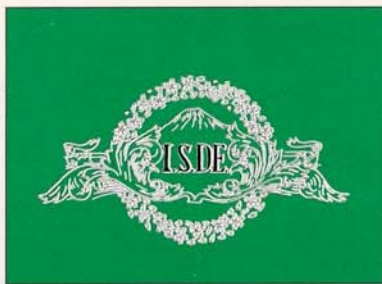


ISDE



NEWS

The International Society for Diseases of the Esophagus

No. 27, Feb. 1st, 2000

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

THE VIIIth WORLD CONGRESS OF THE ISDE



Congress President
Prof. Henrique W. Pinotti
Professor & Chairman
Dept. of Surgery
University of Sao Paulo

SEPTEMBER 4 to 7, 2001 SAO PAULO, BRASIL

Dear Colleague

I have great pleasure to personally invite you to participate in the VIIIth World Congress of I.S.D.E. that will be held in Brazil from September 4 to 7, 2001.

This meeting assumes particular historic characteristic in the life of I.S.D.E., because it will be the first in the new millennium.

A special location was selected to develop the Congress, in Sao Paulo in the center of South America.

The Congress will offer participants many activities:several aspect:

- 1 Scientific
- 2 Touristic
- 3 Sporting
- 4 Social
- 5 Cultural
- 6 Shopping

As in the past, the ISDE World Congress will have a scientific program comprehensively covering the most recent advancements and trends in all the branches of the specialties related to the esophagus including pathophysiology, pharmacology, pathology, endoscopy, imaging and laboratory diagnostic methods, clinical approaches, conventional and minimally invasive endoscopic surgery, chemotherapy and radiotherapy.

Renowned authorities in many fields will make presentations.

In the scientific meeting the basic structure is organized to give opportunities to all participants to present free papers and videos and posters, in addition to learning theater and teaching video rooms.

So, dear Colleague, the 2001 ISDE Congress will be an excellent opportunity to travel with your family.

After the Congress you could visit other exotic native regions such as the central western swamps called "The Pantanal of Matogrosso", the Amazonic jungle or beautiful beaches at Brazilian sea coast.

(H. W. Pinotti)

Easy & Fast Connection

We now have a homepage.
Send your email address to

isde@home.email.ne.jp
<http://www.isde.net/>

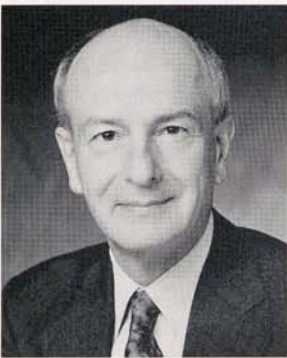
to get all the latest ISDE news

MEET ISDE OFFICERS (1998.9 - 2001.9)



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Professor & Chairman
The University of Chicago
USA

① (President)
T. R. DeMeester
Professor & Chairman
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USA



⑬ (8th Congress Chairman)
H. W. Pinotti
Professor & Chairman
University of Sao Paulo
BRAZIL



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E. Moreno-Gonzalez
Professor & Chairman
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Professor & Chairman
Hospital Jose Joaquin Aguirre
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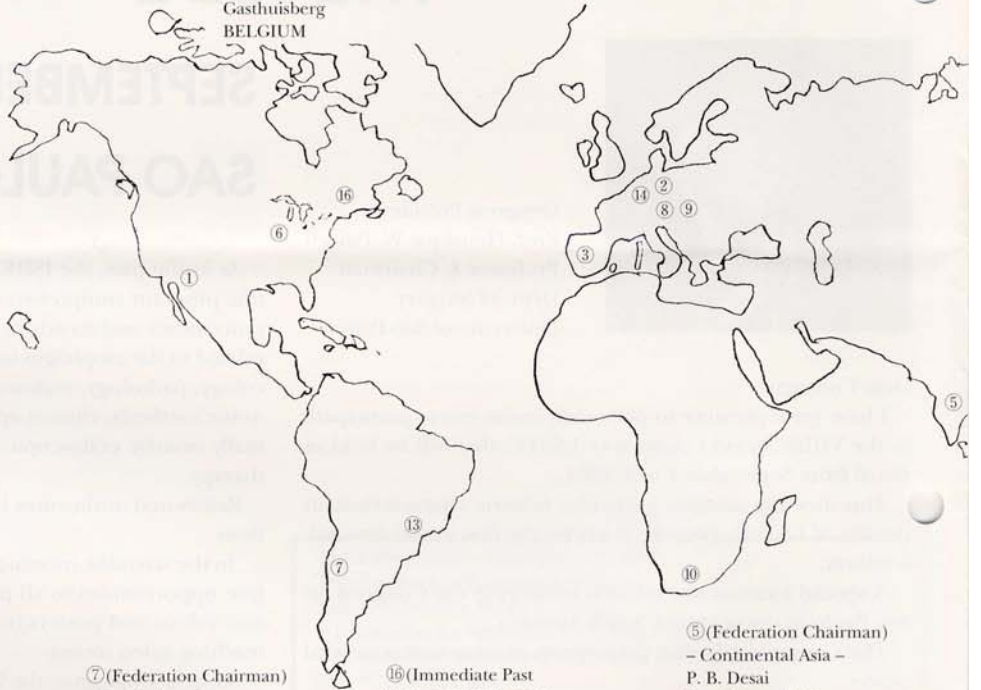


