ISDE NEWS

The International Society for Diseases of the Esophagus

No. 2 July, 1st 1987

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjuku-ku Tokyo 162, Japan Tokyo 03(353)8111

Honorary Member

Prof. J.L. Lortat-Jacob

Since the day in 1958 when I met this man, each one of my surgical decisions has been influenced by him, and his 4 symmetrical initials (J.L.L.J.) have happily heralded the different steps of my own life as a surgeon. Almost 30 years later, I savour the pleasure of saying something about him.

First, Professor Jacob, the surgeon everyone knows.

Professor Jacob has the rare privilege, belonging to only a select few in the world, of being able to create, by means of a natural gift, his own school of surgery. By this, I mean a distinctive style of operating, which today still remains his singular, and wholly particular mark.

The elegant work of his left hand, which searches, thinks, and even suspects and precedes, without the slightest damage, the decisive gesture of the right hand, remains the secret that he transmitted to those who had, even for only one day, the luck to work by his side. Through watching him perform an operation, many have realized what distinguishes a great surgeon from a good one. This is, the capacity to calmly transform with a smile a difficult, even inextricable, situation into a simple, anatomical one. A solution which became within the grasp of everyone.

In 1952, during an operation on the wife of a famous composer who was suffering from an abdominal tumor with liver metastasis, he said, "Shall we go?" and went on to perform the first, historical, right (and extended) hepatectomy.

In 1943, during the war, he performed his first esophageal resection under local anesthesia using his preferred left thoracic approach. Due to the risks of a thoracotomy done under such conditions, there were no survivors among the 20 patients that followed. But his perseverance, one could says his faith, helped him to continue and his first survivor became the first of thousands of others who would also thank him for "having attacked the dragon".

Fascinated by the so called "benign" diseases of the esophagus during the time Dr. Barrett was defining "Barrett's esophagus". Professor Jacob devised what was thereafter to be known in France as the endobrachy-esophagus as well as the antireflux operation, which I still consider today as one of the most efficient.

The most prestigious professional honors have been bestowed on him by his peers, and Professor Lortat-Jacob received many from various countries: in the U.S., he was made Honorary Fellow of the American College of Surgeons; in Great Britain, Professor Rodney Smith made him Honorary Fellow of the Royal College of Surgeons, and, in France, he presided over the National Order of Physicians for over 10 years. In September 1986, Professors Nakayama and Inokuchi made him Honorary Member of the International Society for Diseases of the Esophagus. It was as far back as 1960, that I was sent to Japan to seek the secret of Professor Nakayama's most impressive results because of the great esteem he held for him.
Professor Jacob is most touched by this new honor this prestigious Society bestowed on him in Munich. This man is a warm, intense, generous man who has a rare gift of real simplicity which allows each one to feel at ease with him from the beginning.

This man, as President of Honor of the O.E.S.O., is still a leader, and it is my privilege today to try to address this message to him, a message that I personally feel most deeply. (R. Giuli)

In this newsletter, we shall begin a series of Introduction of honorary members. To be introduced will be Prof. Lortat-Jacobs and in the next issue we shall be introducing Prof. Belsey from U.K. and Prof. Ong from Hong Kong.

New TNM Classification For Esophageal Carcinoma

TNM classification of carcinoma of the esophagus was first determined in 1968 and revised in 1978.[1] However some problems remained and required further revision. In December 1984 American and Japanese members of the UICC TNM classification Committee for esophageal carcinoma met in Hawaii and the Japanese members made a proposal to improve it with which all agreed.[2] The new TNM classification has thus been formed and published recently.[3] The new T classification is based on the depth of invasion of the tumor instead of the gross tumor shape or size. The new N contains metastasis not only to the mediastinal nodes but also to the perigastric nodes. Uniform international staging of the lesions is of cardinal importance for exchange of information to be made on uniform scales. The ISDE has organized a Research Program Group on TNM classification as one of its first projects. The outline of the newly rerevised TNM classification is described herein for its better understanding and wider use.

Synopsis of New TNM Classification

Anatomical regions and sites

1. Cervical esophagus
   This commences at the lower border of the cricoid cartilage and ends at the thoracic inlet (suprasternal notch), approximately 18cm from the upper incisor teeth.

