The International Society for Diseases of the Esophagus

No. 19, Feb. 1st, 1996

ACCOMPLISHED !!

ISDE WAS RECOGNIZED ONLY ONE WORLD-WIDE SOCIETY IN THE FIELD OF ESOPHAGEAL DISEASES

Prof. Alberto Peracchia
Congress Chairman of Sixth ISDE World Congress Direttore Professor Universita' Di Milano

From August 23 through 26, 1995, the Sixth ISDE World Congress was held in Milan, Italy. There were 765 congress delegates, from many different countries of the world and more than 200 accompanying persons.

The opening ceremony initiated the invited lecture of Professor Ronald Belsey (U.K.) on the "History of esophageal surgery in Europe" and two performances from the "Naogaya Letha Quartet", an Italian band well known for in singing spirituals, and from the "Bersaglieri Band", the musical band of one of our military corps. Medals were presented to I.S.D.E. honoray members and to the major supporters of this scientific event, including the Italian Foundation for Cancer Research (F.I.R.C.).

The scientific program included four special lectures given by professors L. Q. Zeng (P. R. China), D. Kelsen and T. R. DeMeester(U.S.A.), and H. W. Pinotti (Brazil). Fifty-one invited oral presentations and 365 accepted oral communications completed the oral sessions; one-hundred eight posters were displayed in the poster sessions and sixty-eight videos were accepted in the video sessions. The Scientific Program committee chose the chairmen and moderators of the scientific sessions passed on their well known international scientific reputation. They ensured that discussion of all the papers was interesting and I would like to thank them all.

The Consensus Conference "Esophageal Cancer: Guideline 1995 ", supported by the F.I.R.C. was the closing scientific event of the congress on Saturday August 26. With an audience of
I am deeply honored to be elected as President of the ISDE for the next three years. However, at the same time, I am aware of the responsibility of this position after the unsurpassable influence of my predecessors, Prof. K. Nakayama, Prof. R. J. Siewert, Prof. D. B. Skinner, and in particular, Prof. K. Inokuchi, as head of the General Secretariat of this Society.

The past years have been exciting for the ISDE, thanks to the effort of the different Executive Committees, the Council (Chairmen) and the enthusiasm of all members of this society. Special emphasis has been put on three areas: the development of treatment protocols, the expansion and improvement of the scientific level of the journal Diseases of the Esophagus and the triennial World Congresses, of which the past Congress in Milan almost 500 delegates, the chairman (K. Inokuchi) and the moderators (D.B. Skinner-R. J. Siewert), did a great job with the help of the secretaries of the conference and of the Interactive Computer System, in summarizing the great work of all the panelists, chosen among the most well-known experts in the fields of epidemiology, diagnostic pathology, surgical and multimodality treatments. The results of the Consensus Conference will be published soon as a special issue of our journal “Diseases of the Esophagus”.

Finally, I am very glad that the Social Program provided occasions for informal meeting among the Congress delegates that had the opportunity to see the dancing fountains at the president’s reception in Villa Erba on the Lake of Como and the informal dancing competition at the Official Banquet. (Peracchia is a good example.

Thanks to the unfailing support of the different committees who have made possible the progress of research protocols, as was demonstrated during the Central Research Committee in Milan, in which the efforts of the Research Committee on TNM Classification (Prof. Iizuka) were highlighted, defining the modifications between N0 and M1 and those corresponding to N3 which will contribute to the next edition of the UICC guides. Likewise the study on Barrett’s esophagus already started by the Research Committee (Prof. Giuliani) which will include more than 1,000 patients, in order to study the causative factors, inducing factors of malignant transformation and the results of treatment.

I must underline the important activity of the Research Committee on Pharyngo-Esophageal Function (Prof. Duranceau) within the study of motor disorders of this area, in which the chairman of this group is an expert.

The important work of the Research Committee on Gastro-Esophageal Reflux was highlighted by Prof. J. Bancewicz with the study protocol made based on discussion between Prof. H. R. Matthews and himself, which will be published in the journal and disseminated among the members of this Society.

The improvements in the journal Diseases of the Esophagus have been made possible through the great effort of the Past President, Prof. D. B. Skinner, the Editor-in-Chief, Prof. R. J. Siewert and the Editorial Board. It is possible to express the ideas of our Society through our own journal.

The World Congresses in Milan, thanks to Prof. A. Peracchia and the inclusion of the
Business meetings of the ISDE in Milan 1996 made several important decisions as follows.

