

isde



NEWS

The International Society for Diseases of the Esophagus

No. 26, July, 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



New Coming Presidential Address

Tom R. DeMeester, M.D.
President of ISDE
Prof. & Chairman
Dept. of Surgery
Univ. of Southern California
U. S.A.

Dear Member of the ISDE

I am pleased to have the opportunity to communicate with the members of the ISDE in this issue of the newsletter. There is an important issue that our Society is facing about which the membership needs to be aware. Let me begin by identifying the characteristics of our Society that will benefit us as we enter the new millennium and deal with the issues.

First, the ISDE is one of the emerging focus societies. Focus has become the new by word as we enter the new millennium. Our Society has been and will continue to be focused on the esophagus.

Second, the ISDE has been and will continue to be an international society. This is extremely important in a world where the boundaries are no longer domestic but global. To this end, the ISDE is one of the six founding members of the International Council for Surgical Gastroenterology (ICSG). The purpose of the Council is to promote with one voice the surgical perspective on various gastroenterological issues. The mission of the Council is to do this in a manner that does not blur the individual identity of each of its member societies. In this capacity the ICSG will work with OMEG in identifying the role various surgical gastroenterological societies will assume in the 12th World Congress of Gastroenterology to be held in Bangkok, Thailand in 2002. The ISDE has been instrumental in forming this Council and will work to use this forum as a means of furthering its goals in regards to esophageal disease.

Third, as the world gets smaller, information more abundant, and resources more scarce, the wisdom of having a focused international society that meets every three years has become evident. The ISDE is such a society, and having our meeting at three-year intervals reflects the wisdom of our founders. Through the ICSG there will be a number of opportunities for members of ISDE to participate in a variety of gastrointestinal meetings held in various parts of the world during the intervening years.

Now I would turn your attention to an important issue facing our Society. A short history will place this issue in perspective. The ISDE as we know it today arose out of a merger of two groups with an interest in esophageal disease. One group was formed by the efforts of Dr. Komei

Nakayama and shepherded by Dr. Inokuchi into a well-organized society. Its membership consisted mainly of surgeons interested in squamous cell carcinoma of the esophagus. The other consisted of a loosely organized group of physicians and surgeons who met every three years to exchange views about esophageal disease. It was started by Dr. Stipa in 1980 and fostered by Dr. Skinner and myself in Chicago in 1983. The two groups agreed, through the mediation of Dr. Siewert, to meet together in Munich in 1986. A merger occurred, and thereafter we met as one society, the ISDE, at three-year intervals. Initially there was both surgical and medical input, but this gradually decreased as issues regarding esophageal carcinoma took on greater importance. As a consequence, the ISDE is coming dangerously close to consisting of a group of isolated surgeons. During these years Dr. Giuli initiated his innovative and spectacular meeting in Paris, and has subsequent meetings at three-year intervals. The O.E.S.O. meetings were focused to answer specific questions of importance to advance the understanding of esophageal disease, and ranged from basic science, technology, education, economics and clinical aspects of esophageal disease. Surgeons and internists were encouraged to attend and did so eagerly. Two things occurred as a consequence of this activity. One, internists interested in the esophagus found an international home in O.E.S.O. and O.E.S.O. became the research arm of the ISDE. O.E.S.O.'s next congress is September 2-7, 2000

and the preliminary program has been finely turned to look at the important issues in esophagology. ISDE's next meeting is September 4-7, 2001 and will be hosted by Dr. Pinotti in Sao Paulo, Brazil. As we have become accustomed to in our meetings in Japan, U.S., Italy and Canada, the 2001 meeting will be excellent. The issue we face is should the ISDE more strongly embrace the gastroenterologists by increasing their membership in the Society and provide a structure by which their interest and input in the program can be assured, and if we do this, how would this affect our relationship with OESO.

