Colorectal cancer is one of the most frequent cancers worldwide. Patients affected by this disease still have an adverse prognosis, especially if diagnosed at an advanced stage. Because colorectal cancer is such a serious disease, only a dedicated interdisciplinary taskforce can take on the challenge of patient management and treatment.

Pathology plays an important role in this process, not only by improving our understanding of the pathogenetic aspects, but also by providing treating physicians with disease stage as a crucial basis on which to further treatment.

Moreover, it is our duty to continue to improve staging systems by investigating novel and promising prognostic factors. Over the last years, tumor budding has emerged as a strong prognostic feature, supported by a wealth of published evidence, but the road to its implementation in daily diagnostic practice is still a ways ahead.

The work by the artist that graces the flyer for the International Tumor Budding Consensus Conference (ITBCC) is entitled «buds ahead». The ITBCC confronts these buds by assembling experts from all over the world with the aim of standardizing and implementing tumor budding in the management of colorectal cancer patients. It is therefore a unique chance to unify our knowledge and to advance the prognostication of colorectal cancer by keeping our approach simple, as quoted by Leonardo Da Vinci «simplicity is the ultimate sophistication».

Therefore, the meeting includes several sessions with two main goals: first to determine level of evidence supporting each statement listed for each session and second to determine the optimal method for tumor budding assessment.

I would like to thank all participants for having accepted the invitation and all of our sponsors for their great support and I am sure we will experience a fruitful and interesting meeting.

Prof. Alessandro Lugli, MD

Program

**Wednesday, April 27, 2016**

19.00 h Welcome Apéro at the Kursaal Bern

**Thursday, April 28, 2016**

*Chairs: Prof. Phil Quirke and Prof. Gieri Cathomas*

08.20–08.30 h Welcome

Prof. Alessandro Lugli

08.30–09.45 h Session 1: Definitions of tumor budding

- Introduction: Hideki Ueno, Japan (15’)
- Discussion: All participants
- Statement 1: Tumor budding is defined as a single cell or a cell cluster.
- Statement 2: Tumor budding is different from poorly differentiated clusters.

09.45 –11.00 h Session 2: Clinical scenarios and tumor budding

- Introduction: Richard Kirsch, Canada (15’)
- Discussion: All participants
- Statement 1: Tumor budding is an independent predictor of lymph node metastases in malignant polyps.
- Statement 2: Tumor budding is an independent predictor of survival in stage II colorectal cancer.
- Statement 3: Tumor budding is an adverse prognostic factor in pre-operative biopsies of colorectal cancer.

11.00 –11.45 h Break + visit Industry Exhibition

11.45–13.00 h Session 3: H&E and immunohistochemistry for the tumor budding score

- Introduction: Kieran Sheahan, Ireland (15’)
- Discussion: All participants
- Statement 1: Tumor budding is assessed on H&E provided there are no features that limit its assessment (e.g. peritumoral inflammation, glandular fragmentation).
- Statement 2: Immunohistochemistry, as optimal visualization tool, is applied in cases where H&E assessment is limited.
- Statement 3: On immunohistochemically stained slides digital software provides an objective budding count.

13.00–14.30 h Lunch
Session 4: Peritumoral and intratumoral budding
Introduction: Iris Nagtegaal, Netherlands (15’)
Discussion: All participants
Statement 1: ITB is applied on pre-operative biopsies.
Statement 2: The prognostic impact of tumor budding is independent of its location (i.e. ITB versus PTB).
Statement 3: All tumor buds (i.e. ITB+PTB) are counted in malignant polyps and stage II colorectal cancer.

Session 5: Field number and size for the tumor budding score
Introduction: Thomas Smyrk, USA (15’)
Discussion: All participants
Statement 1: Tumor budding assessment in pre-operative biopsies and malignant polyps is performed with the «hot spot» approach.
Statement 2: In surgical resection specimens, the «hot spot» and 10HPF methods are similar in terms of prognostic information (in spite of superior reproducibility of the 10HPF method) and are both used.
Statement 3: The field size definition is independent of the microscope type used.

Session 6: Cut-offs and continuous scale for the tumor budding score
Introduction: Inti Zlobec, Switzerland (15’)
Discussion: All participants
Statement 1: A cut-off for high grade tumor budding is used in order to facilitate meaningful risk stratification in colorectal cancer.
Statement 2: Upon specific request by the responsible clinician a continuous scale for tumor budding score (which allows more precise risk assessment) is provided.
Statement 3: The chosen method is sufficiently reproducible.

Session 7: Reporting tumor budding
Introduction: Jean-François Fléjou, France (15’)
Discussion: All participants
Statement 1: Tumor budding is a standard element in guidelines/protocols for colorectal cancer reporting.
Statement 2: Tumor budding is part of the next TNM classification as an additional prognostic factor (equal to L, V or Pn stage).
Statement 3: Tumor budding is not taken into account in the assessment of tumor grade.

Session 8: Proceedings
Introduction: Chairs
Discussion: All participants

Session 9: Conclusions and further studies
Introduction: Chairs
Discussion: All participants
Steering Committee

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Sugihara Kenichi  Japan
Terris Benoit  France
Ueno Hideki  Japan
Vieth Michael  Germany
Zlobec Inti  Switzerland

General Information

Venue
Kursaal Bern
Kornhausstrasse 3, 3000 Bern 22
www.kursaal-bern.ch

Hotel
Hotel Allegro
(located within the Kursaal)

Date
Wednesday–Friday, April 27–29, 2016

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Map of the City of Bern

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