

**PRESIDENT'S LETTER - Professor S M Griffin**

I am delighted to introduce the second AUGIS Newsletter. It is the intention of your Council to continue to improve communications with all of our membership. We expect to produce the Newsletter on a six monthly basis in the Spring and Autumn. Many of you will be aware of and will have visited our new improved website! The idea of the Newsletter is to complement this, but in particular to provide a paper copy update of Council news, calendar meetings and events, an update on courses and information regarding our forthcoming Annual Meeting. There is also an opportunity for you to submit publish case reports and interviews. This edition features an interview with the 2004 British Journal of Surgery lecturer, Professor John Hunter from Portland, Oregon.

We enjoyed a hugely successful Annual Scientific Meeting in Cambridge last September hosted by Richard Hardwick. The Dutch Society of Gastro-Intestinal Surgery contributed to an exciting scientific programme and an even more memorable social one! I am particularly grateful to all those who contributed from the audience, behind the desks and from the podium.

There are many issues facing our Association in the coming year, in particular the effects of the European Working Time Directive on upper gastrointestinal trainees, and the impact on the soon to be commenced new curriculum. There is also concern from many quarters regarding publication of guidelines on a variety of upper gastrointestinal topics and the impact on our practice. The forthcoming Association of Surgeons meeting in Glasgow will include a symposium on the recently published NICE guidelines on dyspepsia and the soon to be published guidelines on the treatment of colorectal liver metastases.

Since taking over the presidency of the Association in September I have realised there is much work involved with maintaining our profile in surgery and ensuring we all contribute towards shaping the future of our practice. I strongly encourage you all to pass on your views and experiences through the interactive section of our website. We intend to publish in our newsletter particularly pertinent letters of interest to our members. I look forward to hearing from you.

**COUNCIL - 2004-2005****PRESIDENT**

S M Griffin

**HONORARY SECRETARY**

C J Stoddard

**HONORARY TREASURER**

S Cheslyn-Curtis

**CHAIR OF CLINICAL SERVICES &  
AUDIT COMMITTEE, ANGLIAN REPRESENTATIVE**

R H Hardwick

**CHAIR OF EDUCATION & TRAINING COMMITTEE**

R W Parks

**ORDINARY MEMBERS**

I J Beckingham (Trent), J A C Buckels (Midlands),  
G Clark (Wales), N Hayes (Northern and Yorkshire),  
L D McKie (Northern Ireland), D Menzies (North Thames),  
M Rees (Oxford & Wessex), KK Singh (South Thames),  
J V Reynolds (Ireland), M R Zeiderman (North West)

**BSG REPRESENTATIVE**

R Teague

**TRAINEES' REPRESENTATIVE**

P J Lamb

**ALS AND SOUTH & WEST REPRESENTATIVE**

C R B Welbourn



## COUNCIL REPORTS

### 1. REPORT FROM HONORARY SECRETARY – Mr C J Stoddard

AUGIS membership now stands at 522 active members. There has been a steady increase in the numbers of full, trainee and affiliate members during 2004. AUGIS is keen to encourage upper GI and HPB nurse specialists, nurse endoscopists and physiology technical staff to join the Association. It is envisaged that as affiliate membership increases this group will have representation on AUGIS Council. A change in the AUGIS Constitution would be required before this change in Council membership could be effected.



A new category of 'Honorary Member' was recently created and an appropriate change duly made to the AUGIS Constitution. Honorary members include all British Journal of Surgery Lecturers at the Annual AUGIS meetings held since the inception of the Association in 1998, and any surgeon, who in the opinion of Council, has made a significant contribution to upper gastrointestinal surgery.

A very successful 8th Annual Scientific Meeting was hosted by Richard Hardwick in Cambridge in September. For the first time, this meeting was held jointly with another overseas surgical group, the Dutch Society of Gastro-Intestinal Surgery. The Dutch surgeons made a great contribution to the formal and informal aspects of the meeting and this format is likely to be repeated in the future. As AUGIS continues to grow it is hoped that we will be able to attract more overseas surgical groups to our Annual Meeting, particularly other upper gastrointestinal surgical groups in Western Europe. The Cambridge venue for the 2004 meeting was perfect, the scientific content excellent, and Richard Hardwick is to be congratulated for the smooth running of the meeting and for organising the Annual dinner in King's College.