As your president, I have a dream regarding this issue, and that is to merge ISDE and O.E.S.O. into one society and by doing so bring the internists and surgeons back together again. This would create a great society that focuses on the esophagus with a strong clinical and research component. The research component would be organized in the innovative way Dr. Giuli has pioneered. A new expanded governance allowing equal input from gastroenterologists and surgeons would rest on the foundation laid by Dr. Nakayama and built upon by Dr. Inokuchi. If this were to come to pass, the heritage and future of both groups would be well positioned for the new millennium. I ask the membership to consider this possibility and let me know if you think we should make this a dream a reality. Respectfully yours.

(T. R. DeMeester)

The latest studies on esophageal diseases (2)

-The remarkable improvement in scientific activities-

SYMPOSIUM at the 7th World Congress of ISDE in Montreal

“ QUALITY OF LIFE ” - Palliation in Esophageal Cancer -



Carolyn E. Reed
Cardiothoracic Surgery
Medical University
of South Carolina
Charleston, USA

A distinguished group of speakers presented a summary of techniques available for palliating patients with advanced esophageal cancer. It was emphasized that palliation requires individualization of treatment, and the physician should be aware of various techniques.

Dr. Lawrence Coia summarized the use of radiation therapy (RT) in palliation. He stated that a pattern of care study in the United States revealed that RT is most often used in combination with chemotherapy. When used alone, about two-thirds of patients will be palliated for 4 to 6 months if the RT dose is 50 to 60 Gy. About 30% to 50% of patients will develop a stricture, half of which will be benign. Brachytherapy is not frequently utilized in the U.S. although it may add to palliation. High-dose-rate brachytherapy is preferred because it can be done on an outpatient, bases in less time and with more patient comfort.

Dr. Susan Urba from the University of Michigan emphasized, as did Dr. Coia, that chemotherapy/RT is superior to RT alone for patients with locally advanced unresectable disease. The use of chemotherapy in patients with metastatic disease must be considered in the context of efficacy and toxicity. Dr. Urba reported on new drugs. Taxol is the newest agent with significant single agent response (31%), and it is now being evaluated in combination with other drugs. For metastatic disease, chemotherapy at present does not confer survival benefit, and toxicities can be substantial. Disabling symptoms can often be palliated with other modalities. Age and performance status are important variables in relation to

toxicity Dr. Urba emphasized that clinical trials with new agents are most suitable for this population.

A popular new method of palliation is the insertion of a self-expanding metal stent (SEMS). This intubation approach has the advantage of decreased need to dilate, ease of insertion, and low procedural morbidity and mortality. However, it is costly and long-term complications and reintervention rates have not been rigorously studied. Dr. Bonavena from Milan, Italy highlighted the use of these stents in 26 patients with tumors at the pharyngo-esophageal junction, a difficult location to palliate. The success rate was 100%, and all patients were able to eat a semisolid diet. Patient survival was 4.2 months, hospital mortality was 12% and long-term morbidity was 15%.

Professor Stephen Bown from London, who is a leader in the use of lasers for palliation, presented his perspective. Laser ablation of tumor has a documented high success rate with low mortality and morbidity. Dr. Bown favors recanalization of tumor first followed by RT. In a study comparing laser alone versus laser plus brachytherapy (10Gy), dysphagia was controlled for a significantly longer interval (22 vs 6 weeks) with the addition of brachytherapy. Dr. Bown reported on a two-year management audit of 164 patients presenting for palliation at his institution. Of this group, 83 tumors were debulked by laser (20 later intubated; 63 needing repeat laser), 46 patients underwent laser therapy and adjuvant treatment (26 brachytherapy ; 12 external RT), and 35 patients underwent early intubation.

Dr. Norman Marcon from Toronto shared his philosophy regarding PDT for palliation. Of 86 patients undergoing PDT alone, half later needed a prosthesis. The most inconvenient complication was photosensitization. Dr. Marcon felt that long lesions not suitable for stent or high lesions were best handled by PDT. There is little data regarding PDT and its interaction with other modalities.

