

# Report of the 8th Annual International Surgery Forum 2017

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The 8th Annual International Surgery Forum 2017 was successfully held at the Wyndham Bund East Shanghai, Shanghai, China, from November 17 to November 19. The forum is co-chaired by Profs. Kun Sun, Prof. Guoyao Tang, Prof. Zhiwei Quan and Prof. Yingbin Liu (*Figure 1*). Hundreds of attendees from domestic and abroad gathered together to discuss the hot and up-to-date topics in the field of pancreas, hepatobiliary and gastroenterology, fostering an ambiance for better discussion and learning. This report summarized the key content discussed in the main session and pancreas session of the forum.

## Main session

This session was started with Professor Shuyou Peng (*Figure 2*). He shared their clinical experience in associating liver partition and portal (ALPPS) by introducing the effect of portal vein embolization (PVE), transcatheter arterial chemoembolization (TACE), terminal branches portal vein embolization (TBPVE) and TBPVE + TACE. He got a conclusion that TBPVE is an improvement of PVE while TBPVE can effectively increase future liver remnant (FLR), similar to ALPPS, but much less invasively.

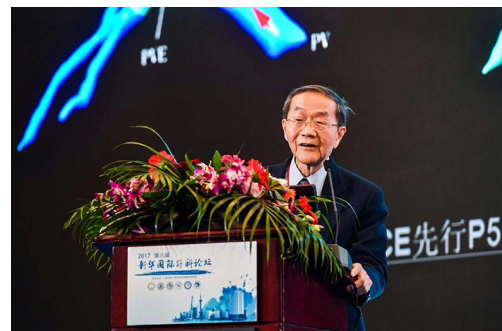
Professor Hongwei Li (*Figure 3*) came up with a sharp observation on medical education by retrospectively to the past in China and a comparison with American medical education. He stressed the importance of humanistic medicine.

Professor Jiafu Ji (*Figure 4*) introduced the Proximal Gastrectomy (PG) with data analysis and table comparisons.

In Professor Hans G. Beger's (*Figure 5*) speech, which entitled "Parenchymal-sparing resection for benign tumors of pancreatic head", he analyzed the difference between the traditional Whipple pancreaticoduodenectomy and



**Figure 1** Opening ceremony, Prof. Yingbin, Xinhua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, China.



**Figure 2** Shuyou Peng, the Second Hospital Affiliated of Zhejiang Medical School, Zhejiang, China.

pancreatoduodenectomy. There are many problems in adopting Whipple's operation. For example, 20% chance of postoperative diabetes may cause diabetes.

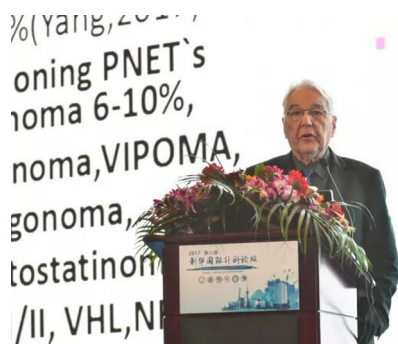
Professor Yi Miao (*Figure 6*) led attendees into the permanent topic of hemorrhage and hemostasis in surgery



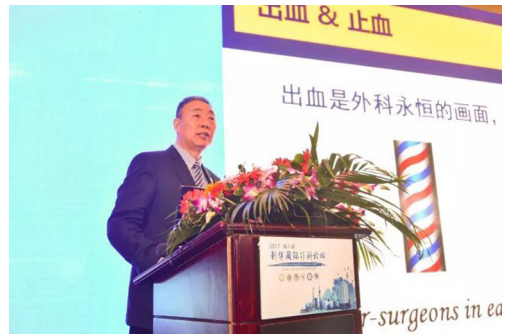
**Figure 3** Hongwei Li, Shanghai Jiao Tong University School of Medicine, Shanghai, China.



**Figure 4** Jiafu Ji, Beijing Cancer Hospital, Beijing, China.



**Figure 5** Hans G. Beger, the Medical Faculty, Ulm University, Germany.



**Figure 6** Yi Miao, Jiangsu Province Hospital, Jiangsu, China.



**Figure 7** Xiaxing Deng, Ruijin Hospital, Shanghai Jiaotong University School of Medicine, Shanghai, China.

with humour tones. He advised that surgeons shall decisively judge and make options when facing with knotty cases.