2. Intrathoracic esophagus
   The upper thoracic portion extending from the thoracic inlet to the level of the tracheal bifurcation, approximately 24cm from the upper incisor teeth. The midthoracic portion is the proximal half of the esophagus between the tracheal bifurcation and the esophagogastric junction. The lower level is approximately 32cm from the upper incisor teeth. The lower thoracic portion (includes abdominaloesophagus), 8cm in length is the distal half of the esophagus between the tracheal bifurcation and the esophagogastric junction. The lower level is approximately 40cm from the upper incisor teeth.

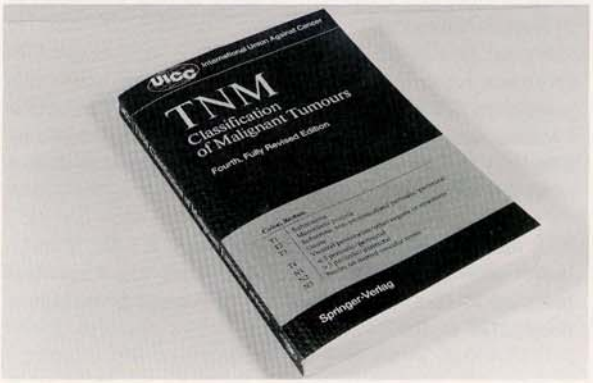
T — Classification
- T — Primary tumor.
- TX Primary tumor can not be assessed.
- T0 No evidence of primary tumor.
- Tis Carcinoma in situ.
- T1 The tumor invades into but not beyond the submucosa.
- T2 The tumor invades into but not beyond the muscularis propria.
- T3 The tumor invades into the adventitia.
- T4 The tumor invades adjacent structures.

N — Classification
- N — Regional lymph nodes
  Cervical esophagus: Cervical and supraclavicular nodes.
  Thoracic esophagus: Mediastinal and perigastric nodes, excluding the coeliac nodes.
- N0 No regional lymph node metastasis.
- N1 Regional lymph node metastasis.

M — Classification
- M — Distant Metastasis.
- M0 No evidence of distant lymph node or other metastasis.
- M1 Distant metastasis present.

Stages

Stage 0	(Tis N0 M0)
Stage I	(T1 N0 M0)
Stage IIA	(T2 N0 M0) (T3 N0 M0)
Stage IIB	(T1 N1 M0) (T2 N1 M0)
Stage III	(T3 N1 M0) (T4 any N M0)
Stage IV	(any T any N M1)



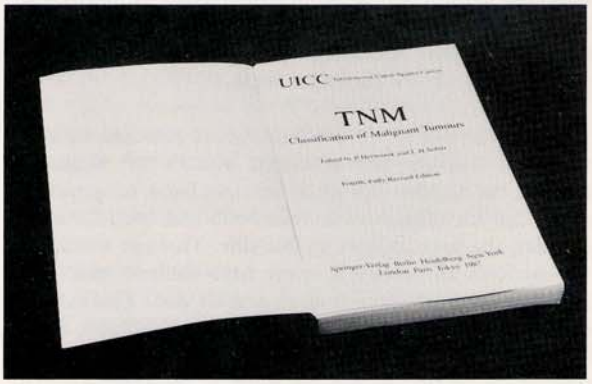


Table 1 ***New TNM classification and 5-year survival***

	Stage	No. of cases	No. of deaths within 30d	No. of cases	RSR (%)
Total		3,211	199	596	23.16
new T1N0	I	149	13	71	60.78
new T1N1	IIb	64	3	13	30.84
new T2N0	IIa	338	22	113	41.55
new T2N1	IIb	189	6	36	23.11
new T3N0	IIa	642	35	203	38.85
new T3N1	III	716	38	99	17.44
new T4N1	III	213	21	15	8.64
M1LYN	IV	687	43	29	5.33
MI	IV	102	11	1	1.68

Explanations of the New Classification

A brief explanations of the new TNM Classification is made in comparison with the one used at present based on the data of 3,681 patients registered in the Japanese Research Society for Esophageal Diseases from 1969 – 1978.[4]

1. The classification of anatomical regions
   The former classification defines the upper margin of the cervical esophagus as the pharyngo-esophageal junction, but this portion is included in the hypopharynx (post-cricoid area). Therefore the upper border of the cervical esophagus should be defined as the lower border of the cricoid cartilage in accordance with the definition of the hypopharynx.

