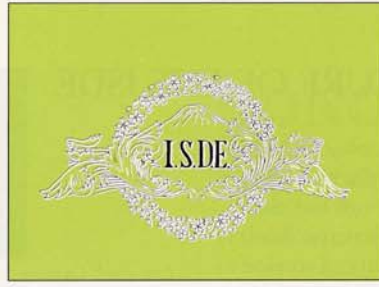


ISDE



NEWS

The International Society for Diseases of the Esophagus No. 25, Feb. 1st, 1999

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjyuku-ku Tokyo 162-8666, Japan Tokyo Tel. 03(3353)8111 Fax. 03(3358)1424

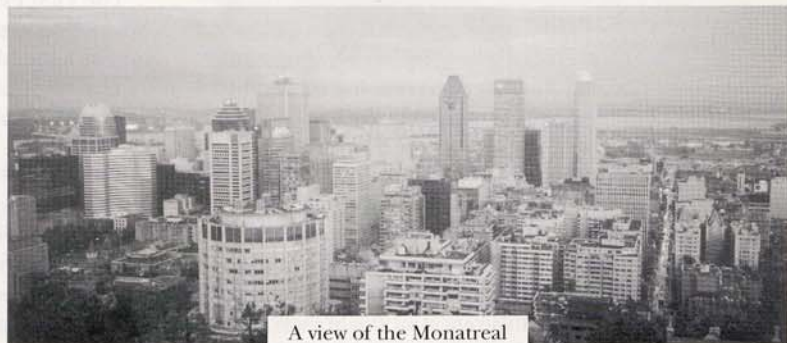
Strong participation by Surgeons, Oncologists and Radiologists



Andre Duranceau, M.D.
7th Congress Chairman
Professor of Surgery
Hotel Dieu de Montreal
Quebec, CANADA

7th World Congress of the ISDE in Montreal

SEPTEMBER 1-4, 1998



A view of the Montreal

The latest studies on esophageal diseases (1)!! -The remarkable improvement in scientific activities-

SYMPOSIUM "Esophageal Cancer - Adenocarcinoma"



Professor Arnulf H. Holscher
Chairman
Dept. of Visceral and
Vascular Surgery,
University of Cologne,
Cologne, GERMANY

This session which was chaired by A. H. Holscher from Germany and B. B. Reid from USA focused on topical aspects of early adenocarcinoma of the esophagus, its lymph node metastasis, and, consequently, the treatment of choice for esophageal adenocarcinoma. The first speaker was Brian Reid who pointed out that detection of early adenocarcinoma of the esophagus is possible if, in patients with Barrett's esophagus, representative biopsies are taken in a standardised manner during a surveillance

program. By these means, adenocarcinomas in the mucosal stage can be detected and treated successfully. Problems are, of course, the compliance of the patients for repeated endoscopic examinations with numerous biopsies. However, as only a small number of patients with Barrett's esophagus will develop adenocarcinoma, this surveillance for early detection of adenocarcinoma seems to be appropriate.

K. Wang from the USA addressed the technique and results of photodynamic therapy of superficial adenocarcinoma of the esophagus. Up to now, this therapy has mostly been applied in patients unfit for surgery or in those who refused surgery. The results of this special treatment are still limited, especially concerning long term outcome.

A. H. Holscher from Germany pointed out that the most common sites of lymph node metastasis from adenocarcinoma are the subcarinal, the celiac, and the para-aortic lymph nodes. This finding is of importance for the selection of patients for surveillance endoscopy. The results of this special treatment are still limited, especially concerning long term outcome.

to be continued P.3

PAST, PRESENT AND FUTURE OF THE ISDE

Kiyoshi Inokuchi, M.D.
Honorary Member
of the ISDE

I am greatly honored and privileged that the Society has graciously acknowledged my twelve years of service to the ISDE and I thank you for the dignified title of Honorary Member bestowed upon me.

As I look back on the Munich Congress of 1986, the year that I was appointed as the Second President of the ISDE, my heart is heavy with emotion.



