

CO-ORGANIZED EVENT



13th International Conference on
Clinical Gastroenterology & Hepatology

&
2nd International Conference on
Digestive Diseases

December 07-08, 2017 Madrid, Spain

Scientific Tracks & Abstracts Day 1

Clinical Gastro 2017 & Digestive Diseases 2017

Sessions

Day 1 December 07, 2017

Advances in Digestive Diseases | Gastrointestinal Oncology | Inflammatory Bowel Disease Paediatric Gastroenterology & Nutrition | Gastrointestinal Disorders

Session Chair

Rani Kanthan

University of Saskatoon, Canada

Session Co-chair

Carmen Cuffari

The Johns Hopkins University, USA

Session Introduction

Title: Correlation of diabetic retinopathy with gut microbiota in type 2 diabetes mellitus.

Rania Fahmy, King Saud university, KSA

Title: A Long-Term Surgical Outcomes of Self-Pulling and Holding Purse-String Suture Technique for Intracorporeal Circular-Stapled Esophagojejunostomy

Jianjun Du, Fudan University, China

Title: Gastrointestinal and fertility hormones in Saudi females with polycystic ovary syndrome

Maha Dagestani, King Saud University, KSA

Title: Gastrointestinal Endoscopic Innovations in China

Bingrong Liu, Zhengzhou University, China

Title: Characterization of novel mouse model of gastrointestinal cancer

Yonghua Bao, Jining Medical University, China

Title: Role of aromatase (CYP19A1) in colorectal cancer etiology, and effect of gene polymorphisms in cancer development and treatment

Arjumand Warsy, King Saud University, KSA

Title: Modulating Microbiota for IBD Control

Yunsheng Yang, Chinese PLA General Hospital, China

Title: Redefining the learning curve for robotic Ivor Lewis esophagectomy

Kenneth Meredith, Florida State University College of Medicine, USA

Video Presentation

Title: Therapeutic Interventional Endoscopic Ultrasound in Advanced Biliary Malignancy

Cosmas Rinaldi A. Lesmana, Medistra Hospital, Indonesia

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Correlation of diabetic retinopathy with gut microbiota in type 2 diabetes mellitus

Rania Fahmy
King Saud University, KSA

Introduction: The retina is a light-sensitive nerve layer located at the back of the eye that creates images of objects. These cells kept alive by getting oxygen and nutrients from tiny blood vessels in the eye. Retinopathy is a disease of the retina that is more prevalent in type 2 diabetes mellitus T2DM patients. Diabetic retinopathy DR is a leading cause of blindness because hyperglycemia weakens retinal capillaries, resulting in leakage of blood into the surrounding space. This bleeding can result in the formation of scar tissue, which can cause tractional retinal detachment and maculopathy (Proliferative DR). Recently, it has been proven that the human resident microbiota plays roles in health maintenance. Chronic inflammation associated with resident microbiota has been found to contribute to the T2DM occurrence. As one of the most concerned obesity-related disorders, T2DM is associated with abnormal energy metabolism and low-level chronic inflammation in fat tissues. Moreover, the microbiota is altered in the development of T2DM and its associated medical complications as diabetic and renal retinopathies. DR usually developed in more than 60% of T2DM patients and hence is related to gut microbiota imbalance.

Purpose: To find the relationship between the Diabetic retinopathy with the overgrowth of certain gut bacterial strains.

Materials & Methods: This study will involve thirty subjects subdivided into three groups: group I: twenty healthy controls, group II twenty T2DM with background DR, and group III twenty diabetic T2DM with non-proliferative DR. All subjects undergone full ophthalmic and fecal microbial examination.

Results: This review summarizes the current knowledge concerning the altered microbiota in the pathogenesis of T2DM and its related complications, which provides novel insights into these diseases and the potential intervention strategies from the microbiology point of view.

Recent Publications

1. May Ibrahim AlKhudair , Rania Medhat Fahmy and Ahmed A Al-saleh (2014) Comparative study of corneal biomechanical properties between myopes and hyperopes. *Austin Journal of Clinical Ophthalmology* 1(1):5.
2. Fahmy R M (2016) Pterygium Resection with Amniotic Membrane Grafting in a Patient with Xeroderma Pigmentosum. *Austin Journal of Clinical Ophthalmology* 3(2):1066.
3. Fahmy R M (2016) Correlation between anthropomorphic measurements and ocular parameters among adult Saudi females. *Austin Journal of Clinical Ophthalmology* 3(2):1070.

Biography

Rania Fahmy has been a full-time Academic Professor at King Saud university since 2011. She has been cross-appointed to the Department of Ophthalmology at the Kasr Al Aini Hospital in Cairo University Egypt, as a Consultant Ophthalmologist. She is a known specialist in ocular anterior segment disorders and refractive surgeries in both children and adults.

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Long-term surgical outcomes of self-pulling and holding purse-string suture technique for intracorporeal circular-stapled esophagojejunostomy

Jianjun Du^{1,2}, Jianbo Shuang¹, Jing Li¹, Jipeng Li¹ and Jin Hua²

¹The Fourth Military Medical University, China

²Fudan University, China

Background: Classic esophagojejunostomy using a circular stapler is the most commonly performed standard reconstruction procedure in open surgery, then this technique should be the preferred method of esophagojejunostomy in laparoscopic surgery. In circular stapling method, the most difficult steps are placing the purse-string suture and anvil which limit its widespread applications. To address this problem, we introduced a novel self-pulling and holding technique to place the purse-string suture for intracorporeal circular-stapled esophagojejunostomy in laparoscopic surgery.

Methods: Creation of the purse-string suture was performed by hand with assistance of constant self-pulling and holding of the uncut right esophagus on the transected esophageal end after subtotal circumferential transection (90%) of the distal esophagus. A needle insertion from the serosal side or the mucosal side of the esophageal lumen was chosen to avoid placing a backhand stitch in addition to the easy needle insertion from the mucosal side on the posterior esophageal wall. 5- years follow-up for the patients underwent the procedure was completed.

Results: Between June 2009 and December 2012, 52 patients with gastric cancer underwent consecutive laparoscopic total gastrectomy using the procedure for intracorporeal circular-stapled esophagojejunostomy. The mean (\pm SD) operating time was 297.1 \pm 53.0 minutes, and the time of the purse-string suture and anvil placement was 18.3 \pm 6.1 minutes. There were 3 major postoperative complications: one for anastomotic bleeding, two for ileus. During 5- years follow-up periods, there were no instances of postoperative anastomosis-related complications observed except for one with stenosis,

Conclusions: We believe that this method is feasible and reliable to create the purse-string suture for intracorporeal circular-stapled esophagojejunostomy by a long-term follow-up.

