

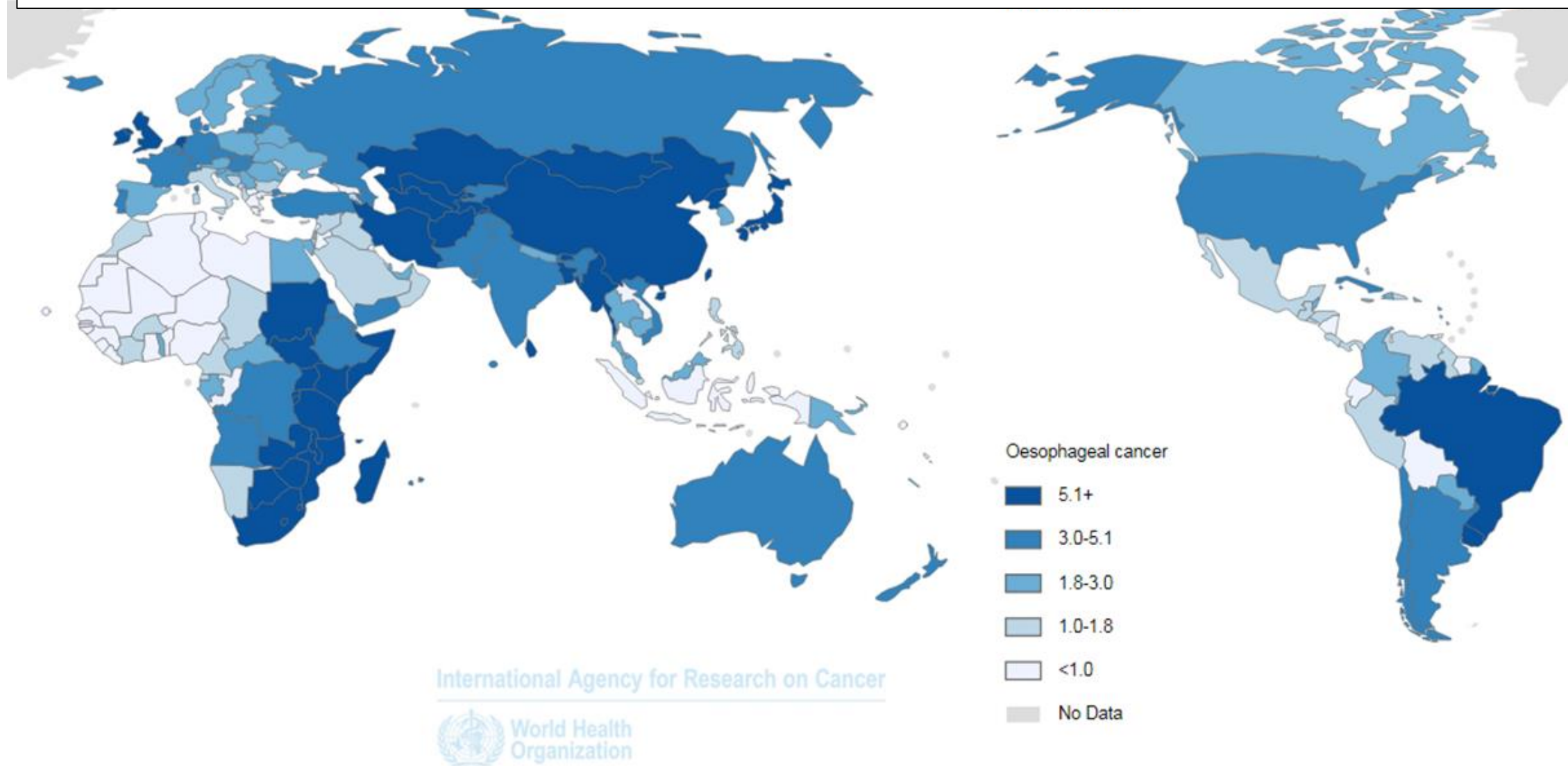
Summary of the questionnaire survey regarding upper GI cancer and endoscopy worldwide

Mitsuhiro Fujishiro

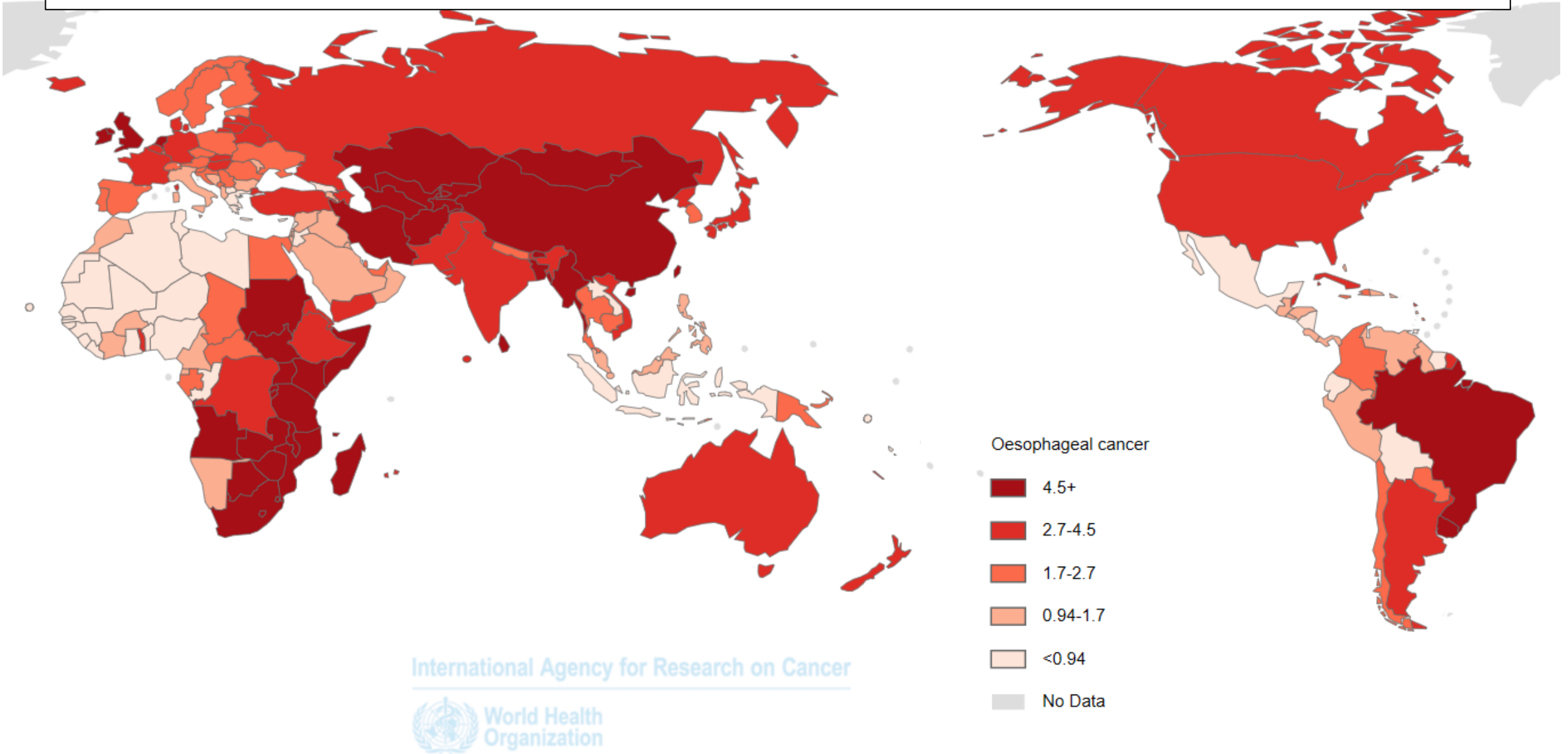
Chairman of Upper GI Cancer Committee, WEO

Department of Endoscopy and Endoscopic Surgery, The University of Tokyo, Tokyo, Japan

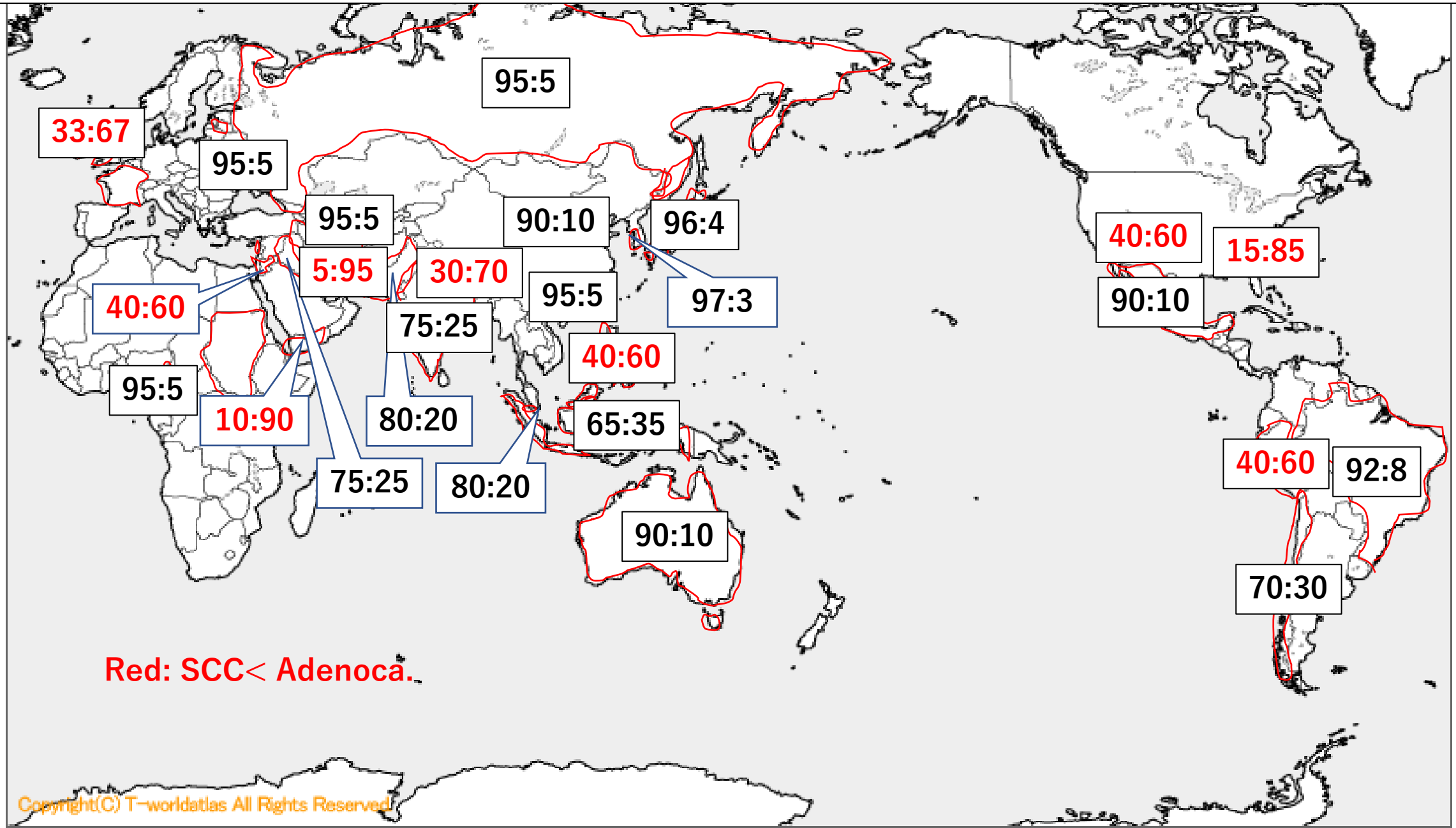
Incidence (ASR) of esophageal cancers in both sexes



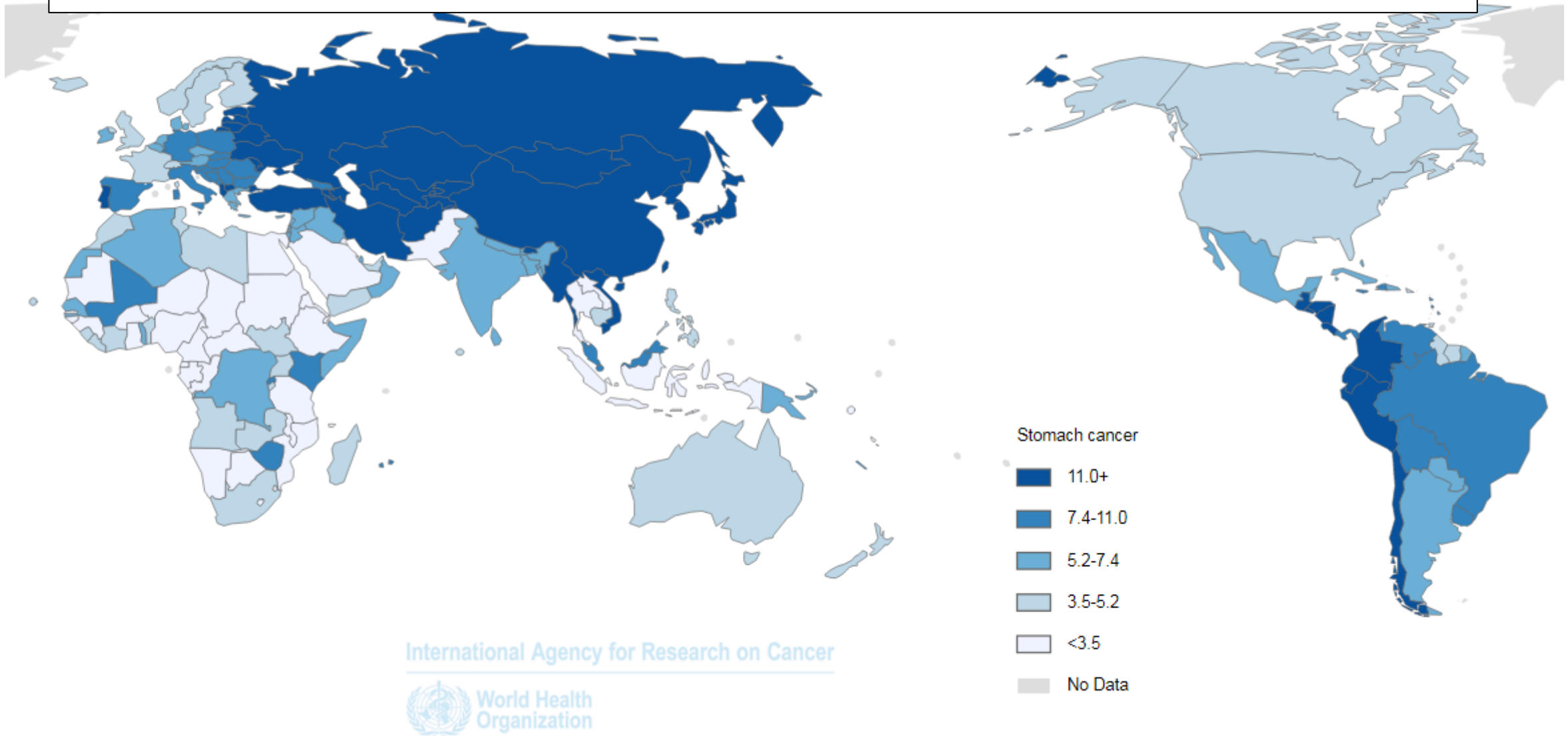
Mortality (ASR) of esophageal cancers in both sexes



Ratio of esophageal SCC /Adenocarcinoma	
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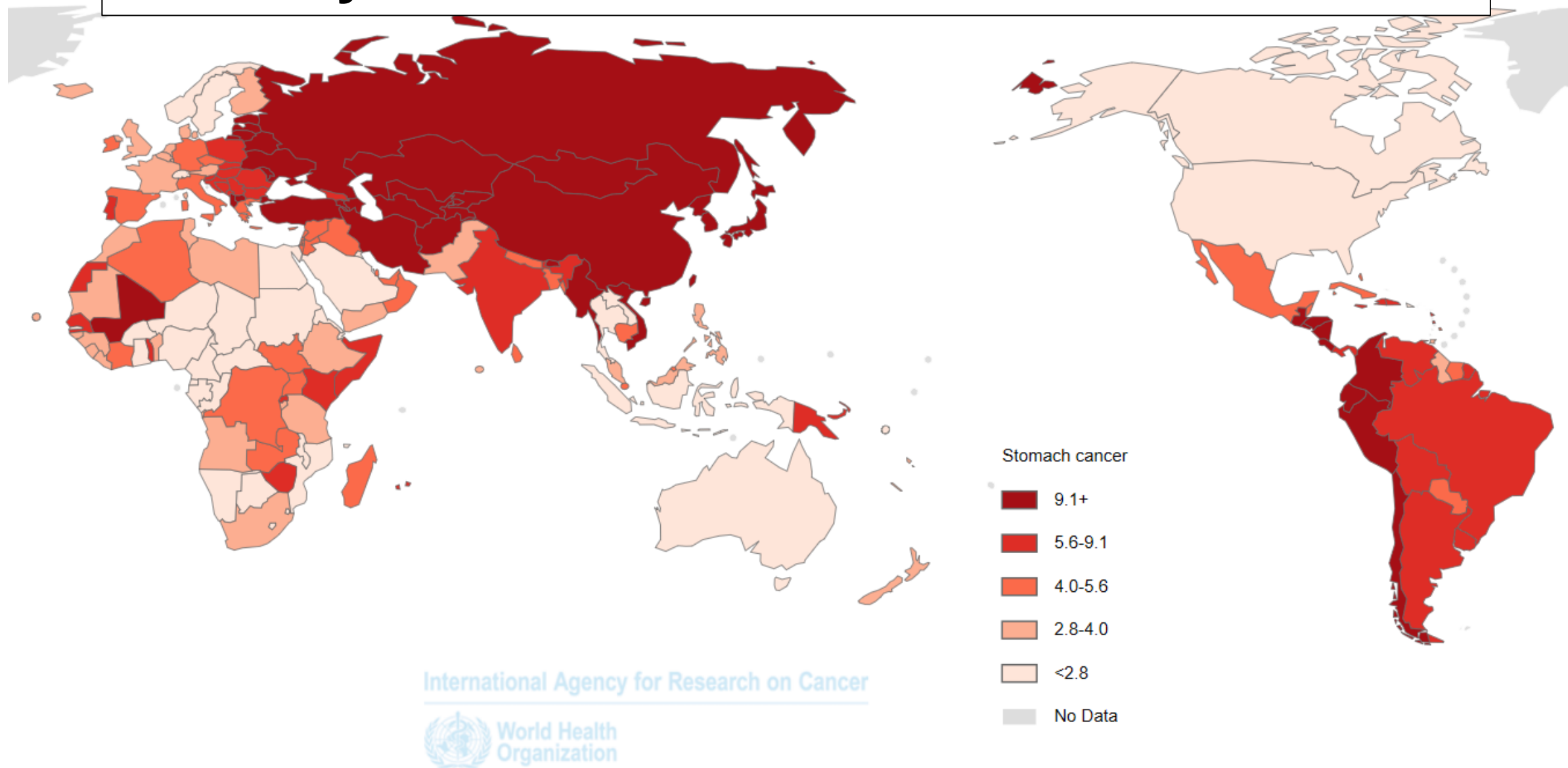