A number of societies including AUGIS and ACPGBI have been approached by the British Society of Gastroenterology with a view to holding a joint meeting in 2007. The format of this meeting would be similar to that of the Digestive Diseases Week held annually in the USA. After prolonged discussion, Council decided that AUGIS would decline the BSG offer, believing that it was not in the interests of the Association, either in terms of its scientific content or financial status. The Annual AUGIS Scientific Meeting in 2006 will be held in Edinburgh in collaboration with the International Hepato-Pancreato Biliary Association. Professor James Garden, former President of AUGIS, has negotiated a strong position for AUGIS for a meeting which is also timed to coincide with the end of the Edinburgh Festival. It is anticipated that between 1000 and 1500 delegates might be expected to attend Edinburgh in 2006, and that the financial benefits of the joint meeting to AUGIS will be substantial.

Three regional representatives left Council at the end of 2004 having completed their 3 year terms of office. Professor John Baxter (Wales), Mr Richard Charnley (Northern and Yorkshire) and Mr Robin Lightwood (South Thames) have been replaced by Mr Geoff Clark, Mr Nick Hayes and Mr Krishna Singh respectively. The retiring members are to be thanked for the contributions they have

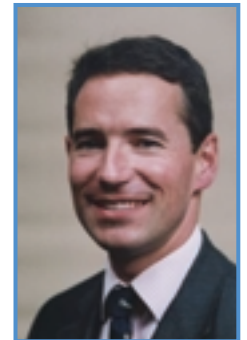
made to AUGIS over the last 3 years. As the local organiser for the 2005 meeting in Dublin, Professor Jonathan Reynolds will remain on Council as the Irish representative for one further year.

2004 saw the growth of industry partnerships with AUGIS. Novartis Oncology is the current Gold sponsor, and in addition to the Annual Scientific Meeting, has contributed towards the cost of redeveloping the website. Cook (UK) Ltd and Ethicon Endo-Surgery are our two Silver sponsors, while Teasdale Surgical have opted for the Bronze partnership package. A number of other drug and instrument manufacturing companies have supported AUGIS during 2004 and we hope that their sponsorship will continue in the future to allow the Association to continue to expand.

### 2. REPORT FROM CLINICAL SERVICES & AUDIT COMMITTEE – Mr R H Hardwick

#### Members of committee:

**Mr R H Hardwick (Chairman),  
Professor S M Griffin, Mr C J  
Stoddard (Honorary Secretary),  
Miss S Cheslyn-Curtis, Mr G Clark,  
Mr P McCulloch**



The final draft of the second AUGIS Oesophago-gastric Surgery Audit is now available on the website. I am sure you will wish to read the report and hope that you will find it to be of interest. Thank you to all the Clinicians who sent in their data; I know there

have been difficulties with this project but the lessons learned are now being fed into work we are doing with the Healthcare Commission to design a National Audit of all Upper GI cancers. This is very much "work in progress" but I think that for the first time in two years we can be more optimistic that central funding will be forthcoming to help with National Audit. The exact nature of this, and who will be responsible for overseeing it have yet to be finalised, but AUGIS is naturally very involved and I will keep you all informed of developments. In the meantime, I would advise all surgeons who are resecting Upper GI cancers to routinely gather as much information as they reasonably can about their patients, preferably using the AUGIS agreed datasets. Hospital and Doctor appraisals are likely to use such data soon and Upper GI surgeons are probably going to be in the spotlight early on. We hope to produce more user-friendly web-based versions of the datasets later this year.

If any AUGIS members would like to share results of their local audits we would be pleased to publish them on the website, particularly if they have a clear learning point. Please contact either Fiona Wilson (fwilson@asgbi.org.uk) or me (richard.hardwick@addenbrookes.nhs.uk) by e-mail for further details.

Richard Hardwick contributed on behalf of AUGIS to an article in the 17th March issue of 'Hospital Doctor' on hospital trusts publishing data on mortality rates.