(C. E. Reed & A. Perrachia)

“ESOPHAGEAL CANCER” - Neo Adjuvant Therapy -

Thomas N. Walsh
James Connolly Memorial Hospital
Dublin, IRELAND
T. P. J. Hennessy
University of Dublin Trinity College
St. James' Hospital
Dublin, IRELAND



Prof T.R.J. Hennessy

*“Surgery Versus Multimodal Therapy
For Adenocarcinoma”*

Introduction

Until recently hard data on the role of multimodal therapy for

adenocarcinoma of the esophagus was scarce because adenocarcinoma was considered nonresponsive to chemotherapy and radiotherapy and because of the relative rarity of adenocarcinoma compared with squamous cell carcinoma. The only studies available were case series. Randomized trials of multimodal therapy pooled squamous and adenocarcinomas. Recent randomised trials have clarified its role.

The role of radiotherapy or chemotherapy alone

The role of radiotherapy is uncertain because no randomised trials have examined its effect before, after or instead of surgery for esophageal adenocarcinoma.

(to be continued p6)

Research Committees

*Barrett's Esophagus

Ivan Ceconello, M.D.
Professor & Chairman
University of Sao Paulo
Sao Paulo, Brazil



During the VII World Congress of the ISDE, held in Montreal, Canada, from 1st to 4th September, 1998, an official meeting of the Barrett's Esophagus Research Committee took place. Professors T. Aoki (Japan), A. Duranceau (Canada), T. Lerut (Belgium), R. Giuli (France), H. Ellis (USA) and I. Ceconello (Chairman) (Brazil) were present.

Prof. Giuli made a detailed report of the multicentric ISDE protocol. This project is under way and has already enlisted 548 participants from 21 countries; 64 have now a long evaluation follow-up. Search of funds for final statistical analysis were discussed.

Considering the interest arisen over Barrett's esophagus, it was decided that specialists from different areas as gastroenterologists, endoscopists, radiologists, should be encouraged to joint the group.

Reorganization of the work on research will follow main areas as physiopathology, malignization, diagnosis and treatment. Prof. H. Ellis made important considerations about the surveillance endoscopy and biomarkers in early detection of Barrett's adenocarcinoma.

(I. Ceconello)

*Gastro-esophageal Reflux

John Bancewicz, M.D.
Chairman of the Committee
Professor & Chairman
Department of Surgery
Hope Hospital
Salford M6 8HD U.K.



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 a case.

(J. Bancewicz)

*Molecular Biology of Esophageal Cancer

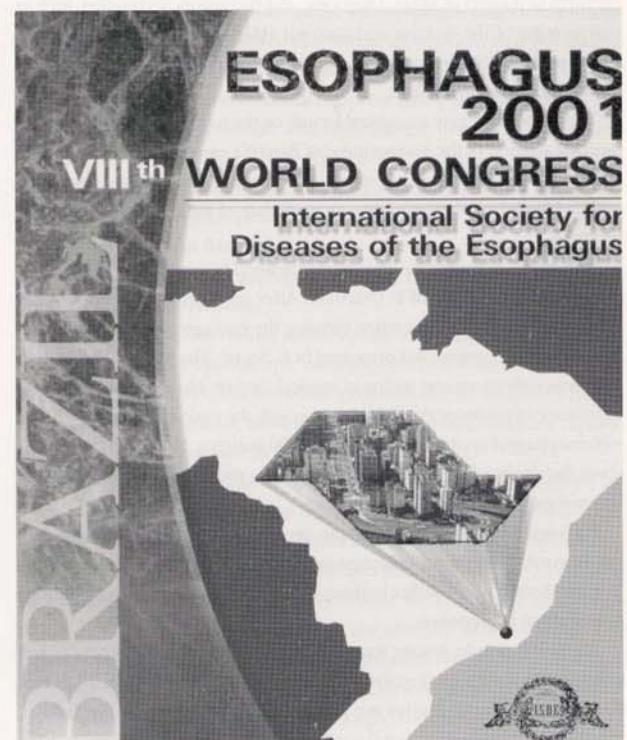
Masayuki Imamura M.D.
Chairman of the Committee
Professor & Chairman
Department of Surgery
& Surgical Basic Science
Kyoto University, Japan



