ISDE ORGANIZATION

PART II: MEET YOUR MEMBERSHIP COMMITTEE MEMBERS

10 INCUMBENT MEMBERS SERVING FROM 1989 TO 1992

CRAJERMAN
H. Zalewski
Univ. of Sao Paolo
Sao Paolo, Brazil

Z. GRZIC
Belgrade
Yougoslavia

R. OOTAR
Tokorben Hospital
Tokyo, Japan

T. LORIT
Univ. Leuven
Leuven, Belgium

Structure of the ISDE

Executive Committee

Membership Committee

Scholarship Committee

Newsletter Committee

Journal Committee

General Assembly

Central Research Committee

UN Specialization Research Committee

Denied's Specialization Research Committee
AN APOLOGY

On the previous ISBE News letter (No. 8 July 1st, 1990), a different portrait was published instead of Prof. Wong (Continental Asia). We would like to offer our sincere apologies and print the portraits of Prof. Wong and other Federation Chairmen once again.

FEDERATION CHAIRMEN
FIRST NEW ACTIVE PLAN!!

J. R. Siewert
President of the ISS/SIC

The 34th World Congress of Surgery of the ISS/SIC and the 12th World Congress of CICD organized as "INTERNATIONAL SURGICAL WEEK" will be held in Stockholm, Sweden, from August 25-31, 1991. During this International Surgical Week, an official ISDE panel on "More or less radical surgery in oesophageal cancer" will take place on August 26, Main Session, 14:00 - 15:30 hours.

The program of this panel will be the following:

More or less radical surgery in oesophageal cancer

Moderators: J. R. Siewert
K. Inokuchi

Introduction:

Prognostic factors in oesophageal carcinoma
(J. R. Siewert)

- Arguments for more radical procedures
(R. B. Skinner)

- How to do it - mediastinal lymphadenectomy
(B. Akiyama)

- What is an adequate lymphadenectomy?
(A. Peracchia)

- How to analyze the specimen?
(T. Inokawa)

- Arguments for less radical procedures(F. Poketa)

- How to do it - transthoracic oesophagectomy
(H. W. Pinetti)

- Who benefits from a less radical procedure?
(J. Wong)

Closing remarks: K. Inokuchi

FIFTH WORLD CONGRESS OF ISDE

It gives me great pleasure to be able to announce that the V World Congress of the International Society for Diseases of the Esophagus will be held at the Kyoto International Conference Hall in 1992, August 5-8. Original papers on every aspect of oesophageal diseases are anticipated. The congress venue is quite spacious and together with oral presentations, plans for poster presentations are now in progress. From 794 to 1886, Kyoto was the capital of Japan and she was the center of Japanese civilization for more than ten centuries. There are numerous shrines and temples in Kyoto and her historic sight attract people from every corner of the world. With full cooperation of its members, the Japan Section of ISDE has formed an organizing committee and this is now making preparations for a congress that will provide satisfaction for each and every member throughout the world. We sincerely hope that many will take part in the congress.

Koichi Habe, M.D.
President

Secretariat:
Second Department of Surgery
Kyorin University School of Medicine
Shinkawa, Mitaka-ku
Tokyo 181, Japan
Tel: 0422-47-5511 ext. 2603
Fax: 0422-44-3546

34th World Congress of Surgery of the ISS/SIC and the 12th World Congress of CICD organized as INTERNATIONAL SURGICAL WEEK Stockholm, Sweden, August 25-31, 1991

INVENTION PROGRAM

International Surgical Week 1991

co-sponsored by the 45th Congress of the
Scandinavian Surgical Society
and with the following Societies participating

- European Society of Surgical Research (ESSR)
- International Confederation of Plastic and Reconstructive Microsurgery (IPRS)
- International Federation of Surgical Colleges (IFSC)
- International Federation for Societies of Surgery of the Hand (IFSSH)
- International Hepato-Biliary-Pancreatic Association (IHBP)
- International Society for Burn Injuries (ISBI)
- International Society for Diseases of the Esophagus (ISDE)
- International Society of Reconstructive Microsurgery (ISRM)
- Scandinavian Association of Plastic Surgeons (SAPS)
- Surgical Infection Society (SIS)
- Swedish Society of Plastic Surgeons (SSPS)
- Swedish Society for Surgery of the Hand (SSSH)
- World Federation of Paediatric Surgeons (WOFAPS)
REGIONAL ACTIVITY

GERMANY

From June 25 to 26, 1990 a Joint Meeting between the German Society for Surgery and the Japanese Surgical Society was held in Bottach - Egern / Tegernsee near Munich.