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J. R. Siewert
Professor & Chairman
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GERMANY



⑧ (Federation Chairman)
- West Europe -
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- Continental Asia -
P. B. Desai
Tata Memorial Centre
INDIA



RECENT ORGANIZATIONAL DEVELOPMENT

The 19th of the Executive Committee Meeting was held on October 14, 1999 at Hilton Hotel, San Francisco.

The following reports were given.

1. Membership Committee

It was decided to follow the style of membership recruitment recently tested in Japan.

All Council members will be asked to recommend some possible future members to the Secretariat. The Secretariat then sends a letter of invitation indicating they have been recommended and therefore do not need a member's signature on the application form.

This should speed up the process. Furthermore, all members aged 60 or more should be contacted to recommend possible members. This will help minimize the a problem of attrition.

2. Newsletter

The newsletter should be incorporated into the journal but should also be published on the homepage. This will make it a quarterly publication.

Prof. Siewert proposed that the Journal be combined with the Newsletter (2pages). Agreed upon to save cost of printing and postage.

3. Financial Report

Secretary General proposed an increase in annual dues. No decision was made.

It was decided to pay \$5,000 to the ICSG for fees as a founding member and through 1999. Continuance of ISDE as a member of ICSG was confirmed.

4. Homepage of ISDE

Establishment of the Homepage was reported.

<http://www.isde.net/>

5. Scholarship Committee

1. Concerning scholarships, a report should be made to the president and Executive committee members as to how much money is available for the coming year. In addition, a list of all previous recipients of the scholarship should be made and a brochure should be drawn up so that it can be used as a basis for appeals for contributions. Furthermore,

those who have previously received a scholarship should be asked to help to seek sources of donations.

6. ISDE and OESO

1. Discussion with OESO representative Dr. Giuli about possible mechanisms to merge or integrate ISDE and OESO. However, OESO has no organization or annual dues.

2. The 2004 ISDE Meeting will be a joint meeting with OESO.

3. At present, it is unclear as to how we should integrate with OESO.

4. Dr. Giuli should be informed that the Executive Committee voted to support HOPES.

7. Status of the 8th Congress

Dr. Walter Pinotti will be asked to give a report on the status of his preparations for the year 2001 meeting, including the specific site of the congress and this report should be sent to the secretariat no later than the end of December.

8. Next Executive Committee Meeting

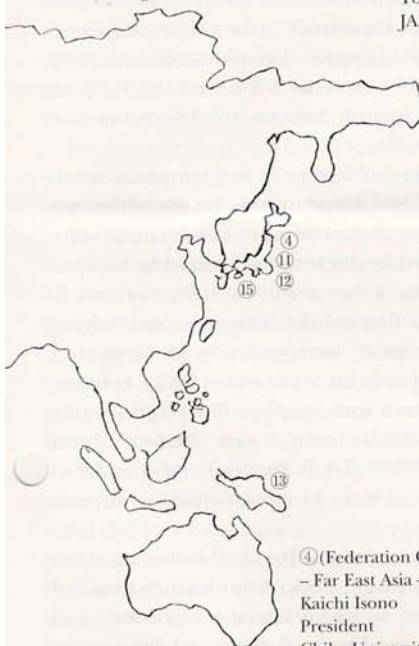
The next (20th) Executive Committee meeting will be in Madrid on May 27, 28 or the day before. Notification should be sent out by the ISDE secretariat well in advance.



