

Programm

European Federation for coloRectal Cancer

14. EFR Kongress 10. - 12.09.2026

Vienna

MASTERING COMPLEXITY

Precision, Preservation and Artificial Intelligence in Colorectal Cancer

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Tagungspräsidenten

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Welcome

Welcome to the **14th EFR Congress of the European Federation for Colorectal Cancer**, taking place from 10 to 12 September 2026 in Vienna.

The congress brings together leading international experts in **colorectal cancer care, research, and surgery** to discuss the latest advances in diagnosis, treatment, and interdisciplinary management.

On behalf of the Scientific Committee, it is my great pleasure to invite you to join us at the upcoming **14th International Congress** of the **EFR** (European Federation for coloRectal Cancer), which will take place in **Vienna** from **September 10–12, 2026**.

This Congress will focus on the multidisciplinary treatment of Colorectal Cancer, bringing together leading experts, opinion leaders and participants from all across the globe. We are confident that your expertise and contribution will greatly enrich our scientific program.

Scientific Highlights:

- Colorectal Cancer in Younger Patients
- Microbiome and Carcinogenesis
- Immunotherapy and Precision Medicine
- Minimal Invasive and Robotic Surgery in CRC
- Multidisciplinary Approach of Pelvic Disorders
- Surgical Strategies for Rectal Cancer
- Cancer Types Associated with IBD
- Pre-Rehabilitation and Nutrition in Colorectal Cancer Care
- AI and Decision Support Systems (CDSS)

Looking forward to welcoming you to Vienna!

Best regards,

Univ.-Prof. Dr. Dr. h.c. Béla Teleky

General Information

Congress

14th EFR Congress – European Federation for ColoRectal Cancer

Focus

Multidisciplinary management of colorectal cancer including surgery, oncology, gastroenterology, radiology, pathology, and translational research.

Dates

10–12 September 2026

Location

Medical University of Vienna
Teaching Center
Spitalgasse 23, BT 87
1090 Vienna, Austria

Congress language

English

Organizers

Conference Presidents
Béla Teleky, Vienna
Irene Kührer, Vienna

Conference Secretary

Gerd Silberhumer, Vienna

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The event EMT-26-09691 has been determined as compliant with
MedTech Europe Code of Ethical Business Practice and EFPIA Code of Practice.

The Austrian Medical Association awards 24 credits for this event as part of its continuing
medical education program (ID 1061138).

The event EFR 2026, Vienna, Austria, Austria, 10/09/2026 - 12/09/2026 LEE/2026/01073
has been submitted for EACCME accreditation.

Thursday, 10.09.2026

12:00 PM - 12:30 PM	Presymposium – Opening Ceremony & Presidential Address	
	Honorary lecture: The Role of Digitalization and Artificial Intelligence in Medicine Markus Müller, Dean of the Medical University Vienna Presidential addresses: Christoph Zielinski, Medical Director of Wiener Privatklinik /Central European Cancer Center Béla Teleky, President and Founder of the EFR - European Federation for color-Rectal Cancer	
12:30 PM - 2:00 PM	Session I Oncology Chairs: Christoph Zielinski, Irene Kührer	
12:30 PM - 12:50 PM	The optimal duration of adjuvant treatment of colon cancer	Eric van Cutsem
12:50 PM - 1:10 PM	Neoadjuvant Treatment in Colon Cancer in MSIH disease and MSS: Is the time come up to limit surgery	Dirk Arnold
1:10 PM - 1:30 PM	Results of the Atomic Study	Gerald Prager
1:30 PM - 1:45 PM	Multidisciplinary Tumorboard	Irene Kührer
1:45 PM - 2:00 PM	Discussion	
2:00 PM - 2:30 PM	Coffee Break and Visit to the Industrial Exhibition	
2:30 PM - 4:15 PM	Session II – Resectability in advanced disease Chairs: tbd, Andreas Shamiyeh	
2:30 PM - 2:45 PM	Rectal cancer imaging: How to identify the different risk groups	Regina Beets-Tan
2:45 PM - 3:00 PM	Pushing the limits of respectability in CRC-liver metastasis	Patrick Starlinger
3:00 PM - 3:15 PM	Advances in pulmonary metastasectomy for CRC	Mir Hoda
3:15 PM - 3:30 PM	Interventional Radiology for CRC Metastases: Bridging Innovation and Evidence	Fredrik Waneck
3:30 PM - 3:45 PM	Transplantation for CRC Liver Metastasis and the Utility of Living Donation	Patrick Starlinger
3:45 PM - 4:00 PM	Transanal approach to rectal cancer surgery – What´s the benefit?	Walter Brunner
4:00 PM - 4:15 PM	Discussion	

