

Meeting held during DDW 2016

Date: May 22, 2016

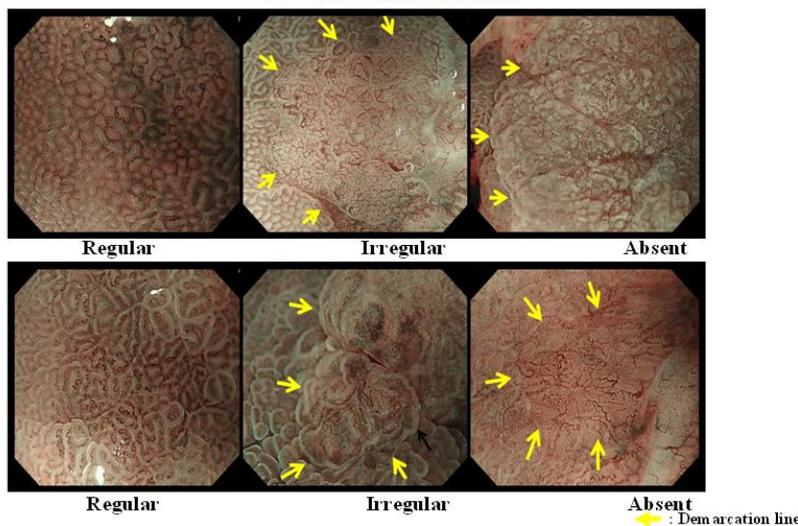
Location: San Diego, USA

Gastric cancer sub-committee report

Dr Kaise presented the Magnifying Endoscopy Simple Diagnostic Algorithm of Early Gastric Cancer (MESDA-G), based on the study “Magnifying endoscopy simple diagnostic algorithm for early gastric cancer” by Manabu Muto, Kenshi Yao, Mitsuru Kaise, Mototsugu Kato, Noriya Uedo, Kazuyoshi Yagi, and Hisao Tajiri, published in the journal DEN - Digestive Endoscopy issue 28-2, February 2016.

Excerpts of the study can be found below:

“VS” classification



The microvascular pattern (V) and the microsurface pattern (S) are classified as regular, irregular, or absent. Arrows indicate the demarcation line in each panel.

Figure1

· Algorithm of GCA diagnosis with magnifying endoscopy

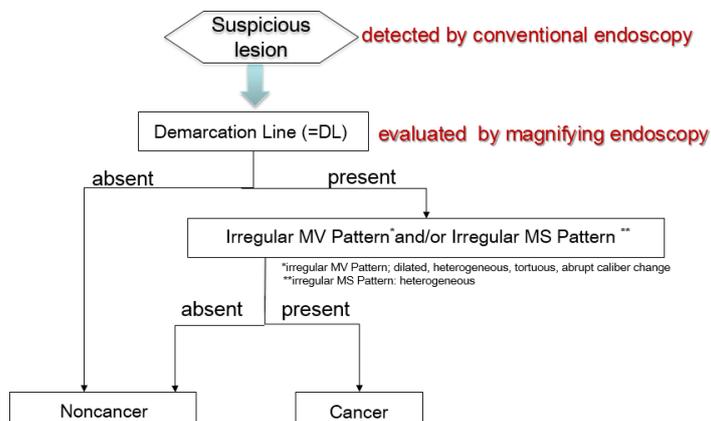
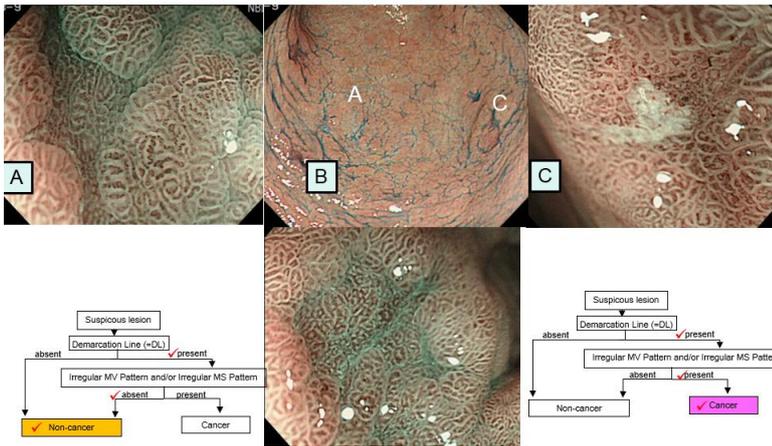


