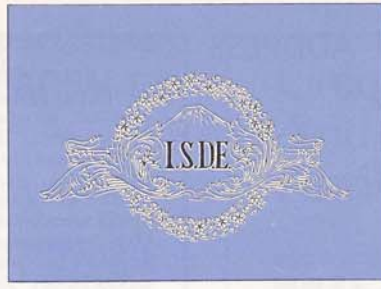


ISDE



NEWS

The International Society for Diseases of the Esophagus No. 13, Feb. 1st, 1993

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

PROVIDED JUST INTERNATIONAL EXCHANGING SPOT —THIRTY THREE COUNTRYS DOCTORS ATTENDED—



Kin-ichi Nabeya, M.D.
Congress President
The Fifth World Congress

The Fifth Congress President Message

The Fifth World Congress of the International Society for Diseases of the Esophagus was held at the Kyoto International Conference Hall from August 5 through 8, 1992. Participating countries numbered 33, the participants numbered in the vicinity of 600, and nearly half of the participants including accompanying persons were from abroad, making this congress unquestionably international. The Scientific presentations selected from 508 submitted titles, were 396 in all and these were presented during the three-day congress. Enthusiastic discussions were held during the three Special Lectures, six Panel Discussions, Video Sessions and others, and it is my firm belief that we were able to achieve our aim for a truly international Congress.

At the Opening Ceremony held on the 5th, the Mayor of Kyoto City kindly gave us his Welcome Address. The attractions at the Congress consisted of performances of traditional Japanese instrument such as the Koto and Shakuhachi. Fireworks were also enjoyed by all. A performance of a 'No' drama was given at the Congress President's Reception, appropriately named "Japan Night", and many took part in the dance party at the Official Banquet. There was much personal as well as scientific communication. From this Congress, it was recognized that even more than had been previously realized research projects exist and it is my fervent wish that results of these will be presented at the next congress.
(K. Nabeya)



REGIONAL ACTIVITY

ITALY

In 1992 Genoa, Italy, was celebrating the Quincentenary of the great voyage the Americas by C. Columbus, who was born in Genoa, with Expo '92. As a consequence of the big event, "International Congress on Cancer of the Esophagus" was held in Santa Margherita Ligure (Genoa) on June 7-10, 1992.

The president of the Congress was Dr. L. Santi, Scientific Director, Istituto Nazionale per la Ricerca sul Cancro, Genoa, Italy. Scientific Coordinators were Dr. H. Aste, Head Dept. Gastroenterology, Istituto Nazionale per la Ricerca sul Cancro, Genoa and Dr. M. Crespi, Head Dept. Gastroenterology, Istituto Nazionale per la Ricerca sul Cancro, Genoa and Dr. M. Crespi, Head Dept. Gastroenterology and Epidemiology, Istituto Regina Elena, Rome.

The aims were to provide a forum for the presentation of original research and clinical trends, scientific interactions and critical evaluations of recent diagnostic and therapeutic modalities in the field of esophageal cancer. World experts in these fields discussed recent developments in the biological and clinical aspects of esophageal cancer. The scientific programme included teaching lectures, symposia, round tables, video exhibitions and proffered papers.

(M. Endo)

JAPAN



Shozo Mori, M.D.
Professor & Chairman
II Dept. of Surgery
Tohoku University

REPORT ON THE 8TH CONGRESS OF THE JAPAN SECTION OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS

The Eighth Congress of the Japan Section of ISDE was successfully held on Saturday, November 28 at the Sendai Hotel in Sendai with over 80 participants from all over Japan, including not only surgeons but also internists, radiologists, etc.

The theme chosen by the Congress Chairman, Professor Shozo Mori at Tohoku University School of Medicine, was "Evaluation of Malignant Factors in Esophageal Carcinoma." The 18 presentations dealt with various topics related to this theme, including molecular biological aspects (expression and/or amplification of various genes), analysis of DNA content using flow cytometry and clinicopathological findings, and their correlation with prognosis. More specifically, the titles of the presentations and the presenters were as follows: The change of number of epidermal growth factor receptor in cultured esophageal cancer cells after addition of antineoplastic drug, M. Yoshioka; Immunohistochemical study on the expression of HLA-DR antigen and lymphocyte infiltration in human esophageal carcinoma, H. Yamanaka; Effects of the syn-

