FIFTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS August 5-8, 1992 Kyoto, Japan

Mount Fuji

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Kin-ichi Nabeya, M.D.
Vth Congress President

Congress Hall (Main Hall)
FIFTH WORLD CONGRESS OF THE I.S.D.E.

Scientific Program

The program will offer scientific papers, poster papers, movies and video presentations and technical exhibits on every aspect related to esophageal diseases. Topic areas to be covered will includ:

I. Malignant Diseases
   1. Epidemiology
   2. Biology, Pathology
   3. Diagnosis
   4. Cancer staging
   5. Surgical treatment
   6. Multimodality treatment
   7. Palliative treatment

II. Benign Diseases
   1. Congenital diseases
   2. Gastroesophageal reflux
   3. Barrett’s esophagus
   4. Benign stricture
   5. Esophageal perforation
   6. Esophageal varices
   7. Motility disorders
      (achalasia)

Schedule:

| Committee Meeting | August 5 (Mon.) |
| Opening Ceremony  | August 6 (Tues.) |
| Scientific sessions | August 7 (Fri.) |

Scientific sessions 7 (Fri.)

General Assembly 8 (Sat.)

Social programs:

Opening Ceremony, Reception
Japan Night,
Chairman's Reception
*Banquet

Farewell Events
($)12,000 will be charged for the banquet, other events are free.

Hotel accommodations have been reserved at a number of hotels in Kyoto City. Hotel range from deluxe ($40,000) to standard ($15,000) categories. Japanese style "Ryokan" are also available ($20,000-$40,000).

Full details and a booking form will be included in the second circular.

*Registration fees:

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Deadline for submission of abstracts: January 31, 1992
REGIONAL ACTIVITY

FRANCE

Francois Fekete, M.D.
Assistance Publique
Hopital Beaujon
FRANCE

During past year 1990, several meetings dealing with esophageal surgery were held in France.

In February 1990 at Nice, on the occasion of a Congress on Improve- ment in Digestive Surgery (M. Mouiel) a clarification about causitive burns of the esophagus was made.

In April, during the annual post-graduate teaching in Beaujon Hospital (Pr. Fekete) one day was on carcinoma and motor disorders of the esophagus. An interesting work studied relation between dysplasia and carcinoma, in squamous cell carcinoma in a glandular succession is possible and frequent, leading to suggest a preventive esophagectomy.

The classification of motor disorders has been explained by Mannometry. The most effective way of treatment for achalasia (dilatation or Heller's operation) was discussed. The Zenker's diverticula are responsible for frequent respiratory complication and should be treated by resection. This attitude is still debated for thoracic diverticula, because few cases of neoplastic transformations having been reported.

In June in Paris, the third International Meeting of the OESO focused on esophageal motor function and motor disorders.

In October 1990, during the Congress of the French Surgical Association, in association with the First European Surgical Congress, the G.R.E.E.M.O. (European Group for Study of Esophageal Diseases) was asked to organize a meeting on esophageal surgery or esophageal resection whatever the cause.

The members of the OESO have reported more than 800 cases in five years, of esophagealplasty for cancer and more than 240 for other pathologies. The technical problems and functional results of gastric or colonic replacement have been discussed. The next meeting of the OESO will be held in Paris (Pr. Daroussin) in June 1991, from the 7th to the 14th. (F. Fekete)

U.S.A.

F. Henry Ellis, Jr., M.D.
Clinical Prof. of Surgery
Harvard Medical School
U.S.A.

Three major surgical sessions since the first of January in the United States included several interesting papers on esophageal problems. At the San Francisco meeting of the Society of Thoracic Surgeons in February, Dr. Landreneau and associates presented a paper entitled "Combined Parietal Cell Vagotomy and Collis Nissen Fundoplication". This is a combined procedure which others have favored in the United States but has not been widely accepted. The authors report 27 patients with gastroesophageal reflux disease treated by combined operation. Their clinical results were good, but as is usually the case, Barrett's epithelium which was present in 17 of the patients showed little evidence of regression. The question regarding this particular operation is why is it necessary to reduce gastric acid production if the anti reflux procedure has been successful in preventing acid reflux, a view which I support. An interesting paper from the Sloan-Kettering Institute discussed treatment options for the management of malignant esophageoprosthetic fistula. The report involved 267 patients seen in the 60 year period since 1926. In the majority of cases, cancer of the esophagus was present. Interestingly, esophageal intubation and excision procedures proved more successful in palliating patients than just supportive therapy. Their best results were obtained with radiotherapy and with esophageal bypass procedures, the later being restricted only to those patients who could tolerate this major surgical attack.