**The second Oesophago-Gastric Audit Report is now available. Please visit our website [www.augis.org](http://www.augis.org) to download the report.**

### 3. REPORT OF EDUCATION AND TRAINING COMMITTEE – Mr R W Parks

#### Members of Committee:

**Mr R Parks, (Chairman), Professor S M Griffin (President), Mr C J Stoddard (Honorary Secretary), Mr P J Lamb (ASIT representative), Mr T H Brown, Mr N J Everitt, Mr N Hayes, Mr G J Toogood**



Simon Paterson-Brown finished his term of office as Chair of the Education and Training Committee after the Cambridge Annual Meeting. Our thanks must be expressed to Simon for his leadership of this committee over the past few years in coordinating the organisation of the Annual Meeting and in making progress with a number of educational, research and training matters. In liaison with the SAC sub-committee Simon has been instrumental in the development of the upper GI curriculum. The syllabus has been built around four concepts: knowledge, techniques, professional skills and judgment. Upper GI Surgical trainees are required to manage common conditions and undertake operative techniques, both of which have been clearly identified. Trainees' competence will be assessed using a four point scale. As their skill increases, the number of conditions and procedures at which they are expected to be competent will also increase. To date the syllabus has been drafted for the general surgical trainee who will finish their training with a CCT, and for those who wish to develop a sub-specialty interest in either oesophago-gastric or HPB surgery. The Education and Training Committee has been involved in ensuring that the levels of competence are appropriate for each stage of the training programme.

Other issues being considered at present by the Education and Training Committee are the implications of the recently published JAG recommendations regarding gastrointestinal endoscopy training. Mr Peter Lamb, a trainee member of Council and member of the Education and Training Committee, has undertaken an evaluation of endoscopic training of higher surgical trainees who are affiliate members of AUGIS. This has revealed that not all trainees are currently keeping an endoscopic logbook, that available data has not been routinely analysed at RITA assessments in the same way as operative data, and that only a minority of trainees have attended a JAG approved endoscopic training course. The current JAG recommendations will mean that this must improve with all trainees encouraged to keep an accurate logbook of their endoscopic experience and attend an appropriate course.

### ENDOSCOPY PROCEDURES – LOGBOOKS – Mr C J Stoddard

It is likely that at some stage in the future, all surgical trainees wishing to perform Upper GI endoscopy, colonoscopy or ERCP and related procedures will need to demonstrate that they have had adequate training, and are competent to perform the procedure, before being allowed to undertake the procedures as Consultant rather than trainee. There have already been instances whereby trainees, on taking up Consultant posts, have not been able to undertake endoscopic procedures which they believe they were competent to perform. Changes are occurring in endoscopy training with all trainees being required to attend training courses in designated Training Centres as

part of their training. All Specialist Registrars who would wish to perform either Upper GI endoscopy or ERCP when appointed to a Consultant post are advised to read the Joint Advisory Group Guidelines (JAG Guidelines) on endoscopy training. Although not mandatory at the present time, it would seem sensible that SpRs record their endoscopy data for logbook purposes in the format recommended by JAG.

Copies of the JAG Guidelines can be obtained from the British Society of Gastroenterology, 3 St Andrews Place, Regents Park, London NW1 4LB or from the BSG Website [www.bsg.org.uk](http://www.bsg.org.uk)

### ASGBI ANNUAL SCIENTIFIC MEETING, GLASGOW 13 – 15 APRIL 2005

The Education and Training Committee has provided input for the AUGIS contribution to the forthcoming ASGBI meeting to be held in Glasgow at the SECC from 13th to 15th April 2005. The theme of the meeting is "Best Practice", and there will be a session on management of upper GI emergencies, including upper GI haemorrhage, perforated viscus, obstructive jaundice, acute pancreatitis and trauma to the liver and spleen. The AUGIS symposium will comprise a debate guarding the current NICE guidelines on dyspepsia, in addition to a contribution on development of guidelines for the management of colorectal metastases. In addition there will be short paper sessions, including a six of the best short paper session with an associated prize. It is hoped that there will be a good turnout from members of AUGIS at the ASGBI annual meeting.



