

ISDE



NEWS

The International Society for Diseases of the Esophagus No. 14, July 1st, 1993

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

ADDRESS BY OUR NEW PRESIDENT (1992, AUG. 9 — 1995, AUG. 26)



Prof. D. B. Skinner
President of ISDE Cornell Medical Center
The New York Hospital U.S.A.

The past three years, since the Chicago Congress in 1989 have been important for ISDE. The Society has achieved international recognition as the premier organization of physicians and surgeons interested in esophageal diseases. We have successfully launched the journal Diseases of the Esophagus, and have broadened the membership and leadership to create a truly international organization. President J. Rudiger Siewert is to be greatly congratulated for his strong leadership and these achievements. The membership is also greatly indebted and appreciative of the efforts of Professor Inokuchi and his staff who have developed such an efficient and thoughtful Secretariat in Tokyo. Both President Siewert and I greatly appreciate Professor Inokuchi's wise judgement on a number of important matters for the Society.

I am grateful to all of you for electing me your President for the next three years. This will be an exciting time as the world of health care overall, and specific matters related to the diseases of the esophagus are undergoing rapid change. Refinements in diagnostic procedures such as the increasing experience with endoscopic ultrasonography, and the role of magnetic resonance imaging (MRI) in the evaluation of benign and malig-

nant esophageal diseases offers greater precision in diagnosis and selection of operative vs. medical therapy. Everyone one in this room is effected by the new technology of minimally invasive surgery including laparoscopic and thoroscopic operations on the esophagus. The impact of pharmaceutical agents on esophageal diseases is changing the indications and the needs for surgical treatment. The effect of Omeprazole alone on the management of reflux esophagitis is a dramatic example. In the treatment of esophageal cancer, staging and refinements in determining prognosis have made it possible to select among a number of competing therapies in the best interest of the individual patients. The esophageal surgeon in the 1990's needs to be fully familiar with the indications for, and management of, combined modality treatment as well as several different surgical techniques.

All of these changes have lead the Executive Committee and leadership of ISDE to agree that the Society needs to broaden its membership and the scope of its interest. According, we need to include experts on the management of esophageal diseases from the gastroenterology community, from amongst radiation therapists, medical oncologists, and specialists in imaging, as well as basic scientists and others who study the esophagus and its disorders. During the next three years and with the support of the Council and Executive Committee, I shall take steps to expand and broaden the membership to include other disciplines. At the 1995 Congress, I hope and expect to see a much more diverse attendance and program without losing surgical leadership which has been the historical strength of this Society.

I am pleased to announce that it appears that the journal Disease of the Esophagus will incorporate the journal Gullet and be published in this July by Churchill Livingstone. This will strengthen Diseases of the Esophagus by combining the enthusiasm and interest of those interested in Gullet, and insuring an increased flow of strong manuscripts and a broader readership for our papers. Each member of the Society is urged to submit their important work to the Editorial Board of Diseases of the Esophagus which will be under the Editorship of Professor J. Rudiger Siewert in Munich during the years immediately ahead.

These are exciting times, and I am enthusiastic about the opportunities to expand the breath and scope of our Society and its Journal. Thank you one again for electing me your President. (David B. Skinner)



Prof. Alberto Peracchia
Congress Chairman (6th)
12 Mirano University
Policlinic Hospital
Milano ITALY



Prof. E. Moreno-Gonzalez
Vice President
11 13 The Central Research
Committee
Hospital "12 de Octubre"
SPAIN



Prof. Rudinger J. Siewert
Immediate past President
Editor-in-Chief of the
2 13 ISDE Journal
Chirurgische Klinik und
Poliklinik rechts der Isar
Technischen Univ. Munchen
GERMANY



Prof. Alex G. Little
(North America)
5 University of Nevada
School of Medicine
U.S.A.



Prof. D. B. Skinner
The Journal Committee and
The Scholarship Committee
1 4 Cornell Medical Center
The New York Hospital
U.S.A.



Prof. Andre Duranceau
The Research Committee
on Pharyngo-Esophageal
Dysfunction
7 Pharyngo-Esophageal
Dysfunction
Hotel-Dieu de Montreal
Montreal CANADA



Prof. Henrique W. Pinotti
(South America)
6 The Unit of Esophagology
University of Sao Paulo
Sao Paulo, BRAZIL



Prof. Bruno Zilberstein
The Membership Committee
7 Univ. of Sao Paulo
BRAZIL



Prof. Toshifumi Iizuka
The TNM Classification
7 Research Committee
National Oji Hospital
Tokyo, JAPAN



SUPPORTING STAFF DURING (1992, 8.9 — 1995, 8.26)

- : Executive Commit
○: Chairman



Prof. Sergio Stipa
(West Europe)
⑦ V. Clinica Chirurgica
Univ. degli Studi Roma
ITALY



Prof. Janos Kiss
(East Europe)
⑧ Postgraduate Medical
University Budapest
HUNGARY



Prof. Robert Giuli
The Barrett's Esophagus
Research Committee
⑥ Service de Chirurgie
Digestive Hospital
Beaujon Paris, FRANCE



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The Research Committee on
③ Gastro-Esophageal Reflux
East Birmingham Hospital
Birmingham, U.K.