Recent Publications

1. Jeong O, Park YK (2009) Intracorporeal circular stapling esophagojejunostomy using the transorally inserted anvil (OrVil) after laparoscopic total gastrectomy. *Surg Endosc* 23: 2624-2630.
2. Inaba K, Satoh S, Ishida Y, et al.(2010) Overlap method: novel intracorporeal esophagojejunostomy after laparoscopic total gastrectomy. *J Am Coll Surg* 211:e25-29.
3. Kinoshita T, Oshiro T, Ito K, et al.(2010) Intracorporeal circularstapled esophagojejunostomy using hand-sewn purse-string suture after laparoscopic total gastrectomy. *Surg Endosc* 24:2908-2912.
4. Nagai E, Ohuchida K, Nakata K, et al.(2013) Feasibility and safety of intracorporeal esophagojejunostomy after laparoscopic total gastrectomy: Inverted T-shaped anastomosis using linear staplers. *Surgery* 153:732-738.
5. Kim H-I, Cho I, Jang G-S, et al.(2013) Intracorporeal esophagojejunostomy using a circular stapler with a new purse-string suture technique during laparoscopic total gastrectomy. *J Am Coll Surg* 216:e11-16.

Biography

Jianjun Du has his expertise in mini-invasive surgery in upper gastrointestinal disease, stomach disease. Within more than ten years. he has been keeping interested in stomach surgery, and in study on laparoscopy gastrectomy with some papers published, which suggest that laparoscopy gastrectomy for patients with advanced gastric cancer is surgical and oncological adequacy. Recently, to address problems in intracorporeal anastomosis under laparoscopic gastrectomy, two novel methods were also developed by his team.

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Gastrointestinal and fertility hormones in Saudi females with polycystic ovary syndrome

Maha Dagestani and Arjumand warsy
King Saud University, KSA

Endoscopic Retrograde Appendicitis Therapy (ERAT): Be inspired by the endoscopic treatment of suppurative cholangitis, we developed the ERAT technique for the treatment of appendicitis in 2009. The initial clinical report was published in 2012. A multicenter retrospective study was also reported at DDW 2013. In conclusion, ERAT appears to be a safe, effective and minimally invasive treatment method for acute uncomplicated patients, even for perforated appendicitis patient and periappendiceal abscess. We believe that, in near future, ERAT will become the first choice of treatment for acute appendicitis.

Liu PerOral Endoscopic Myotomy (Liu-POEM): In purpose of improving the POEM procedure, we came to a new idea of performing myotomy and tunneling in one step and then closed the access site as before. In conclusion, limiting the tunneling process and myotomy to one step enables a more efficient procedure than conventional POEM with minimal submucosal tissue injury and shorter operation time. Additional studies are underway.

Transrectal Gallbladder-Preserving Cholecystolithotomy (TRGPC) and Transrectal Gallbladder Preserving Polypectomy (TRGPP): We conducted a retrospective study aiming to evaluate the feasibility and efficacy of transrectal gallbladder preserving cholecystolithotomy (TRGPC) and transrectal gallbladder preserving polypectomy (TRGPP) by pure NOTES. In conclusion, transrectal route provides a novel alternative approach for the treatment of gallbladder polyps and gallstones. To our knowledge, this is the first human case series of transrectal gallbladder preserving cholecystolithotomy and polypectomy by pure NOTES.

Endoscopic Gastric Mucosal Ablation (EGMA) for weight loss: the first human case report: We performed Endoscopic Gastric Mucosal Ablation (EGMA) on the gastric wall in a 38 years old female patient and got a very good result. In conclusion, EGMA is a safe and effective procedure for the treatment of obesity. EGMA is a new method, therefore, prospective and multi-center studies are needed in the future.

Biography

Dr. Maha Dagestan is Associate Prof. Molecular Endocrinology at King Saud University. She is Director of research center & Director of central lab - Female Center for Scientific & Medical Colleges. She is also Director of central lab at King Faisal Specialist Hospital and Research Centre.

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Gastrointestinal endoscopic innovations in China

Bingrong Liu
Zhengzhou University, China

In the last two decades polycystic ovary syndrome (PCOS) has emerged as a major endocrinopathy among females of reproductive age. It is generally associated with hyperandrogenism, anovulation, excess body, presence of facial hair and difficulty getting pregnant. In addition, several metabolic abnormalities are encountered, and some can be related to the associated endocrine abnormalities. We investigated 130 Saudi females suffering from PCOS and 122 normal, healthy Saudi with no apparent abnormalities as controls. Anthropometric data was collected and BMI and hip/waist were calculated. Fasting blood sample was collected from each female in plain tubes. The former was used to extract DNA and the latter was centrifuged to obtain the serum, which was stored at -800C till required for analysis. The level of hormones (leptin, ghrelin, LH, FSH, estrogens, progesterons, testosterone, insulin) and lipids were estimated. Correlation studies were conducted, multiple regression analysis was carried out and Receiver Operating Curves (ROC) were obtained. Hormonal abnormalities were of frequent occurrence in the PCOS patients and correlated strongly with lipid abnormalities. Obesity was a common finding where over 60 % of the Saudi PCOS women were obese or overweight. Obesity correlated strongly with hyperinsulinemia and hyperleptinemia in the PCOS patients. This paper will present our studies on Saudis and will discuss the possible therapeutic strategies aimed at the modifying hormone levels in PCOS.

Recent Publications

1. Harper C (2009) The neuropathology of alcohol-related brain damage. *Alcohol and Alcoholism* 44(2):136-140.
2. Heilig M and Egli M (2006) Pharmacological treatment of alcohol dependence: Target symptoms and target mechanisms. *Pharmacology and Therapeutics* 111(3):855-876.
3. LiX, Schwacha M G, Chaudry I H and Choudhry M A (2008) Acute alcohol intoxication potentiates neutrophil-mediated intestinal tissue damage after burn injury. *Shock* 29(3):377-383.
4. Room R, Babor T and Rehm J (2005) Alcohol and public health. *Lancet* 365(9458):519-530.
5. Sullivan E V and Zahr N M (2008) Neuroinflammation as a neurotoxic mechanism in alcoholism: Commentary on increased MCP-1 and microglia in various regions of human alcoholic brain. *Experimental Neurology* 213(1):10-17.