4:15 PM - 4:45 PM		Coffee Break and Industrial Exhibition
4:45 PM - 6:00 PM	Special Lectures Moderation: Béla Teleky	
4:45 PM - 5:10 PM	The Pioneer of TME: no evolution, no revolution without him	Bill Heald
5:15 PM - 5:35 PM	Defining a cCR in real-life cases – clinical, endoscopic and radiological features – outside of the ordinary	Rodrigo Perez
5:40 PM - 6:00 PM	Salvage treatment for regrowth	Martin Weiser
6:15 PM	Adjourn Day 1	
Welcome Reception	Bus-Transfer Q&A and Networking Event at the Atrium, Museumsplatz 1, 1070 Wien (Museumsplatz 1, 1070 Wien - registration necessary)	

Friday, 11.09.2026

8:30 AM - 10:00 AM	Session III – AI & Technology Technical Excellence Chairs: Milica Nestorovic, Oliver Strobel	
8:30 AM - 8:45 AM	MRI in Colorectal Liver Metastases: Direction, Characterization and Outcome Prediction	Ahmed Ba-Ssalamah
8:45 AM - 9:00 AM	Personalized surgery for patients with hereditary predisposition for cancer	Gabriela Möslein
9:00 AM - 9:15 AM	Precision medicine in practice: how an old drug is finding a new role in CRC	Anna Martling
9:15 AM - 9:30 AM	Transanal Surgery for Rectal Cancer: From Basic Techniques to Artificial Intelligence	Felix Aigner
9:30 AM - 9:45 AM	Pelvic exenteration - limits and outcome	Ian Jenkins
9:45 AM - 10:00 AM	Discussion	
10:00 AM - 10:30 AM	Coffee Break and Visit to the Industrial Exhibition	

10:30 AM - 12:00 PM	Session IV – Early Cancer Chairs: Laura Fernandez, Daniela Kandioler	
10:30 AM - 10:45 AM	TNT for early rectal cancer – the ideal candidates for organ preservation	Rodrigo Perez
10:45 AM - 11:00 AM	Update on endoscopic resection techniques: From cold snare mucosectomy to endoscopic intramuscular dissection	Werner Dolak
11:00 AM - 11:15 AM	Fact check genetics for surgeons – mandatory knowledge	Gabriela Möselein
11:15 AM - 11:30 AM	Prognostic histopathological features in CRC of early onset	Evangelos Xynos
11:30 AM - 11:45 AM	The role of miRNAs in the pathogenesis of colitis-associated cancer	Adam Dziki
11:45 AM - 12:00 PM	Discussion	

12:00 PM - 1:00 PM	Lunch and Visit to the Industrial Exhibition
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1:00 PM - 2:30 PM	Session V – Robotic Colorectal Surgery: Measured Advancement or Technological Enthusiasm? Chairs: Ladislav Sinkovic, Gerd Silberhumer	
1:00 PM - 1:15 PM	Augmented Reality: Moving Robotics Forward	Danilo Miskovic
1:15 PM - 1:30 PM	Robotic CME for right sided colon cancers	Matthias Turina
1:30 PM - 1:45 PM	Robotic surgery for rectal cancer: indication and oncological outcomes	Amjad Parvaiz
1:45 PM - 2:00 PM	Robotic proficiency should be mandatory in colorectal centers	Michael Bergmann
2:10 PM - 2:30 PM	Round table: Is there still a necessity for open surgery? Moderation: Moran Brendan	

