ACG Grant Recipient Travels to Japan for Intensive Training in Endoscopic Submucosal Dissection

In this issue of the ACG Update, we are highlighting the 2011 ACG North American International GI Training Grant recipient, Amit Bhatt, MD, of the Cleveland Clinic in Cleveland, Ohio. This grant provides partial financial support to U.S. and Canadian GI fellows-in-training or GI physicians who have completed their training within the last five years, to receive clinical or clinical research training in Gastroenterology and Hepatology outside of North America. As the winner of the 2011 grant, Dr. Bhatt traveled to Tokyo, Japan to train in endoscopic submucosal dissection. ACG is proud to have been able to play a positive role in his career development.

By Amit Bhatt, MD

The North American International GI Training Grant allowed me to go to the National Cancer Center Hospital in Tokyo, Japan to learn about endoscopic submucosal dissection. To address the high incidence of gastric cancer within Japan, they have developed unique endoscopic skills to detect and resect early gastric cancer (EGC). Endoscopic submucosal dissection (ESD) is an advanced endoscopic technique used to resect early gastric cancer with exceptional outcomes. Adoption of this technique in the West has been poor due to the rarity of early gastric cancer detection and its steep learning curve. This has made it difficult to learn this technique within the U.S. With extension of the indications of ESD to the esophagus and colon, there has been a growing interest in ESD in the West.

I was honored to have the opportunity to learn about ESD under the mentorship of Dr. Yutako Saito, the Chief of Gastroenterology at the National Cancer Center (NCC) in Tokyo, Japan. The NCC endoscopy division is focused on the detection, characterization, and management of early gastrointestinal cancer. This allowed the perfect location to observe the Japanese process of managing early gastrointestinal cancer from detection to resection.

Morning endoscopy was primarily focused on detection and characterization of lesions. As early cancerous lesions in the gastrointestinal tract may be subtle alterations in the mucosa, screening exams are careful systematic examinations of the entire mucosa extending from the pharynx to the duodenum. The process of being able to detect and macroscopically estimate the depth of invasion of lesions is a complex skill set in itself. What I learned in morning endoscopy was enforced by multi-specialty conferences that reviewed the macroscopic appearance of lesions and their pathologic findings.

Afternoon endoscopy included ESD procedures being performed in the pharynx, esophagus, stomach and colon. This allowed me to understand the indications, logistics and technique of performing ESD in each location. There were between 3-7 ESD procedures performed daily at the NCC. This large exposure to ESD allowed me to truly understand the details and nuances of the ESD procedure.

Under the guidance of the staff of the NCC, I was able to perform ESD in an ex vivo pig model, and start my training in ESD. ESD has a steep learning curve with the potential for significant complications, and it is best to overcome this initial phase in a porcine model. I also learned the porcine training model used at the NCC.

My interest is in the detection and management of early gastrointestinal cancer. My trip to the NCC allowed me to understand the indications, logistics and technique of performing ESD. Since returning to the United States, I have been able to implement a porcine training model at my own institution to continue my training in ESD and share my experiences. Dr. Saito and the staff at the NCC were the most gracious hosts and I am grateful to the ACG for the opportunity to learn from them.