#### **AUGIS Symposium Thursday 14th April 4.00 pm – 5.30 pm**

##### **NICE Guidelines on Dyspepsia**

Debate between two consultant gastroenterologists  
For: Dr Bob Walt from Birmingham Heartlands Hospital  
Against: Professor Michael Bramble from James Cook University Hospital, Middlesbrough

##### **Guidelines for the Management of (Colorectal) Liver Metastases**

Professor John Primrose (Southampton General Hospital)  
Mr Myrddin Rees (North Hampshire Hospital, Basingstoke)

#### **AUGIS Meet the Experts Breakfast Session Friday 15th April**

**7.45 am – 8.45 am**

Bariatric surgeons Mr Alberic Fiennes (St George's Hospital, Tooting) and Mr David Kerrigan (University Hospital Aintree)

Visit [www.asgbi.org.uk](http://www.asgbi.org.uk) for further details

## AUGIS ANNUAL SCIENTIFIC MEETING, DUBLIN – Professor J V Reynolds 22- 23 SEPTEMBER 2005

### Welcome to Dublin

It is a pleasure to welcome AUGIS members and guests to Dublin for the 9th Annual Scientific Meeting. I would like to thank the Council for extending this privilege to myself and colleagues in the Department of Surgery at St. James's Hospital and Trinity College Dublin.



Two historic Dublin sites will be the venue for this year's meeting. Accommodation will be available in Trinity College and local hotels, and the AUGIS dinner will be held in the great dining hall of Trinity College. Historically, parallels can be drawn between Trinity College, founded in 1592, and Oxford, Edinburgh and Cambridge. The dinner venue is not dissimilar to last year's setting at Kings College. Trinity College is located in the heart of Dublin, surrounded by an abundance of tourist attractions and many fine shops, pubs and restaurants.

The Scientific Meeting sessions will be held at the Royal Hospital Kilmainham, a 17th Century Building located approximately one mile from Trinity. This beautiful building, which now houses the Irish Museum of Modern Art, will be a perfect setting for the meeting, matching a unique functionality for a conference of this size, and an artistic and architectural aesthetic that attracts most discerning visitors during a stay in Dublin.

The organisation of this year's scientific programme is at an advanced stage, and the details should be finalised at the ASGBI Meeting in April. One confirmed guest who will join me for the week in Dublin is James D. Luketich, Head of the Division of Foregut and Thoracic Surgery at the University of Pittsburgh. He is a leader in the U.S. in advanced laparoscopic surgery, and for a flavour of what he will bring to the meeting I refer you to his Annals of Surgery paper (2003; 238: 486-495) on over 200 cancer cases treated by minimally invasive oesophagectomy.

You should enjoy your time in Dublin, and I do hope that the standards of facilities available and the undoubted excellence of the scientific programme will enable yet another very successful Annual Meeting.

Have no hesitation in contacting me directly if I can be of any assistance to you (00353)1416 2500/ makenny@stjames.ie.

Please submit your abstracts online at [www.abstracts.augis.org](http://www.abstracts.augis.org). The closing date for submissions is midnight on Thursday 30 June 2005.



## CALENDAR OF EVENTS

- Liver Tumour Symposium - a Multi-disciplinary Approach,  
The Pelican Centre in the Ark, Basingstoke  
In association with the Wessex Region of the  
Royal College of Physicians **13 April 2005**  
[www.pelicancancer.org](http://www.pelicancancer.org)  
Contact Juliet Crawley: [admin@pelicancancer.org](mailto:admin@pelicancancer.org)
- Association of Surgeons of Great Britain and Ireland,  
Annual Scientific Meeting, Glasgow **13-15 April 2005**  
[www.asgbi.org.uk](http://www.asgbi.org.uk)
- Sixth International Gastric Cancer Congress - 6th IGCC,  
Pacifico Yokohama, Conference Center **4-7 May 2005**  
[www2.convention.co.jp/6igcc/](http://www2.convention.co.jp/6igcc/)
- Advanced Therapeutic Upper GI Endoscopy Course, James  
Cook University Hospital, Middlesborough, contact  
Mr Y K S Viswanath: 01642 850850 **8 June 2005**
- The First Conference of InSiGHT (International Society for  
Gastrointestinal Hereditary Tumours), Newcastle Gateshead,  
Newcastle Upon Tyne **13-17 June 2005**  
Email: [insight.group@ncl.ac.uk](mailto:insight.group@ncl.ac.uk)
- International Society of Surgery (ISS) –  
International Surgical Week, Durban **21-25 August 2005**  
[www.iss-sic.ch/international.htm](http://www.iss-sic.ch/international.htm)