Prof. Siewert, Inokuchi & Prof. Belsy

The Third World Congress
in Munich, 1986

Shortly after taking office and in response to the unanimous desire of the executive members of the Society, I set up a Working Committee to reconstruct the Society and work towards more democratic system, and called a Meeting in Rome for January 1st to 3rd, 1987. The newly worked out basic structure of ISDE involved both the Executive Committee and the Council of the Society which were to be supported by the General Assembly of the members. In order to effectively develop the administration of the Society, several Committees were established - Membership Committee; Newsletter Committee; Scholarship Committee and Journal Committee. Further, in order that we might better encourage scientific studies, we actively organized several research groups. Research Committees were thus formed - on Barrett's Esophagus; on Pharyngoesophageal Dysfunction; on Gastroesophageal Reflux; on Esophageal Cancer (formerly the TNM Committee); on Molecular Biology, and so forth, which were to be supervised by a Central Research Committee.

The first international free voting to elect national representatives, who were entitled to be sent to Council, was carried out in 1989. Thereafter a full-scale democratic system responsible for the affairs of the ISDE was established.

In 1988, through the efforts of the late Professor Castrini, 2nd Congress Chairman of the 1983 Rome congress, the official journal of the ISDE was initiated by Masson; passing subsequently in 1993 to Churchill-Livingstone with Professor Siewert as the Editor-in-Chief and as of 1999 as in the capable hands of Blackwell Sciences.

Reflecting now on the events through which our Society has evolved, we can see that since the ISDE was inau-



Late Prof. Castrini presented
the first issue of ISDE Journal by Masson

gured in 1979 by Professor Komei Nakayama to be the first membership-supported society for the study of esophageal diseases, our institution has been steadily growing. This is definitely due to the merit of our members, and in particular to the commitment of the collegial staff of the ISDE, who as a body always supported my own work as Secretary General. I also would like to draw attention and express my particular thanks to Professor Barron of the Secretariat. Without his most able support my tasks could not have been absoled.

Permit me, as I look back, and as I look forward into the futue, to connect our past objectives with our future aspirations, we might, I think, divide the history of our Society into three periods of time:

The First Period: From the inauguration in 1979 to the Munich Congress in 1986. This was the period of initiation as a membership-supported society.

The Secnd Period: From 1987 to the Montreal Congress of 1998. We might call this the period of our Democratic System.

The Third Period: From 1998. This will be a time to redefine the Scope of the ISDE and to restructurs it in response to the exigencies of our times.

One of the most significant events for the ISDE occurred in the Montreal Congress with the proposal by Professor Duranceau that we establish a new Working Committee to determine and respond to the tasks and challenges of the new millennium - a New Scope/Structure relevant and responsive to the needs of the forthcoming 21st Century and the new era.

According to our thinking in the 1980's, at the time of the founding of the Society, was that surgical considerations were the most important section in dealing with diseases of the esophagus. That does not seem so definite now. Surgical intervantion has been considerably influenced by huge advances in the fields of gastroenterology, radiology, etcetera. I am deeply moved to thinking that a new and innovative challenge to our conceptualizations has evolved whereby a second Working Committee will explore contemporary forces and perspectives whose outcomes may enlarge and further guide the work and expectations of all of us as members of ISDE. It is our hope that the first meeting of this working committee will be held in 1999.

I send my deepest and most sincere good wishes and encouragement to all in anticipation of fullfilment of the had work that lies ahead, and I thank every member for the collegial and international spirit that has been extended to me through my years of office. (K. Inokuchi)

cont. ***The latest studies on esophageal diseases (1)!!***

SYMPOSIUM "QUALITY OF LIFE"

-Esophageal Anatomy and Physiology-

Professor D. Liebermann-Meffert
Chirurgische Klinik und Poliklinik
Klinikum rechts der Isar
Munich, GERMANY

The VIIth World Congress of the ISDE was held in Montreal, Canada, from September 1st to 4th 1998 under the Presidency of Andre Duranceau, Professor of Surgery at the Universite de Montreal. The President and his team must be congratulated on the excellent organizational and technical performance of the congress.