Professor Xiaxing Deng (*Figure 7*) demonstrated their robotic surgery using Da Vinci Surgical System. He described a bright future of robots which can be affiliated to the surgical operation.

Professor Lijian Liang (*Figure 8*) pointed out critical thinking about the management of iatrogenic biliary duct injuries in cholecystectomy.

Professor Yingbin Liu believes that the current incidence rate of bile duct tumor tends to increase. There are six major problems in biliary tract tumor surgery: classification of bile duct tumor, preoperative assessment method, preoperative jaundice, tumor resection, accurate treatment of bile duct tumor, surgical treatment of unexpected gallbladder cancer. Professor Liu believes that the boundaries of bile duct



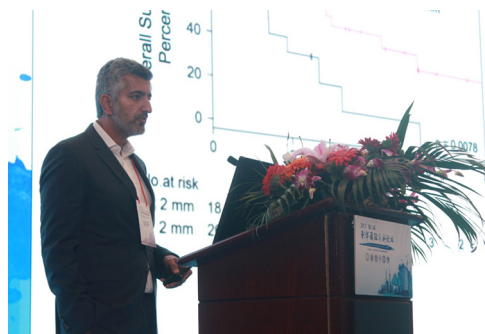
**Figure 8** Lijian Liang, the First Hospital of Zhongshan University, Guangdong, China.



**Figure 10** Dr. Wenhui Lou, Zhongshan Hospital Affiliated to Fudan University, Shanghai, China.



**Figure 9** Defei Hong, Zhejiang Provincial People's Hospital, Zhejiang, China.



**Figure 11** Dr. Richard Tuli, Samuel Oschin Comprehensive Cancer Institute & Cedars-Sinai Medical Center, Los Angeles, CA, USA.

tumor in a cross within the liver and pancreas. Its treatment and operation difficulty are higher, in this case, to solve the above six issues is the key to treatment of biliary tract cancer.

With great enthusiasm, Professor Defei Hong (*Figure 9*) introduced the attendees to his “Single Stich Pancreatic Duct Suture” (SSPDS), which applied in laparoscopic pancreaticoenterostomy.

### Pancreatic session

The pancreatic session is chaired by Profs. Quanxing Ni, Deliang Fu, Qiang Li and Xingkai Meng, Dr. Wenhui Lou (*Figure 10*) reported about hot and controversial topics in neoadjuvant therapy for pancreatic cancer. To benefit the patients, he introduced us the neoadjuvant therapy for resectable pancreatic cancer which has been a controversy among doctors, but the latest data has demonstrated the advantages of neoadjuvant therapy. As for the borderline resectable and locally advanced pancreatic cancer, attention

should be placed on how to increase the transformation success rate of neoadjuvant therapy, especially among the Asians. Attention should be paid to induction chemotherapy and radiotherapy in treatment. In the end, Dr. Lou raised three questions for us. The first is about the importance of choice: Which patients can benefit from neoadjuvant therapy and transformation therapy? The second is when the neoadjuvant therapy achieves partial response/complete response (PR/CR), whether we should give operation to the patients or not. This is what we call doing certain things and refraining from doing other things. The third question is how to choose the adjuvant therapy after the surgery.

Then, Dr. Richard Tuli (*Figure 11*) made the speech entitled “Advances in radiotherapy and radiotherapy/drug combinations for Pancreatic and GI malignancies”. He mentioned that adjuvant cathode ray tube (CRT) remains preferred regime in US and that chemo is the first approach in borderline (BL) and locally advanced pancreatic cancer (LAPC) followed by stereotactic body





**Figure 12** Dr. Min-Li, University of Oklahoma Health Sciences Center, Oklahoma, America.



**Figure 15** Dr. Bei Sun, First Hospital Affiliated to Harbin Medical University, Heilongjiang, China.



**Figure 13** Dr. Katherine Morris, Oregon Health and Science University, Oregon, US.



**Figure 16** Dr. Xiaoyu Yin, First Hospital Affiliated to Zhongshan University, Guangdong, China.



**Figure 14** Dr. Xueli Bai, Second Hospital Affiliated to Medical College of Zhejiang University, Zhejiang, China.

radiation therapy (SBRT) if at least stable disease. In the biologic selection chemotherapy is first approach and then predictive biomarkers should be integrated to further refine therapy.

