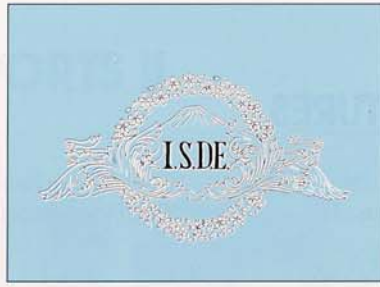


# ISDE



# NEWS

**The International Society for Diseases of the Esophagus** No. 22, July 1st, 1997

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

## VIIth WORLD CONGRESS OF I.S.D.E.

### SEPTEMBER 1-4, 1998

### MONTREAL



Andre Duranceau, M.D.  
President, 7th Congress

#### Important Dates

Congress dates: SEPTEMBER 1-4, 1998

Deadline of Abstract: December 1, 1997

#### Registration:

Registration:	to Dec. 1, '97/	to May 1, '98/	Thereafter
Fee			
Members	500 \$	600 \$	700 \$
Non-Members	600 \$	700 \$	800 \$
Trainees	300 \$	300 \$	300 \$
Accompanying persons	200 \$	200 \$	200 \$

#### *\* Organizing Committee \**

- Chairman* Prof. Andre Duranceau  
*Member* Assoc. Prof. Michel Boivin  
 Prof. Gilles Beauchamp  
 Ass. Prof. Serge Mayrand  
 Prof. David Mulder



\*\*\*\*\*  
 \* Scientific and General Conference \*  
 \* Secretariat \*  
 \* COPLANOR Congres inc. \*  
 \* 511 Place d' Armes, Suite 600 \*  
 \* Montreal QC H2Y 2W7 \*  
 \* CANADA \*  
 \* Tel. (514)848-1133 \*  
 \* Fax. (514)288-6469 \*  
 \* e-mail: isde98@coplanor.qc.ca \*  
 \*\*\*\*\*

# STATE-OF-THE-ART LECTURES

## SEPTEMBER 2

Fundamental N. E. Diamant (Toronto, Canada)  
Clinical F. G. Pearson (Toronto, Canada)

“Control Mechanisms of Esophageal Function”  
 “The Development of Esophageal Surgery in Canada”

## SEPTEMBER 3

Fundamental John Dent (Adelaide, Australia)  
Clinical D. O. Castell (Philadelphia, USA)

“The Lower Esophageal Sphincter”  
 “Rationale and Cost Effectiveness of Esophageal Testing”

## SEPTEMBER 4

Fundamental D. Liebermann-Meffert (Frieburg, Switzerland)  
Clinical S. J. Spechler (Boston, USA)

“Embryology of the Esophagus”  
 “Barrett’s Esophagus”