The aim of this meeting was to renew the long tradition of German-Japanese cooperation within the field of surgery and to let old friendships revive. Many representatives of the JSSF (Japan Society for Surgery) and Germany were present during this meeting. The topics of the first day of the scientific program comprised especially cancer of the esophagus, the cardia and the stomach. During these sessions, special lectures were given by different representatives of the JSSF, such as S. Nori from Sendai, H. Fujimaki from Toyama, N. Endo from Tokyo and A. B. Hoelscher from Munich. The round-table discussion about esophageal cancer was moderated by J. R. Stewart from Munich and dealt especially with epidemiological differences between Japan and Germany. Future diverse aspects of surgical technique and the reasons for different results in both countries have been extensively discussed. The meeting was surrounded by a social program with special Bavarian highlights, which gave the opportunity to continue the international exchange of thoughts. (A. B. Hoelscher)

U.S.A.

At the Interim Meeting of the Society of Thoracic Surgeons held in Chicago, Illinois September 21-23, 1990 a few posters addressed problems related to the management of esophageal disease. Dr. F. Henry Ellis, Jr., a former member of the Lahey Clinic, and currently a member of the Harvard-Deaconess Division of Cardiothoracic Surgery at the New England Deaconess Hospital, Boston, MA summarized his views of the current management of Barrett's esophagus. In doing so, he summarized work done by his colleagues Drs. Warren Williamson and John Streitz, emphasizing that the true incidence of the disease is unknown because many patients are diagnosed during life. On the basis of 245 patients diagnosed by endoscopic biopsy seen at the Lahey Clinic from 1973-1989, 63 of whom had cancer, a prevalence rate of 275, disclosed that among the 176 benign cases followed endoscopically, the true incidence of malignant degeneration was 1 patient per 99 follow-up years, a risk approximately 75 times that seen in a matched series of individuals without Barrett's mucosa.

The effect of antireflux surgery on some of these patients was evaluated and since no case exhibited complete regression of the abnormal epithelium, and because carcinoma developed in three patients successfully treated by antireflux surgery, his group concluded that the indications for antireflux surgery in Barrett's esophagus are similar to other patients with gastroesophageal reflux disease, the major exception being patients with endoscopic diagnosis of severe dysplasia. Such patients should undergo resection because of the frequent transition of severe dysplasia into either carcinoma in situ or invasive carcinoma.

Dr. Joseph Miller of Emory University in Atlanta Georgia summarized his group's experience with neo-adjuvant therapy for squamous cell carcinoma of the esophagus employing platinum and 5FU pre-operatively. There were 42 patients involved, one of whom succumbed to chemotherapy before surgery and another died as a result of operation. Actuarial five year survival figures disclosed a 31% five year survival rate, which is better than what they had been able to achieve before with surgery alone. Clearly a prospective randomized trial comparing the results of surgery with neo-adjuvant therapy plus surgery alone needs to be done.

Dr. Mark Orringer, in his discussion of esophageal diverticula, reemphasized the frequent association of an underlying motility disorder requiring esophagomyotomy for most of these patients. Finally, Dr. Mark Ferguson of the University of Chicago reiterated again his group's preference for an associated antireflux procedure when performing an esophagomyotomy for achalasia. Their technique, which involves complete mobilization of the esophagogastric junctional area with division of all the supporting tissues around the esophagogastric junction, of course requires such a combined procedure in order to prevent post-operative reflux esophagitis. (F. Henry Ellis, Jr.)

SPAIN

On 8th Nov, 1990 was held a meeting of the Spanish Cabestar from the I.S.D.E. in Madrid. The President was Santiago Tameses, M.D. Also present were the European and Spanish representatives E. Moreno, M.D. and J. Corto Cardeús, M.D.