At the Annual Meeting of the American Surgical Association in April, Dr. DeMeester's group presented a paper entitled "Threedimensional Computed Tomographic Imaging of the Lower Esophageal Sphincter". Using modern computerized technology, esophaghi imaging can be achieved based on a step wise pull back of radially oriented transducers. The computerized three dimensional imaging of the lower esophageal sphincter obtained thereby proves superior to standard technique in quantitating the effectiveness of sphincter resistance to reflux. They further concluded that the success of an anti reflux procedure is dependent on restoration of the sphincter image to normal. The Annual Meeting of the American Association for Thoracic Surgeons was held in Washington, D.C. in early May. Dr. Ellis's group presented a paper entitled "Barrett's Uroesophageal Surgery". The senior author, Dr. Warren Williamson, reported on 285 cases of Barrett's disease between 1974 and 1990, 75 of whom presented with adenocarcinoma in Barrett's or developed it while under surveillance. Thirty of the 72 patients with benign Barrett's esophagus were found to have a Barrett's ulcer on endoscopy for a prevalence of 14%. Aggressive medical therapy achieved complete healing in 23 of the 27 patients (85%) who were available for follow-up. A Nissen fundoplication or a Collis Nissen operation performed in 4 of the 6 patients with non healing Barrett's ulcers resulted in healing. The other two patients refused surgery. The authors concluded that the majority of Barrett's ulcers with medical therapy, even large ulcers 2-3 cm in diameter and recurrent ulcers. They advised surgical intervention only if there is no evidence of ulcer healing after a minimum of four months of medical therapy.

The experience of the Massachusetts General Hospital in using long colon segments as an esophageal substitute is reviewed by Dr. Mathiesen. Between 1955 to 1989, 136 patients underwent the operation. The authors prefer the use of the left colon and employ arteriography pre-operatively in all cases. They usually resect the clavicular head of the manubrium to facilitate substernal advancement of the colon into the neck.

Their overall mortality was 10%, being higher in the group with malignant disease (16%). A 9% incidence of graft necrosis occurred being more common when the right colon was employed. Other complications included 8 cervical leaks, 8 esophageal strictures, and 4 cases of graft redundancy requiring resection in 1.

An interesting Forum paper on Oncogene Activation in Esophageal Cancer reported a mutated oncogene implicating small p53 in tumorigenesis. This finding may well have clinical prognostic significance for patients with Barrett's epithelium and high grade dysplasia as an early marker of tumor development.

Another interesting paper entitled "Laser Sealing of Hand Sown Esophageal Anastomosis" was presented at the Forum. That laser assisted tissue sealing proved to be a simple technique which increased the strength of single layer hand sown anastomoses and in opinion may decrease the incidence of anastomotic leakage in clinical practice. (F. H. Ellis, Jr.)
ISDE ORGANIZATION
PART 1: MEET YOUR COLLEAGUES
24 INCUMBENT MEMBERS
NICE "A" MEMBERS SERVING FROM 1989 TO 1992

1. GUO JUN HUANG
   BEIJING, P.R.C.

2. VASANT S. SHETH
   BOMBAY, INDIA

3. TERUO KAKEGAWA
   KURUME UNIVERSITY KURUME, JAPAN

4. MORIO KASAI
   TOHOKU TEISHIN HOSPITAL
   SENDAI, JAPAN

5. HIROYA KITAMURA
   TORANOMON HOSPITAL TOKYO, JAPAN

6. ZORAN GERZIC
   BELGRADE SCHOOL OF MEDICINE
   BELGRADE, YUGOSLAVIA

7. JAE-N MIN SHEH
   TAIWAN UNIVERSITY
   TAIPEI, TAIWAN

8. RADEN SJAMSUHIDJAT
   JAKARTA, INDONESIA

9. ALBERTO PIRACCHIA
   PADDOVA MEDICAL SCHOOL
   PADDOVA, ITALY

10. GIUSEPPE ZANNINI
    UNIVERSITÀ DEGLI
    STUDI DI NAPOLI, ITALY

11. GLYN G. JAMESON
    ROYAL ADELAIDE HOSPITAL
    ADELAIDE, AUSTRALIA

12. PANAYOTIS YANNOPoulos
    UNIVERSITY OF ATHENS
    ATHENS, GREECE
THOMAS P. HENNESY
ST. JAMES'S HOSPITAL DUBLIN, IRELAND

SPENCER PAYNE
MAYO CLINIC
MINNESOTA, USA

F. HENRY ELLIS
NEW ENGLAND DEACONESS
HOSPITAL, BOSTON, USA

VICENTE GUARNER
HOSPITAL ANGELES MEXICO D.F., MEXICO

HUGO R. MATTHEWS
EAST BIRMINGHAM HOSPITAL, BIRMINGHAM, U.K.

ATTILA CSENDES
HOSPITAL JOSE O. AGUIRRE SANTIAGO, CHILE

ISDE ORGANIZATION
PART II: MEET YOUR COUNTRY
13 INCUMBENT MEMBERS
NCIL "B" MEMBERS
SERVING FROM 1989 TO 1992

JOUKO O. ISOLAPU
TAMPERE UNIVERSITY TAMPERE, FINLAND

GEORG HUBERER
THE UNIV. OF MUNICH MUNICH, GERMANY

HUGO W. TILANUS
DIJKZIEH HOSPITAL
ROTTERDAM, NETHERLANDS

RUDOLF ROCA
UNIV. KLINIK
WIEN, AUSTRIA

SERGIO STIPTP
UNIVERSITA DEGLI STUDI
ROMA "LA SAPIENZA"
ROMA, ITALY

FRANCIS FERETE
HOTEL BEAULON CLICHY, FRANCE

BERNARD LABOIS
CHR PONTCHADELOU
RENNES, FRANCE
This Congress was held from June 19 to 23 in Paris, following the original procedure conceived by Robert Giuli, and, as yet, unattempted.