Incidence (ASR) of stomach cancers in both sexes



Source: GLOBOCAN 2012 (IARC)

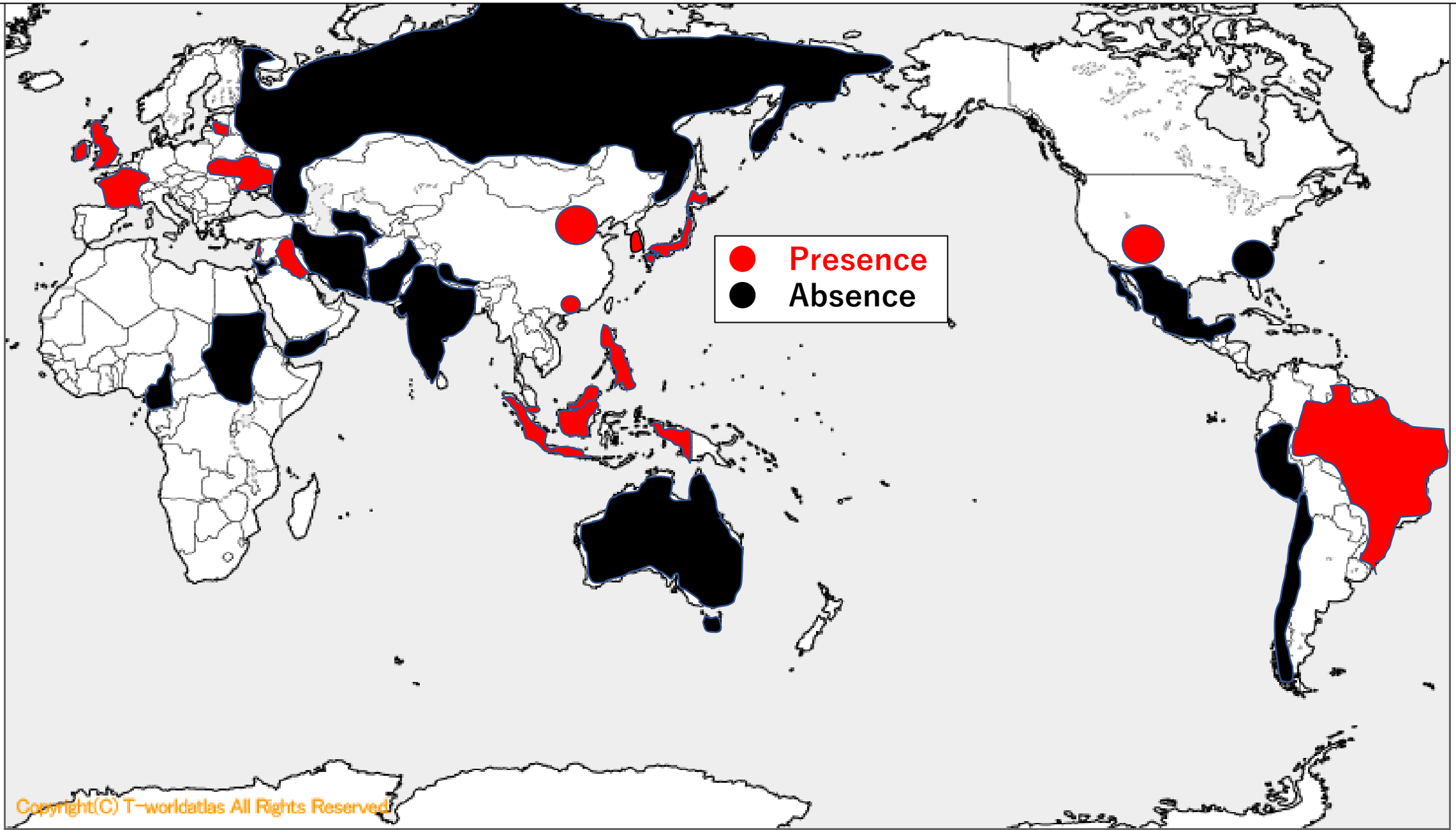
Mortality (ASR) of stomach cancers in both sexes



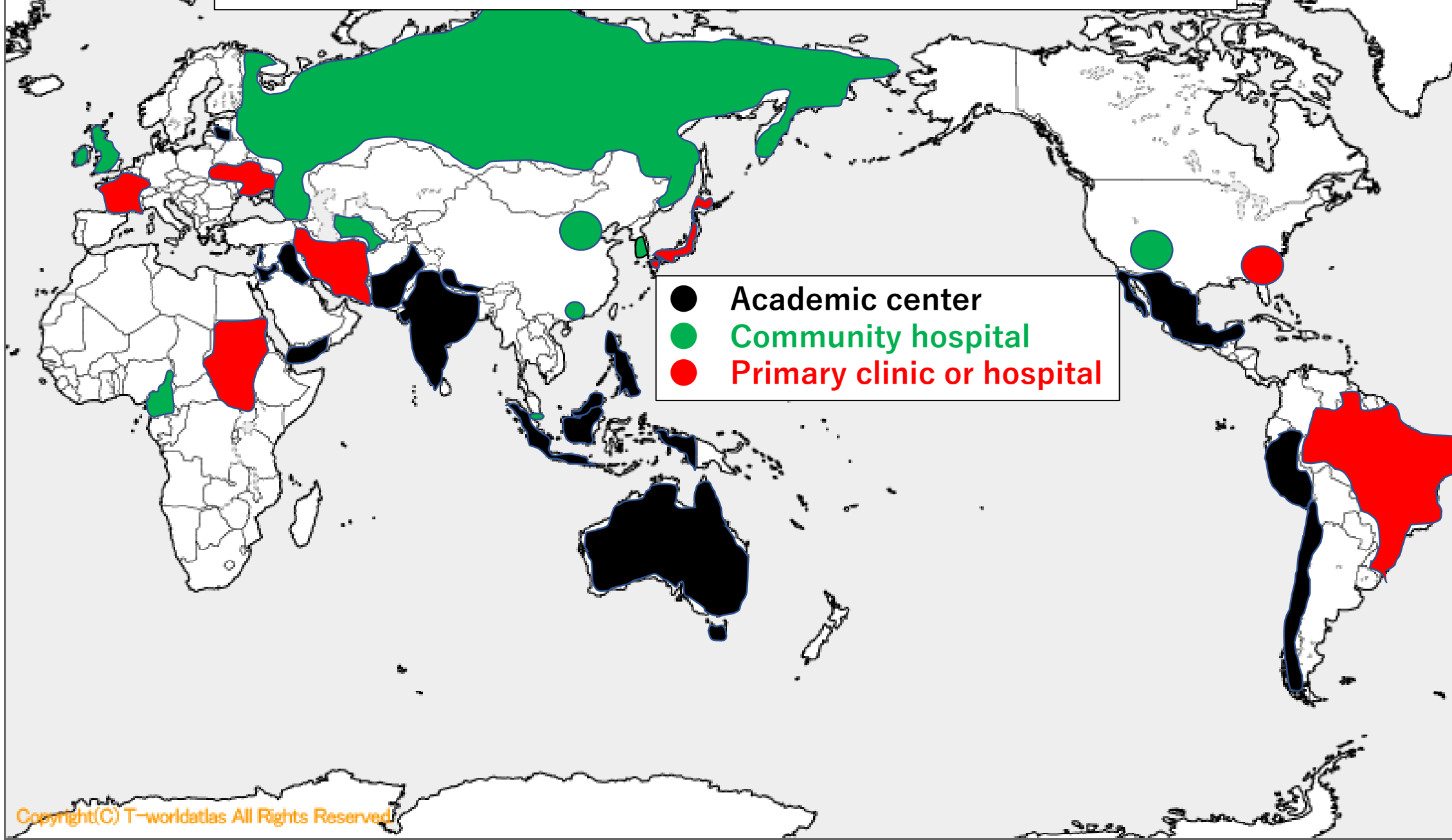
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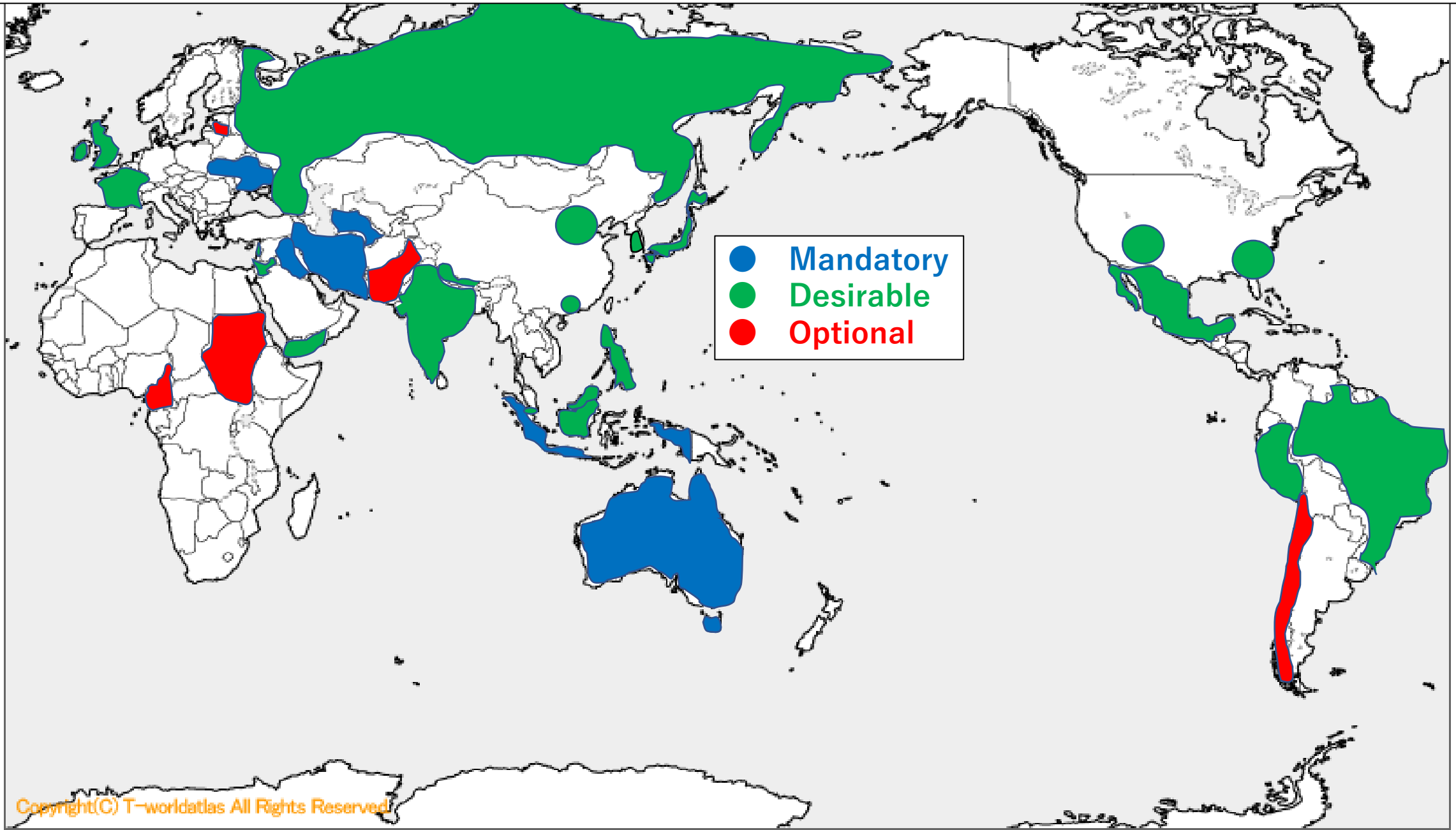
Opportunistic endoscopic screening of upper GI cancer



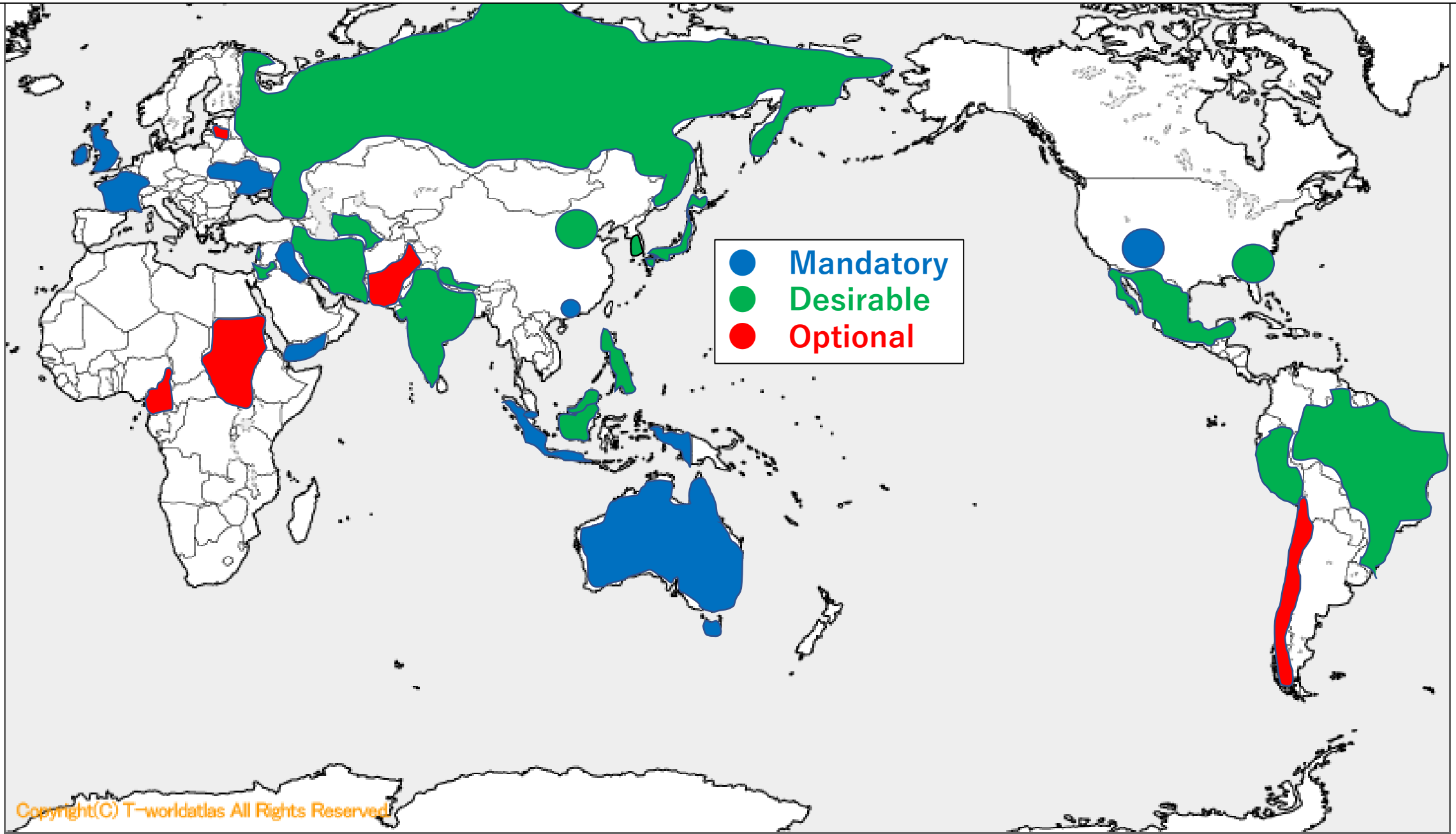
Spread of high definition endoscope



High definition endoscope for detection of upper GI cancer



High definition endoscope for characterization of upper GI cancer



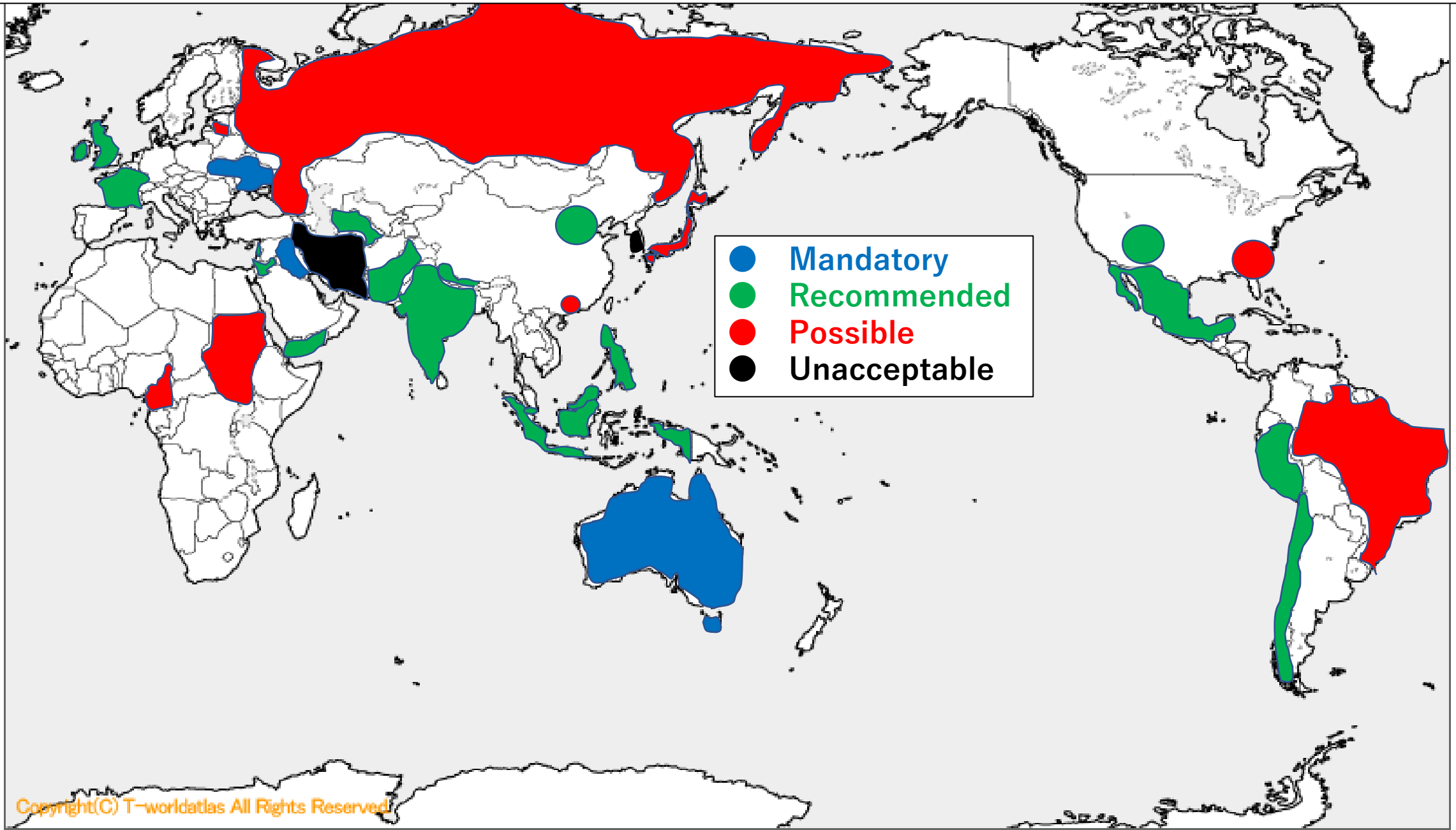
Spread of magnifying endoscope

A world map illustrating the global distribution of magnifying endoscopy. Countries are categorized into three types: Academic center (black), Community hospital (green), and Primary clinic or hospital (red). The map shows a high concentration of academic centers in North America, Europe, and Australia. Community hospitals are found in Japan, South Korea, and parts of Africa and Asia. Primary clinics or hospitals are located in Brazil, India, and parts of Europe and Africa.

