Thanks to the improvement of radiological techniques and diffusion of LDCT for 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 an accepted procedure for the treatment of early stage disease with benefits in terms of postoperative pain, hospital stay and complications and similar oncological outcome compared to open thoracotomy. Despite these advantages for the patients the diffusion of the approach among thoracic surgeons was slowed by the technical difficulties of the procedure which render it uncomfortable for the surgeon and 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. Expected advantages of robotic lung resections versus VATS resection are potential extension of indication both to locally advanced disease after induction treatment and precise sublobar anatomical resections, while disadvantages remain the high capital and running costs and absence of tactile feedback.

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 patients (common database), with the possibility to design wide clinical trials, analyze results, share technology, ideas, protocols and data; ii) To foster a climate of cooperation that encourages researchers to exchange ideas and develop their skills; iii) approve protocols for their application at the clinical level and to develop and adopt guidelines and quality control; iv) standardize and eventually certify training and education; v) Monitoring quality, results and adverse events of robotics in thoracic surgery.
Day One: February 10th

9.00 Welcome and introduction - M. Alloisio and G. Monaco

09.20 Lecture - Update and future perspectives on robotic medical applications - Roberto Cingolani (IIT) Introduced by G. Veronesi

09.40 Lecture - The integration of Imagies in Robotic OR and augmented reality - Luc Soler - TC from Ircad Center Strasburg
Introduced by Luca Balzarini

10.10 Coffee break

10.30 Round table - Robotic surgery: where are we going?
Moderator Carmen Lasorella
Speakers: G Veronesi, R. Cingolani, R. Cerfolio, G. Guazzoni, M. Alloisio, M. Montorsi

12.- 13.00 Session 1 - General aspects and sustainability
Chairs: L. Alloisio and G. Veronesi
Starting a Robotic program: Pearls and pitfalls - R. Cerfolio
Starting a Vats program: Pearls and pitfalls - R. Crisci, M. Infante
Economical consideration for a robotic program in US and Europe
US R. Cerfolio
Italy F. Melfi
Germany J. Rueckert
Discussion

13.00 Lunch

14.00 – 15.00 Session 2 - Technical aspects Lung
Chairs: G. Veronesi and R. Cerfolio
Robotic lung segmentectomy - U. Cariboni
Robotic lung lobectomy - G Veronesi
Lung robotic extended resections - R. Cerfolio
Robotic lymph node dissection: technique and results - G. Veronesi
Discussion
15.00 – 16.00 Session 3 - Esophagus and Mediastinum
Chairs: J. Ruckert and M. Infante
Robotic approach in the treatment of mediastinal lesions – J. Ruckert
Vats approach in the treatment of mediastinal lesions - E. Bottoni
Robotic esophagectomy: technical aspects – R. Cerfolio
Advantages of minimally invasive esophagectomy - U. Fumagalli
Discussion

Coffee Break

16.16 -17.15 Session 4 - Research programs in thoracic robotic surgery
International Network of Thoracic Robotic Surgery (Roc Net, Robotic Chest Network) - G. Veronesi
Discussion with P. Goldstraw , A.Toker, P. Thomas, F. Melfi, B Park (TC)
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

Day two : February 11th : 3D Live Surgery

8.15 Cases presentation for live surgery E. Voulaz
Moderator M. Infante

8.30 Live case observation
Robot assisted segmentectomy – R. Cerfolio, E. Bottoni

12.00 Live Case observation
Thymectomia for miastenia gravis – J. Rueckert, E. Bottoni

13.00 Standing lunch

15.00 Live case observation
Robot-assisted lobectomy – G. Veronesi, E. Bottoni

18.00 Conclusive remarks

Hands on session will be schedule in May at the Grosseto School of Robotic Surgery
Date to be defined

----------------------------------------------------------------------------------------------------------------------

**Course Directors:**
Marco Alloisio  
(*FOTO*)
Chief of the Thoracic Surgery Division  
Humanitas Research Hospital  
Rozzano – Italy

Giulia Veronesi  
(*FOTO*)
Director, Unit of Robotic Surgery  
Division of Thoracic Surgery  
Humanitas Research Hospital  
Rozzano – Italy

**Guest Faculty:**
R. Cingolani - IIT Genova  
Luc Soler - Ircad Strasbourg  
F Melfi - Ospedale Cisanello di Pisa  
R. Cerfolio - Alabama, US  
Jens C Rueckert - Berlin, Germany  
R. Crisci - Teramo, Italy  
G. Monaco - President Sic, Napoli

**Humanitas Faculty:**
U. Fumagalli - Rozzano, Italy  
M. Infante - Rozzano, Italy  
U. Cariboni - Rozzano, Italy  
E. Voulaz - Rozzano, Italy  
E. Bottoni - Rozzano, Italy

**In teleconferenze:**
P. Goldstraw  
London  
A. Toker  
Istambul  
P. Thomas  
Marseille  
B Park  
New York

Sponsor: *Abi medica, (Intuitive Surgical)*

**Supporters**
CRSA, SICT, ESTS, EACTS, SIC

**LINGUA DEL CORSO**  
Inglese
EDUCAZIONE CONTINUA IN MEDICINA
È stato richiesto l'accreditamento del corso al sistema ECM (Educazione Continua in Medicina) della Regione Lombardia.
I crediti verranno rilasciati a fronte della partecipazione all’intera durata del corso.

MODALITÀ D'ISCRIZIONE
La partecipazione è a pagamento ed è richiesta la registrazione sul sito www.humanitasedu.it

MODALITÀ DI PAGAMENTO
La quota di 250,00€ + IVA dovrà essere versata entro 3 giorni dall'avvenuta iscrizione, effettuando il versamento tramite il bonifico bancario IBAN: IT35R0306909400000046400132
Intestato a HUMANITAS MIRASOLE SPA Causale: "nome+cognome+robotic"
(farà fede data valuta indicata nella ricevuta del bonifico).

La fattura verrà inviata via e-mail.
Eventuale disdetta dovrà essere comunicata via e-mail entro il 29 gennaio 2016 ed è previsto un rimborso pari al 70% netto IVA della quota di iscrizione.

SEGRETERIA ORGANIZZATIVA
Centro Congressi Humanitas
Centro.congressi@humanitas.it