Prof. Kiyoshi Inokuchi
④ Secretary General
Kyusyu University
JAPAN



Prof. Hiroshi Akiyama
⑤ (Far East Asia)
Toranomon Hospital
Tokyo, JAPAN



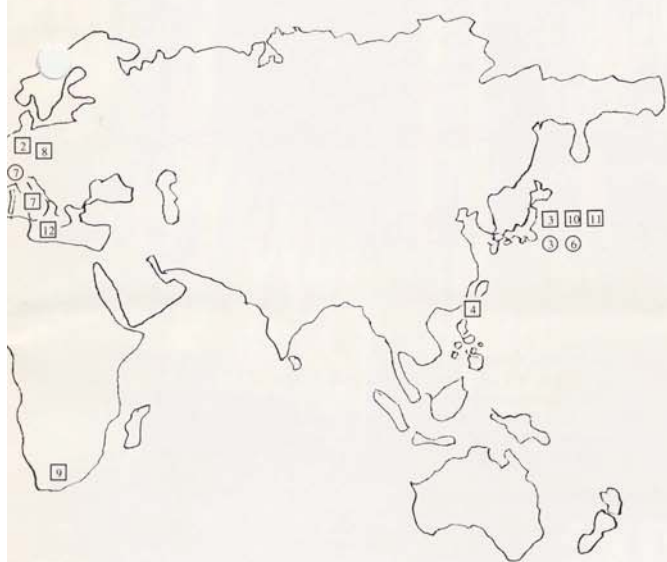
Prof. John Wong
(Continental Asia)
④ University of Hong Kong
Queen Mary Hospital
HONG KONG



Prof. Hiroshi Watanabe
The Newsletter Committee
② National Cancer Center
Central Hospital
Tokyo, JAPAN



Prof. Kin-ichi Nabeya
① Treasurer
Kyorin University
JAPAN



Dr. SKINNER's PRESIDENCY

tee

RECENT ORGANIZATIONAL DEVELOPMENTS

The 11th ISDE Executive Committee Meeting was held in Tokyo on March 12th. The items discussed is summarized as follows.

1. Membership Committee:

Number of current membership was reported to be 721. It was postulated as a special point of this term to increase the number of gastroenterologists.

2. Scholarship Committee:

Information about applicants and new scholars of ISDE scholarship is available below. It was pointed out that it is necessary to take appropriate measures to attract more attention of the members to the ISDE Scholarship because there should be more latent applicants.

3. Journal affairs

The transition process of the ISDE Journal from Masson to Churchill Livingstone was reported. The contract between the ISDE and Churchill Livingstone was explained and agreed upon. The Secretary General reported that all debt from

Masson has been paid (\$13,000 plus tax). The practical step to select and welcome several gastroenterologists as Editorial Board members was discussed. It was stated that the actual contents of No.1 and 2 Journal Issues of 1993 are to be sent to the Secretariat as early as possible.

4. Financial affairs

As to the appropriateness of collecting \$80 for the annual dues in 1993, even though only half number of planned issues of ISDE Journal will be published, the Executive Committee recognized its validity since the transfer from Masson to Churchill Livingstone needed considerable funds which had not been anticipated.

5. International officers

Some International officers who were approved at the Council Meeting on August 5, 1992 in Kyoto, have not accepted their position. The Executive Committee recommended replacement. This affair will be reported again when new officers are properly selected. (H. Udagawa)

ISDE SCHOLARSHIP

Financial Aid! Already received by 40 young doctors

The Scholarship is provided by the Secretariat on the support of funds from the Japanese Research Foundation for Multidisciplinary Treatment of Cancer. The purpose of the Scholarship is to encourage the transfer of informations concerning the diagnosis and treatment of esophageal diseases among specialists in various countries. During the period from 1987 to 1993, forty members from thirteen countries received the scholarship and studied abroad in each host institutions.

Outline of the Scholarship in 1994

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 should preferably be the 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 an 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) Professors or chiefs of departments are eligible only for short-term grants (Visiting Scholarship).