⑪ (Secretary General)
Hitoshi Watanabe
Chief of Division
National Cancer Center
JAPAN



⑫ (Treasurer)
Hideko Ide
Professor
Tokyo Women's Medical School
JAPAN



④ (Federation Chairman)
- Far East Asia -
Kaichi Isono
President
Chiba University
JAPAN

⑮ (Editor-in-Chief of Newsletter)
Nobutoshi Ando
Keio University
JAPAN



REGIONAL ACTIVITY



l to r (Segarra, Arguelles, Pelegrini, Sancho-Fornos, Moreno-Gonzales)

IN Pamplona, SPAIN

S. Sancho-Fornos, P.H.D.F.A.C.S.
Professor & Chief of
Department of Surgery
National Representative of Spain
Hospital Universitari "LA FE"
VALENCIA, SPAIN

"International Surgical Week - ISW99" August 15-20, '99 Vienna, AUSTRIA

Harushi Udagawa, M.D.
Chairman, Dept. of Surgery
Toranomom Hospital
Tokyo, Japan



Watanabe & Siewert

In the 38th World Congress of Surgery (International Surgical Week; ISW99) was held in Vienna from August 15 to 20, 1999. ISW is held every two years, and this time it was held by the Congress President Prof. Samuel A. Wells Jr. from Chicago. It was a large congress organized by ISS/SIC and three other integrated societies. It was also supported by 15 societies of various surgical fields.

ISDE has been supporting this congress since its 34th Congress held in 1991 in Stockholm. In the 38th Congress, the ISDE organized 1 plenary session, 1 symposium, 1 video session, and 5 free paper sessions. The topic of the plenary session was 'What's new in the treatment of squamous cell carcinoma of the esophagus?' It was moderated by Dr. J. R. Siewert from Germany and Dr. H. Watanabe from Japan. The topic of the symposium was 'Barrett' cancer: marker of malignant degeneration and surgical consequences' It was moderated by Dr. A. H. Holscher from Germany and Dr. N. Altorki from USA.

Although the congress was essentially for surgeons, both topics were discussed enthusiastically by many participants from all over the world in many aspects related to surgical oncology including surgery, pathology, immunochemistry, and genetics. It provided us a good opportunity to exchange our latest experience and knowledge. The 39th World Congress of Surgery will be held in Brussels in 2001, the same year as our 8th World Congress of ISDE in Sao Paulo.
(H. Udagawa)

National Meeting of the Spanish Chapter of the ISDE Pamplona (Spain), April 1999

The XVI National Meeting of the Spanish Chapter of the ISDE was held on April 22 and 23 in Pamplona (Spain). As had been agreed on the occasion of the previous meeting in San Sebastian in 1997, the Presidency of the Organizing Committee was assigned to the Hospital, Pamplona. The meeting has been a joint event between the ISDE and the Esophagogastric Section of the Spanish Association of Surgeons (co-ordinated by Dr. M. Sans).

In the two day program, there were two symposia, seven lectures, two sessions of oral communications, two video sessions, and also poster communications. The lectures were given by experts, followed by discussions directed by another specialist to promote the debates and exchange of knowledge. One symposium addressed the "Diagnosis and staging of thoracic esophageal cancer" (moderated by M. Sans), and was attended by specialists in endoscopy, CAT, echoendoscopy, positron emission tomography (PET) and surgery (Dr. A. Torres). Of particular interest were the lectures on "Barrett's esophagus in 1999" (Dr. P. Parrilla) and "Cancer of the cervical esophagus" (Dr. E. Moreno-Gonzalez, former President of the ISDE).

The invited foreign specialist was Dr. C. A. Pellegrini (University of Washington, Seattle, USA), who lectured on the "Surgical management of esophageal motor disorder", and moreover actively participated in the debates and discussions.

This XVI Meeting was attended by over one hundred specialists in esophageal surgery from throughout Spain. It was extremely successful, and exceeded the attendance levels reached on occasion of the earlier meetings. All those attending unanimously applauded the scientific level achieved in the lectures and symposia, as well as in the papers selected.

After the conclusion of the meeting, the Assembly of the Spanish Chapter of the ISDE was held, chaired by Dr. S. Sancho Rodriguez-Fornos (National Representative), to address the different aspects of the academic life of the Chapter. In addition, Dr. E. Moreno-Gonzalez talked about the World Congress to be held in Madrid (2004), and the city of Oviedo was chosen for the coming National Meeting of the year 2001.