1. Membership Application forms was simplified. Key points of the amendment are (1) a single sponsor is sufficient, (2) the application form sent in from the applicant to the Secretariat will be forwarded to the regional member of the Membership Committee and at the same time, the first year dues are requested to be sent to the Secretariat. (3) if the applicants is provisionally accepted, the first year’s annual dues are accepted. (4) for those accepted in the last 4 months of the year, their bank draft or check will be held at the Secretariat until the beginning of the next year, from when they will begin receiving the journal after their dues are deposited.

2. Annual Dues are increased from US$80 to US$100 from 1996, due to increase as the Journal costs.

The terms of payment from the ISDE to Churchill - Livingstone shall be US$65 x [number of memberships, less the number of Editorial Board members]/year from 1996 to 1998.

3. Amendment of Bylaws: Rule of National Section was specified.

(1) Article V. Category (6) was added specifying the rule concerning National Sections so that

- Countries qualifying as A-members are invited to form a National Section of the ISDE, to be called “The ISDE (name of country) Section”. The Statutes of each national section are the responsibility of the members of that section but have to be submitted to the Executive Committee for approval.
- National Sections are encouraged to organize their own national meeting every year.
- The members of the National Section should be encouraged to join the ISDE if they have not already done so.

(2) Article VII. Category (1) P.O.K. is to be R.O.K.; Turkey is to be moved to Category (3). Eastern Europe; in Category (3) Czechoslovakia is to be the Czech Republic and Slovakia; East Germany is to be erased. As to the countries formerly making up Yugoslavia, examples are: Republic of Slovenia, Republic of Croatia, Republic of Bosnia and Herzegovina, former Yugoslavian Republic of Macedonia & Republic of Yugoslavia. In Category (4) West Germany is to be Germany.

4. Video-Library is formed.

(1) Professor Peracchia, the Chairman of the new Video-Library Committee, will try to find an appropriate company in Italy to promote this system. (2) The office of Video-Library will be located in Milan. (3) Those who wish to obtain Video copies will contact

The ISDE within the Surgical Week, of the Societe Generale de Chirurgie in Lisbon, in which I must underline the influence of Prof. D. B. Skinner and the professionalism of Prof. K. Inokuchi and Prof. K. Nabeya, are signs of the influence of the ISDE.

The consensus Conference held during the World Congress in Milan was a great success.

It is also exciting that the ISDE Video Library has been established under the leadership of Professor Alberto Perrachia. This will provide valuable access to the various techniques and procedures employed in the treatment of esophageal diseases by specialists throughout the world.

The ISDE scholarships are continuing to prove popular, and the qualifications of the many applicants were excellent, making the final selection extremely difficult.

The next three years will be extremely important for the future of our society, and I would like to ask for the support of the Board of Directors and all members. I would particularly like to request your support for our official organ, the journal Diseases of the Esophagus, so capably edited by Professor J. Rudiger Siewert, and also remind you to make plans for the next triennial Congress in August 1998 in Montreal, Canada, presided over by Professor Andre Duranceau. (Moreno)
the Milan office. (4) Lists of library will be announced in the Newsletter. (5) Details will be worked out by the Video Library Committee.

5. Research Committees
(1) A new Research Committee entitled "Molecular and Cellular Epidemiology of Esophageal Cancer" was formed with Dr. Nishihira as Chairman.
(2) The TNM Classification Committee was incorporated into a new Committee entitled "Esophageal Cancer Research Committee", chaired by Professor Lerut.

6. Honorary Members and Senior Member
As Honorary Members, Professor Henry F. Ellis and Professor Guo Jun Huang were appointed. Professor B. Narbona-Arnau was appointed as Senior Member.

7. New Officers and Committee Members from 1995-1998
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B. Launois France
A. Peracchia Italy
M. Endo Japan
M. Kijima Japan
T. Nishihira Japan
(H. R. Matthews UK)

CONGRATULATION
OF THE TITLE
Professors Henry F. Ellis and Guo Jun Huang were dedicated the title of the Honorary Member of ISDE. The ceremony was held in Milan and Professor Ellis was given the shield by President Skinner.
RESEARCH COMMITTEES

*RESEARCH COMMITTEE MEETING ON TNM CLASSIFICATION

During 1988 and 1990, patients with thoracic esophageal cancer were registered from seven countries. Among them, 1,363 Japanese patients were closely followed up until March 1995, and the following results were obtained.

