

**JIM GRENDELL:** Good morning and welcome to this landmark 10th Long Island Live Endoscopy course. I'm Jim Grendell, the chief of the Division of Gastroenterology, Hepatology, and Nutrition here at NYU Winthrop. Your course director, the director of the Program for Advanced Gastrointestinal Endoscopy here, Dr. Stavros Stavropoulos, has once again brought together a stellar team of international leading pioneers in gastrointestinal advanced endoscopy.

And today, they will be your guides to the frontiers of endoscopic surgery. This program wouldn't be possible without the strong support of NYU Winthrop and its Department of Medicine, and I'm very pleased to introduce the chairman of the Department of Medicine, Dr. Bruce Polsky.

**DR. BRUCE POLSKY:** Thank you, Jim, and good morning and welcome to everybody. Certainly it's an honor to have been asked to make a few remarks on this occasion, the 10th meeting is quite a milestone, quite a landmark, and a really a testament to Dr. Stavropoulos, Dr. Grendell, the entire team here in the Division of Gastroenterology at NYU Winthrop, and to the interest and growth of this field.

You and your colleagues around the world are really pushing the envelope. In fact, I was looking through the faculty here, and really, there aren't many people who can hang with you guys. I mean, it's basically the combined senior talent of the world is here today, and anyone who's anyone. It's really a who's who, a hall of fame lineup of people.

Just to remind you that NYU Winthrop was the first hospital in the Western Hemisphere to offer the POEM procedure, something we're very proud of. And it's really a testament to the work in the GI division in particular, with Dr. Grendell's leadership and Dr. Stavropoulos pushing the envelope to bring this procedure and others to Long Island, and really to be on Long Island.

But we also have had support from our IRB, from the hospital administration, from academic leadership, collaborating surgeons, endoscopy staff, our anesthesiologists. As you know, this doesn't get done without buy-in from everybody.

This is particularly interesting-- to me, a particularly interesting conference in that it's live and online, which means that patients can go online and watch what's going on. And in fact, Dr. Stavropoulos has gotten patients through this portal, and recently received a very nice

philanthropy from a grateful patient who had a POEM three years ago, received a letter recently.

And in fact, today is her third anniversary of having had her POEM, which she says has been life changing for her. She lives in Florida now, and marks this date on her calendar as really a rebirth of sorts for her. So the impact really goes far beyond this room, as you meet here today.

In the past years, I've popped in and out of these conferences, and I've really been impressed. And particularly, I was very pleased to meet Dr. [INAUDIBLE] this morning, and look forward to his commentary. I've likened it to a very high-end championship sports event, where you cut back and forth to different matches, almost like the NCAA March Madness basketball tournament, with expert color commentary. And it's really a tour de force and very impressive, and I am really quite honored to be part of such a esteemed group.

So I wish you all the best in today's course. I hope everyone learns a lot and contributes a lot. And I give you Dr. Stavros Stravopoulos, your course director, to open the proceedings. Stavros.

[APPLAUSE]

**DR. STAVROS STRAVOPOULOS:** Thank you Bruce, for this nice introduction. As Bruce said, this of course, requires the entire hospital putting their forces together. This is the brains and the soul of Long Island Live for years now.

Robert is our chief of the CME office, and Peter Sanders, he's a trusted assistant. And then Marilyn you know, I've been showing every year. She was there from day one of Long Island Live, 10 years ago. And Maria Kollarus, my research coordinator, and Mimi, my trusted assistant, have been there and putting all the fires out on a 24/7 basis for months before Long Island Live was even a reality.

Now, I know a lot of thank yous, but it's all true. This course, is an extremely complicated affair with a lot of moving parts. First of all, we need a lot of money. That's where administration comes in. Also, the support for innovative procedures that reach the frontiers of endoscopy, they sold you to the forward thinking of our administrators. In particular, big kudos to Rita Roberts. She's the person of last resort when some fire requires big power to put out.

Only second the endoscopy acting manager, who is actually an assistant VP but has been playing acting manager for a while now, Theresa Criscitelli. She has done anything from last-minute value committee acquisitions of equipment that just got that day approved and just has to be on Long Island Live two days later. She has done the logo on your bag I guess she moonlights as a designer artist after hours.

Roseanne Brennan is the assistant nurse manager that is going to handle all the chaotic creativity in the recovery room today. We'll have 12 surgical patients recovering within one day in an endoscopy unit.

This is my first endoscopy colleagues. Rani Modayil was my fellow for two years, and she's going to be the chief in the recovery area, try to safeguard the safety of the patients. David Friedel, Jessica Widmer-- hmm, I forgot the last name-- will be in the rooms. David Friedel will be with Professor [INAUDIBLE] and Jessica Widmer, Professor [INAUDIBLE], and later, [INAUDIBLE] will be with Friedel.

And then Dmitriy is my advice fellow this year. He's going to be extremely busy today and during the weekend following these acute post-surgical patients. Endoscopy nurses and techs are elite. It's the Delta Force in the country of nurses and techs that can run four rooms, all with POEMs, [INAUDIBLE] ZSDs, and assorted advanced procedures.

On most endoscopy units you have one or two of these procedures. It's the show of the day. [INAUDIBLE] it's just business as usual. And we can run four rooms with three persons, so we have 12 people that can stand with these pioneers from Asia and do procedures with them at the level they expect.