(S. Sancho-Fornos)

SCHOLARSHIP REPORTS

REPORT I

Denis Pajecki, M.D.
Hospital as Cvinicas
University of Sao Paulo,
School of Medicine
Sao Paulo, BRAZIL



Pajecki & Skinner

Host Institution; New York Presbyterian Hospital
Cornell University

Host Scientist; Prof. David Skinner, Prof. Nasser Altorki

Thanks to the support of the ISDE Research Scholarship, I had the opportunity to visit The New York Presbyterian Hospital and Weil Medical School of Cornell University during the months of February, March and April of 1999. I was hosted by Prof. David Skinner, Hospital vice-executive president, and Prof. Nasser Altorki, director of the division of Thoracic Surgery.

Since the beginning I could visit the hospital and was introduced to the staff of the department, making me feel very comfortable to talk and to see all the patients.

The main interest was in esophagectomy with three field lymphadenectomy. In our department of GI Surgery, directed by Prof. H. S. Pinotti, we have large experience in Esophageal Surgery for benign and malignant diseases, performing mostly the Transhiatal Esophagectomy. However, it has been a goal in last few years to improve the experience in radical surgery for esophageal cancer. With this purpose, Dr. Ivan Ceconello and Dr. Bruno Zilberstein thought that it would be very important to visit an institution with large experience in this procedure and to develop a joint protocol.

All the technical aspects of the procedure, including the pre-operative evaluation, the systematization of the operation, the hemodynamic and respiratory changes managed by the anesthesiologist and the intensive post-operative care were followed very closely in the operating room and in the ICU.

The patients were followed from the day of the surgery until their discharge, and some of them in late returns in the office.

Radical esophagectomy with three field lymphadenectomy is a complex procedure that must be performed by experienced surgeons in esophageal surgery and in hospitals with good ICUS with experienced intensivists. Dr. Skinner and Dr. Altorki have a large experience with this kind of surgery and The New York Presbyterian Hospital has the "state of the art" in ICU, and I feel very satisfied with what I've seen and learned there.

Once again I want to thank the ISDE Secretariat for the opportunity for this visit, Dr. Skinner, Dr. Altorki and all the staff of their department for their hospitality, and specially

REPORT II

Somkiat Sunpaweravong, M.D.
Department of Surgery
Prince of Songkla University Hospital
Songkla, Thailand



Somkiat & Altorki

Host Institution : 1. New York Presbyterian Hospital Cornell
University Medical School

2. Memorial Sloan-Kettering Cancer Center

Host Scientist : Prof. David Skinner & Prof. Nasser Altorki,
Prof. Robert J. Ginsberg

I received the ISDE scholarship in 1998 and spent three months (April-June 1999) at Cornell New York Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center in New York. The president of Cornell New York Presbyterian Hospital, Professor David B. Skinner, and Professor Nasser K. Altorki, the director of the thoracic surgery division, are superb surgeons and very personable individuals.

I observed many operations involving extended esophagectomy. The standard technique for the surgical treatment of esophageal carcinoma is 2-field dissection. First, a right thoractomy is performed and the esophagus is dissected with the surrounding tissue including the mediastinal lymph nodes. Then the abdomen is explored for gastric mobilization and upper abdominal lymph nodes dissection (hepatic, splenic and celiac). Finally, the esophagogastric anastomosis is performed in the cervical region.

Fortunately, I also had an opportunity to observe clinical practice in Memorial Sloan Kettering Cancer Center under the supervision of Professor Robert J. Ginsberg who is the director of the thoracic surgery division. While there I observed many types of cancer surgery and endoscopic ultrasound procedures. I also had several opportunities to attend conferences and academic activities which were held there.

I would like to thank the ISDE for this opportunity and experience in New York. In addition, I would like to thank Professor Apinop Chanvitan, the director of esophageal cancer research program at Prince of Songkla University, who recommended me to Professor David B. Skinner and advised me in this venture.
(S. Sunpaweravong)

Georgia, Dr. Altorki's secretary for all the help she gave me during my wonderful stay in New York City.