thetic proteinase inhibitors on hypercoagulability after surgery for esophageal carcinoma, A. Usuba; A case of primary undifferentiated small cell carcinoma with multidisciplinary treatment, A. Kobayashi; Significance of growth factor-receptor systems in human esophageal carcinomas, K. Yoshida; Expression of matrix metalloproteinases in esophageal cancer, I. Shima; Evaluation of DNA analysis, argyrophilic nucleolar organizer regions and the expression of proliferating cell nuclear antigen as prognostic factors for esophageal carcinoma, M. Ikebc; P53 overexpression in human esophageal carcinoma --an immunohistochemical and two-parameter flow cytometric study--, Y. Goukon; Aberrations of tumor suppressor genes (P53, MCC and Rb) detected by PCR-SSCP analysis in esophageal squamous cell carcinoma, C. Maesawa; DNA content, HST-1 amplification and p53 point mutation for evaluating malignant potential of esophageal carcinoma, T. Saito; The genes on amplification unit at human chromosome 11Q 13 in esophageal cancer, H. Igaki; Analysis of chromosomal translocations (11q and 14q) in esophageal cancer by fluorescence in situ hybridization, F. Yamagishi; Significance of ERB-B and INT-2/HST-1 oncogene amplification on choice of surgical treatments for superficial esophageal cancer patients, Y. Ikeda; A point mutation of C-KI- RAS gene was found in human esophageal carcinoma cell lines but not in primary esophageal carcinomas, C. Shiga; Correlation between the expression of EGF/EGFR and the malignant potential of esophageal carcinoma, A. Kawaguchi; Clinicopathological studies on squamous cell carcinoma of the esophagus with esophageal gland-like transformation, Y. Waki; Clinico-pathological significance of PCNA station in esophageal cancer patients, Y. Morisaki; and Clinicopathological evaluation of malignant factors in the 0-I type esophageal carcinoma, T. Nakamuta.

The invited lecture, given by Associate Professor Kanji Ishizaki the Radiation Biology Center of Kyoto University entitled "Loss of 17p, mutations of the p53 gene, and overexpression of 017, mutations of the p53 gene, and overexpression of p53 protein in esophageal squamous cell carcinomas," was greatly appreciated by all.

In addition to the papers, the participants heard reports from the ISDE Secretariat and the ISDE Scientific Research Committee and had opportunities to renew old acquaintances in the field of diseases of the esophagus, as well as to make new friends.

The efforts of all the participants were greatly appreciated, and it is hoped that this congress contributed to the treatment of esophageal carcinoma in Japan. (T. Nishihira)

THE 9TH ANNUAL MEETING OF THE JAPAN SECTION
* O F I S D E *

Site : Tokyo, Japan
Date : November 26, 1993
President : Prof. Mitsuo Endo
1st Dept. of Surgery
Tokyo Med. & Den. University

TNM



1. Registration of Patients

2082 patients, who received esophagectomy, were registered from eight countries during 1988-1990.

T-classification: 42% belonged to T3, followed by T1(18%), T4(17%), T2(16%), and only 3% belonged to Tis.

N-classification: 59% patients were classified as being N1.

M-classification: 17% of patients were classified as being M1, but 81% of these were M1-LYM.

R-classification: There were considerable numbers of patients with RX. In the data from Italy, 51% of registered patients were classified as RX. Regarding the R-classification, the following two points were discussed.

1) The R-classification is decided macroscopically during surgery as being R0, R1 or R2 After pathological examination, the final decision of R0 R1 R2 classification is performed.

2) Almost all members of TNM Research Committee accepted that the R-classification should be based on overall evaluation of T-, N-, and M-category. This question will be asked of Prof. Suemasu, President of the National Cancer Center and member of the UICC Committee of TNM Classification.

2. Survival rates based on TNM-classification
The materials consisted of 986 Japanese patients, registered from 1988 to 1989, excluding patients with carcinoma in the cervical esophagus, esophagectomy without thoracotomy, histology of adenocarcinoma or undifferentiated carcinoma, one field lymphadenectomy, and R2 residual tumor. The survival rate of these patients was 45% at 1500 days.

T-classification: the patients with T1 had the best survival, followed in order by those with T2, T3, and then with T4. There were significant differences in the survival curves of each T group, except for the T3 and T4 curves.