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, 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

Application Procedure:

Completed applications should be received by the Secretariat by December 31, 1993. Incomplete applications are not eligible for reviewing. Decisions concerning applications for awards are carried out by the Scholarship Committee. Notification of awards will be made by March 31, 1994, and the grantee should then finish his or her research by the end of March 31, 1995.

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 informations 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)

DISEASES OF THE ESOPHAGUS

OFFICIAL JOURNAL OF
THE INTERNATIONAL SOCIETY
FOR DISEASES OF THE
ESOPHAGUS


New format of our Journal

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
- (3) of 80 pages each in A-4 (8.5 x 11 inches) format per year.
- (4) For the sake of transit preparation the first revised issue will appear on July 1st, 1993 with another issue within 1993
- (5) 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.
- (6) Further details will be provided in the next Newsletter.

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

INCORPORATING GULLET

Churchill Livingstone 

REGIONAL ACTIVITY

JAPAN 1.



The Sixth International Symposium of the Foundation for Promotion of Cancer Research.
- Fundamental and Clinical Research on Esophageal Cancer -

The Sixth International Symposium of the Foundation for Promotion of Cancer Research was held March 10-12, 1993 in Tokyo. This year's topic was esophageal cancer. Although there have been many recent advances in diagnostic and treatment modalities, esophageal cancer remains one of the most difficult to cure cancers. There are several reasons for this. Firstly, the biological aggressiveness of these cancers is high, with early metastases to lymph nodes. Secondly, the surgical treatment is still the only way to cure esophageal cancer, and effective adjuvant chemotherapy or radiation therapy has not yet been developed.

The Sixth International Symposium was held against the above background. The expectation of the organizers was to clarify the current problems associated with these cancers and to seek new perspectives for the conquest of difficult to cure cancers by combining information from basic and clinical medicine. There were 17 speakers from abroad and 19 from Japan, and about 100 discussants from Asia and Japan. The members of the Organizing Committee were Keiichi Suematsu, Chairman, Tadao Kakizoe, Hiroshi Watanabe (all from National Cancer Center Tokyo), Curtis C. Harris (Laboratory of Human Carcinogenesis, National Cancer Institute, Bethesda) and David B. Skinner (New York Hospital, Cornell University Medical College, New York). The opening address was given by H.I.H. Prince Tomohito of Mikasa. He announced that he underwent two operations for esophageal cancers performed by Hiroshi Watanabe at the National Cancer Center Hospital in Tokyo. The first operation was subtotal esophagectomy for a lower esophageal cancer 2 years ago, and the second operation one year later was cervical esophagectomy with reconstruction by free jejunum for a second cervical esophageal cancer. His Imperial Highness described the complex details of his medical history with precision, with the extraordinary understanding of the

psychology of being patient and with an appreciation of the skill of his physicians. The courage and the insightful intellect of H.I.H. Prince Tomohito of Mikasa was appreciated and instructive to the audience of physicians scientists from Europe, North America, Asia and Japan. Takashi Sugimura (Emeritus President, National Cancer Center, Tokyo) then welcomed the international audience and discussed the molecular pathogenesis of esophageal cancer. He emphasized the risk of second cancers and the need for primary prevention. David Skinner noted the previous pessimism surrounding the treatment of esophageal cancer in past decades and the remarkable progress made during the last decade due to early detection by endoscopy, and advances in surgery and chemotherapy. The first day consisted of presentations on epidemiology, recent data on genetic abnormalities and histopathology. We had heated discussion about Barrett's esophagus which is associated with an increased risk of developing adenocarcinoma. The second or last day was divided into talks on diagnosis and treatment. It was confirmed that surgical treatment is still the only hope for the cure of esophageal cancer. The importance of extensive lymph node dissection was emphasized in different approaches to experimental and clinical investigations of the lymphatic system of the esophagus. It was concluded that extensive resection is indicated to patients with favorable p-TNM stages. Since squamous cell carcinomas of the esophagus and head and neck respond well to cisplatin, the role of chemotherapy for patients with advanced esophageal cancer has undergone considerable changes in the last decade. Almost all combination regimens of chemotherapy now include cisplatin. The response rates of these regimens have been consistently in the 40-60% range. We need to develop neoadjuvant chemotherapy for the conquest of advanced patients in the future. This Symposium was very intense and stimulating.

[This symposium was held as one of the activities of the 10 year Strategy for Cancer Control Program of the Japanese Government.]

(Hiroshi Watanabe)

CONT. REGIONAL ACTIVITY

JAPAN 2.

President of Tokyo Metropolitan Cancer Detection Center The 47th Japanese Society for Esophageal Disease was held June 17th and 18th 1993, President ober by Mamoru Nishizawa (President of Tokyo Metropolitan Cancer Detection Center), at the Nikkei Hall and Sankei Hall, Otemachi, Chiyoda-ku, Tokyo. The main themes or the greatest concerns at the present session were: 1) All the affiliated problems with the mucosal cancer of the esophagus. 2) The treatment of non-resected advanced cancer of the esophagus. The number of registrants amounted to 155. The society was organized as follows.

