DIGESTIVE SURGERY
TRAINING, MANAGEMENT AND INNOVATIVE TECHNOLOGY IN SURGERY

HONORARY PRESIDENT:
GIORGIO DI MATTEO

PRESIDENTS:
PROF. ANTONIO BRESCIA
PROF. FRANCESCO CORCIONE

ROMA - 7/9 APRILE 2016
CROWNE PLAZA ROME ST PETER’S HOTEL
VIA AURELIA ANTICA, 415 - ROMA
REQUESTED PATRONAGES:

Ministério della Salute

AMERICAN COLLEGE OF SURGEONS ITALY CHAPTER

Collegio Ipasvi di Roma

ORDINE PROVINCIALE DI ROMA DEI MEDICI CHIRURGHI DELL’AMBULATORIO

SOCIETÀ ITALIANA DI CHIRURGIA AMBULATORIALE E DAY SURGERY

SOCIETÀ ITALIANA DI CHIRURGIA COLO-RETTOALE

SOCIETÀ ITALIANA DI CHIRURGIA ONCOLOGICA

Società Italiana di Chirurgia Endoscopica e Nuove Tecniche

SOCIETÀ POLISPESIALISTICA ITALIANA GIOVANI ChIRURGI
Dear colleagues,

Now more than ever healthcare costs are particularly relevant in our hospital facilities, where they are carefully watched and often, unfortunately, “contained”. This cost containment should be exclusively obtained by optimizing healthcare management rather than, as it often happens, reducing the quality of the treatments provided which is only against the patients’ safety and interests.

Surgical technology develops increasingly fast and is today an essential factor for improving quality standards hence healthcare results. Of course this leapfrogging in the technological development of surgery could entail an increase of healthcare costs over the short term. None-the-less, the advantage in terms of treatment quality leads optimizing the patient’s management with a real reduction of the total costs over the medium and long term. In addition, during a time of necessary cost containment, it is essential to optimize at best patients’ diagnosis and treatment. Suffice it to think, for example, that the use of the ERAS protocols for the surgical patient management demonstrated all over the world that the optimization of the treatment resulted in better quality for the patient and management healthcare cost reduction. In my ward, we have been believing in and applying ERAS provisions in surgery for years with excellent results. The benefits for the patient, such as a better and faster resumption of daily activities with early return to working activities, lead to a remarkable social costs saving without renouncing the potential advantages for the citizens for a presumed leapfrogging in “cutting the healthcare cost”. All of this may not be accomplished if the surgeon does not have the possibility to choose and use the most appropriate tools any longer, by paying attention only to their quality rather than their price tag. Instead, unfortunately it already happened that the choice of materials and tools of poor quality, solely guided by a ‘cost-saving’ policy, lead to a greater incidence of intra-operative complications with a consequent reduction of the service quality and an increase of the medical and legal litigation burdening surgeons, hospital facilities and domestic healthcare costs. However, the organization of the our healthcare network and an inadequate planning of costs, aiming only at cost containment without assessing the benefits, risk thwarting all the advantages and goals of an ever developing surgical science. Pursuing this approach risks harming the protection of health, intended, as mentioned in the Italian Constitution, as “a fundamental right of the individual and an interest of community.” In addition to that, this management system focused exclusively on saving entails inevitably slowing down the improvement process wished for by everybody and strongly urged, while making us lag behind other European countries which often do not have the Italian surgical history and tradition. Healthcare must not be considered only as a provision of services but as an active agent of change in Healthcare production, through the presence, the participation, the commitment and involvement of all, above all with institutional, personal and behavioral responsibility. Thus, it becomes essential, to obtain change and guarantee better quality services, to be an essential part of this process, by developing knowledge and the skills of the staff through surgical continuous education. It is necessary in addition to stimulate a new culture and philosophy of healthcare with which better face the challenges of our time with the goal of improving, in facts and results, patients’ protection and better meeting the needs felt and the new demands.

With this spirit, you shall be awaited at the conference “DIGESTIVE SURGERY: Training, Management and Innovative Technology in Surgery”. An internationally renowned faculty shall deal with the scientific themes concerning hepato-bilio-pancreatic, gastric and colorectal surgery, with wide space devoted to optimizing healthcare management.