The program included a series of six symposium afternoons, one of which focused on the quality of life with esophageal disease. It dealt with the inability to normally swallow and all the consequence of disturbed food and fluid intake: pain, malnutrition, social distress, sticking of food, and fatal pulmonary aspiration and the impact on patients, using anatomy and physiology as a basis for presentations.

Dysphagia is a difficult condition to describe and there is not yet a generally agreed system for staging the severity of dysphagia. Six experts have been chosen to deal with these aspects. The session was chaired by Dorothea Lieberman-Meffert from Munich and Nick E. Diamant from Toronto. After a brief introduction Dorothea Liebermann-Meffert, Professor at the Department of Surgery of the Technical University, Klinikum rechts der Isar, Munich, reported on mostly her own research data about the anatomical construction of the pharynx, hypopharynx, the esophageal body and the two sphincters. Emphasis was laid upon the innervation, the arrangement and distribution of the striated and smooth elements in the muscle mantle. Nick Diamant, Professor of Physiology and Medicine at the University Hospital of Toronto gave an overview of oropharyngeal and esophageal motor function of the levels of neural control of

carcinoma of the esophagus are the lower mediastinum, the paracardial area, the lesser curvature of the stomach, as well as the left gastric arteria. Most metastatic lymph nodes are found in the paracardial region, i.e. lymph nodes #1 and #2. Therefore, surgery has to take into particular account these sites of lymph node metastasis by radical lymphadenectomy.

Unfortunately, B. Launois from France could not give his lecture on transhiatal resection for adenocarcinoma of the esophagus. V. Trastek from the USA pointed out that, compared to transhiatal resection, radical transthoracic esophagectomy for adenocarcinoma of the esophagus has the advantage of complete lymph node removal not only in the lower but in the whole mediastinum. However, up to now no prospective trial results are available to decide whether transthoracic esophagectomy is superior to the transhiatal approach. (A. H. Holscher)

the swallowing mechanisms. He spoke on how esophageal diseases and symptoms affect the psychosocial aspects in patients and their behavior. Bronwyn Jones, Professor of Radiology at the Johns Hopkins Hospital in Baltimore, an outstanding expert on all aspects of dysphagia and Editor-in-Chief of the Journal Dysphagia, presented her views and overwhelming experience on the diagnosis of different conditions of dysphagia. David W. Buchholz, Professor of Neurology who chairs the Speech Rehabilitation Center at Johns Hopkins gave an excellent overview of underlying diseases of neurological disorders and focused on problems of rehabilitation. Hubert Stein, Assistant Editor of Diseases of the Esophagus, the journal of the ISDE, and a general surgeon with stress on visceral surgery in the Klinikum rechts der Isar of the Technical University of Munich, who also specializes in diagnostic measures of esophageal diseases talked about his experience concerning the criteria of surgical management of dysphagia, the limits of surgical intervention and about conditions in the oropharynx and esophagus that benefit from surgery through improving quality of life.

The quality of life and scoring methods which can be used to grade dysphagia were topics of major interest for the symposium. Rosemary Martino Fernie from Toronto, a speech language therapist and PhD in clinical epidemiology addressed concepts and tools to assess the quality of life of patients with dysphagia according to an index system as used for cancer patients after surgery. However, she pointed out, and we all had to admit that up to now there is too little well-documented information on medical and physiological rehabilitation in these cases and too few controlled studies in respect to dysphagia, and no specific „tool" we can use. This is a matter that must be solved in the near future. The lectures were followed by lively discussion. (D. Liebermann-Meffert)

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RESEARCH COMMITTEE

THE RESEARCH COMMITTEE MEETING ON GASTROESOPHAGEAL REFLUX HELD IN MONTREAL



Professor John Bancewicz
Chairman
Research Committee on
Gastroesophageal Reflux
Department of Surgery
Hope Hospital
Salford M6 8HD, UK

It was agreed that the committee had an important role in disseminating the views of the Society in relation to gastroesophageal reflux, but the resources to do this were limited. Dr. Stein offered to publish a brief manuscript and we would encourage members to look out for this. The committee was in general agreement about controversial points and aspects of treatment that require active research before widespread use. These include monitoring of duodenogastric reflux by bile probe where

there are still methodological issues, endoscopic (gastroscopic) procedures for reflux, and endoscopic ablation of Barrett's mucosa.