N-classification: There was a statistically significant difference between N0 and N1. The number of positive nodes and positive area affected the survival curves greatly.

M-classification: There was a significant difference in the survival curves between Any-N M1-LYM and Any-N M1-ORG. The difference in the survival curves between N1 M0 and Any-N M1-LYM is minimal.

3. Appraisal of cervical and celiac nodes
The degree of differences in the survival curves of N1 and N1-LYM vary depending upon tumor location.

With respect to the cervical nodes; There was a significant difference in the survival curves of between N1 and M1-LYM in cases of middle and lower thoracic esophageal cancer, but there was no difference in cases of the

upper thoracic esophagus.

With respect to the celiac, common hepatic, and splenic nodes:

There was a significant difference in the survival curves of patients with carcinoma in the middle and lower thoracic esophagus. There was no patient with carcinoma in the upper thoracic esophagus with metastasis to the celiac nodes in this series. More cases are needed for an appropriate statistical evaluation.

4. Proposal for future revision of the N-category in the TNM classification:

Based on the above-mentioned data, the following proposal was made. The Committee suggests the M1-LYM should be re-designated as N2 for all locations of thoracic esophageal carcinoma.

This analysis is based on the recent data on 986 cases from 1988 and 1989 which are more uniform and standardized.

5. Proposal for future Meetings of the TNM Research Committee: The number of positive nodes and areas, and sites of positive nodes will be discussed as the prognostic factors in the next Meeting. (T. IIZUKA)



Gastroesophageal Reflux

In order to standardize the description of patients with gastroesophageal reflux or hiatal hernia, and to explore the relationship between the factors that may interact in these conditions, the sub-committee proposed the following classification based on A (anatomical), F (functional) and P (pathological) parameters:

A = ANATOMY (based on barium and endoscopy)

- A0 - no hiatal herniation identified
- A1 - small and/or interirillent sliding (axial) hiatal hernia
- A2 - constant sliding (axial) hiatal hernia with the oesohagogastric junction fixed above the diaphragm
- A3 - mixed or para-esophageal (par-axial) hernia

F = FUNCTION (based on 24-hour pH measurement)

- F0 - normal acid exposure (pH below 4 for up to 3.9% of recording time)
- F1 - increased acid exposure with pH below 4 for 4.0 to 7.9% of recording time
- F2 - increased acid exposure, with pH below 4 for 20% or more of recording time.
- F3 - increased and exposure with pH below 4 for 20% or more of recording here

P = PATHOLOGY (based on barium, endoscopic or operative findings)

- P0 - no macroscopic mucosal abnormality
- P1 - isolated or non-confluent erosive lesions in the mucosa
- P2 - circumferential or confluent erosive lesions in the mucosa
- P3 - chronic lesions involving the wall of the esophagus, i.e stricture, short esophagus or penetrating ulcer.

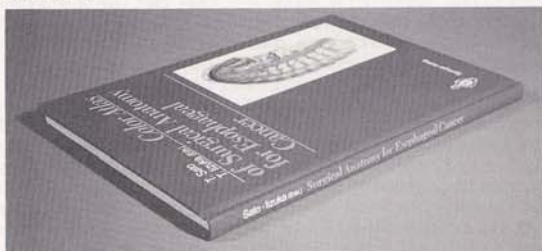
The letters CLO (with metaplasia, dysplasia or ulcer) should be added to the code to indicate COLUMNAR LINED OESOPHAGUS, and PS should be used to demote PREVIOUS SURGERY. X is used to indicate missing data elements.

At the 5th world congress in Kyoto it was agreed that this classification should be used on a trial basis with the results being reported at the next meeting of the ISDE in Milan in 1995. A full report of the classification and recommendations of the Reflex Sub-committee will be published in an early issue of the ISDE Journal. (H. Matthews)

RECENT PUBLICATION ❖❖❖❖❖❖

Currently several competing techniques to obtain improved cure rates of esophageal cancer have been developed. These include several variations of extensive surgery and combinations of therapy, including chemotherapy and radiotherapy irradiation. To enable comparison of results from different treatment extensiveness of surgery precise staging of the disease is essential. However, in esophageal cancer the difficulties in defining the region to be resected and the lack of general understanding of the lymphatic anatomy and drainage pathways make the design and comparison of surgical techniques much more controversial and difficult than for treatment of cancer in other digestive tract organs.