1. In the 1993 Supplement of TNM classification, T1 was divided into Tla (tumour invades the lamina propria) and Tlb (tumour invades the submucosa). There was no description whether "muscularis mucosal" belonged to Tla or Tlb. Our results showed that there was no difference of survival between lamina propria and muscularis mucosa, and they were significantly better than submucosa. Invasion to the muscularis mucosae should be classified in Tla in the 5th edition.

2. In the Supplement, N1 was divided into N1a (1-3), N1b (4-7) and N1c (>7) according to the number of metastatic nodes. N1a and N1b had a significantly better survival than N1c. N1c had a worse survival regardless of T classification. So, N1c should be classified in stage 4.

3. In the Supplement, M1 was divided into M1a (metastasis in celiac nodes in lower thoracic esophagus, and cervical nodes in the upper thoracic esophagus) and M1b (other distant metastasis). Our results showed cases with that metastasis to cervical nodes in lower esophageal cancer and metastasis to celiac nodes in upper esophageal cancer had clearly better survival than metastasis to distant organs. In other digestive ""tumors, M1a is classified as "metastasis to non-regional lymph nodes" in all sites except for the esophagus (1993 Supplement page 119). Therefore this classification should be adopted for the esophagus. Our final purpose is that all lymph node metastasis should be classified in the N-category, such as N1 (regional nodes) and N2 (non-regional nodes).

4. Stage classification will be classified according to the new T, N, and M categories, and this will be discussed at the TNM Research Committee Meeting in Milan. (T. Iizuka)

* RESEARCH COMMITTEE MEETING ON GASTROESOPHAGEAL REFLUX

The committee met on 23rd August 1995 at the World Congress in Milan. There had been no formal meetings since the previous congress in Kyoto. The status of the AEP classification of reflux disease that had been adopted in Kyoto was reviewed. It had been published in the ISDE newsletter, but unfortunately not in Diseases of the Esophagus. Perhaps because of this it had not yet been widely used. A document for publication in Diseases of the Esophagus had been submitted to Professor Moreno-Gonzalez in spring 1995 and it was hoped that this would be published in the near future.

The committee reviewed the role of a staging system and felt that it was particularly important at present with the growth of laparoscopic surgery and the development of innovative techniques for treating reflux. The AEP system was felt to be sound and not yet requiring revision. The committee was unanimously agreed that it should press for early publication. It was proposed that a letter publicising the AEP system should be sent by the committee to several prominent journals following publication in Diseases of the Esophagus.

The committee agreed that it should maintain active contact during the next three years. There was also scope for international collaborative studies and several members agreed to use their influence to encourage the use of objective methods of assessment in study protocols. (J. Bancewicz)
* RESEARCH COMMITTEE MEETING ON BARRETT'S ESOPHAGUS*

This meeting provided an update on the study carried out in accordance with the O.E.S.O. protocol: the aim is a clinical, endoscopic biochemical, pathological, and therapeutic evaluation of Barrett’s esophagus, with risk assessment of malignant degeneration.

This multicenter study is also being run under the auspices of the O.M.G.E. (World Organization of Gastro-Enterology). The results of endoscopic investigations are based on a planimetric representation of the esophageal surface, to show the precise site and pathological findings of each biopsy.

A total of 64 teams from 21 countries are currently participating. Due to the persisting uncertainty regarding the prevalence of esophagitis and incidence of neoplastic degeneration, the number of patients to be included vary from 2,000-20,000 with esophagitis, and 400-4,000 with Barrett’s esophagus, 50 of whom are likely to develop adenocarcinomas.

Presently, 407 cases and 36 follow-up forms have been registered. 10,000 forms N 3 have been collected to constitute a control group: their analysis will enable, from the results observed with esophagitis, a tentative extrapolation to an unselected population.

The number of Barrett’s esophagus patients already registered meets the minimum requirement to constitute a cohort to be followed up for 5 years.

However, two new important developments have recently arisen in this study:

1/ The British Society of Gastroenterology, represented by Dr. A. Watson, is officially committed for participation: 400 esophageal specialists should submit, through the British Register of Barrett’s esophagus, approximately 1,000 cases per year.