   The former classification divides the thoracic esophagus according to the lower border of the thoracic vertera. However it is not always easy to determine the number of vertebrae in esophagographic films unless we use sufficiently large X-ray films. In the new system the tracheal bifurcation is adopted as a better demarcation between the upper and mid-thoracic esophagus. The margin of the mid-and lower esophagus is determined as the mid-point of the length between the tracheal bifurcation and esophagogastric junction.

2. T-Classification
   In the former classification, T1 indicates a tumor of 5cm or less in length with no entire circumferential extent nor extraesophageal spread, T2 indicates tumors more than 5cm without evidence of extraesophageal spread or any sized tumor with entire circumferences but without extraesophageal spread, and T3 is a tumor with evidence of extraesophageal spread. Our data indicated that the 5 year survival rates were 33.3%, 29.2%, 24.0% and 12.8% in T0, T1, T2 and T3, respectively.

   Although there was a statistically significant difference between T3 and T1 or T2, no significant difference was noted between T1 and T2. In addition, there was no difference in the survival rates among patients with tumors ranging from 2cm to 7cm in length. In the new T classification, the depth of invasion of the tumor was adopted, and we found better correlation between the new T and survival rate as follows. The 5 year survival rates were 48.54%, 29.53%, 22.07% and 7.78% in the new T1, T2, T3 and T4, respectively.

3. N-Classification
   The former N classification defines regional lymph nodes as mediastinal nodes. Japanese registered data indicated that prognosis was similar among patients with regional lymph node metastasis regardless of the distance of the affected nodes from the main tumor. Although those with perigastric node involvement had slightly worse prognosis, new N1 included mediastinal and perigastric nodes. The 5-year survival rates of patients classified by new N system were 39.54%, 17.04% and 4.98% in N0, N1 and M1 LYN, respectively. The new N-classification therefore is a good indicator of the survival of patients.

Various combinations of TNM factors and their 5-year survival rates are shown in Table 1. The new staging system is based on this data.

References

(1) International Union Against Cancer, TNM classification of malignant tumors, 3rd ed. Geneva, 1978
(2) Japanese Committee for Registration of Esophageal carcinoma: A proposal for New TNM Classification of Esophageal carcinoma, Jap J Clin Oncol 14; 625 – 636, 1985
(3) International Union Against Cancer, TNM Classification of Malignant Tumors, Fourth, Fully Revised Edition, Springer-Verlag Berlin, Heidelberg, New York, London, Paris, Tokyo 1987
(4) Japanese Research Society for Esophageal Diseases: Guidelines for the clinical and pathologic studies on carcinoma of the esophagus, Jpn J Surg, 6: 70 – 86, 1976

(Norifumi Iizuka)

Regional Activities

1. SPAIN

On November 21st and 22nd 1986, the fifth meeting of the Spanish Section of the I.S.D.E. was held in Logrono, organized by the Surgery Department of the "San Millan Hospital" (Chairman Dr. J. Hebrero).

Almost 250 specialists and Spanish members of the I.S.D.E. attended, with the participation of distinguished professors: H. Suzuki (Japan), A.H. Holscher (West Germany), J. Piero (Italy), S.A. Jenkins (England), E. Moreno (Spain), J. Curto (Spain), and F. Cruz Caro (President of the Spanish Section of the I.S.D.E.).

The scientific programme included four symposia: cardiac cancer, advances in esophageal physiopathology, peptic stenosis of the esophagus and alternatives in the treatment of variceal bleeding: three conferences, surgical treatment of achalasia, esophageal carcinoma and the current state of treatment of gastroesophageal reflux.

There were also 60 free communications relating to esophageal perforations, achalasia, benign and malignant tumours of the esophagus, gastroesophageal reflux and peptic stenosis, cardiac carcinoma and gastroesophageal varices.

It was agreed that for the treatment and evaluation of the prognosis of cancer of the cardia, the pathological anatomical characteristics and clarification of modes of metastasis and invasion are of great importance.

A Spanish multicenter study showed that in the last few years there has been a tendency to carry out total gastrectomy and subtotal esophagectomy without thoracotomy. Nevertheless the approach through left thoracophrenolaparotomy, distal esophagectomy and total gastrectomy with reconstruction by Roux loop procedures, continues to be used because it offers excellent exposure of the region and more precise anastomosis can be performed with greater ease under direct vision.