Since the last ISDE congress in Montreal, the ISDE Committee for Research on Molecular and Cellular Epidemiology of Esophageal Cancer has been through a transition and newly Committee on Molecular Biology has started. I was appointed Chairman and my intentions for the committee are to re-define the roles of the organization and to conduct more focused molecular and cellular analyses. It is a great honor for me to organize this committee.

Of all the varieties of prognostic factors currently proposed on esophageal cancer, definitive factors are not yet identified. By a preliminary analysis conducted by the Japanese Committee on Molecular Biological Malignancy of Esophageal Cancer E-Cadherin and CyclinD1 expression were closely correlated to the patient's prognosis. Based on this finding we would like to focus on the analysis of E-Cadherin and CyclinD1 expression, to further evaluate whether E-Cadherin and CyclinD1 are truly prognostic factors of the esophageal cancer. We are going to collect appropriate samples world-wide and examine the genes. Facing high incidence of esophageal adenocarcinoma in western countries, our examination will be targeted not only on squamous cell carcinoma but also on adenocarcinoma. We would like to continue this project till the next international congress.

(M. Imamura)



São Paulo September 4-7, 2001

Regional Activity

ITALY

The I.S.D.E. Italian Chapter Congress "Esophagus '99", Milan, April 21, 1999

Prof. Alberto Peracchia, M.D.
Professor & Chairman
Dept. of Surgery
University of Milan
Milan Italy



"Esophagus '99" was held on April 21, 1999 in Milan, Italy, under the presidency of Alberto Peracchia, Professor and Chairman of the Department of Surgery of the University of Milan, and Chief of Surgery at the Ospedale Maggiore Policlinico, IRCCS. The meeting was organized by Alberto Del Genio and Luigi Bonavina, Italian Delegates of the I.S.D.E., and was held under the patronage of FIRC (Fondazione Italiana Ricerca sul Cancro) and OESO (Organization Etudes Statistiques Oesophage).

The focus of this Congress was on Barrett's esophagus and caustic lesions of the foregut. An international panel of experts from Belgium, Germany, Rumania, Spain, and USA contributed to the success of the meeting.

The entire morning session was devoted to Barrett's esophagus and chaired by G. Bianchi Porro, A. Peracchia, P. Bianchi, and A. Del Genio. Four speakers entertained the audience on fundamental topics such as definitions and terminology (F. Pace), pathogenesis (H. Stein), epidemiology and experimental models (M. Pera), developments in molecular biology (G. Coggi).

A live transmission was then started from the Endoscopy Unit of the Department of Surgery of Milan. Diagnostic and therapeutic techniques, such as vital staining of the mucosa and mucosal ablation with Nd-YAG laser and Argon plasma, were demonstrated by J. Van Laethem from Bruxelles and by the endoscopic team in Milan.

Tom DeMeester gave a magistral lecture on the role of surgical therapy and mucosal ablation in the management of Barrett's esophagus. The contribute of OESO to the advancements in the understanding of the disease was clearly outlined by Robert Giulì who gave an up-to-date of the ongoing randomized protocols.

The afternoon session, devoted to caustic lesions of the foregut, was chaired by E. Ancona and F. Ottaviani. After an overview of epidemiology (M.L. Farina), an excellent video showing the emergency endoscopic management of lye ingestion was presented by S. Narne. The topic of L. Banavina was about indications and timing of surgical therapy. He analysed the 30-year experience of professor Peracchia's group with the endoscopic approach and with esophageal reconstruction in over 200 patients. N. Di Martino talked about the choice of the esophageal substitute in patients after esophagectomy and in those with an established stricture.