(D. Pajecki)

REPORT III

Zorica Jankovic, M.D.
Clinical Center of Serbia
YUGOSLAVIA



Dr. Jankovic & Prof. Adams

Host Institution; Guy S Hospital, London
Host Scientist; Prof. Anthony Adams

To start with, I am extremely grateful to ISDE for allowing me to spend more than three months (7 July-15 October) at Guys and St. Thomas's Hospital in London. During my stay in London, these two hospitals amalgamated with King's College Hospital to become the biggest school of medicine in the UK - Guys, King's and St. Thomas's School of Medicine. I spent a very useful and pleasant time in the Intensive Care Unit and Operating theaters at Guys and St. Thomas's hospitals.

I am also grateful to Prof. A. Adams, head of the Anesthetics Dept, who helped organize a stay which enabled me to learn so much.

I spent most of the time in the ITU, one of the best-equipped and run university teaching hospital ITUs in the country. Dr Richard Beale, Dr Angela McLuckie and Dr D. Wyncoll were responsible for the high level of treatment and teaching there. My primary aim was to improve management of pulmonary and septic complications in Oesophageal cancer patients.

In the ICU I noticed an unbelievably low incidence of pulmonary complication caused due to: early detection of esophageal and gastric cardia carcinoma, surgery when the carcinoma is small (with minimal or no invasion of the lymph nodes), good preoperative preparation of the patients (nutrition and chest physiotherapy), good type of surgery (without extensive lumphadenectomy), good intraoperative monitoring and treatment, prolonged mechanical ventilation after surgery, physiotherapy, early postoperative enteral nutrition (first post-operative day through feeding jejunostomy), etc.

I focused my attention on post-operative mechanical ventilation. We all know that there are differing views on this issues: some authors favor early extubation and mobilization, while others suggest prolonged mechanical ventilation to improve oxygenation, restore normal body temperature, and achieve chemodynamic stability and better perfusion of the anastomosis. Observing the excellent results in patients who were mechanically ventilated until the morning after surgery, I decided to introduce this treatment as mandatory in my hospital. All patients so treated bore the mechanical ventilation very well, partly because they were well sedated with propofol or midazolam partly because of the good analgesic effects of

either the systematic application of morphine or fentanyl (continuous infusion plus PCA) or peridural application of bupivacaine with fentanyl (standard procedure). I intend to apply all these forms of treatment in my hospital. There were some differences in the type of mechanical ventilation performed in these patients. While we usually use intermittent positive pressure ventilation and SIMV for weaning patients from mechanical ventilation, at Guys Hospital SIMV plus PS was performed at the beginning (while the patient was paralyzed) and PS only afterwards. CPAP and T-piece was used subsequently, before extubation. These types of ventilation were more comfortable for the patients who remained calm, without pain, and without bronchial hypersecretion (being aspirated through an endotracheal tube). All patients left the ICU one day after surgery. Only two patients on whom pharyngolaryngectomy and subsequent gastroplasty were performed spent two days in the ICU.

While there, I realized that prevention of pulmonary complication rather than treatment really is possible in clinical practice. I also witnessed successful treatment of pleural complications, performed, surprisingly, on the ward.

Although there were no septic patients who had submitted to this kind of surgery, I benefited a lot from seeing septic patients in whom sepsis had been caused by other abdominal procedures. I was greatly impressed by the extremely good results of sepsis therapy and the very low mortality rate. This was the consequence of: good mechanical ventilation, bronchoaspiration and chest therapy, enteral nutrition, invasive haemodynamic monitoring (including Cold machine for the determination of the total body and lung water as well as extravascular lung water and internal thoracic blood volume index, haemodynamic support with noradrenaline and adrenaline and venovenous haemofiltration, antibiotic therapy, and skilled application of all of these.

I had the opportunity of seeing and grasping the most recent trends in the treatment of ARDS, the most serious pulmonary complication following oesophageal surgery. Thanks to the above-mentioned colleagues, I was able to learn more of the principle of ventilation and see the excellent results produced, especially from oscillatory ventilation. I also learned the technique of percutaneous tracheostomy using dilation. This was performed in all septic patients on prolonged mechanical ventilation. I started applying the same technique on our patients shortly after my return and have taught it to some of my colleagues.

