

ISDE



NEWS

The International Society for Diseases of the Esophagus No. 16, July 1st, 1994

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

SIXTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS Milan, Italy, August 23-26, 1995



Alberto Peracchia
President of the Congress

IMPORTANT DATES

NOVEMBER 30, 1994

Deadline for submission of Abstracts

MAY 31, 1995

Deadline for submission of a duplicate of the film

JUNE 30, 1995

Deadline for Registration at Normal Rate

JULY 10, 1995

Deadline for Guaranteed Hotel Accommodation

AUGUST 23-26, 1995

Date of the Congress

AUGUST 23, 1995

Opening Ceremony

President of the Congress

A. Peracchia

Local Organizing Committee

W. Montorsi - U. Veronesi

A. Baisi
P. Bianchi
G. Bianchi Porro
S. Bona
L. Bonavina
F. Cosentino
E. Croce
R. De Franchis
G. Fichera
U. Fumagalli
R. Germiniani
M. Giacomoni
A. Grossi
M. Montorsi
G. Ravasi
R. Rosati
M. Rossi
A. Ruol
A. Segalin
P. Spinelli
A. Spinola
A. Tajana
L. Tarenzi
A. Tittobello
G. Zaninotto

Secretary General

E. Ancona

Treasurers

P. Granelli
F. Zennaro

The scientific program consists of magistral lectures, oral paper poster papers videos and film presentations organized in Symposia , Satellite Symposia, Round Table, Video Sessions, Free-papers and Poster Sessions on all the various aspects of esophageal diseases.

A complete technical exhibit will show all the last technological development in this field.

TOPICS

A. Malignant diseases		Registration Fees (in Italian Lire)	
			before June 30, '95
1. Epidemiology			
2. Biology	ISDE Members		750.000
3. Pathology	Non-members		800.000
4. Diagnosis	Non-members Trainees (<35 years old)		400.000
5. Staging	Accompanying Persons		400.000
6. Surgical treatment			
7. Multimodal therapy			
8. Palliation	(as of March 15, 1994)		after June 30, '95
9. Others			850.000
		Rate US\$ 1 = Lire 1.668	900.000
		Yen 1 = Lire 16	500.000
			500.000
B. Benign esophageal diseases			
10. Congenital diseases			
11. Hiatal hernia			
12. Gastroesophageal reflux			
13. Barrett's esophagus			
14. Achalasia and other motility disorders			
15. Diverticula			
16. Leiomyomas			
17. Benign stricture			
18. Esophageal perforation			
19. Esophageal varices			
20. Others			

Organizing Secretariat

ECON s.r.l.
Via della Moscova 16
20121 Milan, Italy
Tel. (02) 29005745
Fax (02) 29005790

Symposia and Round Tables

Further details will be given in the final program. Some presenters of free papers may be requested to make presentations at these sessions.

Free Paper Sessions

Papers concerning the esophagus and related areas will be given 7 minutes for presentation and 3 minutes for discussion. Maximum number of slides is 15.

Video Sessions

Time allotted is 10 minutes for presentation and 5 minutes for discussion. Content of the video and film, together with technical details, must be reported on the abstract form.

Poster Sessions

Further informations on poster discussion will appear in the final program. Poster contents should be stated in the abstract. Information about the poster dimensions are printed in the abstract form.

RECENT ORGANIZATIONAL DEVELOPMENTS

The 12th Executive Committee Meeting was held on April 22 & 23, 1994 at New York Hospital, New York, U.S.A. The following reports were given.

1. Journal Affairs

* Papers accepted as is 14, accepted after revisions 27, rejected 17, rejected rate 29.3% (17/58), currently under review 6, duration from submission to finishing 6 weeks, invited manuscripts (3/93-4/94) 27, invited comments (3/93-4/94) 6.

* Current financial balance of the journal

Annual journal payment : $\$52 \times 710 = \$36,920$
Theoretical annual resources : $\$30 \times 710 =$
 $\$21,300$ (from mark-up due)
 $\$10,000$ (Japanese donation)
 total $\$31,300$

Balance: minus $\$5,620$ (this should be covered by journal royalty)

However since the payment rate of membership dues is currently only 71%, the minus balance is doubled to approximately minus $\$11,800$. Increase of payment rate of annual dues is strongly needed.

