

## Professor Seung Ho Choi: experience in gastric cancer and type 2 diabetes

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Prof. Seung Ho Choi (*Figure 1*) from Division of UGI Surgery, Department of Surgery & Director of Cancer Hospital, Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul, Korea, is a pioneer in the laparoscopic surgery for gastric cancer. He has been involved in researches for gastric cancer since 1990. Recently, Prof. Choi is interested in the relationship between gastric cancer and metabolic syndrome. He has published over 100 scientific papers and been involved in clinical trials for gastric cancer treatment.

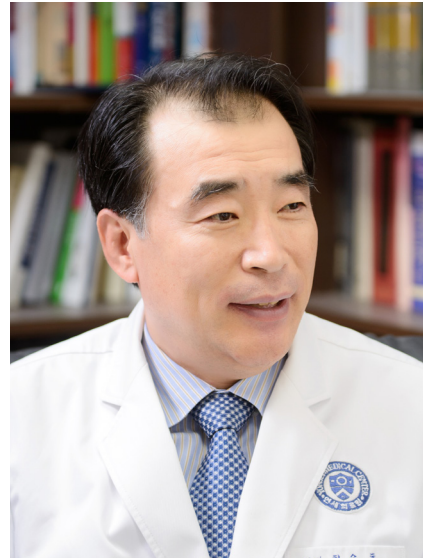
TGH editor met Prof. Choi on the 12th Asia-Pacific Congress of Endoscopic and Laparoscopic Surgery (ELSA 2015) in Daegu, Korea, where he made an excellent talk on “Gastric cancer and type 2 diabetes”. We are honored to invite Prof. Choi for an interview to share his experience and opinion on the relation between gastric cancer and type 2 diabetes (2DM).

**TGH:** *How did your research interests evolve to the relation between gastric cancer and metabolic syndrome?*

**Prof Choi:** Diabetes influences the cancer, and especially influences the gastric cancer. Still we don't know whether controlling the diabetes is beneficial to the gastric cancer patients, but theoretically controlling the diabetes might enhance the prognosis of gastric cancer patients. This is the first reason. The second reason why I am interested in the metabolic surgery for gastric cancer patients is that the diabetes can be controlled by surgery. We can modify the reconstruction methods, the diabetes will be improved then. Therefore, these are the reasons why I am interested in the relation between gastric cancer and metabolic syndrome.

**TGH:** *According to your researches and experiments, how does 2DM influence the survival of patients with gastric cancer?*

**Prof Choi:** Still we don't have enough data whether



**Figure 1** Professor Seung Ho Choi.

controlling diabetes has influences to the survival of gastric cancer patients. But we have a data that diabetes patient has poor survival after gastrectomy. I expect that to control diabetes will improve the survival of gastric cancer patients.

**TGH:** *What special attentions should be paid during the surgery for these patients?*

**Prof Choi:** Some patients having metabolic surgery may be beneficial while some patients may not. We do not know much, but I do believe that the preservation of pancreatic  $\beta$ -cell function is very important. So preoperatively I measured pancreatic  $\beta$ -cell function, if the patients do not have enough function, I do not recommend that operation; if they have a minimum requirement of pancreatic  $\beta$ -cell function, then I recommend the operation.

*TGH: At present, there are many reconstruction methods for GC patients, like Billroth, Roux-en-Y and so on. What are your comments on these treatments for gastric cancer patients with 2DM? How do they work to the blood glucose (BG) and urine glucose (UGLU)?*

**Prof Choi:** I invented new reconstructive operation which is called “long limb Roux-en-Y” and I recommend this operation. The modification improves the diabetes after surgery, and the result of the conventional surgery is not good.

*TGH: That’s all for today’s interview. Thank you again for sharing your thoughts!*

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## Footnote

*Conflicts of Interest:* The author has no conflicts of interest to declare.

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