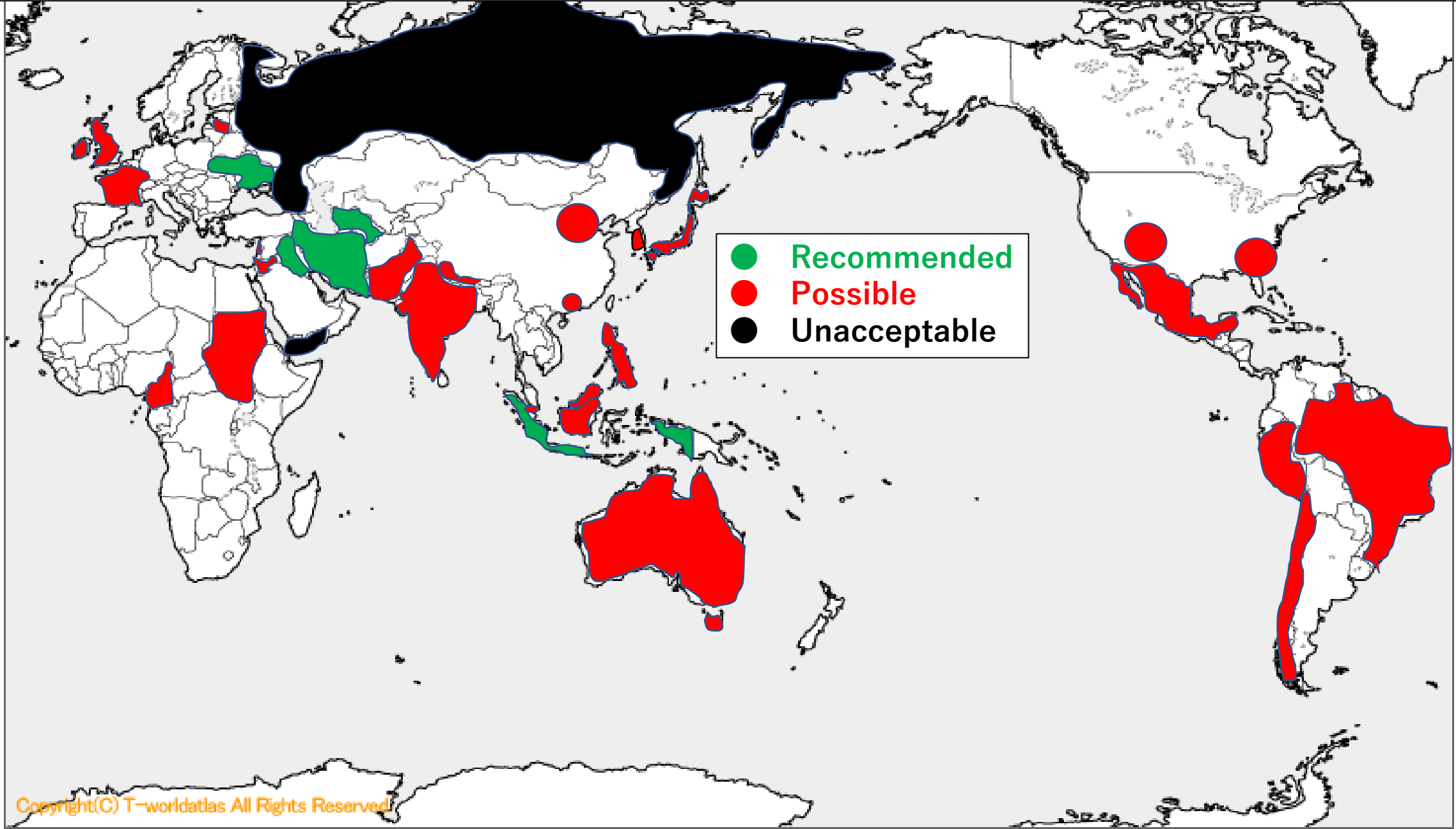
● Academic center
● Community hospital
● Primary clinic or hospital

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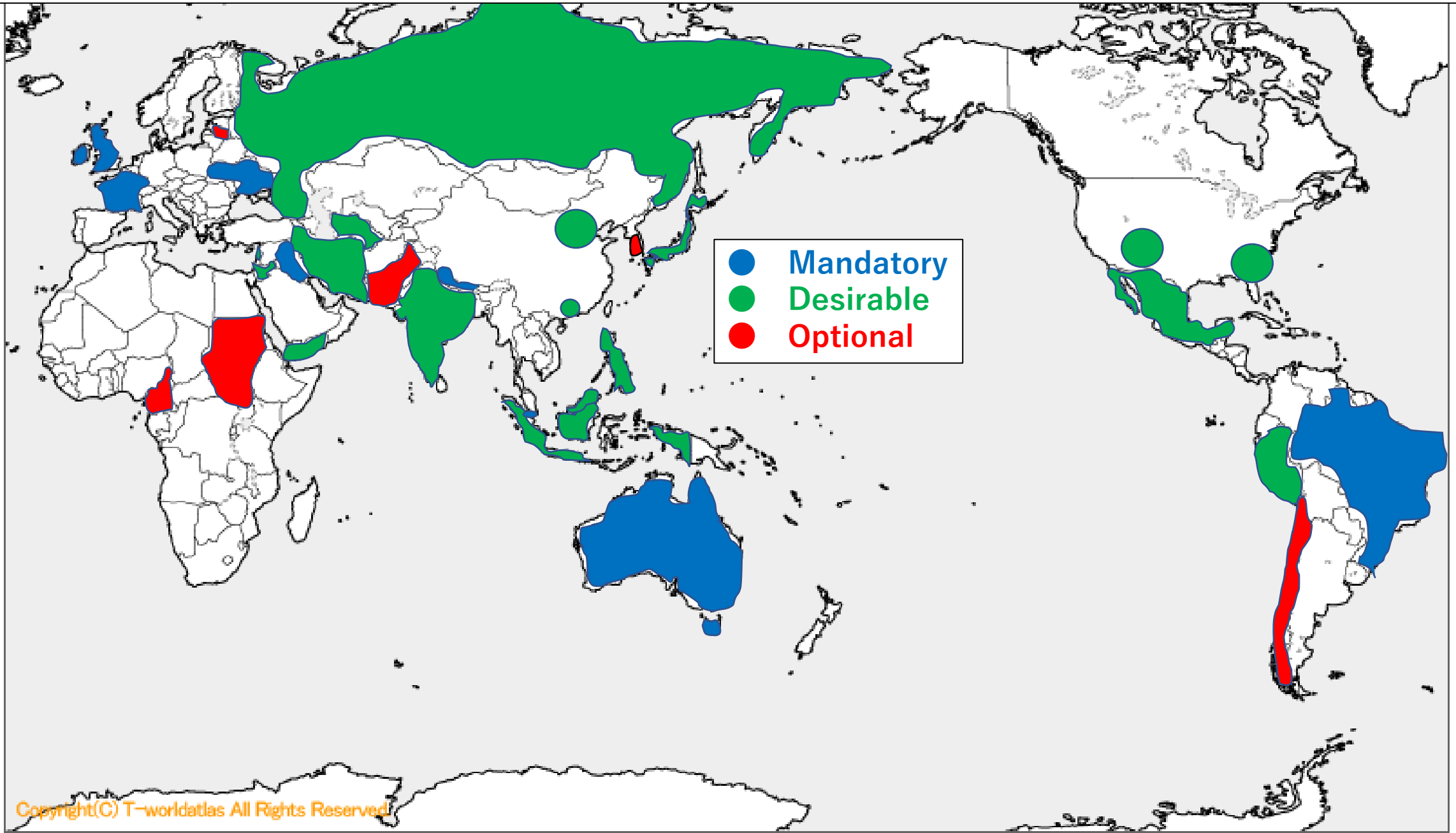
Magnifying endoscope for upper GI cancer screening



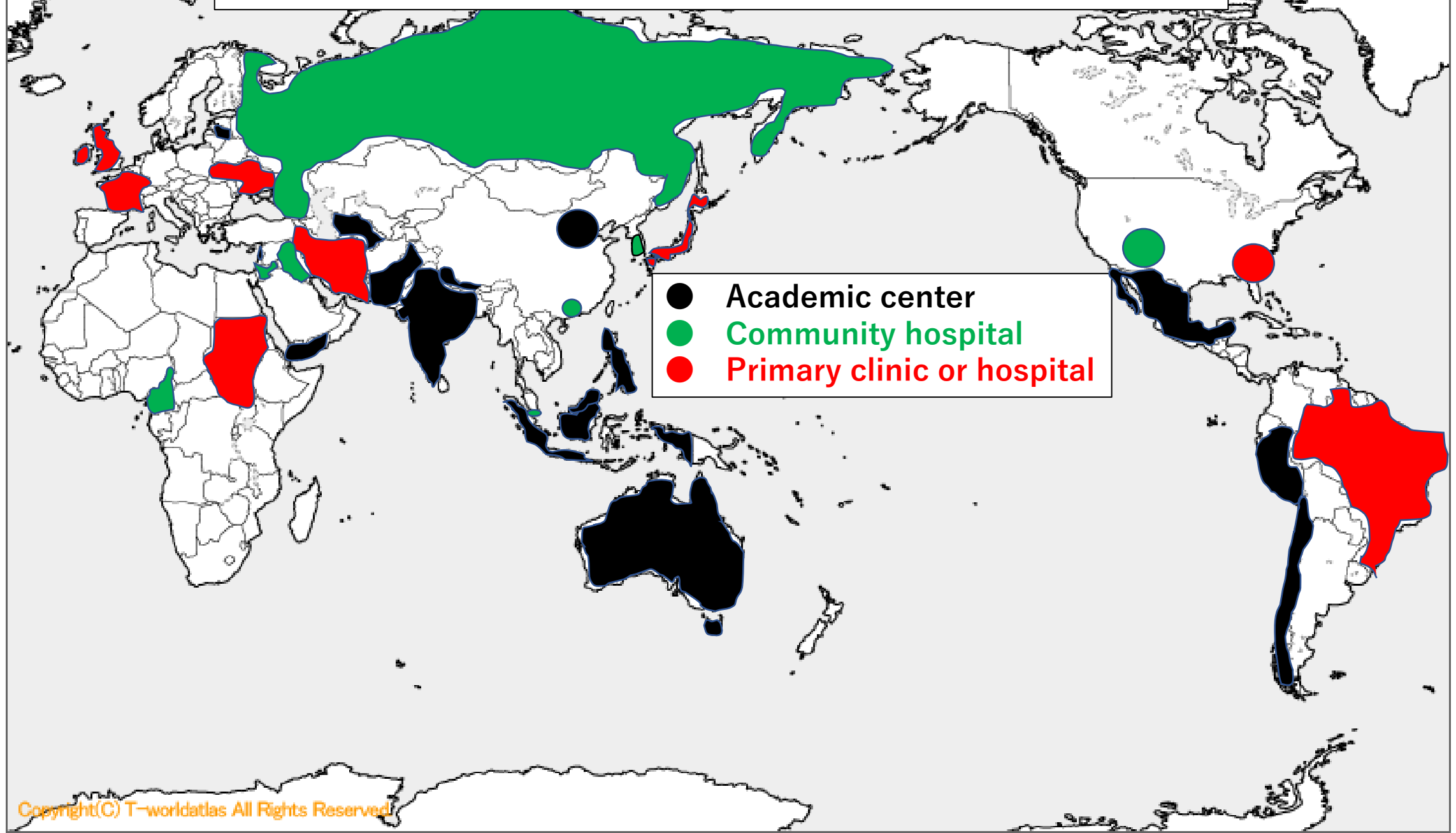
Transnasal endoscope for upper GI cancer screening



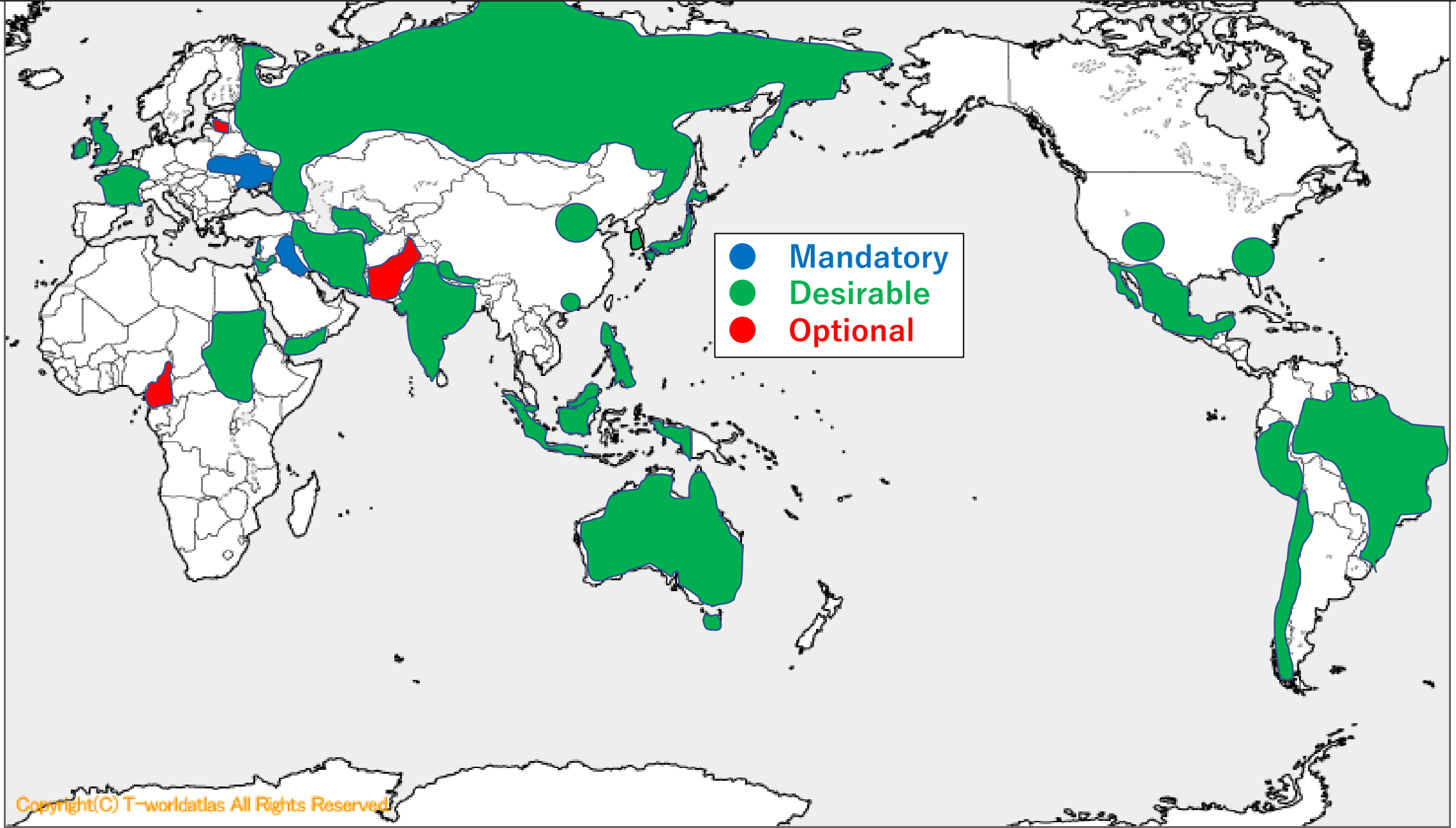
Magnifying endoscope for characterization of upper GI cancer



