WORLD CONGRESS
IN MILAN

SIXTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS
August 23–26, 1995
VI Congress Secretary General
Prof. Ermanno Ancona
Date of Birth: February 22, 1940
Education and Employment:
1965 Graduated from Padua University School of Medicine
1970 Residency in General Surgery
1975 Residency in Thoracic Surgery and Anaesthesiology
1986 Clinical Professor of Padua University
1992 Chairman of the 2nd Dept. of Surgery of Padua University

Scientific Program
The program will offer special lectures, oral papers, poster papers, video and film presentations on all the various aspects of esophageal diseases. A technical exhibition will show all the last technological developments in this field. Topics will include:

Malignant diseases:
- Epidemiology
- Biology
- Diagnosis
- Staging and choice of treatment
- Surgical treatment
- Multimodality treatments
- Lymphadenectomy
- Palliation
- Pathology
- Vagotomy and reflux diseases
- Cancer of the cardia

Benign diseases:
- Diverticula
- Leiomyomas
- Strictures
- Achalasia
- Current treatment of esophageal varices
- Enteral and parenteral nutrition
- Rehabilitation
- Esophageal perforations and anastomotic leaks
- Caustic lesions
- GERD
- Barrett’s esophagus

- Advances in thorascopic and laparoscopic surgery of the esophagus
- Respiratory complications in esophageal surgery
- Intestinal autotransplant for replacement of the esophagus
- Endoscopic ultrasonography
- Pediatric esophageal surgery

Schedule
August 22 - Committee Meetings
August 23 - Committee Meetings - Opening Ceremony
August 24/25 - Scientific Sessions
August 26 - Scientific Sessions - General Assembly - Consensus Conference

Social Program
August 23 - Opening Ceremony and Reception (University of Milan)
August 24 - President’s Reception (Villa Erba - Lake of Como)
August 25 - Official Banquet (Principe di Savoia Hotel)
August 26 - Farewell Party (University of Milan)

Registration fees (in Italian Lire)

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PREFERRED PRESENTATION

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| BENIGN DISEASE           |      |
| Congenital diseases      | 4    |
| Hiatal hernia            | 14   |
| GERD                     | 66   |
| Barrett esophagus        | 14   |
| Achalasia & mot.d.       | 46   |
| Diverticula              | 8    |
| Leiomyomas               | 4    |
| Benign strictures        | 22   |
| Esophageal perfor.       | 11   |
| Esophageal varices       | 6    |
| Others                   | 14   |
| Total benign             | 208  |

TOTAL: 525
Antonella CARNAZZA  Andrea SEGALIN  Caterina BALSAMO  Fernando ZENNARO  
Uberto FUMAGALLI  Barbara CHELLA  Luigi BONAVINA  Riccardo ROSATI  

VI WORLD CONGRESS SECRETARIA STAFF  

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| 85     | 90    | 28          | 2          | 3                 | 22          | 656   |

Country | No. of Abstracts  
---|-----------------  
Argentina | 3  
Australia | 18  
Austria | 2  
Belgium | 16  
Brazil | 54  
Canada | 4  
Chile | 3  
Croatia | 1  
Finland | 3  
France | 17  
Germany | 42  
Greece | 7  
Hong Kong | 5  
Hungary | 14  
India | 2  
Ireland | 10  
Italy | 161  
Japan | 128  
Korea | 4  
P.R. China | 6  
Poland | 11  
Portugal | 3  
R.O.C. (Taiwan) | 2  
Republic of Belarus | 1  
Romania | 11  
Serbia | 11  
Slovenia | 1  
South Africa | 5  
Spain | 6  
Sweden | 6  
Thailand | 1  
The Netherlands | 21  
United Kingdom | 21  
USA | 96  

TOTAL | 656  

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- 3 -
Executive committee Meeting on March 25, 1995 in HOTEL PRINCEPE DI SAVIOA, Milan

The Program Committee for the 6th World Congress and the 13th ISDE Executive Committee Meeting was held on March 24(Fri) and 25(Sat) 1995, in HOTEL PRINCEPE DI SAVIOA, MILAN.

The 13th ISDE Executive Committee Meeting
1) Report of the Membership Committee
Current status of the ISDE Membership in 1994 was reported by Secretary General : total 683 (710 in 1983), 32 added, 57 withdrawn. Simplified application method synopsis was proposed, based on the discussion of the previous Executive Committee Meeting (1994, New York). Keypoints of amendment are (1) a single sponsor is enough. (2) 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. This proposal was discussed and decided.