# SYMPOSIUM

### SERIE I BARRETT'S ESOPHAGUS

September 2, 1998

#### Barrett's Esophagus and Reflux Disease

S. J. Spechler Boston, USA  
 P. Monnier Lausanne, Switzerland

September 3, 1998

#### Barrett's Esophagus and Esophageal Cancer

Alan J. Cameron Rochester, USA  
 Manuel Pera Barcelona, Spain

September 4, 1998

#### Molecular Biology in Esophageal Disease

A. Casson Birmingham, UK  
 S. Meltzer Baltimore, USA

### SERIE II ESOPHAGEAL CANCER

September 2, 1998

#### Squamous Cell Carcinoma

H. Akiyama Tokyo, Japan  
 J. Wong Hong Kong

September 3, 1998

#### Adenocarcinoma

A. H. Holscher Koln, Germany  
 B. Reid Seattle, USA

September 4, 1998

#### Neo adjuvant therapy for Esophageal Cancer

T. P. J. Hennessey Dublin, Ireland  
 M. Orringer Ann Arbor, USA

### SERIE III ESOPHAGEAL MOTOR DISORDERS

September 2, 1998

#### Upper Esophageal Sphincter

P. Kahrilas Chicago, USA  
 T. Lerut Leuven, Belgium

September 3, 1998

#### Achalasia

D. Castell Philadelphia, USA  
 R. Finley Vancouver, Canada

September 4, 1998

#### Spastic Disorders

O. J. Richter Cleveland, USA  
 F. H. Ellis Boston, USA

### SERIE IV REFLUX DISEASE

September 2, 1998

#### Reflux Disease: Pathophysiology

T. R. DeMeester Los Angeles, USA  
 R. K. Mittal Charlottesville, USA

September 3, 1998

#### Reflux Disease: Rationale of Medical and Surgical Treatment

J. P. Galmiche Nantes, France  
 A. Watson London, England

September 4, 1998

#### Reflux Disease: Optimal Surgical Treatment

G. G. Jamieson Adelaide, Australia  
 F. G. Pearson Toronto, Canada

### SERIE V QUALITY OF LIFE

September 2, 1998

#### Esophageal Anatomy and Physiology:

#### An Integrated Approach to Dysphagia

D. Liebermann-Meffert Munchen, Germany  
 N. E. Diamant Toronto, Canada

#### Palliation in Esophageal Cancer

C. Reed Charleston, USA  
 G. Tytgat Amsterdam, Netherlands

September 4, 1998

#### Function of the Reconstructed Esophagus

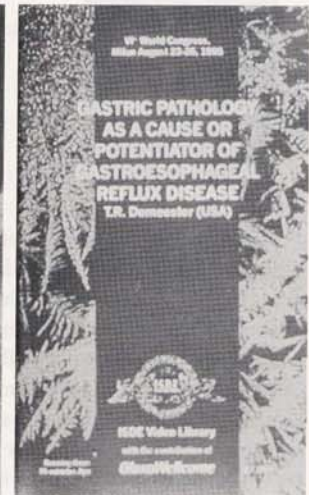
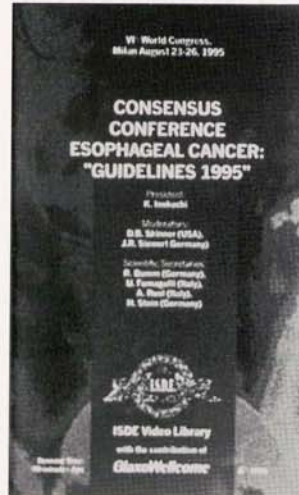
D. B. Skinner New York, USA



## RECENT ISDE DEVELOPMENTS

### ESTABLISHMENT OF THE ISDE VIDEO-LIBRARY

The ISDE Video-library is becoming a new reality. Thanks to a grant from GLAXO-WELLCOME Italy. The first two Videos have been prepared and are now ready. They both concern topics of the VIth ISDE World Congress held in Milan August 23-26, 1996; the titles are: 1) Gastric Pathology a cause or potentiator of gastroesophageal reflux disease by T. R. DeMeester, and 2) Consensus Conference-esophageal cancer: "GUIDELINES 1995". Members of the Society interested in receiving the videos must write directly to the ISDE Video-library office in Milan. Future activities of the Video-library will be planned at the next Executive Committee meeting, and will be related to the forthcoming "World Congress in Montreal."



## CONGRATURATION!

Professor Doctor Henrique Walter Pinotti will receive, during the Opening Ceremony of "Esophagus Today, a special event sponsored by ISDE with specialists from Brazil and South America, the title "Cavaliere Ufficiale dell' Ordine al Merito della Repubblica Italiana", on behalf of the President of Italy, Oscar Luigi Scalfaro, for relevant work in the strengthening of diplomatic and scientific ties between both countries.