2/ Through a newly founded Parisian hospital federation of 14 major hospitals, linked to O.E.S.O. and representative of 70% of all upper digestive endoscopies performed in Paris, 600 new cases of Barrett’s esophagus can be expected annually. In this federation, O.E.S.O. has nominated a physician to ensure accurate collection of data. O.E.S. O. will also record the data from all the other participating teams. (R. Giuliani)

* RESEARCH COMMITTEE MEETING ON MOLECULAR AND CELLULAR EPIDEMIOLOGY OF ESOPHAGEAL CANCER*

This recently formed committee, composed of a fine group of researchers from all over the world, is primarily concerned with molecular and cellular epidemiological analysis of esophageal squamous cell carcinoma. Prior to such analysis, it is studying histopathological features of dysplasia and carcinoma, with particular emphasis on comparison between high- and low-risk areas of esophageal malignancy. After a review of histopathological findings, it will undertake molecular and cellular epidemiological study, including detection of types and sites of p53 mutations, amplification of cyclin D1 and Ki-67 in esophageal squamous cell carcinoma, as related to findings of histologic stage, depth of invasion and grade of node metastasis. Epidemiological risk factors such as race, dietary habits, family history, related diseases, etc., will also be analyzed in patients with esophageal squamous cell carcinoma. The findings obtained are expected to contribute greatly to our understanding of the etiology and development of esophageal squamous cell carcinoma. The committee will meet at the time of every World congress as well as once between Congresses. (T. Nishihira)
"THE ENDOSCOPIC ULTRASONOGRAPHY"

It was my great pleasure to have the opportunity to stay at the Klinikum Rechts der Isar of the Technical University of Munich during September and October 1994. Tourists from around the world visit Munich especially during the October Festival, which a world-famous, joyful festival.

At Klinikum Rechts der Isar, I joined the Endoscopic unit of Medicine II department under the supervision of Dr. Thomas Rosch and Professor Dr. Meinhard Classen, the director of the department. The endoscopic unit in Klinikum Rechts der Isar is a busy unit and very well equipped. About 30 endoscopic procedures were undertaken each day. It was visited by many European physicians throughout the year.

I was impressed by the experience and kindness of Dr. Rosch and Dr. H. J. Dittler. Dr. Rosch is one of the world pioneers in endoscopic ultrasonography. With his thorough experience, he is able to obtain various items of information on ultrasonographic pictures including vessels, lymph nodes and depth of involvement. He is an excellent instructor, clearly explaining and demonstrating endoscopic techniques, and he always found time to go over clinical details and study points to study on videotape with me although he was very busy taking care of patients and also responsible as the editor for the Journal "ENDOSCOPY".

I had a chance to participate in the 2nd Munich postgraduate course on Gastroenterology and Endoscopy at the beginning of September. This course, together with the experience acquired from the Klinikum Rechts der Isar, should enable me to use endoscopic ultrasonography as an aid in the accurate staging and evaluation of the pretreatment status of benign and malignant diseases of the esophagus as well as other upper gastro-intestinal tract diseases. I would also like to express my thanks to Dr. Horst Neuhaus, Dr. Hans Dieter Allescher, Dr. Peter Born. All of them are very good endoscopists and were friendly and willing to teach both technical skill and solid knowledge. I spent some time observing the therapeutic endoscopic procedures performed by these endoscopists. The advanced techniques I viewed include the therapeutic procedure for esophageal diseases, injection of varices, Nd-YAG laser treatment, Esophageal stent placement. Dr. Neuhaus who is very skillful demonstrated different types of stent placement such as the Gianturco-Song stent, expandable metal stent for inoperable esophageal cancer patients and for malignant tracheo-esophageal fistula. I found these techniques very useful for my patients in Thailand where there is a high incidence of Esophageal cancer.

I also had an opportunity to observe Dr. Allescher carrying out his research on esophageal manometry. The principles and techniques of Esophageal manometry I learned from him definitely will help in my future work with esophageal cancer patients.

Finally, I would like to express my gratitude to the International Society for Diseases of the Esophagus Scholarship Committee for making possible my visit to the Klinikum Rechts der Isar, and would like to express my appreciation to Dr. Thomas Rosch, Dr. Horst Neuhaus, Dr. Hans Dieter Allescher, and Dr. Peter Born for the times they spend advising me. I also thank the nurses in the endoscopic unit, and also Ms. Bridget Fischer for her arrangements for my stay in Munich. It is fascinating to gain advanced knowledge, which can be well applied and would be highly beneficial in working with patients at the Department of Surgery, Prince of Songkla University, Thailand.