- | | |
|---------------------|--|
| 1: WORKSHOP | Diagnosis of mucosal cancer |
| 2: PANEL DISCUSSION | Choice of treatment |
| 3: VIDEO SYMPOSIUM | for mucosal cancer
Esophageal mucosectomy for early cancer |
| 4: SYMPOSIUM | Treatment of non-resected advanced cancer from the view point of QOL |

The early detection of esophagus cancer and its treatment were especially emphasized at the present meeting in that early defection can improve resectability and/or curability. However, in the light of the present state of the high incidence of advanced cancer, about half of the applied papers dealt with the second theme (The treatment of non-resected advanced cancer), which provided good contrast to the first (All the problems related to the mucosal cancer). In addition, in general presentations and poster session, lots of other papers were discussed in depth. The primary purpose of this meeting was to clarify HOW TO CHANGE AND RENEW THE PRESENT ASPECTS OF ESOPHAGUS CANCER FROM THEME II TO THEME I.
(Mamoru Nishizawa)

U.S.A.

There was a recent meeting of the Society of Thoracic Surgeons which included a number of interesting papers related to the esophagus, which I am summarizing below. The American Association of Thoracic Surgeons meets later this spring. Whether you would like to combine my summary of these two events for one issue, separate them into two issues, I will leave to your discretion, but for now the summary of the esophageal papers at the STS meeting may suffice.

At the 29th Annual Meeting of the Society of Thoracic Surgeons in January, a number of interesting papers related to esophageal subjects were presented. Dr. Williamson from the Lahey Clinic summarized current views of the thoracic surgical group at that institution regarding the treatment of paraesophageal hiatus hernia. They presented convincing evidence that an anti-reflux operation is not necessary in everyone with a paraesophageal hernia, but only for those in whom there is documented evidence of pathologic reflux preoperatively. This paper created a considerable amount of discussion, particularly from Pearson of Toronto and Skinner

of New York, both of whom favor a more liberal use of anti-reflux surgery at the time of hiatus hernia repair. In another paper, the Mayo group reported an interesting experimental study demonstrating the importance of both pancreatic and biliary secretions in duodenal reflux in producing experimental Barrett's carcinoma.

The results of three techniques of performing esophagectomy in a residency training program in Texas were compared, including transthoracic esophagectomy, transhiatal esophagectomy and total thoracic esophagectomy. There was no difference between the three procedures as far as operating time, blood transfusions and hospital stay were concerned but patients with a cervical anastomosis had a higher leak rate than the other techniques. Long-term results reflected primarily the stage of the disease rather than technique of resection, suggesting that the transhiatal approach, with its limited extent of nodal resection, did not adversely affect long-term survival rates, as compared to more radical procedures. Dr. Tony Lerut from Leuven, Belgium analyzed the results of resection for Stage IV esophageal carcinoma. When a radical lymph node dissection was performed, mean and median survivals were significantly better than when a less radical procedure was used, and 2/3 of the patients experienced excellent or very good palliation of dysphagia, with a 2-year survival of 15.7%. The difficult problem of malignant esophago-tracheal fistula was addressed by Altorki and Skinner of New York. The results following radiotherapy were compared to that following resection. Esophagectomy was found to have more immediate and durable palliation than radiotherapy, which was associated with a significant incidence of tracheo-esophageal fistula. The Mayo group reviewed their experience with 135 transhiatal esophagectomies for cancer, with an operative mortality rate of 2.9%. However, there was a high incidence of cervical anastomotic leaks, 12 of whom required further surgery. Interestingly, their 5-year survival was only 9.2%, although all deaths were included in these figures, including operative deaths and deaths from all causes. Preliminary results with neoadjuvant therapy and resection for esophageal carcinoma were presented by the group from Vanderbilt involving 66 patients treated with 2 cycles of cisplatinum, 5-FU,

etoposide, leucovorin and 3000 cGy of radiation, followed by resection. There were 2 deaths from the neoadjuvant therapy and seven patients declined or were denied surgery. The results following resection in 48 patients disclosed a doubling of median survival compared to historical controls. Randomized prospective phase III studies will be necessary to determine whether this translates itself into long-term benefit for the patient as compared to surgery alone.