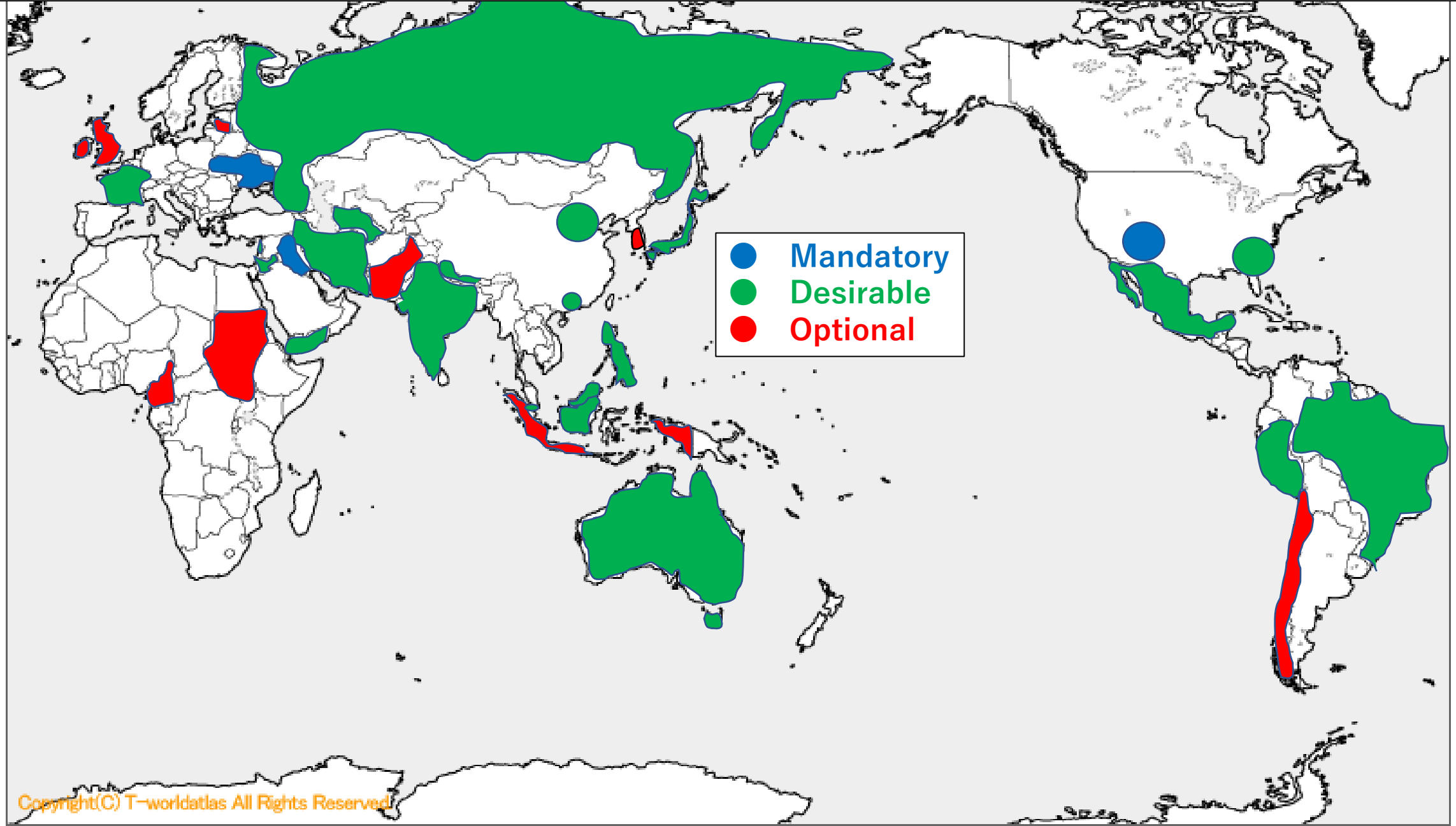
Spread of equipment-based IEE



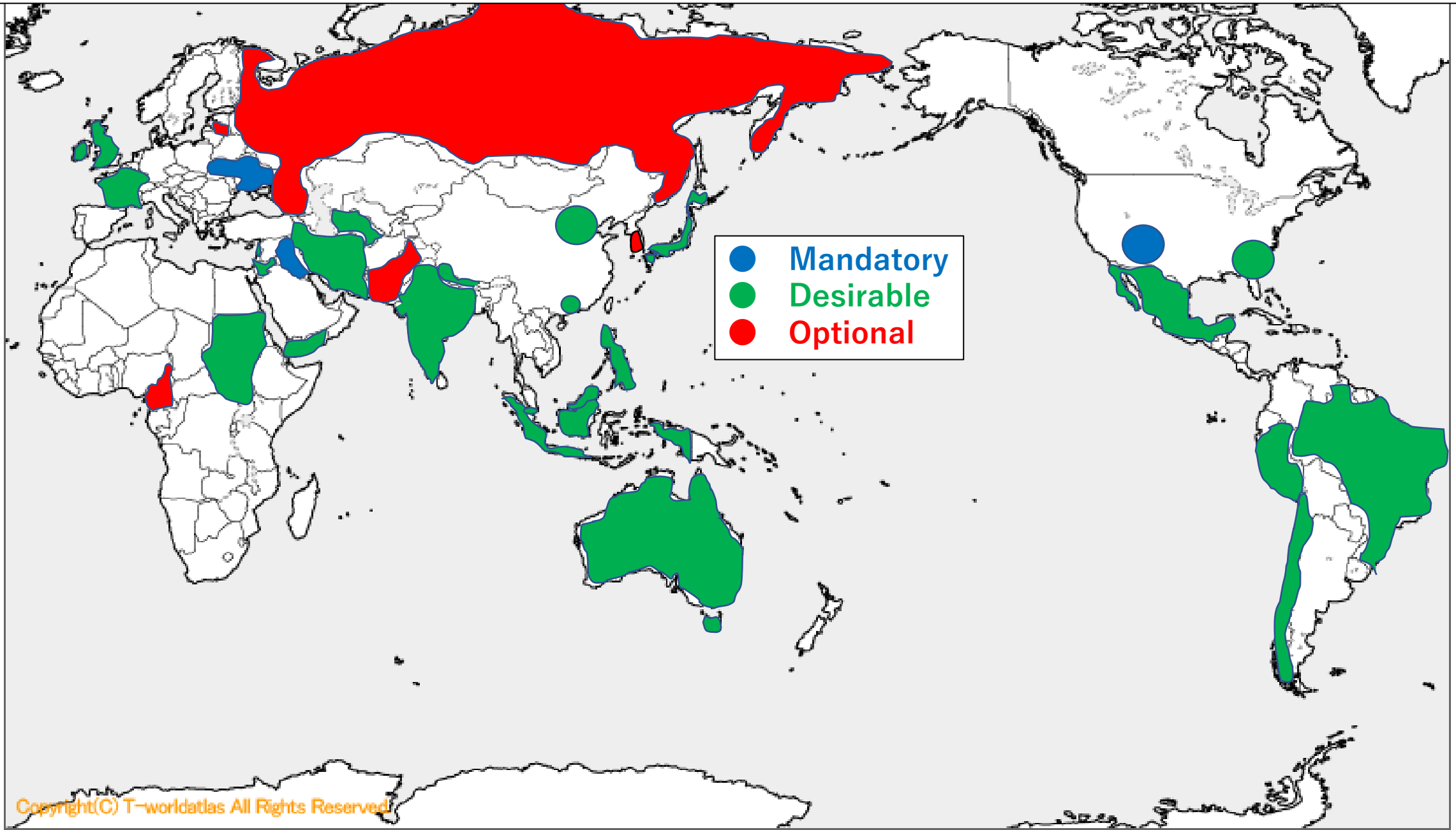
Equipment-based IEE for detection of esophageal SCC



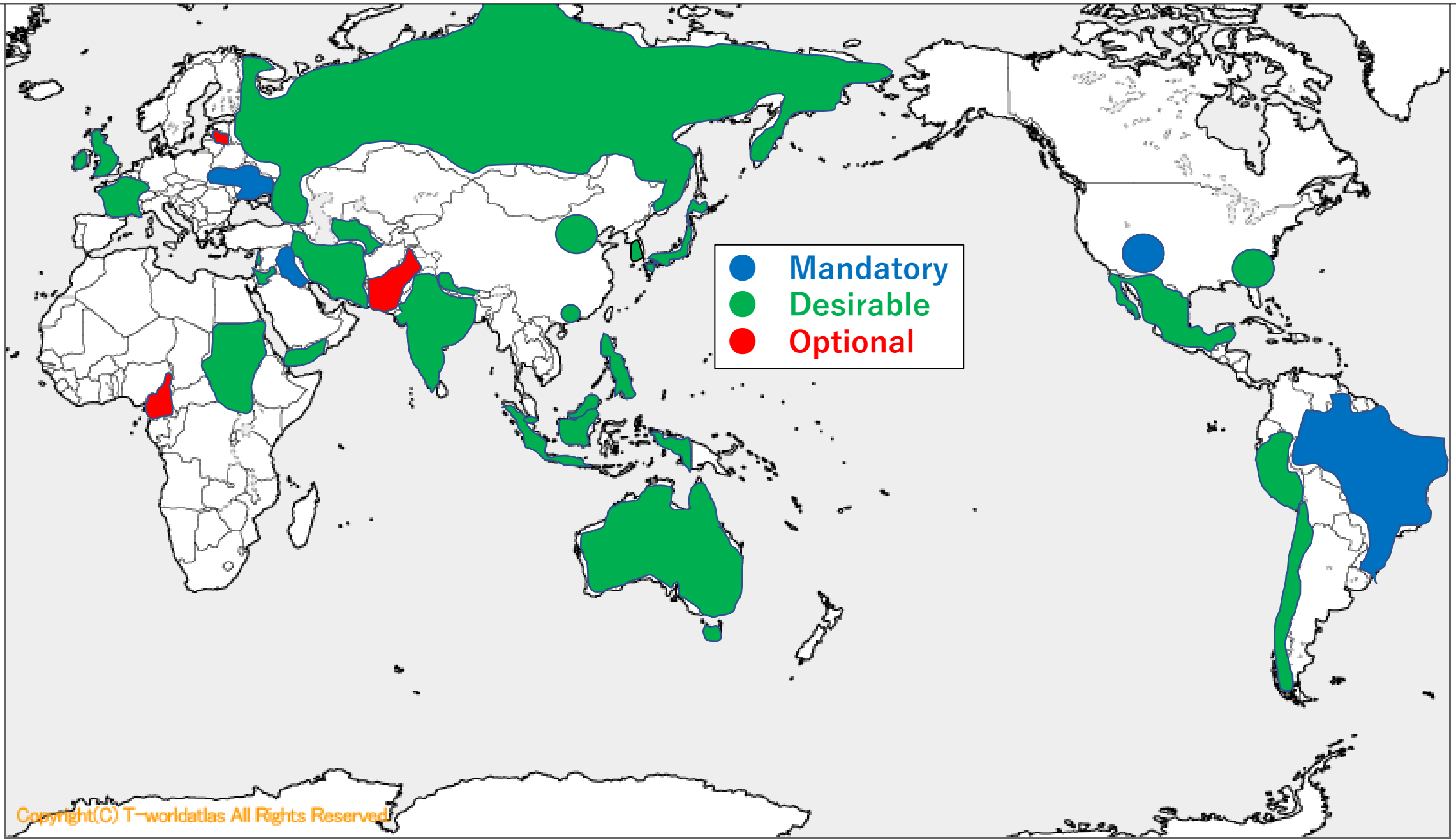
Equipment-based IEE for detection of Barrett cancer



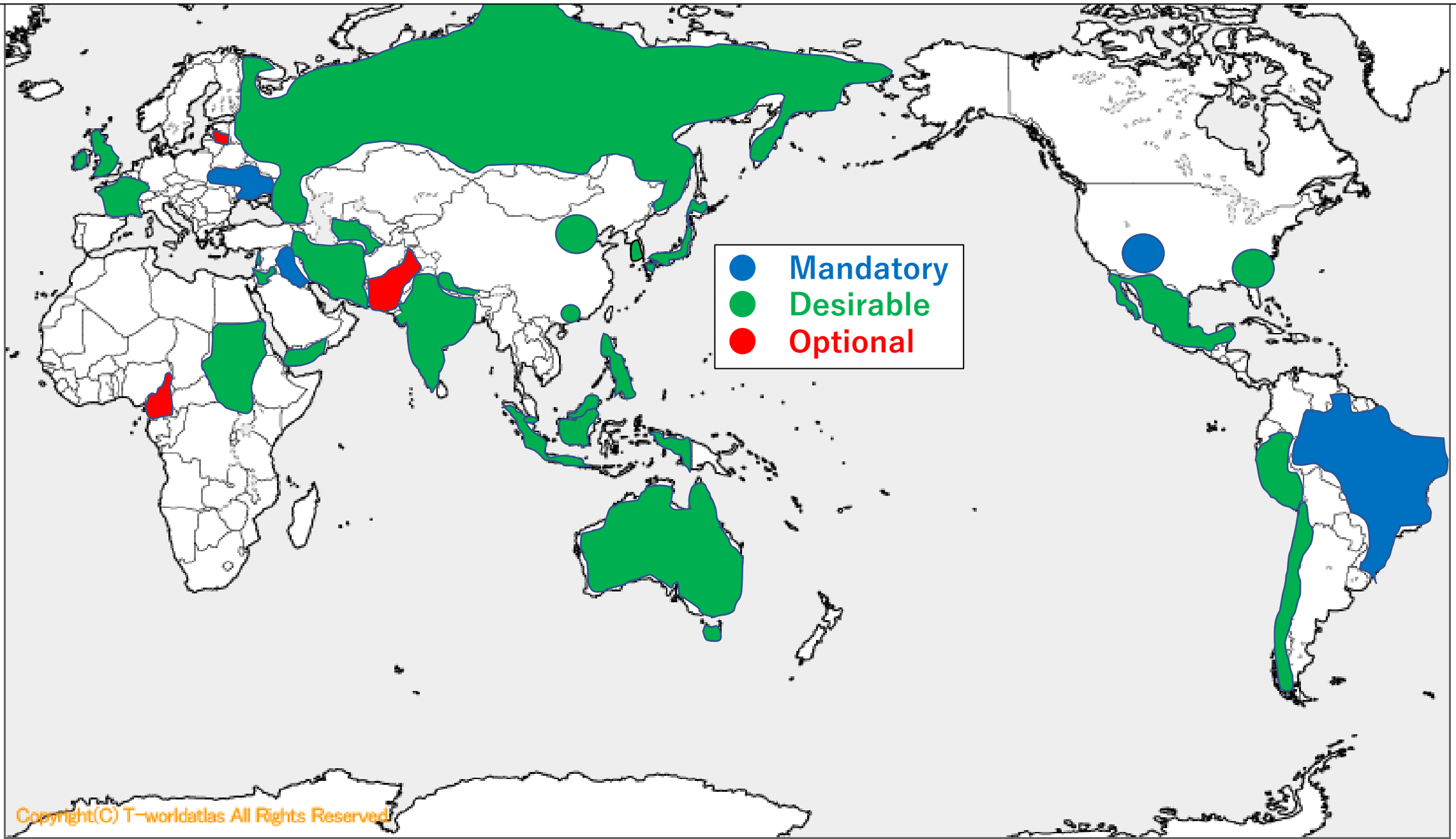
Equipment-based IEE for detection of gastric cancer



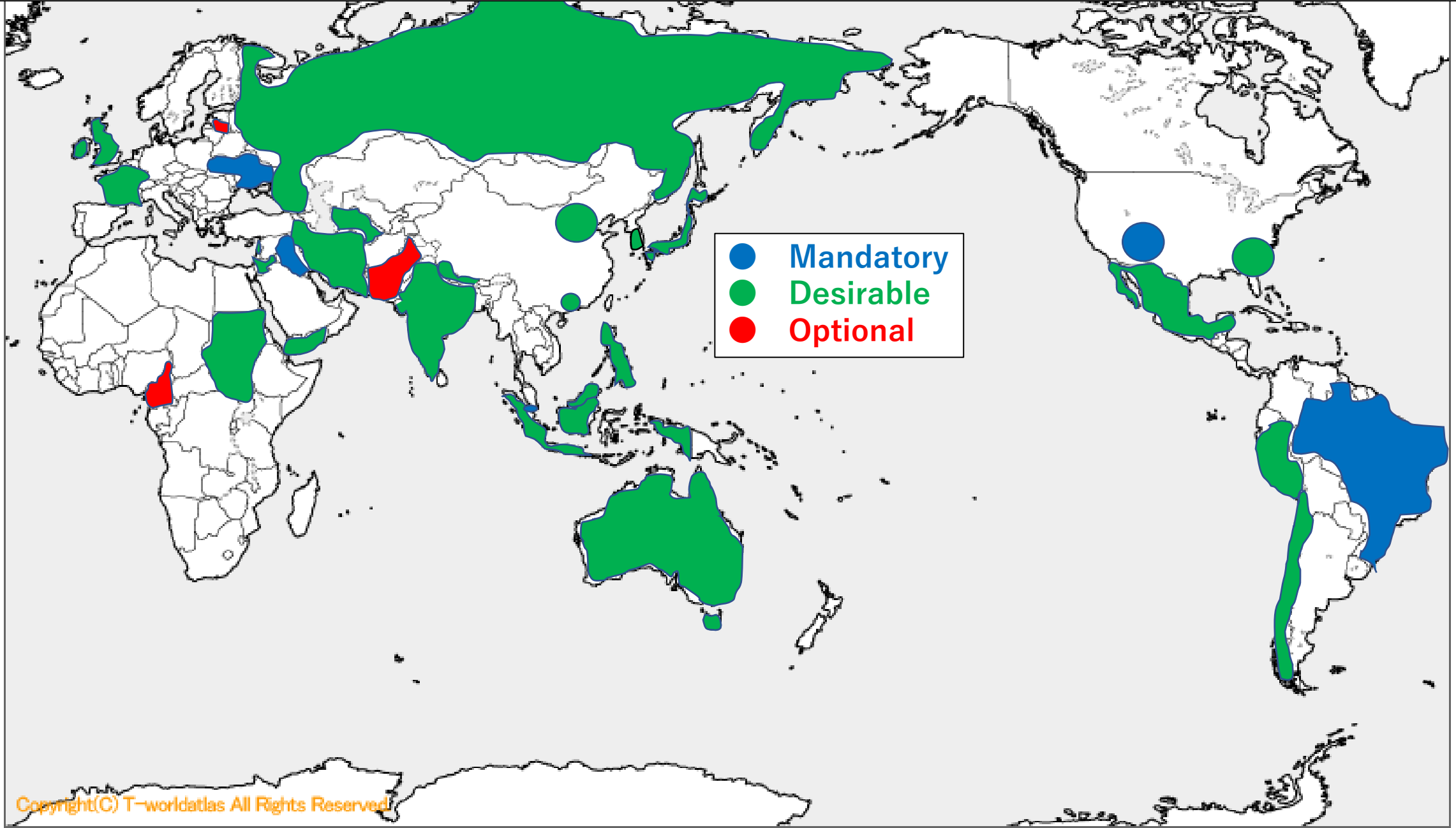
Equipment-based IEE for characterization of esophageal SCC