ISDE Video-Library Editorial Office  
 Prof. A. Peracchia  
 Department of General Surgery and  
 Surgical Oncology  
 University of Milan  
 Ospedale Maggiore Policlinico  
 Via F. Sforza, 35  
 20122-Milano, Italy  
 Ph. (39-2)5462900  
 Fax (39-2)55194882

## RESEARCH COMMITTEE REPORT

### \*ESOPHAGEAL CANCER RESEARCH COMMITTEE\*



Professor Toni Lerut  
 Chairman of Esophageal  
 Cancer Research Committee  
 Moderator of the Consensus Conference  
 of adenocarcinoma of the G. F. junction  
 Department of Thoracic Surgery  
 Catholic University Hospitals Leuven  
 BELGIUM

On the occasion of the International Gastric Cancer Congress a joint ISDE-International Gastric Cancer Society (IGSC) consensus meeting on adenocarcinoma of the Esophagogastric junction was organised by prof. R. Siewert in April, 1997.

A large group of internationally renowned experts discussed a wide variety of topics. After discussion a consensus statement was presented at the plenary meeting. It is however clear that numerous questions remain to be answered. In this respect I am happy to announce that in cooperation with R. Giuli and his OESO infrastructure, a database will be created shortly specifically for adenocarcinoma of the distal esophagus and the esophagogastric junction through the ISDE cancer research committee, data from centers of excellency will be collected. Hopefully some of the results will be presented at the next ISDE meeting in Montreal.

(T. Lerut)



## REGIONAL ACTIVITY

### \*North America



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

The annual meeting of the American Association of Thoracic Surgery was held in Washington, D.C. in early May, and a number of interesting esophageal papers were presented, some of which I will summarize in this report. Dr. Altorki and colleagues from the New York Hospital reviewed their experience with "en bloc" esophagectomy. This was a retrospective review of those patients operated on between January, 1988 and June of 1996, totaling 128. A hundred percent of those in stages 0 and I underwent "en bloc" resection whereas only 60% of those in Stage III had the radical operation. They compared the results of the Stage III patients undergoing "en bloc" and standard resection and the findings favored the "en bloc" approach. Unfortunately, the factors determining which patients received the radical operation, as compared to the standard procedure, were not elucidated, suggesting the use of the more radical approach might well have been highly selective, so that its favorable affect on survival remains suspect. Obviously, a prospective randomized study would be more convincing but may be difficult to achieve.

The group from the Massachusetts General Hospital reported their experience with induction therapy for esophageal cancer employing Taxol and hyperfractionated radiotherapy. In addition to Taxol, the chemotherapeutic regimen consisted of cisplatin and 5-FU. Twenty-seven patients were enrolled in the study. This regimen proved to be highly toxic with one patient dying during induction therapy and a high percentage of patients experiencing severe esophagitis. The time interval between initiation of induction therapy and surgery was 77 days. No data on long term survival was available, and the authors concluded that the regimen in question was too toxic to warrant its continuation. Mark Ferguson and colleagues from the University of Chicago provided additional support for the use of resection in patients with high-grade-dysplasia of Barrett's mucosa as opposed to the use of prophylactic photodynamic therapy. Fourteen patients were the subject of their study and the resected specimens in these patients showed invasive carcinoma in nine (64%). In their opinion, the use of prophylactic photodynamic therapy for these patients would have exposed them to the unnecessary risk of harboring an untreated cancer in deep layers of the esophageal wall, too deep to permit the photoactive

compound to be activated by laser energy. They concluded that surgical management of high-grade dysplasia should remain the standard treatment of Barrett's esophagus with this biopsy finding.

The group from Toronto General Hospital provided more data on their experience with the surgical treatment of "massive hiatus hernia" (paraesophageal). A total of 94 such patients were operated on and, in contrast to others with an interest in this subject, they reported a high incidence of esophagitis and stricture, 79% of the patients undergoing gastroplasty because of a shortened esophagus. They continue to believe that these hernias begin as a sliding esophageal hiatus hernia, and all of them should have an antireflux procedure as well as reduction of the hernia, which they think is best performed by the transthoracic route.