Professor Z. Popovici from Rumania presented his extensive experience in reconstructive surgery for pharyngo-esophageal strictures. Last but not least, Tom DeMeester gave another brilliant lecture on technique and long-term results of colon interposition.

About 300 people, among surgeons and gastroenterologists, attended the meeting and actively participated in the discussions. This testifies the fact that Barrett's and caustic lesions are among the "hot" topics in the field of esophagology. Much effort is still needed to clarify areas of controversy and to provide guidelines for optimal therapy. (A. Peracchia)

U.S.A.

Greetings from Chicago



Mark K. Ferguson, M.D.
Professor of Surgery
The University of Chicago
Chicago, Illinois USA

It is an honor to serve the ISDE as the Federation Chairman (North America). There has been continuing intense interest in diseases of the esophagus in North America stimulated in part by the highly successful 7th World Congress of the ISDE in Montreal in September, 1998.

At the American College of Surgeons meeting in Orlando, Florida, in October, 1998, plenary sessions were held on "surgery versus photodynamic therapy for Barrett's esophagus with high grade dysplasia" and on "the current management of patients with esophageal cancer." During the Thoracic Surgery Motion Picture Session, 8 of the 11 videos were related to benign or malignant conditions of the esophagus.

During the Society of Thoracic Surgeons meeting in San Antonio, Texas, in January, 1999, plenary session papers were held on "gastroplasty for Barrett's esophagus," "PET scanning for esophageal cancer," and "effects of neoadjuvant chemoradiation on p53 gene expression in patients with esophageal cancer." The poster session presentations included topics on "an animal model for PDT in Barrett's esophagus" and "an analysis of optimal distal resection margins for esophageal cancer."

During the American Association for Thoracic Surgery meeting in New Orleans, Louisiana, in April, 1999, Mark Orringer presented his work on "a side-to-side stapled esophagogastric anastomosis after esophagectomy" at the plenary session. Additional papers included "an analysis of surgical relevance of M1a versus M1b staging for esophageal carcinoma" and "long-term results of cricopharyngeal myotomy for muscular diseases." In addition, a new debate format featured pro-con discussions on laparoscopic Nissen fundoplication for Barrett's esophagus and radical esophagectomy for esophageal cancer.

During the Society for Surgery of the Alimentary Tract meeting in Orlando, Florida, in May, 1999, a consensus conference was held for management of Barrett's esophagus, a symposium was organized for evaluating pulmonary symptoms in GERD, and plenary and poster sessions were held on a wide variety of esophageal topics.

Finally, at the meeting of the American Society of Clinical Oncology held in Atlanta, Georgia, in May, 1999, over 30 papers and posters were presented regarding esophageal cancer and esophageal surgery. Of note was a presentation by Professor Ando suggesting that postoperative adjuvant chemotherapy improves survival for localized squamous cell carcinoma compared to surgery alone.

The main areas of interest in North America are appropriate management of Barrett's esophagus with dysplasia and adjuvant therapy with patients with esophageal cancer. The upcoming year promises continued vigorous activity in these topics of concern.

(M. K. Ferguson)

ISDE SCHOLARSHIP

Scholarship Report I

Antonio J. Torres, M.D.
San Carlos University Hospital
Madrid, SPAIN

Host Scientist : Professor Hiroshi Akiyama
Toranomon Hospital, Tokyo

Collaborating
Scientists : Harushi Udagawa, M.D.
Goro Watanabe, M.D./

Research Period : February 1998 to April 1998

Title : Treatment of esophageal cancer ; new
alternatives and prognostic factors



with Professor Akiyama (President Toranomon Hospital)

First of all I would like to thank the ISDE Scholarship Committee for giving me the superb opportunity to stay at Toranomon Hospital in Tokyo. I spent three months, from February to April 1998, there. It was my great pleasure and honour.