Biography

Bingrong Liu is Doctor of Medicine. He is a President of the GI Hospital, The First Affiliated Hospital of Zhengzhou University. He initiated the painless gastroenteroscopy examinations in 2002 in the three northeast provinces. He has been engaged in the work of interventional treatment of liver cancer and achieved a good result. He and his team has initiated and completed a series of pioneering techniques in the world in recent years. Every year since 2010, he has shown himself at different international conferences as a speaker, and has been invited by many countries to carry out academic reports and demonstrations. He enjoys a high reputation both at home and in abroad. In 2015, the Transrectal Gallbladder-Preserving Cholecystolithotomy via pure notes won the eightieth American Digestive Association (ACG) video contest champion.

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Characterization of novel mouse model of gastrointestinal cancer

Yonghua Bao¹, Yongchen Guo¹ and Wancai Yang^{1,2}

¹Jining Medical University, China

²University of Illinois at Chicago, USA

Colorectal cancer (CRC) is one of the most common cancers and a leading cause of cancer-related death in worldwide. Several decades effort have revealed that the development and progression of colorectal cancer is linked to the oncogenic signaling activation, particularly, the activation of Wnt/ β -catenin or chronic colitis-associated inflammatory signaling, etc. We have found that PRSS8 was significantly reduced in esophageal and colorectal cancers and acted as a tumor suppressor in colitis-associated colorectal cancer through targeting Sphk1/Stat3/Akt signaling pathway. To determine the roles of PRSS8 in colorectal cancer in vivo, we developed a conditional knockout mouse model - Intestine-specific deletion of Prss8 in mice (Prss8 fl/fl-Cre+, Prss8 CKO), and found that PRSS8 deletion caused spontaneous formation of colitis and intestinal tumors. At the age of about 3 months, about 20% of the Prss8 CKO mice exhibited inflamed rectum and then exerted rectal prolapse. Histopathologic analysis showed that 60% Prss8 CKO mice had developed chronic inflammation in large intestine at 3 months. Interestingly, 45% Prss8 CKO mice had developed hyperplasia in small intestine at 3 months. At the age of 6 months, 80% of the Prss8 CKO mice developed adenomas, and at the age of nine months, 100% of the Prss8 CKO mice developed adenomas. Further studies showed that gastrointestinal tumorigenesis was linked to the Disruption of intestinal epithelial cell maturation: more proliferative cells and moved faster in the Prss 8 CKO mouse, assayed by BrdU staining and migration assay. Moreover, Prss 8 CKO mouse intestine exhibited less mature mucin drops and goblet cells at the crypts of small and large intestine in comparison with the WT mice. Gene profile using mouse intestinal epithelial cells and gene set enrichment analysis showed that the tumorigenesis was associated with oncogenic signaling pathways, including Wnt/beta-catenin and inflammatory signaling. The underlying mechanisms are under further investigation.

Biography

Yonghua Bao has completed her graduation from Jiamusi Medical University, China with a Clinical Medicine background, PhD in Biochemistry and Molecular Biology from Jilin University and Post-doctoral training in Biochemistry and Molecular Biology at the State Key Laboratory of China Agricultural University.

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Role of aromatase (*CYP19A1*) in colorectal cancer etiology, and effect of gene polymorphisms in cancer development and treatment

Arjumand Warsy, Fatimah Basil al-Mukaynizi, Mohammed Alanazi, Sooad AlDaihan, Parine, Majid Almadi, Abdulrahman Aljebreen, Nahla Azzam, Othman Alharbi, Maha Arafah and Narasimha Reddy
King Saud University, Saudi Arabia

In the last decade, the role of estrogens in the etiology of cancer has been well documented. Estrogen levels have been implicated as both protective and predisposing factors in cancer development. Studies have shown that the production of estrogens in tissues results in local elevation and has a deteriorating effect on cancer development and prognosis. Aromatase cytochrome p450 enzyme (*CYP19A1*) is involved in the synthesis of estrogens and converts estrone to estradiol. It has become a target of extensive research, where aromatase inhibitors are employed as treatment strategies for several cancers. Several genetic variations have been reported in the *CYP19A1* gene that alters aromatase expression or its activity and influence the risk of cancer development. We genotyped six single nucleotide polymorphisms (SNPs) (rs4774585, rs936308, rs4775936, rs28757184, rs700518 and rs4646), in *CYP19A1* gene in patients suffering from colorectal cancer, and compared the results with normal healthy controls. We also studied the level of gene expression of aromatase in cancer tissue compared to adjacent normal tissue. The SNP rs936308 was significantly associated with rectal cancer, rs4774585 to colorectal cancer in male patients and rs4775936 in the female patients. The aromatase gene expression was elevated in the cancer tissue and aromatase protein level was high as confirmed by immunohistochemistry. In silico studies were conducted on rs28757184, a missense mutation, and showed structural variations. This presentation will discuss the role of aromatase in colorectal cancer development and will present the genetic variations reported so far and their effect on the pathogenesis of colorectal cancer.

Biography

Arjumand Warsy is a Professor at Department of Biochemistry in the College of Science at King Saud University, Saudi Arabia. She has completed his PhD in 1974 from the Department of Applied Biochemistry and Nutrition at University of Nottingham, UK. Her title thesis is: Study of proteinase inhibitors in seeds of *Vicia faba* (Broad Bean). She was a Post-doctoral Research Associate at Department of Biochemistry, University of Birmingham, UK from 1973-1975. She joined Department of Biochemistry, College of Medicine, Sciences and Medical Studies, Department for Women Students, King Saud University in 1977.

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Modulating microbiota for IBD control

Yunsheng Yang, Rongrong Ren, Yichao Shi, Zhengpeng Li, Jing Chen, Jianfeng Li, Gang Sun and Lihua Peng
Chinese PLA General Hospital, China

Introduction: Prevalence of IBD in Asia is still lower than that in western countries, however it is increasing in recent years. The pathogenesis of IBD remains unclear and more evidences reveal intestinal microbiota to play an important role in IBD, especially in ulcerative colitis UC. Therapies via modulating gut microbiota have been introduced to IBD, including probiotics, prebiotics and fecal microbiota transplantation (FMT). Gut microbiota reconstruction has been becoming a trending topic in IBD, clinical medicine and life science. The lecture will report our FMT trial to treat IBD and other relevant studies.