2) Report of Scholarship Committee
Seven eligible applicants were evaluated, and the recipients in 1995 as follows.
- Peng Ji, P.R.C. ($7,200), Vinay Sharma, India ($7,200), Paul De Leyn, Belgium ($6,730), Dipok K. Dhar, Bangladesh ($7,350), Carmelo Loimas, Spain ($7,720), Takahiro Mori, Japan ($10,000)

3) Report of Balloting of National Representatives
Free voting for the national representatives for the Council of the next triennial term was made this February. Follows are the number of the Council for the next term (1995-1998).

List of Council A-Member:
- Jamieson (Australia), Kakegawa (Japan), Isono (Japan), Mori (Japan), Kim [438] (ROK), Duranceau (Canada), DeMeester (USA), Castell (USA), Hammoni (Argentina), Pinotti (Brazil), Lerut (Belgium), Fekeze (France), Sievert (Germany), Yannopoulos (Greece), Herhath (Hungary), Del Genio (Italy), Ancona (Italy), Orlowski (Poland), De Almeida (Portugal), Moreno-Gonzalez (Spain), Obertop (The Netherlands), Bancewicz (UK), Levin (South Africa)

List of Council B-Member:
- Fedorin (Belarus/CIS), Caendedes (Chile), Isolauri (Finland), Hennessy (Ireland), Young (Panama), Chanvitan (Thailand)

List of Members At Large
- Giuli (France), Launois (France), Ferracchia (Italy), Endo (Japan), Kijima (Japan), Nishihiro (Japan), Matthews (UK)
ISDE SCHOLARSHIP 1995 RECIPIENTS

The following 6 applicants were selected as the recipients of the ISDE Scholarship for 1995. Feng Ji, P.R.C. ($7,200), Vinay Sharma, India ($7,200), Paul DeLeyr, Belgium ($6,730), Dipok K. Dhar, Bangladesh ($7,350), Carmelo Loi, Spain ($7,720), Takahiro Mori, Japan ($10,000).

* Miscellaneous
Professor Pinotti has been elected to be the 8th World ISDE Congress President, and Professor DeMeester has been elected to be the next Vice-President at Executive Committee. Those candidates would be elected with the consent of General Assembly in Italy, on August 26.

4) Journal affairs
In order to improve the current business flow mechanism of our journal, frequent communications between ISDE and C.L. was made with the particular cooperation of C.L. Japan. It was also proposed by both parties to have a Society-Publishers Meeting at least once a year preferably at the time of annual Executive Committee Meeting customarily held in Spring. Professor Sievert. Editor-in-Chief, reported the current status of editing publication.

5) Remarks on National Sections of the ISDE
In the last Executive Committee Meeting in 1994, a draft of a new article in the ISDE bylaw, specifying “National section” was approved as follows.

*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 for the Executive Committ-
* * for approval. National sections are en-
* * encouraged to organize a national meeting *
* every year. The members of the national *
* section, in principle, should be ISDE *
* * members.

6) ISDE Video Library
According to the proposal at the last Executive Committee Meeting in 1994, to set up an ISDE guideline for the Video Library, to ISDE should be made. The ISDE would like to set up a Video-Library. Details shall be determined by the ISDE Video-Library Committee.

7) Honorary Members and Senior Member
Prof. Huang (PRC, USA) and Prof. Ellis (USA) were agreed upon as Honorary Members of ISDE. Prof. B. Narbona-Arnau (Spain) was nominated to be a Senior Member of ISDE.
- Preview of the 49th meeting of the Japanese Society for Diseases of the Esophagus.
  It was my great honor to be in charge of the 49th meeting of the Japanese Society for Disease of the Esophagus held in Otsu city on June 15 and 16, 1995.

- The upcoming topics discussed at this meeting were (I) basic research on various esophageal diseases and clinical applications and (II) diagnosis, treatment and prognosis of superficial esophageal cancer. A total of 132 presentations were scheduled mainly on these two topics. Additionally, in a Panel Discussion session chaired by Dr. Keizo Sugimachi, the pros and cons of a new classification of lymph nodes for surgical dissection were debated to promote understanding of this new classification and to develop even better classification systems since the classification of lymph node groups in Guidelines for the Clinical and Pathological Studies on Carcinoma of the Esophagus is supposed to be revised next year. The Workshop session chaired by Dr. Hiroshi Watanabe and Dr. Mitsuo Endo, discussed diagnosis, treatment and prognosis of superficial esophageal cancer and included seven presentations on this issue. I would like to express my appreciation for the great cooperation of the society members in answering questionnaires on superficial esophageal cancer, the results of which will be reported later. The social program was capped by a highly enjoyable nocturnal cruise on the Lake Biwa, Japan largest lake.