The Color Atlas of Surgical Anatomy for Esophageal Cancer gives the surgeon who wishes to perform adequate esophageal surgery the optimal anatomical and surgical fundamentals to do this. This Atlas is of enormous benefit to students of esophageal cancer as it provides a clear description of the anatomical features of esophageal surgery. The lymphatic pathways are clearly illustrated through the author's sophisticated study based on precise data from human autopsies. A basis for international understanding of the staging system is well presented in this book. It might even be called the "ISDE Textbook of Modern Esophageal Surgery". (H. Ide)
JOURNAL



from P 9

original endo-ultrasound instrument used for lesions of the esophagus and surrounding structures.

For cancer of the esophagus extended surgery is adopted as a principle, as well as extensive precise Lymphadenectomy by the three stage method i.e. thorax, abdomen and neck. It is carried out precisely, delicately and demonstrated accurately by prof. Akiyama and his team. It seems unbelievable that lymphadenectomy could be performed in such way but it is. Moreover its completeness is immediately checked, ousesurgeons and other junior staff is very well trained in searching, arranging and classifying the nodes from the specimen in the operative room itself.

In addition to the extended lymphnode dissection, I saw blunt dissection of the esophagus for superficial carcinoma without opening the thorax. This was done with the help of modified venous stripper which was inserted from the mouth, and anastomosis in the neck was done with the colon as a conduit.

Such was the fruitful and enjoyable period of my visit to Toranomom Hospital, with Prof. Akiyama, Prof. Tsurumaru and others, the memory of which I will cherish throught my life. Again I greatly appreciate the I.S.D.E. visiting scholarship which gave me an opportunity to study imaging technique for diagnosis and surgery of cancer of the esophagus in Japan.
(H. S. BHANUSHALI)

NEW JOURNAL OF ISDE ❖❖❖❖❖❖

Based on the decision of the ISDE Business Meetings in Kyoto, August, 1992, the Secretariat hereby announces the new form of the ISDE official journal "Diseases of the Esophagus" as follows:

- (1) "Diseases of the Esophagus" is at present published by Masson Co. Masson will terminate their involvement with the "Diseases of the Esophagus" as of No.2 1992 (December 1992).
- (2) Continued publication of "Diseases of the Esophagus" will be made by Churchill Livingstone Co., including their previously published journal "Gullet", 4 issues of 80 pages each in A-4 (8.5 x 11 inches) format per year.
- (3) For the sake of transit preparation the first revised issue will appear on July 1st, 1993 with another issue within 1993
- (4) The new version of "Diseases of the Esophagus" will welcome high quality papers from a broader range of subscribers including more gastroenterologists and other specialities, in addition to the field of surgery.
- (5) Further details will be provided in the next Newsletter.

Editor-in-Chief:
Professor J. R. Siewert, M.D.

Saddening News



We have to announce the most grievous news that Prof. Seiichiro Kobayashi (Tokyo) passed away on January 4th, 1993 due to cardiac insufficiency. Truly, the ISDE has lost one of its finest and most generous memers. The late Prof. Kobayashi devoted himself as treasurer from the inauguration of the ISDE - 1980 to last year -1992. His efforts for collecting funds for the ISDE were truly outstanding. Respectfully we pray for the repose of the soul of the late great Prof. Seiichiro Kobayashi.

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(1992.8.9 - 1995.8.26)

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Congress Chairman(7th)	A. Duranceau

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At-large: F. Fekete (France), F. H. Ellis (USA), B. Launois (France), H. R. Matthews (UK), S. Stipa (Italy), M. Kijima (Japan)

CONGRESS NEWS ❖❖❖❖❖❖❖❖❖❖

1 9 9 3

* 35TH WORLD CONGRESS OF SURGERY *
INTERNATIONAL SOCIETY OF SURGERY
INTERNATIONAL SURGICAL WEEK #
Site : HONG KONG
Date : August 22-28, 1993
Chairman : J. Wong, M.D.
Department of Surgery
University of Hong Kong
Queen Mary Hospital

* 4th INTERNATIONAL CONGRESS OF O.E.S.O. *
FOURTH INTERNATIONAL POLYDISCIPLINARY CONGRESS
The Esophageal Mucosa
Site : Paris, France
Date : September 1-4, 1993
Presidents : G.N.J. TYTGAT and T.R. DeMEESTER
Director: Robert GIULI, M.D.
Service de Chirurgie Digestive
Hopital Beaujon

* THE 11th ASIA PACIFIC CANCER CONFERENCE *
Site : Bangkok, Thailand
Date : November 16-19, 1993
Chairman : Phisit Phanthumachinda, M.D.