Prebiotics and Probiotics to treat IBD: In clinical investigations, prebiotics such as oligofructose and probiotics such as VSL#3, EcN have been observed to treat active UC patients, which showed some of such preparations were able to relieve IBD.

Fecal Microbiota Transplantation to treat IBD: We reviewed FMT treatment for IBD and report our clinical trial with FMT for treating the IBD. In a pilot study for UC patients, the clinical manifestations and laboratory results improved significantly with an apparent reduction of Mayo Scores and Endoscopic Mayo Scores in seven months follow-up. In a consequent cohort study, patients with severe or refractory UC received FMT. Significant reduction of Mayo Scores and Endoscopic Mayo Scores were obtained after FMT. The clinical remission rate was from 47.1% to 64.7%, and the endoscopic remission rate was from 52.9% to 76.5%. Only a few adverse reactions were observed, such as abdominal discomfort and low fever emerged transiently. Microbiome sequencing showed that the diversity of intestinal microbiota of UC patients was reconstructed and transformed to healthy donor's gradually after FMT. Finally, the lecture makes a prospective of IBD treatment through the modulation of gut microbiota with synthetic microbes under development.

Conclusion: Microbiota modulation is a promising and effective modality for IBD especially ulcerative colitis. Further studies regarding the clinical RCT, multi-omics and molecular pathways are needed and will help us to precisely understand and use microbiota to IBD.

Biography

Yunsheng Yang is Faculty of Medicine and Associate Professor in Department of Gastroenterology and Hepatology at Nankai University. He is currently working at Department of Gastroenterology and Hepatology in Chinese PLA General Hospital

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Redefining the learning curve for robotic Ivor Lewis esophagectomy

Meredith Kenneth

Florida State University College of Medicine, USA

Background: Minimally invasive esophagectomy (MIE) has demonstrated superior outcomes compared to open approaches. The myriad of techniques has precluded the recommendation of a standard approach. The robotic approach has increased steadily and we have previously published our series defining the learning curve for this approach. The purpose of this study is to redefine the learning curve for robotic-assisted esophagogastrectomy with respect to operative time, conversion rates, and patient safety.

Methods: We have prospectively followed all patients undergoing robotic-assisted esophagogastrectomy and compared operations performed at our institutions by a single surgeon in successive cohorts. Our measures of proficiency included: operative times, conversion rates, and complications. Statistical analyses were undertaken utilizing Spearman regression analysis and Mann-Whitney U test. Significance was accepted with 95% confidence.

Results: We identified 203 patients (166 (81.8%) male: 37 (18.2%) female) with a median age of 67.2 (30-90) years who underwent robotic-assisted esophagogastrectomy for malignant esophageal disease. One-hundred sixty six were adenocarcinoma, 26 were squamous cell carcinoma and 11 were other. R0 resections was performed in 202 (99.5%) of patients. The median lymph node harvest was 18 (6-63) and neoadjuvant chemoradiation was administered to 157 (77.4 %) patients. A significant reduction in operative times ($p < 0.005$) following completion of 20 procedures was identified (514 ± 106 min vs. 415 ± 91 min compared to subsequent 80 cases and further reduced with the subsequent 100 cases 397 ± 71.9 min) $p < 0.001$. Complications decreased after the initial learning curve of 29 cases, $p = 0.04$. However there was an increase in complications after 90 cases in which there was an increase in the Charleson morbidity index, $p < 0.01$ indicating higher risk patients which tapered after case 115.

Conclusions: For surgeons proficient in performing minimally-invasive esophagogastrectomies, the learning curve for a robotic-assisted procedure appears to begin near proficiency after 20 cases however as more complex cases are undertaken there appears to be an additional learning curve which is surpassed after 115 cases.

Recent Publications

1. Kothari N, Mellon E, Frakes J, Hoffe S, Shridhar R, Pimiento J, Tram N, Saeed N, Meredith K L and Almhanna K (2016) Outcomes in patients with brain metastasis from esophageal cancer. Journal of Gastrointestinal Oncology doi: 10.21037/jgo.2016.03.12.
2. Saeed N, Chuong M, Hoffe S, Shridhar R, Almhanna K and Meredith K L (2017) CT-Based Assessment of Visceral Adiposity and Outcomes for Esophageal Adenocarcinoma. Journal of Gastrointestinal Oncology 8(5).

Biography

Meredith is a Professor of Surgery at Florida State University College of Medicine and serves as Medical Director of Gastrointestinal Oncology at the Sarasota Memorial Institute for Cancer Care. He is a Surgical Oncologist with a focus on foregut malignancies. His clinical interests include minimally invasive approaches to resection of gastrointestinal malignancies including robotics. He has lectured and taught surgeons across the world about his robotic approaches and has pioneered robotic approaches to esophageal and pancreatic resections. He has published extensively and given over 200 presentations at the local, regional, national and international meetings.

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Video Presentation Day 1

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Therapeutic interventional endoscopic ultrasound in advanced biliary malignancy

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Medistra Hospital, Indonesia

Biliary malignancy is one of the challenging problem in the field of gastroenterology. It requires multi-disciplinary and multi-modalities approach to give a better patient's management. However, clinical expertise in the new era of advance diagnostic imaging and also innovation in therapeutic modalities become more debatable regarding the human resources, hospital investment and cost, and also the patients' expenditure with future outcome of the disease itself. The most therapeutic modality which has been used widely in advance stage of biliary malignancy case is known as endoscopic retrograde cholangiopancreatography (ERCP) procedure, however the patient's survival rate has become the most important thing before deciding the most appropriate procedure. The risk and possible complications during and after ERCP procedure, such as bleeding, pancreatitis, perforation also need to be considered and put together in clinical practice. Another option such as percutaneous trans hepatic biliary drainage (PTBD) has been considered when ERCP is unsuccessful and due to the simple steps of PTBD, it might become the first of choice when the patient's condition is contraindicated for advance procedure or deep sedation. Endoscopic ultrasound (EUS) is an old time innovation with new regeneration in the field of therapeutic endoscopic procedures. Recently, its development has giving many promising interventional procedures in Hepatopancreatobiliary diseases. The role of EUS biliary drainage (EUS-BD) is one of the cutting-edge that has been used in biliary obstruction due to advance biliary malignancy. It combines ERCP and interventional trans abdominal ultrasound techniques to approach and managing bile duct obstruction. It also requires dedicated accessories to make the procedure successful. Therapeutic interventional EUS has been considered as a new cutting-edge innovation for managing advance biliary malignant cases, however the cost benefit of this procedure should be always considered in most of patients with advanced biliary malignancy with biliary obstruction.

