

ISDE



NEWS

The International Society for Diseases of the Esophagus

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

Honorary Member



Prof. Ronald H.R. Belsey

Mr. Belsey is known worldwide for his innovative contributions to thoracic surgery and for the international school of esophageal surgeons whom he has trained over the past 35 years. Ronald Belsey is a native of London where he received his medical degree at the University of London and his residency at St. Thomas's Hospital. In 1938-39 he served as a Research Fellow under Professor Edward Churchill at the Harvard Medical School at Massachusetts General Hospital. During this time Mr. Belsey worked out the segmental anatomy and techniques for performing the first segmental resections of the lung which he and Professor Churchill carried out, and published in 1939. This was a landmark contribution in the history of thoracic and pulmonary surgery, and became the standard technique for the treatment of bronchiectasis and other benign lung diseases.

Returning to London during the Second World War, Mr. Belsey had many surgical adventures and experiences at the St. Thomas's Hospital in war-besieged London. At the end of the war he was offered an opportunity to develop the first regional thoracic surgery unit in the southwest region of England at the Frenchay Hospital near Bristol. This had been an American Army Hospital during the war and was taken over by the British government and subsequently by the National Health Service in the late 1940's. Mr. Belsey rapidly developed a major thoracic surgical unit of approximately 100 beds servicing the southwest region. Attracted by the extraordinary opportunity, wide diversity and volume of cases, and the great country life of Western England, Mr. Belsey declined the opportunity to return to a professorial post in London and devoted the next 28 years to establishing an extraordinarily productive scientific and educational program for thoracic surgeons.

From this unit came such innovations as the Mark IV antireflux operation, the use of isoperistaltic left colon for replacement of the total esophagus, the exclusive right thoracotomy approach to esophagogastrectomy, successful reconstruction of the entire trachea, esophagomyotomy and diverticulopexy for Zenker's diverticulum, the importance of a modification to the Heller myotomy to prevent the complications of reflux esophagitis, new concepts in managing tracheal esophageal fistula in the newborn, the use of profound hypothermia with circulatory arrest for cardiac surgery, and many technical innovations. Mr. Belsey's introduction of these new approaches for surgical management was based upon a sound understanding and analysis of human pathophysiology. He demonstrated that the operating room coupled with the follow-up clinic is an appropriate scientific environment for extraordinary advances in surgery.

Beginning in 1950 with the appointment of Donald Ross as Senior Registrar, Mr. Belsey annually appointed a Senior Registrar and several Senior House Officers from all over the world who benefitted greatly from this educational environment and from the great experience concentrated at the Frenchay Clinics. A number of these former resident staff have been appointed as Professors or Directors of clinics in numerous countries around the world.

Following completion of the normal tour of duty in the British National Health Service, Mr. Belsey graciously agreed to accept a Visiting Professor in Residence appointment at the University of Chicago where he has spent approximately six months per year since 1975. In addition he has done repeated teaching assignments at the University of Leiden, the University of Rome, the Cairo Military Hospital, and numerous visiting professorships around the world. In his role at the University of Chicago, Mr. Belsey has continued to influence the education of succeeding generations of American and international surgeons working in this Department. The extent of Mr. Belsey's influence on international esophageal surgery was quite evident at the Third International Congress in Munich. Approximately 20% of all presentations listed in the program were the products of surgeons who have trained with Mr. Belsey at Frenchay Hospital, in Chicago, or at the University of Chicago. Without doubt Mr. Belsey's teaching has created a major school of esophageal surgery with strong international roots, and has influenced the evolution of our specialty. It is a pleasure to introduce him as an Honorary Member of ISDE. (D.B. Skinner)

Honorary Member



Prof. Guan Bee Ong

Professor Ong, known to his friends as "GB", was born in Kuching, Sarawak, East Malaysia in 1921. An ingenious trend of character was manifest during his boarding school days in Malaysia and Singapore. Having been appointed school barber but totally lacking in experience, he developed expertise by simply paying the other lads for the privilege of cutting their hair.