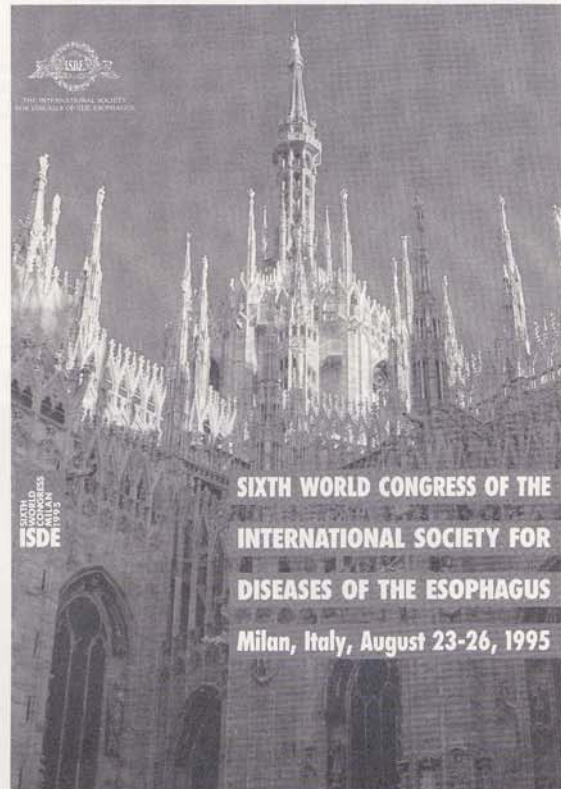
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* O F I S D E *
Site : Tokyo, Japan
Date : November 26, 1993
President : Prof. Mitsuo Endo
1st Dept. of Surgery
Tokyo Med. & Den. University

1 9 9 4
* UICC XVI INTERNATIONAL CANCER CONGRESS *
Site : New Delhi, India
Date : Oct. 30 - Nov. 5, 1994
Secretary General : Prof. P. B. Desai
Tata Memorial Centre
Parel, Bombay-400 012

* XXIX WORLD CONGRESS *
* INTERNATIONAL COLLEGE OF SURGEONS *
Site : London, UK
Date : November 13 - 16, 1994

1 9 9 5
* SIXTH WORLD CONGRESS OF ISDE *
Site : Milan, Italy
Date : August 23 - 26, 1995
President : Alberto Peracchia, M.D.

1 9 9 8
* SEVENTH WORLD CONGRESS OF ISDE *
Site : Montreal, Canada
Date : August 31 - September 4, 1998
President : Andre Duranceau, M.D.



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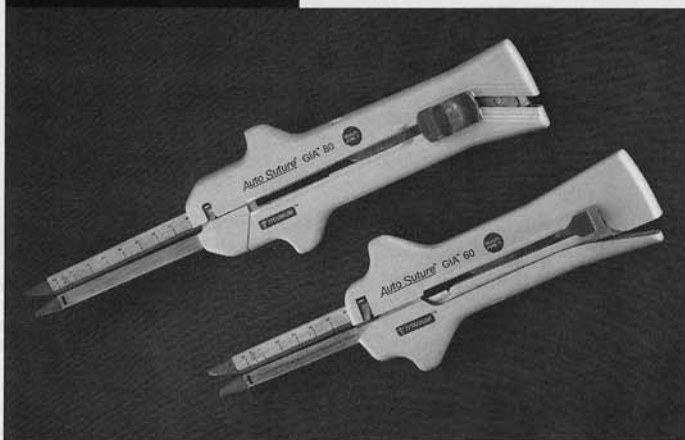
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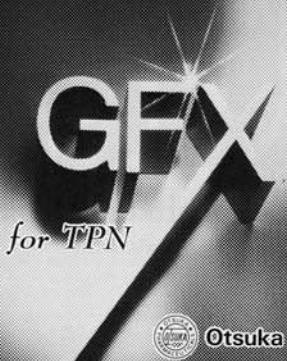
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