Spain symposium

In variceal bleeding treatment good results were reported with sclerotherapy plus somatostatin. Regarding emergency surgical techniques, there was no definite preference for gastroesophageal transection with portoazygous disconnection vis-a-vis shunt procedures, both little used nowadays.

Usually sclerotherapy was preferred in emergency situations as a first measure. (J. Cabello del Castillo)

2. PEOPLE'S REPUBLIC OF CHINA

China has continued to make considerable international contributions to esophageal cancer studies. Although, there is no national ISDE section yet, the following is an overview of activities relating to esophageal carcinoma.

Esophageal Cancer in China

In China, a national meeting on esophageal cancer was held on November 16 – 19, 1987, in Zhenzhou, Henan Province. It was organized by the newly born Committee for the Study of Esophageal Cancer of the Chinese Anticancer Association. There were 443 participants from all parts of China and 250 papers were presented at the meeting. There were 69 reports on basic research regarding recent advance in etiologic studies on nitrosamines, trace elments and fungal infections, combined etiologic prevention trial in Cixian of Hebei Province, study on the invasion process of tumor cells, the establishment of esophageal epithelium cytology in rats, and other studies on the biochemical, pathologic, immunologic, and genetical aspects of esophageal cancer. On the clinical side, 181 papers were presented on a wide spectrum of topics, such as methods of esophagogastric anastomosis, innovations in surgical techniques, perioperative care of patients, and late results of surgical treatment. Much progress has been made in chemotherapy and radiotherapy in recent years. There were also exchanges of experiences in the use of traditional Chinese Medicine and new anticancer drugs, laser vaporization and photodynamic therapies, and combined preoperative irradiation and surgery for carcinoma of the esophagus.

Current eager activity in P.R.O.C. at: China International Conference Center for Science and Technology

Much attention was drawn to a special report on the highlights of the International Esophageal Week in Munich in September 1986 given by Professor G.J. Huang who attended the Congress as an invited speaker and a member of the Scientific Committee. Discussion was also held on the new TNM classification proposed by the Japanese Committee for Registration of Esophageal Carcinoma.

It was decided that the next National Meeting on esophageal cancer will be held in 1988 in Shandong Province. (G.J. Huang)

3. GROUPE EUROPEEN ETUDES MALADIES OESOPHAGE

The Groupe Europeen Etudes Maladies Oesophage (GEEMO) held its 6th annual meeting on March 14, 1987 in Lisbon under the chairmanship of Professor J. Mendes d'Almeida, at the time president of the Portuguese Society of Surgery. As the GEEMO meeting was organized on the last day of the congress the Portuguese Society of Surgery, about 300 surgeons, including 20 GEEMO members from 8 countries took part in the 2 sessions. The topics of the meeting were endobrachyesophagus (Barrett's esophagus) and adenocarcinoma, based on responses to two questionnaires concerning these subjects.

The chairman, J. Mendes d'Almeida, gave two conclusions as a result of the discussion: A regression of columnar epithelium in endobrachyesophagus after antireflux surgery is very rare and it does not influence the need for a strict follow-up of patients with this disorder. If dysplasias are found in endobrachyesophagus, they must be carefully classified by repeated multiple biopsies. If severe dysplasia is confirmed after an interval of one month and proved by another pathologist, resection of the endobrachyesophagus is recommended because of the danger of malignant degeneration.

The next meeting of GEEMO is scheduled for September 24, 1988 in Leuven, Belgium, coordinated by Prof. T. Lerut and will be devoted to cancer of the upper third of the esophagus and caustic esophageal lesions. (A.H. Holscher)

Recent Organizational Developments

Background to the Rome Working Committee Meeting, January 3 – 4, 1987

The initial structure of the ISDE was designed to ensure, at least initially, a strong and effective small Executive Committee of dedicated leaders in the field under the aegis of the Present Honorary President, Dr. Komei Nakayama, to ensure the international growth of the society. After the first 6 years had passed, beginning in 1985, much effort was devoted by the Secretariat and others towards further developing the charter of the society in order to obtain even greater international representation. This was embodied in the form of the new charter of the ISDE which was ratified by the members of the Board of Governors on the occasion of the Third International Congress of the ISDE held in Munich in September 1986.

