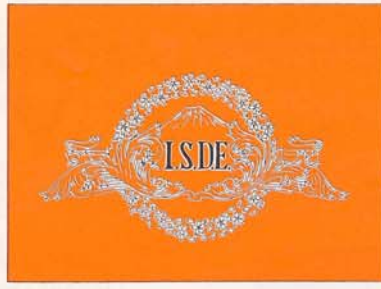


isde



NEWS

The International Society for Diseases of the Esophagus No. 11, Feb. 1st, 1992

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjuku-ku Tokyo 162, Japan Tokyo 03 (3353) 8111

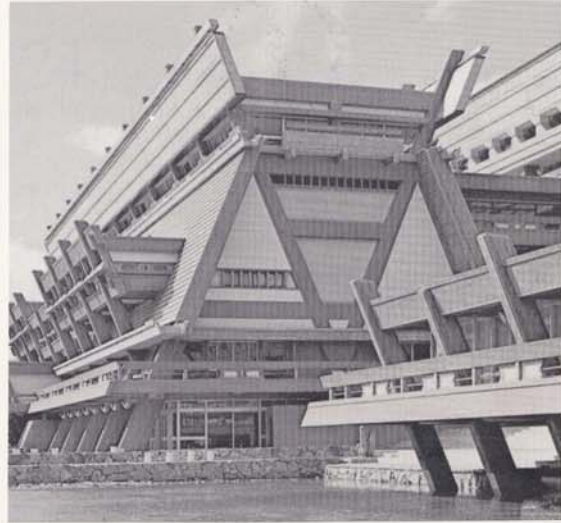
Meet you in Kyoto

FIFTH WORLD CONGRESS

August 5~8, 1992



Congress President Kin-ichi Nabeya, M.D.



Kyoto International Conference Hall



Taken by Dr. Masahiro Tada (Kyoto 1st Red Cross Hospital)

FIFTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS

Topics

I Malignant Diseases

1. Epidemiology
2. Biology
3. Pathology
4. Diagnosis
5. Cancer staging
6. Surgical treatment
7. Multimodality treatment
8. Palliative treatment
9. Others

II Benign Diseases

1. Congenital diseases
2. Hiatal hernia
3. Gastroesophageal reflux
4. Barrett's esophagus
5. Benign stricture
6. Esophageal perforation
7. Esophageal varices
8. Motility disorders (achalasia)
9. Others

Registration Fees

	before	after June 30, '92
ISDE Members	¥ 45,000.-	¥ 50,000.-
Non-members	¥ 50,000.-	¥ 60,000.-
Non-member Trainees (<35 years old)	¥ 30,000.-	¥ 40,000.-
Accompanying Persons	¥ 25,000.-	¥ 30,000.-

Rate: US\$ 1 = ¥ 138 (as of July '91)

Scientific Sessions

- * Symposia and Round Table (Tentative titles)
 1. Functional Disorders of the Esophagus
 2. Barrett's Esophagus
 3. Evaluation of Cancer Spread in Esophageal Cancer
 4. Lymph Node Dissection in Thoracic Esophageal Cancer
- * Free Paper Sessions
Promote original Papers!
- * Poster Session
 1. Macroscopic Typing of Early Esophageal Cancer
- * Video and Film Sessions
 1. Endoscopical Surgery for Esophageal Carcinoma and Varices
 2. Techniques of Lymph Node Dissection for Thoracic Esophageal Cancer

Scientific Program Committee

H. Akiyama (Japan)	S. Kobayashi (Japan)
J. Bancewicz (UK)	M. Kodama (Japan)
C. G. Bremner (South Africa)	T. Lerut (Belgium)
A. Czendes (Chile)	A. G. Little (USA)
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H. F. Ellis (USA)	S. Mori (Japan)
M. Endo (Japan)	K. Nabeya (Japan)
F. Fekete (France)	M. B. Orringer (USA)
Z. Gerzic (Yugoslavia)	A. Peracchia (Italy)
R. Giuli (France)	H. W. Pinotti (Brazil)
N. Iizuka (Japan)	J.-M. Sheh (Taiwan)
K. Inokuchi (Japan)	R. J. Siewert (Germany)
K. Isono (Japan)	D. B. Skinner (USA)
G. G. Jamieson (Australia)	S. Stipa (Italy)
T. Kakegawa (Japan)	J. Wong (Hong Kong)
J. Kiss (Hungary)	

