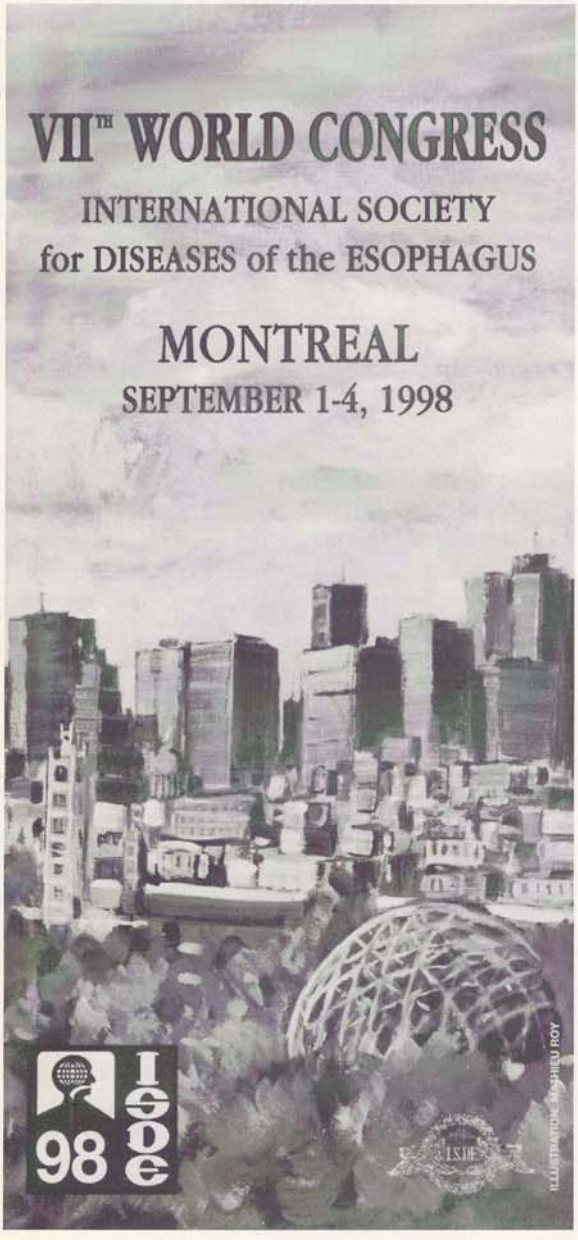
ISDE NEWS

The International Society for Diseases of the Esophagus No. 20, July 1st, 1996

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjyuku-ku Tokyo 162, Japan Tokyo Tel. 03(3353)8111 Fax. 03(3358)1424

TOWARD FURTHER EXPANSION THE 7TH WORLD CONGRESS



-CELEBRATING-
* 20 YEARS *
* OF THE ISDE *

ANDRE DURANCEAU, M.D.
7TH CONGRESS CHAIRMAN
PROFESSOR OF SURGERY
HOTEL DIEU DE MONTREAL
QUEBEC, CANADA

Montreal, the Province of Quebec and all of Canada are proud and honoured to have been selected as the hos city of the 7th Worlld Congress of the International Society for Diseases of the E sophagus in 1998. The meting will take place during the week of August 31st to September 4th.
Our modern and dynamic city is very North American and yet it retains it's French origin and culture. It's international character will create an ideal setting for our Society to meet in six years frm now.

The high quality of our Convention Center facilities, located right in the heart of Montreal as well as the professional and technical support should ensure the success of our congress. The strong presence of our two major universities, Universite de Montreal and McGill University should guaranaty the highest scientific level for our meeting.

Our aim is to provide the best organized platfoarm for our exchange. Our city's aim is to offer the most pleasant surrounding to our visitors for such an occasion.

On behalf of Montreal, Quebec and Canada, I invite you to be with us for our International Congress in 1998.

A tres bientot ,

II. RECENAT ORGANIZATIONAL DEVELOPMENTS ✻✻✻✻✻✻✻✻

The 15th of the Executive Committee Meeting was held on May 26, 1996 at Melia Madrid Hotel, Madrid, Spain. The following reports were given.

