyce Veld, the Netherlands

13:25  O0.5  The role of induction chemotherapy as an addition to the neoadjuvant treatment for locally recurrent rectal cancer
Eva Voogt, the Netherlands

13:35  O0.6  MR-Guided radiation therapy for locally advanced rectal (LARC) cancer by Mridian?: A monoinstitutional experience and future perspectives
Giuditta Chiloiro, Italy

14:00 – 15:15  Session 10: Genetics
Chairs: Rolf Sijmons, Richard Houlston

14:00  S10.1  Update: the genetic differential diagnosis of polyposis and CRC
Maartje Nielsen, the Netherlands

14:20  S10.2  Predicting CRC risk: from tumor syndromes genes to polygenic risk scores
Richard Houlston, United Kingdom

14:40  S10.3  The Immune Evolution of Hereditary Colorectal Cancers - New Concepts and Clinical Implications
Matthias Kloor, Germany

15:00  Discussion

15:15 – 15:45  Break
15:45 – 17:00

**Session 11: Curative treatment of metastases**
*Chairs: Eduardo Barosso, Pieter Tanis*

15:45  S11.1  Controversies in loco-regional therapy of peritoneal metastases: What is really needed?  
*Niels Kok, the Netherlands*

16:05  S11.2  Liver-directed therapies (Hepatic arterial infusion, SIRT): What to use when?  
*Bas Groot Koerkamp, the Netherlands*

16:25  S11.3  Spectrum of treatments for lung metastases: SBRT, RFA, resection or no local therapy at all?  
*Dirk Van Raemdonck, Belgium*

16:45  Discussion

17:00  Closing
Sunday 10 March

Meetingroom 1.08

10:30 – 12:30  Pathology

10:30  G1.1  Should Tumor budding be included in the risk prediction algorithms
Alessandro Lugli, Switzerland

11:00  G1.2  Evolution to early carcinoma-lessons for lymph node metastasis
Lennard Lee, United Kingdom

11:30  G1.3  What is a sufficient resection margin
Maurice Loughrey, Ireland

12:00  G1.4  Observer variation for histologic risk predictors
Miangele Lacle, the Netherlands

12:30 – 14:00  Lunch

14:00 – 15:45  Resection

14:00  G1.5  Cut-off level for en bloc resections?
Yara Backes, the Netherlands

14:30  G1.6  ESD or TEM/TAMIS?
Eelco de Graaf, the Netherlands

15:00  G1.7  eFTR, ESD or limited surgical wedge excision
Francisco Baldaque Silva, Sweden

15:30  G1.8  Wait and see of high risk T1 CRCs
Regina Beets-Tan & Roel Hompes, the Netherlands
Monday 11 March

Meetingroom 1.08

09:45 – 10:45   Workshop on imaging of rectal cancer, lectures, interactive case based discussions

09:45        R1.1 Organ preservation: the surgeon’s view
             Geerard Beets, the Netherlands

10:05        R1.2 Diffusion weighted MRI and its role in Organ preservation
             Doenja Lambregts, the Netherlands

10:25        R1.3 Radiomics in rectal cancer
             Joost van Griethuysen, the Netherlands

10:45 – 11:15 Break

11:15 – 12:30 Case based panel discussions

12:30 – 14:00 Lunch

14:00 – 15:15 Workshop on imaging and treatment of colorectal Liver metastases

14:00        R1.4 Image evaluation of advanced colorectal cancer in the era of targeted
             and locoregional therapies
             Riccardo Manfredi, Italy

14:20        R1.5 New trends in the systemic treatments of advanced colorectal cancer
             Andres Cervantes, Spain

14:40        R1.6 Navigation surgery and open ablative therapies in colorectal
             metastases in the liver
             Theo Ruers, the Netherlands

15:00        R1.7 The role of interventional radiology out of the guidelines for
             patients with metastatic colorectal cancer
             Fernando Gómez Muñoz, Spain
DOWNLOAD THE OFFICIAL EMCCC APP

The EMCCC 2019 Congress App can be downloaded from the App store (Apple) or Google Play Store (Android) at no costs. You can download the app in four simple steps:

1. Go to the Appstore or Google Playstore and search for ‘Congress Care’
2. Install and open the app on your phone or tablet.
3. Select the event EMCCC and click on ‘install’
4. The app is now ready for use

In this App you will find a detailed overview of:
• The scientific program including summaries
• Posters and abstracts
• Author index
• Sponsors
• General information such as accreditation, social events, opening hours registration desk etc.

For assistance and questions regarding the App, please see the staff at the registration desk.
Welcome reception
On Saturday 09 March 2019 the welcome reception will take place at the Lisbon Congress Center, from 18:30 – 19:30 hrs.

The welcome reception is included in the conference fee.

Congress dinner
The congress dinner (ticketed) will be held at the Páteo Alfacinha on Sunday 10 March 2019, from 19:00 hrs for registered delegate only. In case you are registered for the congress dinner, a dinner icon is printed on your badge.

Páteo Alfacinha is a special place near the area of Belém which recreates a small Lisbon courtyard, surrounded by small typical houses. This lovingly crafted recreation includes small traditional “shops”, such as a bakery, a tavern, a chapel as well as some simple living quarters.