- 10th Congress of the International Federation for the  
Surgery of Obesity  
19th International Symposium on Obesity Surgery (ISOS),  
Maastricht, The Netherlands **31 August-3 September 2005**  
Abstract Submission Deadline **1st April 2005**  
[www.ifso2005.nl](http://www.ifso2005.nl)
- AUGIS, Annual Scientific Meeting,  
Dublin **22-23 September 2005**  
[www.augis.org](http://www.augis.org)
- National Cancer Research Institute (NCRI) **2-5 October 2005**  
[www.ncri.org.uk](http://www.ncri.org.uk)
- The United European Gastroenterology  
Week Copenhagen, Denmark **15-20 October 2005**  
[www.webasistent.cz/guarant/uegw2005](http://www.webasistent.cz/guarant/uegw2005)
- Pancreatic Society of Great Britain and Ireland Annual Meeting,  
Birmingham **10-11 November 2005**  
[www.pancsoc.org.uk](http://www.pancsoc.org.uk)
- BASO – The Association for Cancer Surgery,  
Royal College of Surgeons, London **14-15 November 2005**  
[www.baso.org](http://www.baso.org)
- Joint AUGIS/ International Hepatobiliary  
Association, 7th Congress, Edinburgh **3-7 September 2006**  
[www.ihpba.org](http://www.ihpba.org)

## MEMBERSHIP NEWS

### AUGIS CURRENTLY HAS 522 MEMBERS - VISIT [www.augis.org](http://www.augis.org) TO BECOME A MEMBER.

The objectives of the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland are to improve the delivery, results and outcome of conditions of the upper gastrointestinal tract requiring surgical treatment. The Association acts as a liaison under the umbrella of the ASGBI with the Senate of Surgery, Royal Colleges, the SAC and other surgical and academic bodies. AUGIS aims to provide a structure for training, educational and academic objectives, to advance the science and practice of upper gastrointestinal surgery, and to promote research in this field. The main focus over the past year has been to deliver a robust system of clinical audit which will be integral to improving clinical outcome for patients with upper gastrointestinal disease.

Membership of the Association is open to all surgeons, both trained and in training, with a major sub-specialty interest in upper gastrointestinal surgery. Affiliate membership is also open to those who wish to promote the objectives of the Association in advancing the science and practice of upper gastrointestinal surgery and the promotion of research in this field.

<b>Full:</b>	Duly registered Medical Practitioners in permanent appointments	£130.00
<b>Associate:</b>	Duly registered Practitioners in training appointments	£70.00
<b>Affiliate:</b>	Non-Medically qualified Scientists/ Nurses working in UGI surgery	£30.00
<b>Senior:</b>	Members who have reached the age of 65	£30.00
<b>Overseas:</b>	Registered Medical Practitioners residing outside Great Britain and Ireland	£70.00

The Association has evolved for those with an interest in upper gastrointestinal surgery and is therefore best placed to develop clinical services, pursue education and training and

encourage research. The development of sub-specialisation is rapidly evolving and clinical service developments at national and local level require the type of national perspective provided by AUGIS. **Education:** the annual parallel session at the Association of Surgeons of Great Britain and Ireland Meeting and the Annual Scientific Meeting of AUGIS provide excellent opportunities for education for trainee and trained surgeons. The developments in higher surgical training demand appropriate national guidance for those running training schemes at local level and AUGIS Council representatives are able to advise regional training committees appropriately. **Research:** the Annual Meetings provide excellent fora for the presentation of basic and applied research in upper gastrointestinal surgical disease. **Representation:** AUGIS is part of the Association of Surgeons of Great Britain and Ireland and is represented on Council of ASGBI and on the Specialties Board. There is also representation on the Council of the British Society of Gastroenterology to ensure multi-disciplinary discussions.