1) Membership Committee;

As of May 1, 1996 there were 705 members, an increase by 3 compared to 1995, 702. Among 30 new members, there are 5 gastroenterologists. Thirty-four members withdrew in 1995 including 16 by notification, 17 through not paying dues and one due to death. The rate of payment of annual dues was 84%. Professor Skinner proposed the idea the distribution of the journal should be halted for those not paying dues for the previous year.

2) Scholarship Committee;

As to the scholarship candidates for 1996, it was reported that 4 research scholars and one visiting scholar were selected by mail evaluation among the committee members. As of 1996, 58 members havereceived the scholarship approximately half of whom were from countries having financial problems.

3) Newsletter Committee:

Dr. Watanabe, the chairman of the Committee reported that the No..19 issue had been published and that the affairs were going smoothly.

4) Journal Committee:

Professor Siewert, Editor-in-Chief reported on the production process. Volume 9, No.2 issue (1996 April issue) recently came out on time. Lisating in medical indeces is strongly needed.

5) Video-Library Committee:

Dr. Rosati reported the process of forming the Video-Library. Glaxo indicated their willingness to cover costs incurred in Milan by editing duplicating and mailing cassettes that are sent to Milan. They will not be responsible for the creation of videos of procedures or those made at congresses.

6) The 7th World Congress:

Congress Chairman Professor Duranceaureported on preparations showing the titles of main sessions and the time table.

7) The 8th World Congress:

Proxy of the Congress Chairman Professor Pinotti, Dr. Cecconello reported on the preparation status.

1996 Scholarship Recipients

KOTSIS, LAJOS
Postgraduate Medical University
Thoracic Surgical Clinic
Budapest, HUNGARY
(HOSPITAL UNIV. "12 DE OCTUBRE, Spain)

YAMASHITA, YOSHINORI
Dept. of Surgical Oncology
Research Institute for Radiation
Biology and Medicine, Hiroshima University
Hiroshima, JAPAN
(UNIV. OF SOUTHERN CALIFORNIA, USA)

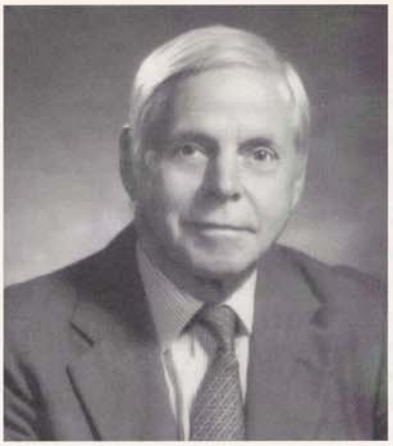
KEIJI, ABE
Dept. of Surgery II
Tohoku University, School of Medicine
Sendai, JAPAN
(NATIONAL INSTITUTE OF HEALTH,
NATIONAL CANCER INSTITUTE, USA)

LONG-QI CHEN
Dept. of Thoracic Surgery
Hebei Medical University
Shijiazhuang, P. R. CHINA
(HOTEL-DIEU DE MONTREAL, CANADA)

RANDJELOVIC, TOMISLA V
Dept. of Surgery
Institute for Digestive Diseases
Clinical Center of Serbia
Belgrade, YUGOSLAVIA
(TORANOMON HOSPITAL, JAPAN)

III. REGIONAL ACTIVITY
USA

F. Henry Ellis, Jr. M.D., Ph. D.
Clinical Professor of Surgery Emeritus
Chief Emeritus
Division of Cardiothoracic Surgery
Deaconess Hospital
Harvard Medical School



Professor F. Henry Ellis, Jr.
Member of Newsletter Committee

"During the spring of 1996, three important national thoracic surgical meetings were held in the United States, at which interesting esophageal papers ere presented. "

