Dr. Seiichiro Abe: endoscopy plays a much deeper role in the diagnosis and treatment of GI diseases

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Editor's note

The 4th Pearl River International Academic Conference on GI Disease and Cancer was held in Foshan from the 6th to 7th of December 2019. The experts shared and discussed the newest academic achievements in the fields of the upper gastrointestinal tract, lower gastrointestinal tract, gastrointestinal surgery, ERAS, and so on.

As a distinguished invited speaker, Dr. Seiichiro Abe, from National Cancer Center Hospital in Tokyo, gave an excellent presentation on the topic "Endoscopic diagnosis and treatment of upper GI neoplasms" to share his experience on the endoscopic diagnosis (*Figure 1*). Dr. Abe attended this conference with his student, Dr. Mai Ego, together, who is also a chief and excellent resident in the National Cancer Center Hospital. During the conference, the Editorial Office of *Digestive Medicine Research* had the great honor to have an interview with Dr. Abe (*Figure 2*).

Figure 1 Picture of Dr. Seiichiro Abe's presentation.

Figure 2 Picture with Dr. Seiichiro Abe. From left to right, Dr. Mai Ego, Dr. Seiichiro Abe, editor Xing Liu.

Expert's introduction

Seiichiro Abe, MD, PhD, Endoscopy Division, National Cancer Center Hospital, Tokyo, Japan.

Dr. Abe graduated from Sapporo Medical University in 2002. He completed his short-term and chief residency training at Endoscopy Division, National Cancer Center Tokyo, Japan. He is now working as an attending endoscopist there.

Dr. Abe specializes in the endoscopic diagnosis of early gastrointestinal cancer in addition to advanced endoscopic therapy, including endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) for esophageal, gastric and colorectal cancers. His role at National Cancer Centre involves managing patients both in the outpatient and in-patient setting in addition to being an attending doctor in the endoscopy center performing many complex EMR/ESD procedures.

Dr. Abe is an international educator in advanced endoscopy. In addition to training Japanese endoscopy trainees, he also teaches advanced endoscopic techniques to overseas endoscopists through international hands-on training sessions and live demonstrations. Furthermore, he is a member of the international editorial board in Endoscopy and Gastrointestinal Endoscopy performing many peer reviews. He contributed to scientific journals and congresses and received many best oral presentation

awards, such as the championship of the World Cup of Endoscopy in DDW2017 and many best reviewer awards for Gastrointestinal Endoscopy, VideoGIE, Endoscopy, Digestive Endoscopy, and Digestion.

Interview

DMR: Could you please briefly introduce your speech on "Endoscopic diagnosis and treatment of upper GI neoplasms"?

Dr. Abe: Recently, early detection of gastric cancer is essential to provide minimally invasive treatment and in endoscopic resection. It's also essential to preserve stomach functions for the patient with early gastric cancer. In order to do that, systematic endoscopy screening for gastric cancer is pretty significant. My first topic in my presentation is detection, which is very important to improve the prognosis in patients with gastric cancer, not only in Japan but also in China. And the second topic is endoscopic resection. Endoscopic resection, particularly ESD, is much less invasive compared with surgery. So it's beneficial for our patients, especially for elderly patients and those with severe co-morbidity. Several recent prospective studies demonstrated favorable short and long-term outcomes of ESD, which were comparable with gastrectomy.

DMR: About the endoscopic diagnosis of gastrointestinal diseases, do you have some suggestions for young endoscopists?

Dr. Abe: Gastrointestinal endoscopy is very important to detect early gastric cancer and make a treatment decision. In Japan and Korea, screening endoscopy plays many roles in improving the prognosis of gastric cancer. I suppose early detection is one of the issues in China. And for, I would suggest young Chinese endoscopists have more interest in endoscopic detection of early gastric cancer. I think they are more likely to be interesting in therapeutic endoscopy. I think the young should shift towards diagnosis rather than the treatment.

DMR: As we know, endoscopic resection surgery is associated with various complication risks. Do you think, how should we do to manage complications?

Dr. Abe: Talking about complications, of course, it's one of the problems. But most of them, such as intraoperative perforation and delayed bleeding, can be managed by conservative management. If there is a perforation, we can close the perforation site using the clip. And then, if massive delayed bleeding occurs, emergency endoscopy is required. However, we can perform endoscopic hemostasis. I would say most of the complications can be managed with endoscopy, not with surgery. Only there is an exception, delayed perforation. It rarely occurs, about 0.2%, according to the data of a prospective study in Japan. However, it could be a serious complication.

DMR: You performed many complex EMR/ESD procedures. According to your experience, could you summarize your key points in performing EMR/ESD procedures?

Dr. Abe: First of all, it is better to select suitable endoscopic devices to do safe and efficient on ESD. So if we wrongly use the endoscopic device, we can't avoid big perforation and massive bleeding, even though the technical skill is excellent. The second point is the treatment strategy of ESD. When I perform ESD procedure, every time I would make sure the strategy, what is the first step, and what we should do next? Of course, it is really important to make sure the muscle direction on the endoscopy.

DMR: What impressed you most in your career?

Dr. Abe: During my career, I started ESD in 2004. The ESD had been performed on a practical base, although ESD had been considered to be technically demanding before 2000. But with the development of the device and technique, several studies showed favorable short-term outcomes. Recently some randomized control trials and prospective studies from Japan have been published in a major journal. Therapeutic endoscopy, particularly endoscopic resection, is gradually shifted from a practical base to the evidence base.

DMR: Could you briefly introduce your current research focus?

Dr. Abe: Nowadays, in Japan, endoscopic resection is widely accepted. And even in the general hospital, ESD is performed for patients with early gastric, esophageal, and colorectal cancer. However, most of the patients need to

hospitalize for one week or five days. So my current interest is in the day surgery, avoiding complications requiring hospitalization.

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Footnote

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