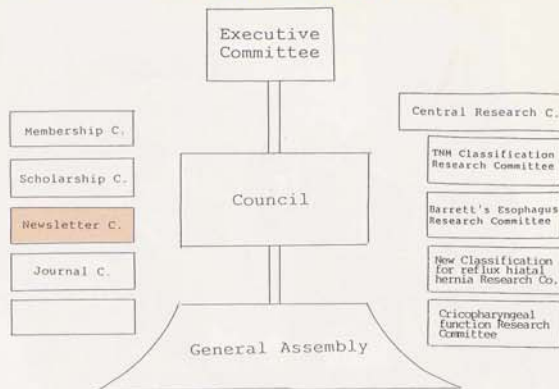
Schedule

	900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000
Aug. 4 (Tue)				Lunch		Committee Meetings						
Aug. 5 (Wed)		Committee Meetings		Lunch		Committee Meetings				Opening Ceremony & Reception		
		Registration										
Aug. 6 (Thu)		Scientific Sessions		Lunch		Scientific Sessions					President's Reception, Japan Night	
Aug. 7 (Fri)		Scientific Sessions		Lunch		Scientific Sessions					Official Banquet	
Aug. 8 (Sat)		Scientific Sessions		Lunch		Scientific Sessions				Farewell Events		

NEWSLETTER COMMITTEE MEMBERS

The role of this Newsletter is to deliver information about the ISDE to all Society members, including new information about esophageal diseases and the scientific or social activities of the Society and its members. The Newsletter Committee continually works towards effective management of this Newsletter. At the same time, it is responsible for accumulating news from the various regions served by our Society. In order to make this Newsletter more interesting and more informative, please let your nearest Committee member know of any useful information that you have. Fax numbers are given below their photographs. (H. Udagawa)

Structure of the ISDE



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- H. Udagawa
- M. Yoshida
- H. Watanabe
- K. Tashiro
- H. Yoshino
- H. Ide
(Newsletter Committee secretariat)

RECENT ORGANIZATIONAL DEVELOPMENTS



The third Executive Committee meeting was held on August 31 (Sat), 1991 at the HOTEL BAYERISCHER HOF Munich GERMANY.

* Membership Committee

The Secretary General reported the total number of ISDE members to be 671 as of Dec. 31, 1990, 46 were new members in 1990.

* Scholarship Committee

The President reported that the first period of the Scholarship (1987-1991) has successfully ended with 31 awards including 7 in 1991, and renewal of the scholarship for the next five years has been settled.

* Newsletter Committee

No. 10 (July, 1991) had been published.

* Journal Committee

The Editor-in-chief of the Journal reported the present status of the publication. The journal cost was discussed and President Siewert said that Society would guarantee finances through 1992.

* Research Committees (see individual reports)

- i) Central Research Committee
- ii) Barrett's Esophagus
- iii) TNM Classification
- iv) Pharyngo-Esophageal Function
- v) Gastro-Esophageal Reflux

* 6th World Congress

There were four candidates and after discussion a vote was taken and Dr. Peracchia (site : Milano ITALY) was elected the 6th World Congress President. This will be submitted to the Council Meeting 1992, Kyoto for final official decision.

* Senior Member system

The conditions were discussed. Former officers of the ISDE or members who have paid annual dues for 4 inter-congress periods (12 years) who have reached retirement and who express a wish to be a Senior member can be awarded that status on the approval of the Council. They will receive the Newsletter free.

* Others

The President discussed how the ISDE should participate in the SIC in future. ISDE will participate in SIC as an Associated member not an Integrated member. (H. Watanabe)

RESEARCH COMMITTEE MEETINGS

TNM



l. to r. Nabeya, Iizuka, Barron, Hoelscher, Al-Toki

MINUTES OF TNM RESEARCH COMMITTEE MEETING
at: Bayerischer Hoff, Munich, Germany.
on: August 30 (Fri) and 31 (Sat), 1991

1. Total number of registered patients.

The chairman presented 1916 patients registered in 1988 and 1989 from eight countries. These patients were followed up from six months to three years.

2. Approaches.

Many discussions were made on the type of approaches, but the following were accepted as items of registration forms.

- (1) right thoracic (2) left thoracic
- (3) without thoracotomy (4) transsternal
- (5) others

3. Location of the tumor.

Middle esophageal cancer occupied about 60% of the registered patients. On the contrary, about half of the Indian patients had the tumor located in the lower esophagus.

4. Primary tumor - T.

T3 or T4 tumors occupied 56.3% (1979/1916) of the registered patients, which means operated patients were in an advanced stage. 16.8% (321/1916) of the registered patients had Tis or T1 tumors, and the rate of Tis and T1 was higher in Japan and Germany.

5. Lymph node metastasis - N.

Lymph node metastasis was seen in 65.3% of the patients. Lymph nodes with a metastatic rate of more than 10% were the cervical paraesophageal (10.7%), thoracic paraesophageal (29.1%), right recurrent nerve (16.5%), left paratracheal (12.4%), infracarinal (10.8%), right and left paracardiac (26.4% and 15.8%), lesser curvature (14.4%), and left gastric (17.0%).

6. Distant metastasis - M.

Many cases of positive cervical and celiac nodes are presently (TNM 4th edition) categorized as M1. At the moment, because their survival rate seems to be similar to those of patients with N1 disease, they should be included in N1.

7. Stage classification.

Japan and Germany had relatively high incidence of stage 0 and 1 (early cancer). But the majority of cases belonged to stage 3 and 4 in all countries.

Conclusion and proposal for future revision of TNM classification.