Thoracoscopic esophageal procedures are a topic of major interest at the moment, and Gossot and associates from Paris addressed this subject at the meeting. Their presentation involved 12 attempts at esophagectomy through a right thoracoscopic approach, nine of which were successful. The intrathoracic esophagus was mobilized thoracoscopically and the esophagectomy completed through the abdomen with reconstruction being achieved using a gastric pull-through with esophagogastrostomy in the neck. The thoracoscopic portion of this undertaking involved only the thoracic mobilization of the esophagus, the remainder of the procedure being done by conventional techniques. Interestingly, there was no difference in post resection pulmonary complications following use of this technique as compared to the conventional transthoracic approach. The size of the tumor may well influence the applicability of this approach.
(F. Henry Ellis, Jr)

CONT. REGIONAL ACTIVITY

WEST EUROPE

From the 1st - 5th of March, 1993, the 14th Postgraduate Course for Surgery, entitled "Actual Topics in Visceral Surgery" was held in the Department of Surgery of the Technical University of Munich. A totally 120 surgeons from all over Germany participated in the course, which was chaired by Prof. Siewert, the chairman of the Department of Surgery. Subjects concerning esophageal surgery were intensively discussed, especially perioperative management, actual diagnostic and therapy of postoperative complications, neoadjuvant chemotherapy and minor access surgery. During 2 days of the course live demonstrations from the operation theatres were transmitted to the lecture hall showing among others endoscopic and conventional esophagectomies.

In continuation of the Postgraduate Course the 11th Meeting of the Surgical Working Party for Ultrasonography of the German Society of Surgery took place in the Department of Surgery of the Technical University of Munich. During the discussion of the topic "endosonography-therapeutic relevance?" the value of this method for staging of esophageal cancer was discussed in detail.

On the 11th and 12th of March 1993 a special Postgraduate Course in Modern Functional Diagnostics of the Upper Gastrointestinal Tract was organized by Dr. Stein and Ass. Prof. Dr. A. H. Hoelscher and chaired by Prof. Siewert. The topics were esophageal as well as gastroduodenal functional disturbances and the course consisted of a theoretical part in the morning and practical exercises in the gastroenterological laboratory in the afternoon on both days. 16 lecturers among them such distinguished guests as Prof. Pellegrini from Seattle and Prof. Hinder from Omaha trained the 30 participants in theory, method and practical application of manometry and pH monitoring.

From the 15th - 16th of March 1993 the 8th International Days Esophageal Diseases were held in Milano presided over by Prof. Dr. Peracchia from the Department of Surgery of the University of Milan and Prof. Ancona from the Department of Surgery of the University of Padua. The topics of this course were gastroesophageal reflux disease, esophageal motor disorders and benign and malignant esophageal tumors. Besides the lectures of famous international guests as well as the leading Italian representatives of esophageal surgery, excellent live demonstrations from the operation theater were shown in the high-tech lecture hall of the old Aula Magna. These demonstrations included laparoscopic fundoplication, laparoscopic myotomy in achalasia, transoral stapling as well as conventional removal of Zenker's diverticulum and transmediastinal endoscopic esophagectomy. The chairmen and their team must be congratulated on the excellent technical and organizational performance of this course, demonstrating that Milan has become a new center of esophageal surgery in Italy. (A. H. Holscher)

CANADA



INTERNATIONAL SOCIETY
FOR
DISEASES OF THE ESOPHAGUS



Université
de Montréal



BARRETT'S ESOPHAGUS 1993

Department of surgery
University of Montreal
Montreal, Quebec

Thursday June 10
Osler Amphitheatre
Montreal General Hospital

Department of surgery
McGill University
Montreal, Quebec

A one day Symposium on Barrett's esophagus was held in Montreal on June 10th, 1993 as an official activity of the Canadian section of the ISDE. This was a joint meeting of the thoracic programs of Montreal and McGill Universities.

Barrett's Esophagus is emerging as a major challenge for diagnosis and medical as well as surgical management. For these reasons, an update on this topic was very appropriate and was directed toward both gastroenterologists and surgeons from across the country.

A review of definitions and pathogenesis included description of the epidemiologic trends by Dr. S. Spechler from Boston. The pathophysiology of formation of the abnormal mucosa was reviewed who has already made significant contributions to the knowledge of this condition. Dr. Pera also reviewed the most recent concepts on the appearance of dysplasia and adenocarcinoma. Cytologic and pathologic changes were reviewed respectively by Dr. Yvan Boivin and Dr. Esther Lamoureux. Dr. Serge Mayrand from Montreal gave his assessment of the individual cell function in the columnar epithelium.

The section on clinical, anatomic and functional changes included a review on the clinical evolution of the condition by Robert Giuli. Physiologic changes were discussed by A. Duranceau. The details of endoscopic diagnosis were given by Eric Deslandres from Montreal while S. Spechler reviewed the value and methods of endoscopic surveillance. New facets of imaging were described by R. Taillefer while Gilles Beauchamp discussed the indications for surgery.