However, in the interests of continuing dialog concerning this and other questions facing the ISDE, it was decided to hold an informal Working Committee meeting in early 1987, to which all the officers of the ISDE and some other participants in the Organizing Committee of the Munich meeting were invited. Thanks to the initiative and hospitality of Professors Guido Castrini and Sergio Stipa, the meeting was held January 3rd and 4th in Rome.

NEW IDEAS PROPOSED BY THE WORKING COMMITTEE CONCERNING THE ISDE ORGANIZATION

Among the topics discussed was that of the need to find ways to reflect the opinions of as many experts in this field as possible.
Participating members were: Drs. G. Castrini (Italy), T. DeMeester (USA), M. Endo (Japan), H. Ellis (USA), F. Fekete (France), R. Giuli (France), G.J. Huang (PRC), K. Inokuchi (Japan), B. Launois (France), T. Lerut (Belgium), H. Matthews (UK), E. Moreno-Gonzalez (Spain), K. Nabeya (Japan), A. Peracchia (Italy), J.M. Shen (Taiwan), J.R. Siewert (Germany), D.B. Skinner (USA), G. Stipa (Italy), J. Wong (Hong Kong). Proxies were M. Kijima (Japan), and H. Ide (Japan) and J.P. Barron as consultant. Also assisting in the meeting were Drs. A. Pappalardo and P. Torentino. President Inokuchi served as chairman and Vice-President Siewert and 1989 Congress President Skinner served as co-chairmen.

Initially, general discussions covered two main items. Namely, the structure of the Society and the role of the working committee. Various opinions were expressed and it was unanimously agreed that, above all, the Society should have a more internationalized structure. The Chairman then indicated that the opinions stated and the conclusions reached by the Working Committee would be fully considered by the Executive Committee and Board of Governors in terms of making any changes necessary to the charter and bylaws of the ISDE. Discussion was then held specifically on each different category of topics which had been suggested by the participants in response to a questionnaire sent out by the Secretariat 2 months previously in order to ensure coverage of all points requiring attention.

The results of the two day discussion can be summarized as follows.

(1) Membership should include surgeons and physicians and should be carefully reviewed by the Membership Committee.

Participating Members of the Rome Working Committee

(2) The ISDE should be more international and have broader and more balanced international representation. Thus, the Executive Committee should be expanded by the creation of more geographical Federations, hence increasing the number of Federation Chairmen.

(3) In order to make the ISDE fully democratic, normination of all officers, including the post of subsequent Congress President, should be made by the Board of Governors and voted on by a General Assembly open to all ISDE member on the occasion of the triennial Congress.

(4) The financial basis of the ISDE was established on the basis of a personal gift of ¥5,000,000 by Professor Komei Nakayama but because of the low annual fees this steadily dwinndled. As a result of the increase of membership dues to $50, approved by the Board of Governors in 1986, the society now has a projected balance of zero for 1987. (The funds of the society and those for the ISDE scholarship are separate entities). The necessity to increase the reserves of the Society was clearly recognized. Professor Inokuchi promised to canvas industries in Japan for increased support.

(5) The resolution of the Executive Committee Meeting to make various committees
– Newsletter, Scholarship, Membership – and Journal Feasibility Committees was reported. It was also decided to establish a Research Program Committee.

The enthusiastic efforts of the participants and the kind hospitality of Prof. Castrini and Prof. Stipa and their colleagues was deeply appreciated. An Executive Committee Meeting to discuss further steps for the continued development is scheduled for this summer.

Membership News

Membership was one of the major items on the agenda of the meetings of the Executive and Working Committees in Rome on January 3rd and 4th. On the basis of these two-day discussions, the following system was established and will be in force from July 1st, 1987.

New membership forms have been prepared and will be available upon request from the Secretariat or the Membership Committee member for the region of the applicant.

I Membership

Surgeons and other specialists with particular interest in the esophagus are entitled to apply for Membership. The Membership Committee will accept members while considering the maintenance of an equilibrium of specialists.

II Membership Qualifications

Two letters of recommendation from other members of the same nationality are to be attached to the application. These letters of recommendation must state the suitability of the application for membership.

III Outline of Application Process

The following describes the steps in the process of applying for membership.

1. The would-be applicant requests application forms from the national or territorial representative (or the ISDE Secretariat). One completed application form and two recommendation letters are then to be sent to both the regional Membership Committee member and to the Secretariat.