(Prof. Masashi Kodama)

- CANADA

MEMBERSHIP: The drive to increase Canadian membership in the International Society for Diseases of the Esophagus is progressing. Special efforts will be made this year with a mailing to the Canadian Association of Gastroenterologists the Canadian Association of General Surgeons and the Canadian Association of Thoracic and Cardiovascular Surgeons. This mailing will include application forms to become a member of the Society and advertising for our Journal Diseases of the Esophagus.

MONTREAL 1998: The infrastructure for the Montreal congress in 1998 is being finalized. Coplanor Congress is the professional organization in charge of meeting deadlines. The Letterhead and posters will be disclosed to the Society during the world congress in Milan. The Montreal congress organization will be present to advertise the next ISDE Meeting, to give preliminary information on our city and on our country. The Montreal meeting has a very tough act to follow as the organization of Professor Peracchia in Milan is simply impeccable. All information requests can be directed to:

COPLANOR CONGRES INC., ISDE Montreal 1998
511, Place d'Armes Montreal, Que.
H2Y 2W7 - CANADA
TEL: (514) 848-1133 FAX: (514) 286-6469
E-MAIL: conf@coplanor.qc.ca

CANADIAN MEETINGS RELATED TO ESOPHAGEAL DISEASES
DURING THE ACADEMIC YEAR 1995 - 1996
1st International Symposium on Oculopharyngeal Muscular Dystrophy
QUEBEC CITY, SEPTEMBER 22-23, 1995
Oculopharyngeal Muscular Dystrophy is a condition of hereditary onset causing dysphagia at the pharyngoesophageal junction. The incidence in the province of Quebec is high due to its transmission through 11 generations of French Canadians. Dr. Jean-Pierre Bouchard, a neurologist from Quebec City, has planned a fascinating symposium on this disease for the beginning of the academic year. He is assembling scientists from all over the world to discuss and plan for patients affec-
CONT. REGIONAL ACTIVITY

TED WITH THIS TYPE OF DYSTROPHY. ALL ASPECTS OF THIS DISORDER WILL BE COVERED FROM GENETICS TO SURGERY. SCIENTISTS FROM JAPAN, FRANCE, ITALY, SOUTH AMERICA, MEXICO WILL JOIN WITH THE SCIENTIFIC GROUPS FROM MONTREAL AND QUEBEC CITY TO REPORT THEIR OBSERVATIONS ON THEIR RESPECTIVE FAMILIES, THEIR EVOLUTION AND THEIR APPROACH TO INVESTIGATION AND THERAPY.

ANNUAL THORACIC SURGERY SYMPOSIUM
MONTREAL, LAVAL AND MCGILL UNIVERSITIES
MONTREAL JUNE 20-21, 1986

The annual symposium of the General Thoracic Surgery program will be on motor disorders of the esophagus and on esophageal dysfunction related to reflux disease. Eight sessions covering upper sphincter disorder, achalasia and spastic disorders of the esophagus and the various forms of gastroesophageal reflux disease will take place during the two-day Symposium. Reassessment and description of the various categories of idiopathic dysfunction, and their medical and surgical management will be discussed. International speakers from the Gastroenterology and Surgery world will give an update on this facet of esophageal disease. Investigation and staging of reflux disease as well as management of its various levels of damage will be covered during the second day of the Symposium.

A balanced view of all topics will be offered by gastroenterologists and surgeons. Emphasis will be given on objective results in both categories of treatment. New approaches, especially in relation to laparoscopic techniques will be assessed and compared to conventional treatments. (Prof. A. Duranseau)

