

## Professor Sungsoo Park: what we can do together for the patients with gastric cancer?

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Prof. Sungsoo Park (*Figure 1*) from Department of Surgery, Korea University College of Medicine, Seoul, Korea, is a specialist for upper GI surgery. He was granted “Excellent Researcher Awards” from the Korean Gastric Cancer Association for 2 years in a row.

The 1<sup>st</sup> League of East Asian Next Expert Surgeons Forum (LEAPS) was held on May 22<sup>nd</sup>, in Guangzhou, China. Prof. Park as an invited speaker shared his idea in gastric cancer research and future expectation about this conference. This interview was conducted during the 1<sup>st</sup> LEAPS.

**TGC:** *This is the 1<sup>st</sup> LEAPS. What’s your feeling about this meeting?*

**Prof. Park:** It is very good. Actually I am not young, but today’s congress name is young experts’. But I like it, because all of us want to remain young. I think this should be another start of the future of UGI surgery development. So in that way today would be remembered as a momentum in the future.

**TGC:** *Just as your speech title, what we can do together?*

**Prof. Park:** Everybody wants to make something great when they organize something. But actually, right now, I don’t expect something huge we can make soon. The first time we get together here and we need to get very active discussion from anyone who is enthusiastic for this meeting. And through this, we would be able to reach certain conclusions for future collaboration. Because we are a small party and we must think that we should be satisfied with even a very small result we could make. So that is why I am thinking we need to make consensus reports or short review articles. It also makes us enough time to prepare something for next year. Again, this time we don’t have to pursue a big deal, we are just making small things step by step, but together.



**Figure 1** Professor Sungsoo Park.

**TGC:** *Compared to the western countries, what are the advantages or disadvantages of Asian countries in gastric surgery research?*

**Prof. Park:** This is a very important question. About 10 years ago, I was the one who believed in gastric surgery should be done by specialized gastric surgeon. But right now, I think I was wrong. About 10-20 years, UGI surgeries in Asian countries have been limited to gastric cancer field, and there was no fundoplication or bariatric surgery. It made sense at that time; however, conversely it led us to limit ourselves into a very limited scope of surgery. And this was not good for UGI surgeons and for the patients as well because we are not surgical interventionists, but comprehensive surgeons can take care of everything for patients. Time has passed and right now, Asian UGI surgeons can perform advanced various type of gastric cancer surgery greatly with good quality compared to western countries. But we seldom want to do the other kind of surgery except that surgery, because we have been already far away from the other surgeries. It makes us more and more difficult to make something new or helpful. But it is fun that western surgeons are trying to be more like

us. I think their scope and fields are going to be limited as we once did. We want to be more expanded, for example, we are longing to the Gastroesophageal Reflux Disease (GERD) and bariatric surgeries. Through those trials, we can do more beyond gastric cancer surgery, and then we will be better.

**TGC:** *I know that you are focusing on robotic surgery. Could you share with us some development of robotic surgery or your recent research on robotic surgery?*

**Prof. Park:** One day, in my initial robotic period, I believed in robotic surgery should be the core for future of our surgical development. And that time, I tried to persuade my patients that it could give certain benefits to you, although you paid more. I thought robotic surgery would not let me down. But after 70 cases of my robotic surgery focusing on gastric cancer, I compared the data to my laparoscopic surgery. It was already 5 years ago. I knew that there was no benefit over laparoscopic surgery in terms of robotic surgery. So now I've been on the opposite side of robotic gastric surgery, not all fields of robotic surgery just for robotic gastric surgery. So I had to focus on Da Vinci System, not for the other kinds of robotic surgery will come to us soon. Right now, we know that Da Vinci System has originally developed for prostate cancer, and also applied to bladder cancer. It does very well for these kinds of cancer. But gastric cancer needs wide dissection from far left side to far right side for lymphadenectomy. It is very same situation in the case of Da Vinci System on colon cancer; no benefit over laparoscopic surgery. However, I still believe in robotic system should be essential for future surgery, but we need to be very cautious

that the Da Vinci System goes well for every surgery.

**TGC:** *The editorial team will attend the IGCC in Brazil this year. What's your expectation to this kind of international congress?*

**Prof. Park:** As a big congress, there should be important consensus or discussion from the experts from all over the world. So they need to get something to be published after the congress. Now we are having so many international congresses, but very few of them keep doing that important thing and many of them just keep gathering people or having some enjoyable moments, which can satisfy most attendants and even organizers as well. I expect experts from all over the world could share their recent knowledge and experiences together and then get something published to non-attendants.

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### Footnote

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

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