I. Lymph node metastasis was seen to extend to three fields, cervical, mediastinal, and abdominal. This could indicate the necessity of extensive dissection of the lymph nodes for correct staging.

II. More patients are needed to be registered, and careful follow-up of the patients is required to clarify the relationship between survival rate and TNM classification. (T. Iizuka)

REFLUX



Matthews and Bancewicz

SUB-COMMITTEE FOR THE CLASSIFICATION OF REFLUX

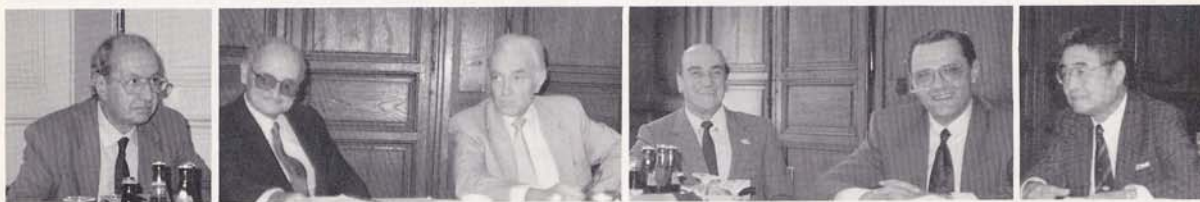
This Sub-Committee was established by the Council of the ISDE in Chicago, September 1989, and held its first meeting in Leuven in February 1991. Following this meeting draft recommendations were prepared which were then discussed by the Sub-Committee, and the Central Research Committee of the ISDE, in Munich in August 1991.

All parties agreed that there was a need for a classification of the reflux/hiatal hernia complex in order to provide some standardisation of the indications for surgery and the reporting of the results of different surgical techniques. Previous classifications were reviewed but none appeared to be wholly satisfactory and a new classification was devised for presentation to the ISDE at its meeting in Japan in 1992.

The essence of our proposal is a classification which separates ANATOMICAL (A), FUNCTIONAL (F) and PATHOLOGICAL (P) components of the complex, in order to provide a means of investigating how these components interact. Each of the three parameters is divided into four grades, rather like the TNM classification of tumours which is now universally adopted.

In the interval before the 1992 meeting seven Units have been asked to examine this classification on a prospective basis with a view to holding a small symposium on the subject at the meeting in Japan. If these pilot studies are satisfactory then it is hoped that the ISDE would be willing to recommend adoption of this classification for international purposes. (H. Matthews)

BARRETT'S



l. to r. Peracchia, Stipa, Giuli, Pinotti, Cecconelo, Aoki

Dear Colleagues and members,

The Research Committee of the I.S.D.E. met in Munich at the end of the month of August. As previously announced, a prospective clinical study on Barrett's esophagus is currently being carried out under the auspices of the I.S.D.E. and the supervision of Professors Robert GIULI and Sergil STIPA.

The objective of this study is to gather a large cohort of patients who will be prospectively followed for at least 5 years with endoscopic biopsies and optional functional studies such as manometry, pH tests, and flow cytometry.

Long term results of therapies, prevalence of the disease and incidence of neoplastic changes shall be evaluated.

We hope that you will be interested in participating.

Sincerely yours, S. STIPA R. GIULI

OROPHARYNGEL SYMPTOMATOLOGY



Lerut

Dear Colleague

The Research Committee on Oropharyngeal Symptomatology Meeting has been very fruitful and enclosed I send you a short report together with the modifications on the proposed study project.

It was decided that among the members of this committee a preliminary study should be done to evaluate the feasibility of such a study and if all goes well perhaps the first preliminary results could be presented at the Kyoto meeting.

May I therefore ask you if you are willing to participate in this first essay. If so I will send you shortly the necessary documents allowing me an adequate computerised registration of the obtained data.

Sincerely yours,

Prof. Dr. T. Lerut
Department of Thoracic Surgery
U.Z. Gasthuisberg
Herestraat 49
3000 Leuven
BELGIUM

continue to P.7

P.S.: Requests for participation forms and copies of the protocol are to be addressed to:

Prof. Sergio STIPA
I Istituto Clinica Chirurgica
Policlinico Umberto I
00161 ROMA (ITALY)
Fax: 39-6-4453906

Prof. Robert GIULI
Service de Chirurgie Digestive
Hopital Beaujon
100 boulevard du General Leclerc
92110 Clichy-PARIS (FRANCE)
Fax: 33-1-45665072

continue P.6

CONTINUED *BARRETT'S*

REPORT OF THE COMMITTEE MEETING ON BARRETT'S
ESOPHAGUS Munich, August 30, 1991

The meeting of the Committee on Barrett's esophagus was held in Munich at the same time as those of the other specialists committees of the I.S.D.E. As Dr. Ellis was unable to attend on this date, it took place under the chairmanship of Professors STIPA and GIULI. It was recalled that, according to the protocol adopted, the patients to be included were all those under 75 years of age, including children and infants, whether or not they have undergone previous medical, endoscopic or surgical treatment for esophagitis, and whether or not they are symptomatic, provided only (and this is essential) that there is endoscopic evidence of -an esophagitis that is at least erosive, with exudate (stage 1b of Savary's classification), -or cylindrical metaplasia at whatever level, -or a Barrett esophagus conforming to that the definition adopted:

All cases in which the metaplastic goblet-cell type of epithelium is found within the esophageal lumen at any level, provided it is in continuity with gastric epithelium distally.