"GB" had completed two years of medical education at the University of Hong Kong when the vicissitudes of World War II caused him to flee, by foot for seven days, to the interior of China. He tenaciously continued his studies at the Shanghai Medical School at Koloshan, Chungking, where he was ultimately awarded the M.D. degree. With the cessation of hostilities, he returned to Hong Kong to complete his interrupted studies and graduated with the degrees of M.B., B.S. from the University of Hong Kong in 1947. From 1947 to 1957, he was actively engaged in developing his professional prowess, obtaining his fellowship of the Royal College of Surgeons both from Edinburgh and from England. To sharpen his surgical skills he pursued studies at St. Bartholomew's and Hammersmith Hospitals in London in 1952. Further postgraduate education was acquired in 1956 at the Massachusetts General Hospital in Boston, and in 1957 at Bellevue Hospital in New York City. Upon completion of his postgraduate surgical training he returned to Hong Kong and soon became surgeon-in-charge at the Kowloon Hospital, Kowloon. In 1964, he was appointed to the Chair of Surgery at the University of Hong Kong, an appointment which he held with great distinction until his retirement in 1982 and upon his relinquishing the post he became an Emeritus member of the faculty.

The fruit of his research has been an unending stream of publications; one count puts the articles at around the 200 mark with contributions to more than 12 books and monographs.

Professor Ong is known to his peers as a bold and swift master surgical technician, expertise that has been acquired by endless hours in the operating theater. To withstand physically such demanding surgical schedules, he indulges frequently in a favorite diversion, hiking in the mountains. Even on hiking trips he has been known to carry a 20 kg backpack so that his fellow hikers could enjoy a four-course lunch, complete with wine, cold champagne, chilled glasses and brandy - toothpicks also provided.

With his own contemporaries there is never a dull moment; and all his friends are targets of his wit and sharp tongue - always in jest and never malicious. His approach to problems is invariably to take the most direct one possible. All who know him agree that he is a man to be reckoned with. He never expects more from them than he himself gives, and a slothful subordinate will experience what has been called a fiery temperament.

Professor Ong is a general surgeon with the emphasis on general; he has been recognized internationally for his innovative, objective and critical contributions to surgery of the biliary tract, tumors of the liver, the surgical treatment of oral and pharyngeal cancer, and reconstructive operations of the bladder. But it is in esophageal cancer surgery that he has made unique contributions and for which he has won worldwide acclaim. He was the first to describe the pharyngolaryngoesophagectomy operation for hypopharyngeal cancers with a 1-stage gastric reconstruction in 1960, and the 3-phase procedure (the abdominal, right chest and neck approach) for subtotal esophagectomy for mid-esophageal cancer in 1969. He also popularized the use of a jejunal loop for esophageal replacement and rediscovered the Kirschner operation for bypass, to mention but a few new examples. No tumors were too advanced to tackle and he reported probably some of the highest mortality and morbidity of surgery, a measure of his intellectual integrity.

He has received honorary fellowships from no less than six surgical colleges, honorary memberships of many distinguished international scientific societies, meritorious awards of universities, eponymous lectureships, visiting professorships and has been guest speaker at countless conferences around the world. He was elected the President of the Societe Internationale de Chirurgie and founded the Association of Surgeons of South East Asia and served as its first president.

As a Hong Kong resident, a territory of the United Kingdom, he was honored by Her Majesty the Queen with the Order of the British Empire (O.B.E.). As a Malaysian citizen, he was conferred Panglima Setia Mahkota (P.S.M.) by His Majesty the King of Malaysia, with the title of Tan Sri.

He is perhaps the only person to have gained from the University of Hong Kong the same degree twice, both Doctor of Science degrees, in less than one year. In 1979, he was awarded the D.Sc. for his published contributions to surgery. In 1980, he was awarded a second D.Sc., *honoris causa*, for his devotion and dedication to the University and to his manifold talents in the craft of surgery.