The Society for Thoracic Surgeons met in late January, and a group from the University of Michigan presented an interesting paper suggesting that Barrett's adenocarcinomas may represent a subset of tumors of the cardia. Using Sucrase Isomaltaze (SI) analysis, they found that 7 of 21 tumors of the cardia without associated Barrett's mucosa (33%) were SI positive, suggesting that these tumors may represent Barrett's adenocarcinoma, and that there exists a subset of tumors of the cardia that are true Barrett's adenocarcinoma rather than gastric tumors. Dr. Ferguson from the University of Chicago confirmed findings previously published from the Mayo Clinic that prior forceful dilation of the esophagus for achalasia has no adverse effect on subsequent surgery, which in their case consists of esophagomyotomy and fundoplication. A prospective study of photodynamic therapy for esophageal malignancy was presented from Columbus, Ohio. Complications and procedure-related mortality were minimal, and the duration of palliation of dysphagia was equal to or better than that of most other treatment regiments. An interesting poster by Altorkis group from the New York Hospital found that acidit fibroblast growth factor (aFGF) was present in al l patients with high grade dysplasia and Barrett's esophagus, and in 90% of those with carcinoma, suggesting that aFGF may prove to be an important marker of invasive carcinoma in these cases.

The Annual Meeting of the American Association for Thoracic Surgery was held in San Diego, CA during the last week in April. A combined paper from Monatreal, Quebec, and Milan entitled Cricopharyngeal Myotomy For Neurogenic Oropharyngeal Dysphagia described 40 patients with a variety of such disorgers, thirty of whom were either asymptomatic or improved after operation. These findings are important, for they do not reflect everyone's experience with cricopharyngeal myotomy for patients whose cervical esophageal dysphagia is the result of the neurogenic factors. The Mayo Clinic reported in detail on their experience with reoperation after failed antireflux procedures involving 185 patients with an improvement rate approaching 90%. They stressed, as have others, that the type of repair should be tailored to the individual patient, but emphasized that esophageal preservation, rather than resection, will result in significant functional benefit, with low mortality and morbidity. The same group addressed the question of anemia associated with paraesophageal hiatus hernia, re-emphasizing the fact that repair of the hernia without associated procedures will successfully correct the anemia in most of these patients.

The W estern Thoracic Surgical Association met in late June, and two imporant papers on esophageal cancer were presented. Dr. Ellis' group from the Deaconess Hospital and Harvard Medical School presented their experience with 454 patients with carcinoma of the esophagus and cardia, 408 (90%) of whom underwent resection with a 30-day morttality of 2.5%. These patients were divided into three separate time intervals of 8 years each. Significant findings were an increase in left thoracic and transhiatal approaches, with a decline in thoracoabdominal incisions. The percentage of RO resections increased, while that for R1 resections decreased with no change in R2 resections. There was a marked increase in the percentage of adenocarcinomas in Barrett's esophagus, and in Stage 0 and 1 tumors. The overall adjusted actuarial five-year survival rate was 4.7%, and was higher during the most recent time interval than the previous one (28.8% versus 20.3%). New staging criteria, based on modifications of Skinner's WNM criteria, were found to provide better prognostic stratification of patients by stage than is true of that currently used by the AJCC and the UICC. Dr. Akiyama of Tokyo presented his extraordinarily successful results with resection of esophageal cancer some of which had been previously reported.

(F. Henry Ellis, Jr., M.D. Ph. D.)

IV. ISDE SCHOLARSHIP

SCHOLARSHIP REPORT I.

Haruhiro Inoue, M.D.
First Department of Surgery
Tokyo Medical and Dental University

Inoue and J. H. Peters

First of all I would like to thank the scholarship committee for giving me the opportunity to visit USC hospital (Department of Surgery, University of Southern California. Director and Professor Tom Ryan DeMeester). I spent three months from January to Maarch 1995 at this university. As you know, Prof. DeMeester and his colleagues are worldwide renowned for their splendid dedication to the diagnosis and treatment of various kinds of esophageal diseases. During my stay in Los Angeles I observed a great deal of their activity concerning basic research and clinical work. Particularly, many reflux-disease patients are referred and appropriately treated according to their original protocal. " Esophageal lab" is a special room, where they perform functional studies of the esophagus. I learned many things concerning esophageal motility, PH study and bile juice reflux. This room works every day of the week, and I spent most of my afternoons there, after observing the surgeries in the morning.