This definition is extended to all cases in which any type of glandular epithelium is found more than 3cm above the lower limit of the muscular peristaltic esophagus.

Previously, three examinations were considered essential for participation in this study: manometry, pH measurement and endoscopy. However it seems to have been acknowledged during the discussions that the first two of these examinations might constitute too great a strain for the patients, and excessive burden for the medical teams. Further, the necessary passage of the manometric sound via the nose may be the source of errors of interpretation as to the exact site of the manometric sphincter. However, when manometry is performed, it is important to recommend that the pressure of the L.E.S. be measured, as a standard technique, at the end of the expiratory period. It is therefore agreed that the only examination to be considered as absolutely mandatory shall be endoscopy with biopsies, though pH measurement and manometry are to be regarded as highly desirable for a proper interpretation of the natural history of esophagitis. The planimetric diagram attached to the protocol allows localization of the lesions according to their position on the surfaces and lateral walls of the esophagus. For endoscopies performed in children, the distance in cm from the dental arches will be replaced (on the planimetric diagram) by a percentage of the total length of the esophagus according to the model advised by Dr. S. JOLLEY. The specialized team which will analyze the data has provided for statistical analysis of all the information entered on the planimetric schema (specific computer program). Therefore, particular precision must be accorded to the quality of follow-up of each patient entered in the study, especially in ensuring that the biopsies performed during the different examinations should be reproduced at the exact site of those previously made.

The other examinations listed on the form (electron microscopy, histochemistry, echoendoscopy, potential differences, scintigraphy and biochemical studies) shall be left for assessment of individual teams and for each individual case. Flow cytometry is a

specialized examination that also depends on the personal choice of each team, bearing in mind the importance it may assume in defining a population at risk of adenocarcinoma.

To this end, Professor STIPA, who had been entrusted with this matter at the previous meeting of the Barrett's esophagus Committee (Chicago, September 1989), confirms that he has established in Rome a specialized team under the direction of Dr. D. DANESI to deal with the samples for this study. It includes all the necessary details relating to the procedure for dealing with the histologic samples before their dispatch. Follow-up of the patients, entered on the special blue form, will allow macroscopic assessment of the regression and healing of the lesions by comparison of the colored diagrams made at the time of the different examinations. Its relationship to histologic regression will allow detection of malignant degeneration. The timing of assessments will be left to the judgement of each team, while attempting to comply with the recommendations in the protocol (2.4.2., page 26).

However, for operated patients, it is to be noted that it is desirable for the first follow-up assessment to be made from the end of the immediate postoperative period, so as to allow for modifications associated with dissection of the cardiac region and their effect on endoscopic localization of the L.E.S. and the Z line. At the end of the discussion, it was agreed that each team can choose:

-either to include all the patients suffering from an esophagitis (stage 1b) or a cylindrical metaplasia, at whatever level, -or to limit inclusion solely to those patients with Barrett's esophagus.

The first of these possibilities, however, is the more desirable for the future of this study: the assessments made by the statisticians estimate that the number of cases of esophagitis analyzed in this study should be from 2,000 to 20,000, so as to make it possible to follow up over 10 years a cohort of 400 to 4,000 patients with Barrett's esophagus, in whom the risk of malignant degeneration may be objectively evaluated.

To this end, Professor GIULI (principal investigator for this protocol) and Professor STIPA (co-principal investigator) were requested to send the Secretariat of the I.S.D.E. a letter for transmission to all the members of the Society. Those members interested in participation in this study should inform the responsible investigators. They will receive in return the printed text of the second edition of the protocol, as well as the planimetric schema, so that they may begin to include their patients as soon as possible. Their follow-up of the patients included should be continued for a period of at least five years. The total duration of the study will thus extend over ten years.

Finally, it has been clearly specified by Professor SIEWERT that the I.S.D.E. cannot assume the financial costs of study. Therefore, all the expenses involved in its installation (printing of protocols and forms, dispatch of these various documents to the different teams), its functioning (collection of the data received and recording on diskette by specialized secretaries), and its statistical analysis (fees of statisticians and computer analysts who have already assumed responsibility for development of the necessary computer program), must be borne by those responsible for carrying out this study. (R. Giuli)

CONTINUED OROPHARYNGEAL SYMPTOMATOLOGY

REPORT OF RESEARCH COMMITTEE ON OROPHARYNGEAL SYMPTOMATOLOGY -MUNICH- AUGUST 30-31, 1991.

From the literature there are conflicting data as to the frequency, the incidence of oropharyngeal symptomatology (O.P.S.) in patients suffering from gastro-oesophageal (G.O.R.) reflux.

