

At the Inauguration of the Japan Esophageal Society

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Last June, I undertook the responsibility of dissolving the Japanese Society for Esophageal Diseases (JSED), which was founded by Prof. Kohmei Nakayama of Chiba University about 40 years ago and was served by four presidents, Hiroshi Sato, Teruo Kakegawa and myself. In place of this we developed a new organization, the Japan Esophageal Society (JES), composed of individual academic members, rather than an institution.

The JSED took a step forward to hold an academic meeting (JES) this June, after a one-year period of preparation. In retrospect, the JSED was started in 1965 to study and research surgical therapy for esophageal cancer as its main theme, then subsequently developed markedly, and 72 institutions had already joined it by 1972.

If we consider 1932, when Prof. Sadanobu Seo (Chiba University) submitted the assignment report of the Japan Surgical Society, to be the dawn of surgical therapy for esophageal cancer in Japan, Japanese esophageal surgical history could be approximately divided into three periods: the initial period from 1930 to 1960 (the period of improvement of direct operative mortality), the middle period from 1960 to 1980 (the period of improvement of postoperative complaints and introduction of modern diagnostic techniques), and the latter period from 1980 to 2000 [the period of improvement in survival rate and quality of life (QOL) of patients].

The JSED was, therefore, organized in the beginning of the middle period. At that time, direct operative mortality was 40% to 50%, and, whilst various reports were actively discussed among the various institutions of the JSED, it was very difficult to reach a conclusion from various opinions with no single specific set of rules. Therefore, in view of the need for discussing under a standard, "Guidelines for Clinical and Pathologic Studies on Carcinoma of the Esophagus" was made with much effort and time, and the JSED developed rapidly after that.

In the latter period, direct operative mortality of esoph-

ageal cancer reduced by an average of 20%, and extended dissection of lymph nodes in the neck, mediastinum and abdomen was performed with the aim of further improvement of survival rate. At the same time, combined therapy using radiation and chemotherapy with surgery was established, and the survival rate after surgery improved further, in which the five-year survival rate reached 30% to 40%. Near the end of the 20th century, the extent and location of lymphadenectomy for the curative operation, were made clear with the substantial data and the imaging diagnosis of lymph node metastasis.

Therefore, minimally invasive surgery became carried out widely at the same time, resulting in improvement of the QOL of patients. We have now reached the development of computer and medical engineering and video assisted endoscopic surgery is becoming very popular. Endoscopic treatment now plays a very important role.

At present, almost all institutions perform surgical therapy for esophageal cancer, have almost equal operative results, and use the same treatment methods. Survival rate at this time also shows about similar values for similar therapeutic results. Based on this evidence, the JSED published "Evidence Based Medicine (EBM) of Therapy for Esophageal Cancer" last year. The primary purpose of the JSED was that surgical therapy for esophageal cancer would be performed safely by all members, and in every institution with uniform results. Recently, the purpose of the Society had almost been attained. Because of this, I, as the president of the JSED, decided to reform this Society as the JES.

At the start of this new JES, I would like to express my opinion. Because the JSED consisted of institutions, it mainly emphasized the therapeutic results and methods of their institutions and mentioned the effectiveness of their treatment methods for esophageal diseases.

However, I think we should not be limited to the results of institutions. We should recognize the importance of fundamental research of esophageal cancer itself and individual research to improve the QOL of esophageal cancer patients in this new Society. That is because this new Society consists of individual members.

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Therefore, the separating walls between institutions, between various fields such as surgery and radiation treatment, and moreover, between basic medical science and the clinical medicine should be removed, and individual researchers should work together for the ultimate goal, that is, eradication of cancer. The research that needs members of institutions should be conducted jointly as a project research and the results should be published by this new Society, so that they can be used as a reference for individual research, or serve as an outline of therapy in the future. Each patient is quite different from other patients, and now the age of tailor-made treatment is coming.

Furthermore, video assisted endoscopic surgery as minimally invasive surgery has become the mainstream in therapy for esophageal cancer. It is true that video assisted endoscopic surgery had improved remarkably and contributed to the QOL of patients, and I approve of this procedure and accept its value. Video assisted endoscopic

surgery is also one of the most interesting operation methods for young doctors. I hope it will develop further from now on. However, almost two thirds of patients of esophageal cancer are suffering from advanced-stage cancer, and many of them are terminally ill. Nevertheless, the therapy and the strategy for QOL of advanced-stage cancer patients is hardly satisfactory and some patients unfortunately die even at present. I strongly hope that young surgeons particularly should put their focus on therapy for advanced-stage cancer patients, though I can understand their desire to stay with promoting video assisted endoscopic surgery. For that purpose, intensive cooperation with researchers of surgery and other fields is essential. We should not pursue only the easy and showy research covered in the mass media. The true way of the pursuit of science is very difficult and needs continuous endeavor.