**If you would like to join AUGIS please contact Fiona Wilson at the London offices by email ([fwilson@asgbi.org.uk](mailto:fwilson@asgbi.org.uk)) or telephone 020 7304 4773.**

#### BRITISH JOURNAL OF SURGERY LECTURERS AT AUGIS The following are to be awarded with Honorary Membership of the Association

- 1998 - PROFESSOR B LAUNOIS (France)
- 1999 - PROFESSOR LAUREANO FERNANDEZ-CRUZ (Spain)
- 2000 - PROFESSOR TOM DEMEESTER (United States of America)
- 2001 - PROFESSOR K BOFFARD (South Africa)
- 2002 - PROFESSOR D GOTLEY (Australia)
- 2003 - PROFESSOR M BRENNAN (United States of America)
- 2004 - PROFESSOR J HUNTER (United States of America)
- 2005 - Professor D Cherqui (France)

## COMMENT COLUMN - Professor S M Griffin

Many of you will be aware that the National Institute for Clinical Excellence recently published their Guidelines of Dyspepsia Management. This was discussed in Council both in September and in January following publication. It was the view of Council that these guidelines were poorly researched and that many of the recommendations were unsubstantiated. Council was very concerned that the Guidelines Committee only comprised six primary care doctors, two gastroenterologists, a pharmacist and a patient representative. There was no surgical representation and indeed our Society was not even registered as stakeholder. As most members of our Society treat patients with gastro-oesophageal cancer we felt that this was an oversight. The guidelines state that endoscopy is only indicated for patients with alarm symptoms as the first investigation. It was the view of the guidelines that all other patients should receive an empirical trial of anti-secretory drugs. There are a number of reports that suggest that patients presenting with alarm symptoms invariably have advanced disease beyond the realms of curative surgery. It was Council's view that there was little point in fast tracking endoscopy for such

patients whose disease is amenable only to palliative treatments.

On a separate issue the guidelines completely undervalue the importance of an endoscopy in identifying benign diagnoses such as oesophagitis, gastroduodenal ulcer disease and Barrett's oesophagus. They also fail to acknowledge that a normal result reassures both practitioner and patient. It was of great concern that anti-reflux surgery was not to be recommended as a treatment for gastro-oesophageal reflux disease. Indeed randomised studies of anti-reflux surgery versus anti-secretory drugs have shown that the two are equivalent. The guidelines went on to suggest that the Hill gastropexy was the most commonly performed operation in the UK for reflux disease. This did not, in our view, reflect UK practice. It was the conclusion of Council that representation should be made both to NICE and in the medical press to express our reservations and concern about this publication. To that effect a letter was published in the British Medical Journal of 5 February 2005 which has brought the debate more to the fore. Any comments and suggestions would be greatly received.

## NEWS STORY BBC NEWS ONLINE Friday, 4 February 2005

### GUIDELINES MEAN MISSED CANCERS

New guidelines that restrict which patients GPs can refer to hospital will mean cancers are missed, warn doctors. 'By waiting, early cancers will not be picked up and treated', according to Dr Graham Archard, vice chair of the Royal College of GPs.

By sending only patients with the most worrying symptoms of indigestion for checks on the gullet, cancer may be too advanced to treat, they say. Surgeons are advising doctors to ignore the National Institute for Clinical Excellence's advice and continue to refer whenever in doubt. NICE stood by its guidance, saying it took account of all available evidence. The watchdog says routine endoscopy - where a small camera is put down into the gullet - is not necessary for any patients unless there are "alarm" signs, such as bleeding. These signs mean the patient should be referred urgently to be examined by a specialist within two weeks.

If the patient is aged 55 or older and their indigestion does not go away with medical treatment, such as drugs that lower stomach acid, GPs should consider referring them for endoscopy.

#### Don't Delay

Patients who have had a stomach ulcer in the past or surgery for a stomach ulcer, who are taking aspirin-type drugs that can be damaging to the stomach lining, or who are at

increased risk of stomach cancer or anxious about cancer can also be referred, it says. 'Alarm' signs, bleeding or anaemia, unexplained weight loss, progressive difficulty swallowing, persistent vomiting or swelling of the upper abdomen on examination.

But the Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland says even with these caveats, the boat is being missed, and waiting too long could put lives at risk. Professor Michael Griffin, President of the association, said: "If these guidelines are adhered to it will mean the only patients we pick up will be those we cannot cure. He said the evidence assessed by the guideline committee was incomplete and that the committee had failed to consult with the surgeons who treat upper gastrointestinal cancers. He was also concerned that the measures were a way of saving money to divert to other NHS services.

A spokesman from NICE said: "The NICE guideline development group considered all the available evidence and consulted widely with groups representing health professionals and patients involved in this area before making its recommendations."