In order to delve thoroughly into the subject, 370 extremely precise questions were drawn up that applied to esophageal surgeons, gastroenterologists, endoscopists, pathologists and pediatricians.

The specialists contacted to answer one or several of these questions came from the world over, and accept to attempt the difficult synthesis asked of them.

The organization of the Congress was exemplary. The specialists were brought together during this fruitful week, and the long discussions, scattered throughout the 18 sessions of the meetings, supplied and additional interest to the interest those present found in this event.

The 5 days of the Congress, inspire of a particularly heavy scientific program, never seemed drawn out, but, on the contrary, continually stimulating. They were completed each evening by an outstanding social program, the highlight being the gala dinner, an equestrian and vocal event, that took place in a 12th Century Abbey near Paris.

All those who missed the Congress will have every reason to regret them absence. However, as a follow up to the meeting, a gastroenterological treatise of 1500 pages is currently under print. It will comprise, in addition to the questions treated during the sessions, 150 additional topics, all as interesting, on motor disorders of the esophagus.

During the 90th Congress of the Association Française de Chirurgie, the French section of the I.R.E.S. met under the chairmanship of Professor R. Giuli.

A discussion session was organized on the following topic: extended lymph node dissection in cancer of the esophagus.

During this session, different approaches were discussed, ranging from those inspired by the more radical techniques described by the Japanese teams to those, opposed in principle, involving esophagectomy without thoracotomy.

The results published by the Tokyo Cancer Center were discussed, as well as those of different Japanese teams practising extensive dissections.

For both the French and Japanese teams, the incidence of respiratory complications was higher with this technique than with more limited dissections, and the influence on long-term survival requires further studies, currently in progress.

On this occasion, there were made available the first results of the randomized O.E.R.O. trial on cancer of the esophagus, which seem to confirm that the immediate severe postoperative state broath about this type of operation is not accompanied by the expected improvement in long-term survival.

(R. Giuli)
A RESEARCH EXPERIENCE IN CHICAGO AND INTRODUCTION OF MY STUDYING INSTITUTE

Atsushi Sugitani, M.D.
Dept. of Surgery
University of Illinois at Chicago, U.S.A.

Since March, 1988, I have been studying in the Department of Surgery at University of Illinois at Chicago, Illinois, U.S.A. In the present letter, I would like to introduce the institution where I have been working and its impression, and a research experience there as well.

The University of Illinois College of Medicine at Chicago is located in the heart of the West Side Medical Center District: the University of Illinois Hospital, the West Side Veterans Administration Hospital, and Cook Country Hospital. Located approximately two miles west of downtown Chicago, it can be reached conveniently by public transportation or expressway. The others, part of the Metropolitan Chicago Group of University of Illinois Affiliated Hospitals are located throughout the Chicago area and offer a variety of community hospital environments for learning. The College of Medicine has also the Graduate College that offers the students for earning a Master of Science or Doctor of Philosophy degree program in a wide variety of health sciences. It is worthy of special mention that the Department of Surgery has a unique program for Master of Science in Surgery, which I am now engaged in.

The University of Illinois Hospital and Clinics include 440 inpatient beds and over one hundred outpatient diagnostic and specialty clinics. Dedicated in 1980, this hospital is a $60,000,000 facililies which contains the most advanced technology available. The number of yearly clinic visits averages 290,000, which is one of the highest in the city of Chicago. The Department of Surgery headed by Dr. Lloyd M. Nyhus, who is a very well known surgeon-scientist as well as my supervisor, for twenty years until June 30, 1989 and succeeded by Dr. Heran Abcarian, noted colon and rectal surgeon, has been offering the opportunity and the support to the surgical scholars of all types in their surgical studies. The Department expands the contribution to its eleven divisions under the Department: General, Plastic, Pediatric, Cardio-Thoracic, Peripheral Vascular Surgeries, Transplantation, Surgical Oncology, Surgical Immunology, Urology, Surgery Bioengineering, and Emergency Medicine. Dr. Nyhus remains active as the Warren H. Cole Professor and Director of Living Institute of Surgical Studies. He was honored by the University of Illinois Board of Trustees by being appointed Emeritus Head of the Department and Emeritus Surgeon-in-Chief of the University of Illinois Hospital.

The West Side Veterans Administration Hospital, a 538-bed, acute care hospital, is located one block west of the college. Members of the professional staff are on the faculty of the University, and a majority of the University's residency programs include rotations through this hospital. One of our laboratories and animal facilities are placed in the research building attached to the hospital.

Another hospital contained in this Medical Center is the Cook County Hospital, a 1300-bed facilities which provides care to more patients than any other Chicago hospital. Each year, its emergency room handles 320,000 visits; its hospital outpatient department, 325,000 visits; and its neighborhood clinic, 90,000 visits. My instructor, Dr. Philip E. Donahue who is a professor and Chair of General Surgery, has been guiding me to these three hospitals and related facilities to achieve the basic and clinical research investigations.