During the move of the ICU from Guys to St. Thomas's Hospital, I spent more time in the operating theater observing anaesthesia and surgery for oesophageal cases. Mr. W. Owen, director of surgery at Guys and Mr R. Mason were the surgeons, and Dr J. Weddley and Dr A. Pearse, the anaesthetists involved. They all wanted to know about the types of surgery and anaesthesia used in Yugoslavia, and we had long and interesting discussions about anaesthesia and resuscitation in oesophageal surgery. They are keen to visit our hospital soon and deliver some lectures. That would certainly be another benefit from this scholarship - professional cooperation between people involved in oesophageal surgery and anaesthesia in Yugoslavia and the UK.

to. P.7

Dr. Weddley showed me low ventilation (1 l/min) during surgery, TIVA with propofol, and inhalation anaesthesia with some new volatile anaesthetics not yet available in Yugoslavia. I spent a lot of time in pain therapy with him and also read his book entitled* Handbook of Clinical Techniques in the Management of Chronic Pain. Dr. Pearce, a member of the British Society and an expert on difficult airway on which he has lectured all over the world, helped me by demonstrating fibre-optic intubation through a laryngeal mask, double lumen tube, etc. He also used a different procedure for fluid resuscitation: instead of FFP and albumin, he used a hydroxyethyl starch and gel infusion.

For post-operative pain therapy following oesophageal surgery they used a thoracic peridural with continuous infusion-standard solution (1% bupivacaine and fentanyl) plus patient-controlled analgesia through intravenous morphine or intravenous PCA with morphine.

Another advantage of this scholarship was access to literature concerning anaesthesia and the ICU for oesophageal surgery.

During my stay at Guys Hospital, I also wrote an article for the Acta Anaesthesiologica Scandinavica on the difficulties of intubation and aspiration in oesophageal cancer patients on whom gastroplasty had been performed. In Addition, became a referee for the European Journal of Anaesthesia for the oesophageal issue.

Upon my return to Yugoslavia, I gave several lectures to anaesthesia registrars on my scholarship stay. I also had long discussions with surgeons and we made plason how to decrease the occurrence of pulmonary complications and improve the survival rate of esophageal patients.

To sum up, I would say that this scholarship helped me to improve my knowledge and skills in preventing and treating pulmonary complications in oesophageal cancer surgery. I believe that cooperation with British colleagues will further improve our results in this field. Our patients will benefit much from our knowledge and the new techniques I brought back with me from the UK.

I enjoyed some beautiful summer weather in London, which is for me one of the loveliest cities in the world. Guys and St. Thomas's hospitals are located in the south of the city, near many monuments and with marvelous views of the Houses of Parliament and Big Ben from St. Thomas's and the whole city from the top of Guys. I enjoyed every day I spent there, especially as I traveled from my country only few days after the NATO bombing campaign had ended.

(Z. Jankovic)

CONGRESS NEWS

2001

* VIII WORLD CONGRESS OF ISDE

Site : Sao Paulo

Date : September 4-7, 2001

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2004

* IX WORLD CONGRESS OF ISDE

Site : Madrid, SPAIN

Date : 2004

President : E. Moreno-Gonzalez

"12de Octubre"

Instituto Nacional De Prevision,

Dept. of Surgery, Ciudad Sanitaria

Servicio de Cirugia de

Aparato Digestivo II, Carretera de Andalucia

Madrid, 26, SPAIN

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ISDE NEWS

1999-2000

THE 1999-2000 CONGRESS OF ISDE



Members of the ISDE Secretariat and the 1999-2000 Congress of ISDE.

The 1999-2000 Congress of ISDE was held in Tokyo, Japan, from February 1st to 3rd, 2000. The congress was attended by members of the ISDE Secretariat and other gastroenterologists from various countries. The main topics discussed during the congress were related to the diagnosis and treatment of inflammatory bowel disease (IBD). The congress was a great success and it was a pleasure to meet with all the participants.

ISDE SECRETARIAT

The ISDE Secretariat is responsible for the day-to-day operations of the organization. The secretariat is based at the Institute of Gastroenterology, Tokyo Women's Medical School. The secretariat is headed by the Secretary General, Dr. Harue Oikawa. Other members of the secretariat include Dr. Keiko Tashiro and Dr. Harue Oikawa.



Members of the ISDE Secretariat.

The ISDE Secretariat is a small but dedicated team of professionals who work hard to ensure that the organization runs smoothly. They are responsible for a wide range of tasks, including organizing congresses, managing the website, and handling correspondence. The secretariat is a key part of the organization and its success is essential for the future of ISDE.

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