One of the problems of a large international society is the potential for confusion about apparently simple matters, such as the indications for antireflux surgery. There may well be differences in opinion that are the result of social and cultural differences and differences in health care systems as well as the differences in opinion that are purely "surgical". The views of members of the society would be welcome. Please contact the chairman.

Although this committee is not the Barrett's research committee it is difficult to stay away from Barrett's nowadays. We would like to know if anyone has seen a case of Barrett's that has occurred after successful antireflux surgery. Again, please contact the chairman if you have seen such case.
(J. Bancewicz)

cont. *The latest studies on esophageal diseases (1)!!* SYMPOSIUM "ESOPHAGEAL CANCER"

-Squamous Cell Carcinoma-

Dr. Simon Law &
Professor John Wong
Department of Surgery
The University of HONG KONG
Queen Mary Hospital
Hong Kong, HONG KONG

Five international experts contributed to the symposium on squamous cell carcinoma of the esophagus at the VIIth World Congress. A symposium devoted to squamous cell cancers was necessary given the diverging epidemiology between East and West.

Dr. L Q Chen from Hebei, China discussed the value of screening for esophageal cancers in high incidence areas in China. Using balloon brush cytology and guided endoscopy, early detection of cancer is possible. Early detection allows earlier and more effective treatment, Dr Tsurumaru from Toranomon Hospital, Tokyo discussed the pattern of lymphatic spread from intrathoracic esophageal cancer. Japanese surgeons have painstakingly documented the details of lymphatic spread. The rationale for three-field lymphadenectomy was discussed based on such findings. Dr. S. Law from Hong Kong, China discussed various technical aspects of esophagectomy. The role of transhiatal versus transthoracic resection,

cervical versus intrathoracic anastomosis, and anterior versus posterior mediastinal reconstruction were discussed. The selective use of different procedures was emphasized, based on tumor and patient factors. In this regard, there are significant differences between East and West. The prevalence of lower third adenocarcinomas in the West may tend to favor more applications of the transhiatal approach with cervical anastomosis. Dr. H. Watanabe from Tokyo, Japan discussed the current results of three-field lymphadenectomy. Superior results compared to conventional two-field lymphadenectomy were found. Extending lymph node dissection to the superior mediastinum in particular along the recurrent laryngeal nerve chains, seems essential. If performed thoroughly, the addition of a cervical phase for cervical lymphadenectomy seemed less useful. Dr. R. Ginsberg from New York, U.S.A. gave a balanced discussion on the role of lymphadenectomy for esophageal cancer. The discussion that followed was particularly valuable and the audience participated actively. Many aspects of esophageal cancer surgery were debated. The difference between East and West was again emphasized.

It was a successful symposium which stimulated active participation from the audience. All presentations were well received.
(Simon Law & John Wong)

ISDE SCHOLARSHIP

SCHOLARSHIP REPORT I

Dr. Long-Qi Chen
Fourth Affiliated Hospital
Hebei Medical University
Shijiazhuang, Hebei 050011
P. R. China

Host Scientist:

Professor Andre Duranceau
Hotel-Dieu Hospital,
Universite de Montreal

Collaborating Scientists:

Louis Gaboury, M.D.
Mark Basik, M.D.

Research Period:

October 1996 to September 1997

Title of Research:

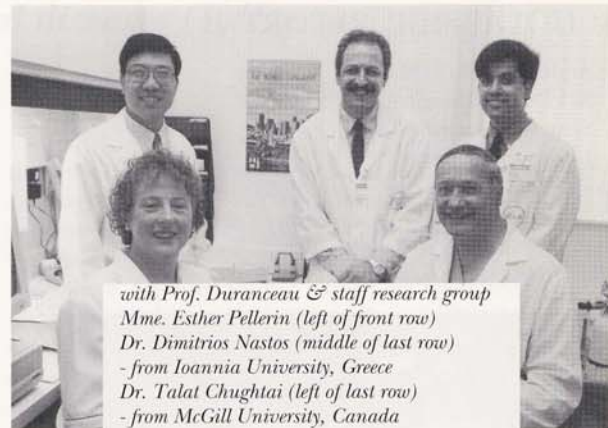
Cellular Proliferative Behaviors Changes in Barrett's Epithelium Before and After Antireflux Operation