Under the direction of Dr. Donahue, I have been investigating the role of afferent vagus nerves on stress gastric lesions, which is my thesis work as well. We proposed that the selective blockade of afferent vagus nerves to the stomach decreases the number of lesions supplied by that branches. At the same time, we are now working on the hypothesis: "Endoscopic ultrasound can show the pressure of fibrosis in the submucosal and muscular layers of the stomach after endoscopic sclerosis." We previously developed an endoscopic technique for the prevention of experimental reflux disease on dogs. Endoscopic sclerosis with morrhuate creates a zone of fibrosis 1-2 cm distal to the gastroesophageal junction, exerting its anti reflux action by some effect on the gastric component of the reflux barrier. Since neither the time of appearance nor the precise extent of fibrosis following sclerotherapy of the cardia is unknown, we propose a comparison of the ultrasonographic appearance of the stomach at time 0, 4, 8, and 12 weeks after treatment. Two dogs are sacrificed at each interval, allowing histologic verification of the extent of fibrosis; eight dogs are used for the study. If the endoscopic ultrasound is useful for showing the extent of post-sclerosis fibrosis, then clinicians treating sclerotherapy patients with reflux will have an extremely useful tool for evaluation the efficacy of endoscopic treatment for reflux disease.

Finally, I am indebted to Drs. Philip E. Donahue and Lloyd M. Nyhus, for having trained me in both basic and clinical studies. The Scholarship of I.S.O.S. was really helpful for me to continue the study in the U.S.A., and giving me the wonderful opportunity described above. "Windy City" Chicago is an attractive city, which is noted for its abundance of architectural styles with the significant skyline. I enjoy the Chicago life and valuable days in the U.S.A. (A. Sugitani)

SURGERY IN MUNICH AS SEEN THROUGH A JAPANESE SURGEON’S EYE

Hironan Fujita, M.D.
1st Dept. of Surgery
Kumamoto University
Pukouka, Japan

The Department of Surgery of the Technical University of Munich is a major center for oncological surgery in Europe. Professor D. Blaschke, its director, is at the forefront of this field. He has a well documented research program in robotic surgery, operation theaters, lecture halls, gastro-laboratory, photographic center, as well as departments of oncology, pathology, epidemiology, endoscopy, and radiology. They are well regarded internationally.
Professor Siewert is a great organizer of those working under him. Moreover, he undertakes several major operations himself everyday. He performs the full range of GI surgery from the cervical esophagus to the rectum, from appendectomy to liver transplantation. He is very aggressive in his treatment. Here may be seen many cases of radical cancer surgeries and re-operation for recurrent tumors. His philosophy is that in bloc esophagectomy with lymphadenectomy improves survival of patients with carcinoma. "In this he is in accord with the views of Japanese surgeons. He has a wonderful technique, in particular his use of the left hand. It dives elegantly into the abdominal cavity and undertakes the necessary maneuvers rather like a precise "U-boat". I never get tired of watching Professor's operations because of his nice tempo and harmony.

In TV Munich, more than 70 esophagectomies are performed every year. More than half are done for adenocarcinoma in a Barrett's esophagus or carcinoma of the cardia with invasion to the esophagus (E+C). This situation is completely different from that seen in Japan. The common situation encountered is a patient with carcinoma in the lower esophagus or the cardia which is situated in the middle or lower mediastinum, because most patients seen in Munich tend to have a large tumor together with the thoracic nodes. En-bloc esophagectomy is considered to be a radical and satisfactory operation for adenocarcinoma in the lower mediastinum. Adenocarcinoma has the characteristic of local invasion and metastasis to the regional lymph nodes, rather than distant spread. Actually, it is very difficult to obtain a safe surgical margin in cases of adenocarcinoma with diffuse invasion. Mediastinectomy in en-bloc esophagectomy may be the best method to avoid a palliative operation. From a Japanese surgeon's eye, en-bloc esophagectomy is more radical operation than the procedures performed in our country in respect of lymphadenectomy of the lower mediastinum. En-bloc esophagectomy together with oesophageal and upper mediastinal lymph node dissection may be ideal operation. This is a my hope.

In Munich there are not so many cases of squamous cell carcinoma in the cavity of the middle thoracic esophagus compared to in Japan. A large number of them are resectable because of invasion to the trachea or wide-spread metastasis to the regional lymph nodes or to the distant organs. Preoperative treatment such as radiation and/or chemotherapy are performed for these cases in an attempt to down-stage. Curative esophagectomy is, however, not usually possible if the operation can be performed, it is often very difficult to perform the cervical and upper mediastinal lymph node dissection because of the high risk of complications. German patients with esophageal carcinoma are very fate without an exception, in spite of esophageal narrowing, 90% of patients are alive 5 years after treatment. One possible reason may be that patients are able to eat well enough in the form of beer, a liquid which is viewed rather like a "fruit juice" or "Tonic" here in Germany.