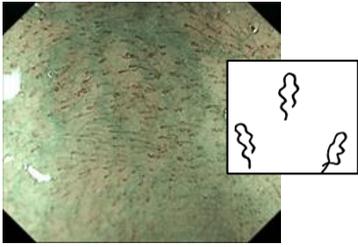
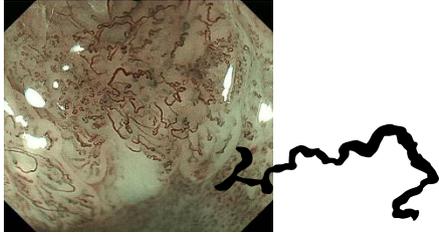
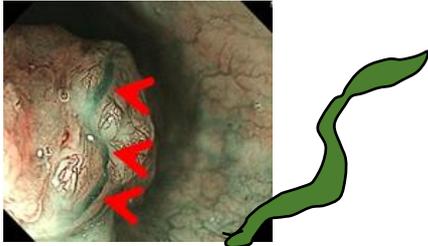
Figure 2



Esophageal cancer sub-committee report

Dr Goda presented the “Magnifying endoscopic classification for diagnosing Superficial esophageal SCC” based on the study “Prediction of the invasion depth of superficial squamous cell carcinoma based on microvessel morphology: magnifying endoscopic classification of the Japan Esophageal Society” by Tsuneo Oyama, Haruhiro Inoue, Miwako Arima, Kumiko Momma, Tai Omori, Ryu Ishihara, Dai Hirasawa, Manabu Takeuchi, Akihisa Tomori, Kenichi Goda published online on Esophagus, April 6, 2016.

Excerpts of the study can be found below:

<p>Type A</p> <p>Microvessels (MV) without severe irregularity. Normal IPCLs or mildly irregular MV. Normal or inflammation or LGIN.</p> 	<p>Type B1 (EP/LPM)</p> <p>With a loop-like formation. Microvessels (MV) with severe irregularity. Dilation, tortuosity, caliber change, and various shapes.</p> 
<p>Type B2 (MM/SM1)</p> <p>Without a loop-like formation. Multi-layered or irregularly running abnormal vessels (arrows).</p> 	<p>Type B3 (SM2)</p> <p>Highly dilated abnormal vessels. Three times thicker than a B2 vessel.</p> 

Data from Russia, Portugal, China, and South Korea, including the status of diagnosis in these countries and regions were reported and discussed. Dr Kashin commented on the situation in Russia, and emphasized the importance of training endoscopists, improvements of facilities, and screening programs. He also mentioned that the implementation of new diagnostic algorithms such as MESDA-G in clinical practice may improve the results of early gastric cancer detection.

Dr Yong Chan Lee (Korea) talked on current status and challenging issues of early gastric cancer diagnosis in Korea and summarized that screening intervals and duration should be re-evaluated, and utilize an evidence-based approach in future trials.

Meeting held during DDW 2015

Date: May 17, 2016

Location: Washington, USA

Gastric cancer sub-committee report

Prof Kaise explained the early gastric cancer diagnosis algorithm with detailed photos. It comes to a decision that current situations and problems in Spain, Russia, China, Korea and South America are to be reported at the next meeting. There were also suggestions such as: a) guidelines should be drawn to promote global early gastric cancer diagnosis based on accumulated theses with evidence; and b) basic precautions (mucous removal, observation method, etc.) for endoscopic diagnosis should be widely known.

Dr Fabian Emura, from Colombia, was introduced as a new member.

Esophageal cancer sub-committee report

Dr Goda explained the classification of early esophageal cancer. There was a consensus that the English version of this classification will hopefully be spread, in order to support early diagnosis. Further discussion was held about the classification of early esophageal cancer. The sub-committee agreed more discussion was needed, including photographic evidence.