Professor Hiroshi Akiyama, at present President of Toranomon Hospital, does not need any introduction. He and his associates are world-wide renowned for their splendid dedication and contribution to the management of esophageal and gastric cancer. As you obviously know Professor Akiyama is an eminent surgeon, but I would like to point out here that his accessibility and kindness are as outstanding as his surgical expertise. I have an opportunity to discuss with him different aspects about Japanese surgical training programs, University matters and medical insurance system.

During my stay at Toranomon, I joined the department of Gastrointestinal Surgery under the supervision of Dr. Harushi Udagawa. It is a very busy department. Particularly, many patients suffering from esophageal and gastric neoplasms are referred and treated according to their appropriate protocols.

With regard to esophageal cancer, early diagnosis is the cornerstone of curative treatment; of course prevention of disease is always preferable, but granted that we have to contend with disease itself, then early diagnosis is the key. At the weekly preoperative conferences I could observe how relevant a precise diagnostic work-up is: spraying of iodine-dye solution, endoscopic ultrasound and CT exams give you invaluable information about tumor multicentricity, depth of involvement of esophageal wall and metastatic lymph node infiltration. At these meetings the appropriate plans are drawn up: preoperative chemo/radiotherapy, extent of surgery, etc.... After these preoperative conferences I had the chance to discuss, face to face with Dr. Udagawa, the different curative and palliative surgical approaches depending on
(to be continued p6)

Scholarship Report II

Nebojsa Radovanovic M.D.
Center for esophageal surgery
Clinical Center of Serbia
Yugoslavia

Host Scientist : Professor R. J. Siewert
Technical University of Munich

Collaborating
Scientists : Priv. Doz. Hubertus Feussner
Dr. Hubert Stain

Research Period : March 1998 to June 1998

Title : Esophageal achalasia and laparoscopic
treatment of the disease



First of all I would like to thank the scholarship committee for giving me the opportunity to visit "Klinikum rechts der Isar der Technischen Universität München (director Prof. Jorg Rudiger Siewert)". I spent three months from March to June 1998 at this university. As you know Prof. Siewert 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 München I observed a great deal of their activity concerning basic research and clinical work.

During this time I attended to the whole spectre of abdominal and abdominothoracic interventions including all sophisticated operations upon benign and malignant diseases of the esophagus and stomach. Besides of the open (conventional) approaches, I also took part in the whole variety of thoracoscopic and laparoscopic procedures which are currently performed on routine bases at this institution. Particularly, many reflux-disease patients are referred and appropriately treated according to their original protocol. "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 there from Dr. H. Stain.

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

I also saw that the majority of esophageal cancer are occupied by adenocarcinoma developed on Barrett esophagus. This is the same with the incidence of adenocarcinoma of the esophagus in my country. Early detection of this disease is important and appreciated. At present we have no effective vital staining technique for early stage adenocarcinoma, and therefore multiple biopsies are effective to detect them.

Fortunately, I also had an opportunity to carry out scientific research in collaboration with Dr. H. Feussner. Our research focused on the esophageal achalasia and the laparoscopic treatment of this disease. Our work resulting in papers published in international journals.

Thanks to Prof. Siewert and his colleagues I attended to two work-
(to be continued p6)

cont.

“ESOPHAGEAL CANCER” - Neo Adjuvant Therapy -

The only trials on preoperative chemotherapy with surgery alone have been single arm and uncontrolled. Kies et al [1987] reported some promise with cisplatin and 5-FU prior to resection. There are no trials on postoperative chemotherapy for esophageal adenocarcinoma.

Ajanj et al [1990] reported on pre- and postoperative chemotherapy with etoposide, cisplatin and 5-FU in patients with resectable adenocarcinoma. The median survival was 24 months.