R. Fujita

STAYING AT THE NEW ENGLAND DEACONESS HOSPITAL

TOSHIRO KONISHI, M.D.
2nd Dept. of Surgery
University of Tokyo
Tokyo, Japan

Since the first of September 1990, I have been visiting the department of Surgery at the New England Deaconess Hospital in Boston. My eight-month visit in Boston is supported by the Japanese Ministry of Education. The hospital is located in the Longwood medical area where many important United States medical institutions are located, including Harvard Medical School, the Brigham and Women's Hospital, Beth Israel Hospital, Dana-Farber Cancer Institute, the Children's Hospital, and the Joslin Diabetic Center.

The New England Deaconess Hospital was established in 1896 by a Deaconess, Mary E. Lane who wrote as follows "Science and kindness should unite in a harmonious and unyielding fashion to meet the great need of the day. A formal relationship between the hospital and Harvard Medical School was established in 1947 as a result of which the hospital became one of the major teaching hospitals of Harvard Medical School.

The current chairman of the department of general surgery is Professor Glenn D. Steele Jr., 46 years old, who succeeded Dr. William McDermott as chairman in 1985, and now holds the William V. McDermott Professorship. There are 58 full-time surgeons in Dr. Steele's department including such well known figures as Blake Gady (surgical oncology), Anthony P. Monaco I. Sidney Levitsky, Chief of Cardiothoracic Surgery (cardiac surgeon) and P. Henry Ellis, Jr. (general thoracic surgery). Dr. Steele supervises an active surgical program that last year included active funding in the amount of close to six million dollars. He, together with Dr. J. Milburn Jussup are currently investigating new methods of the early detection of cancer using biological markers particularly in the early detection of colorectal and breast malignancies. Dr. Roger Jenkins, Chief of Hepatobiliary Surgery was the first Boston Surgeon to successfully develop a liver transplant service and now performs over fifty liver transplant operations a year. It was my pleasure to encounter Dr. Jussup, a member of the research staff of the surgical department, is involved in work on pancreatic transplantation.

The Lahey Clinic, whose division of cardiothoracic surgery had since 1970 performed all of its clinical work at the New England Deaconess Hospital, moved its service to the new Lahey Clinic Medical Center in Burlington in the spring of 1990. Dr. Ellis, former chief of the Deaconess and Lahey Clinic's division of cardiothoracic surgery, however, remained as part of the full-time Harvard Medical School teaching faculty in Dr. Steele's department in an effort to fill the general thoracic surgical gap created by the departure of the Lahey Clinic surgeons.

It was of interest to me, in view of my interest in esophageal disease, to witness processes performed by Professor Ellis who is, of course, an internationally known esophageal surgeon. Chief among the diseases that he treats surgically are malignant lesions of the esophagus and cardia, gastroesophageal reflux disease, diaphragmatic hiatus hernia, and esophageal motility disorders including phrenoesophageal diverticula.

Between 1970 and 1990 he and his residents have operated on 366 cases of cancer of the esophagus and cardia representing an overall survival rate of 83%. Three hundred twenty six of these patients (89.1%) underwent resection with an 80-day mortality of 2.5%. Complications developed in 25% of patients though in only 15% were the complications serious enough to prolong the patient's
ISDE SCHOLARSHIP

# Scholarship Committee Meeting #

Nine applicants from all over the world applied for the 1991 Scholarship. The Scholarship Committee Meeting was held on April 13th, 1991 in New York presided over by Prof. Stewert (Chairman). After strict evaluation, it was decided that six Research Scholarships and two Visiting Scholarships would be awarded and support per award ranged from $2,000 to $16,000.

Scholarship winners are Dr. Choong Bai Kim (Korea), Dr. Carol Stanciu (Romania), Dr. Hideaki Tahara (Japan), Dr. Predrag Pesko (Yugoslavia), Dr. Tetsuo Nakamura (Japan), Dr. Oscar Rubin (Venezuela Rodriguez) (Mexico), Dr. Sanjay Sharma (India), Dr. Alberto Roger Garcia (Argentina).

C. B. Kim, M.D. C. Stanciu, M.D. H. Tahara, M.D.

P. Pesko, M.D. T. Nakamura, M.D. O. Ruben, M.D.

S. Sharma, M.D. A. R. Garcia, M.D.

Their hosts and study sites are as follows:

Dr. C. B. Kim - Prof. H. Akimoto Hospital, Tokyo, JAPAN
Dr. C. Stanciu - Prof. K. Nabea Kyorin University, Tokyo, JAPAN
Dr. H. Tahara - Prof. M. T. Loets Univ. of Pittsburgh, USA
Dr. P. Pesko - Prof. K. Nabea Kyorin University, Tokyo, JAPAN
Dr. T. Nakamura - Prof. J. H. Stewart Universitat Munchen, Munchen, GERMANY
Dr. O. Ruben - Prof. N. Akiyama Toranomon Hospital, Tokyo, JAPAN
Dr. S. Sharma - Prof. T. Kakegawa Kurume University, Fukuoka, JAPAN
Dr. A. R. Garcia - Prof. S. Mori Tohoku University, Sendai, JAPAN