One of the most interesting points for me is that laparoscopic Nissen fundoplication has already been established and has become the gold standard of treatment for reflux disease, in which they can perform complete laparoscoic procedures relevant to open surgery.

It was also to my surprise that more than 90 percent of esophageal cancer patients in USC hospital are occupied by adenocarcinoma developed on Barret esophagus. This is quite defference from the incidences in Japan where almost all cases are squamous cell carcinoma. As you know, advanced disease of either squamous cell carcinoma or adenocarcinoma has very poor prognosis. Thus early detection of this disease is important and appreciated. In order to detect early-stage squmous-cell carcinoma, spraying of iodine-dye solution is, of course, quite useful. But early detection of adenocarcinoma is relatively difficut. At present we have no effective vital staining tehcnique for early-stage adenocarcinoma, and therefore multiple biopsies are effective to detect them.

During my stay in Los Angeles, two big disasters occurred in Japan. One was the subway sarin attack by Aum Supreme and the other was the Kobe's earthquake. I could not believe myself when I first saw it on CNN news. I will never forget those scenes of my mother country on TV for the rest of my life.

In USC Hospital, Dr. Jeffrey H Peters (Assistant professor of Surgery) and Professor Cedreic Bremnerespecially helped me in many ways. I would like to express my appreciation for his kindness once again. (Haruhiro Inoue, M.D.)

THE ISDE SCHOLARSHIP

Source of Funds:

The Japanese Research Foundation for the Multidisciplinary Treatment of Cancer.

Purpose:

To encourage the transfer of information concerning the diagnosis and treatment of esophageal diseases among specialists in various countries.

Eligibility:

1)Applicants must be ISDE members who have fully paied their dues for at least the previous year.

2)Applicants must submit an outline of the research they wish to undertake, and give their reason for choosing the proposed host institution. t he host institution should preferably be one with experienced and qualified staff members who have contibuted to the ISDE.

3)Applicants must provide evidence of acceptance at the proposed host institution.

4)Applicants must attach a letter of recommendation from the chief of his or her department.

5)Applicants must be on the staff of a university, teaching hospital, research laboratory or similar institution.

6)In principle, applicants for Research Scholarship must be under the age of 45, and must be able to work for a minimum of 3 months at the intended host institution.

7)Professors or chiefs of departments are eligible only for short-term grants (Visiting Scholarships).

Financial Support:

Stipends for Research Scholarships will be granted towards the cost of tourist/economy calss air fares and accommodations in the host country. No allowance will be given for dependents. In the case of Visiting Scholarships (item 7) above), only the cost of air fare and not of accommodation will be granted. This grant does not necessarily exclude the receipt by the grantee of other stipends toenable him or her to conduct the intended research.

Maximum Support per Award:

US $10,000

Total Amount of Support per Annum: Approximately US $70,000

Number of Awards: 6 - 7 per annum

Applications: (To P.5)

CONT. ISDE SCHOLARSHIP

SCHOLARSHIP REPORT II.

Paul De Leyn, M.D.
University of Leuven
BELGIUM

It was a great pleasure for me to gain the support of the International Society of Diseases of the Esophagus to work for a six-month period in the Birmingham Heartlands Hospital (01/95 until 07/95) . First of all, I would like to thank the Staff, nurses and secretaries of the Thoracic Surgical Unit for their hospitality.

During these months, I have been working mainly with Miss Deidre Watson and Professor Hugoe Matthews, both Consultant Thoracic Surgeons. As in Belgium most endoscopic work is performed by "endoscopists", Miss Watson took the time to familiarize me with rigid and flexible oesophagoscopy and stenting. This practice, together with the high quality of operative work and her very critical and sharp mind learned me a lot about curative and palliative treatment of oesophageal carcinoma. Correct diagnostic work-up, correct pre-and postoperative decisions are of paramount importance in this difficult field.