2:30 PM - 3:00 PM	Coffee Break and Visit to the Industrial Exhibition
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2:30 PM - 3:00 PM	Posterviewing Chair: Irene Kührer, Enrico Cosentini	
3:00 PM - 4:30 PM	Session VI – Organ Preservation after TNT: Evidence, Expectations and Ethical Boundaries Chairs: Jose Azevedo, Attila Paszt	
3:00 PM - 3:15 PM	From TNT to Watch and Wait: Evolving radiotherapy strategies for organ preservation in rectal cancer	Johannes Knoth
3:15 PM - 3:30 PM	OReCO – Optimizing Rectal Cancer Outcomes – This is our current Pelican Educational Program	Moran Brendan

3:30 PM - 3:45 PM	What to do in case of near clinical response after TNT for rectal cancer	Dieter Hahnloser
3:45 PM - 4:00 PM	TNT and a lecture on organ preservation - long term results from the OPRA study	Martin Weiser
4:00 PM - 4:15 PM	TNT in Rectal Cancer: Optimizing Treatment and Organ Preservation	Marie-Antonietta Gambacorta
4:15 PM - 4:40 PM	Round table: Are there patients who are not eligible for TNT?	
	Moderation: Irene Kührer	
4:40 PM - 5:00 PM	Visit to the Industrial Exhibition	

5:00 PM - 6:30 PM	Session VII – Quality of Life & Long-Term Perspective	
	Chairs: Igor Stipancic, Ingrid Haunold	
5:00 PM - 5:15 PM	Beyond surgical cure: addressing sexual health and intimacy for women after colorectal cancer	Gabriele von Ramshorst
5:15 PM - 5:30 PM	How does robotic approach affect patients following rectal cancer surgery? A Quality of Life Analysis	Hermann Kessler
5:30 PM - 5:45 PM	Surgical management of ulcerative colitis-associated colorectal cancer – A 20-year single-center experience	György Lázár
5:45 PM - 6:00 PM	Timing and choice of surgical therapy in Crohn's disease - long term outcomes	Lukas Unger
6:00 PM - 6:15 PM	Robotic uterine transposition: a novel fertility sparing surgery technique for young patients receiving TNT	Stephan Polterauer
6:15 PM - 6:40 PM	Round Table: What do we know about quality of life of our patients?	
	Moderation: Adam Dziki	

6:45 PM	Bus transfer	
7:15 PM - 10:00 PM	Networking Dinner - registration necessary	
	Fuhrgassl-Huber, Neustift am Walde 68, 1190 Wien	
	This event will be held at a traditional Austrian venue at the invitation of the Mayor of Vienna.	

Saturday, 12.09.2026

8:30 AM - 10:00 AM Session VIII – Extended Surgical Boundaries **Chairs: Julius Örhalmi, Catharina Müller**

8:30 AM - 8:45 AM	Colorectal peritoneal metastasis management	Moran Brendan
8:45 AM - 9:00 AM	Results of low rectal resection with delayed coloanal anastomosis/ Turnbull-cutait/for low rectal cancer	Goran Barisic
9:00 AM - 9:15 AM	Treatment of anastomosis leakages, endosponge, VAC, stents	Matthias Turina
9:15 AM - 9:30 AM	Hybrid parastomal endoscopic repair (HyPER)	Marek Szczekowski
9:30 AM - 9:45 AM	TTSS good option after Low Rectal Resection Rectal	Goran Stanojevic
9:45 AM - 10:00 AM	Discussion	

10:00 AM - 10:30 AM

Coffee Break and Visit to the Industrial Exhibition

10:30 AM - 12:00 PM Session IX - Beyond Radicality – Oncology **Chairs: Velimir Markovic, Friedrich Längle**

10:30 AM - 10:45 AM	How to become a successful researcher in this time of transition	Shahrokh Shariat
10:45 AM - 11:00 AM	Dual Immune Checkpoint Inhibition Combined with Neoadjuvant Chemoradiotherapy in Rectal Cancer: Results from the Randomized CHINOREC Trial	Johannes Längle
11:00 AM - 11:15 AM	Rectal Cancer Treatment decision upfront; are we treating too many patients with TNT?	Dirk Arnold
11:15 AM - 11:30 AM	Treatment of Anal Carcinoma in 2026	Andreas Salat
11:30 AM - 11:45 AM	Anal adenocarcinoma in inflammatory bowel disease: clincopathological features and association with fistula formation	Hermann Kessler
11:45 AM - 12:00 PM	Therapeutic strategies in patients with advanced and complicated colorectal cancer	Rossen Madjov
12:00 PM - 12:15 PM	Discussion	