Biography

Cosmas Rinaldi A. Lesmana is Senior Lecturer at Department of Internal Medicine, Hepatobiliary Division, Cipto Mangunkusumo Hospital, University of Indonesia and Consultant Gastroenterologist & Hepatologist at Cipto Mangunkusumo Hospital.

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Scientific Tracks & Abstracts Day 2

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Sessions

Day 2 December 08, 2017

Gastrointestinal Pathology | Latest Advances and Current Trends in Gastrointestinal Therapeutics Gastrointestinal Pharmacotherapy | Gastrointestinal Oncology | Obesity & Nutrition & GI Imaging

Session Chair

Seliah Kanthan

University of Saskatoon, Canada

Session Co-chair

Kenneth Meredith

Florida State University College of Medicine, USA

Session Introduction

Title: Crohn's disease and ulcerative colitis

Carmen Cuffari, The Johns Hopkins University, USA

Title: Pancreatic neuroendocrine tumors in 2017

Rani Kanthan, University of Saskatoon, Canada

Title: Obesity and life-style limitations

Vaclav Bunc, Charles University, Czech Republic

Title: Outcomes of Locoregional Therapy for Metastatic Gastric Cancer; A National Cancer Database Analysis

Ravi Shridhar, University of Central Florida, USA

Title: Adjuvant Chemotherapy after Neoadjuvant Chemoradiation in Esophageal Cancer: A Propensity Score Matched Analysis

Juan F. Ricardo, Florida State University, USA

Title: Size of Pancreatic Cancer Predicts Need for Neoadjuvant Therapy

Ahmed Saleem, University of Central Florida, USA

Title: Clinical Use of Liu-POEM and NOTES

Bingrong Liu, Zhengzhou University, China

Video Presentation

Title: AKT2 expression and 2 years overall survivor in colorectal cancer: a retrospective cohort study

Caroline Saad Vargas, State University of Ponta Grossa, Brazil

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Crohn's and ulcerative colitis

Carmen Cuffari

The John Hopkins Hospital, USA

Crohn's disease (CD) and ulcerative colitis (UC) are common and heterogeneous chronic inflammatory bowel disorders of childhood that account for up to 25% of all patients with inflammatory bowel disease (IBD). In CD, the familial pattern of disease concordance would suggest that genetics contribute to disease etiology. Children are more likely to have proximal small bowel disease complicated by stricture formation, fistulization and the need for surgical intervention. The predisposition for small bowel disease has been associated with mutations of the nucleotide oligomerization domain 2 (NOD2)/Caspase activation and recruitment domain 15 (CARD15) gene on chromosome 16 in 1/3 of patients with CD. Homozygous patients also show an early age at disease onset and a relatively high relative risk for isolated stricturing distal ileal disease. Although a vast number of other gene polymorphisms have been identified, the role for genetic testing in either the diagnosis or the therapeutic management of patients with CD has yet to be determined. Although, the precise age of onset of CD can be difficult to determine in children, subclinical phases of disease associate well with a decrease in weight and height velocity, and a delay in pubertal development. A confident distinction between CD and UC also remains a taxonomic dilemma in 25% of pediatric patients with IBD, despite recent technological advances in diagnostic techniques, including magnetic resonance enterography (MRE), serological testing, and more recently contrast enhanced ultrasound. The early introduction of biological therapies, either alone or concurrently with azathioprine or methotrexate have proven efficacy in maintaining long-term remission without corticosteroids. The monitoring of drug levels, as well as neutralizing antibodies against anti-TNF therapy has allowed physician's to individualize drug therapy to improve clinical response, and reduce the risk of drug induced toxicity. Novel biological and immunosuppressant treatment strategies are now in development in pediatric patients with IBD with the aim at improving overall treatment efficacy and avoid the need for surgery.

Biography

Carmen Cuffari is Associate Professor of Pediatrics at The Johns Hopkins University, USA and completed his MD from University of Ottawa. He was a Research Assistant for Dr. S Qadir at University of Ottawa.

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Pancreatic neuroendocrine tumors in 2017

Rani Kanthan

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Pancreatic neuroendocrine tumors [PNET] in 2017 still remain a rare group of largely unpredictable and unfathomable neoplasms. This is further compounded by the fact that though grouped together as a single neoplastic category: these heterogeneous tumors arise from different neuroendocrine cells, may produce diverse secretory products resulting in multiple clinical presentations with different diagnostic radiographic features that progress along aberrant pathways from indolent to aggressive and therefore have different guiding management principles, and result in varied tumor/patient outcomes. In this context, accurate diagnosis is challenging, and consensus-evidence-based management guidelines are often unclear. A high degree of clinical suspicion is required for accurate diagnosis and best patient management. The prevalence of PNET's have been increasing, from 15 to 24% in the 1980s and upto 60% more recently; though this trend may be due to greater awareness with more specific systems of classification, and increased radiological detection rates. Although, several classifications have been employed, from the clinical perspectives, PNETs are broadly divided into functional and non-functional tumors. Various diagnostic modalities have been used for diagnosis, tumor localization, and staging. Surgical resection continues to be the primary modality of treatment for most localized PNETs. For advanced disease, systemic therapy alone or in combination with loco-regional treatment has resulted in improved outcomes. Overall metastatic PNETs are associated with much better outcomes and prolonged survival compared with traditional pancreatic adenocarcinoma. This presentation will highlight these salient features of PNET with emphasis on the current terminology, epidemiology, and classification of these tumors together with a discussion on their etiopathogenesis, associated syndromes, principles of diagnosis including pathology with World Health Organization updates, and the current trends in the management of PNETs. Finally, prognostic determinants and predictive factors with propositions for future directions in the understanding and management of PNET's will be proposed.

Biography

Rani Kanthan is a Consultant Anatomical Pathologist in the Dept. of Pathology and Laboratory Medicine at the University of Saskatchewan with a focused interest in Surgical Oncology including breast and gastrointestinal tract. She has published 120 peer reviewed manuscripts that are indexed in PubMed/Google scholar and serves as an Editorial Board Member in various journals. She is an active medical educator and continues to participate and present at various national and international meetings with more than 125 conference abstract presentations to her credit.