* Book of abstracts of the Milan World Congress as a supplement of the ISDE journal
As to the proposal of Professors Siewert and Perrachia that the abstracts of the 6th World Congress be printed as a supplement of the ISDE journal.

2. Membership Committee

* Current status of the ISDE membership in 1993 was 710 (newly added 23 (non-surgeons were 7, all were invited), withdrawal 49 (by notice 19, by not paying dues 30), rate of payment of annual dues 71%.

* Working out to simplify the current membership application steps

It was pointed out that the current application steps for membership are too complicated. If this point is a hinderance to encourage more memberships, it should be rectified. It was decided that the improvement step should be considered at the Membership Committee.

3. Scholarship Committee

1994 recipient are as follows:

Tanaphon Maipang (Thai) ; Gang Wei (PRC) ;
Vyacheslavovich S. Fedrin (Belarus/CIS) ;
Jong-Ho Park (Korea) ; Haruhiro Inoue (Japan) ;
Kazuhiko Hayashi (Japan).

4. Newsletter Committee

Newsletter No.15 has been come out.

5. The 6th Milan Congress report

Scientific Committee, March 24, 1995, Milan
Executive Committee, March 25, 1995, Milan

6. The 7th Montreal Congress report

The Congress Chairman, Professor Duranceau, reported the outline of the said congress.

7. Nomination of the 8th World Congress Chairman and the next Vice-President

It was decided in this meeting that candidates for the 8th World Congress (2001) and the next Vice-President shall notify to the ISDE Secretariat no later than December 31, 1994. They shall be given an opportunity to present their application in person at the next Executive Committee Meeting, March 1995, in Milan.

8. Senior member

Professor G. J. Huang was recommended as a Senior Member of the ISDE and this was unanimously agreed upon.

9. Proposal of forming a new Research Committee of "Molecular and Cellular Biology of Esophageal Cancer"

From the view point of future importance, the new research committee on "Molecular and Cellular Biology for Esophageal Cancer" was proposed to be formed and agreed upon. Dr. Nishihira was nominated as a chairman.

10. Proposal creating a new article in the ISDE Bylaws specifying "national section" of the ISDE

As to this item, it was discussed that countries as A-members are invited to form a National Section of the ISDE. The statutes of each national section are the responsibility of the members of that section, but have to be submitted the Executive Committee for approval. Also the members of the national section, in principle, shall be the ISDE members. This subject shall be submitted to the Official Meeting of Milan 1995 for approval.

11. Proposal of the ISDE Video Library

This proposal was submitted and agreed that the details will be worked out in the Secretariat.



REGIONAL ACTIVITY U.S.A.

During the first part of 1994, three important meetings of national surgical societies were held in the United States which contained significant papers relative to the esophagus. The first of these was the meeting of the Society of Thoracic Surgeons which met in early February in New Orleans. Dr. Richard Malthaner, representing the group from Toronto, presented a paper on the long-term results of esophagomyotomy for esophageal achalasia. They presented the findings in 31 patients with a minimum follow-up of 10 years after esophagomyotomy and Belsey partial fundoplication. The findings were interesting in that 10 of the patients ultimately required esophageal resection, six of which were done more than 10 years after myotomy, because of the late development of complications due in most cases to gastroesophageal reflux. These findings not only suggest that there is late deterioration of initially good results following surgery for achalasia, but that the addition of an antireflux procedure to esophagomyotomy does not prevent the late development of gastroesophageal reflux, raising the question of whether the more complicated combined procedure is justified in all patients undergoing surgery for achalasia. Professor Duranceau's group from Montreal, Canada presented their results after antireflux surgery in 14 scleroderma patients. These results were certainly encouraging, leading them to the conclusion that conventional antireflux operations provide successful palliation of reflux damage even in patients with scleroderma. Further studies of "en-bloc" esophagectomy for esophageal malignancies, in this case adenocarcinoma of the lower esophagus, were presented by Dr. DeMeester's group in Los Angeles, the emphasis being on lymph node metastasis and recurrence patterns. Important prognostic variables were determined to be the extent of wall invasion, the numbers of nodes containing metastatic deposits, and the length of the primary lesion. It was interesting that 33 percent of patients with mucosal tumors had nodal metastases. Their findings led them to the conclusion that in order to provide a possible cure for esophageal adenocarcinoma, wide lymph node resection with removal of all metastatic nodes is essential. While not specifically stated, this conclusion would suggest that they do not favor the use of transhiatal resection for the management of esophageal malignancies.