The section on medical and surgical management included a discussion by S. Spechler and by our president Dr. D. Skinner on the objective results of both medical and surgical treatment. Claude Deschamps from the Mayo Clinic reported their experience with Barrett's mucosa complications while Manuel Pera suggested some hypothesis on managements of the remaining columnar lined mucosa once reflux is eliminated. Robert Giuli discussed the results of the OESO study on Barrett's Esophagus and Andree Weber reviewed the topic of Barrett's in children.

The last session was a review on adenocarcinomas in Barrett's esophagus. R. Finley from Vancouver, Vic Trastek from the Mayo Clinic and David Skinner gave their respective views and experience on the epidemiology, diagnosis and treatment results for this dreadful condition.

(André Duranceau)



Tadashi Nishimaki, M.D.
Niigata Univ. School of Med.
Niigata, JAPAN

It was a great pleasure for me to be able to visit Munich, and study on Barrett's esophagus from 13, 6, 1989 till 15, 5, 1990, owing to the ISDE Scholarship. Munich, once the capital of Bavaria, is not only a city of history and art but also a city of modern technology. The Klinikum rechts der Isar of the Technical University of Munich is located at the center of Munich and plays a very active role, particularly in the field of clinical medicine. Professor J. R. Siewert, director of the Department of Surgery, Technical University of Munich, is one of the most energetic surgeons and performs approximately, a hundred esophagectomies for esophageal cancer each year with his diligent staff.

I studied literature on Barrett's esophagus during the first two months. After the presentation of the state of the art and subsequent brainstorming at the intramural meeting of gastroenterology, the theme of my research was determined: Histopathologic Characteristics of Early Adenocarcinoma in Barrett's esophagus. Afterwards, I moved to the Institute of Pathology at the Technical University of Munich to examine the resected specimens with early Barrett's cancer (T1) macroscopically and histologically.

As its well known, Barrett's esophagus develops as a result of longstanding gastroesophageal reflux and is considered as a precursor of primary adenocarcinoma of the esophagus. Therefore, great efforts have been made to search for a biological markers indicating a high risk for cancer development in Barrett's esophagus. Furthermore, regular endoscopic screening for the patients with Barrett's esophagus is being performed to detect early Barrett's cancer (BC). However, histopathologic characteristics of early BC are poorly understood because of the rarity of such cases. The theme given for my research seemed to be quite timely in the light of current studies on Barrett's esophagus.

Fortunately, there were 13 cases of early BC at the Department of Surgery, Technical University of Munich. The specimens had been step-sectioned at intervals of 1cm starting at the proximal margin, so that I could easily make a histologic map of the lesion on xerocopier of the resected specimen. Using the histologic map, I performed morphometry of early BC as well as macroscopic and histologic evaluation of the lesion. This study revealed the following characteristics of early BC:

Macroscopic characteristics

The most common gross feature of early BC was an elevated appearance (61.5%) corresponding to type I or IIa in terms of the Japanese endoscopic classification of early gastric cancer.

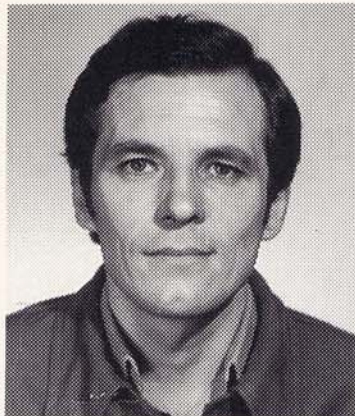
Histologic characteristics

The most common histologic type was well differentiated adenocarcinoma (69.2%) although there was a histologic spectrum from well to poorly differentiated adenocarcinoma. High grade dysplasia in part of the tumor was found in 61.5% of early BC. These data indicate most BC develop through a dysplasia carcinoma sequence, as in generally accepted. Vascular invasion and regional lymph node metastasis were found in 30.8% and in 15.4%, respectively. Interestingly, early BC had close topographical relation with squamous epithelium including residual squamous islands since 84.6% of early BC were surrounded by both squamous epithelium and specialized type columnar epithelium. Furthermore, the tumor center or the probable original site of BC was located at the metaplastic columnar-lined area within 2cm from the squamocolumnar epithelial border in Barrett's esophagus in all cases but one. The smaller, in other words the earlier, the tumor was, the closer the tumor center was located to the squamocolumnar epithelial border. In smaller cancers, measuring 2 cm or less in size, the tumor center was located at the columnar-lined area 0.5 cm or less from the squamocolumnar epithelial border. Therefore, I concluded that the most common site of cancer development in Barrett's esophagus is the metaplastic columnar-lined area, particularly in the specialized type, very close (within 2cm) to the squamocolumnar epithelial border. I think this is the most important conclusion of my research in Munich because this implies the preferable biopsy site in the regular endoscopic surveillance of patients with Barrett's esophagus.