To recognize a master clinical surgeon, an innovative technician, a dynamic medical leader, an inspiring teacher, and especially for his special contributions to esophageal cancer surgery, Professor Tan Sri G.B. Ong has been awarded Honorary Membership of the International Society for Diseases of the Esophagus. (J. Wong)



Prof. David Skinner
Chairman of 4th World Congress

★ **FOURTH WORLD CONGRESS** ★

The Fourth World Congress of the International Society for Diseases of the Esophagus will take place in Chicago from September 6 through September 8, 1989. The format of this meeting will be similar to the previous world congresses. There will be invited lectures and panel discussions and, of course, presentation of original scientific investigations. Solicitations for abstracts will be forthcoming approximately eighteen months prior to the actual meeting. The President of the Congress will be Dr. David B. Skinner.

Recent Organizational Developments

The Executive Committee met on July 3, 1987 at Hotel New Otani, Tokyo.

The major issue was how to "more internationalize" the ISDE organization as requested by the Working Committee held in Rome early in 1987. The committee reached the following agreements.

1) Main Structure of the Organization

The governing mechanism of the ISDE should consist of an Executive Committee, Council and General Assembly. The 'Board of Governors' used in the present charter should be replaced by the term 'Council', because the latter is more commonly used in academic societies than the former.

2) Expansion of the Executive Committee

The number of the Federation Chairmen should be increased to 7.

The federations, including the new additions are: Continental Asia, Far East Asia, East Europe, West Europe, North America, South America and Africa.

Initially, a potential federation 'Australia-New Zealand' was included in the proposal, but it was dropped after discussion concerning the qualification for the minimum membership for a federation.

3) Composition of the Council

The Council will be composed of (1) members of the Executive Committee, (2) National Representatives, (3) Chairmen of Committees, and (4) Representatives at large. There will be 14 members in the Executive Committee, including one member (Immediate Past President) without the right to vote.

There are presently 23 National Representatives, through this number may vary according to the society's decision on its format. Presently there are 4 chairmen for 4 Committees: Membership Committee, Scholarship Committee, Newsletter Committee, and Journal Committee. The grand total will consist of 41 members plus members at large. In reality, however, the number will be less, as the assignments of some officers may overlap.

4) Selection of the National Representatives

This method is mainly based upon the idea proposed by Vice president Professor J.R. Siewert.

(1) The total number of national representatives (X) consists of (a) those representing nations which have sufficient members to elect a single representative (A-members) and (b) those from countries lacking sufficient members to elect a single national representative (B-member).

(2) By referring to Table 1, selection of the threshold number of members (Y) determines which nations are entitled to have their own national representative (A-member) on the Council.

(3) The value for (Y) is so determined that B-members do not account for more than 25% of (X), the total number of



Discussion at Executive Committee

National Representatives, as illustrated by Figure 1. B-members are selected by the Executive Committee.

(4) The values for (X) and (Y) are to be determined at the Triennial Congress Executive Committee Meeting.

(5) Were the value (Y) to be set at 5, this would entitle 17 nations to select a representative. Then, if (X) were set at 23, the Executive Committee will be able to select 6 representatives from the B-member nations.

The A-members are elected democratically by a vote of the members in each respective country and automatically become a member of the Council, while the B-members will be nominated by the Executive Committee.

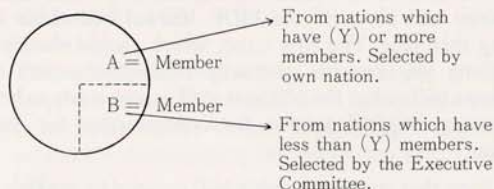
These agreements will be incorporated in the charter at the time of 4th World Congress in 1989.

Table 1. Full member threshold (Y)

Y	No. of countries
1	36
2	26
3	21
4	19
5	17
6	16
7	13
8	11
9	09
10	08

as of July, 1987

Figure 1. National representatives



In another major policy decision, the Executive Committee decided to establish an official ISDE journal. This was made possible through the magnificent efforts of Past Congress President, Professor Guido Castrini, Professor Giuseppe Pappalardo and their colleagues. It will be distributed free to ISDE members.