Antonio Brescia

Francesco Corcione
ORGANIZING COMMITTEE:

P. Addario Chieco  A. Forti
P. Aurello  A.L. Gaspari
G. Balducci  M. Gasparrini
C. Bellotti  A. Liverani
T. Bocchetti  P. Marchetti
M. Carlini  F.S. Mari
P. Castaldo  P. Mercantini
D. Castiglia  M. Monti
M. Cavallini  S. Nasi
U.M. Cosenza  G.R. Nigri
G. Costa  M.F. Osti
F. D’Angelo  G. Pascarella
V. David  M. Pezzatini
E. De Antoni  E.A. Rendina
N. Di Lorenzo  P.F. Salvi
M. Ferri  A. Tallerini
A. Filippini  S. Valabrega

SCIENTIFIC SECRETARIAT:

Dipartimento di Scienze Medico - Chirurgiche e Medicina Traslazionale
Sapienza Università di Roma
Azienda Universitaria Ospedaliera Sant’Andrea
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SCIENTIFIC PROGRAM

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THURSDAY, APRIL 7

8.30 - 13.00

HEPATIC SURGERY
"A Bird’s Eye View: Where Is The Italian Hepatic Surgery Going?"

Focus Leader: F. Calise

Special Guest: D. Azoulay - Belgium


8.30
Introduction

9.00

OPEN QUESTIONS

Chairs: N. Bassi, G. Belli

Discussant: F. Ardito, T. Bocchetti, F. Izzo, M. Sacchi, R. Verzaro

- Peripheral Cholangiocarcinoma or Lymphadenectomy: To What Extent?
  A. Guglielmi
- Neo Adjuvant Chemotherapy: When
  G.L. Grazi
- Two Stage Hepatectomy: Classic and ALPPS
  F. Di Benedetto, E. Jovine
- Conservative Surgery and Vascular R1
  M. Donadon

10.15

TRANSPLANT: NEW FRONTIERS

Chairs: P. Berloco, G. Tisone, M. Vivarelli

Discussant: G. Ercolani, M. Rossi, W. Santaniello, G. Vennarecci

- Salvage transplant
  G.M. Ettorre
- New Indications
  U. Cillo
- From Donor with Cardiac Arrest
  L. De Carlis
THURSDAY, APRIL 7

11.00
Lecture: Transplant from Living Donor: A New Life?
D. Azoulay

10.30 - 11.30 OPEN COFFEE

11.45
TECHNIQUE DOSSIER
Chairs: U. Boggi, M. Spada
Discussant: L. Casciola, P. Lepiane, M. Spampinato

• Open or Closed?
F. Giuliante
• Laparoscopic or Robot?
G. Ceccarelli

12.15
THINGS CHANGE
Discussant: R. Santoro, F. Vistoli

• The “Spread” of Minimally Invasive Surgery: The I Go MILS Case
L. Aldrighetti
• Ultra-sound Guided Minimally Invasive Surgery
R. Lo Tesoriere
• Laparoscopic Surgery of Non “Laparascopic” Segments
M. Abu Hilal
• The Epathic Surgeon Training
A. Patriti
• “Young Women Grow”
F. Cipriani, L. Sodano

13.15
“Reverse Angle”: The Hepatic Surgeon
I. Tonelli

13.30 LUNCH
Lunch Course
PELVIC FLOOR DISORDERS

Importance and Role Of The Pelvic Floor Centers in Italy
A. Brescia

Round Table
Chairs: M. Gasparrini, F.S. Mari

Anesthetic Techniques: The Surgeon-Anesthesiologist Synergy
S. Collini, F. Troisi

ODS: Resections with Staplers (STARR, Transtar) And Perineal Support (TPS)
A. Renzi

“Traditional” Transanal Surgery (Delorme, Altemeier)
M. Mongardini

Ventral Rectopexy
P. Sileri

Pelvic Organ Prolapse Suspension
V. Gianfreda

Faecal and Urinary Incontinence
J. Martellucci

Open Discussion with the Teachers
OPENING CEREMONY
A. Brescia - F. Corcione - G. Di Matteo