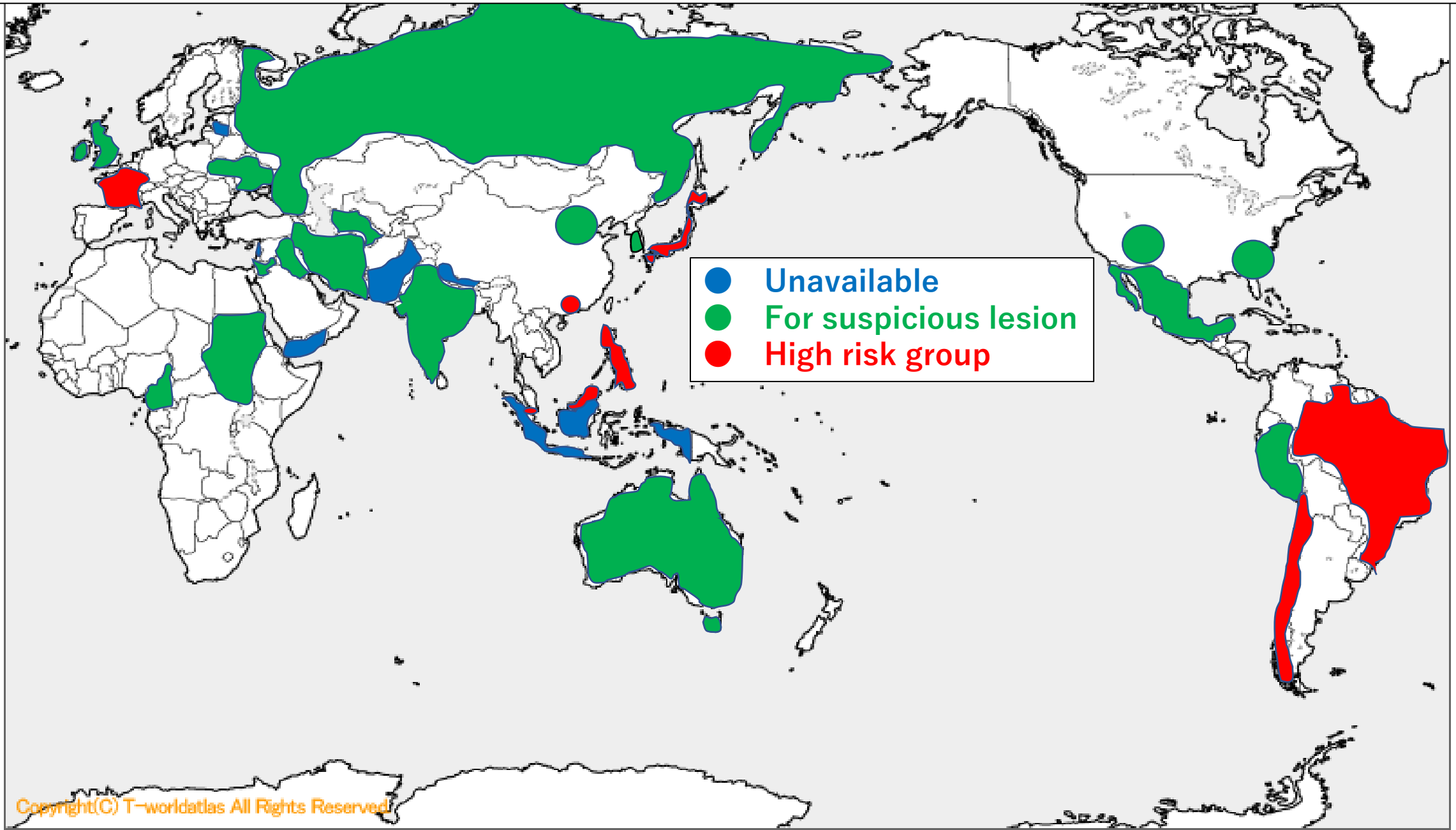
Equipment-based IEE for characterization of Barrett cancer



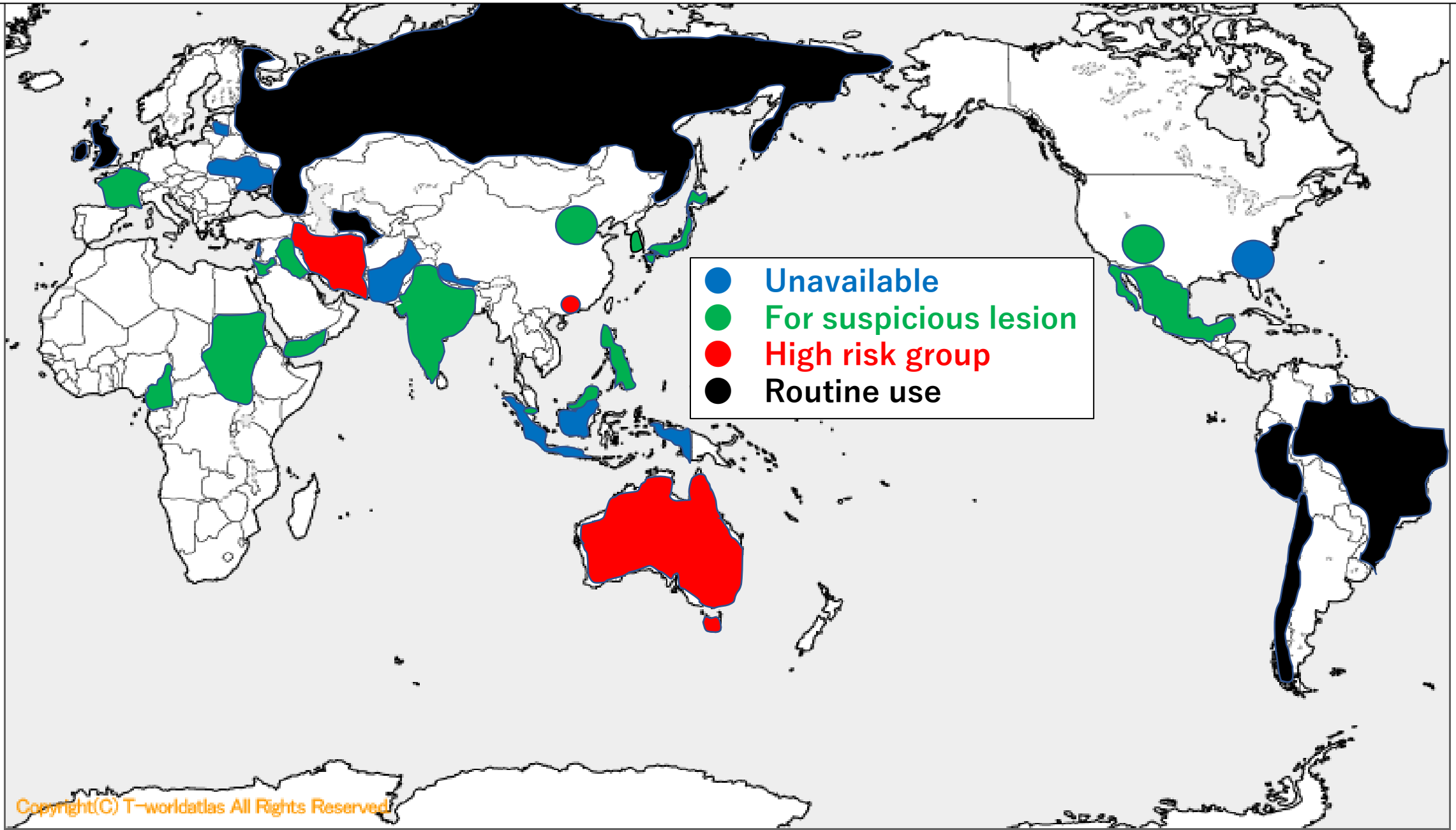
Equipment-based IEE for characterization of gastric cancer



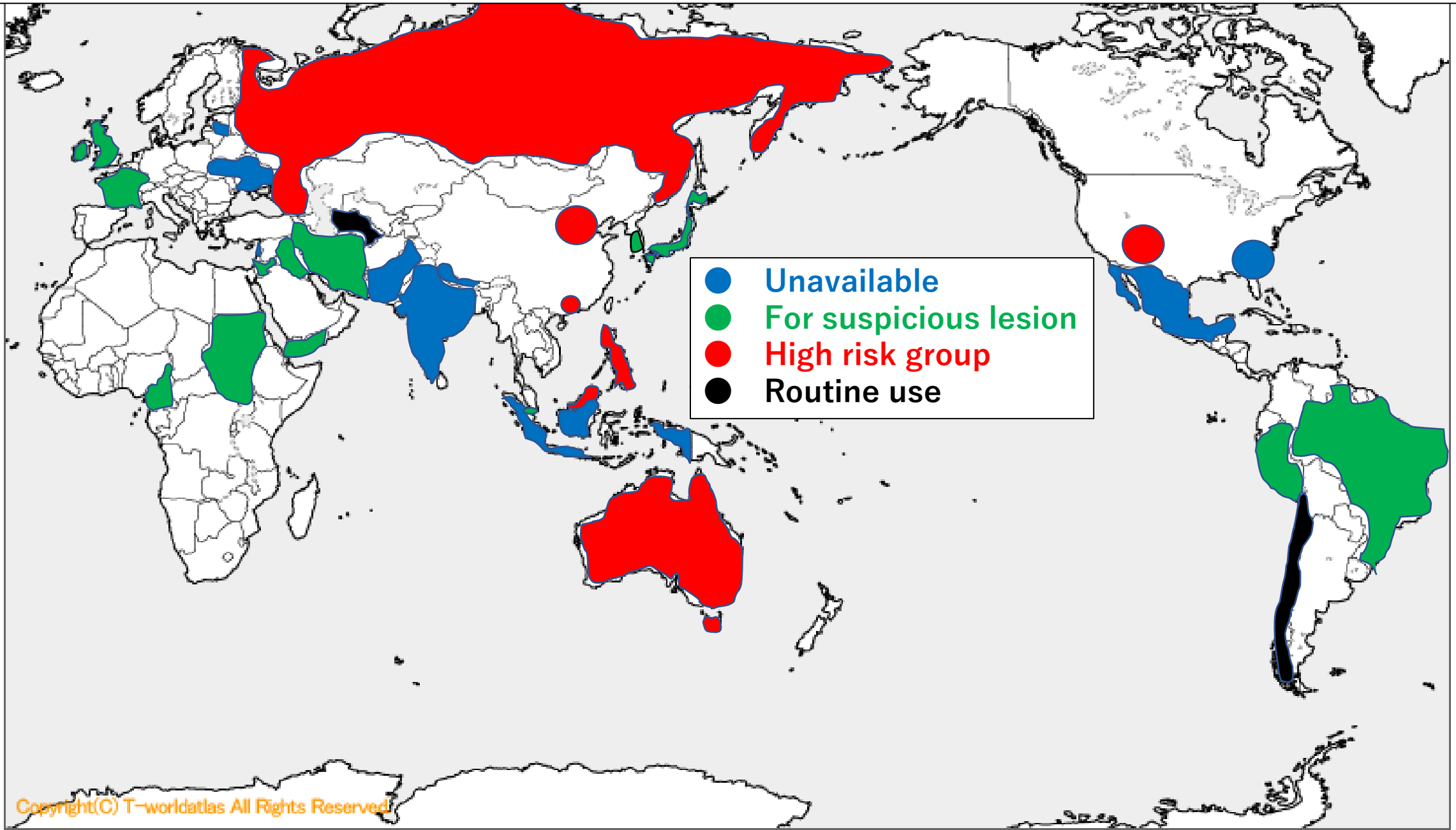
Iodine staining in the esophagus



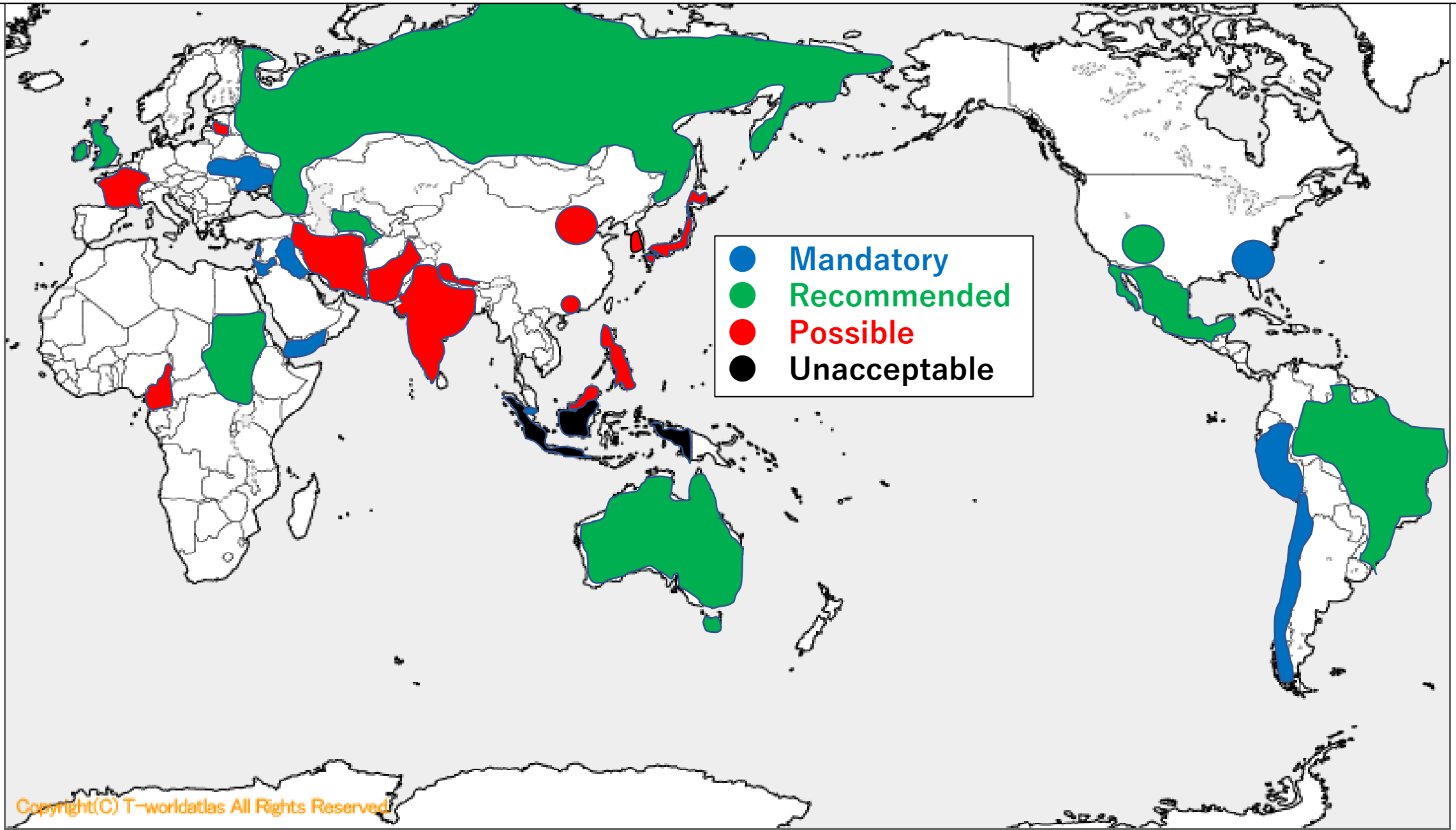
Chromoendoscopy in the Barrett esophagus



