

Prof. Jeffrey Marks: endoscopic surgery is the best way to manage gastrointestinal disease

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The 15th World Congress of Endoscopic Surgery (WCES 2016) in conjunction with Endoscopic and Laparoscopic Surgeons of Asia (ELSA 2016) and 15th Chinese National Congress of Laparoscopic and Endoscopic Surgery (CSLES 2016) was held successfully from Nov. 9th to Nov. 12th in Suzhou, China. The international experts from all around the world gather in this academic feast to discuss hot topics of laparoscopic and endoscopic field.

During this congress, Prof. Jeffrey Marks from University Hospitals Case Medical Center performed an excellent speech on “Management of Bile Duct Strictures—straight to surgery to Surgery or Endoscopic Management”, earning a lot of attention. Seizing this opportunity, the editorial team of *Annals of Laparoscopic and Endoscopic Surgery* had the great honor to have an interview with Prof. Marks at the third day of conference (Figure 1).

ALES: *As one of the invited speaker in this section, which speech you want to listen to most?*

Prof. Marks: That would not be fair. There are some excellent speakers here from the Asia, Europe and the North American countries. So it means that there are lots of things including disease management, technical skills we can learn for all of surgeons. Every speech is worthy to listening and learning.

ALES: *We learnt that you have numerous experiences in laparoscopic and endoscopic surgery, could you briefly introduce the current application in USA?*

Prof. Marks: It is very important for surgeons to do flexible endoscopy. From the last 20 years, I have strived to push forward the education and skills of flexible endoscopy for surgeons through out the North America. Now many surgeons from Asia are highly skilled endoscopic surgeons or physicians. And I think endoscopic surgery is the best way to manage gastrointestinal (GI) disease.



Figure 1 Picture with Prof. Marks.

ALES: *What do you view the future of the surgery?*

Prof. Marks: The future of surgery is really the future of endoscopy. As we move forward with the flexible endoscopic skills in terms of endoscopic sub-mucosal dissection, endoscopic mucosal resection (EMR) and all these techniques become for front, I think the application trends will change tremendously. We will shoot for the organ sparing surgery that you will not lose whole colon or whole small intestine if you have a small neoplastic lesion.

ALES: *Except for the clinical practice in minimally invasive surgery, you also run an active animal lab to research numerous endoscopic techniques, what's your initial thought to run this lab? And how do you balance the clinical work and other responsibilities?*

Prof. Marks: The idea to run an active animal lab is to find the new equipment that can make our job easier and find ways of managing disease with less invisible approaches. Although sometimes it is hard to translate what we do for an animal and what we might benefit for the human beings, that is what we need to study: learning to work on the branched heart and to work in clinical situations.

I would say that it is hard to manage all the responsibilities



Figure 2 Interview with Prof. Marks (1).

Available online: <http://www.asvide.com/articles/1515>

we have, but we organize ourselves in addition to running a lab, working for the journal, engaging numerous surgical societies. I am also a program director for residence. I just try to find our time and work as hard as I can. The “special skill” for me is that I never sleep late.

ALES: Do you have any suggestions for the young doctors?

Prof. Marks: The best suggestion I can have is that as you move forward in your career, try to find someone that will be called “mentor”. A mentor is the person that will look out of you as you grow and advance your surgical career. Also, it is always important for us to look back and try to hold those behind us. Because it will make us become a better physician and a stronger individual. The mentor is just as important as their patients (*Figure 2*).

Expert introduction

Jeffrey M. Marks completed his surgical training at Mt. Sinai Medical Center in Cleveland, Ohio in 1992. Following a six-month fellowship in advanced laparoscopy and endoscopy, he joined the faculty of the Department of Surgery at Mt. Sinai in Cleveland. Dr. Marks eventually joined the Department of Surgery at University Hospitals Case Medical Center in 2005. He is Program Director for the Case General Surgery Program, associate director of the Surgical Endoscopy Fellowship, and attained the rank of Professor of Surgery in 2012.

In addition to clinical practice in minimally invasive surgery and advanced therapeutic endoscopy, Dr. Marks runs an active animal lab researching numerous endoscopic techniques and providing endoscopic training courses for

surgeons, gastroenterologists, and allied health care. Dr. Marks is a Past President of the Cleveland Surgical Society and The Northeastern Ohio Society of Gastrointestinal Endoscopy. He also serves on editorial boards for numerous medical journals, and leadership committees for many Surgical and GI organizations.

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