Greetings from the Authorities:
B. Lorenzin, Ministro della Salute
E. Gaudio, RettSapienza Università di Roma
G. Caroli, Commissario Straordinario dell’Azienda Universitaria Ospedaliera Sant’Andrea
R. Calabrò, Commissione Affari Sociali Camera dei Deputati
G.W. Viceconte, Commissione Sanità del Senato
V. Ferrando, Commissione Sanità Regione Liguria

17.00
ROUND TABLE: “Surgery Of The Future: Quality or Cost Saving?”
Chair: L. Azzariti

Discussant:
D. Alessio (Policlinico Umberto I), M. Branca (Spallanzani/IFO), G. Casati (ASL Latina),
I. Coiro (A.O. San Giovanni), M.P. Corradi (ARES 118), F. D’Alba (ASL Roma 6), A.
D’Urso (A.O. San Camillo - Forlanini), E. De Antoni (ProfessOrdinario Sapienza Università
di Roma), V. De Salazar (ASL Roma 5), D. Donetti (ASL Viterbo), L. Figorilli (ASL Rieti),
A.L. Gaspari (Prof. Ordinario PTV Roma), M. Iannuzzi Mungo (Responsabile U.O. Chirurgia
Generale Clinica Villa Pia), G. Legato (ASL Roma 3), L. Macchitella (ASL Frosinone),
G. Quintavalle (ASL Roma 4), R. Vincenti (Presidente Fondazione “Chirurgo e Cittadino”)
OESOPHAGEAL-GASTRIC SURGERY
Focus on Upper-GI Surgery
Focus Leader: R. Rosati
Special Guest: J.S. Azagra - Luxemburg


• Key Note Lecture: Minimally Invasive Gastric Surgery: Less Is Certainly More
J.S. Azagra

ESOPHAGUS
• Which Fundoplication In case of Hiatal Hernia and Reflux Disease
R. Bardini

• Endoscopic or Laparoscopic Myotomy for Achalasia and Motor Disorders
S. Santi

• Which Approach for Pulsion Diverticula of the Thoracic Esophagus
G. Anania

• Which Treatment for T1 Cancer (SCC and Adenocarcinoma)
G. De Manzoni

• Multimodal Treatment for Locally Advanced Cancer of the Esophagus
U. Fumagalli Romario

• Minimally Invasive Mc Kewon Esophagectomy
R. Petri

FRIDAY, APRIL 8
FORO ADRIANO HALL
8.30 - 13.00
FRIDAY, APRIL 8

• Minimally Invasive Ivor Lewis Esophagectomy
  P. Parise

10.30 - 11.30 OPEN COFFEE

STOMACH
• Endoscopic or Surgical Treatment in T1a Cancer
  M. Degiuli

• Role of ESD and Sentinel Node in T1b cancer
  G.B. Grassi

• Perioperative Treatment in Locally Advanced Cancer
  D. D’Ugo

• Which Lymphadenectomy in Advanced Cancer
  F. Roviello

• Gastrectomy, Peritonectomy and HIPEC
  A. Donini

• Laparoscopic Gastrectomy
  G. Sgroi

• Robotic Gastrectomy
  L. Casciola

• Preordained Presentation
  A. Parisi

13.00 - 14.00 LUNCH
PELVIC FUNCTIONAL SURGERY
Consensus Conference: Obstructed Defecation Syndrome
Focus Leader: A. Renzi
Special Guest: L. Lenisa - Milano, M. Cervigni - Roma

• Lecture: The current challenge of the colo-rectal surgeon: a long voyage among the disorders of the rectum, the pelvis and the pelvic floor
  L. Lenisa

• Lecture: Reconstructive surgery of the female pelvic floor: new approaches, new techniques and new materials
  M. Cervigni

Hot Topics in Pelvic Functional Surgery

• Although with a different degree of severity, it is known that the Obstructed Defecation Syndrome (ODS) presents with similar symptoms among the affected female patients. Is the use of anamnestic scores useful? To what purpose? Which score/scores could be adopted?

• Objective examination. In what position should the patient be examined? Which information should be looked for? In addition to rectal examination, is it appropriate to add vaginal exploration as well? To what purpose? Which means of evaluation could be used?

• In the patient with ODS, shall medical history and objective examination always be followed by instrumental examinations? Is colpo-cysto-entero-defecography still the first choice examination?