(N. Ando)
Scholarship Report

Paolo Trentino, M.D.
2nd Surgical Clinic
University "Iamponza"

Rome, Italy

Since my arrival at the Second Surgical Department, Kyorin University, I have been impressed by the skill, efficiency and kindness of the staff directed by Professor K. Nabeya (from April 2, 1989 to July 2, 1989). This is most evident in patients with esophageal and gastric cancers, which are, as everybody knows, frequent diseases in Japan. Accordingly, particular care is paid to surgical treatment of these patients. Every effort is made to achieve an early diagnosis. Minor symptoms represent a strong indication for accurate and extensive check-up. Double-contrast upper GI x-ray, in high resolution, and by a computerized system, is the first step by which a high percentage of very small lesions may be detected. Endoscopy is then performed, by expert and exceptionally skilled hands, long time trained to recognize early cancers. For this reason, Lapir is widely employed and this allows us to obtain cancer positive cytology and histology. Preoperative staging is then performed by conventional esophagography, which allows detection of metastatic lymphnodes, even smaller than 0.5 cm, and by CT and MRI.

At this point, a severe selection of patients candidates for surgery is performed, as "safety" is the first goal in Japanese surgeon's "league" mind. For this reason, the number of patients who receive nutritional support, both via parenteral and enteral routes, is minimized. This is a natural consequence of the "Japanese Guidelines for clinical and pathological studies" on carcinomas of different organs. Together with accuracy of preoperative diagnosis, this step is the most impressive one for a young surgeon. It seems unbelievable that lymphadenectomy can be performed in such a way, however it is. Moreover, its complete anastomosis is immediately checked as soon as the surgical specimen is removed. Young surgeons are very well trained in searching and classifying tissues from the specimens, as well as pathologists always carry on exhaustive studies to contribute significantly to the scientific knowledge of the disease.

After discharge from the hospital, patients are continuously followed-up, as long as they live. Professor Nabeya is dedicated to this work with a very high number of cases checked every week. The results of this serious and extended follow-up are well-known around the world, the last obtained goals being a new classification of early esophageal cancer, because of different prognosis according to the various types; curative endoscopic resection of some early gastric cancers; up-date guidelines for breast cancer recording.

Of course, such a work requires a clever guide, a good organisation and efficient structures: all of them are gathered in this Department. Nearly every day, could attend meetings on different subjects, such as presentation of cases to be operated on, discussion on performed operations and endoscopies, as well as on various papers from the International literature. I was also offered the opportunity in attending some national Congresses, of outstanding quality. Moreover, senior surgeons continuously stimulate the young ones, both during meetings and in the surgical wards and operative theaters.

Surprisingly and studying creates new and efficient doctors, who are always available and ready to discuss their experiences with you.

As a conclusion of my experience, I would like to recommend every young surgeon to spend some time at the Second Surgical Department, Kyorin University. More you can enjoy learning aspects of surgical field so difficult to observe in other countries and participating in various experiences, achieving an outstanding level.

Finally, let me remember, my chief, Professor Guido Gastrini, who suddenly died last June, at a time I was still in Japan. I shall never forget his exceptional surgical skill, deep humanity, sincere behavior and huge knowledge of medical and non-medical matters. Realization of such a teacher and man will never be replaced.

At the same time, I shall never forget what Professor Nabeya, with his unique humanity and friendship, and all his staff, made for me on this occasion and during my whole staying in the marvelous world of Japan.

Takashi Nishimaki, M.D.
1st Dept. of Surgery
Sokoh Medical College
Niigata University
Niigata, Japan

It was a great pleasure for me to be able to visit Munich and study Barrett's esophagus from April 13, 1989 till May 15, 1990, thanks to TEER Scholarship. Munich is a city not only a city of history and art but also a city of modern technology. The Klinikum der Universitat und Klinikum der Luftwaffe, where I had the pleasure to work, is not only a city of history and art but also a city of modern technology. The Klinikum der Universitat und Klinikum der Luftwaffe, where I had the pleasure to work, is much more...
metastasis were found in 30.8% and in 15.4%, respectively. Interestingly, early BC had close topographical relation with squamous epithelium including residual squamous islands because 84.6% of early BC were surrounded by both squamous epithelium and specialized type columnar epithelium. Furthermore, the tumour center of the probable original site of BC was located at the metastatic columnar-lined area within 2 cm from the squamocolumnar epithelial border in Barrett's esophagus in all cases but one. The smaller, in other words the earlier, the tumour was, the closer the tumour center was located to the squamocolumnar epithelial border. In smaller cancers, measuring 2 cm or less in size, the tumour center was located at the columnar-lined area 0.5 cm or less from the squamocolumnar epithelial border. Therefore, I concluded that the most favorite site of cancer development in Barrett's esophagus is the metaplastic columnar-lined area, particularly of specialized type, very close within 2 cm to the squamocolumnar epithelial border. I think this is the most important conclusion of my research in Munich because this implies the preferable biopsy site in the regular endoscopic surveillance of the patients with Barrett's esophagus.