The meeting was contained within the XVIII National Congress of Surgery, and there were many participants.

A round table about "Reflex esophagitis" was held and a guest lecture on "Pharmacokinetics of anti H2 agents".

(J. Corto Cardeús, M.D.)

XVIII CONGRESO NACIONAL DE CIRUGIA

ASOCIACION ESPANOLA DE CIRURCIOS

XX REUNION DEL CAPITULO ESPANOL DE LA I. S. D. E.

EL REFLEJO GASTRO-ESOFAGICO

ESTUDIO ACTUAL

E. NOVIEMBRE DE 1990

4
PARTICIPATED AT THE 15TH UICC

Fifteenth International Cancer Congress was held at Hamburg, on August 10-22, 1990. Though it was August, the weather was cool and sometimes it became cold when it rained. Hamburg is a beautiful city located around a large lake called the Binnenalster.

There were 30 meeting places for plenary lectures, special lectures, symposia, satellite symposia, round table discussions, panel discussions, workshops and poster sessions. Round table discussion of "TNM classification 4: The new edition" was held on August 17, chaired by Dr. P. Harmasek and J. Redelmino. Dr. L. H. Sobin, chief editor of the TNM classification, stated that the new edition has resolved all previous differences between the UICC and AJCC (American Joint Committee) versions. Major changes include: eliminating the surgical-irradiation classification; revising clinical classification of oesophageal and gastric cancer to reflect depth of invasion rather than size or topographic distribution. Dr. M. Ichinawa presented many X-ray films showing early carcinomas of the oesophagus, stomach, and colon. He stressed that the characteristics of cell lines from normal tissue, cancer limited to the mucosa and/or submucosa, which is a better prognosis. Dr. Hutter stated that clinical and pathological staging are both important, and one does not replace the other.

CONT. REGIONAL ACTIVITY

ITALY

The Italian Representatives of the ISDE, Prof. Zannini, Prof. A. Peracchia, Prof. S. Stips and Secretary and Treasurer of the Italian Section of the ISDE, Prof. A. Del Genio and Prof. R. Bordi, respectively, met together in Rome last October during the 59th Congress of Surgery Congress. First of all, the updated situation of the Italian Members was considered and it was nice to realize that the Italian Members Group is the largest after the Japanese one. Nevertheless, during the same Congress other colleagues were invited to present application forms to become Members during the next World ISDE Congress in Kyoto. Thus, it was decided to organize the first Congress of the Italian Section of the ISDE, which will be held in Venice on March 12-14, 1992. Oesophageal cancer and oesophageal motility disorders will be the main topics. Prof. J.K. Siegert, President of the ISDE, Prof. I. Nakagawa, Chairman of the next World ISDE Congress and Prof. E. Moreno Gonzales, Chairman of the Western European ISDE Federation have already been invited as honoured guests. During this Congress the largest Group of Italian Members to attend the World ISDE Congress in Kyoto will be organized.

(Alberto Peracchia)

IRELAND

J. Collins and C. O'Sullivan and other colleagues of University College Cork, presented their work on the characteristics of cell lines from human squamous carcinomas of the oesophagus at the I.E.S.E. Meeting in Chicago. They also presented evidence that oesophageal tumour caused lymphocyte suppression inhibiting both B & T lymphocytes. The lymphocyte blocking 112 secretion and LAK cell formation. Debulking therapy may be useful in removing this tumour-derived immuno-suppression.

T. Hennessy and his colleagues at Trinity College Dublin described a new lower oesophageal sphincter function index derived from measurements of lower oesophageal sphincter pressure, the length of the sphincter in the oesophagus and its overall length. They suggest that it provides better discrimination than LOSP or sphincter length alone.