• What types of information should a correct dephecographic report include? Which ones of these parameters are used by the surgeon when selecting the therapeutic treatment: rectocele size and type (high, mid or low); intussusception type and entity (recto-rectal, recto-anal); variations of the ano-rectal angle at rest, squeezing and
pushing; variations of muscle length.

• Is entero-colpo-cysto-defecography always sufficient alone to choose the correct treatment strategy?

• Which is the indication for defeco-MR? What is the difference between defeco-MR in the supine or sitting position? Which additional indications can it give for a treatment decision? Which subjects are eligible for this option?

• Which is the role of trans-rectal and perineal ultrasound in the study of patients with ODS?

• Which is the role of anorectal manometry in the study of patients with ODS? Which subjects are eligible for this option?

• Based on clinical and instrumental findings, which patients should not receive surgery or at least not as a first-choice treatment?

• Which elements do you consider as potential negative prognostic factors for the success of a surgical treatment of ODS, whatever it is? And how would you behave?

• If, as it seems, ODS, apart from a constellation of similar symptoms, is supported in each individual patient by different morpho-functional conditions, how do you choose a surgical treatment?

• When do you determine that a resective procedure is required? And when do you go for a suspensive procedure?

• In case of rectal resection, for which reasons would you choose a resection with or without stapling?

• In case of a rectal resection with stapling, which tool would you consider to be the most appropriate for use? In which cases? Why?

• Do you think it is appropriate to perform two procedures within the same surgical session? In which cases? For which procedures? In which sequence?

• How do you make a choice for a suspensive procedure? When do you perform a POPS? When a VRP? When a sacral colposuspension (in patients with associated ODS)?

• An initial study has been recently published on DCR concerning a “support” procedure for the pelvic floor (TPS) in patients with ODS. Do you agree with the rationale of that study? How do you think it could help? Would you perform this procedure? In which patients? With which timing?

• Diagnostic and therapeutic management of ano-rectal infections – What’s new?

10.30 - 11.30 OPEN COFFEE
13.00 - 14.00 LUNCH
FRIDAY, APRIL 8

14.00 - 18.30

PANCREATIC SURGERY

Focus Leader: G.B. Doglietto
Special Guest: M. Del Chiaro - Solna, Stockholm


Hot Topics In Pancreatic Surgery

Discussant: G. Nigri, R. Verzaro
• Which Patients Are Candidate for Neo Adjuvant Therapy? Is the Resection and/or Survival Rate Really Increasing?
U. Boggi, C. Molino

Discussant: R. Tersigni
• In case of Suspected Venous and/or Arterious Infiltration: What is the Suspicion or the Certainty of Infiltration? Is to Referred to Neo-Adjuvant treatment? Shall We Operate?
F. Di Benedetto, C. Napolitano

Discussant: E. Falco, G.M. Fasano
• The Minimum Standard for Lymphoadenectomy in DCP
S. Alfieri, P. Baccari, P. Chirletti,

Discussant: R. Tersigni
S. Alfieri, L. Casciola, G. De Sena, M. Filauro

Discussant: G. Mezzetti, A. Patriti
• When and Which Fistula should be Operated Again after DCP?
S. Berti, G. Butturini, F. Prete
Discussant: C.E. Vitelli
• IPMN of the Head: Wait and See? Resection?
  L. Casciola, M. Del Chiaro, M. Piccoli

Discussant: M. Iannuzzi Mungo
• When and Which Surgery for the NET of the Head of the Pancreas?
  F. Badessi, P. Chirletti

Discussant: A. Liverani
• Non Resectable Pancreas: The Role of Biliary and Digestive Palliation (Endoscopic Surgery)
  S. Berti, G. De Sena

Discussant: P. Narilli
• Which are the Limits of Minimally Invasive Surgery?
  U. Boggi, P. Di Sebastiano

Discussant: E. Colangelo
• Conservation of the Spleen in Left Pancreasectomy (Laparoscopic/Laparotomic): Always or Never?
  P. Baccari, C. Molino, M. Piccoli

Presented By: G.B. Doglietto
• Clinical Case: Post-Pancreatitis Non infected Collections-Cysts: Operating Endoscopy? Laparoscopy/Laparotomy? Interventional Radiology?
  G. Butturini, M. Filauro, V. Ziparo