In the general thoracic surgical forum session, two interesting papers on biomarkers in Barrett's esophagus were presented. The group from the Deaconess Hospital in Boston studied the cyclin d dependent kinase inhibitor p27 and the tumor suppressor gene p53 in 49 cases of invasive Barrett's associated adenocarcinoma and 4 cases of carcinoma in situ in Barrett's esophagus using immunohistochemistry techniques. p27 was expressed only in the superficial differentiated cells of benign Barrett's mucosa. In contrast, p27 was overexpressed and present in the base of the pits of all cases of dysplasia as well as in the superficial layer. In the presence of invasive cancer however, there was a loss of p27 expression and an overexpression of p53. p27 expression correlated with patient survival, presence of lymph node metastasis and histopathologic differentiation, whereas p53 correlated only with histopathologic differentiation. They concluded that loss of p27 but not p53 over expression is a negative prognostic factor in patients with adenocarcinoma in Barrett's esophagus. Acidic fibroblast growth factor was studied in 17 esophagectomy specimens from patients with Barrett's adenocarcinoma by the group at New York Hospital. Immunostainings was very intense in all carcinoma cases and in all but one of the cases of high-grade dysplasia. They concluded that increased expression of this factor plays an important role in tumor genesis in patients with Barrett's esophagus.

(F. H. Ellis, Jr.)

## \*West Europe



A. H. Holscher, M.D.  
Professor & Chairman  
Chairman  
of the Department of Surgery  
Medizinische Einrichtungen  
der Universitat zu Koln  
(Lindenthal), GERMANY

### **2nd International Gastric Cancer Congress, Munich, April 27th-30th, 1997**

The 2nd congress of the International Gastric Cancer Association (IGCA) was held in Munich from April 27th to 30th, 1997 under the presidency of Professor J. Rudiger Siewert, Chairman of the Department of Surgery of the Technische Universitat Munchen.

The program included all aspects of gastric cancer. On the first day epidemiology and prevention as well as practical aspects of molecular biology were discussed. In two workshops the latest trends in intraperitoneal chemotherapy and actual items of diagnosis and minimal invasive treatment of early gastric cancer were presented. The second day was dedicated to modern pathology

concerning analysis of the resected specimen, and also to neo-adjuvant treatment concerning prediction and evaluation of response. The workshop on this day comprised surgical standards in treatment of advanced gastric cancer and during an expert panel including case presentations the present treatment of gastric cancer was discussed. The last day was mostly focussed on latest trends and facts concerning lymphadenectomy and international documentation systems for gastric cancer.

Most interesting for esophageal surgeons was the consensus conference on adenocarcinoma of the esophagogastric junction concerning classification, diagnosis, and extent of resection. Nearly 1,000 participants from over 40 countries took part in this very well organized meeting and demonstrate the success of this 2nd International Cancer Congress. The proceedings of this meeting were already available during the congress in two volumes entitled "Progress in Gastric Cancer Research 1997" edited by Professor J. R. Siewert and published by Monduzzi Editori, Bologna, Italy.

(A. H. Holscher)

## \*East Europe



Janos KISS, M.D.  
Professor and Chairman  
Imre Haynal A University  
of Health Sciences  
Postgraduate Medical School  
Department of Surgery  
Hungary, Budapest

### **The I.S.D.E. in Central-Eastern Europe**

The past few years have brought about great and significant political changes in this geographical region. The end of the communism rule altered the relationship of the so called post communist countries with the world in all respects, regarding the contemporary scientific life as well. Recently, a number of new colleagues involved with the diseases of the esophagus have joined the I.S.D.E. In the Central-Eastern European region Hungarians composed in the largest number of members who have participated in the activities of I.S.D.E. Now in the period of recruiting new members I am glad to report that quite a large number of candidates, 16 new colleagues, have applied to joining from Romania. The credit for this is due to Professor Zeno Popovici who has done a great deal to achieve an impressive presence in the world organisation.