(See: attached sheet 'Instructions to Authors') (M. Kijima)

Research Remarks

Milestones in the treatment of esophageal cancer

Until 40 years ago, the treatment of cancer of the esophagus was virtually hopeless, and the diagnosis of this disease was tantamount to a sentence of death. But over the recent decades, the management of this disease has shown a quiet revolution.

Following the work of Torek (1913), who reported the successful resection of thoracic esophageal cancer, and later Ohsawa (1932), who demonstrated esophagectomy to be a practical surgery, the techniques of surgery for this disease were developed by Adams and Plemister (1938). Later Garlock (1944) and Sweet (1945) confirmed this type of operation as a standard procedure for the intra-thoracic esophageal cancer.

Such efforts were actually heroic, but the operative mortality was as high as over 50%.

Nakayama (1948) adopted the antesternal route for esophagostomy, which was first reported by Kirschner. This idea was aimed to obviate the fatal risk of incidental leakage occurring in the intrathoracic anastomosis. Nakayama also proposed multi-staged operation to ensure the safety of the operation. Nakayama (1959) paid special attention to the adjuvant efficacy of irradiation of esophageal cancer and the concept of preoperative radiotherapy prevailed thereafter. Such efforts in Japan in the 1950's led to a considerable decrease in operative mortality, which is below approximately 10%.

The major characteristics of both surgical operation and radiotherapy are that they are both local treatments.

Chemotherapy differs in that it is a systematic therapy and might be expected to hold more hope of cure. Among various cytotoxic agents, bleomycin was expected to have a specific effect on squamous carcinoma, but although occasional remission has been reported, the current literature offers conflicting evidence of the effectiveness of individual drugs and the exact place of chemotherapy has not yet been determined.

As to the current status of the treatment of esophageal cancer, Earlam and Cunha-Mela (1980) reviewed over

83,000 patients. They found that the rate of resection was 39% of the total and 18% of successful resections survived 5 years. The operative mortality reported varied widely, ranging from 0.8% to 57%. Giuli and Gignoux (1980) found 30% operative mortality in a review of 2,400 cases. There was therefore tremendous variation in the results after surgery.

On the other hand, the Japanese Committee of Registration of Esophageal Cancer reviewed 7,742 patients from 119 hospitals from 1969 to 1978. Resection was carried out in 47.5% of the total. The operative mortality was 7.3%. Of those who returned home 22.5% survived 5 years. Recently several surgeons in Japan have challenged the concept of extended surgery involving systematic lymph node dissection in neighboring structures, and a higher rate of survival has been obtained without increasing mortality.

Looking at current trends in the treatment of esophageal cancer, it is surprising that the variation of figures is so great. Some people in the countries with high mortalities may think of the mistaken idea that the variation may be due to the difference of the nature of the malignancy. However, the results are of course influenced by the stage at diagnosis, the expertise of the surgeons, selection of patients, radicality of surgery, in addition to pre-, peri- and postoperative managements etcetera.

In order to convert such a broad spectrum of figures to a reliable and stable level, the data should be compared on the basis of a uniform scale. The uniform staging of the disease, as newly determined by the revised TNM Classification, should be widely used. Grading of the extent of surgery must also clearly be specified, since it largely influences the prognosis after surgery. Controlled randomized prospective studies are essential in order to clarify the efficacy of individual treatments, such as surgery, radio-, chemo- and immunotherapy.

It is expected that the ISDE Research Committee on TNM Classification, chaired by Dr. Iizuka will play an important role to establish the basis of future controlled trials.

(K. Inokuchi)

Journal

DISEASE OF THE ESOPHAGUS

OFFICIAL JOURNAL OF 'THE INTERNATIONAL SOCIETY FOR DISEASE OF THE ESOPHAGUS' (I.S.D.E)

We are extremely happy to announce that, as a result of the tireless efforts of former Congress President Guido Castrini and his staff, the ISDE Journal will come into being this year. The first issue, which should shortly be reaching you consists primarily of invited papers and review articles, but the editorial staff is now ready to begin reviewing original articles for consideration for publication.

We hope that our membership will respond by making the ISDE Journal the first journal of choice when submitting papers related to esophageal diseases.