16.00 - 17.00 OPEN COFFEE
FRIDAY, APRIL 8

14.00 - 18.30

COLORECTAL SURGERY
Focus Leader: G. Romano
Special Guest: E.M. Targarona - Barcelona


• Lecture: Controversies Around Lap Approach to the Rectum
E.M. Targarona

• Lecture: Results of the Sant'Andrea's ERAS Protocol Colorectal Surgery
M. Gasparinni

Hot Topics in Colorectal Surgery

• Guide-lines for the Treatment of Early Colon and Rectal Cancers
• Current Indications to Neo-adjuvant Treatment for Advanced Rectal Cancer
• Assessment of Response to Neo-adjuvant Treatment and Therapeutic Implications
• A Comparison Between Minimally-invasive Surgical Techniques for the Colon/Rectum
• Can We Reduce the Risk of Fistulas and Avoid Packaging the Protective Stoma with New Anastomotic Techniques?
• Familial Polyposis and Genetic Syndromes
• Surgical Treatment of the Complex Diverticular Disease
• Long Term Results of the Ileo-ano-anastomosis for Ulcerative Cholitis

16.00 - 17.00 OPEN COFFEE
SATURDAY, APRIL 9
FORO ADRIANO HALL

8.30 - 13.00

BARIATRIC AND METABOLIC SURGERY

Bariatric Surgery: State of The Art

Focus Leader: N. Di Lorenzo

Special Guest: J. Pujol Rafols - Barcelona


• Lecture: Digital health in the field of bariatric surgery: The forthcoming technological revolution
  J. Pujol Rafols

Hot Topics In Bariatric and Metabolic Surgery

• The Management of Complications from Metabolic Surgery outside the High Speciality Centers: What can we do?

• The Patient in Metabolic Surgery: Pre-op Evaluation and Post-op Management

• The Future of Sleeve Gastrectomy: What’s New?

• Sleeve Gastrectomy Failures

• Redo Surgery: New Challenges of Sleeve Gastrectomy; Mini By-Pass (“Omega” Bypass); Banded Gastric Bypass (Fobi Surgery); SADI-S (Single anastomosis duodenal-ileal bypass with Sleeve Gastrectomy)

10.30 - 11.30 OPEN COFFEE
MINIMALLY INVASIVE COLORECTAL SURGERY COURSE
Organizers: P. Mercantini, G. Pernazza

Course Introduction
A. Brescia, F. Corcione

Which Training for the Young Colorectal Surgeon in Italy
M. De Stefano

Right Emilectomy: Surgical Technique and Tips and Tricks
E. Colangelo

Right Emilectomy which Better Anastomosis?
F.S. Mari

Left Emilectomy and Rectal Anterior Resection for Cancer
S. Scabini

Left Emilectomy for Diverticular Disease/Diverticulitis: Surgical Technique and Tips and Tricks
Em. Santoro

Rectal Resection with Transanal-Laparoscopic TME
M.M. Lirici

Complications in Colorectal Surgery and Management
A. Liverani

Anesthesiology Technique: The ERAS Protocol
F. Apponi

ERAS Protocol and Fast Track in Colorectal Surgery
M. Gasparrini

Open Discussion With The Trainers

10.30 - 11.30 OPEN COFFEE
SATURDAY, APRIL 9

8.30

SESSION WITH ECM ACCREDITATION

In Cooperation With:

Collegio Ipasvi di Roma

NURSING COURSE
“MANAGEMENT OF NEW TECHNOLOGIES AND NECESSARY SKILLS”
EFFICIENCY, COSTS AND SAFETY IN THE OPERATING THEATER
Coordinators: P. Ladaga, P. Pastorelli, M. Rendini, P. Sodano

Registration
Opening Session

Introduction to the Course
A. Brescia, V. Ziparo

Greetings from the Authorities

MANAGEMENT OF NEW TECHNOLOGIES AND NECESSARY SKILLS
1st Session
Chairs: P. Pastorelli, M. Rendini, V. Ziparo