First of all I am very grateful to the ISDE Scholarship Committee for awarding me the 1996 ISDE Scholarship, which gave me the opportunity to study at Universite de Montreal, Quebec, Canada, from October 1996 through September 1997. Montreal is a beautiful city. Her unique multicultural environment makes her a real international city. The Centre Hospitalier de l'Universite de Montreal (CHUM) consists of three large hospitals (Hotel-Dieu, Notre-Dame, Saint-Luc) which provide high quality of services for the local and foreign population.

Dr. Andre Duranceau, director of the thoracic surgery program at Universite de Montreal, is my scientific supervisor. He encouraged me to apply to the ISDE for a scholarship. Once in Montreal, he treated me not only as a student, but also as a friend. I could always work under his close attention and kind guidance, despite his busy medical practice and the responsibility of the thoracic surgery program. Moreover, the organization of the Seventh World Congress of ISDE which was held in Montreal in September 1998 was an added task to his daily activities.

The first seven months of my stay were spent in the esophageal function laboratory, learning about esophageal manometric and pH recording techniques. The clinical research observations were planned, mostly related to esophageal motor disorders and pathologic reflux diseases. I was deeply impressed by their experience and then the rigorous scientific approach. I also had the opportunity to observe the various operations performed by the surgeons of the division. The physiological evaluations and the endoscopic mapping techniques used in the laboratory for Barrett's esophagus will be helpful for future research applied to my patients in China where esophageal squamous cell carcinoma is extremely frequent.

During the last five months of my stay, I had the opportunity to work with Dr. Louis Gaboury, MD, PhD, chief of the Department of Pathology at the Universite de Montreal, and Dr. Mark Basik, MD, director of the Laboratory of Molecular Oncology at the hospital. I would like to express my thanks to them for the rigorous training which I



*with Prof. Duranceau & staff research group
Mme. Esther Pellerin (left of front row)
Dr. Dimitrios Nastos (middle of last row)
- from Ioannina University, Greece
Dr. Talat Chughtai (left of last row)
- from McGill University, Canada*

received there comemory the immunopathologic and microsatellite polymerase chain reaction (PCR) techniques. As a thoracic surgeon, these new techniques applied to current clinical conditions have created a good basis of knowledge for my future research interests.

Table 1 describes the various projects in which I was involved during my first year in Montreal.

Since May 1997, I started my current project, looking at the effects of antireflux surgery on cellular proliferation in Barrett's esophagus. Barrett's esophagus (e.g. columnar lined esophagus) is an end stage complication of reflux esophagitis. It is a premalignant condition and is considered a major factor in the increased incidence of esophageal adenocarcinoma in the western world. It is a frequent condition in the Province of Quebec. Although a successful antireflux operation stops all types of reflux, complete regression of the metaplastic mucosa has not been observed. Whether this irreversibility is or is not related to the cellular proliferative behaviors and genomic changes in Barrett's muosa still remains unknown. From January 1990 to January 1997, 35 patients with histological evidence of Barrett's esophagus underwent a Collis-Nissen operation. Clinical, radiological and radionuclide transit study, esophageal manometry, 24-hour pH recording and endoscopy were used to objectively evaluate the operative results. Immunohistochemistry of MIB-1 staining by means of a proliferative compartment count technique was also used to evaluate the cellular proliferative behavior changes in Barrett's mucosa.