Unfortunately the fact that political isolation and

unrest has ceased or diminished in the region does not necessarily mean that now a much larger number of representatives of these countries have been able to join the highly reputed world-wide activities of the I.S.D.E. The membership fee which automatically involves the subscription to Diseases of the Esophagus, the official publication of the organisation, is in fact not too high, but 100 USD in Eastern Europe is the equivalent of half a monthly or a monthly salary. It would be worthwhile to seek a construction which, by finding a way to reduce the membership fee, would greatly increase the possibility to recruit many more highly qualified colleagues dealing with the diseases of the esophagus among our ranks.

So far we have not had the opportunity to organise a common scientific event. The last attempt to organise one made by Professor Gerzic (Beograd) failed because of the war in the Southern areas.

In the middle of March 1998, we are going to hold a conference in Budapest on the topic of modern treatment of the diseases of the esophagus. We will try to make participation in the conference and thinking together attractive by inviting world famous experts and by exempting our participants from Central-Eastern Europe from paying a registration fee.

(J. KISS)



## NATIONAL SECTION ACTIVITY

### \*U.K.



John Bancewica, M.D.  
Reader in Surgery  
Department of Surgery  
University of Manchester  
Clinical Science Building  
Hope Hospital, U.K.

#### Esophageal Scientific Meetings in the U.K.

There has been a great deal of interest in the oesophagus and oesophageal surgery in the UK in the last year. The British Society of Gastroenterology, which meets twice a year, has an Oesophageal Section and the Association of Surgeons of Great Britain and Ireland also has specialist sections. A new Association of Upper GI Surgeons is now in its second year and is probably the nearest thing to an ISDE section meeting in the UK. Although an independent group, it is affiliated to the Association of Surgeons as one of its specialist sections. During the year probably the dominant topics have been Barrett's oesophagus and the steadily rising incidence of adenocarcinoma of the oesophagus and cardia. Several centres are testing endoscopic methods for ablating Barrett's mucosa. The early results seem promising, but the effects on the risk of subsequent cancer development are unknown. Within the UK as a whole, the organisation of cancer treatment is gradually changing with the inspection and designation of units for the treatment of cancers of specific organs. This process is well advanced for breast cancer and colon cancer and is just beginning for oesophageal cancer. There is a continuing debate about the relationship between the volume of operations done and the outcome of treatment. The debate was sharpened by the presentation of excellent results from a large English unit and equally good results from a small community hospital. This looks like a topic that will run for some time.

The treatment of gastro-oesophageal reflux by laparoscopic surgery continues to be an important one. There are now formal training courses in laparoscopic fundoplication and in suture techniques. There has been some concern about the indications for surgery and the Association of Upper GI Surgeons organised a useful symposium to address some of the concerns.

We look forward to meeting with our colleagues in Montreal in 1998.

(J. Bancewica)

### 1998 THE I.S.D.E.

#### Source of Funds:

The Japanese Research Foundation for the Multidisciplinary Treatment of Cancer

#### Purpose:

### \*SOUTH AFRICA

I. D. Werner, M.D.  
Professor, Head  
Department of  
Radiation Oncology,  
University of Cape Town  
Groote Schuur Hospital,  
South Africa

M. Iqbal Parker  
Chair of Cancer Research  
Department of  
Medical Biochemistry  
UCT Medical School  
Observatory 7925  
South Africa

#### WORKSHOP ON OESOPHAGEAL CANCER

Saturday, February 15th, 1997

This workshop was the culmination of the Cancer '97 Conference on "Recent Advances in the Molecular and Cellular Biology of Cancer".

The workshop was attended by about forty local delegates, including researchers, oncologists and surgeons, two researchers from the USA (Dr Kay Huebner and Dr Stephen Meltzer) as well as two Iranian surgeons. Much information on the demography and aetiology of oesophageal cancer in South Africa, USA and Iran was discussed. Genes currently under investigation in South Africa include p53, p16, glutathione-S-transferase, cytochrome P450, microsatellite instability, and loss of heterozygosity on chromosome 5.