Fortunately, I could present these results at the 107th Congress of the German Society of Surgery in Berlin. I owed my success in research to professor J. R. Siewert and associate professor A. H. Holscher who was a superior supervisor of my study in Munich. Again, I greatly appreciate the ISDE Scholarship which gave me an opportunity to study Barrett's esophagus.

(Tadashi Nishimaki)

CONT. ISDE SCHOLARSHIP REPORT



Lajos Kotsis, M.D.
Postgraduate Medical School Thoracic Surgical Clinic
Budapest, HUNGARY

I greatly appreciated the support of the ISDE Scholarship Committee and staff of Second Department of Surgery of the Kyorin University in Tokyo for support of my research scholarship in Japan.

At Kyorin University I saw all currently available methods use of tumor markers, UH, CT, endoscopic ultrasonography, etc. for early detection of esophageal and gastric cancer. Many resected cases had superficial cardia or esophageal tumors or had associated upper gastrointestinal tumors of the with uneventful recovery. The high level of care documentation, practical training of students, postgraduate training and continuous efforts in research and a perfect spirit of cooperation among the surgical teams - everywhere in Japan - has been most impressive. The same impression is valid for visits to some of historical Japanese places Nara, Kamakura, Nikko, etc.

Probably, the V World Congress of the ISDE in Kyoto, at the beginning of August 1992, was one of the most fascinating and well organised Congress of the Society. The deep interest of the Congress President for progress in this field of surgery will be shown by the forthcoming book on Esophageal Diseases.

After returning to Tokyo I was able to visit others important Surgical Departments such as the National Cancer Center in Tokyo.

I remain particularly thankful to Professor K. I. Nabeya and T. Hanaoka and to the Staff of the Second Surgical Department for their kindness during my visit.

Despite of the recent advances in the selection, preparation and postoperative care of patients with esophageal carcinoma, disturbance of the gastric tube viability and of the healing process of the cervical esophagogastrostomy still remain major problems with negative influence on prognosis and late sequelae.

Although different types of gastric tubes have become standard procedures for esophageal substitution, during the 80's, as a consequence of the rich intramural vascular network of the stomach, some recent angiographic studies 1) in concordance with intraoperative findings, demonstrated poor intraparietal circulation of the tubes at the upper 4-8 cm, in about 20 % of instances. To prevent partial or total disruption of the anastomosis by this ischemic tissue, regardless of the tube type, resection of the end of the gastric tube before the anastomosis, is a routine measure in Japanese practice today such as at Kyorin University, and the National Cancer Center in Tokyo. Different human gastric dimension did not present absolute decisive technical disadvantages 2) but, whenever required, one of the gastric lengthening maneuvers proposed by Kocher, Akiyama, Sughimachi or the shortest reconstruction route, the posterior mediastinal, should be used. Concomitant gastric ulcer may be considered as a real danger if it is not eliminated at the time of gastric tube construction, but even in these instances the vascular network of the tube may remain disturbed.

On the other hand, to avoid any compression on the proximal segment of the substernally placed graft, the retrosternal tunnel should be sufficiently wide. In accordance with my own experience I have never seen resection of any part of the thoracic inlet in Japan, although it is recommended by some others 4) but division of the medial head of the sternocleidomastoideus muscle may be useful. Anchoring of the elevated gastric tube to the prevertebral fascia or sternocleidomastoideus muscle is not practiced by Japanese surgeons. Tearing of this fixation stitch may produce a hardly detectable fistula behind an uneventfully healed anastomosis. On the contrary, fixation of the cut end of the right gastroepiploic arcade to the gastric wall, especially in obese subjects, is mandatory to prevent tearing of the main blood supply of the substitute.

It has been demonstrated experimentally that high thoracic sympathectomy (Th5-Th10) may increase by 32.2% the blood flow of the gastric tube 6. A similar favourable effect on the intramural circulation may be achieved - in clinical practice - by postoperative continuous epidural anesthesia, which assures a better respiratory function and PaO₂ during the early periods of the postoperative care. This a valuable new measure to reduce morbidity of all thoracotomized patients, including esophagectomy case.

Nabeya has shown previously that the blood flow of the fundus may decrease significantly by over 50% after gastric mobilisation, regardless of the route of replacement. 8) This reversible phenomenon demands a delayed, second-stage anastomosis after 3 weeks. The value of this second-stage reconstruction in instances of elderly, poor risk patients was evident in the Kyorin University practice.