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Obesity and life-style limitations

Vaclav Bunc
Charles University, Czech Republic

Obesity is up to about 5% of cases the problem of education and not medicine. For an effective intervention is necessary in the first place timely identify its initial stages and simultaneously identify the variables that can affect by the external interventions. The current epidemic of obesity is a problem not only public health, but each individual. The basic tool for successful intervention is to change the lifestyle from sedentary to active of intervened individuals. The first step is early diagnostics and then selecting individual approach that respects the health, previous experience physical, physical fitness, time and economic conditions and the relationship with its surroundings to influence obesity of the subject. Physical activity is now admitted as being an integral element of adult obesity treatment, but it is not clear which intervention is the most efficient. Physical activity is an extremely complex behavior that requires active involvement of the subjects and his nearly environment as well. It is influenced by personal, family and environmental factors and each of these elements can be a potential barrier in preventing active participation of the subject, therefore compromising a successful implementation of a program. These limitations are obvious for moderate-to-vigorous physical activity which is usually recommended for treating obese persons. The study provides an overview of modifiable physical activities mainly based on walking with energy content from 950 kcal/week for seniors to 2000 kcal/week in children, which can be used for reduction of body fat about 15%, increase in FFM about 10%, increase of physical fitness about 17% independently on gender and body mass. This may significantly influence the life style of overweight or obese subjects mainly their quality of life, predispositions for leisure and work activities and well-being.

Recent Publications

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Biography

Vaclav Bunc has graduated from Technical University in Prague and Professor in the Exercise Physiology at the Charles University, Prague. His main topics include application of mathematical methods and models in PE and sport, using of biocybernetics by evaluation of physical fitness, exercise physiology, obesity reduction, functional and physical testing in laboratory and field, body composition, BIA methods, moving regimes for prevention in cardiac and obese patients. He is a first author for more than 400 items in scientific journals, more than 150 abroad and practically the same number of publications as co-author. He is a referee of scientific papers with topics of Physical Fitness, Exercise Physiology and Obesity. He is member of Czech and International scientific societies, head of many research projects and author of the vast numbers of research reports.

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Outcomes of locoregional therapy for metastatic gastric cancer: A national cancer database analysis

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Background: Patients with metastatic gastric cancer have poor survival. The purpose of this study was to compare outcomes of metastatic gastric cancer patients with or without surgery and radiation therapy (RT).

Methods: The National Cancer Database (NCDB) was accessed to identify patients with stage IV gastric cancer between 2004 and 2013 and stratified by surgery. Propensity score matching was performed against age, metastatic site, radiation, and signet ring histology. Overall survival (OS) analysis was determined by Kaplan-Meier and log-rank analysis. Multivariate analysis (MVA) was analyzed by the Cox proportional hazard ratio model.

Results: A total of 1808 patients were identified. Surgery was associated with an OS benefit. Median and five-year OS for surgery and no surgery was 16 months and 16% and 10 months and 2% respectively ($p < 0.001$). Median and five-year OS for patients treated with surgery and RT was 22.4 months and 26%. Median and five-year OS for surgery patients treated with or without preoperative RT was 27.2 months and 28% and 15.2 months and 12%, respectively ($p < 0.001$). There was no OS benefit with postoperative RT. MVA for all patients revealed that surgery and tumor location were associated with decreased mortality while peritoneal metastases were associated with increased mortality. In surgical patients, MVA showed that RT, partial esophagectomy, and tumor location were associated with decreased mortality, while positive margins, signet ring histology, and peritoneal metastases were associated with increased mortality. In nonsurgical patients, only carcinomatosis was prognostic on MVA.

Conclusions: Surgery and radiation are associated with increased survival in a subset of patients with metastatic gastric cancer. Prospective trials will be needed to address the role and sequence of surgery and radiation in metastatic gastric cancer.

Biography

Shridhar is radiation oncologist who has been in practice since 2009. He received his MD, PhD, and residency training at Wayne State University, Karmanos Cancer Institute. His first position was at the Moffitt Cancer Center in Tampa, FL where he became the service chief for GI radiation oncology. He has specialized in gastrointestinal oncology and has more than 80 publications including several papers on esophageal and gastric cancer, including multiple manuscripts addressing the role of radiotherapy in the management of gastric cancer. He currently practices and serves as the Vice-Chairman of Radiation Oncology at the Florida Hospital Cancer Institute in Orlando, FL and oversees all GI radiation therapy.

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Adjuvant chemotherapy after neoadjuvant chemoradiation in esophageal cancer: A propensity score matched analysis

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Purpose: Patients with locally advanced esophageal cancer (EC) have poor long-term survival despite improvements in multi-modality care. Neoadjuvant chemoradiation (NCR) followed by surgical resection remains standard of care. However, the utilization of adjuvant therapy continues to be debated. Our study reviews the effectiveness of adjuvant therapy after neoadjuvant therapy in resected EC.

Methods: Utilizing the National Cancer Database (NCDB) we identified patients with esophageal cancer who underwent NCR followed by esophagectomy and compared patients who received adjuvant therapy to those who did not. Propensity score matched (PSM) analysis was performed and baseline univariate comparisons of patient characteristics were made for continuous variables using both the Mann-Whitney U and Kruskal Wallis tests as appropriate. Pearson's Chi-square test was used to compare categorical variables. Unadjusted survival analyses were performed using the Kaplan-Meier method comparing survival curves with the log-rank test. All statistical tests were two-sided and α (type I) error <0.05 was considered statistically significant.

Results: We identified 1,816 patients with EC: adenocarcinoma $n=1,664$ (91.6%) and squamous cell carcinoma $n=134$ (7.4%). There were 1,596 (87.9%) males and 220 (12.1%) females. Location of the tumor was 121 (6.7%) middle, 1,267 (7.0%) lower, and 371 (20.4%) at the gastroesophageal junction. Both the adjuvant therapy group and the no adjuvant group had 908 patients after PSM with a median age of 60 years (26-83). Univariate analysis revealed age, R0 resection, T-stage, N-stage, grade, <10 lymph nodes removed and adjuvant therapy were predictors of survival. All patients who received adjuvant therapy revealed greater median and overall survival, 36.4 months and 34.5% versus 30.9 months and 33.2%, $p=0.02$. Node negative patients did not show a significance in survival with adjuvant therapy 57.2 and 55.4 months respectively, $p=0.4$. However node positive patients demonstrated improved median and overall survival with adjuvant therapy 31.1 months and 27% respectively compared to the no adjuvant therapy group 25.7 months and 24.3%, $p=0.03$. Multivariate analysis revealed LN+, T-stage ($p=0.002$), R0 resection ($p<0.001$), and number of lymph nodes removed ($p<0.001$) were predictors of survival.