A Symposium "Clinical management of cancer of the oesophagus" was chaired by Dr. J. A. Koeh and Dr. K. Moghazy on August 17. Dr. J. R. Siegert presented a paper "Operative therapy on patients with adenocarcinomas of the esophagus." He reported that the number of adenocarcinomas of the oesophagus in Barrett's oesophagus is increasing in West Germany, and early carcinoma was found during the follow-up of patients with Barrett's oesophagus. Dr. F. B. Deans talked about predictive criteria for appropriate primary treatment strategy for cancer of the oesophagus. He said that proliferative non-infiltrating cancers well respond well to radiotherapy or chemotherapy, whereas the infiltrative, stenotic and fibrotic cancers will respond poorly to radiation or drugs. Dr. K. Sugimachi presented a paper "Long-term effects of hyperthermia combined with chemotherapy and irradiation for treatment of patients with carcinomas of the esophagus", and stated the efficacy of this treatment, but also talked about the necessity of randomized trials for evaluation of this method, and he already started such a trial.

I presented a paper "New TNM classification for oesophageal carcinomas, an international study of its clinical applications" in a poster session on August 18. This was the result of the TNM classification Research Committee of ISDE, which started in July, 1988. Registered Patients were 870 cases from 4 countries in 1988, and 1,334 cases from 7 countries in 1989. Dr. R. V. P. Hutter commented that this study is very important for the world-wide propagation of this classification.

(T. Izuko)

In another communication to the Surgical Research Society of Great Britain and Ireland they describe a new assessment of oesophageal body function in which oesophageal function is studied while eating a standard meal and the cumulative area under the pressure wave per minute is calculated taking the preprandial end expiratory pressure as a baseline. Patients with achalasia and outstracker oesophagus demonstrate high pressure when compared with normal subjects. Post-myotomy patients demonstrated pressure within the normal range. Pressure stricures demonstrated normal pressures.

The enclosed photograph shows Professor T. Hennessy receiving the Honorary Fellowship of the Royal College of Surgeons of England in the presence of Mr. Terence English.

(Thomas P. J. Hennessy)

— 5 —
YUGOSLAVIA

Thank you for your letter of November 20, 1990. On November 1990 a meeting was held in Belgrade on the "Role of lymphadenectomy in the treatment of malignancies". We had the honor to host the President of ISDE, Prof. J. B. Siewert, who reported on the "Role of lymphadenectomy in the treatment of gastric cancer", while my associate and I reported on the role of lymphadenectomy in the treatment of 1/2 of cancer of the esophagus, and 2/2 of cardia as well. Do not mind me stating that the meeting was on the highest level and that all the reports will be published in the supplement of Acta Chirurgica Jugoslavica by the beginning of 1991. This was also a nice opportunity to give Professor Siewert a special diploma for being elected for a "Member of Honor of Medical Academy of Serbian Medical Association".

We plan to organize a meeting of the Eastern Federation of the ISDE on September 26-27, 1991 in Belgrade and we expect the members of our society from Bosnia, Bulgaria, Hungary, Czechoslovakia, USSR, Poland and Yugoslavia as well to attend this meeting. The main topic will be "Reconstruction of the esophagus" as the experience with this problem in these areas is quite extensive. I would be deeply grateful if you announce in the ISDE Newsletter that those interested in participating should contact:

Zoran Gerzic, M.D.
Professor of Surgery
Institute of Digestive Diseases
Belgrade University Clinic Center
Ulica Dr. Koste Todorovica 69
Belgrade 11000 Yugoslavia
Tel. 38/11 646 988, Fax 38/11 643 070

I am looking forward to hearing from you. With my best regards, I remain
Sincerely yours,
Zoran Gerzic, M.D.

U.K.

British National Section

Disorders of the oesophagus and their treatment are a major interest of many British gastroenterologists and surgeons. Indeed the oesophageal section of the British Society of Gastroenterology is one of the largest sections of this large national body. The oesophageal section is also regularly discussed at major meetings of the Association of Surgeons of Great Britain and Ireland, the Surgical Research Society and at meetings of Thoracic Surgeons. Because of this range of meetings for presentation of results and exchange of views, the ISDE Section itself is seen as a forum for international rather than national communication.

In the last few months there have been major symposia on the diagnosis of chest pain (British Society of Gastroenterology) and oesophageal cancer (The British Society of Surgical Oncology). There was an extraordinary good range of oesophageal papers at the Autumn meeting of the British Society of Gastroenterology with much new information on the management of gastroesophageal reflux, Barrett’s oesophagus and oesophageal cancer.