This probably due to the multitude of underlying conditions of which oropharyngeal symptoms can be an expression and consequently due to the multitude of different specialities to which a patient suffering from oropharyngeal symptomatology might be referred.

Moreover most studies dealing with the association O.P.S. and G.O.R. start from the given fact the G.O.R. already has been documented.

Many studies also start from the axiom that there is a casual relation between O.P.S. and G.O.R., although this remains to be proved.

As a result of these conflicting data there is a danger of overemphasizing O.P.S. in the context of G.O.R. resulting in perhaps unnecessary investigations and worse, unnecessary therapy especially surgery.

The aim of this study project is to give more precise answers to some of these questions. Instead of starting from the given fact of documented G.O.R., patients with O.P.S. in the broadest sense of the word (whether or not with associated symptoms of reflux) are the target population to start with. This population will be broken down following a well established algorithm (see addendum) in order to exclude all other non-G.O.R. related underlying causes e.g. muscular diseases, trauma, neurologic disorders etc.

Once all these categories have been excluded, the remaining patients will be included in the study being subjected to further oesophageal examination.

Again this kind of examinations is meant firstly to exclude non G.O.R.-related oesophageal causes e.g. carcinoma disorders, condly to documented presence or absence of reflux and, if present, its severity. This kind to approach is quite similar to the approach of picking up patients with chest pain of non-cardiac origin.

At this point of the study the following information is hoped to be obtained:

1. More precise description of the nature and the characteristics of oropharyngeal symptoms and possible geographic differences.
2. Determining the fraction of patients with O.P.S. also suffering from reflux.
3. Relationship between symptoms and symptom severity, versus severity of G.O.R. and the damage caused by this G.O.R..

Once a simultaneous occurrence of O.P.S. and G.O.R. is established the next question is to know whether this is just a coincidence or a casual relation.

This might be done on an empirical base in a second part of the study. Patients will be placed on a high-dose Omeprazole regimen alternating with a placebo in two consecutive courses.

By doing so each patient serves as his own control. Giving the same regimen to patients with O.P.S. without documented reflux can serve as a second control.

If this empiric trial shows a positive correlation it can be concluded that there might be a causal relation between O.P.S. and G.O.R. requiring a new specific research protocol trying to document in an objective

way the results of the empiric trial.

At this point ends the compulsory part of this study protocol ends.

The final part of the study project consists in a facultative part in which, according to each participating center's possibilities, additional information concerning the underlying physiopathology of O.P.S. in G.O.R. can be collected.

This will allow us to obtain information about new approaches to O.P.S. e.g. analysis of the role of saliva. This can be done within the specific context of this project but also within a different framework e.g. alternation of U.O.S.-function in recurrent nerve paralysis after bilateral lymphadenectomy, morphologic-neuropathologic studies of cricopharyngeal muscles in Zenker's diverticulum etc...all stimulating new research projects within the I.S.D.E. research group on oropharyngeal dysfunction.

With the actual proposed studies it is hoped to get a better insight in the nature of O.P.S. and its relation to G.O.R.. Also from the obtained data it should be possible to determine whether or not it is worthwhile to document and consequently investigate O.P.S. in any new established G.O.R. patient and if so to provide guidelines to all specialists dealing with O.P.S. alerting them to the possible underlying G.O.R. as the cause of O.P.S. before starting any form of treatment.

Outline of the protocol.

The protocol consists in three parts. Part 1 and 2 are compulsory.

Part 1: Detailed questionnaire of symptoms.

Medical history. Concomittant diseases. Basic technical examinations: Ba swallow, 24hrs. study manometry (Copy tracings attached).

Part 2: Therapeutic trial Omeprazole.

Part 3: Facultative: These are additional and more sophisticated technical examinations which can be done according to their availability per participating center.

The protocol will be designed in such a way that it can easily be computerised and analysed for statistical purpose.

Accrual

It is felt that beside G.I. physicians and surgeons at least a number of ENT-surgeons should be involved in the study, as well as radiologists and other members of established swallowing centers.

Secondly it is felt that only centers with a well known particular interest in this problem should participate.

Thirdly it is felt that enough geographical diversification should be aimed at. At least 20 research groups should be involved, preferentially the members of this research committee. Some centers may be asked to study specifically a particular problem e.g. psychological assessment of globus sensation.

Financial need

Computerizing statistical data and analysing.

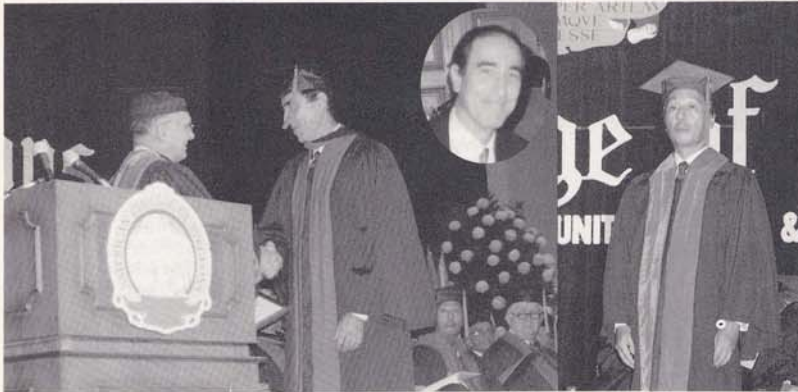
(T. Lerut)

Hyatal Hernia Surgery



Our surgeons...every time are going too far with their fundoduplication of Nissen...From DOCTORS ONLY by O.R., Varela

CONGRATULATIONS!