Professor Matthews is an eminent Thoracic Surgeon. His main interest is focusingon oesophageal diseases. His unit is a referring centre for oesophageal motility disorders and reflux disease and I have learned a lot about diagnosis and treatment of functional diseases of the oesophagus. Especially his oesophagus. Especially his oesophageal motility laboratory with research programme on histological changes in motility disorders and reflux disease have impressed me very much.

My main interest was the treatment of oesophageal carcinoma and the effect of induction chemotherapy. As we all know, carcinoma of the oesophagus remains difficult to treat, mainly due to the late diagnosis of the disease. There are scattered data in the literature that induction chemotherapy seems to increase the respectability and long-term survival of oesophageal carcinoma. In our institution in Leuven, patients with potential T4 or T4 disease receive induction therapy. In Professor Matthews unit, all suitable patients with oesophageal cancer (i.e. patients with assessable tumor, normal renal function, ...) receive two pulses of chemotherapy. Two pulses of chemotherapy are given 21 days apart, followed by re-evaluation with CT scan and Barium swallow 21 days after the second pulse of chemotherapy. Following this, surgery was performed. Previous studies had shown that adding more courses to the chemotherapy regimen had no effect on the response rate. Also patients which were not surgical candidates (high operative risk, metastatic disease) were evaluated for chemotherapy.

I was pleased to find that the toxicity was very acceptable. The toxicity consisted mainly of nausea and vomiting. No severe haematological problems or therapy related deaths were noted during this six-month period. The drug regimen was MIC (mitomycin, ifosfamide, cisplatin) or MCFu (mitomycin, cisplatin, 5-fluoracil). Barium swallow showed to be the best parameter to follow the response. The overall response was 62% for squamous cell carcinoma (22% complete and 39% partial response). The response rate for adenocarcinoma was lower (20-25%). At the momeant, further promising studies are done to find if some histological featuares on preoperatiave biopsy can predict the response to chemotherapy. Such a finding would be a great importance since this would allow us to select patients which would definitely benefit from induction chemotherpy.

Professor Matthews has an unique technique in performing subtotal oesophagogastrectomy. The anastomosis is almost always performed at the cervical level, since the incidence of reflux is much lower as compared with intrathoracic anastomosis. Much attention is paid to extubate the patients immediately after the operation. When necessary, a minitrachemosatomy is inserted to facilitate aspiration of sputae. Patients have no nasogastric tube and they are allowed to start to drink small amounats of water 48 hours postoperatively.

Professor Matthews is an expert in al l parts of general thoracic surgery and the ward rounds were always highly interesting for me. I very much enjoyed his critical remarks based on solid experience and with typical Britisch sense of humor and phlegm. I am sure that my stay at Birmingham Heartlands Hospital will change my ideas and techniques in thoracic surgery. Neo-adjuvant therapy for carcinoma of the oesophagus seems to show encouraging results, with aceptable toxicity. It is obvious that further work needs to be done to evaluate the effect on survival.

Many peoplle have helped me during this stay. I especially like to thank Mr. Collins, director of the Thoracic Surigcal Unit, Mr. Marzouk, Consultant Thoracic Surgeon, Mr. Steyn, Research Registar, Mr Duffy, Senior Registrar and Jane Danton, Oesophageal Research Centre, Birmingham Heartlands Hospital.

Finally, I would like to thank the Head of my Departmet, Professor Dr. T. Lerut who is a very eminent oesophageal surgeon. He was the promotor of my basic fundamental research and make the contact with Professor Dr. Matthews. Again, I wish to thank the International Sciety for Diseases of the Esophagus for their support for my interest in oesophageal oncology.

(P. De Leyn, M.D.)

(From P.4)

In 1997 Applications (one original and 10 copies attached photographs – not copies) should be received by the ISDE by December 31 1996, including proof of acceptance frm the intended host institution(s).