I would like to express my gratitude to the ISDE Scholarship Committee and Prof. Kiyoshi Inokuchi who made it possible for me to increase my knowledge and experience at the Universite de Montreal. The ISDE scholarship program plays a major role in allowing young investigators from all over the world like myself, to be exposed to further training in an environment where significant interest in the field of esophageal diseases exists. This experience will become an imprint on my professional life, favoring further exchanges between China and the Esophageal World. (Long-Qi Chen)

SCHOLARSHIP REPORT II

Andras BALINT, M.D.
3rd Dept. of Surgery,
Semmelweis University
Budapest, Hungary

Host Scientist:

Professor R. J. Siewert
Technical University of Munich,
Munich, GERMANY

Collaborating Scientists:

Dr. H. Stein
Dr. W. Kauter
Dr. H. Feussner



with Prof. Siewert in his office

Research Period:

September 1997 to December 1997

Title of Research:

1. Dual pH monitoring of the esophagus to study the relationship between respiratory /pharyngeal symptoms and gastroesophageal reflux diseases
2. Minimally invasive anti-reflux surgery - assessment of referral patterns and motivation of patients undergone anti-reflux surgery

As a recipient of the scholarship of International Society for Diseases of the Esophagus I received the opportunity to spend 4 months in the outstanding surgical unit in Munich between September and December, 1997. First of all I would like to express my appreciation of the support of the ISDE Scholarship Committee which made this possible for me.

The Scholarship protocol consisted of 4 projects.

- * Functional disorders of the esophagus and the esophago-gastric junction including the diagnostic as well as treatment options. To study the different functional diagnostic tests and to review the basic principles and technical aspects of surgical interventions particularly minimally invasive surgery
- * Dual-probe pH monitoring of the esophagus, the indications, performance and evaluation of the test.
- * Electrogastrography, reviewing the basic principles and the performance of the test. Studying its usefulness and clinical value
- * Treatment protocols in cases of cancers of the esophagus and esophago-gastric junctions.

The electrogastrography project has already been completed and a paper has been submitted. In agreement with previous reports we could not confirm the clinical usefulness of EGG in the study group. Concerning the treatment protocols of upper GI cancers my intention was to harmonize our practice in Budapest with the standard protocols used in Munich. I obtained detailed protocols concerning the diagnosis including the staging

process, treatment options and the follow up of the patients. This will be an important guideline for our practice in Budapest.

In the framework of the first project, besides a thorough study of different functional tests the referral patterns and the motivation of patients for anti-reflux surgery were evaluated. The data of patients who had undergone anti-reflux surgery because of primary GERD between January 1990 and July 1997 were analyzed. The aim of the study was to evaluate whether the referral patterns and the motivation of patients for surgery was influenced by the possibility of minimally invasive surgery, therefore the study period was divided and analyzed separately in accordance with the general application of laparoscopic fundoplication. The data of a total of 115 patients were analyzed.

The referral patterns did not show a significant difference in the two study periods. Primary care physicians and gastroenterologists take care of the vast majority of the GERD patients, including the candidates for anti-reflux surgery, and the data suggest that particularly gastroenterologists are reluctant to offer their patients the benefits of minimally invasive anti-reflux surgery. Contrary to the practice of involved medical personnel, the tendency of the patients to initiate a request for anti-reflux surgery has increased. This can be explained by the growing interest of the population regarding the management options for their individual health problems and the great volume of information available from various media sources.

Regarding the motivation of patients for surgery the two most frequently reported elements in both groups were a merely moderate response to appropriate medical therapy, and the avoidance of potentially life-long medical therapy. Long-term or maintenance therapy may be inconvenient for the patient and the financial aspects (cost of drugs) also appears to be important. Two additional elements had a different frequency in the two groups. The option of minimally invasive anti-reflux surgery played an important role in the choice of therapy during the second time period. This can be explained by the evident advantages of minimally invasive anti-reflux procedure i.e. less pain, faster recovery, and earlier return to work.

Interestingly, more patients reported the fear of developing cancer in the second period than in the first, reflecting the population's growing fear of developing cancer. However, it must be mentioned that according to the available literature data, anti-reflux surgery does not reliably prevent esophageal adenocarcinoma once a Barrett's esophagus is present. It is evident that fear of cancer alone can not therefore be an indication for antireflux surgery. Patients with Barrett's esophagus must also be followed up after successful surgical intervention.