A major new National initiative for the treatment of oesophageal cancer will begin in 1991 in the form of a multi-centre study of pre-operative chemotherapy under the direction of the Medical Research Council.

( J. Bencewicz )

JAPAN

Activities of the Japanese Section of ISDE in 1990

The highlight of this year’s activities was the VIth Congress of the Japanese Section of the International Society for Diseases of the Esophagus held in Kurume, Kyushu, on July 19 under the chairmanship of Prof. Teruo Kakegawa, the First Dept. of Surgery, Kurume University School of Medicine. Over 300 surgeons and physicians from all over Japan gathered for a very informative day.

The two special themes for the 25 oral presentations were: "Lymph node metastasis according to the new classification of the TNM Research Committee" and "Postoperative complications". In addition, there were twelve poster sessions. In the Asian Current Topics session, Prof. P.B. Desai of the Tata Memorial Center, Bombay, India presented a lecture entitled: Predictive criteria for appropriate primary treatment strategy for cancer of the esophagus. Prof. A. Durand of the University of Montreal, Montreal, Canada gave an invited lecture on motor disorders of the esophagus.

Active discussion was greatly facilitated by the moderators of those sessions: Professors Mori, Itakura, Durangeau, Idezuki, Siewert, Motoki, Matsu, Akiyama, H TBranchi, K., Tashima, and Kodama.

The Executive Committee of the Japanese section of ISDE decided to inaugurate research committees on the following: 1) Studies of primary diseases (Chairman, Prof. Mitteu Endo, Co-chairman, Prof. Teruaki Aoki); 2) Epidemiology of esophageal cancer with special reference to Asian countries (Chairman, Dr. Kunio Aoki, Co-chairman, Prof. Kishiki Isono); 3) Detection of malignant factors of the esophageal cancer and the correlation between the factors and the prognosis (Chairman, Prof. Shozo Mori, Co-chairman, Prof. Masao Fujimaki); 4) Evaluation of extended lymphadenectomy (Chairman, Prof. Teruo Kakegawa, Co-chairman, Prof. Hiroshi Akiyama, Consultant, Dr. Yoshihumi Tizuka).

The Seventh Congress of the Japanese section of ISDE will be held under the chairmanship of Dr. Itakura, Director of National Oji Hospital on September 20, 1991 at the Japanese National Cancer Institute in Tokyo. The tentative special theme is: "Roles of chemotherapy for cancer of the esophagus." (Tetsu W. Nishihara, Teruo Kakegawa)
SCHOLARSHIP REPORT

Shashank R. Shinde, N.D.
Tata Memorial Hospital
Bombay, INDIA


Kurume University School of Medicine
Kurume, JAPAN

Prof. Teruo Takegawa

EFECT OF PRESERVATION OF BRONCHIAL ARTERY AND PULMONARY BRANCHES OF THE VAGUS NERVE ON POST OPERATIVE RESPIRATORY COMPLICATIONS IN SURGERY FOR OESOPHAGEAL CANCER

At the outset, I would like to thank the ISSE for granting me the Fellowship to study the post-operative complications of Radical Surgery for oesophageal cancer. During my stay at Kurume University, I had wide exposure to various technical details in radical oesophagectomy for oesophageal cancer. Since I had already undergone training in surgical technique of oesophagectomy with mediastinal lymphadenectomy, I decided to concentrate mainly on the post-operative respiratory complications.

The factors commonly blamed for post-operative respiratory complications are:

1. Impaired lymphatic drainage
2. Increased extra vascular lung water (EVLW)
3. Diminished lung compliance
4. Increased pulmonary resistance
5. Micro-atelectasis
6. Cardio-vascular instability
7. Chemical mediators
8. Extent of surgery

Various monitoring systems including Swan-Ganz catheters are used to monitor the patient. Use of ventilators has helped in stabilizing the gas exchange function of the lung. However, one of the most important aspects "mucociliary clearance" has not been considered so far. Hence, I decided to study the effect of preservation of the bronchial artery and pulmonary branches of vagus nerve on post-operative respiratory complications.