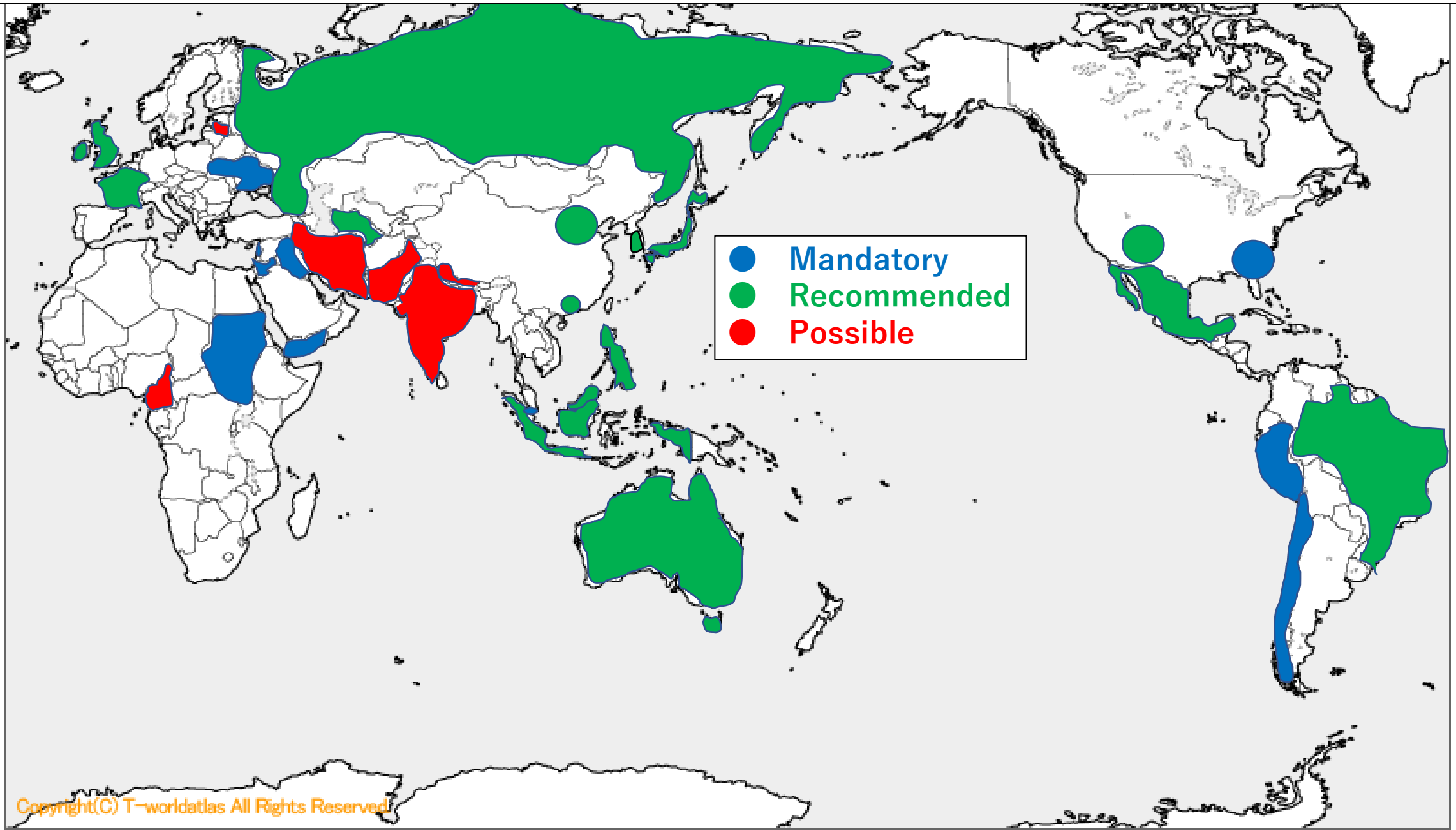
Chromoendoscopy in the stomach



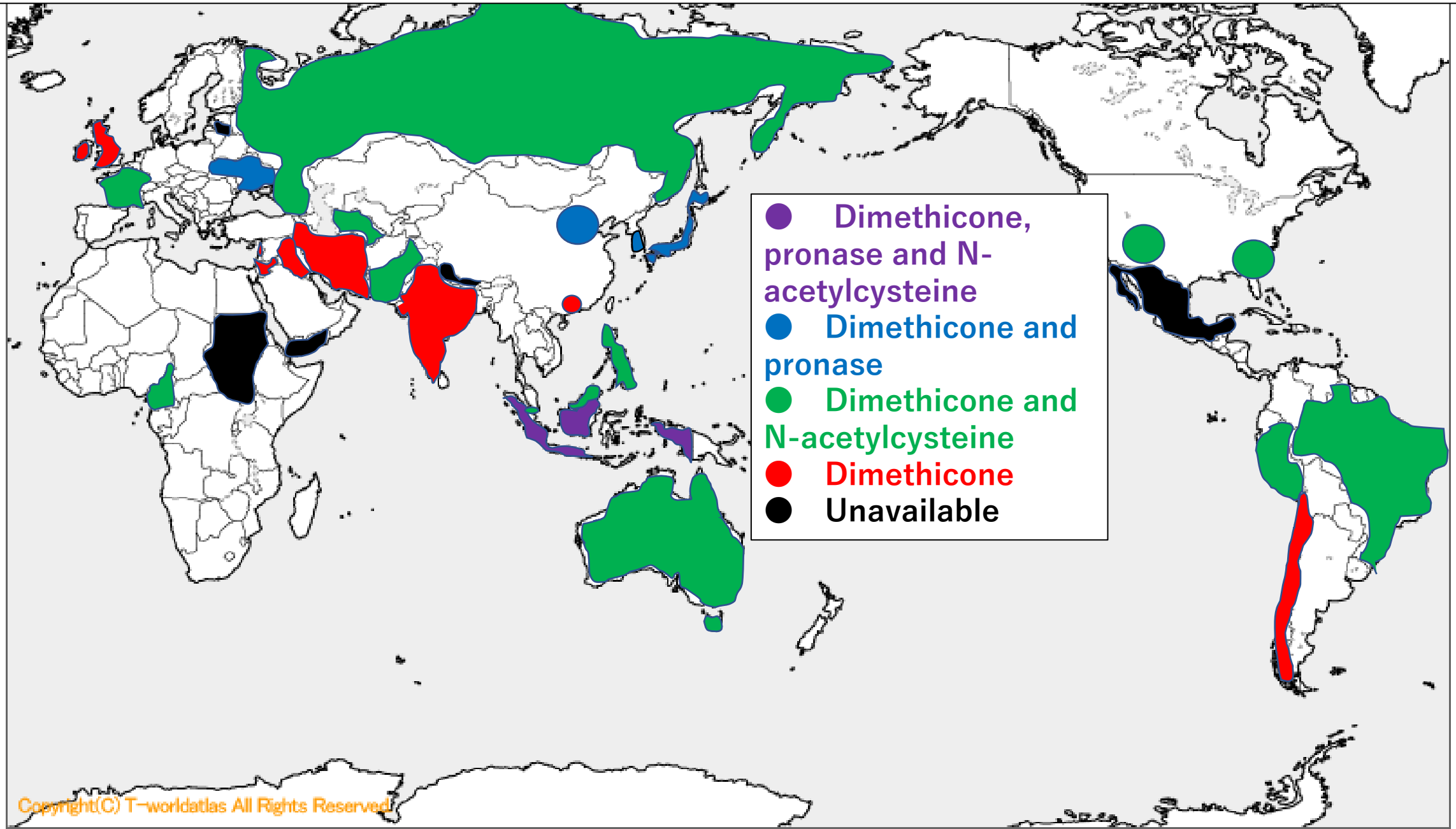
Sedation for upper GI cancer screening



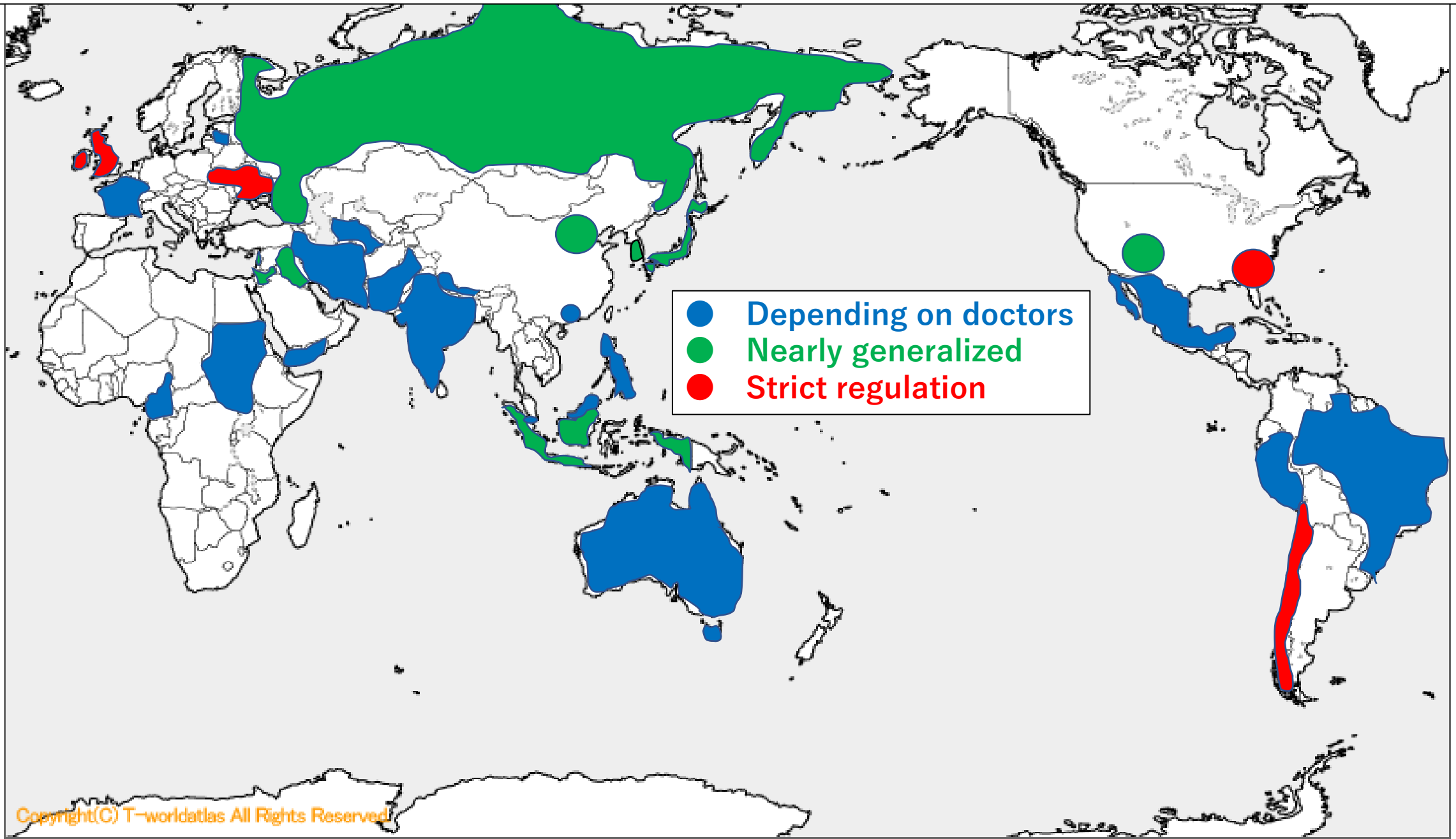
Sedation for detail upper GI endoscopy



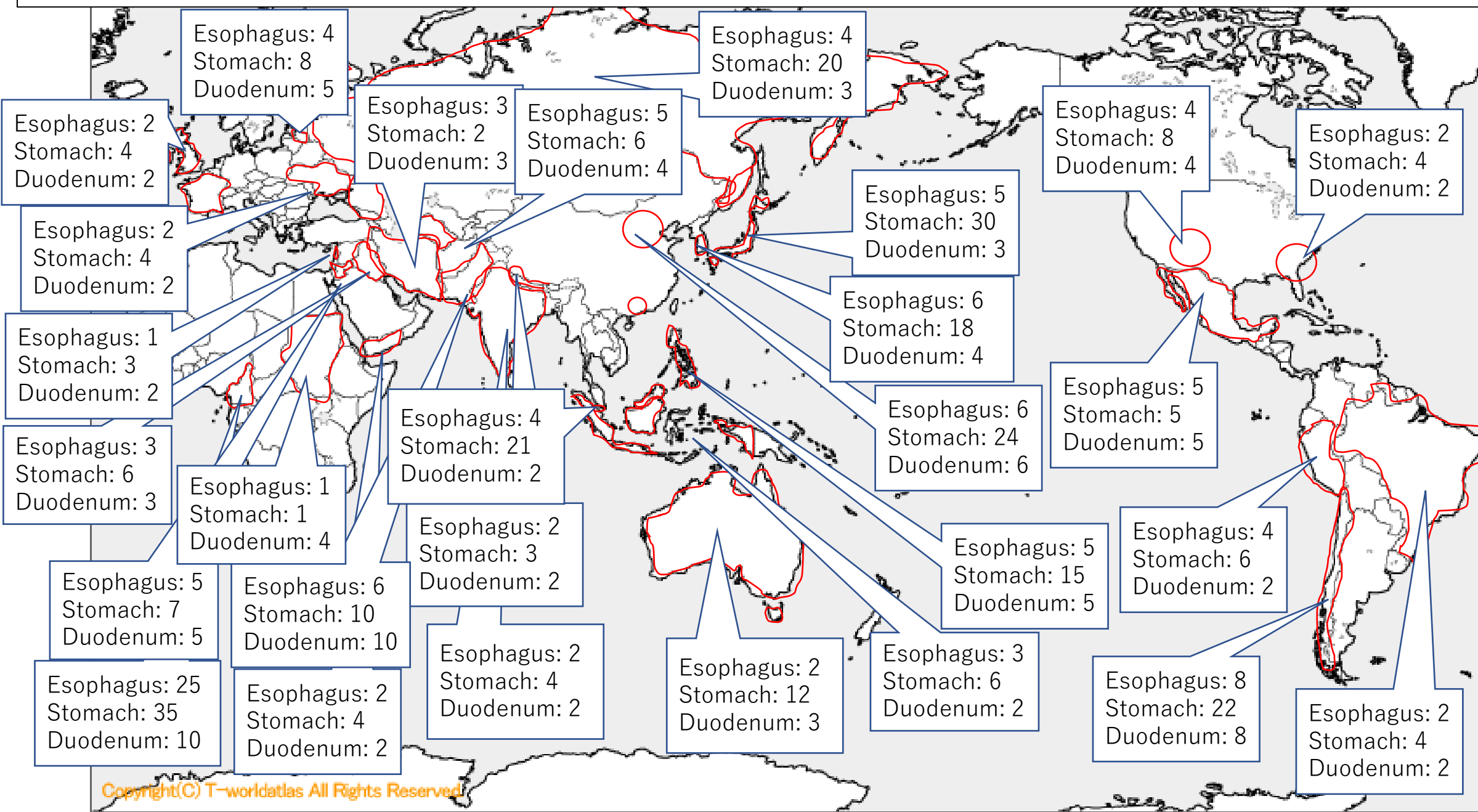
Mucolytic agents



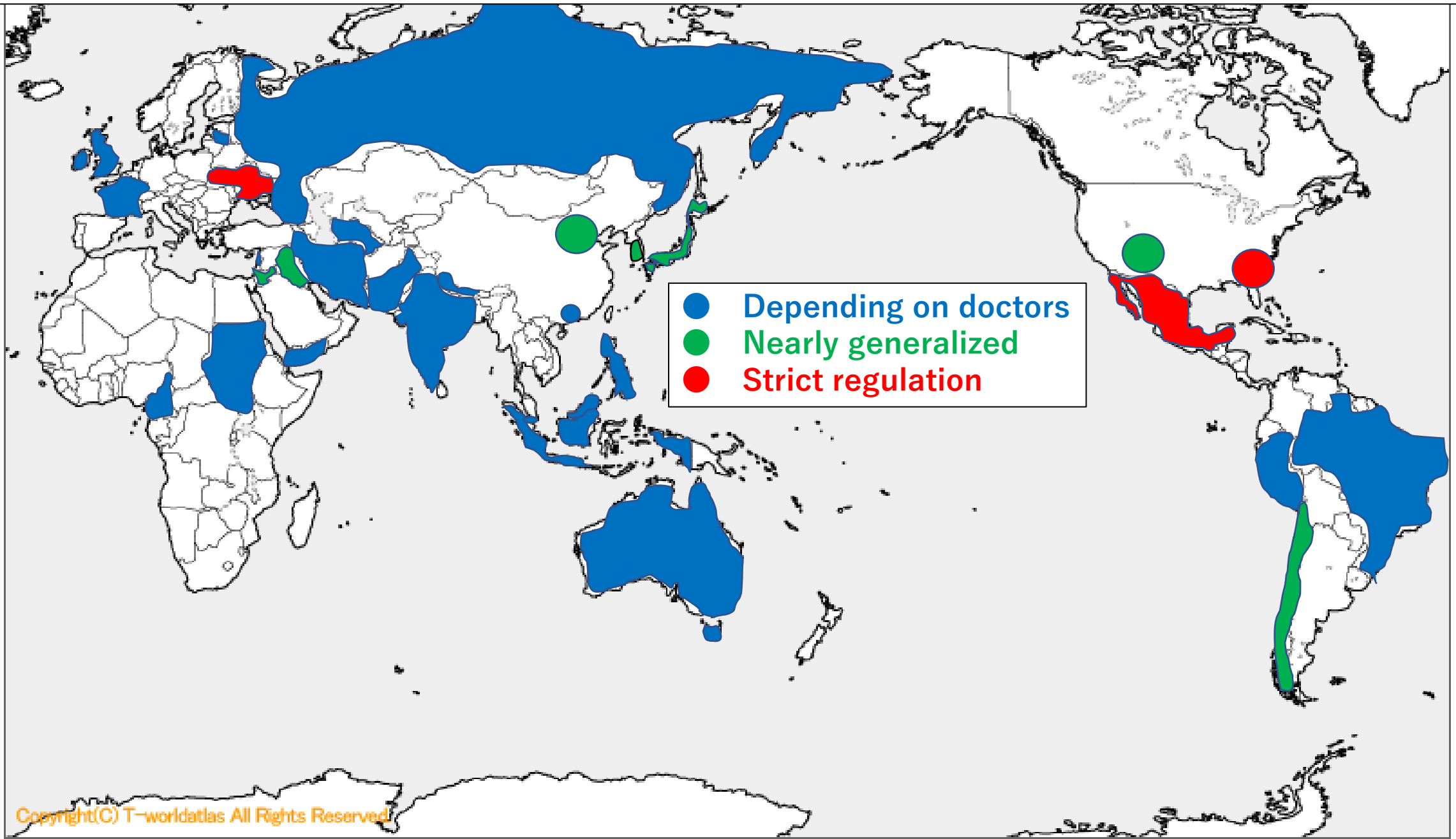
How to take photos and minimal shots in upper GI cancer screening