Fortunately, I could present these results at the 107th Congress of the German Society of Surgery in Berlin. I owed my success in research to Professor J.R. Sievert and Associate Professor A.B. Bolcher who was a superior supervisor of my study in Munich.

Again, I would greatly appreciate the ISDE Scholarship which gave me an opportunity to study Barrett’s esophagus. (T. Nishimaki)

Rajendra A. Badwe, M.D.
Tata Memorial Hospital
Bombay, India

June 11, 1989 – August 25, 1989, Tumor Hospital

For an oncologist esophageal carcinoma is one of those few tumours which carries lot of pessimism as regards reward of treatment. This pessimism may be attributed to the delay in diagnosis due to easy irritability of the organ and inaccessibility to clinical examination. It is these challenging obstacles which inspired me to pursue surgical oncology in general and thoracic oncology in particular for last 6 years.

Japan and China being ahead of all the nations in early detection and treatment, I intended to spend some time in the East. A review of literature, Prof. Ronald N. Holmes' comment about Prof. Akiyama's artistry and gentle ways in surgery and advice from my guide and mentor Prof. P.K. Desai from India made me approach Prof. Akiyama and he kindly consented with a project on "PATTERNS OF LYMPHODE METASTASIS FROM SQUAMOUS CELL CARCINOMA (SCC) OF THE THORACIC ESOPHAGUS".

MATERIAL AND METHOD:

One hundred cases of the SCC of the thoracic esophagus were analyzed retrospectively. All patients were treated by subtotal esophagectomy and radical lymphadenectomy of the mediastinum and upper abdomen. The cervical lymph nodes were dissected when the primary tumour extended from upper thoracic esophagus to the cervical esophagus. The post-operative deaths were excluded from the study all patients were eligible for at least 5 years of follow-up. The incidence of lymph node metastasis and survival were analyzed.

Assessing the first echelon N1 (the Japanese Society for Esophageal Diseases), the incidence of metastasis was only 9/52 (17%). In 46/52 (88%) the first two echelons (N1, N2) represented the first station of lymph node metastasis in majority and if the first two stations were negative, metastasis to the rest of the lymph nodes would be negative in about 88% of patients. The incidence of N1-2 negative and metastasis to N1 and/or N4 was 6/52 (12%). The incidence of N1-2-3 negative and metastasis to N4 was 2/52 (4%). The incidence of N4 irrespective of the status of N1-2-3 was 10/52 (19%).

The radical lymphadenectomy offers following benefits: 1) Proper staging to ascertain the high risk group of patients for adjuvant therapy. 2) Prolongation of disease free interval. 3) Avoids symptoms related to pressure or invasion of rec. Laryngeal nerve/pericardium/reconstructed organ in the post. mediastinum.

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<td>SITE OF LYMPHODE NUMBER OF CASES WITH METASTASIS</td>
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<td>TOTAL</td>
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FIG. 1
LYMPHODE STATIONS IN DECENDING ORDER OF INCIDENCE OF METASTASIS

- HIGHEST INCIDENCE
- 2nd COMMONEST
- 3rd COMMONEST

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The only disadvantage of radical lymphadenectomy is slight increase in the postoperative pulmonary complications. It remains to be proved by a randomized trial that radical lymphadenectomy adds to the overall survival. The fact that lymphode metastasis reduces survival from 52% to 19% in spite of radical dissection, implies that the lymphode metastasis is not the source but the sign of distant spread. It is now necessary to turn to newer adjuvant systemic therapies to aim at cure. Adjuvant chemotherapy has shown some early promises but as the long term data accumulated the figures seem to drop to a dismal level. Since lymphode metastasis is an important prognostic factor, a careful attempt at the cellular level to understand the mechanism which tilts the balance between tumor and host will open a new avenue in the tumor biology and application of immunotherapy. (R. A. Radnai)

RECENT ORGANIZATIONAL DEVELOPMENTS

The second Executive committee meeting was held on April 14, 1991 at the New York Hospital, N.Y. The report given and the resolutions reached are as follows.

Membership Committee
As of Dec. 31, 1990, the total number of members was 671, including 46 new members who joined in 1990. As we expect to obtain many new members from East Europe, the ISDE is likely to increase its size further.
Two credit cards, VISA and MASTERCARD, were adopted for payment of annual dues in addition to bank draft. The 1% commission will be paid by the Secretariat.

Journal Committee
Topical topics of future editions will be as follows:
Vol.No. Date Topics Guest Editor
1 Apr. 1992 Gastric Diseases A.L.Blum
2 Aug. 1992 (1) Caustic lesions Collier
(2) Carcinoid on radical Nabeya
lymphadenectomy in
eosophageal cancer surgery
3 Dec. 1992 Barrett's esophagus M.Savary
Papers on subjects other than the topics above are also accepted. Unique original papers on all subjects concerning the esophagus are always welcome.

Research Committee
In addition to the three existing Research Committees ("Central Research Committee", "Research Committee of Throm Classification of Esophageal Cancer" and "Research Committee of Barrett's Esophagus") two new Committees have been added. They are the "Pharyngo-esophageal Function Committee" and "Gastro-esophageal Reflux Committee". Next Research Committee meetings including the first meeting of the two new Committees will be held in August in Munich arranged by Prof. Stewart.