The American Surgical Association meeting in San Antonio in early April accepted only three papers related to the esophagus for presentation at the annual meeting. Dr. Ellis from the Deaconess Hospital and Harvard Medical School presented his results with vagotomy, antrectomy and Roux-en-Y-diversion for reoperative gastroesophageal reflux disease (GERD). The study involved 36 patients operated on between 1970 and 1994. These patients had undergone 66 previous operative procedures on the distal esophagus and stomach. There were no postoperative deaths, and complications were rare. The follow-up from one to 20 years (average six and two-thirds years) disclosed that 28 of the 33 patients (85%) available for analysis were improved by the operation. He suggested that this approach to the surgical management of these complex patients, a procedure favored more by British, Scandinavian, and European surgeons than by surgeons in the United States, is a suitable alternative to other procedures such as gastric pull-up and localized resection of strictures with interposition of short or long segments of intestine. Professor Akiyama of Tokyo presented further data on his experience with lymph node dissection for cancer of the esophagus. The 5 year survival rate following 3-field dissection was significantly better than after 2-field resection (5 year survival 52.2% versus 37.1%). The overall 5 year survival rate of 42.4% is the highest yet reported. Interest in the laparoscopic performance of the Nissen

fundoplication for GERD is intense in the United States and the paper by Hinder and associates from Omaha, Nebraska adds fuel to the fire. Their presentation involving the use of this technique in 198 patients with GERD supports the belief of many that this approach can be used safely with results similar to that following conventional Nissen fundoplication. Ninety seven percent of 100 patients followed 6-32 months after operation expressed satisfaction with their treatments, though 23% experienced early postoperative dysphagia.

At the annual meeting of the American Association for Thoracic Surgery in New York City at the end of April, further confirmation of the beneficial effects of close surveillance of Barrett's esophagus patients was provided by Dr. DeMeester's group from Los Angeles. Adenocarcinoma was detected at a very early stage and enjoyed a significantly improved survival rate compared to patients with Barrett's esophagus and carcinoma not under surveillance. Dr. Thomas Rice and associates from the Cleveland Clinic presented interesting data on p53 immunoreactivity in Barrett's esophagus mucosa. They found it to be a frequent but not exclusive marker for high-grade dysplasia, as well as intra- and submucosal cancer. The group from Sloan-Kettering in New York City reviewed their experience with 258 patients with carcinoma of the esophagus seen from 1985 to 1991. In order to evaluate possible predictors of survival following esophagogastrectomy, multivariate analysis of a number of factors including histology, tumor location, tumor differentiation, preoperative weight loss, age and sex of the patient proved not to be significant prognostic variables. The most influential prognostic feature was the extent of the disease, as defined by TNM stage.

(F.H. Ellis)

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Keiko Tashiro

CONT. REGIONAL ACTIVITY JAPAN



Keizo Sugimachi, M.D.
2nd Dept. of Surgery
Kyusyu University
JAPAN

48th CONGRESS OF THE JAPANESE SOCIETY FOR
ESOPHAGEAL DISEASES June 23-24, 1994, in Fukuoka
JAPAN

The 48th congress of the Japanese Society for Esophageal Diseases was held on June 23-24, 1994, at the New Otani Hakata Hotel in Fukuoka, Japan, presided over by Prof. Sugimachi (Fig 1). Over five hundred persons attended the congress which included 136 oral presentations and a panel discussion.

For many years, the prognosis of patients with esophageal carcinoma has been the poorest among all malignancies of the gastrointestinal tract. The first successful resection of the thoracic esophagus was performed by Torek in 1913. In recent years, thanks to the development of surgical treatment and endoscopic diagnostics using Lugol solution, the prognosis of esophageal carcinoma has substantially improved. However, the long-term results of patients with esophageal carcinoma remain poor, and there still remains considerable controversy surrounding the optimum types of treatment. With this in mind, numerous themes on both clinical and basic science were selected for this congress.

The main themes of the oral sessions in this congress focus on "Recent Advances in Research on the Carcinogenesis, Progression or Metastasis of Esophageal Cancer" and "Diagnostic and Therapeutic Advances for Esophageal Cancer, including early diagnosis, perioperative management and multidisciplinary treatment."