12:15 PM - 12:30 PM Poster Awards **Chairs: Axel Hörhager, Irene Kührer**

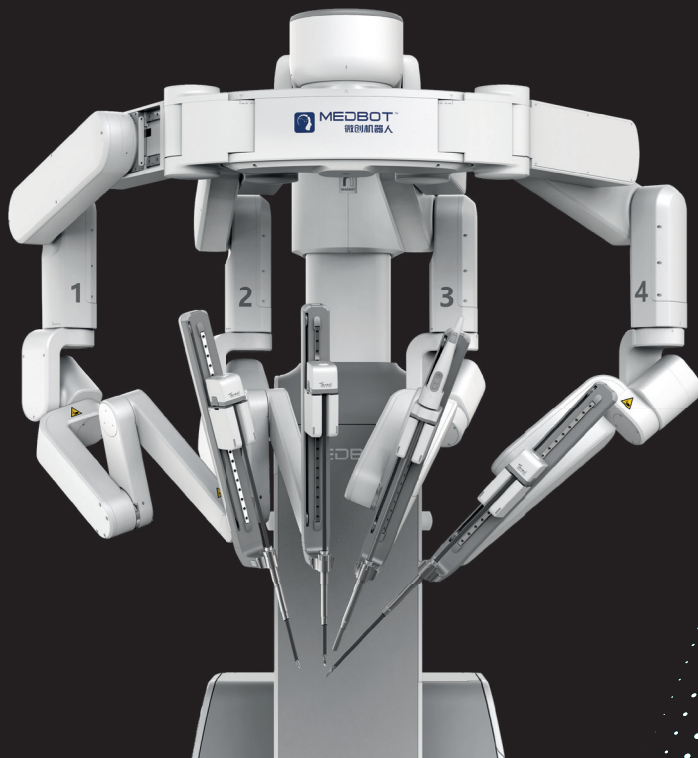
1 short Presentation
2 short Presentation
3 short Presentation