2. The regional member of the membership committee reviews the application and replies with either "Provisionally accepted" or "Pending" to both the applicant and to the ISDE Secretariat.

3. If provisionally accepted, the applicant pays the first year's annual dues to the ISDE Secretariat as instructed*.

4. Upon receipt of the dues, the Secretariat will begin to dispatch the Newsletter, etc. to the provisional member.

5. All membership applications including pending applications, made since the previous congress, will be reviewed by the Membership Committee at the next Triennial congress. Then, based on the committee's report, the Board of Governors will make a final decision on each application and notify the applicant concerned.

* Payment of annual dues (currently $50.00) should be made by a check to "The International Society for Diseases of the Esophagus" and sent to the Secretariat of the ISDE.

ISDE Scholarship

As announced in the leaflet enclosed with the ISDE NEWS No. 1, the Scholarship is provided by the Secretariat through the support of funds from the Japanese Research Foundation for Multidisciplinary Treatment of Cancer. The purpose of the Scholarship is to encourage the transfer of information concerning the diagnosis and treatment of esophageal diseases among specialists in various countries.

The Scholarship Committee consists of Vice-President J. Rudiger Siewert, (Chairman), President Kiyoshi Inokuchi, Prof. Kinichi Nabeya (Asia) Prof. David B. Skinner (North & South America), Prof. Osahiko Abe (Foundation) and Prof. Teruo Kakegawa (Secretariat). Decisions concerning applications for awards will be carried out by this Committee.

Eligibility:
Applicants must: –
(1) be fully paid members of the ISDE.
(2) be on the staff of university, teaching hospital, research laboratory or similar institution.
(3) submit an outline of the research or activity they want to undertake, and give their reasons for choosing the proposed host institution.
(4) provide evidence of acceptance at the proposed host institution. The host institution should have experienced and qualified staff who have contributed to the ISDE.

Duration of Award:
The Scholarship will be for approximately 90 days.

Financial Support:
Stipends will be granted towards the cost of tourist/economy class air fares and the accommodation costs in the host country. No allowance will be provided for dependents.

Total amount of Support per Annum:
Approximately US$50,000

Number of Awards:
4 – 5 per annum

Maximum Support per Award:
US$10,000

Applications:
Applications for awards for the period April 1, 1988 – March 31, 1989 should be received by the Secretariat by January 1, 1988, including acceptance from the host institution(s) he or she intends to attend. Notification of awards will be made by March 1, 1988, and the grantee should then finish the research project by the end of March 31, 1989.

Requests for application forms and, if necessary, any additional information should be made to the Secretariat. Application forms for those wishing to apply to receive the ISDE Scholarship in 1988 will become available in September 1987.

Obligations:
Grantees must submit a report on their activities within 2 months after completion of the scholarship. These reports may be published in the Newsletter.

LIST OF BLOCS AND MEMBERS OF THE MEMBERSHIP COMMITTEE (1986 – 1989)

Blocs	Nations presently with members
Continental Asia (J. Wong)	HONG KONG, INDIA, INDONESIA, IRAN, IRAQ, MALAYSIA, P.O.C., SAUDI ARABIA, THAILAND, TURKEY
Far East Asia (H. Akiyama)	JAPAN, R.O.K.
Australia-New Zealand (G.G. Jamieson)	AUSTRALIA, NEW ZEALAND
Eastern Europe (Z. Gerzic)	CZECHOSLOVAKIA, EAST GERMANY, HUNGARY, POLAND, RUMANIA, YUGOSLAVIA
Western Europe (T. Lerut)	AUSTRIA, BELGIUM, DENMARK, FRANCE, GREECE, HOLLAND, IRELAND, ITALY, NORWAY, PORTUGAL, SPAIN, SWEDEN, SWITZERLAND, U.K., WEST GERMANY
North America (M. B. Orringer)	CANADA, MEXICO, PANAMA, U.S.A.
South America (B. Zilberstein)	ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA, ECUADOR, VENEZUELA
Africa (J. Terblanche)	ALGERIA, EGYPT, SOUTH AFRICA

* Names in parentheses are: regional members of the Membership Committee (Chairman: Prof. D.B. Skinner)

Fourth World Congress News

FOURTH WORLD CONGRESS

Plans are being made for the Fourth World Congress of the ISDE which will be held September 6 – 8 in Chicago, Illinois, U.S.A. under the direction of the President of the Congress, Dr. David B. Skinner. Details of the meeting, solicitations for abstracts and contributions, etc. will be forthcoming but, in the meanwhile, we encourage all members of the ISDE to make plans to attend this important Congress.