Notification of awards will be made by March 31, 1997 and the grantee should then finish his or her research by the end of March 31, 1998.

Limitations:

This scholarship will not be awarded for the sole purpose of attending conferences or visiting institutions.

Other:

Applicants for Visiting Scholarships are required to submit the documents outline in items 2), 3), and 4) bove.

Additional information and Application forms:

Additional information and application forms may be obtained from the Secretariat of the ISDE at the following adress:

"The International Society for Diseases of the (To P.6)

CONT. ISDE SCHOLARSHIP

SCHOLARSHIP REPORT III.

Carmelo Loinaz, M.D.
Hospital "12 de Octubre"
Universidad Complutensse de Madrid, Spain

I had the marvellous opportunity to spend a period of time, from November 1995 to February 1996, at Cornell University Medical Center- New York Hospital, thanks to the 95'ISDE Scholarship. This is the first hospital in New York City and the second oldest in the United States, and was chartered in 1771. Located on the upper East side of Manhattan, The New York Hospital is affiliated with the Cornell University Medical College together with the Hospital for S pecial Surgery and the Memorial Sloan Kettering C ancer Center. The faculty is world renowned for their contributions to patient care, teaching and research.

It has been a wonderful experience to observe a lot of operations performed by Prof. David B. Skinner and Dr. Nasser K. A ltorki, both on benign and malignant esophageal diseases, and to have the chance to discuss the indications, technical aspects and approach possibilities.

The standard technique for the surgical treatment of esophageal carcinoma at The New York Hospital is "en bloc" resection. This was developed by Dr. Skinner, after the first report by A. Logan in 1963 (The surgical treatment of carcinoma of the esophagus and cardia. J Thorac Cardiovasc Surg 46:150). The first "en bloc" resection was performed in 1965, and the technique published in 1983 (En bloc resection for neoplasm of the esophagus and cardia. J Thorac Cardiovasc Surg 85:59). For tumors located at the upper and middle third, or lower third within 10 cm of the aortic arch, a right thoracotomy in the fifth intercostal space is used. When the carcinoma is at the cardia or distal esophagus and proximal margin of at least 10 cm is possible, a left sixth interspace thoracotomy incision is performed. In this case, a diaphragmatic incision is done, avoiding the need of a laparotomy or a thoracoabdominal incision. The esohagus is resected "en bloc" with all the surrounding tissue, including the mediastinal pleura, azygos vein, thoracic duct, all existing lymph nodes and a pericardial patch.

The adbominal lymhadenectomy (hepatic, splenic and celiac) is performed through the left thoracotomy in the lower tumors or through a midline laparotomy. The lesser curvature from the fundus to the fourth branch of the left gastric artery, together with this artery and its lymph nodes is resected with the esophageal specimen.

A third field lymph node dissection is now accomplished through bilateral cervical incision, allowing removal of the deep lateral, jugular and recurrent nodes.

I observed as well some cases of gastroesophageal reflux diseases treatment cases, with the Belsey-Mark IV procedure. This is a technique with which they have a tremendous experience and magnificient results.

During the time I have been in New York I have studied and discussed profoundly the different procedures of esophageal reconstruction. As a result of it, we are going to publish the chapter "Pitfalls and complications of esophageal interposition procedures" in the issue of chest Surgery clinics of North America on Pitfalls of Esophageal Surgery and their prevention, edited by Dr. S. Fell and Dr. M. Bains. This work will treat the different kinds of substitutes, i.e. stomach, colon and pedicled or free jejunum, with their indications, pitfalls and complications.

I want to thank the ISDE for the superb opportunity I had to spend such a wonderful time in New York, and meet such marvellous surgeons as Prof. Skinner, an internationally reknown esophageal surgeon that does not need any introduction, and Dr. Altorki, an experienced and skillful cardiothoracic surgeon, actively working on esophageal surgery but lung and cardiac surgery too. It has been a pleasure and a honor to be with them, and I can say that I enjoyed my stay very much. I want to express my appreciation to Prof. John Daly, Chairman of the Department of surgery of the New York Hospital and thank his hospitality and kindness.