CALL FOR PAPERS

Members of the ISDE are invited to submit papers for consideration for publication in the Journal. Please see the enclosed leaflet.

The aim of this new journal is to collect original papers on anatomy, physiology of normal esophagus and of epidemiology, etiopathogenesis, physiopathology, pathology, diagnosis, medical and surgical therapy, adjuvant therapies, nutritional aspects of esophageal diseases, in pediatric and adult patients.

The journal should serve the international surgical and medical community for the transfer of information relating to theory, research and practice in esophageal diseases.

First issue, consisting with only invited papers, which will be published in this April, 1988.

Free papers will be encouraged to contribute for 2nd issue and so on.

(See P. 7) (M. Endo)

ISDE Scholarship

★ Scholarship Committee Meeting ★ 1987 ISDE Scholarship winners are selected

We are happy to inform that President Inokuchi has been able to personally obtain funding for the ISDE Scholarship from Japanese Research Foundation of Multidisciplinary Treatment of Cancer. The purpose of the Scholarship is to encourage the diagnosis and treatment of esophageal disease among specialists in various countries.

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), Prof. Teruo Kakegawa (Secretariat) and Prof. Tetsuro Nishihira (Secretariat). Decisions concerning applications for awards will be made by this Committee.

Recipients of 1987
ISDE Scholarship



Brice Gayet, M.D.



Akihiro Yasui, M.D.



Stefano F. Correnti, M.D.



Andrea Segalin, M.D.

1988 Scholarship

The Scholarship Committee Meeting also decided the outline of the 1988 Scholarship as follows. It involves to provide both Research Scholarships with full travel and accommodation allowances and Visiting Scholarship consisting of travel expenses only.

Outline of the 1988 Scholarship

Eligibility:

- (1) Applicants must be fully paid members of the ISDE.
- (2) Applicants must submit an outline of the research they wish to undertake, and give their reasons for choosing the proposed host institution. The host institution should preferably be one with experienced and qualified staffs who have contributed to the ISDE.
- (3) Applicants must provide evidence of acceptance at the proposed host institution.
- (4) Applicants must attach a letter of recommendation from the chief of his or her department.
- (5) Applicants must be on the staff of a university, teaching hospital, research laboratory or similar institution.
- (6) In principle, applicants for research must be under the age of 45, and must be able to work for 3 months at the intended institution (Research Scholarship).
- (7) Professor or chiefs of departments are eligible only for short term grants (Visiting Scholarship).

In 1987, although preparation period was limited, we had 9 applicants from all over the world. After strict evaluation of the applicants by the Scholarship Committee Meeting held on July 3rd, presided over by Prof. Siewert, it was decided that Dr. Brice Gayet (France), Dr. Akihiro Yasui (Japan), Dr. Andrea Segalin (Italy) and Dr. Stefano F. Correnti (Italy) received awards.

Their hosts and study site are as follows.

Dr. B. Gayet-Prof. Hiroshi Akiyama, Toranomon Hospital, Tokyo, Japan: Dr. A. Yasui-Prof. Tom R. DeMeester, Creighton University, Omaha, U.S.A.: Dr. A. Segalin-Prof. David Skinner, University of Chicago, Chicago, U.S.A.: Dr. S.F. Correnti-Prof. Kinichi Nabeya, Kyorin University, Tokyo, Japan. Their study reports will appear in future issues of the ISDE News.

Financial Support:

Stipends will be granted towards the cost of tourist/economy class air fares and accommodations in the host country up to 3 months. No allowance will be given for dependents. In case of visiting scholarships (item (7)), only air fare costs (business class), and not accommodation costs, will be granted.

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 should be received by the Secretariat by February 1, 1988, including acceptance from the host institutions he or she intends to attend. Notification of awards will be made by March 31, 1988, and the grantee should then finish his/her research by the end of March 31, 1989.

Limitations:

This scholarship will not be awarded for the sole purpose of attending conferences or visiting institutions. Applicant for Visiting Scholarship is needed to submit the documents in the above items (2), (3) and (4).