Busses will depart as of 19:00 hrs. from Hotel Vila Galé Ópera and Hotel Pestana Palace Lisboa. For the final departure times, please see the staff at the registration desk.
GENERAL INFORMATION

Congress venue
Lisboa Congress Center
Praça das Indústrias nº1
1300-307
Lisbon, Portugal

Opening hours registration/information desk
Saturday 9 March  12:00-18:30
Sunday 10 March  07:45-17:30
Monday 11 March  07:45-17:00

Namebadge
Participants should collect name badges from the conference registration desk. Since only registered participants will be permitted to attend the scientific sessions, the exhibition and poster areas, you are kindly asked to wear your badge when entering the congress venue. Exhibitors will also receive badges to allow access to the respective areas.

Poster presentations
All posters are situated at the poster area, Pavilion 4. The poster area is open to all participants during the entire congress. The numbers on the poster panels correspond with the abstract numbers in the app.

Poster mounting / Removal:
Poster mounting: Saturday 9 March from 13:00 - 19:00 hrs. and on
                    Sunday 10 March from 08:00 - 10:30 hrs.
Poster removal:    Monday 11 March after 15:45 hrs.
Posters that not have been removed by the author on Monday 11 March 18:00 hrs. are removed and disposed.

Presentation of your poster:
- ODD poster numbers: Sunday 10 March 2019 from 13:00 – 14:00 hrs.
- EVEN poster numbers: Monday 11 March 2019 from 13:00 - 14:00 hrs.

EMCCC Social media
EMCCC can be followed on Twitter, via @emccc2019. If you would like to share your tweets with other delegates following EMCCC 2019, please use #EMCCC2019.

WIFI
SSID: EMCCC 2019
Password: Lisbon19
Accreditation
The 9th European Multidisciplinary Colorectal Cancer Congress, Lisbon, Portugal, 09/03/2019 – 11/03/2019 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 20 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org/education/earn-credit-participation-international-activities. Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

Maximum credits per day:
09.03.2019 – 6,00
10.03.2019 – 8,00
11.03.2019 – 6,00

Certificate of attendance
Certificates of attendance will be sent after the congress within two weeks by email.

Congress language
The official language of the congress will be English. No simultaneous translation will be available.

Insurance
In registering for EMCCC 2019, delegates agree that neither the organisation nor the congress agency Congress Care is responsible for individual medical, travel or personal insurance. Delegates are requested to make their own travel and health insurance. The organizers cannot assume liability for changes.

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Management of 3rd line mCRC – a continuous evolving area
Chairpersons: H. Mansinho (Portugal), M. Peeters (Belgium)

Introduction
H. Mansinho (Portugal)

Measures to take for the presenting mCRC patient
A. Raimundo (Portugal)

Treatment options and sequence in mCRC patients beyond 2nd line
M. Peeters (Belgium)

Panel discussion based on 2 patient cases from real life
H. Mansinho (Portugal), M. Peeters (Belgium), A. Raimundo (Portugal)

Discussion and conclusion
H. Mansinho (Portugal)
M. Peeters (Belgium)
Topical Karger Journals

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Maximize overall survival (OS) potential for patients with good performance status in 3rd line metastatic colorectal cancer (mCRC)

STIVARGA efficacy in the 3rd-line treatment of mCRC was proven in over 7,400 patients in both phase 3, randomized, controlled trials and real-world studies.1-12

Nome: Stivarga. Composição: Cada comprimido revestido por película contém 40 mg de regorafenib. Forma Farmacêutica: Comprimido revestido por película. Indicações terapêuticas: Cada comprimido revestido por película contém 40 mg de regorafenib. Stivarga.

Em Composição:

1. STIVARGA® (regorafenib) summary of product characteristics [global prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals.
2. STIVARGA® (regorafenib) summary of product characteristics [global prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals.
3. STIVARGA efficacy in the 3rd-line treatment of mCRC was proven in over 7,400 patients in both phase 3, randomized, controlled trials and real-world studies.1-12

Your first choice for 3rd line mCRC

The most comprehensive treatment approach for patients with advanced metastatic colorectal cancer (mCRC) who progressed on previous therapies and those with high levels of mutational load. STIVARGA® (regorafenib) is a novel multi-targeted kinase inhibitor approved in over 80 countries. It is designed to work on multiple pathways that are critical for tumor growth.

Maximize overall survival (OS) potential for patients with good performance status in 3rd line mCRC

Hipersensibilidade à substância ativa ou a qualquer um dos excipientes.

Interações medicamentosas:

11. Stivarga. Composição: Cada comprimido revestido por película contém 40 mg de regorafenib. Forma Farmacêutica: Comprimido revestido por película. Indicações terapêuticas: Cada comprimido revestido por película contém 40 mg de regorafenib. Stivarga.


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Maximize overall survival (OS) potential for patients with good performance status in 3rd line mCRC
TRK FUSION PROTEINS ARE A PRIMARY ONCOGENIC DRIVER ACROSS MULTIPLE TUMORS IN ADULTS AND CHILDREN²

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