One of the major outcomes of the workshop was the formation of consortium of multidisciplinary researchers from UCT/GSH/USTygerberg Hospital/MRC/University of Transkei and University of the Free State. This consortium has applied for funding from CANSA under the special Request for Applications scheme initiated this year.

Cancer of the oesophagus is a high incidence in the South African context. A South African Cancer of the Oesophagus Group has been formed to identify aetiological factors/incidence/to determine appropriate methods of investigation, staging and optimal management of this condition. The choice of the correct treatment is pertinent as the majority of the referred patients present with locally advanced diseases. We hope to formulate a study protocol for the country as a whole, however geographic and ethnic factors play a major role in implementing such a study.

(M. I. Parker & I. D. Werner)

### SCHOLARSHIP

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

The Japanese Research Foundation for the Multidisciplinary Treatment of Cancer

#### Eligibility:

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



## SCHOLARSHIP REPORTS I



Kazuhiko Hayashi, M.D.  
Department of Surgery  
The Institute of Gastroenterology  
Tokyo Women's Medical College  
Tokyo, JAPAN

I really appreciate the support of the ISDE Scholarship Committee, which helped me to study at the University of Southern California (USC), Los Angeles, USA from August 1994 through June 1996. From the name of Los Angeles, you can easily imagine the lovely sunshine and blue sky on the West Coast. Actually I never had a chance to use coats, or even cotton sweaters. USC Medical Center is a huge medical instruction which can provide from some of the highest quality patients service in the world.

Thanks to Dr. Lawrence Leichman, my host doctor; Professor of Department of Medical Oncology, I spent the first six months as a clinical doctor with other the residents and interns. It was really a great experience for me a surgeon to see inpatients and outpatients from the viewpoint of medical oncologist. US patient's organ distribution of cancer was totally different from Japan, and social background against cancer seemed to be highly matured in the States.

Fortunately I also had an opportunity to make basic research with Professor Peter Danenberg, Professor of Biochemistry, and his colleagues. Danenberg lab is famous for gene analysis of human cancers about chemosensitivity related genes. I could spend fruitful days by devoting myself into molecular biology in his lab. My theme was focused on the different biological behavior



Prof. L. Leichman  
(second from right)



Prof. P. Danenberg

between adenocarcinoma (EAC) and squamous cell carcinoma of the esophagus (ESCC). I was lucky enough to reveal two critical findings during my stay in USC.

The first project was to check thymidilate synthase (TS) gene expression level of EAC and ESCC. Professor Danenberg and his colleagues had previously reported that TS m-RNA expression level could predict chemosensitivity in gastric and colon cancers. By using RT-PCR I examined 31 biopsy specimens from primary esophageal cancer patients who were scheduled to be treated by CDDP/5-FU/LV protocol. EAC had been thought to be more resistant to chemotherapy, but there was no grounded proof. The TS gene expression of all 31 patients ranged from 0.2 to 14.6 (mean 4.2). TS expression for 10 patients with ACE ranged from 2.0 to 14.6 (mean 7.4). In contrast, the TS gene expression for 21 SCCE patients ranged from 0.2 to 7.2 (mean 2.6). The lower TS expression among the SCCE patients might be associated with a greater frequency of responses: 15/21 of SCCE patients responded to CDDP/5-FU/LV protocol whereas 4/10 ACE patients responded to the same treatment. From this fact I believed that further prospective exploration of TS gene expression for patients with esophageal cancer is warranted as it may segregate patients with ACE and SCCE in terms of response to 5-FU based chemotherapy and offer an

- 2) Applicants must submit an outline of the research they wish to undertake, and give their reason for choosing the proposed host institution. The host institution should preferably be one with experienced and qualified staff members 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 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 class 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 to enable 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:

In 1998 Applications (one original and 10 copies attached photographs-not copies) be received by the ISDE by December 31 1997, including proof of



explanation for different biological behavior. This presentation was awarded as 1995 ASCO (AMERICAN SOCIETY OF CLINICAL ONCOLOGY) Merit Award.