Conclusion: Adjuvant therapy in all EC patients after neoadjuvant therapy does show improved median and overall survival. Similar to other studies, R0 resection and T-stage continue to influence survival. However, node negative EC patients were found to have no survival benefit with the addition of adjuvant therapy.

Biography

Juan F Ricardo is a resident physician of internal medicine at Florida State University – Sarasota Memorial Hospital in Sarasota, Florida, USA. His main area of interest is gastroenterology

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Size of pancreatic cancer predicts need for neoadjuvant therapy

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Purpose: Pancreatic cancer continues to have poor survival despite improvements in surgical care. Recent data suggest that the size of the pancreatic tumor may correlate with pathologic variables. Neoadjuvant therapy (NT) for resectable pancreatic cancer continues to be debated. There is little data to demonstrate survival benefit over patients who were treated with up front surgery (UFS) vs NT. We sought to correlate the size of the pancreatic tumor with pathologic variables and evaluate the role of neoadjuvant chemotherapy (NCT), neoadjuvant chemoradiation (NCRT), and UFS on survival in pancreatic cancer patients.

Methods: Utilizing the National Cancer Database we identified patients who underwent pancreatic resection for adenocarcinoma. Patients were then stratified based upon tumor size (>2cm or < 2cm) . Baseline comparisons of patient characteristics were made for continuous and categorical variables using Mann-Whitney U, Kruskal Wallis and Pearson's Chi-square test as appropriate. Survival analyses were performed using the Kaplan-Meier method. Multivariable cox proportional hazard models (MVA) were developed to identify predictors of survival. All statistical tests were two-sided and $\alpha < 0.05$ was considered significant.

Results: We identified 29,969 patients: 24,547 patients with tumors >2cm and 5,422 with tumors <2 cm. There were 1,259 patients treated with NCT (187 (15.8%) <2cm and 995 (84.2%) >2cm, 1,642 treated with NCRT (231 (15.1%) <2cm, 1,295 (84.9%) >2cm) and 28,605 UFS (5004 (18.4%) <2cm and 22,257 (81.6%) >2cm. Patients with tumors >2cm were more likely to have higher T -stage, $p < 0.001$, positive lymph nodes, $p < 0.001$, poor histologic grade, $p < 0.001$, and R1 resections, $p < 0.001$. The median survival for patients with tumors <2cm was 31.2 months compared to 22.3 months for those whose tumors were >2 cm, $p < 0.001$. In the <2cm cohort the median survival for NCT, NCRT and UFS was 37.9 months, 29.5 months and 28.5 months, $p = 0.1$. In the >2cm groups the median survival for NCT, NCRT, and UFS was 24.6 months, 25.4 months and 19.6 months, $p < 0.001$. MVA revealed that age, T-stage, N-stage, grade, tumor size >2cm, R0 resection, and neoadjuvant therapy were predictors of survival.

Conclusions: The size of pancreatic cancer correlates to pathologic stage and resultant overall survival. Additionally, tumors >2cm benefited from a neoadjuvant therapy. Utilizing this knowledge, we can more accurately predict those patients with pancreatic cancer who would benefit from a neoadjuvant approach.

Biography

Ahmed Salem is a resident physician of internal medicine at Florida State University – Sarasota Memorial Hospital in Sarasota, Florida, USA. His main area of interest is gastroenterology. Prior to joining his current training program, he spent over three years conducting clinical research that is focused on the clinical outcome associated with the different therapeutic modalities for pancreatic cancer. That included surgery, neoadjuvant/adjvant chemo and radio therapy. He also visited other areas of gastrointestinal oncological research including extrahepatic biliary malignancies and esophageal cancer. Ahmed Salem is looking forward to further specializing in gastroenterology after finishing his internal medicine residency program.

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Clinical Use of Liu-POEM and NOTES

Bingrong Liu
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Introduction: With the commencement of clinical use, endoscopy now covers a wide range of usage or clinical examination and minimally invasive surgery. It is a great trend and reality for such techniques to go further into a state of routine approaches in clinical practice. Now, I am willing to introduce the excellence of initiation and development of gastrointestinal endoscopy in three selected facts partly supported by our new development and techniques in our clinical practices and studies.

Liu-POEM: Peroral endoscopic myotomy (POEM): POEM was developed to provide a minimally invasive treatment for esophageal achalasia. From this technique, we developed a modified POEM approach and named as Liu-POEM, which is no need for creating a tunnel and hence shortens operation time and alleviates patient's pains remarkably. Now, Liu-POEM has been used by more and more endoscopist in the world.

Background: Esophageal achalasia is a primary motility disorder involving absence of esophageal peristalsis, failure of the lower esophageal sphincter (LES) to relax, and cardiac diastolic dysfunction. Peroral endoscopic myotomy (POEM) has emerged as an approach to treating esophageal achalasia. Although POEM is credited with high success rates in the treatment of achalasia, the sub mucosal tunneling is time consuming and commonly requires one-third to two-thirds of the total operation time. For the purpose of improving POEM procedure and shortening operation time, we modified the POEM procedure by combining the procedures of myotomy and tunnelling into a unit step. We named this approach as modified per oral endoscopic myotomy, the Liu-POEM.

Operational procedures:

- 1) Creation of a 1 cm sub mucosal tunnel at the right or back esophageal wall approximately 8 cm proximal to the esophagogastric junction (EGJ).
- 2) To cut the circular esophageal muscle fibers to the surface of longitude muscle or cut the full muscle layer using the hook and IT knives, and at least a 2 cm cutting distal to the EGJ is necessary.
- 3) The esophageal mucosal entry site was closed with end clips.

In conclusion, Liu-POEM and POEM for the treatment of achalasia has the same therapeutic effect. Liu POEM leads to a significant decrease in operation time compared with POEM and are possibly contributing to a lower rate of complications. Further studies are necessary to confirm this.