Anesthesia department, Abe Peller has been there from the beginning. Anesthesia for these procedures, obviously, is very intense. You can get pneumoperitoneum, pneumopericardium. All of them are under general anesthesia. Rapid turnover, rapid induction, rapid extubation-- all this magic happens with Abe Peller, who was actually willing to work for free today, because the schedule wasn't fitting. And not only for free, but also post-call. But fortunately, we were able to work around the schedule, and he's going to be-- you'll all be happy to know-- be paid. That's important for anaesthesia.

Now, GI practice, Iosif Galibov is my PA. Authorizing POEMs is-- all those of you that do them-- is a big ordeal. Appeal, second appeals, third appeals, tertiary appeals, begging pleading-- you know, he has handled twelve complicated authorizations-- that's something-- with the

assistance of Pamela Bermudez and our MAs that have also helped with authorization.

The fellows who will be there, everywhere, in the rooms, writing notes, again, focusing on the safety of the patients and learning at the same time. IT-- we have our external team which is masters of the universe in that, but are assisted on the Winthrop side by Bill O'Hare. He is also everywhere, checking cables and putting new lines, et cetera.

And Jerry Adamo, media services and external offers, helped with the marketing. And on Sunday, we have a master class in the animal lab for four select people. Paulina Bitetto is going to run the animal lab. And obviously, there are many others. I'm sorry if I forgot a lot of you, but it's just a short introduction. I put a special effect for Teresa and Rosanne just to show how essential they were to getting the course going.

And of course, Rani Modayil, David Friedel, Jessica Widmer, Dmitriy Khodorskiy. Oh, I'm sorry. I accidentally put the effect on more than one line. OK.

So Jeff Szmulewicz and crew-- there he is. And Phil Joseph is the endoscopy [INAUDIBLE], have been here for years, and have gotten attuned to our idiosyncrasies, running over, all kinds of problems. But now they're masters of Winthrop. They have been, I think, involved even from day one, and they are one of the top outfits in the country. I said last year they charge a king's ransom for this. I'm just going to say this year that they charge a significant amount of money, but it's worth it.

Talking about money, as I said, Winthrop is essential. They provide, now, approximately 40% of the budget of this very complicated course. But 60% is provided by our sponsors and by you-- registrants, platinum sponsors, ERBE, Olympus, Boston, Apollo. Gold-- Lumendi, US Endoscopy, we have Cook Medical, and our exhibitors are listed here.

Please visit them on the breaks. They are essential to the success of the course.

Thanks to all of you for coming every year. It's a very eclectic course. We don't do inflammatory bowel disease. We don't do liver. We're like a niche of a niche, really, but nevertheless, we get about 100 registrants from 15 to 20 different states. This year, we also have international. We have people from Mexico and India, so it's very, very specialized course.

So thank you for supporting us. And I know it's free online, so a lot of you will be watching

there. Last year, we had 100, mainly physicians, watching online. This is going to be the same this year.

The live webcast will be here, [www.winthropendoscopy.org](http://www.winthropendoscopy.org) a lot of you may be familiar with this site. We have archived every Long Island Live back to 2013, and there are cases there that have been called the stuff of legend. There's a case from Professor [INAUDIBLE] from 2013 that has over 20,000 hits, on a very difficult tumor removal, which in 2013, was frankly science fiction.

If you would like this site to continue to be free, please-- and the webcast to be free, because there are a lot of discussions between administrations, CME-- please vote for this by registering. We can have a number of registered people that we can have emails to contact for the course and whatnot. We can try and sustain the free access to this site both for the archive course and the live course that everybody will have access for free. And they're probably watching as we speak right now.

I know there's somebody in California, University of California Irvine, that wakes up at 4:00 AM to not miss a minute of Long Island Live. In front of your computer, again, hello.

The cases are, again, should not become complicated. Three POEMs, one pediatric, one after a failed Heller, and one case with equivocal II vs. III achalasia. We'll use Endoflip 2.0 to clarify which type it is. We have a Peroral Pyloromyotomy for gastroparesis. Two submucosal [INAUDIBLE] resections of deep seated tumors in the [INAUDIBLE] a mediastinum. One full-thickness resection for a large tumor that starts in the pancreas and the splenic vessels and four ESDs.

Breaks, please visit our exhibitors. End of the day is kind of not very precise. Sometimes we go to 6:30, and we say goodbye from the rooms disclosures. Faculty disclosures-- please disclose your conflicts. Fill the online survey. And the course, as I said, will be archived at [winthropendoscopy.org](http://winthropendoscopy.org).

Previous years, I showed my daughter when she was small. We ran into, miraculously, to Haru Geneva in the airport in Zurich, twice in a row in January of 2015 or 2016.

He just walked right past us. That was not as part of a meeting. We were there for vacation. He was probably there for something. That's incredible. I mean, Zurich is a big airport.

Didn't happen, unfortunately, the last two years, but there she is now, and she will be here

from 8:45 to 11:45 to catch the latest on POEM because she's very interested. After that, she will return back to her arithmetic, her school.

But the NGCC found, already, the significance of coffee for intense mental activity. Unfortunately, that is a Starbucks cup. I actually prefers Dunkin'.

And let's proceed now to Chris Gostout. We fought hard to not lose you. As Dr. Polsky said, the color commentator makes or breaks an event like that. So we had some compliance issues with [INAUDIBLE] and whatnot, but this course cannot be the same without Chris. I couldn't really entertain that thought.

So Chris is here, again, to provide expert commentary and he'll start with the usual keynote lecture dedicated to the memory of Peter Stevens. He is my mentor. He died in 2011 from prostate cancer at age 49, after contributing a lot to teaching and innovation and endoscopy.

That's where I learned how to persevere and innovate in advanced endoscopy. He was a fantastic endoscopist, and this is dedicated to his memory.