Additional Information and Application Forms:

Additional information and application forms may be obtained from the Secretariat of the ISDE.

Obligations:

The grantee must submit a report on their activities within 3 months after completion of the scholarship.

(N. Ando)

Related Activities

The 2nd O.E.S.O. Congress



Second International Polydisciplinary Congress of O.E.S.O.
Paris, June 24-25-26-27, 1987

In 1984, O.E.S.O. (Organisation Internationale d'Etudes Statistiques pour les maladies de l'Oesophage) organized its first Congress devoted to cancer of the esophagus, during which 135 questions were put to several dozen teams from 23 countries.

For the second Congress, also presided over by Professor Lortat-Jacob, in an attempt to best delineate all the problems posed today by benign diseases of the esophagus, 181 speakers accepted the challenge of answering one of the 210 questions that had been drawn up on the subject.

These questions, each one deliberately limited and difficult, concerned for the most part, reflux esophagitis and Barrett's esophagus, their means of diagnosis, all existing treatments, and their eventual degeneration.

The questions were put to those specialists most reputed in the fields of epidemiology, gastroenterology, endoscopy, pathology and surgery of esophageal diseases.

These well-known specialists, came from 27 different countries. Each one was asked one or several questions in his field of specialization, none of which was simple.

Each one agreed, and each one did his best to in a few short minutes, his own experience on the precise question he had been asked.

The replies, presented to a wide international audience (40 countries) made it possible to define certain essential etiopathogenic factors and to discern the elements of an exceptional therapeutic synthesis.

Surgery, its technique, indications and failures, was obviously widely considered throughout the succession of questions. Among others, 19 members of the American Esophagus Club, chaired by Mark Orringer, actively participated in this vast gathering.

The multidisciplinary nature of O.E.S.O. made it necessary to devote an important part of this Congress to problems of pure physiology and gastroenterology. It was necessary to take our bearings as regard to experimental basis and to specify the modes of action that are now, or soon will be, offered to us for the management of peptic esophagitis. Following the same procedure of short and precise questions, many of the internationally well known names in gastroenterology participated in two sessions on this subject to discuss at length the medical treatment of esophagitis.

In addition, Dr. Appelman agreed to organize a distinguished international symposium on the classification of cancer of the esophagus. It was attended by numerous enthusiastic listeners, demonstrating the quality of this undertaking.

The end of the Congress presented the different studies undertaken by O.E.S.O. These consist primarily of joint international studies, including a randomized prospective 3-arm trial of cancer of the esophagus, a study on the treatment of esophageal dysplasias by vitamin A and an epidemiological investigation of caustic and peptic strictures of the esophagus. In addition, 16 further protocols were proposed from groups in 9 countries.

Among these it appears likely that a multicenter international study on Barrett's esophagus will be undertaken soon.

Lastly, I would like to express my appreciation to Professor Kiyoshi Inokuchi, President of the ISDE, for the active part he played all through the Congress.

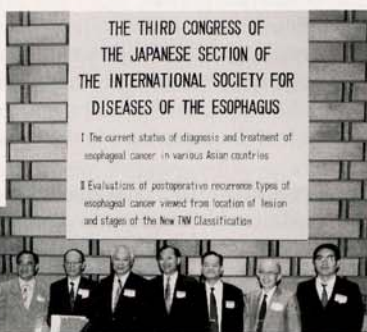
The voluntary association now existing between this prestigious Society and O.E.S.O., with the aim of sharing the results of studies undertaken, is already showing its effectiveness.

The presidency of the first and last sessions of this Congress by Professor J.R. Siewert, Vice-President of the ISDE and Professor D.B. Skinner, Chairman of the next ISDE triennial Congress in Chicago in September 1989, and also the vigorous participation of Professor Guido Castrini, immediate past Congress president of the ISDE, symbolized the pooling of every effort and resource to maximize effectiveness. (R. Giuli)

The 3rd Japanese Section of the ISDE



Prof. Kinichi Nabeya



The Third Congress of the Japanese Section of ISDE

On June 16, 1987, the Third Congress of the Japanese Section of the International Society for Diseases of the Esophagus was held in Osaka at the Osaka Chamber of Commerce and Industry with Professor Kin-ichi Nabeya of Kyorin University School of Medicine presiding as the congress chairman. The attendance was approximately 200 persons.