(Taphon Maipang, M.D.)
Please allow me this unique opportunity to express my gratitude and respects to the ISDE Scholarship Committee for giving me the possibility for additional education at the Tokyo Women’s Medical College – Institute of Gastroenterology in Tokyo. The time spent from February the 20th until June the 13th at the Department of Esophageal Surgery in Tokyo Women’s Medical College, headed by Professor Hiroko Ide has left a strong impact on my understanding of this very specific type of surgery. Seeing the best at work is always an inspiring occasion and for that I am very grateful.

I wish to address my personal gratitude to Professor Ide for her hospitality and exceptional kindness. Professor Ide made it possible for me to see the most advanced techniques in therapy of oesophageal carcinoma performed at this superb Institution founded by the legendary Professor Nakayama.

I was very impressed with the indications and techniques for “three-field dissection” in the therapy of squamous cell oesophageal carcinoma with special emphasis on upper mediastinal dissection in the region of the recurrent nerves.

I was impressed with the success of neoadjuvant chemotherapy in converting inoperable into operable oesophageal carcinoma.

It was very stimulating to learn the indications and techniques for jejunal-free transplanted into the hypopharynx and cervical esophagus during reconstructive procedures.

The transversal colic artery and external jugular vein preparation technique as well as microsurgical anastomoses with jejunal segment blood vessels is a meticulous technique reflecting the highest surgical skills of today. These techniques which are standard procedures in Japan, reflect the high standard of Japanese surgery and inherent craftsmanship of the Japanese people.

Preoperative endoscopic ultrasound and CT staging in the verification of oesophageal wall involvement and detection of metastatic node infiltration is done with almost 100% accuracy, which is remarkable.

I was honored to take part in the 95th Congress of the Japanese Surgical Association, that was held in Nagoya from the 10th until 14th this year, as a guest of Professor Ide. During the Congress I had the unique opportunity to attend sessions on numerous topics on the state of the art of Japanese surgery.

During my 4-month stay in Japan I had the great pleasure to visit two other outstanding surgical department. I spent a month with Professor Hiroshi Akiyama in Toranomon Hospital. It was a rare opportunity to get acquainted with the famous surgical techniques established by this exquisite surgeon and his associates as well as with his hospitality.
It was a great pleasure and honour to visit Dr. Hiroshi Watanabe at the National Cancer Center, a wonderful person who found the time and patience to inform me about the existing concepts in esophageal disease management done in this outstanding and famous institution.

I am honoured and inspired by the opportunity of having spent four months at the above mentioned Institutions with Professors Ide, Akiyama and Watanabe. It is an enormous and life-lasting experience that everyone dealing with this disease could hope for.

For all that I am eternally grateful that and I shall never forget their hospitality.

I am also grateful to my teacher Professor Gerzic and to Professor Nabeya and Inokuchi for all they did to make my stay and scholarship possible. (P. M. Pesko)

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**RECENT PUBLICATION**

**ESOPHAGEAL SURGERY**

Edited by F. G. Pearson, J. Deslauriers, R. J. Ginsberg, C. A. Hiebert, M. F. McKneally, and H. C. Urschel, Jr.

Published by Churchill Livingstone, New York, 1995


This book consists of 53 chapters covering almost all aspects related to surgical practice for esophageal diseases. Beginning with embryology and anatomy of the esophagus, diagnostic procedures including recently developed imaging techniques, surgical and nonsurgical treatment of pediatric diseases, benign disorders, trauma, neoplasms, and brand-new VATS, all are there. It also contains many comprehensive illustrations. Each chapter was written by the most suitable author selected from throughout the world.

As a result, most of the 69 contributors are leading members of our Society. This book must be a current text book to all investigators and practitioners of esophageal diseases. (Harushi Udagawa)
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-5TH POLYDISCIPLINARY WORLD CONGRESS-
The Esophagogastrectomy Junction
Date: September 3 - 7, 1996
Scientific director: Robert GIULI

*XII BIENNIAL WORLD CONGRESS*
INTERNATIONAL COLLEGE OF SURGEONS *
Site: Kyoto International Hall, Kyoto
Date: November 25 - 29, 1996
Local President: Osahiko Abe

1998
*6TH WORLD CONGRESS OF *
ENDOSCOPIC SURGERY*
Site: Rome, Italy
Date: June 3 - 6, 1998
President: Alberto Montori

*7TH WORLD CONGRESS*
INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS
Site: Montreal, Canada
Date: September 1 - 4, 1998
Congress Chairman: Andre Duranceau

2001
*8TH WORLD CONGRESS*
INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS
Site: Sao Paulo, Brazil
Date: 2001
Congress Chairman: H. W. Pinotti2

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