Moreno-Gonzalez, Akiyama

Prof. H. Akiyama (Toranomon Hosp., Tokyo) and Prof. E. Moreno-Gonzalez (Hosp. "12 de Octubre", Italy), two distinguished members of our Society, were elected Honorary Fellows of the American College of Surgeons (ACS) on Oct. 24th, 1991. These honors were conferred on them at the convocation held in Chicago during the Annual Clinical Congress of the ACS. The ceremony had a solemn but happy atmosphere, and was attended by more than 1,000 initiates of the Society and their families. (H. Udagawa)

INTERNATIONAL SURGICAL WEEK

During the 34th World Congress of Surgery of the ISS/SIC and the 12 World Congress of the CICD organized as International Surgical Week in Stockholm, Sweden, the ISDE had an official panel on August 26 entitled "More or less radical surgery in esophageal cancer". The panel was moderated by J.R. Siewert and K. Inokuchi and presentations were given by J.R. Siewert, D.B. Skinner, H. Akiyama, A. Peracchia, H.W. Pinotti, T. Kakegawa, J. Wong and A.H. Hoelscher. Although the performance of the session was endangered by severe technical failures of the slide projection, the authors succeeded to overcome these difficulties and discussed intensively the indications as well as pros and cons of transthoracic esophagectomy with lymphadenectomy in comparison to blunt esophageal dissection. It was tried to define which subgroups of patients really benefit from radical procedures in esophageal cancer. Endoscopic esophagectomy as a possible way of a new atraumatic surgery was presented with

preliminary results.

The ISDE decided to continue to be a participating society during the future meetings of the ISS/SIC. The next ISS meeting will be in 1993 in Hong Kong and the ISDE again will be represented by an own panel on esophageal surgery. (A. H. Hoelscher)



REGIONAL ACTIVITY JAPAN



Iizuka, Leichman

THE SEVENTH CONGRESS OF THE JAPANESE SECTION OF THE ISDE

The seventh congress of the Japanese section of the ISDE was held in Tokyo on September 20 1991, under the chairmanship of Dr. Toshifumi Iizuka.

About a hundred members attended. The main theme of the congress was "Chemotherapy for Esophageal Carcinoma". Twentyfive oral presentations were given in ten sessions. They covered preoperative sensitivity tests, estimation of response by ultrasonography, efficacy of preoperative and postoperative chemotherapy, chemotherapy with combination of hyperthermia or radiotherapy and chemotherapy for advanced esophageal cancer.

Multimedication is frequently employed for chemotherapy: CDDP with combination of BLM, VDS, 5-FU, VP-16, ADM, MMC or MTX. Clinical availabilities of sensitivity tests by human tumor clonogenic assay and subrenal capsule assay were discussed. As a new clinical modality, two papers reported preoperative sensitivity tests using endoscopic biopsy specimens.

As an invited lecturer Dr. Laurence Peter Leichman, associate professor of medicine of the University of Southern California, gave a lecture on "The Role of Chemotherapy in the Treatment of Cancer of the Esophagus".

All presentations and special lecture were followed by discussions, and the congress closed in success.

At luncheon meeting, annual reports of research committees of the Japanese section of the ISDE were made by the chairman of each committee: Dr. M. Endo (Benign esophageal diseases), Dr. K. Isono (Study on racial differences of cancer of the esophagus), Dr. S. Mori (Evaluation of malignant and prognostic factors of cancer of the esophagus) and Dr. T. Kakegawa (Indication and evaluation of extended lymphadenectomy for cancer of the esophagus).

The eighth congress of the Japanese section will be presided over by Dr. S. Mori, Professor of Surgery of Tohoku University, in Sendai city on 28 November 1992. (M. Yoshida)

SCHOLARSHIP REPORT



Akiyama, Varela

Scholarship Report by
Dr. Oscar Ruben Varela Rodriguez

First of all, I wish to express my thanks to the ISDE, the Executive Committee Members, and the Scholarship Committee Members for their support of the Scholarship program around the world. I think that the ISDE is quite special, because it has proved that so many different countries can join together and work hard on the same subject, aiming at the common goal of greater knowledge about esophageal disease.

For surgeons like us in Mexico, who rarely find the chance to study abroad mostly for economic reasons, this program is like a DREAM COME TRUE. This Scholarship program gives us the opportunity to meet the greatest current authorities in esophageal surgery. It allows us not only to learn new and valuable techniques, but also to study the human aspect of our mentors which should provide a great deal of professional inspiration.