Chemotherapy and Radiotherapy

A number of single armed and uncontrolled studies have examined preoperative chemoradiotherapy. Urba et al [1992] reported considerable toxicity and no survival advantage for single agent chemotherapy and radiotherapy followed by transhiatal esophagectomy. Wolfe et al [1993] described a 20 % complete response rate and a 5-year survival rate of 25 % for chemoradiotherapy followed by surgery. Stewart et al [1993] had a median survival of over 26 months for chemoradiotherapy compared with 8 months for historical controls. Hoff et al [1993] reported a 19 % complete response rate and a 1 and 2 year survival of 72% and 51 %. Naunheim et al [1995] reported a 2 and 3 year survival of 28, and 20 % respectively.

Walsh et al [1996] reported the first prospective randomized trial comparing preoperative chemotherapy (5-FU and cisplatin) and radiotherapy (40 Gy) with surgery alone in 113 patients. Of the multimodal group 58% had negative lymph nodes compared with 18% in the surgery only limb. Twenty-five % (13 of 52 patients) of the multimodal group had a complete pathological response. Median survival was significantly better for patients receiving multimodal therapy compared with surgery alone (16 versus 11 months). At 1, 2 and 3 years 52%, 37% and 32% respectively, of patients randomized to multimodal therapy were alive versus 44%, 26% and 6% treated by surgery. A recent analysis shows that these results were sustained at 5 years.

Summary

Combined chemotherapy and radiotherapy given preoperatively results in up to 25% complete pathological response rate and a survival advantage for complete responders. A survival advantage for the group as a whole was identified in one randomized trial. The findings of a 60% 5-years survival rate amongst the 20% complete responders for adenocarcinoma [Wolfe et al 1993] compared with only 40% 5-year survival amongst the 40% complete responders for squamous tumours is mirrored in our own studies [Walsh et al 1995, Walsh et al 1996]. This suggests that more effective local therapy is required for adenocarcinoma while more effective systemic therapy is needed for squamous tumours.

(T. N. Walsh & T. P. J. Hennessy)

cont.

Scholarship Report II

shop which were in particular devoted to my interest:

- What is new in Visceral Surgery? Held in March, 1998, at Klinikum rechts der Isar,
- From reflux to Barretts carcinoma. Held in Hamburg, European Surgical Institute, April, 1998,

cont.

Scholarship Report I

patient factors, tumor involvement and nodal distribution. In the operating room, I observed how 3-fields dissections have to be performed in all their details, particularly the upper mediastinal dissection around both recurrent nerves and cervical lymph nodes removal. Dr. Udagawa's meticulous technique is undoubtedly superb. It was also very exciting to find out that all patients were extubated in the O.R. immediately after the operation and sent to the surgical ward (not to the surgical intensive care unit) without any other special care. I could check that generally the postoperative periods were uneventful.

In relation to upper gastric and cardia tumors I had the opportunity of observing the dexterity as Dr. Udagawa and his associates perform the celebrated Dr. Akiyama's left thoraco-abdominal approach. We discussed the pros and cons of this alternative.

It was also very interesting to notice that surgeons do a "second operation" after removing the surgical specimen in the selfsame operation room; they carry out a punctilious dissection of lymph nodes. I think think is essential for an accurate tumor staging, and I will try to implement it in our Department in Spain.

Although my main objective was the radical surgical approach to esophageal cancer, I also had the opportunity to meet Dr. Watanabe and to attend many hepatic and pancreatic cases. I observed the value and usefulness of intraoperative ultrasound in the hands of well-skilled surgeons; plans may be push through or be altered depending on the ultrasound findings.

During out-patient office hours I was pleased to find out the consistent patient follow-up they push ahead with; surgeons do out-patient ultrasound examinations (including endoscopic ultrasound). This strategy allows the early detection of recurrences and/or second primary tumors.

I am sure that my stay at Toranomom Hospital and the gained advanced knowledge would be highly beneficial in working with patients at the Department of Surgery of the Complutense University, in Spain.