A total of 43 presentations on the first theme were selected and were divided into 9 sessions on such subjects as "carcinogenesis," "tumor immunology," "the origin of carcinoma," "progression," "metastasis," "oncogenes," the assessment of malignant behavior, "nuclear DNA content" and "prognostic factors," respectively. In addition, 93 presentations on the second theme were chosen and assigned to 18 sessions including: "diagnosis," "lymph node metastasis," "lymph node dissection," "operative procedures," "anastomotic leakage and stenosis," "treatment for extremely advanced esophageal cancer," "treatment for unresectable cancer," "radiation therapy," "preoperative chemotherapy," "multidisciplinary treatment," "diagnosis and treatment for unique cases," "perioperative management" and "management for risky patients," respectively. In each session, original presentations regarding both basic and clinical research at a high scientific level were given and were followed by lively discussions involving the audience.

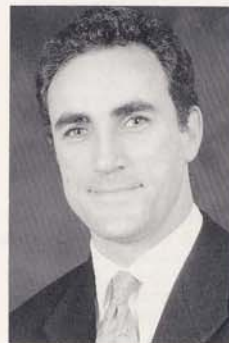
The main theme of the panel discussion was "Validity and Problems of the Proposed New Classification of the Lymph Nodes for Surgical Dissection." Eight panelists, who were all members of the Lymph Node Committee of the Japanese Society for Esophageal Diseases, explained their opinions on the proposed new classification and led the discussions. This controversial and important subject greatly interested and stimulated the audience and led to a constructive debate on this topic among the participants and the audience (Fig 2).

The congress finished successfully after the completion of numerous lectures and many high level scientific discussions. All the attendants identified the recent advances in the preclinical and clinical investigation of esophageal disease and were convinced of continued future improvement in both the diagnosis and treatment of esophageal disease.

(K. Sugimachi)



ISDE SCHOLARSHIP REPORT



Marcello Migliore, M.D.
Dept. of Surgery
University of Catania, ITALY

Between February 1st and December 31st, 1993 I had the opportunity of working as Honorary Clinical Fellow in the Department of Thoracic Surgery at Frenchay Hospital under the direct supervision of Mr. K Jeyasingham, Consultant Thoracic Surgeon.

I wish to first and foremost thank Professor David Skinner who has since 1987 given continuous support and encouragement to my interest in esophageal disease and help me acquire an understanding into its workings. He was also responsible for introducing me to the Department of Thoracic Surgery at Frenchay Hospital, made famous by Mr. Ronald Belsey's attachment to that department in years gone by. At the present moment the Senior Consultant in Charge is Mr. K. Jeyasingham who is responsible for a considerable number of esophageal patients which include pathology in the cricopharyngeal area, epiphrenic diverticula, achalasia of the cardia, gastro-esophageal reflux and hiatal herniation. In addition, this department acts as a receiving

CONT. ISDE SCHOLARSHIP REPORT

centre for tertiary referrals following trauma to the esophagus. I was impressed with the great mastery in the performance of the surgical procedures by Mr. Jeyasingham, to whom I want to express my personal thanks for his encouragement in my continuing interest in the field and in carrying out research programs in the laboratory as well as in the ward. As Research and Laboratory Assistant in the Esophageal Laboratory in the Department of Thoracic Surgery at Frenchay, Mrs. Helena Payne has been most helpful with my investigations and to her I wish to extend my sincere thanks.

As a result of the investigations, I have submitted a paper to the Annals of Thoracic Surgery entitled "The Pathophysiological Basis for Surgery of Zenker's Diverticulum". This paper will appear in the Journal within the next few months. A further paper is being prepared entitled "Pharyngo-esophageal Dysphagia". This is to be submitted to one of the European journals in the field. Based on the work carried out at Frenchay Hospital I have also submitted numerous abstracts to other surgical congress and have presented short papers on cricopharyngeal dysphagia.

In an attempt to maintain a continuing interest in the field of esophageal disease I have made arrangements to visit other departments as well as continuing to visit the Department of Thoracic Surgery at Frenchay Hospital over the

next few months at regular intervals.

Finally, I should like to thank my Chief in Catania, Italy, Professor G. Romeo who is a superb surgeon and who has been my constant counsellor with regard to my surgical training. I also wish to thank the International Society for Diseases of the Esophagus for having given me the opportunity and the possibility to pursue my interest in the field of cricopharyngeal dysphagia. (M. Migliore)



ISDE SCHOLARSHIP

Outline of the Scholarship in 1995

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, 1994. 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, 1995, and the grantee should then finish his or her research by the end of March 31, 1996.

