

DEST

1st ANNUAL CONGRESS

2015 AUGUST 22-23

NTUH International
Convention Center in Taipei



Organized By :

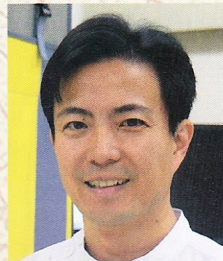


台灣消化系內視鏡醫學會
The Digestive Endoscopy Society of Taiwan

International Faculties



Takahiro Fujii
TF clinic, Japan



Takao Itoi
*Tokyo Medical University,
Japan*



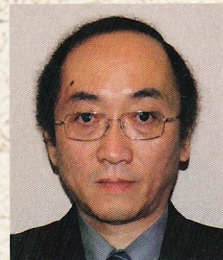
Tetsuhide Ito
Kyushu University, Japan



Wai-keung Leung
*University of Hong Kong,
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Guiqi Wang
*Cancer Institute and
Hospital, China*



Yoshiki Hirooka
Nagoya University, Japan



Pinghong Zhou
*Zhongshan Hospital
Fudan University, China*



Kuang-I Fu
*Kanma Memorial Hospital,
Japan*

B-1-AM Colon camp

Date : 08:00~10:10 Aug. 23, 2015

Venue : NTUH International Conventional Center, Room 201

Opening

李嘉龍 國泰綜合醫院

Moderators

林俊哲 中山醫學大學附設醫院 / 邱瀚模 國立臺灣大學附設醫院

► B1-1 How to improve colonoscopy performance

張君照 台北醫學大學附設醫院

► B1-2 Colonoscopy in office/clinic setting

Takahiro Fujii TF clinic, Japan

► B1-3 Optimal management of T1 colorectal cancers

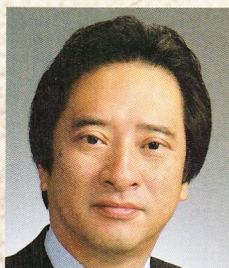
邱瀚模 國立臺灣大學附設醫院

Panel discussion (morning session)

► **B-1-AM Colon camp**

► **Date : 08:00~10:10 Aug. 23, 2015**

B1-2 Colonoscopy in office/clinic setting



Takahiro Fujii
TF clinic, Japan

Colorectal cancer (CRC) is expected to become the number one cause of death both among men and women in Japan in the near future.

However, only the proportion of those presenting for CRC screening including fecal immunochemical test (FIT) remains low at 20% to 30% of the population at risk, with only 50% of those shown FIT-positive going on to undergo a thorough work-up including colonoscopy.

Of note, the adenoma detection rate (ADR) was shown to be 50% in a CRC colonoscopy screening program conducted in a remote island by the National Cancer Center Hospital.

Again, the chronological trend of CRCs on the lesion's location suggest the prevalence of right-sided CRCs is increasing in both male and female, with LST-NG, Ilc, and SSA/P shown to represent interval cancers presenting as flat lesions commonly seen in the right-sided colon.

For screening for these flat lesions, colonoscopy is shown to be more suitable than FIT, and chromoendoscopy or narrow-band imaging (NBI) colonoscopy is shown to be more effective than standard colonoscopy.

All this has led to a profusion of colonoscopy clinics in Japan but only 35% of these facilities employ magnifying colonoscopy involving NBI or crystal violet staining which allows qualitative diagnosis of CRC lesions, as well as diagnosis of their depth of invasion.

However, the use of magnifying colonoscopy, along with therapeutic colonoscopy involving specialized suture techniques for arterial hemorrhage and accidental gastrointestinal perforation, allows a comprehensive program from definitive diagnostic to therapeutic procedures to be performed in a single colonoscopic session and completed in one day even in clinics with no inpatient facilities, obviating the need to hospitalize patients for these procedures.

To reduce mortality from CRC in Japan, therefore, measures need to be taken to ensure that the use of colonoscopy becomes more widespread, and that endoscopists become sufficiently skilled in the procedures required.

Type IIIs+III_L

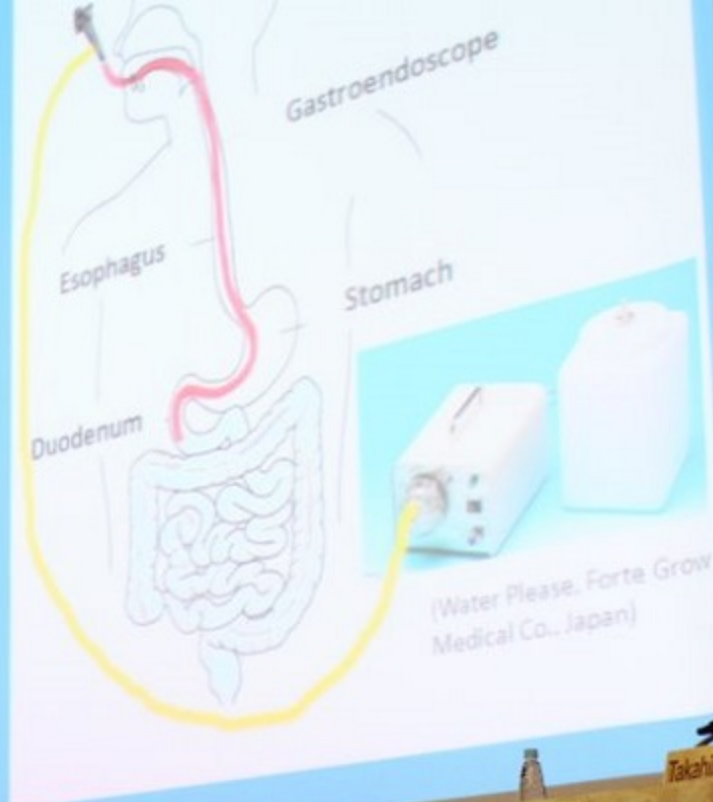
Type V (mold) pit

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WIDE International
Conference
Dossier
in Tokyo



Start an upper GI endoscopic procedure
↓
Infusion proper dose of PEG directly into the duodenum first and then proper dose of PEG into the stomach
↓
Give 3 "itopride hydrochloride 50 mg" tablets, 30 minutes after the upper GI endoscopic procedure
↓
3 hours after PEG infusion, start a lower GI endoscopic procedure (colonoscopy)



Takahiro Fujii

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台灣消化系內視鏡醫學會
第一屆年會

THE DIGESTIVE ENDOSCOPY SOCIETY
OF TAIWAN
HONORABLE SPEAKER

DR. TAKAHIRO FUJII

AUGUST 22~23, 2015



邱瀚模

Kuang-I F
傅光義