NORTH AMERICA

Two national meetings of U.S. thoracic surgical organizations were held in the United States this spring at which papers of interest to esophageal physicians and surgeons were presented. The Society of Thoracic Surgeons met in late January, and included a presentation by the Cleveland Clinic concerning their experience with surgery for superficial esophageal carcinoma. They studied post-operative results for patients with T1S and T1 carcinomas treated after induction chemo-radiation therapy and found that better survival was obtained for T1S and intramucosal T1 carcinomas than for submucosal T1 carcinomas and patients with N1 disease. Advanced carcinomas downstaged with induction therapy had an improved survival rate similar to that for T1 carcinomas. Professor Collard from Brussels, compared the results of esophagogastrectomy employing gastric tubularization with the results after use of the entire stomach for replacement, leaving the lesser curvature intact. Use of the whole stomach reduced the risk of postprandial fullness and was less frequent that when gastric tubularization was employed. Dr. Pera and associates from Montreal, Canada, presented a favorable report on 27 consecutive patients who underwent an uncut Collis-Nissen gastroplasty, mainly for reflux esophagitis and its complications. The procedure significantly increased the lower esophageal sphincter (LES) pressure barrier, decreased esophageal acid exposure, and provided satisfactory control of reflux. Dr. Jalilhadi-Thery and associates from Lille, France presented their experience with esophageal perforation, treating the most serious cases with primary repair protected by esophageal exclusion using TA stapling. Interestingly, all of the survivors (11 of 13) healed their perforations with complete recanalization of the distal esophagus in spite of the previous stapled exclusion procedure. The Massachusetts General Hospital group extended their experience with primary reenforced repair of esophageal perforation in a report of 28 patients treated in this manner the repair being buttressed by intercostal muscle (15) pleura (13) omentum (5) and stomach (1). Of the 13 patients treated late (x 5 1/2 days), there were four deaths.
Postoperative leaks occurred in seven, one of whom required re-operation. Esophagectomy however was required in two patients because of persistent fistula in one, and an esophageal obstruction in the other. Postoperative leaks were seven times as frequent in patients with sepsis, as in those without. Overall mortality remained high (14%). The American Association for Thoracic Surgery met in Boston in early April. The Lahey Clinic group presented their experience with manometry and 24 hour pH monitoring after a short esophagomyotomy for achalasia in 14 patients. The number of post-operative acid reflux episodes was below normal in 12 patients. Esophageal acid exposure as a percent of total time with pH below four, was below normal in nine patients. Of the five patients with values greater than normal, a correlation between symptoms with an episode of acid reflux occurred in only one. Esophageal acid exposure time correlated well with the level of residual LES pressure during the relaxation phase of deglutition. They concluded that esophagomyotomy without an anti-reflux procedure results in a competent LES in most patients and that symptomatic GER is unusual. Increased esophageal acid exposure, when it occurs, is due to slow esophageal acid clearance of relatively few reflux episodes, not from too extensive a myotomy and is more occur when the myotomy results in a high residual pressure during deglutition. They continue to avoid the use of an anti-reflux procedure when performing a transthoracic short esophagomyotomy for achalasia. Professor Leruts paper on cancers of the esophagogastric junction concerned a retrospective study of 95 patients operated on from 1983 to 1988, a more radical resection having been employed since 1985. The crude five year survival rate was 28%, while the adjusted five year survival excluding hospital mortality and non-cancer related deaths was 53%. They, as have others, found no difference in survival between squamous cell carcinomas and adenocarcinomas, and it mattered not whether these tumors were staged according to gastric staging criteria or esophageal staging criteria. They suggested that patients with spread to intrathoracic nodes not be staged as Stage IV indicative of metastatic disease, but rather as N2 disease, thus better reflecting the true potential for curative surgery in this group. An international multi-institutional prospective study of mutation in the P63 gene was reported as identifying a subset of patients with Barrett's esophagus at increased risk for developing cancer, supporting previous reports from other institutions of this same observation. Dr. Bart and associates from Memorial Sloan-Kettering in New York City reported on a prospective randomized clinical trial of erythromycin in the treatment of post esophagectomy gastric emptying which proved to be significantly better in the treated group than in the placebo group. Intravenous erythromycin (250 mg in 50 cc of normal saline) was the treatment modality employed in the study. An interesting paper by Dr. Orringer's group from the University of Michigan discussed complications associated with cervical esophagogastric anastomoses. They reported a 10.4% incidence of cervical leaks, 78% of which healed spontaneously. Their treatment consisted of opening the wound, packing it, and allowing the patient to continue to drink water. Their belief is that healing is enhanced by esophageal dilatation. Their paper concerns 12 severe complications (incidence of 1.4%). Cervical abscesses and major dehiscence requiring anastomotic take down predominated. Some of the latter were due to leakage of a cervical gastric suspension suture, a procedure which they have now abandoned. Only one paper of interest to esophagologists was presented at the annual meeting of the American Surgical Association in April. Dr. DeMeester's group again reemphasized the fact that mixed gastric and duodenal fluid is more harmful to the esophagus than gastric juice alone. A portable spectrophotometer with fiberoptic probe was utilized to measure intraluminal bilirubin as a marker for duodenal juice. (Prof. F. Henry Ellis, Jr.)
Between July 3rd and 6th, 1995, the main Gastroenterological event in Latin America, the XXII Annual Course of Surgical and Clinical Gastroenterology, will be held in Sao Paulo, Brazil. This annual event, which is organized by Prof. Henrique Walter Pinotti, includes a session dedicated to Esophageal Diseases, co-sponsored by the ISDB, and will invite this year, as guest international lecturer, Prof. Adolfo Eugenio Badalone, from Buenos Aires, Argentina. The Esophageal Course, which has had, in former years, prominent leaders in the field as lecturers, such as Prof. Peracchia, Siewert and Lerut, expects 1500 participants. (Prof. M. A. De Oliveira)