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)

1994 WINNERS



T. Maipang
Faculty of Med.
Prince of Songkla
University
THAILAND



V.S. Fedorin
Thoracic Dept.
Scientific and
Research Institute
Belarus/CIS

H. Inoue
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Tokyo Medical &
Dental Univ.
JAPAN





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Tokyo Women's
Medical College
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J. Park
Dept. of Thoracic
& Cardiovascular Surg.
Seoul National Univ.
Hospital KOREA

G. Wei
Tianjin Cancer
Institute & Hospital
P.R.C.



ANNOUNCEMENT

1. Candidates for the 8th ISDE World Congress Chairman in 2001 and those for the next Vice-President of the ISDE should notify the ISDE Secretariat no later than December 31, 1994. They shall be given an opportunity to present their application in person at the Executive Committee Meeting, March 25, 1995 in Milan. (refer to the minutes, p.3 of ISDE News No16)
2. General voting among the ISDE members will take place at the beginning of next year, 1995, for the election of the national representatives of the ISDE Council. This vote shall be based on fee-paying members as of December 31, 1994. Those who have failed to pay annual dues please take notes of this matter. Please remember that if you have not paid your annual dues you will not be eligible to vote.

RECENT PUBLICATION

Recent Advances in DISEASES OF THE ESOPHAGUS

K. Nabeya, T. Hanaoka, H. Nogami, Kyorin University Tokyo, Japan (Eds.)
Selected Papers from the Fifth World Congress of the International Society for Diseases of the Esophagus, held in Kyoto, Japan, 1992, have been compiled and edited for presentation in book form. This book is now available.

1993. Approx. 1100 pp. 446 figs.
Hardcover DM 428, ISBN 3-540-70121-4

Special price for ISDE members :
¥ 20,000 (airmail postage fee not included)

This book incorporates the most advanced reports in the world, on the epidemiology, pathology, diagnosis and treatment of diseases of the esophagus, from benign to malignant.

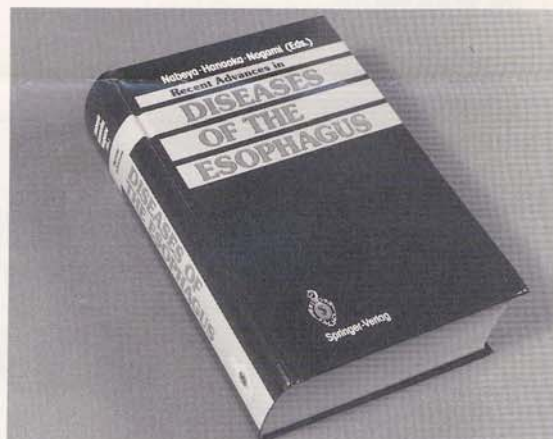
Contents: Congenital Disease - Gastroesophageal Reflux - Barrett's Esophagus - Motility Disorders (Achalasia) - Esophageal Varices - Esophageal Perforation - Other Diseases and Strictures - Esophageal Cancer - Resection for Esophageal Cancer - Esophageal Cancer : Surgical Treatment - Multimodality Treatment for Esophageal Cancer - Palliative Treatment for

Esophageal Cancer and Others.

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CONGRESS NEWS

1994

* 14th World Congress *

Collegium International Chirurgiae Digestivae
Site : Los Angeles, U.S.A.
Date : Sept. 28 - Oct. 1, 1994
President : Edward Passaro Jr., M.D.

* 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

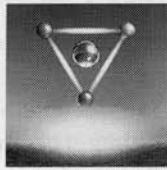
* XXIX WORLD CONGRESS *

* INTERNATIONAL COLLEGE OF SURGEONS *
Site : London, U.K.
Date : November 13 - 16, 1994

1998

*SEVENTH WORLD CONGRESS OF ISDE *

Site : Montreal, CANADA
Date : August 31 - September 4, 1998
President : Andre Duranceau, M.D.



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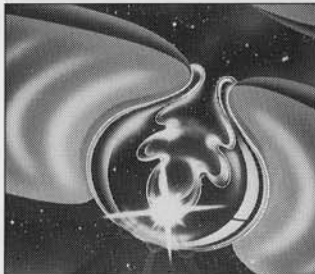
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