One of the topics of the congress was, "Evaluations of postoperative recurrence types of esophageal cancer viewed from the location of the lesion and stages of the New TNM Classification". From the main research institutions throughout Japan, twelve subjects were presented. The new TNM Classification was compared with the old TNM Classification and most reports indicated that the new classification adequately reflected the prognosis of

postoperative esophageal cancer. A consensus of opinion was obtained in that the New TNM Classification was valuable as a common universal esophageal cancer stage classification.

The other topic was, "The current status of diagnosis and treatment of esophageal cancer in various Asian countries", with Professor Kin-ichi Nabeya acting as names moderator and Dr. Tetsuro Nishihira and Dr. Ri acting as comoderators. Lectures were given by Dr. John Wong of Hong Kong University, Dr. Liu Fangyuan of Henan Medical College of China, Dr. Jaen-Min Sheh of National Taiwan University Hospital and Dr. Toshifumi Iizuka of National Cancer Center of Japan. Each speaker gave his views on esophageal cancer diagnosis and discussions were made on the remarkable progress achieved in the way of treatment and the problems accompanying the new procedures.

We firmly believe this Congress was able to make contributions to world-wide progress and development in esophageal cancer treatment. (K. Nabeya)



Dr. Tien-Yu Lin



The late Dr. Kuang-Shun Lu

Taiwan

Pioneer Esophageal Surgeons and Current Status of Esophageal Surgery in Taiwan

Until the end of the second world war, esophageal surgery was virtually unheard of in Taiwan. In the beginning of 1950s, Dr. Tien-Yu Lin of National Taiwan University and Dr. Kuang-Shun Lu of Defense Medical College came back to Taiwan from the U.S., completing their training for thoracic surgery at Colombia University and Massachusetts General Hospital respectively, and started the esophageal surgery in Taipei, the capital of the island.

At that time, the Department of Anesthesia had just been established at The Defense Medical College, and there was only one trained anesthesiologist on the island of Taiwan. Dr. Lin recalled in his autobiography that he had to borrow a portable anesthetic machine and share the only anesthesiologist with Dr. Lu in order to perform esophageal surgery.

Most of the surgical procedures for the esophagus during the first decade of development were for advanced esophageal cancer. The technique was intrathoracic esophagogastrostomy, adopting Sweet's method. The cure rate was low owing to the advanced stage of cancer.

During 3 decades, the disciples of the two pioneers spread all over the island to propagate the esophageal surgery. Dr. Lin retired in 1976 and Dr. Lu regrettably passed away in 1979, but the third generation of esophageal surgeons is now growing up to take over their work.

Currently, esophageal surgery is being performed at 10 major hospitals in Taiwan (5 in Taipei, 2 in Taichung and 3 in Kaoshiung).

There are 20 members of the International Society for Diseases of the Esophagus in Taiwan, and the surgeons hold a formal meeting twice a year.

The standard surgery for esophageal cancer that now prevails in Taiwan is right thoracotomy, subtotal esophagectomy, substernal pull-up of gastric tube based on the greater curvature stomach and cervical esophagogastrostomy. In selected cases, transhiatal nonthoracotomy esophagectomy, or free jejunal loop interposition or pedicled colon interposition is also practiced.

The majority of patients we operate on for esophageal cancer are still advanced cases. Although endoscopy has become a popular technique for diagnosis of gastric diseases, an early esophageal cancer lesion is often overlooked at endoscopic and roentgenologic examination in Taiwan, unless dysphagia is the chief complaint of the patient. Despite this, a number of early lesions were diagnosed by chance and operated on in the past decade with good results.