Recent Publications

CANCER OF THE ESOPHAGEUS

Edited by Tom R. DeMeester and Bernard Levin

Orlando, FL Grume and Stratton Inc. 1985

This is a compact book which nevertheless extensively covers the extensive spectrum of the various aspects of esophageal cancer including etiology, epidemiology, animal experimental models, diagnosis, pathology, nutritional therapy, nursing care, radiotherapy, chemotherapy, and, of course, surgical treatment and possible complications.

The selective references are up-to-date and appropriate to the book's size. The illustrations are excellent (with the exception of Fig 4–1, 4–2 and Fig 8–33, presternal skin incision for substernal bypass).

The chapters on "Surgical Therapy" and "Nonoperative palliation" are written with detailed step-by-step descriptions of their techniques. The authors straightforwardly present their choice of operative method in the two clinical situations of palliative and radical surgery, rather than offering various alternatives, which is good for readers.

The only issue that I personally would like to raise is whether it is necessary for radical purposes to resect the whole (or nearly whole) stomach in the treatment of middle or upper esophageal cancer. The author quoted in Fig 8–21 (under palliative section), the study of the incidence of nodal metastases along the left gastric artery. This figure was originally meant to back up the theory that it is justifiable to resect only a great part of the proximal lesser curvature side of the stomach in radical surgery for squamous cell carcinoma of the esophagus. In conclusion, apart from the foregoing controversial issue, the book is readable and should be recommended to every doctor who has an interest in esophageal cancer. (J.M. Sheh)

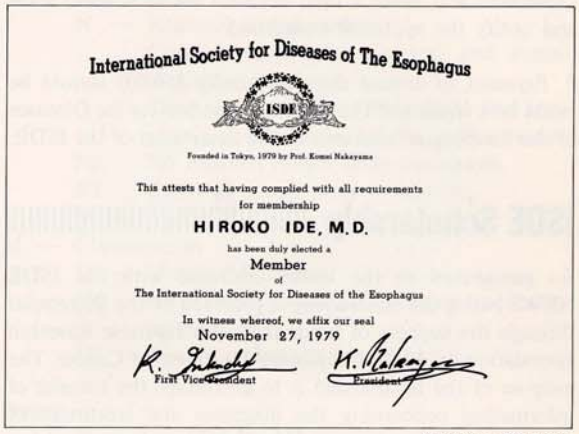
Secretariat News

MEMBERSHIP APPLICATIONS

Membership forms are obtainable upon request from the Secretariat or regional members of the Membership Committee. (See section on Membership)

MEMBERSHIP CERTIFICATE

The Secretariat intends to provide a Membership Certificate to all members for US $10.00. If you wish to receive this certificate, please fill in the attached form and remit, with a check made out to the I.S.D.E., to the Secretariat.


International Society for Diseases of The Esophagus

ISDE

Founded in Tokyo, 1979 by Prof. Komei Nakayama

This attests that having complied with all requirements for membership

HIROKO IDE, M.D.

has been duly elected a

Member

of

The International Society for Diseases of the Esophagus

In witness whereof, we affix our seal

November 27, 1979

First Vice President — President

Membership Certificate

Introduction of Committees and Members

SCHOLARSHIP COMMITTEE:
J.R. SIEWERT, D.B. Skinner, K. Inokuchi, K. Nabeya, T. Kakegawa, O. Abe (Foundation)

NEWSLETTER COMMITTEE:
M. Endo, Sheh Jaen-Min, G. Pappalardo, A. Holscher, A. Little, H. Watanabe, H. Ide

JOURNAL FEASIBILITY COMMITTEE:
G. Castrini, J.R. Siewert, K. Inokuchi, K. Nabeya, D.B. Skinner, M. Endo, R. Giuli, Moreno-Gonzalez, F.H. Ellis,

Call for new items

We will be pleased to accept news items, Congress or Conference information from members for publication. Suggestions for projects and programs will also be welcome.

Please send such information to the Secretariat.

Secretariat Address:

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