SURGERY FOR CANCER OF THE ESOPHAGUS IN THE 90'S

Is there a difference between the Oriental and Occidental approaches?

From July 10 th August 31 in 1991, I had the chance to visit the Department of Gastrointestinal Surgery at Toranomon Hospital in Tokyo, Japan under the support of the ISDE Scholarship.

The efforts of many people to improve the prognosis of esophageal carcinoma have not been so successful yet. Various reports from all around the world reflect the controversy on this subject. The 5-year survival rates reported by different authors vary from 10% to 48%. It is natural that many questions arise, such as whether we need to improve our surgical technique, whether combined modality treatment is necessary, and whether radiation therapy should be done preoperatively or postoperatively. As you know, it is not easy for anybody to answer such questions.

The Occidental tendency is to remove the primary lesion with less invasiveness, and make use of multimodality treatment including chemotherapy and radiotherapy (1). The important factor which determines survival is considered to be the biological behavior of the tumor cells rather than the magnitude of resection. Consequently, new studies of DNA analysis and epidermal growth factor or other tumor growth-related molecules are hoped to provide useful prognostic information.

Prof. Hiroshi Akiyama and his group at Toranomon Hospital in Tokyo, Japan have one of the highest 5-year survival rates of 40% following the resection of esophageal carcinoma (2). Since more than five years ago, they have promoted the importance of three-field lymph node dissection (cervical, thoracic, and abdominal). This three-field dissection is done in most of their patients with or without the preoperative detection of positive nodes. Only in the patients with widely disseminated disease or carcinoma in situ, this lymph node dissection is not indicated. Prof. Akiyama has reported one of the most careful studies of lymph node

metastasis. In his series, 1,071 lymph nodes were positive out of 18,027 dissected nodes (5.9%). The tumor location was found to be a major factor in determining the distribution of lymph node metastasis.

The latest report from an other Japanese group concludes that cervical lymph node dissection is effective for increasing curability of radically resected thoracic esophageal carcinoma (3). However, Prof. Skinner prefers the en bloc resection of the primary tumor in the mediastinum (4), and suggests the necessity of a properly randomized prospective trial to resolve this controversy.

Another impressive thing for me at Toranomon Hospital was their method of anastomosis. They make the anastomosis by manual suturing with 5-0 silk. The anastomotic dehiscence rate is a low 3.6% and no drain is left at the site of anastomosis. Prof. Akiyama is also conscious of the limitations of surgery. He says that surgery offers only a limited solution to a systemic problem. Resectability and the necessity of resection are two different entities and should not be confused. Therefore, the need for an interdisciplinary team approach has to be emphasized. We surgeons are inclined to stick to a surgical way of thinking, but I think it is time to join our efforts with those of others to improve our results. It is not necessary to fight with our colleagues, because when we put the knowledge and technique of many fields together, the result will be something totally different. However, even in this era of the 90's with great progress in every technical field, it could be a mistake to abandon the traditional features of the surgical craft, such as patience, dedication, careful handling of the tissues, and a clean surgical field. In this sense, Prof. Akiyama and his group are one of the best sources of inspiration for surgeons around the world.

During my time at Toranomon Hospital, I received the total help and support of all the members of the Department of Gastrointestinal Surgery. I feel particularly thankful to Prof. Hiroshi Akiyama, the Deputy Director of the Hospital, and to Dr. Masahiko Tsurumaru, the Chief of the Department. Tokyo is a clean, safe, and great city with many interesting places, such as cultural and historic landmarks, museums, zoos, and parks. You can get to anywhere you like very easily through the Metro network. Two months in Japan was not enough for me to visit all these places, and I am sure that I will always remember all the wonderful experiences I have had in Japan.

My thanks to the ISDE once again. I shall recommend all the members of our Society to apply to this program, and you will see the fruits of it and become more proud of the ISDE organization. (O. Ruben Varela)

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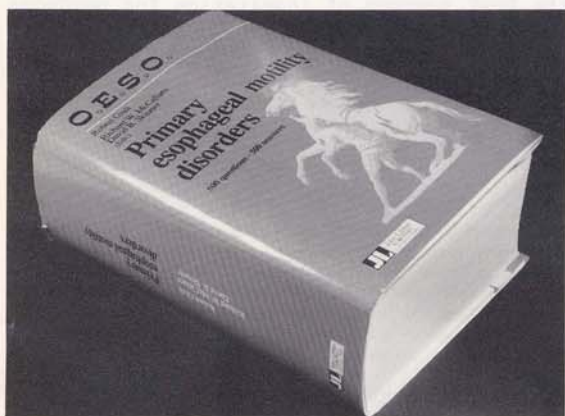
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RECENT PUBLICATIONS

PRIMARY MOTILITY DISORDERS OF THE ESOPHAGUS
 Edited by R. Giuli, R.W. McCallum, D.B. Skinner
 John Libbey Eurotext, 1991

The third International Polydisciplinary Congress sponsored by OESO was held in June 1990 in Paris and International specialists in the motor disorders of the esophagus gathered and answered questions in a brief response. The audience could acquire considerable up-to-date knowledge from the experts present. In preparing the book the editors, R. Giuli, French, R.W. McCallum, Australian, and D.B. Skinner, American, collated answers to 450 questions submitted by 200 specialists from 20 countries.

