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❖ Name of the International Conference/ Seminar/Symposium/ Workshop	: International Society for diseases of the Esophagus (ISDE-2014)-2014.
❖ Title of the abstract accepted	: Thoracoscopic esophagectomy with lymphadenectomy along the left recurrent laryngeal nerve following neoadjuvant chemoradiotherapy for squamous of the esophagus: feasibility and significance.
❖ Date & Venue	: 22-24 th September 2014. Vancouver, Canada.
❖ Money sanctioned	: ₹ 1,00,000/-
❖ Money reimbursed	: ₹ 1,00,000/-

Participation Report

The 14th World Congress of the International Society for Diseases of the Esophagus (ISDE) was held in Vancouver, Canada, in September 2014. It offered a ground breaking scientific program that covered a wide variety of topics illustrating the latest scientific and clinical developments in the field of esophagology. More than 800 delegates from around the world attended the conference. The conference had a stimulating program that included Keynote Lectures, Symposia, and Video, Oral and Poster Abstract Presentations. Pre-Congress Postgraduate Workshops was also organized on “Diagnostics for Esophageal Pathologies”, and “Surgery and Endoscopy Master Class”. It provided the ideal forum to discuss the latest findings, put them into context and really understand how it can affect our practice day to day in the field of esophagology.

Academic highlights

New development presented at the conference

- Thoracoscopic Esophagectomy in the Semi-Prone Position. Conventionally it was performed in the prone or lateral position. Japanese surgeons presented the advantages of doing this procedure in the semiprone position.
- Shortcomings of the seventh edition of AJCC tumor staging of esophageal cancer and modifications proposed for eight edition of AJCC tumor staging of esophageal cancer was discussed in detail.
- Potential staging considerations after neoadjuvant chemoradiotherapy which is the current standard for treatment of esophageal cancer was discussed in detail.
- Extent of surgery after neoadjuvant chemoradiotherapy, a controversial topic was presented in detail.
- Importance of Standardized Reporting of Complications After Esophagectomy was emphasizes and consensus statement was proposed.

New development resulting from the conference

- It was decided to initiate a study to compare the results of thoracoscopic esophagectomy in prone versus semi prone position. Currently the procedure is being performed in prone position
- It was decided to use the standard definitions proposed by esophagectomy complications consensus group to document post esophagectomy complications. This step would facilitate standard reporting of complications and to compare the results of different centers
- There is still a controversy in the extent of surgery after neoadjuvant chemoradiotherapy. Hence it was decided to radical surgery even after chemoradiotherapy to accrue more data on this topic

Participant's contribution to the conference

I presented my work on “Thoracoscopic esophagectomy with lymphadenectomy along the left recurrent laryngeal nerve following neoadjuvant chemoradiotherapy for squamous cell carcinoma of the esophagus: feasibility and significance” in the poster session of the conference. Extent of surgery after neoadjuvant chemoradiotherapy especially lymphadenectomy is a controversial topic in the field of esophageal cancer. This topic was discussed in detail in the conference and no consensus was achieved. The initial results of the study suggested that thoracoscopic esophagectomy with total mediastinal lymphadenectomy improved staging accuracy although survival benefit could not be demonstrated in the present study due to short duration of follow up. The study was well appreciated by the leaders in the field of esophagology.