We can conclude that surgery, especially minimally invasive surgery, plays an increasing role in the manage-



with Dr. Stein and Dr. Kauer
in the Gastro Laboratory

ment of primary gastroesophageal reflux disease, but prospective follow-up studies are needed to confirm its clinical value and reliability. The minimally invasive anti-reflux surgery has been accepted by the patients, however this was not reflected in the practice of physicians taking care of GERD patients.

The other project I have conducted during my scholarship period was the dual-probe pH monitoring of the esophagus. The aim of the study was to evaluate the presence and significance of "high" gastroesophageal reflux. The measurement setup: distal probe was positioned 5 cm under the LES.

The following groups were studied:

- GERD patients proved by pH monitoring with no respiratory/pharyngeal symptoms
- GERD patients proved by pH monitoring with respiratory/pharyngeal symptoms
- Patients with respiratory/pharyngeal symptoms alone
- Patients with "globus" sensation as a main symptom

Control group

In GERD patients with respiratory symptoms we could detect a more extensive acid exposure in the distal channel than in GERD patients without respiratory symptoms. The difference between the two groups concerning both proximal and distal channel values, were statistically significant.

In conclusion, we can say that reflux patients with respiratory and pharyngeal symptoms have more extensive distal and proximal esophageal acid exposure than reflux patients with no respiratory symptoms. There seems to be no correlation between the presence of gastroesophageal reflux and the symptom of globus sensation or respiratory/pharyngeal symptoms in the absence of typical reflux symptoms.

Finally, I would like to express my appreciation and thanks to the International Society for Diseases of the Esophagus for the grant and Prof. Siewert for allowing to spend my scholarship period at his famous clinic and also his support during my stay in Munich.

Additionally I would like to thank the entire staff of the Department of Surgery for the kindness and hospitality I experienced there, but I have to highlight the names of three doctors who presented enormous support to my work: Dr Stein, Dr. Feussner and Dr. Kauer. The work I was able to conduct there will probably be valuable and useful in my surgical career as well as in teaching activity at our surgical department in Budapest.

Besides the scientific importance of my scholarship pe-

CONGRESS NEWS

ISDE

* VIII WORLD CONGRESS OF ISDE

Site: Sao Paulo, BRAZIL

Date: September 4-7, 2001

President: Henriq W. Pinotti

* IX WORLD CONGRESS OF ISDE

Site: Madrid, SPAIN

Date: 2004

President: E. Moreno-Gonzalez

OTHERS

1999

* 3rd International Gastric Cancer Congress

Site: Seoul, KOREA

Date: April 27-30, 1999

President: Jin-Pok Kim

* 4th Latinamerican Meeting of

the Esophageal Diseases

Site: Iguazu Falls, Province of Misiones

ARGENTINA

Date: June 18-20, 1999

President: Luis Loviscek

* 38th SIC

-International Surgical Week ISW99-

Site: Vienna, AUSTRIA

Date: August 15-21, 1999

Organizer: E. Moreno-Gonzalez

* 9th WORLD CONGRESS

International Society of

Cardio-Thoracic Surgeons

Site: Lisbon PORTUGAL

Date: November 14-17, 1999

Chairman: Jose Roquette

* 1999 Eddie Wang

International Surgical Symposium

Site: Hong Kong, HONG KONG

Date: December 10-12, 1999

Chairman: Joseph W Y Lau

CALL FOR APPLICATIONS

FOR the 2001

ISDE SCHOLARSHIP

Please obtain the application form for the ISDE
Scholarship from the Secretariat in Tokyo

riod I would like to mention the wonderful spirit of Munich. The scene of the October Festival is unique. My scholarship period spent in Munich will be an unforgettable period of my life.

(A. Balint)

Yamanouchi



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Tel. 81-3-3358-1435, 81-3-3353-8111 ext. 25229
Fax. 81-3-3358-1424

e-mail

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Editor-in-Chief:

Nobutoshi Ando, M.D. (Keio University)

Members:

Harushi Udagawa, M.D. (Toranomon Hospital)

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