This book covers all diseases of motor disorders. Professor Skinner states in the introduction that "The current state of the knowledge and theory about each of these conditions is covered in the questions and answers including anatomy, pathology, histology, ultrastructure, physiology, diagnostic methods, classification, correlation of symptoms with objective findings, indications for treatment, and treatment methods including pharmacology, surgery, and dilatations, and finally the complications of the diseases and their treatment". And Professor McCallum also states "In the jargon of the United States popular publishing press, this book would equate to <everything you wanted to know about esophageal motility disorders but have been afraid to ask>". The chief editor Professor Giuli expressed "On opening this book at random, or consulting the detailed index, he should be able to find straightway the detail he is seeking, the relevant opinion his is lacking, or even the development of a question which he may not yet have asked himself". (K.Yoshino)



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ESOPHAGEAL CANCER STUDIES IN SOUTHERN THAILAND

Edited by Apinop Chanvitan, M.D.
 Medical Media Publisher, Bangkok, 1990

This monograph is a summary of experience with treatment in esophageal cancer in southern Thailand. The author has tried to cover all aspects of epidemiology, and basic and clinical management of this disease. In Thailand, the southern region had the highest annual incidence of esophageal carcinoma, 1.5 per 100,000. However, the large proportion of diagnosed patients refused all forms of treatment. The research team of the Department of Surgery, Faculty of Medicine, Prince of Songkla University, has been pursuing several lines of investigation aimed at a better understanding of this disease. Although the number of patients with surgical treatment is only 175 cases, the resectability rate at this institution is 64% (112/175), relative high in Thailand. The operative mortality rate is an acceptably low 8%, but the complication rate stands at a high of 50%, which may be due to advanced stage. Existing therapeutic methods employed at Songklanagarind Hospital include surgery, radiology, chemotherapy and combined therapy, and the outcome of these different therapeutic modalities have been analyzed in some detail.

In summary, this is an excellent review of esophageal cancer in the particular Asian region. (K. Yoshino)

CONGRESS NEWS

- (1) 35th World Congress of Surgery of the International Society of Surgery, International Surgical Week
 Congress Chairman: Prof. J. Wong
 22-28 Aug. 1993. Hong Kong
- (2) 27th Congress of the European Society for Surgical Research
 Congress President: Prof. J.R. Morandier
 20-23 May 1992. Zaragoza (Spain)
- (3) Eurochirurgie 2nd European Congress of Surgery
 Congress President: Prof. Adrian Marston
 2-5 June 1992. Brussels (Belgium)
- (4) 13th World Congress of Collegium Internationale Chirurgiae Digestivae.
 Congress President: Prof. Michael N. Sehas
 FACS. 21-24 Sep. 1992. Athens (Greece)
- (5) International Congress on Cancer of the Esophagus -Recent Advances in Biology, Prevention, Diagnosis and Treatment-
 Congress President: Prof. S. Margheria
 Ligure
 7-10, June 1992. Genova (Italy)

(H. Ide)

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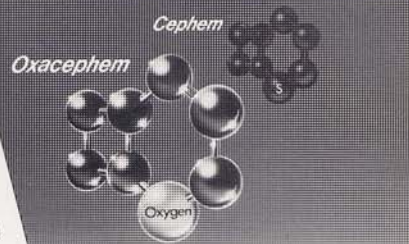
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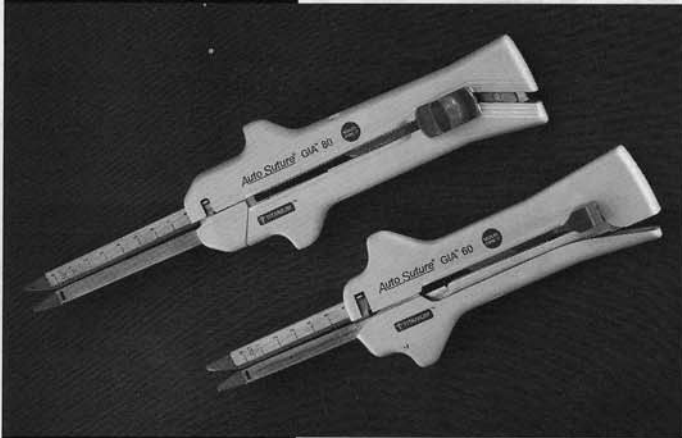
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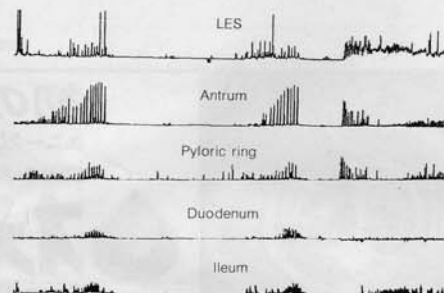
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