9.00
The Management of Narcotics In The Operating Theater
in Cooperation with the NAS Carabinieri Headquarter

9.30
Medical Electronics Management From Purchase to Use
V. Giordano
SATURDAY, APRIL 9

10.00  Nursing Skills about Negative Pressure Correct Use and Management in the Operating Theater  
D. Ceci

10.15  Training On New Technology Use  
M.R. Bishop, L. Natalizi

10.30  Discussion  
A. Ferracci, A. Martini, G. Palazzini, P. Sodano, V. Ziparo

10.30 - 11.30  OPEN COFFEE

EFFECTIVENESS, COSTS AND SAFETY IN THE OPERATING THEATER  
2nd Session  
Chairs: P. Ladaga, P. Pastorelli

11.30  Effectiveness and Costs, Pharmacy Service  
M.T. Lupo

12.00  A Safe and Hygienic System for Surgical Gauzes Treatment  
M. Rendini

12.30  Resources Management in the Operating Theater  
M. Fanucci

13.00  Testing with Questionnaire
GENERAL INFORMATION

CONFERENCE VENUE
Crowne Plaza Rome St. Peter’s Hotel & Spa
Via Aurelia Antica 415, 00165 Roma
www.crowneplazaromehotel.com

DATE
The Conference shall take place on:
Thursday, April 7
Friday, April 8
Saturday, April 9

FEE
PHYSICIANS € 250,00 + IVA
NURSES € 70,00 + IVA
STUDENTS Free

CERTIFICATE OF PARTICIPATION
The Certificate shall be issued to all the participants at the end of the Conference at the Secretariat’s desk.

OFFICIAL LANGUAGES
Italian and English

EXHIBIT AREA
An Exhibit Area shall be set up in the Conference Venue

CONFERENCE OFFICIAL WEBSITE
www.digestivesurgery2016.it
HOW TO REACH THE CONFERENCE VENUE

From the Fiumicino Airport:
• By taxi, about 20 m
• By train with Leonardo Express (departing from the Termini Train Station every 30 minutes). Upon reaching Termini Station, you can reach the hotel by taxi or Subway (Line A – to “Battistini”). Get off at “Cornelia” stop and take Bus no. 889 to Bravetta. Get off at the fourth stop.
• Take the Rome - Fiumicino highway for about 10 Km, then take the ring road G.R.A. to Florence, exit the motorway at exit no.1: Aurelio – Città del Vaticano, turn right to Via Aurelia Antica before the street light and 200 m after, the hotel shall be on your right.

From the Ciampino Airport:
• By taxi, about 35 m
• By bus, until the Ciampino train station and then by train to the Termini Train Station (train departing every 15 m). Upon reaching Termini train station, you can reach the hotel by taxi (€ 20,00 ca) or by subway (Line A – to “Battistini”). Get off at “Cornelia” stop and take Bus no. 889 to Bravetta. Get off at the fourth stop
• By bus until Anagnina and then by subway (Line A - direzione “Battistini”). Line A – to “Battistini”). Get off at “Cornelia” stop and take Bus no. 889 to Bravetta. Get off at the fourth stop.
• Take the ringroad G.R.A. to Fiumicino airport for about 20 km and exit at exit no. 1, Aurelio - Città del Vaticano, turn right to via Aurelia Antica before the street light and 200 m after, the hotel shall be on your left.
From Termini train station (FS):
• By taxi, about 20 m
• By subway (Line A – to “Battistini”) to the fourth stop “Cornelia” and then take Bus no. 889 to Bravetta. Get off at the fourth stop.

From Trastevere train station (FS)
• By taxi, about 15 m

By car:
• Then take the ringroad G.R.A. to Florence, exit the motorway at exit no.1: Aurelio – Città del Vaticano, turn right to Via Aurelia Antica befthe light and 200 m after, the hotel shall be on your right.
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Testa S. (Vercelli)
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Todde G. (Roma)
Tonelli I. (Bologna)
Toscana C. (Roma)
Troisi F. (Roma)
Trompetto M. (Ivrea)
Ubiali P. (Bergamo)
Valabrega S. (Roma)
Vannelli A. (Como)
Varriale M. (Roma)
Vennarecci G. (Roma)
Verzaro R. (Roma)
Villani R.D. (Sassuolo)
Vistoli F. (Pisa)
Vita S. (Roma)
Vitelli C.E. (Roma)
Vivarelli M. (Ancona)
Ziparo V. (Roma)
locale tecnico

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