

Professor Do Joong Park: deep thoughts on the development of sentinel node navigation surgery

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Professor Do Joong Park (*Figure 1*) from Division of Gastrointestinal Surgery and Minimally Invasive Surgery, Department of Surgery, Seoul National University College of Medicine, Seoul National University Bundang Hospital, Seoul, Korea, is actively performing gastric cancer surgeries with many experiences of minimally invasive surgeries such as laparoscopic, robotic or single port gastrectomies. Prof. Park has been participating in many important clinical studies such as KLASS (PI of KLASS 5: Phase III trial for laparoscopic proximal gastrectomy versus total gastrectomy for upper early gastric cancer), REGATTA, sentinel node, etc., and has played an important role in many Korean and International societies.

During the 12th Asia-Pacific Congress of Endoscopic and Laparoscopic Surgery (ELSA 2015) in Daegu, Korea, Prof. Park made an excellent speech on the topic “Sentinel Node Navigation Surgery”. The TGH editor is honored to meet and invite Prof. Park for an interview to share his deep thoughts on the development of sentinel node navigation surgery.

TGH: *Can you briefly introduce your speech on sentinel node navigation surgery?*

Prof. Park: Although sentinel node navigation surgery has been performed by many doctors, it is still under studying. However, in the near future sentinel node navigation surgery will be accepted in early gastric cancer, and in that case, all of us can meet to unnecessary lymph node dissection for early gastric cancer.

TGH: *The sentinel node navigation surgery was not firstly applied in GI surgery, how does it develop to apply in this field?*

Prof. Park: Sentinel node navigation was firstly applied in breast cancer and malignant melanoma surgery because the lymphatic pathway is somehow complicate in gastric cancer.

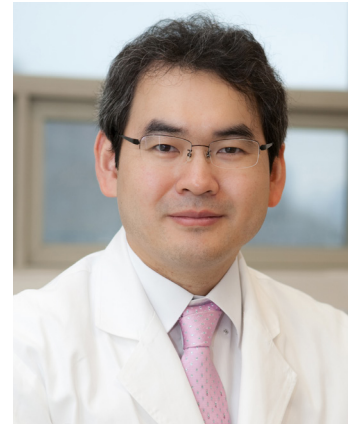


Figure 1 Professor Do Joong Park.

Therefore, the application of sentinel node navigation is still difficult for gastrointestinal cancer surgery. In addition, the sensitivity is still not perfect in gastrointestinal cancer, so we need some time and more methods to increase the sensitivity up to one hundred percentage. Currently, new methods and new instruments are approaching to our freeness, so maybe in the near future, sentinel node navigation surgery will also be possible in gastrointestinal cancer.

TGH: *How is the development of sentinel node navigation surgery in Korea?*

Prof. Park: Actually, Japan Keio University Group, Seoul National University Group and National Cancer Center Group in Korea are leading centers for developing and studying the sentinel node navigation. Therefore, maybe in Korea and Japan, the development of sentinel node navigation surgery in gastric cancer is of very high quality. However for this moment, we should still wait for more studies or researches on the sentinel node navigation surgery. Phase II or III trials on sentinel node navigation

surgery in early gastric cancer are ongoing in both countries.

TGH: According to your experience, are there any difficulties when checking the sentinel lymph node in gastric cancer? Are there any aspects needed to improve?

Prof. Park: When checking the sentinel lymph node, we are usually using tracers such as indocyanine green and radioisotope. However, the sensitivity or the detection rate is not perfect. So the difficulty is that up till now there is still no perfect tracer. That is why we need to have better tracers for detecting sentinel lymph node. Now we are developing new methods, maybe in the near future, the difficulty will be resolved. As for the improvement, I think, the first thing is a good tracer. The second one is a good instrument to detect these tracers. The last is a better pathology examination. Maybe compared to those very simple staining like hematoxylin-eosin staining, we need more complicate immunohistochemical staining or artificial

methods to increase the pathology examination searches. These are my expectations on improving the sentinel node navigation surgery.

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

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Footnote

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