To decrease the high rate of cervical esophagogastrostomy leaks, several factors should be take into consideration. First, accompanying cardiopulmonary diseases, choose obstructive bronchitis coronary heart disease diabetes, age, liver cirrhosis, irradiation must be evaluated to choose a lower risk type of management. Secondly, tension-free, end-to-end anastomosis by careful gastric mobilization, including some of gastric tube lengthening method, and proper route of reconstruction are essential. Thirdly, not only the proximal end of the gastric tube but also the devascularized part of the esophageal stump should be removed, to eliminate all tissue with impaired blood circulation.

At Kyorin University, I have seen that the practice of the anastomosis with CEEA stapler with an adequate diameter (25 mm) is a good alternative to manual one or two-layer anastomosis with interrupted, non-absorbable, monofilament suture material in cases of presternal reconstruction.

Esophagectomy produces many unfavorable intraoperative changes such as increase pulmonary arterial pressure, pulmonary vascular

CONT. ISDE SCHOLARSHIP REPORT



Hideyuki Kashiwagi, M.D.
Jikei University School of Med.
Tokyo, JAPAN

Itinerary: I left Japan for England on October 1, 1992, and I returned to Japan on December 28, 1992. I studied methods of evaluating functions of esophago-gastric reflux barrier under the guidance of Mr. John Bancewicz in the Surgical Investigation Unit of Hope Hospital for 3 months. I was able to see many investigative methods for gastrointestinal functions.

Research report: I studied the vector volume method of the lower esophageal sphincter and the yield pressure. The yield pressure means the difference between intragastric pressure at rest and that at cardiac opening caused by air infusion into stomach. Vector volume analysis is done using an 8 channel tube that has 8 side holes at the same level by motorized pullback manometry and computer calculation. Both methods are useful to evaluate abnormalities of lower esophageal sphincter functions and the effects of Nissen's fundoplication. However, each method may show different mechanisms of the reflux barrier because there is no significant correlation between these two tests.

Impressions and thoughts about the results of the Scholarship: I was fascinated by being able to study new methods for evaluating the lower esophageal sphincter and comparing them with conventional methods. I was surprised to know that there were so many patients with reflux esophagitis in the UK. I am pleased to have met many young doctors from other countries and to have seen British medicine in Hope hospital. The Scholarship is useful for us to learn new diagnostic methods and treatments which cannot be experienced in Japan and to communicate with doctors in other countries. (Hideyuki Kashiwagi)

resistance and PaCO₂ and decrease of PaO₂. Based on this argument reconstruction with delayed urgency may be justified in some particular instances 8).

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With Prof. Bancewicz (right) and his colleague



In the EEG test room



Home party, Prof. Bancewicz and his family

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1 9 9 3

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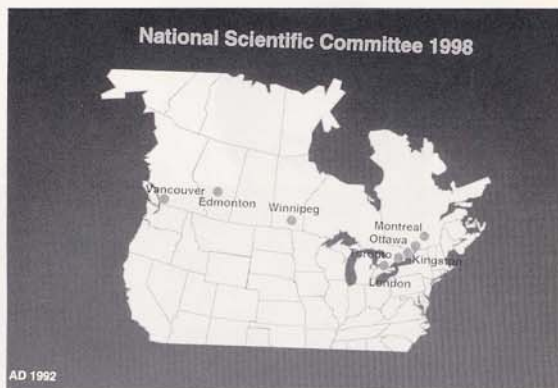
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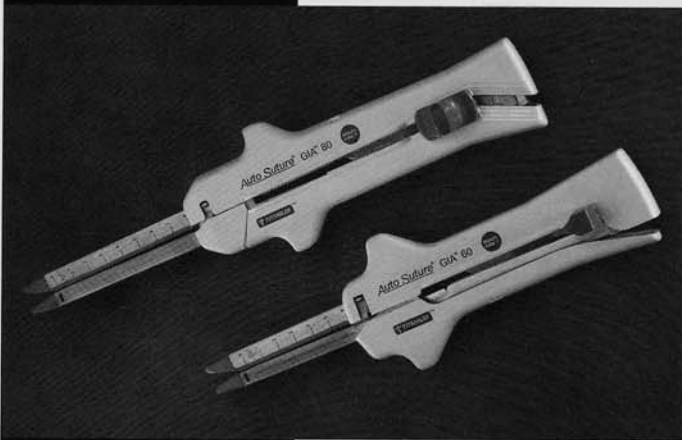
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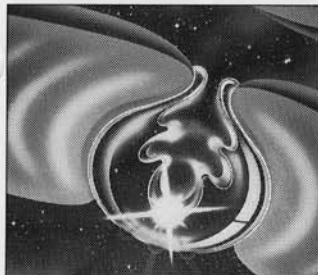


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