The second project was focused on p16 gene in esophageal and gastric cancers. Quantative RT-PCR was used to measure relative gene expressions of p16 and the alternate transcript p16 B. p16 gene expression was undetectable in 13 of 26 esophageal squamous cell carcinomas. In 11 of these tumors, p16 B was simultaneously missing whereas 2 of the p16 deficit tumors still expressed p16 B. among 34 esophageal adenocarcinomas and 11 gast ric adenocarcinomas, only one tumor lacked p16 expression and all tumors expressed p16 B.

Details were contributed to "Oncogene (in press)", and these facts demonstrate that p16 expression patterns

differ based on tumor histology and organ.

Especially for young researchers like myself economical problem can sometimes be inevitable obstruction to study in foreign countries. I do believe ISDE Scholarship was indispensable to me to improve these situation at least partially and the great thing is that the cnance is equally provided to every researchers from all over the world.

Finally, I am really grateful for ISDE and also would like to express my deepest gratitude to Professor Lawrence Leichman, Professor Beter Danenberg and other colleagues in University of Southern California. I cannot forget anybody whom I met during my stay, and apparently my life was enriched though fruitful memories.

(K. Hayashi)

## ANNOUNCEMENT

1. **Candidates for the 9th ISDE World Congress Chairman in 2004** and those for **the next Vice-President of the ISDE** should notify the ISDE Secretariat no later than December 31, 1997.

They shall be given an opportunity to present their application in person at the Executive Committee Meeting (Spring, 1998).

2. **General voting among the ISDE members** will take place at the beginning of next year, 1998, for the election of the national representatives of the ISDE Council. This vote shall be based on fee-paying members as of December 31, 1997. 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.

acceptance frm the intended host institution(s).

Notification of awards will be made by March 31, 1998 and the grantee should then finish his or her research by the end of March 31, 1999.

### 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 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.



## SCHOLARSHIP REPORTS II

Tomislav D. Randelovic, M.D.  
Associated Professor of Surgery  
Dept. of Esophagogastric Surgery  
First Surgical University Hospital  
Institute of Digestive Diseases  
Clinical Center of Serbia  
YUGOSLAVIA



with Prof. H. Akiyama



Prof. Tsurumaru(left)

First of all I would like to take this unique opportunity to express my gratitude and respect to the ISDE Scholarship Committee for awarding me the ISDE Scholarship for 1996 and giving me the opportunity for additional education at the world famous Toranomon Hospital. It was a great pleasure and honor for me to spend three months (from January 11th until April 11th 1997) with a team of talented surgeons under the presidency of the legendary Professor Hiroshi Akiyama.

The head of the Department of Digestive Surgery at the Toranomon Hospital professor Masahiko Tsurumaru and his associates Dr. Harushi Udagawa and Dr. Yoshiaki Kajiyama are nice people and superb surgeons. The main activities at the Department of Digestive Surgery are treatment of diseases of the esophagus, stomach, colon, liver, pancreas and gall bladder. My primary interest was in the field of radical surgery for malignant diseases of the esophagus, cardia and stomach. Therefore I had the opportunity to see most of the esophageal and stomach operations and to summarize the treatment protocols for these diseases. Most of the patients were operated for early esophageal and stomach carcinoma.

I was very impressed with the indications and technique of the "three field" and the radical neck dissection. I was fascinated by the skills of Dr. Udagawa in performing the preoperative ultrasound endoscopy. Preoperative ultrasound endoscopy is performed routinely and it work up with great accuracy concerning metastatic lymph nodes in the mediastinum and neck. Routinely performed sternotomy allows complete dissection of the cervico-mediastinal complex in patients with primary carcinoma of the hypopharynx, cervical and thoracic part of the esophagus.