I cannot finish this report without thanking my chief in Madrid, Prof. E. Moreno-Gonzalez, an example of work and dedication during all my surgical career.

(Carrmelo LoinaZ, M.D.)

(From P.5)

Esophagus"
The Institute of Gastroenterology,
Tokyo Women's Medical College
8-1 Kawada-cho Shinjuku-ku Tokyo 162
JAPAN
Tel.81-3-3358-1435 Fax.81-3-3358-1424

Obligations:

The grantee must submit a report of about 800 words within 3 months after completion of the scholarship, which will be published in the ISDE Newsletter.

Addendum:

Of the total fnds available for any given year, the ISDE reserves the right to provide additional special supplementary grants to recipients with special extenuating circumstances, such as those from economically troubled countries. However, the maximum total amount of such grants is not to exceed $10,000 per annum.

VI. CONGRESS NEWS

1996
* O. E. S. O. 5th World Congress *
- 5TH POLYDISCIPLINARY WORLD CONGRESS -
The Esophagogastric Junction
Site : Paris, U.N.E.S.C.O. HQ
Date : September 3 - 7, 1996
Scientific Director : Robert GIULI
* MEDITERRANEAN CONGRESS OF
STAPLING IN SURGERY*
Site : Triaena Congress, Cyprus
Date : November 20 - 24, 1996
President : GAVRIEL KAOUTZANIS
* XXX BIENNIAL WORLD CONGRESS OF ICS *
INTERNATIONAL COLLEE OF SURGEONS
Site : Kyoto International Hall, Kyoto
Date : November 25 - 29, 1996
Congress President : Osahiko Abe

1997
* 37TH SIC *
-International Surgical Week ISW97-
Site : Acapulco, Mexico
Date : August 24 - 30, 1997
Organizer : E. Moreno-Gonzalez

1998
* 6TH WORLD CONGRESS OF
ENDOSCOPIC SURGERY *
Site : Rome, Italy
Date : June 3 - 6, 1998
President : Alberto Montori
* 8TH WORLD CONGRESS OF I.S.D.E.*
Site : Montreal, Canada
Date : September 1 - 4, 1998
Congress Chairman : Andre Duranceau

2001
* 7TH WORLD CONGRESS OF I.S.D.E.*
Site : Sao Paulo, Brazil
Date : 2001
Congress Chairman : H. W. Pinotti

SUPPORTING COMPANIES

* ミノファーゲン製薬本舗
* KUREHA CHEMICAL INDUSTRY CO., LTD.
呉羽化学工業（株）
* 三井製薬工業（株）
* OTSUKA PHARMACEUTICAL CO., LTD.
大塚製薬（株）
* ヤンセン協和（株）
* CHUUGAI PHARMACEUTICAL CO., LTD
中外製薬（株）
* TAIHO PHARMACEUTICAL CO., LTD.
大鵬薬品工業（株）
* YAMANOUCHI PHARMACEUTICAL CO., LTD.
山之内製薬（株）
* スミスクライン　ビーチャム（株）
* 武田薬品（株）
* SHIONOGI & CO., LTD.
塩野義製薬（株）
* アストラジャパン
* 森下ルセル（株）
* 藤沢薬品（株）東京）
* 三共（株）
* BANYU PHARMACEUTICAL CO., LTD.
萬有製薬（株）
* 住友ベークライト（株）
* KYOWA HAKKO KOUGYOU CO., LTD.
協和醗酵工業（株）
* 日本化薬
* TERUMO CORPORATION
テルモジャパン（株）
* 東芝メディカル（株）
* 旭化成工業（株）
* NIKKEN CHEMICALS CO., LTD.
日研化学（株）
* 東京医療化学（株）
* エーザイ（株）
* ヘキストジャパン（株）
* ブリストルマイヤーズ
* TSUMURA & CO.
（株）ツムラ

CALL FOR APPLICANTS OF 1997 ISDE SCHOLARSHIP

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