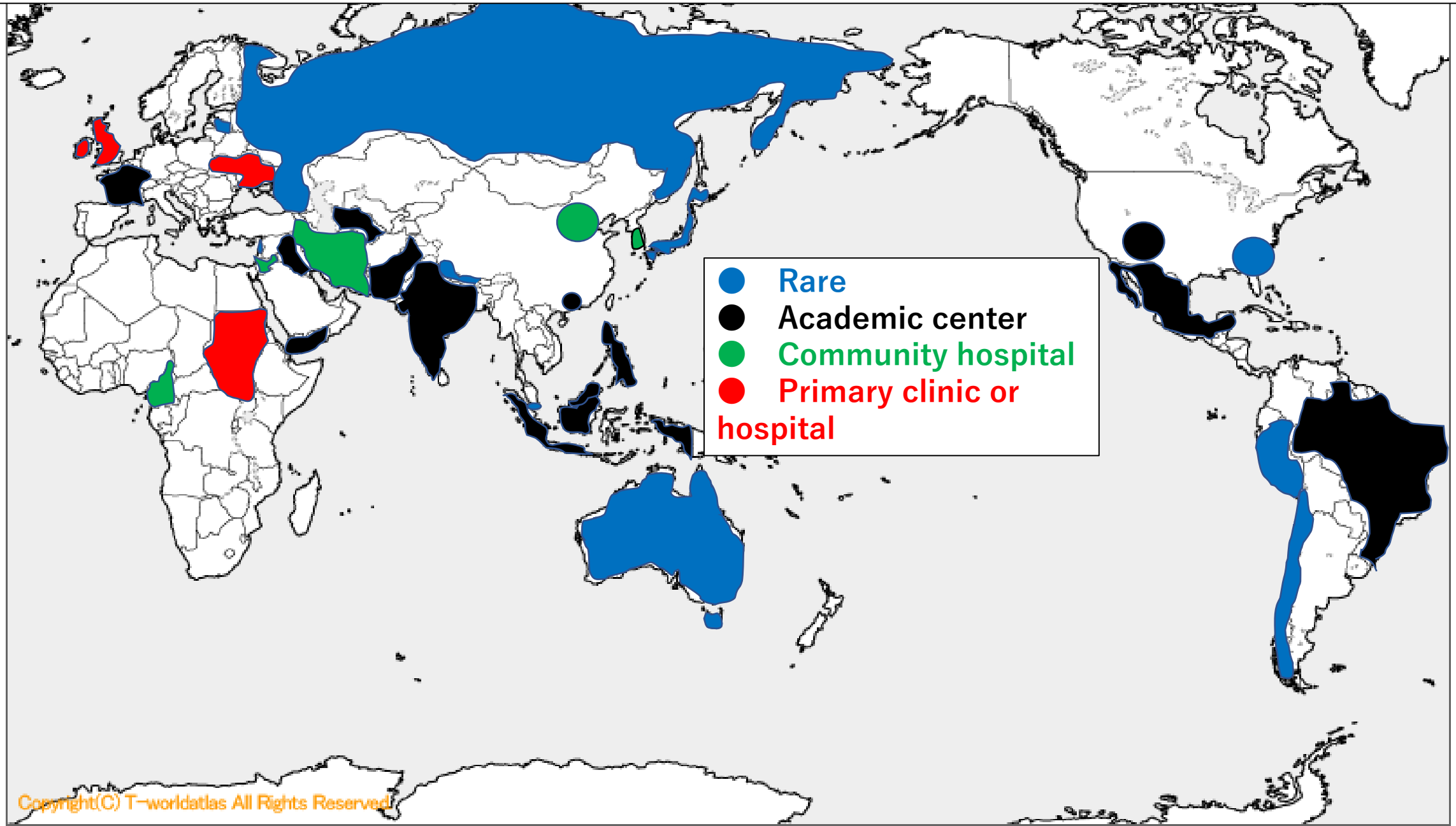
Numbers of minimal shots in upper GI cancer screening



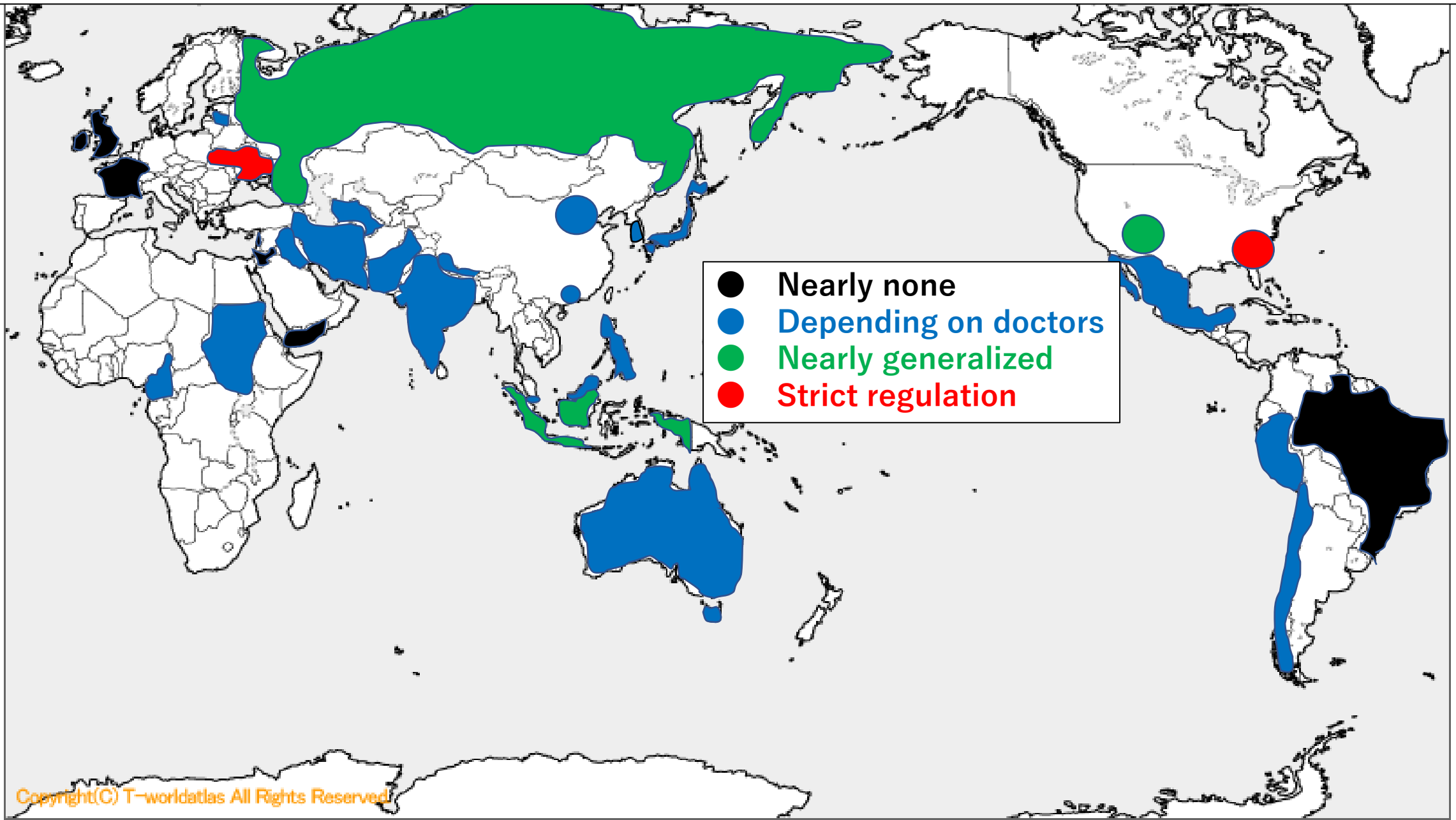
How to document in upper GI cancer screening



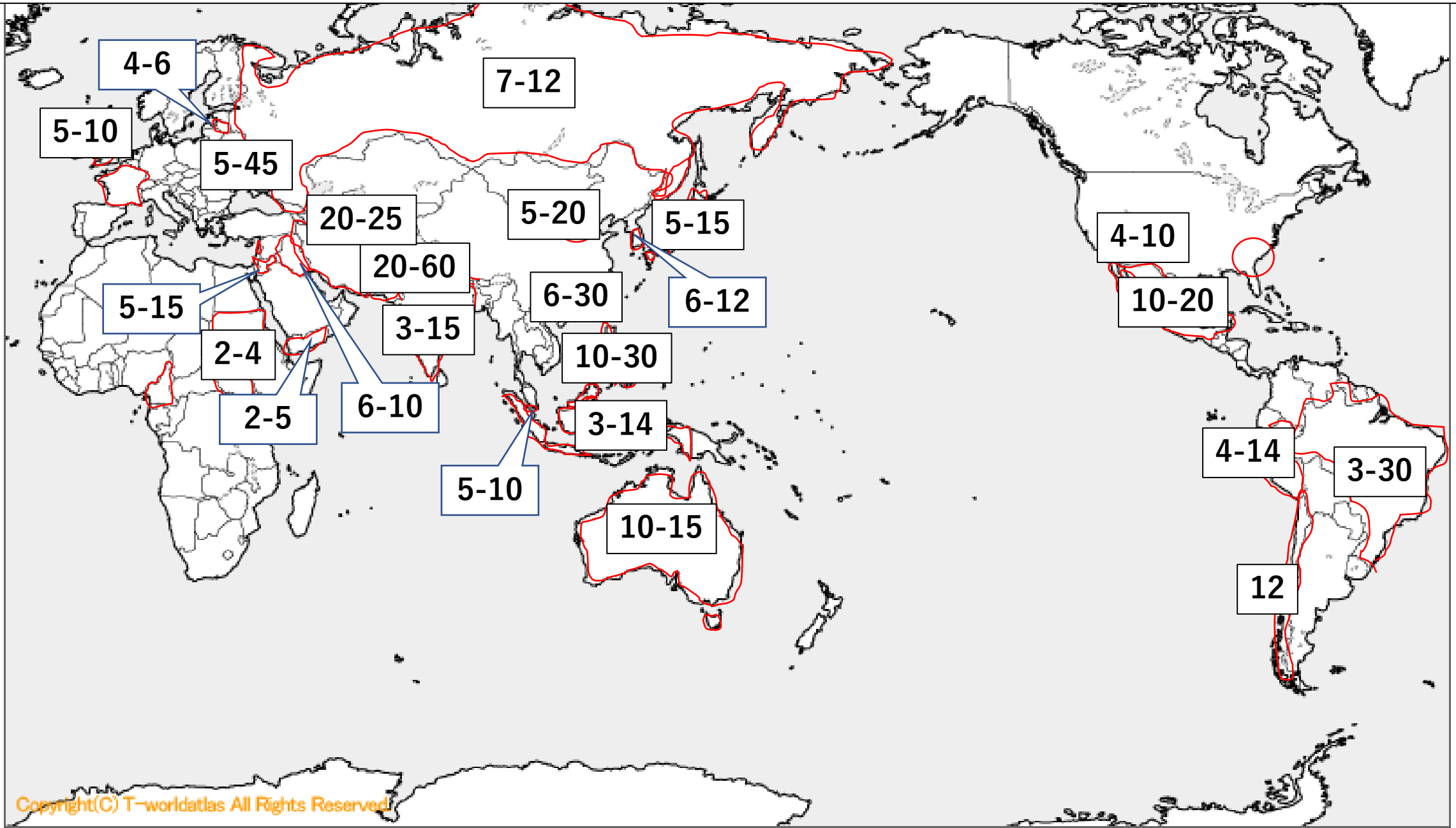
Use of quality indicators in upper GI cancer screening



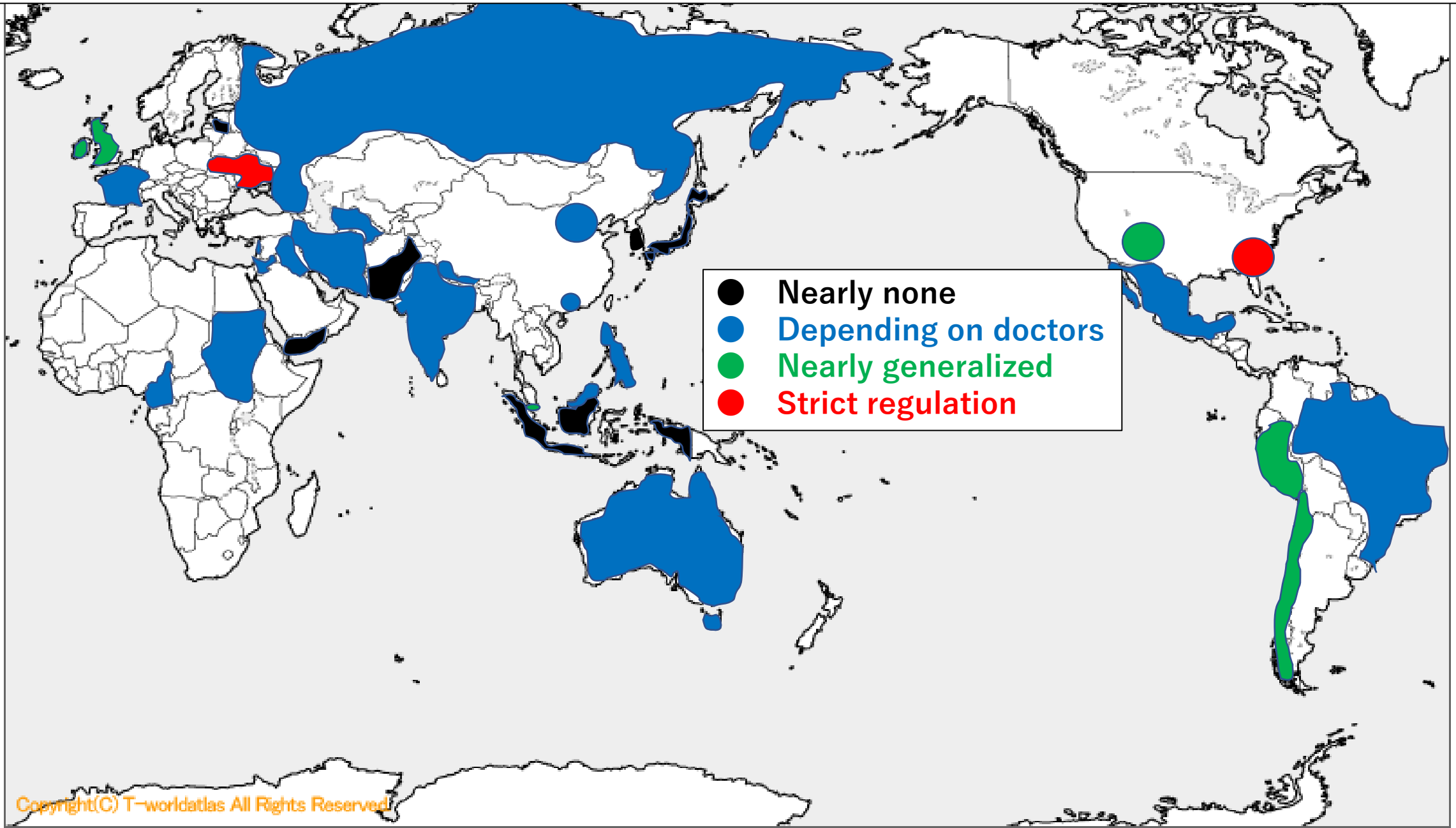
Description of examination time in upper GI endoscopy



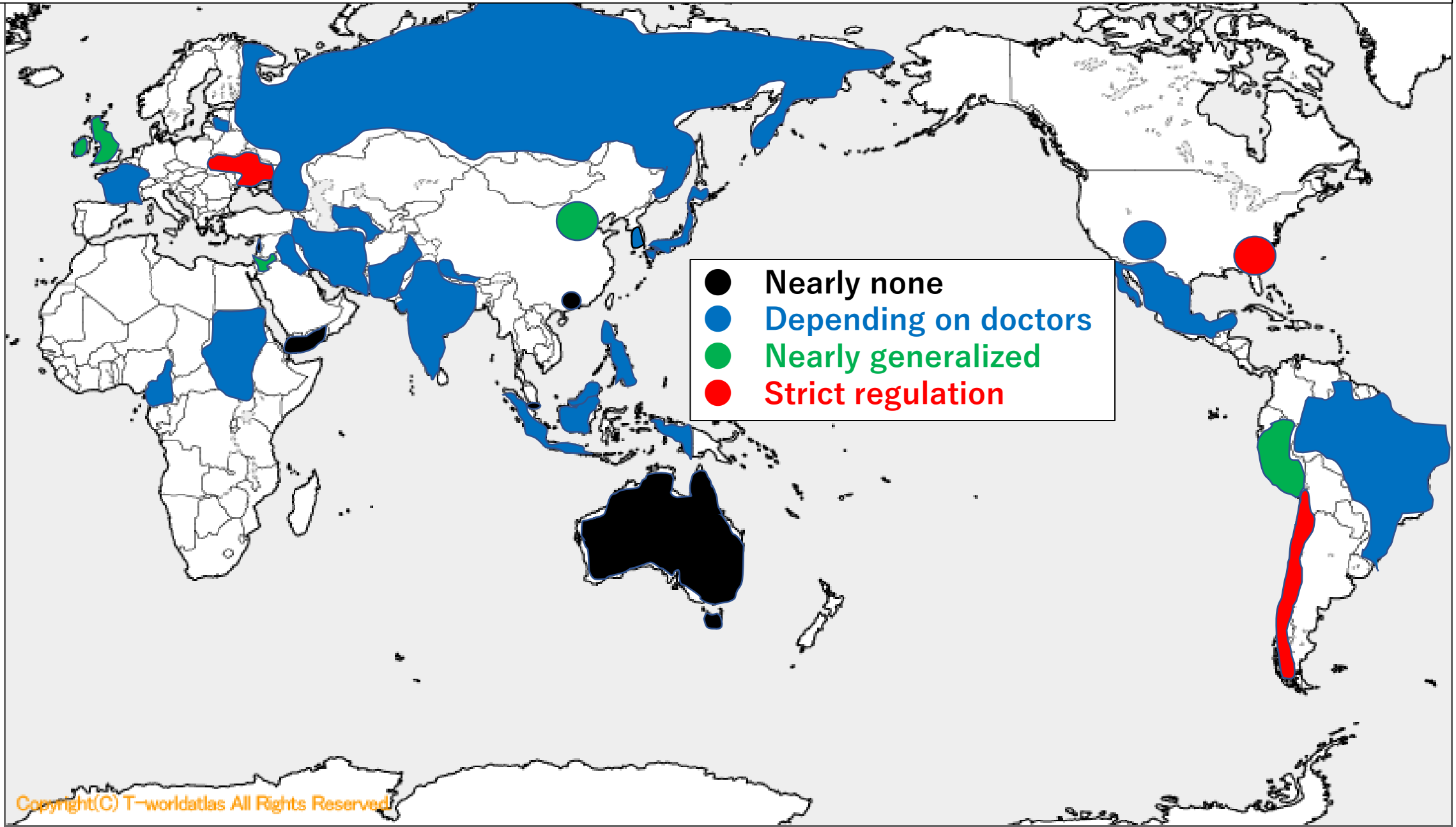
Accepted examination time (minutes)