Finally, I sincerely wish to convey my deepest gratitude to all the surgical staff and residents of the Gastrointestinal Surgery Department. Mr. Hisao Fujiwara and Mrs. Atsuko Kato (or more fondly, Kathy's) support was immeasurable.

I would not like finish this report without thanking the Head of my Department, Professor J.L. Balibrea for allowing me divert this time from my duties in Madrid; and Professor E. Moreno-Gonzalez for his stimulus in ripening this unforgettable experience.

(A. J. Torres)

Finally, I would again like to express my grateful for the ISDE scholarship, and I would also like to express my deepest appreciation to Prof. Siewert, Dr. Feussner, Dr. Stain and to all other colleagues from Rechts der Isar Clinic especially from "privat station 1/1". In addition, I am glad to have been able to meet so many talented doctors from different countries. It is very interesting to talk with them about nonmedical matters as well as medical science, and I would like to thank them too. It is exciting to gain advanced knowledge, and all of my stay in Munchen is an unforgettable great experience to me, which will both enrich my future professional and nonprofessional like in Yugoslavia.

(N. Radovanovic)

Saddenning News



We have to announce the most grievous news that Prof. Spencer Payne (Mayo Clinic, Minnesota, USA), honorary member of the ISDE, passed away on February 13, 1999 at his home following a long illness.

March 22, 1926, born in St. Louis.

1950, medical degree from Washington University in St. Louis

1952-1954, military service during Korean War

1954-1955, residency in general surgery at St. Louis City Hospital

1955, six-year training in general surgery and thoracic and cardiovascular surgery in Mayo Clinic

1974, a full professor of Surgery at Mayo Medical School

1982, the James C. Masson Professor

Respectfully we pray for the repose of the late great Prof. Spencer Payne's soul.

Congress News

ISDE

2001

*VIII WORLD CONGRESS OF ISDE

Site : Sao Paulo, BRAZIL

Date : September 4-7, 2001

President : Henriq W. Pinotti

2004

*IX WORLD CONGRESS OF ISDE

Site : Madrid, SPAIN

Date : 2004

President : E. Moreno-Gonzalez

OTHERS

1999

*38th SIC -International Surgical Week ISW99-

Site : Vienna, AUSTRIA

Date : August 15-21, 1999

Organizer : Moreno-Gonzalez

*GASTRO 99 , Endoscopy Highlights

#26th Pan American Congress of Digestive Diseases

#13th Pan American Congress of Digestive Endoscopy

#4th Canadian Digestive Diseases Week

Site : Vancouver, British Colombia, CANADA

Date : August 30 - September 2, 1999

For Information / Congress Office :

c/o Chateau Travel

759 Victoria Square, Suite 105

Montreal (Quebec) Canada H2Y 2J7

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Toll free in North America: 1-888-681-4666

Fax : (514) 288-3208 or

Toll free in North America: 1-888-376-5553

MAIL:gastro99@odyssee.net

*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

2000

*11th Asian Pacific Congress of Gastroenterology

*8th Asian Pacific Congress of Digestive Endoscopy

Site : Hong Kong Convention &

Exhibition Centre, HONG KONG

Date : March 10-14, 2000

Chairman : S K Lam

*11th World Congress of Bronchoesophagology

(WCBE)

Site : PACIFICO Yokohama, YOKOHAMA, JAPAN

Date : June 8 to 11, 2000

President : Akinori Kida (Nihon University)

Secretariat : c/o Japan Conventiion Services, Inc.

Tel. : 81-3-3508-1214

Fax : 81-3-3508-0820

*O.E.S.O.

6th WORLD POLYDISCIPLINARY CONGRESS

Site : U.N.E.S.C.O. Headquarter PARIS

Date : September 1 - 6, 2000

Scientific Director : Robert GIULI

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CALL FOR APPLICATIONS

FOR the 2000

ISDE SCHOLARSHIP

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

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Yamanouchi



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