1:15 PM

Closing

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QUALITATIVE UND QUANTITATIVE ZUSAMMENSETZUNG: Lonsurf 15 mg/6,14 mg Filmtabletten: Jede Filmtablette enthält 15 mg Trifluridin und 6,14 mg Tipiracil (als Hydrochlorid). Sonstiger Bestandteil mit bekannter Wirkung: Jede Filmtablette enthält 90,735 mg Lactose-Monohydrat, 6,14 mg Filmtabletten: Jede Filmtablette enthält 20 mg Trifluridin und 8,19 mg Tipiracil (als Hydrochlorid). Sonstiger Bestandteil mit bekannter Wirkung: Jede Filmtablette enthält 120,990 mg Lactose-Monohydrat. **HILFSSTOFFE:** Tablettenkern: Lactose-Monohydrat, vorverkleisterte Stärke (Mais), Stearinsäure; Filmüberzug: Lonsurf 15 mg/6,14 mg Filmtabletten: Hypromellose, Macrogol (8000), Titandioxid (E171), Magnesiumstearat; Lonsurf 20 mg/8,19 mg Filmtabletten: Hypromellose, Macrogol (8000), Titandioxid (E171), Eisen(III)-oxid (E172), Magnesiumstearat; Druckfarbe: Schellack, Eisen(III)-oxid (E172), Eisen(III)-hydroxid-oxid x H₂O (E172), Titandioxid (E171), Indigocarmin-Aluminiumsalz (E132), Carnaubawachs, Talkum **ANWENDUNGSGEBIETE:** **Kolorektales Karzinom** Lonsurf wird angewendet in Kombination mit Bevacizumab zur Behandlung von erwachsenen Patienten mit metastasiertem kolorektalem Karzinom (KRK), die zuvor bereits zwei Krebstherapien erhalten haben. Diese Therapien beinhalten Fluoropyrimidin-, Oxaliplatin- und Irinotecan-basierte Chemotherapien, Anti-VEGF- und/oder Anti-EGFR-Substanzen. Lonsurf wird angewendet als Monotherapie zur Behandlung von erwachsenen Patienten mit metastasiertem kolorektalem Karzinom (KRK), die bereits mit verfügbaren Therapien behandelt wurden oder die für diese nicht geeignet sind. Diese Therapien beinhalten Fluoropyrimidin-, Oxaliplatin- und Irinotecan-basierte Chemotherapien, Anti-VEGF- und Anti-EGFR-Substanzen. **Magenkarzinom** Lonsurf wird angewendet als Monotherapie zur Behandlung von erwachsenen Patienten mit metastasiertem Magenkarzinom einschließlich Adenokarzinom des gastroösophagealen Übergangs, die bereits mit mindestens zwei systemischen Therapieregimen für die fortgeschrittene Erkrankung behandelt worden sind (siehe Abschnitt 5.1 der Fachinformation). **GEGENANZEIGEN:** Überempfindlichkeit gegen die Wirkstoffe oder einen der in Abschnitt 6.1 (der Fachinformation) genannten sonstigen Bestandteile. **WIRKSTOFFGRUPPE:** Pharmakotherapeutische Gruppe: Antineoplastische Mittel, Antimetaboliten; ATC-Code: L01BC59. **NAME ODER FIRMA UND ANSCHRIFT DES PHARMAZEUTISCHEN UNTERNEHMERS:** LES LABORATOIRES SERVIER, 50 rue Carnot, 92284 Suresnes Cedex Frankreich. www.servier.com **ÖRTLICHER VERTRETER ÖSTERREICH:** Servier Austria GmbH, Tel. +43 (0) 524 39 99 **REZEPTPFLICHT/APOTHEKENPFLICHT:** Rezept- und apothekenpflichtig. Weitere Informationen zu Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen mit anderen Arzneimitteln oder sonstige Wechselwirkungen, Fertilität, Schwangerschaft und Stillzeit, Nebenwirkungen sowie Gewöhnungseffekte sind der veröffentlichten Fachinformation zu entnehmen. **Version 1.0 REFERENZEN 1** LONSURF® Fachinformation, Stand Juli 2023. 2. Prager GW. et al. (2023), N Engl J Med 388(18): 1657-1667. **SUNLIGHT:** Globale, prospektive, randomisierte Phase 3-Studie zu den Vorteilen von Wirksamkeit und Sicherheit von LONSURF® plus Bevacizumab im Vergleich zu LONSURF® Monotherapie bei erwachsenen Patienten mit therapieresistentem mCRC. Patienten mussten mit 2 Standardchemotherapieregimen vorbehandelt worden sein, einen ECOG PS von 0 bis 1, sowie eine ausreichende Organfunktion ausweisen. 492 Patienten wurden 1:1 randomisiert und erhielten entweder LONSURF® p.o. 35 mg/m² 2x täglich an Tag 1-5 und 8-12, alle 28 Tage + Bevacizumab 5 mg/kg i.v. Tag 1 und 15, alle 28 Tage oder LONSURF® p.o. 35 mg/m² 2x täglich an Tag 1-5 und 8-12, alle 28 Tage bis zum Auftreten einer Krankheitsprogression oder unakzeptabler Toxizitäten. Primärer Endpunkt: Gesamtüberleben (Überlebenszeit). Sekundäre Endpunkte: Progressionsfreie Überleben, objektive Ansprechrate und Krankheitskontrollrate. 3. Metastatic colorectal cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up. Cervantes A. et al., Ann Oncol. 2023;34(1):10-32. doi:10.1016/jannonc.2022.10.003; ESMO Metastatic Colorectal Cancer Living Guidelines, v1.2 September 2024. **ABKÜRZUNGEN** ECOG: Eastern Cooperative Oncology Group. EGFR: Epidermaler Wachstumsfaktorrezeptor. mCRC: Metastasiertes Kolorektalkarzinom. PS: Performance Status. VEGF: Vaskulärer endothelialer Wachstumsfaktor. 3L: Drittlinie. LONSURF® is licensed to Servier by Taiho, co-developed globally and marketed in their respective territories.

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