General Discussion
1) The 5th World Congress
The Congress President, Prof. Nabeya, reported on the state of preparation of the Congress. For further information, please refer to the front page.
2) The 6th World Congress
There are seven candidates for the Presidency and the site of the 6th ISDE World Congress. After gathering detailed plans for the Congress from all the candidates, this matter will be discussed again at the next Executive Committee Meeting in Munich, and the final decision will be made by the General Assembly in Kyoto during the 5th World Congress (1992).

3) International Surgical Week at the SIC 34th World Congress of Surgery
At the joint World Congress of the ISS/SIC and CEC, International Surgical Week will be held by the SIC. During this International Surgical Week, ISDE is going to organize a luncheon panel on Esophageal Surgery on the topic of "More or less radical surgery in esophageal cancer". ISDE is organizing a part of International Surgical Week for the SIC World Congress was welcomed by the Executive Committee Members, and is going to be continued in the future. Consequently, we will have two international congresses organized by ISDE in 1995, i.e. the 6th ISDE World Congress and a part of SIC International Surgical Week in Hong Kong.

4) Miscellaneous
The outline of a new category of membership, senior member (proposed name), was discussed. This form of membership will be restricted to retired members and no annual dues will be necessary. (H. Utadzawa)
RECENT PUBLICATIONS

"Atlas of Esophageal Surgery"
Editor: D. B. Skinner, M.D.
Churchill Livingstone

This book is part of the Surgical Practice illustrated series. The author, David B. Skinner, a world-renowned surgeon and educator, is also the SPI series editor.

The book has 186 pages and eight chapters devoted to antireflux repair, curative and palliative resection for esophageal cancer, esophageal motor disorders and esophageal reconstruction. The illustrations have been done by Kathy Hirsh, a long-time collaborator and friend of Professor Skinner. Her hours spent in the operating room observing the procedures that she has illustrated have paid off well.

The techniques presented in this Atlas are based on more than 25 years of investigation, extensive operative experience, and follow-up of patients with esophageal diseases by the author. Skinner emphasizes in the preface that the reader is strongly urged to learn and apply the methods for precise preoperative analysis of patients with esophageal disorders and indications for the various operations.

The indications, investigations, rationale, and the experience resulting from the operations illustrated in this Atlas are described in the recent book, "Management of Esophageal Disease", which was introduced in the No. 6 ISDE News.

(K. Yoshino)

CONGRESS NEWS

Regional Meetings of the ISDE

*THE ANNUAL MEETING OF THE JAPAN SECTION*
Site: International Lecture Hall (National Cancer Center, Tokyo)
Date & Time: September 20, 1991, 9:00-17:00
President: Dr. Toshifumi Ituoka
Topic: Roles of chemotherapy for cancer of the esophagus
Special guest: Laurence F. Leichman, M.D., Associate Professor of Internal Medicine, University of Southern California, U.S.A.
Lecture Meeting: Introduction & Discussion on Four Research Committees of Japan Section

*THE FIRST MEETING OF THE EASTERN EUROPEAN FEDERATION*
CONGRESS VENUE: Hotel "Palinca"
Belgrade, Yugoslavia
CONGRESS DATE: September 25-27, 1991
LOCAL ISDE President: E. Gori
ORGANIZATION: Scientific Secretary: S. Rakic
SECRETARIAT: Institute of Digestive Diseases
Department of Surgery
Belgrade University School of Medicine
Koute Tudorovicza 6,
Belgrade 11000, Yugoslavia
TELEPHONE: +38(0)11-63 670
TELEFAX: +38(0)11-646 988
TOPIK: Reconstruction of the esophagus as the experience with this problem in these areas
DEADLINE: March 31, 1991

*THE FIRST CONGRESS OF THE ITALIAN SECTION*
Site: Venice, Italy
Date: March 12-14, 1992
President: Prof. A. Peracchia
Topic: Esophageal cancer, Esophageal motility disorders
Main guests: Prof. J. R. Siewert, Prof. K. Nabeys, Prof. E. Moreno-Gonzales

*THE 1st WORLD CONGRESS OF THE INTERNATIONAL SOCIETY OF CARDIO-THORACIC SURGEONS*
DATE: September 30 - October 4, 1991
PLACE: CHIANG MAI, THAILAND
Chairman: Prof. Oncharit
President: J. Nada
Secretariat: Dr. Yothin Kurovat
Cardiothoracic Surgery Chulalongkorn Hospital
Dead line: June 30, 1991

9th JAPAN-CONGRESS OF THE ASIAN-PACIFIC FEDERATIONS OF ICS*
Congress Date: November 24-28, 1991
Congress Venue: The Westin Philippine Plaza
MANILA, PHILIPPINES
Theme: Surgical Excellence: A Global Concern
Chairman: Dr. CARMENITA T. O. GATASCO
Dead line: 15 July 1991

Call for news items
We will be pleased to accept news items, Congress or Meeting information from members for publication.
Suggestions for projects and programs will also be welcome. Please send any such information to the
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