The period from 1st July, 1989 to 31st July, 1989, 47 patients underwent standard radical dissection for oesophageal cancer without vagus nerve dissection. Patients undergoing all other procedures have not been included in the study. Out of 47 patients, 22 patients underwent standard radical dissection (SRD) and 20 patients underwent extended radical dissection (ERD). Every patient post-operatively was managed in a similar fashion. Mandate post-operatively was managed by a similar fashion. Various monitoring systems including Swan-Ganz catheters are used to monitor the patients. Use of ventilators has helped in stabilizing the gas exchange function of the lung. However, one of the most important aspects "mucociliary clearance" has not been considered so far. Hence, I decided to study the effect of preservation of the bronchial artery and pulmonary branches of vagus nerve on post-operative respiratory complications.

The complications were estimated in these groups. Out of 47 patients in the preserved group pneumonitis and pulmonary oedema were seen in 45% and 3% respectively while bronchial ulceration was noted in only 8% patients. On the other hand, in the non-preserved group the incidence of pneumonitis and pulmonary oedema was as high as 75%. Pulmonary oedema occurred in 35% and 3% of the patients. 92% of the patients had aspiration. The effect of bronchial ulceration on pulmonary complications is depicted in Table No. 2. It is quite evident that pneumonitis and pulmonary oedema are significantly higher in patients who develop ulceration after bronchial artery ligation.

Ligation of the bronchial artery leads to mucosal ischemia, oedema, desquamation, necrosis. These changes certainly lead to an impaired mucociliary clearance resulting in various forms of pneumonitis. This results in increased duration of post-operative ventilatory support and subsequent problems.

The presence of a neurologically well controlled tracheo-bronchial tree is an essential aspect of proper mucociliary clearance of tracheo-bronchial tree. A normal tracheo-bronchial tree is in the result of the balanced neurologic control of cholinergic fibres: adrenergic fibres, non-cholinergic non-adrenergic inhibitory fibres, non-cholinergic excitatory fibres. Out of the 4 types of fibres except the adrenergic fibres, all fibres reach the bronchus via pulmonary branches of the vagus nerve. Division/surgery of these fibres results in impaired balance of the bronchial tree. However, there are no bed-side, clinically applicable tests to determine the extent of quantitative change produced by division of the nerves. Hence, incidence of pneumonitis and aspiration due to diminished or altered cough reflex is a good indicator. As seen from the Table, the incidence appears to be high in the non-preserved group.

Since the normal, well nourished, tracheo-bronchial tree under a balanced neurogenic control is essential for good tracheo-bronchial clearance, the contribution of each factor individually cannot be separately studied. The available methods of maintaining a proper ventilation along with a well supported cardiovascular system can result in adequate oxygenation of patient. But adequate clearance of the respiratory secretions which depend on proper nourishment and balanced nerve supply cannot be maintained, by any of the supporting gadget. Hence, I conclude that it is essential to maintain the blood supply to the tracheo-bronchial tree along with the nerve supply.

This important factor needs to be adequately considered especially when more and more extensive dissection is undertaken with the aim to improve the survival results of cancer oesophagus patients.

It was Prof. Takegawa’s constant encouragement. Dr. Fujita’s ever willingness to help me both inside and outside the Institute and Dr. Takegawa’s assistance all throughout my stay which has made this study possible. For their kind help and guidance I will always remain grateful.

Table 1

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Table 2

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<td>33</td>
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</table>
CONT. SCHOLARSHIP REPORT

Professor Mark B. Orringer, Section of Thoracic Surgery, University of Michigan, USA

Multi-modality therapy applying transhiatal esophagectomy for esophageal cancer

I could have the opportunity to learn and feel Dr. Orringer's view and passion on esophageal surgery supported by the ISDE Visiting Scholarship. I stayed in the University of Michigan Hospital during the period from Aug. 30 to Oct. 11, excluding the tour for participation in the World Congress of the ISDE in Chicago. University of Michigan Medical Center is located in a beautiful college town, Ann Arbor. Dr. Orringer is the head of Thoracic Surgery and is practically in charge of general thoracic surgery. During my stay in Ann Arbor, Dr. Orringer performed many cases of esophageal surgery endoscopically such as five cases of transhiatal esophagectomy without thoracotomy, two cases of reconstruction of the esophagogastric junction and one case of diverticulotomy for a Zenker diverticulum.