During my stay a great number of successful operations were performed. I would like to emphasize the operations that have made a great impression on me mainly due to the brilliant operative techniques. First: In a patient with primary hypopharyngeal carcinoma, in whom sixteen years ago due to a primary carcinoma of the thoracic esophagus a subtotal esophagectomy was performed, a pharyngo-laryngo-esophagectomy and free-colonic graft reconstruction was done. I was astonished with the perfection and surgical skills of Prof. Tsurumaru who also performed the vascular anastomosis. Another, very similar operation was performed by Dr. Harushi

Udagawa who used for the reconstruction a free-jejunal graft, also with an excellent technique.

Second: Complex successful operation due to advanced carcinoma of the cervical esophagus with tracheal infiltration. Through a medial sternotomy an esophagectomy and low tracheal resection was performed. Reconstruction was done with the stomach with bilateral transposition of the musculo-cutaneous flaps of the pectoralis muscles. I was also impressed with the superb operative technique of the dissection of lymph nodes in the mediastinum, neck, abdomen and retroperitoneum. I also noticed that in reconstruction after total gastrectomy interposition of the jejunal limb was often performed after pancreas preserving dissection.

All the doctors under the leadership of Prof. Tsurumaru are very diligent and ambitious. The first thing that a foreigner notices is the spirit of harmony and companionship in their work. All the staff of Prof. Tsurumaru are very pleasant and have uniformly excellent good operative technique. It was a special honor to participate in all the activities of the staff.

It was also a great pleasure to visit Prof. Goro Watanabe and Dr. Masaji Hashimoto and to see them performing abdominal laparoscopic operations as well as Dr. Sawada who is an expert in the field of colorectal surgery.

I am especially grateful to Mrs. Atsuko Kato and Mr. Hisao Fujiwara, Secretary General of the JCMT, who were extremely kind and professionally performed their work as hosts and helped me and my colleagues Dr. Fazer, Dr. Agung, Dr. Cipto, Dr. Batai, Dr. Rita and Dr. Hanashiro, to feel as if we were at home.

Tokyo is very large city and in the beginning a foreigner can have problems in orienting himself. Due to the generous hospitality of Mrs. Kato a guest at the Toranomon Hospital always feels good.

Finally I would like to express my deepest gratitude to my teacher, Prof. Zoran Gerzic, who helped me in establishing the first contact with Prof. Akiyama. Once again I would like to thank the ISDE Scholarship Committee and Prof. Kiyoshi Inokuchi who made it possible for me to obtain the scholarship and continue my research in the field of esophagogastric oncosurgery.

(T. D. Randelovic)

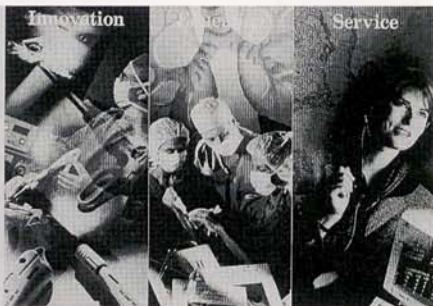


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## CONGRESS NEWS

1998

\*Out of Town Meeting of Royal College of Surgeons  
in Ireland & in South Africa\*

Date: March 14 to 21, 1998

\*Annual Meeting of Association of  
Surgeons of Great Britain and Ireland

Site: Edinburgh

Date: May 13 to 15, 1998

\* 6TH WORLD CONGRESS OF  
ENDOSCOPIC SURGERY \*

Site: Rome, Italy

Date: June 3-6, 1998

President: Alberto Montori

\* 7TH WORLD CONGRESS OF THE I.S.D.E.\*

Site: Montreal, Canada

Date: September 1-4, 1998

Congress Chairman: Andre Duranceau

\* XXXI BIENNIAL WORLD CONGRESS OF ICS \*  
INTERNATIONAL COLLEGE OF SURGEONS

Site: Buenos Aires—ARGENTINA

Date: November 15-19, 1998

Congress President: Prof. Jose Yoel

2001

\* 8TH WORLD CONGRESS OF THE I.S.D.E.\*

Site: Sao Paulo, Brazil

Date: 2001

Congress Chairman: H. W. Pinotti

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