Dr. Min-Li (*Figure 12*) made a report on translational pancreatic cancer research. Their team have done some basic research about the expression status of ZIP4 in

human and mouse pancreatic cancer, the function of the aberrantly expressed ZIP4 in pancreatic cancer progression and the mechanisms of ZIP4-mediated pancreatic cancer pathogenesis, Dr. Li made a conclusion that these results identify a previously uncharacterized role of ZIP4 in pancreatic cancer and indicate that ZIP4 is a new cancer therapeutic target. He emphasized zinc level needs to be balanced!

The next speaker was Dr. Katherine Morris (*Figure 13*). With high incidence of pancreatic cancer, Dr. Morris focused on assessment and management of co-morbidities in pancreatic cancer surgery in her speech.

Dr. Xueli Bai (*Figure 14*) was talking about the diagnosis and treatment of fistula after pancreatic surgery.

Dr. Bei Sun's (*Figure 15*) report was about problems



**Figure 17** Dr. Taiping Zhang, Peking Union Medical College Hospital.



**Figure 19** Dr. Xianxun Yu, Fudan University Shanghai Cancer Center, Shanghai, China.



**Figure 18** Dr. Chenghao Shao, Shanghai Changzheng Hospital, Shanghai, China.



**Figure 20** Dr. Wei Wang, Huadong Hospital Affiliated to Fudan University, Shanghai, China.

of surgical intervention during the treatment of acute pancreatitis

Both Dr. Renchao Zhang and Dr. Xiaoyu Yin (*Figure 16*) shared some surgery videos with us. They were about solitary resection of the pancreatic protrusion and about the application of Da Vinci robot in pancreatic surgery respectively.

Dr. Taiping Zhang (*Figure 17*) made a report on Progress in surgical treatment of pancreatic neuroendocrine tumor.

Dr. Chenghao Shao's (*Figure 18*) speech was progress in combined vascular strategies for pancreatic cancer. He pointed out three surgery strategies and they were priority processing of vessels, technology of stripping arterial sheaths and *en-bloc* resection concept. In the end, he summarized that surgery of pancreatic cancer combined with vascular resection has entered era for a new adjuvant chemotherapy.

Dr. Xianjun Yu (*Figure 19*) talked about the innovation in treating pancreatic cancer He thought it a collision between antiquity and innovation when surgery meets oncology.



**Figure 21** Dr. Jun Liu, Shandong Provincial Hospital, Shandong, China.

Dr. Wei Wang (*Figure 20*) focused on the safety control of laparoscopic pancreatoduodenectomy (LPD) operation and pancreatic anatomy.

Dr. Liu Jun (*Figure 21*) talked about complete LPD and he was hopeful that LPD would be better achieved.

Dr. Xuefeng Wang (*Figure 22*) reported on the application



**Figure 22** Dr. Xuefeng Wang, Xinhua Hospital Affiliated to Shanghai Jiao Tong University School of Medicine, Shanghai, China.



**Figure 23** Dr. Jian Wang, Shanghai Changzheng Hospital, Shanghai, China.

of endoscopic retrograde cholangiopancreatography (ERCP) after the reconstruction of gallbladder and pancreas.

Dr. Jian Wang (Figure 23) was focused on the relationship between pancreatic cancer and pancreatitis.

### APC in forum

*Annual of Pancreatic Cancer (APC)* editorial team gladly joined this academic forum to interview the experts and cover the conference. We here would like to express our sincere gratitude to our dear editorial board members and dear readers who have come around our booth (Figure 24).

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**Figure 24** The APC editor was introducing APC to the attendees.

We invited eight experts focusing on pancreatic field for interviewing. They showed great interests to *APC* and talked warmly with *APC* editorial team.

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