Dr. Orringer has performed more than 500 cases of transhiatal esophagectomy and is famous for his strategy against esophageal cancer utilizing the technique of transhiatal esophagectomy. His initial enthusiasm to utilize the technique of transhiatal esophagectomy was to make the magnitude of surgery less invasive and to reduce the mortality of esophageal resection. However, the criticism that transhiatal esophagectomy desires the patients with esophageal cancer the chance for potential cure centers around the appropriateness of this surgery for patients with esophageal cancer. I was impressed tremendously that Dr. Orringer's view and strategy has changed from efficient palliation to the achievement of long-term survival applying multi-modality therapy for esophageal cancer. He introduced cisplatin, vinblastin and 5-FU chemotherapy concurrent with 45 Gy radiation therapy prior to transhiatal esophagectomy. Cumulative survival is astonishing; 60% at 2 years and 46% at 3 years. Based on this encouraging result, Dr. Orringer is progressing to a randomized prospective trial.

I cannot express my thanks sufficiently for Dr. Orringer's thoughtfulness and kindness and guidance during my stay in the University of Michigan Hospital. Finally, I would like to thank Immediate Past President and Secretary General of the ISDE, Professor Kiyoushi Imokuchi for giving me such a wonderful chance.

RECENT PUBLICATION

"Diseases of the esophagus"
Editors: M. K. Ferguson, M.D., A. G. Little, M.D., and B. B. Skinner, M.D.
Future Publishing Company, 1990

This book is made up of chapters based on presentations at the Fourth World Congress of the International Society for Diseases of the Esophagus held in Chicago, Illinois. The authors represent the highest level of clinical and scientific accomplishment from around the world. Covering both benign and malignant diseases in two volumes, these books are intended for those with a working knowledge of the field and who wish to update on issues at the forefront of current practice. The chapters are divided into sections, for which the editors have written overviews to provide a contextual setting for the material. Most readers will find certain sections particularly pertinent, using the remaining sections sections as a source of up-to-date reference material.

The 17th European Federation Congress of the ICS
Site: Amsterdam, Netherlands
Date: June 21-26, 1991
Congress President: H.W.R. Siebels
Chairman: R. van Schilfgaarde


CONGRESS NEWS

Regional Meetings of several sections of the ISDE

The Annual Meeting of the Japan Section of the ISDE
Site: Tokyo, National Cancer Center
Date: September 26-27, 1991
President: Dr. Yoshibumi Izuka
Topic: Roles of chemotherapy for cancer of the esophagus
Special guest: Laurence P. Leichman, M.D., Associate Professor of Internal Medicine, University of Southern California (U.S.A.)

The Eastern Federation Meeting of the ISDE
Site: Belgrade, Yugoslavia
Date: September 26-27, 1991
President: Prof. Zoran Gercic
Institute of Digestive Diseases, Belgrade University Clinic Center Ulitsa Dr. Josip Todorovic 6
Belgrade 11000 Yugoslavia
Fax 38/11 646 996
Tel 38/11 646 990

Topic: Reconstruction of the esophagus as the experience with this problem in these areas
Deadline: March 31, 1991

The First Congress of the Italian Section of the ISDE
Site: Venice, Italy
Date: March 12-14, 1992
President: Prof. A. Peroncini
Topic: Esophageal cancer, Esophageal motility disorders
Main guests: Prof. J. R. Stiewert, Prof. E. Nabeya, Prof. E. Moreno Gonzales
CONT. SCHOLARSHIP REPORT

Nobutoshi Ando, M.D.
Dept. of Surgery, School of Medicine,
Keio University, Japan

Professor Mark B. Orringer
Section of Thoracic Surgery,
University of Michigan, USA