Pure NOTES

Introduction: Since Natural Orifice Trans luminal Endoscopic Surgery (NOTES) was first described by Anthony Kalloo, it has attracted tremendous interest from surgeons and gastroenterologists around. Natural orifice Trans luminal endoscopic surgery (NOTES) uses Trans visceral access to the peritoneal cavity through mouth, rectal, colon, and vagina. Now, a number of endoscopic approaches can be performed by NOTES and Pure NOTES. We have performed A series of operations by Pure NOTES, and the most successful one was transrectal gallbladder preserving cholecystolithotomy (TRGPC) and transrectal gallbladder preserving polypectomy (TRGPP) by pure NOTES, which was the first such case series in human beings. Operational procedures the key steps for TRGPC and TRGPP are as below. Ultrasonic examination was required for disease confirmation and assessment prior to operation. Under general anesthesia after routine preparations, the patient was placed in a left recumbent position prior to the initiation of the procedure. A colonoscope was introduced into the transverse colon and the colonic lumen was cleaned with normal saline through the endoscope and then the endoscope was withdrawn from the colon. A detachable prototype balloon which was developed by our team was placed into the transverse colon by a biopsy

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forceps and was inflated to block the colonic lumen with a suitable pressure inside the balloon (Fig. 1-A). The distal colon cavity was irrigated with normal saline solution and disinfected with a 0.1% povidone-iodine solution. A disinfected endoscope with a transparent cap mounted at the tip of it was used. To ensure a smooth advance of the endoscope and the accuracy in spatial identification in the peritoneal cavity, the Trendelenburg's position is suggested. After sub mucosal saline injections, a 2 cm incision was made on the anterior rectal wall 15-20 cm from the anus by hook and IT knives. The endoscope was advanced into the pelvic cavity, and an incision was made on the peritoneum by hook knife to enable the flexible endoscope pass through into the peritoneal cavity, and then the endoscope was advanced upward into the upper peritoneal cavity with liver and gallbladder identified. A 1.5cm longitudinal incision was made on the gallbladder wall and the bile was aspirated out. The endoscope was inserted into the gallbladder cavity, and stones and/or polyps were found inside the gallbladder. Stone extractor and biopsy forceps were used for removing the stones from the gallbladder. The polyps were coagulated and removed by electric biopsy forceps and were sent for biopsy at once. The muscular and adventitial layers of the gallbladder were closed successfully layer by layer with endoclips. Peritoneal cavity lavage was performed with normal saline till the drainage turned clean. The rectal incision was closed with endoclips and endoloops tightly. At the end of the procedure, the balloon was pulled out after being deflated. The colonic mucosa at the site of balloon blockage was endoscopically normal.

Results: All the operations were performed successfully. The mean operation time was 180.5 min. (89-467 min.). 6 hours after anesthesia, the patients could drink water, and liquid diet was resumed 24 hours later. Postoperatively, 4 out of the 41 patients felt mild abdominal distention which disappeared within 12 hours when they were able to get off the bed. All the patients were discharged without any adverse events and all felt good during the follow-ups.

Conclusion: In conclusion, minimally invasive surgery is now playing an important role in the fields of surgery and gastroenterology. We believe, along with the innovations in new instruments and techniques, as well as our ceaseless explorations of new things, more and more new approaches and procedures of gastroenterological endoscopy will come up and be widely used in various clinical practices.

Recent Publications

1. Harper C (2009) The neuropathology of alcohol-related brain damage. *Alcohol and Alcoholism* 44(2):136-140.
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5. Sullivan E V and Zahr N M (2008) Neuroinflammation as a neurotoxic mechanism in alcoholism: Commentary on increased MCP-1 and microglia in various regions of human alcoholic brain. *Experimental Neurology* 213(1):10-17.

Biography

Bingrong Liu is Doctor of Medicine. He is a President of the GI Hospital, The First Affiliated Hospital of Zhengzhou University. He initiated the painless gastroenteroscopy examinations in 2002 in the three northeast provinces. He has been engaged in the work of interventional treatment of liver cancer and achieved a good result. He and his team has initiated and completed a series of pioneering techniques in the world in recent years. Every year since 2010, he has shown himself at different international conferences as a speaker, and has been invited by many countries to carry out academic reports and demonstrations. He enjoys a high reputation both at home and in abroad. In 2015, the Transrectal Gallbladder-Preserving Cholecystolithotomy via pure notes won the eightieth American Digestive Association (ACG) video contest champion.

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AKT2 expression and two years overall survivor in colorectal cancer: A retrospective cohort study

Caroline Saad Vargas
State University of Ponta Grossa, Brazil

Statement of the Problem: Colorectal cancer (CRC) is one of the most important cancers. There is a great effort to understand the molecular involvement to predict and counterbalance the odds of metastatic disease. The proto-oncogene serine/threonine kinase (AKT2) stood out among the studies. The role of AKT isoforms as a whole is already linked to cell proliferation, glucose uptake, metabolism, angiogenesis and radiation and drug response. The researches with AKT2 have linked its expression with advanced tumors and metastatic CRC. However, there is a lack of studies comparing the AKT2 expression and overall survivor (OS) in CRC patients yet. This study intends to evaluate the relation between AKT2 expression and two years OS among patients with CRC.

Methods: 140 patients with CRC diagnosed between 2010 and 2015 in a city in Paraná state, Brazil were enrolled for this study. Primary tumor samples were obtained and analyzed through immunohistochemistry for expression of AKT2. The clinical data was retrospective collected from medical records. Shapiro-Wilk test found a non-Gaussian distribution, hence Mann-Whitney test was conducted. The authors defined significant a $P > 0.05$.

Findings: 96 patients (68.6%) had a positive two years OS. Forty-four (31.4%) had a confirmation of death in the period. The survivors group had an AKT2 expression varying between 0.6 and 60.3, 95% confidence interval (CI) of 12.2 and 20.8 and a median of 17.2. The death group positivity was between 0.9 and 58.9, the 95% CI discreetly higher, between 14.8 and 29.8 and a 21.8 median.

Conclusion: The 95% CI and medians obtained were higher among the patients with the death outcome in two years. However, the statistical analysis found no significance in AKT2 expression among the groups ($P = 0.2378$). Therefore, the results suggest that there is no correlation between the marker expression and two years OS in CRC patients. However, it is important to continue the researches with the AKT2 to check for different results when comparing specific groups of patients.

Recent Publications

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2. Agarwal E, Robb C M, Smith L M, Brattain M G, Wang J, Black J D and Chowdhury S (2017) Role of Akt2 in regulation of metastasis suppressor 1 expression and colorectal cancer metastasis. *Oncogene* 36:3104-3118.
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Biography

Caroline Saad Vargas is a Gastroenterologist, Endoscopist and Assistant Professor at State University of Ponta Grossa. She has her expertise in Advanced Endoscopy, Eosinophilic esophagitis and she is currently working on inflammatory colorectal cancer pathways on her PhD.

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