For advanced esophageal cancer, combined radiotherapy and/or chemotherapy with surgery is on trial at several hospitals. In the recent general scientific meeting of the Surgical Association of Republic of China held on March 27, 1987, Dr. Hung-Chi Hsu presented an interesting problem regarding the "Bronchial recurrence after surgical treatment of esophageal cancer" Dr. Hsu's study indicated that bronchial recurrence can be prevented by combined radiotherapy.

The majority of surgical procedures for benign diseases are operations for benign corrosive stricture. The substernal colon bypass, with or without esophagectomy, is the standard method.

Four institutes have established esophageal function laboratories. We do not see as many patients with reflux disease as in the western countries. But the fact that the esophageal surgeons in Taiwan had extended their interest into the functional diseases of esophagus attests to the progress that has been made in the past 3 decades, after the pioneering working of Dr. Lin and Dr. Lu. (J.-M. Sheh)

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Recent Publications

Diseases of the Esophagus

Springer-Verlag Berlin Heidelberg New York London Paris Tokyo

J.R. Siewert, A.H. Holscher (Editors)

This book consists of the papers actualized after presentation at the International Esophageal Week 1986 in Munich. It is very comprehensive, covering the entire range of esophageal diseases with regard to epidemiology, pathology, pathogenesis, pathophysiology, diagnosis, and conservative and, above all, surgical treatment.

The book is divided in two parts. The first describes esophageal cancer. The newest methods for preoperative staging, perioperative management, chemotherapy, and radiation therapy of esophageal carcinoma are presented. In addition to new efforts to classify esophageal cancer, the surgical techniques for the different types of carcinoma are covered in detail. The longterm results of surgical treatment are discussed, referring to functional results, recurrence, and survival times.

The second part of the book describes benign diseases of the esophagus. New yet proven diagnostic methods are described in detail, including from a cost-benefit perspective. Both the conservative and the surgical methods of therapy for functional esophageal disorders and reflux disease are extensively reviewed. The aim of the book is to summarize the state of our knowledge concerning the epidemiology, pathology, pathophysiology, diagnostics, and therapy of esophageal diseases. The book contains the most up-to-date synopsis of our knowledge about of the esophagus diseases.

The book has 1400 pages with 600 figures and a large subject index. It costs 348 German Marks. All authors, who have contributed to this volume will get a reduction rate of 15% which will be offered by SPRINGER Publisher with the mailing of the reprints. (A.H. Holscher)

Membership News

★ MEMBERSHIP APPLICATIONS ★

New membership forms have been approved as of July, 1987. The new membership forms are obtainable upon request from the national or territorial representative of the Membership Committee. Please remember that the numerical membership status will determine the basis of selection of National Representatives, which will be made Sept. 1989 in Chicago.

Congress News

International Symposium on Oesophageal and Pharyngeal Diseases

Site: Lyon, France
Date: June 14-15, 1988
President: Y. Minaire

XXVI WORLD CONGRESS OF THE INTERNATIONAL COLLEGE OF SURGEONS, (First World Postgraduate Surgical Week of the University of Milan) (ICS)

Site: Milan, Italy
Date: July, 3-9, 1988
President: Prof. Walter Montorsi
University of Milan
Deadline: Must be postmarked no later than
January 15, 1988

10th World Congress of the Collegium Internationale Chirurgiae Digestivae (CICD)

Venue: Copenhagen, Denmark
Date: Aug. 30 — Sept. 2, 1988
President: Hans-Eric Jensen
Language: English
Deadline for abstract: Feb. 1, 1988

Annual Meeting of the G.E.E.M.O. (European Group for Diseases of Esophagus)

Site: Louvain, Belgium
Date: September 24, 1988

6th World Congress of Bronchoesophagology

Site: Grand Hill, Ichigaya, Tokyo, Japan
Date: Oct. 15-18, 1989
President: Tetsuzo Inoue, M.D.
The national Defense Medical College

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, TAIWAN, P.R.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: Regional Members of the Membership Committee (Chairman: Prof. D. B. Skinner)

Secretariat News

★ Call for new items

We will be pleased to accept news items, Congress or Meeting information from members for publication. Suggestions for projects and programs will also be welcome. Please send any such information to the Secretariat.

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