Multi-modality therapy applying transhiatal esophagectomy for esophageal cancer

I could have the opportunity to learn and feel Dr. Orringer’s view and passion on esophageal surgery supported by the ISDE Visiting Scholarship. I stayed in the University of Michigan Hospital during the period from Aug. 30 to Oct. 11 excluding the time for participation in the 42nd World Congress of the ISDE in Chicago. University of Michigan Medical Center is located in a beautiful college town, Ann Arbor. Dr. Orringer is the section head of Thoracic Surgery and is practically in charge of general thoracic surgery. During my stay in Ann Arbor Dr. Orringer performed many cases of esophageal surgery energetically such as five cases of transhiatal esophagectomy without thoracotomy, two cases of reconstruction of the esophagogastric junction and one case of diverticulectomy for a Zenker diverticulum.

Dr. Orringer has performed more than 500 cases of transhiatal esophagectomy and is famous for his strategy against esophageal cancer utilizing the technique of transhiatal esophagectomy. His initial enthusiasm to utilize the technique of transhiatal esophagectomy was to make the magnitude of surgery less invasive and to reduce the mortality of esophageal resection. However the criticism that transhiatal esophagectomy deserts the patients with esophageal cancer the chance for potential cure centers around the appropriateness of this surgery for patients with esophageal cancer. I was impressed tremendously that Dr. Orringer’s view and strategy has changed from efficient palliation to the achievement of long-term survival applying multi-modality therapy for esophageal cancer. He introduced cisplatin, 5-fluorouracil and 5-FU chemotherapeutic concurrent with 45 Gy radiation therapy prior to transhiatal esophagectomy. Cumulative survival is astounding, 60% at 2 years and 46% at 3 years. Based on this encouraging result, Dr. Orringer is progressing to a randomized prospective trial.

I cannot express my thanks sufficiently for Dr. Orringer’s thoughtful kindness and guidance during my stay in the University of Michigan Hospital. Finally I would like to thank Immediate Past President and Secretary General of the ISDE, Professor Kiyoushi Inokuchi for giving me such a wonderful chance.

RECENT PUBLICATION

“Diseases of the esophagus”
Editors: M. E. Ferguson, M.D., A. G. Little, M.D., and D. B. Skinner, M.D.
Future Publishing Company, 1990

This book is made up of chapters based on presentations at the Fourth World Congress of the International Society for Diseases of the Esophagus held in Chicago, Illinois. The authors represent the highest level of clinical and scientific accomplishment from around the world. Covering both benign and malignant diseases in two volumes, these books are intended for those with a working knowledge of the field and who wish to keep up on issues at the forefront of current practice. The chapters are divided into sections, for which the editors have written overviews to provide a contextual setting for the material. Most readers will find certain sections particularly pertinent, using the remaining sections as a source of up-to-date reference material. (K. Yoshino)

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The 17th European Federation Congress of the ICS
Site: Amsterdam, Netherlands
Date: June 23-26, 1991
Congress President: H.W.R. Stebberen
Chairman: R. van Schifffgnaarde


CONGRESS NEWS

Regional Meetings of several sections of the ISDE

The annual Meeting of the Japan Section of the ISDE
Site: Tokyo, National Cancer Center
Date: September 26-27, 1991
President: Dr. Toshifumi Iizuka
Topic: Roles of chemotherapy for cancer of the esophagus
Special guest: Lawrence F. Leichman, M.D.
Associate Professor of Internal Medicine University of Southern California (U.S.A.)

The Eastern Federation Meeting of the ISDE
Site: Belgrade, Yugoslavia
Date: September 26-27, 1991
President: Prof. Zoran Gercic
Institute of Digestive Diseases
Belgrade University Clinical Center Dr. Br. Ruvo Todorcevic 6
Belgrade 11000 Yugoslavia
Fax 381/11 646 998
Tel 381/11 646 970

Topic: Reconstruction of the esophagus as the experience with this problem in these areas
Deadline: March 31, 1991

The First Congress of the Italian Section of the ISDE
Site: Venice, Italy
Date: March 12-14, 1992
President: Prof. A. Perecchia
Topic: Esophageal cancer, Esophageal motility disorders
Main guest: Prof. J. R. Siewert, Prof. E. Mabeya, Prof. E. Moreo Gonzales
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