Dr. Seiichiro Abe: endoscopy plays a much deeper role in the diagnosis and treatment of GI diseases

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Editor’s note

The 4th Pearl River International Academic Conference on GI Disease and Cancer was held in Foshan from the 6th to 7th of December 2019. The experts shared and discussed the newest academic achievements in the fields of the upper gastrointestinal tract, lower gastrointestinal tract, gastrointestinal surgery, ERAS, and so on.

As a distinguished invited speaker, Dr. Seiichiro Abe, from National Cancer Center Hospital in Tokyo, gave an excellent presentation on the topic “Endoscopic diagnosis and treatment of upper GI neoplasms” to share his experience on the endoscopic diagnosis (Figure 1). Dr. Abe attended this conference with his student, Dr. Mai Ego, together, who is also a chief and excellent resident in the National Cancer Center Hospital. During the conference, the Editorial Office of Digestive Medicine Research had the great honor to have an interview with Dr. Abe (Figure 2).

Expert’s introduction

Seiichiro Abe, MD, PhD, Endoscopy Division, National Cancer Center Hospital, Tokyo, Japan.

Dr. Abe graduated from Sapporo Medical University in 2002. He completed his short-term and chief residency training at Endoscopy Division, National Cancer Center Tokyo, Japan. He is now working as an attending endoscopist there.

Dr. Abe specializes in the endoscopic diagnosis of early gastrointestinal cancer in addition to advanced endoscopic therapy, including endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) for esophageal, gastric and colorectal cancers. His role at National Cancer Centre involves managing patients both in the outpatient and in-patient setting in addition to being an attending doctor in the endoscopy center performing many complex EMR/ESD procedures.

Dr. Abe is an international educator in advanced endoscopy. In addition to training Japanese endoscopy trainees, he also teaches advanced endoscopic techniques to overseas endoscopists through international hands-on training sessions and live demonstrations. Furthermore, he is a member of the international editorial board in Endoscopy and Gastrointestinal Endoscopy performing many peer reviews. He contributed to scientific journals and congresses and received many best oral presentation
Dr. Abe: Recently, early detection of gastric cancer is essential to provide minimally invasive treatment and in endoscopic resection. It's also essential to preserve stomach functions for the patient with early gastric cancer. In order to do that, systematic endoscopy screening for gastric cancer is pretty significant. My first topic in my presentation is detection, which is very important to improve the prognosis in patients with gastric cancer, not only in Japan but also in China. And the second topic is endoscopic resection. Endoscopic resection, particularly ESD, is much less invasive compared with surgery. So it's beneficial for our patients, especially for elderly patients and those with severe co-morbidity. Several recent prospective studies demonstrated favorable short and long-term outcomes of ESD, which were comparable with gastrectomy.

DMR: Could you please briefly introduce your speech on “Endoscopic diagnosis and treatment of upper GI neoplasms”?

Dr. Abe: Gastrointestinal endoscopy is very important to detect early gastric cancer and make a treatment decision. In Japan and Korea, screening endoscopy plays many roles in improving the prognosis of gastric cancer. I suppose early detection is one of the issues in China. And for, I would suggest young Chinese endoscopists have more interest in endoscopic detection of early gastric cancer. I think they are more likely to be interesting in therapeutic endoscopy. I think the young should shift towards diagnosis rather than the treatment.

DMR: What impressed you most in your career?

Dr. Abe: During my career, I started ESD in 2004. The ESD had been performed on a practical base, although ESD had been considered to be technically demanding before 2000. But with the development of the device and technique, several studies showed favorable short-term outcomes. Recently some randomized control trials and prospective studies from Japan have been published in a major journal. Therapeutic endoscopy, particularly endoscopic resection, is gradually shifted from a practical base to the evidence base.

DMR: Could you briefly introduce your current research focus?

Dr. Abe: Nowadays, in Japan, endoscopic resection is widely accepted. And even in the general hospital, ESD is performed for patients with early gastric, esophageal, and colorectal cancer. However, most of the patients need to
hospitalize for one week or five days. So my current interest is in the day surgery, avoiding complications requiring hospitalization.

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None.

Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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