Sergey V. Fedorin, M.D.
Scientific-and-Research Institute
of Oncology and Medical Radiology Republic of Belarus / CIS

From July 27 to December 18, 1994, I enjoyed the opportunity of working as a visiting fellow in the Second Department of Surgery, Tohoku University School of Medicine, Sendai, Japan under the direct supervision of Dr. Tetsuro Nishihira, Associate Professor. I would like to extend my most cordial thanks first and foremost to Dr. Nishihira for his invitation to work in one the best clinics in the world and for his continuous support and assistance in my efforts to further develop my knowledge of and skill in treating patients with esophageal cancer.

I also wish to thank the International Society for Diseases of the Esophagus for awarding me the ISDB Scholarship, without which it would have been impossible for me to pursue my studies and research in Japan.

Dr. Nishihira introduced me to the dedicated staff of the Second Department of Surgery headed by Professor Shozo Mori. In the course of my clinical work in their department, I was greatly impressed by the sophisticated surgical techniques of Prof. Mori, Dr. Nishihira, and their staff, especially with regard to the methods of extended lymphadenectomy, originated in Japan and used in patients with esophageal cancer. Thanks to these methods, the survival rate in such patients has been radically increased.

The results of my research, originally presented at the Scientific conference of the Second Department of Surgery, have made it possible for me to present three abstracts at the Sixth World Congress of the ISDB and the 36th World Congress of surgery: "Detection of Carcinoma Cells in Circulating Blood from Esophageal Squamous Cell Carcinoma Patients", "Circulating Tumor Cells in Blood of Cancer
Patients: Analysis of Thirteen Cases. "Removal of Circulating Cancer Cells from Blood: an Experimental Model." I am currently finishing an article entitled "Detection of Cancer Cells in the Circulation Blood from Patients with Esophageal Cancer," which will be submitted to one of the Japanese journals in the field.

Once again, I want to express my personal thanks to Dr. Nishihira for his encouragement of my research efforts during my stay in Sendai.

I should also like to express my deepest gratitude to all the staff of the Second Department of Surgery for their warmth, friendship, and hospitality. I also very much appreciate the invaluable assistance provided to me in my research by Dr. T. Akashi, Dr. H. Sasano, Dr. K. Abe, and Dr. I. Itakura.

Finally, I should like to thank my chief in Minsk, Belarus, Professor Zharkov V., President of the Byelorussian Association for Cancer Research, who is a great surgeon and who has given me invaluable assistance in my surgical training and research.

(Sergey V. Fedorin, M.D.)

Henrique Walter Pinotti, M.D.
Professor of Surgery
Head of Digestive Surgery Department
Medical School of University of Sao Paulo

"Tratado de Clinica cirurgica do Aparelho digestivo" (Treatise of Digestive System Surgery, H. W. Pinotti-Editor-in-Chief).

This book is a unique treatise reflecting the experience of a single surgical school. The book was written totally by surgeons from the University of Sao Paulo Medical School, with a great experience in digestive system surgery. It is published in 2 volumes with 1338 pages. By "Livraria Athenaeu", and covers all aspects of digestive surgery with depth scientific education.

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ANNOUNCEMENT

A Membership Directory 1995 is being prepared. Please fill in the enclosed post card and return to the Secretariat no later than September 1, 1995. If you have access to a fax and e-mail, please fill in the appropriate information.
**CONGRESS NEWS**

* INTERNATIONAL SURGICAL WEEK ISWO 5 *
(International Society of Surgery (ISS))
(Societe Internationale de Chirurgie (SIC))
Site: Lisbon, PORTUGAL
Date: August 27 to September 2, 1995
President: Prof. Yasuo Idesuki
contact to: ISW 95 Lisbon
  c/o ISS/SIC
  Netzibodenstrasse 34
  P.O. Box 1527
  CH-4133 Pratteln (Baselland)
  Switzerland
  Tel: +41 61 811 47 70 or 72
  Fax: +41 61 811 47 75

* SEVENTH WORLD CONGRESS OF ISDE *
Site: Montreal, CANADA
Date: August 31 – September 4, 1998
President: Prof. Andre Duranceau
contact to: Congress Secretariat
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