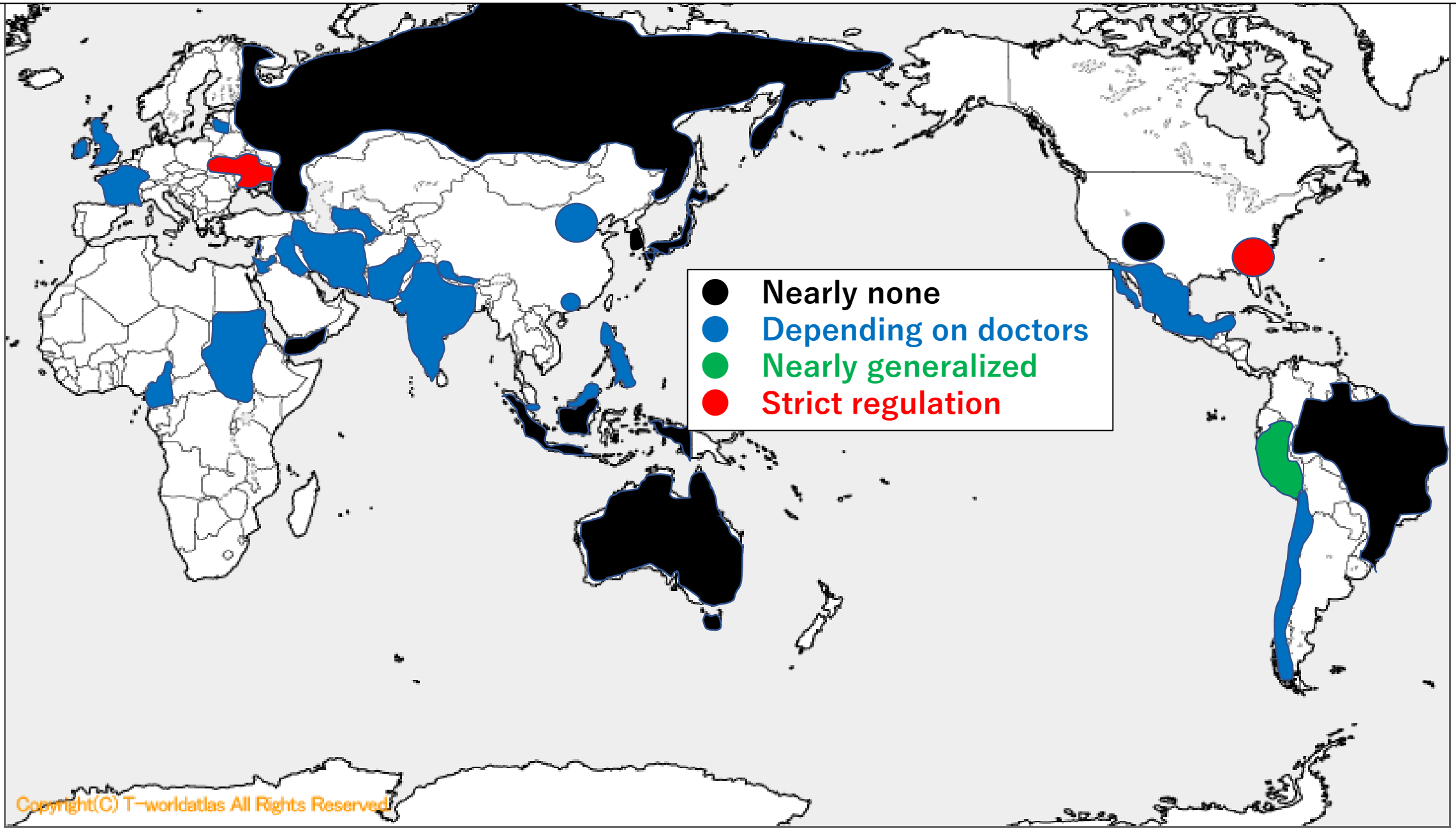
Application of Seattle protocol in Barrett surveillance



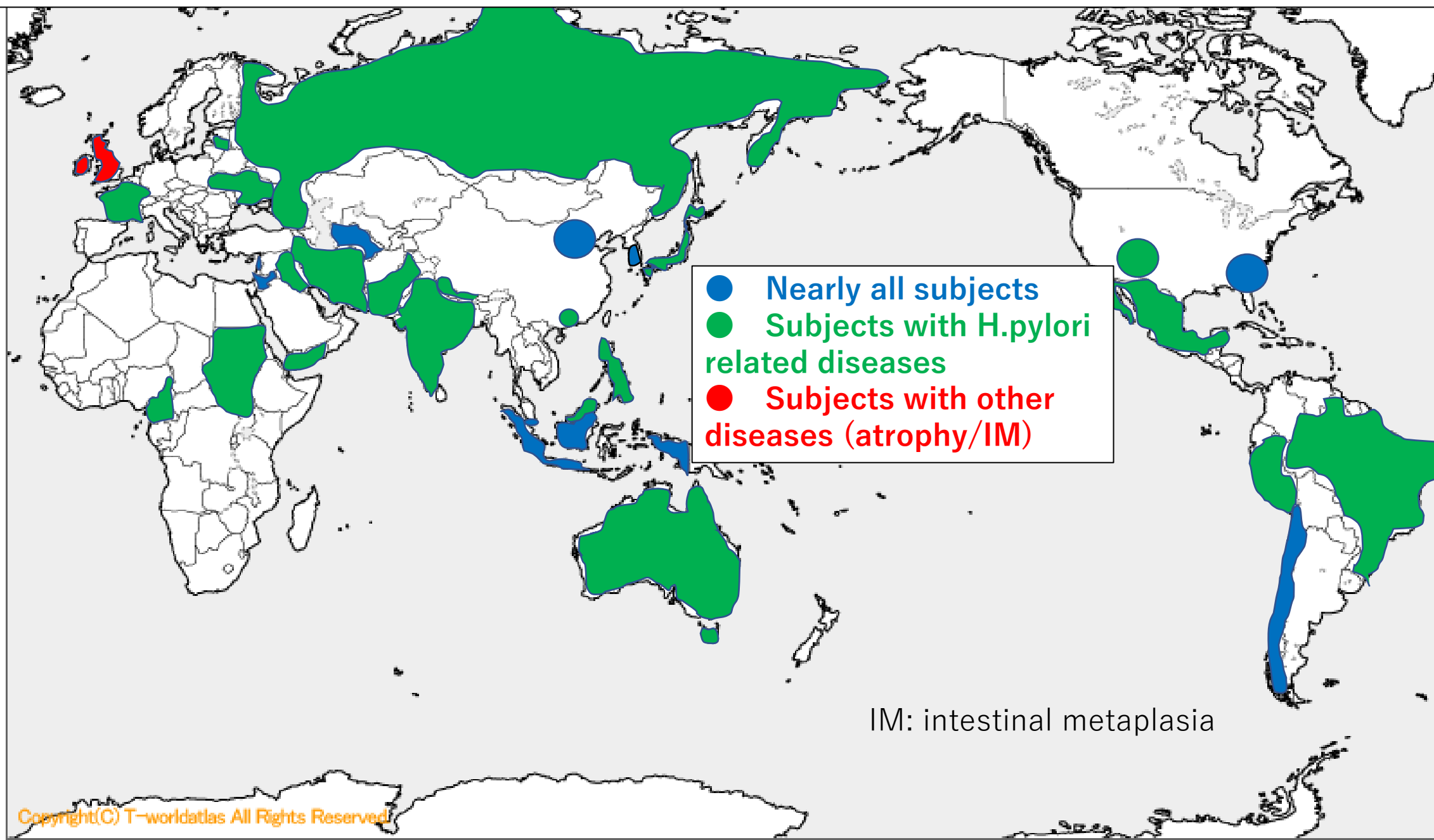
Application of Sydney system in stomach surveillance



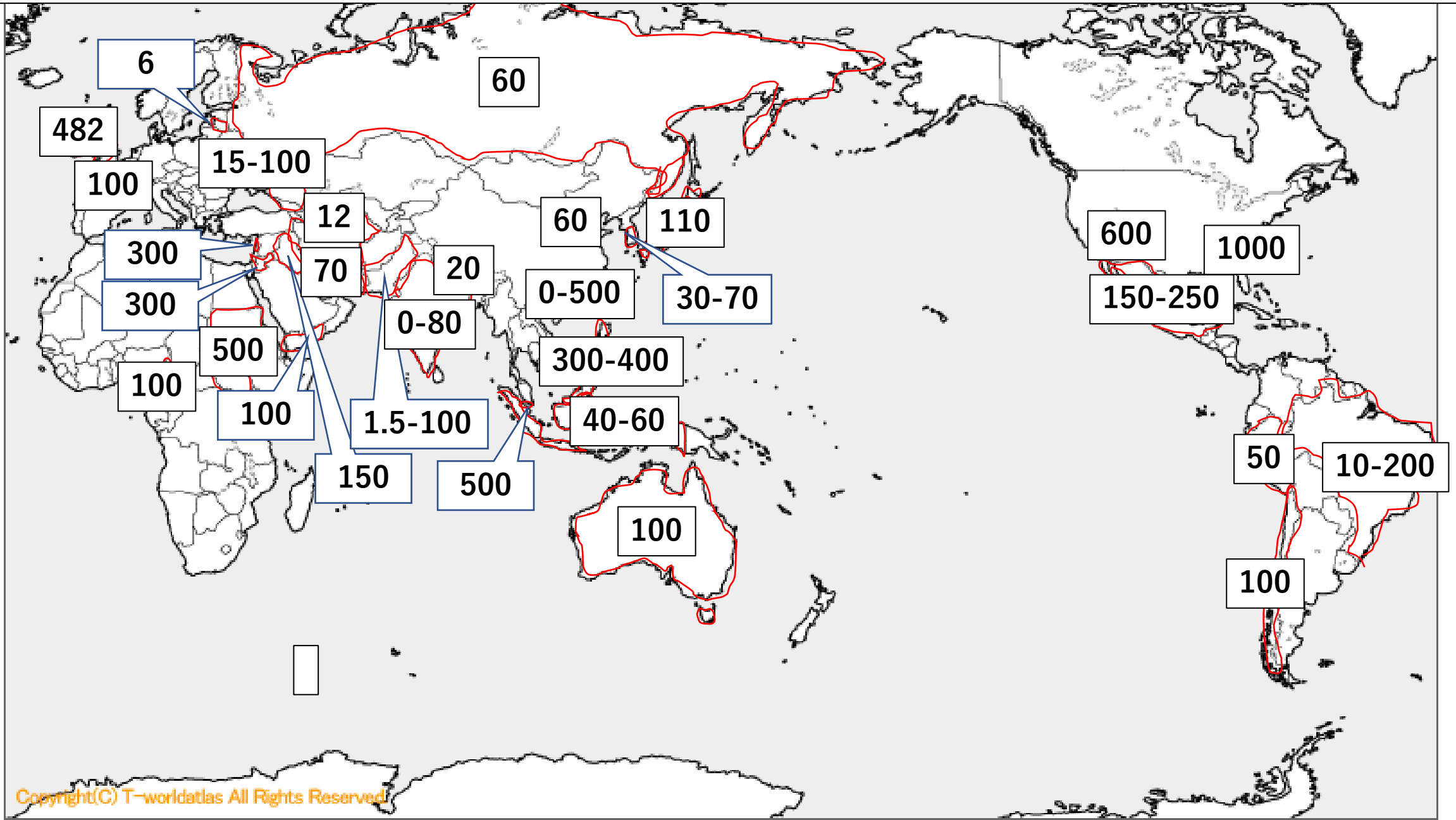
Application of MAPS guidelines in stomach surveillance



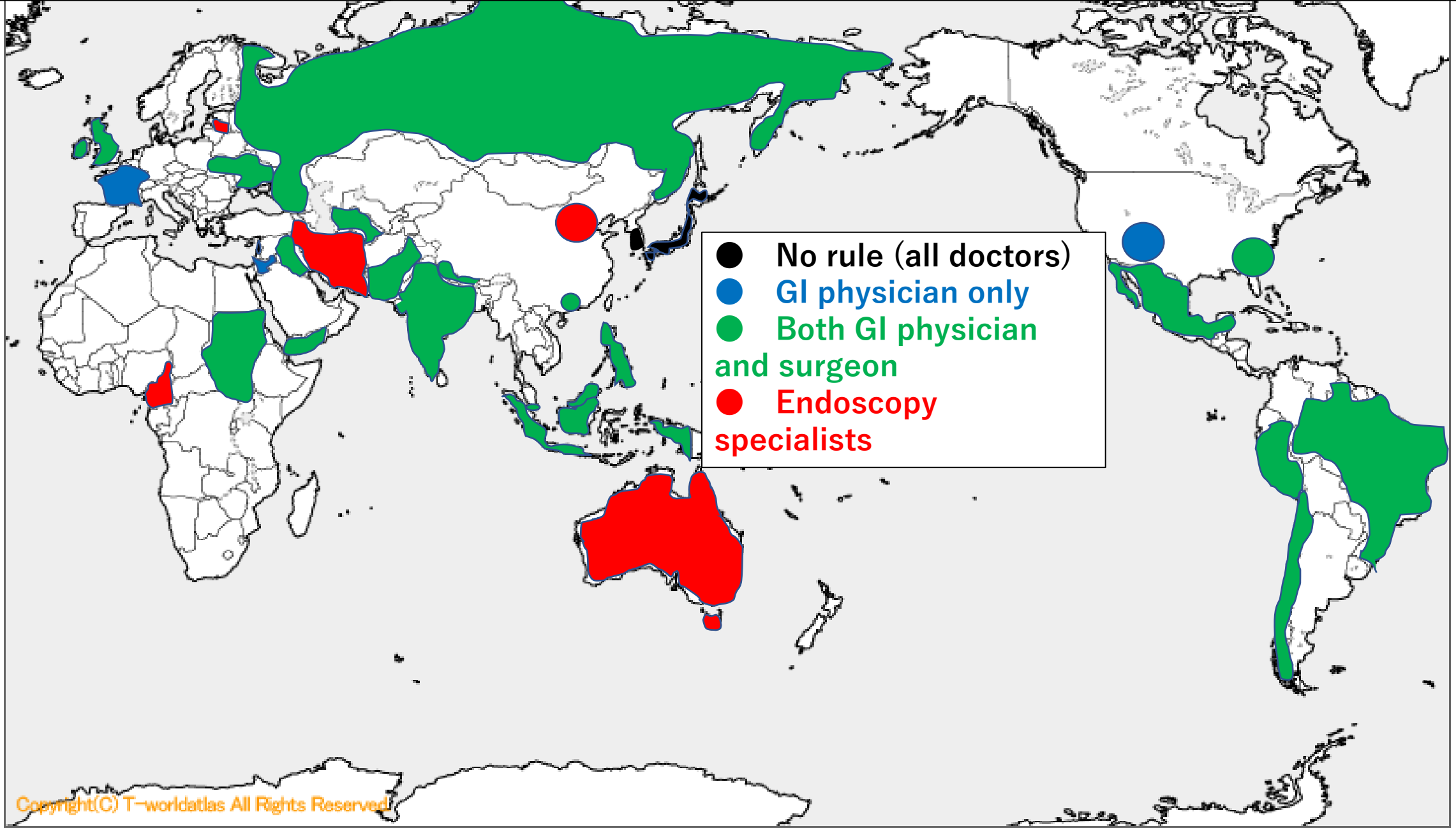
Target of application of Sydney system in stomach surveillance



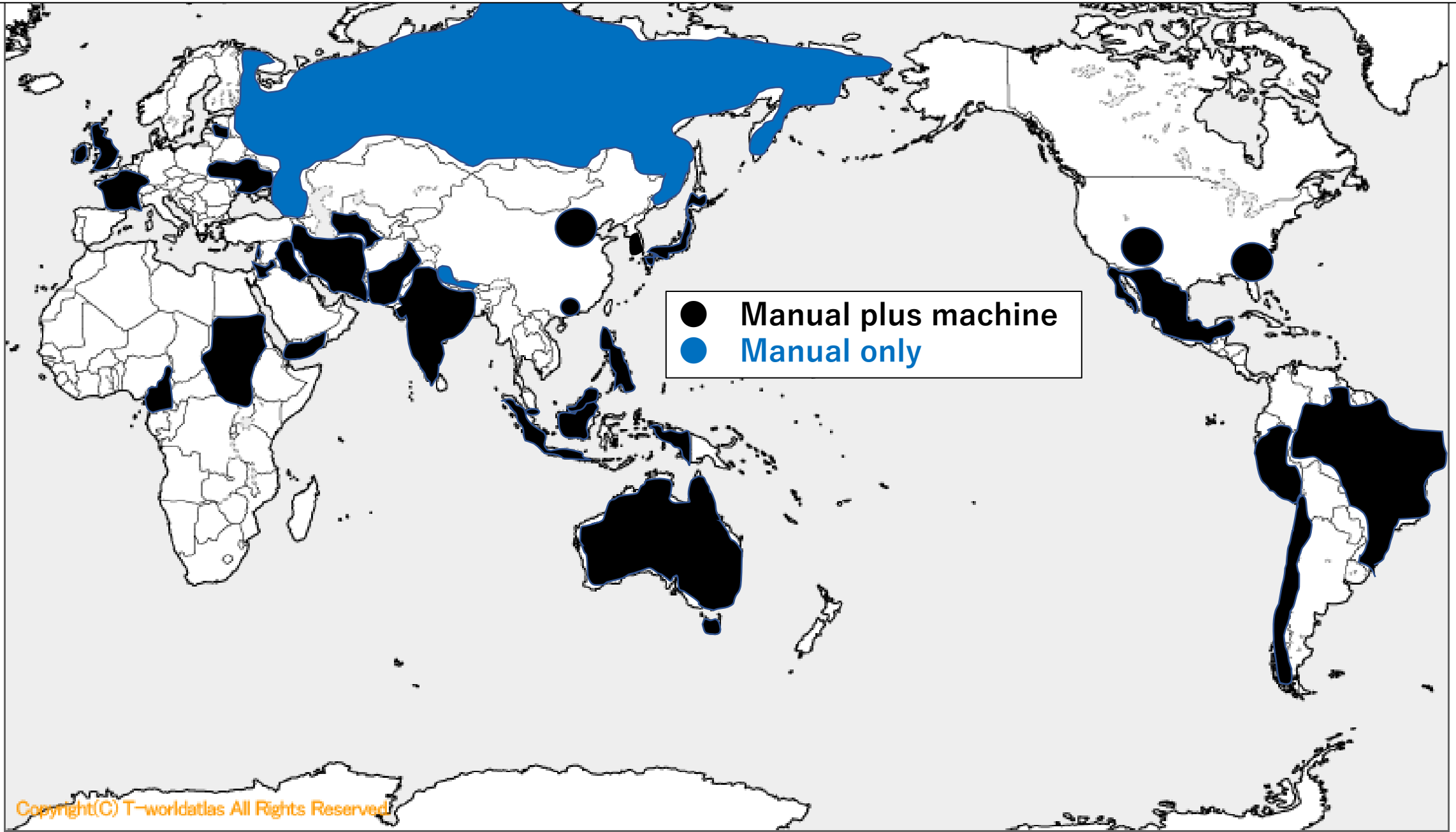
Fee for upper GI screening endoscopy (US dollars)



Quality requirements of doctors for upper GI endoscope



Endoscopic reprocessing



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