Dr Graham Archard, vice chair of the Royal College of GPs, said: "Delays in referrals can, in some cases, result in serious problems going undetected and ultimately cost lives. "We would urge GPs to be vigilant and if in doubt always refer."

## BRITISH OBESITY SURGERY SOCIETY NEWS - Professor J Baxter



**BOSS**  
BRITISH OBESITY  
SURGERY SOCIETY

These last 12 months have been very busy for our society, which has grown over the last 5 years from 20 members to the current 109. Media interest in obesity has been especially prominent in the last 12 months, culminating in the recent publication of the House of Commons Health Committee report into obesity. This parliamentary review was wide ranging and BOSS was prominent in giving evidence before it. It comes as no surprise to our members that it concluded (as has every other expert report) that there should be more obesity surgical services for properly selected patients. The

implementation of these findings by government is of course hampered by the cash strapped and under-resourced NHS – however there are signs that some Trusts are gearing up towards providing more obesity surgical services.

The Annual Meeting of the BOSS in Harrogate was well attended, with the guest speaker Professor Harvey Sugarman giving an excellent lecture on revisional gastric surgery. Harvey also attended our AGM and gave us valuable insight into the workings of the American Society of Bariatric

Surgeons. This year we were required to reject 50% of the free paper submissions, which indicates the increasing interest in bariatric surgery. Next year we hope to have two BOSS meetings a year – one with the ASGBI and the other at the annual AUGIS meeting. The society is now levying a small membership fee as costs are increasing for production of newsletters etc. The website will also be redesigned and improved during the year.

Much of the discussion at the recent AGM centred on our attempt to develop some form of fair and transparent accreditation for bariatric surgeons. There was broad agreement about the principles involved, and the details will be available after the summer. In addition we will also be releasing a database for members to use which will be a compulsory part of our accreditation process.

Training meetings have become well established currently alternating between Leeds and Liverpool. With the generalised trend for all obesity surgery becoming laparoscopic, these training meetings are becoming an important focus for those surgeons wanting to learn obesity surgery techniques and how to set up an obesity surgery service.

The society is currently involved with NICE in establishing guidelines for the management of obesity which will integrate medical with surgical management and provide a firm foundation for advice to hospital and primary care Trusts.

## INTERVIEW

**Professor John Hunter, Chairman and Professor of Surgery, Oregon Health and Science University, Portland, Oregon, USA**

**One of the highlights of the recent AUGIS annual scientific meeting in Cambridge was this year's British Journal of Surgery lecturer, Professor John Hunter, Chairman and Professor of Surgery at Oregon Health and Science University. Over many years he has published extensively on oesophagogastric cancer surgery, gastrointestinal motility, and gastroesophageal reflux disease, however his main remit on this occasion was to speak about his pioneering work in minimally invasive surgery of the upper gastrointestinal tract.**

He provided fascinating details of his still evolving technique for minimally invasive transhiatal oesophagectomy. Following laparoscopic gastric mobilisation, transhiatal dissection is continued under direct vision to the level of the inferior pulmonary vein, and a gastric tube is created using an endoscopic stapler. Via a neck incision the oesophagus is inverted using a stripper to allow construction of a hand sutured cervical anastomosis. Although the procedure may take 5-6 hours it has led to a reduction in pulmonary complications such that two thirds of patients will not require ICU level care postoperatively. He accepts that it provides no formal lymphadenectomy in the mediastinum and has therefore been targeted to patients with high-grade dysplasia and early oesophageal carcinoma, making accurate preoperative disease staging essential. The long-term outcome data for this procedure is still awaited. For more advanced tumours a total laparoscopic and thoracoscopic resection popularized by Luketich<sup>1</sup> is being considered by his centre. In the future he believes that things will evolve so that these two techniques for minimally invasive oesophagectomy will be used for about 50% of oesophageal resections in the United States. At present he still performs two open procedures for every minimally invasive resection and feels that there will always be a place for open operations in those with previous surgery, bulky tumours and possibly post chemoradiotherapy.

The advanced technical skills required and the limited indications for minimally invasive transhiatal oesophagectomy raise the issue of how surgeons should be appropriately trained. In a recent survey of North American and European Upper GI Surgeons 142 of 618 had used minimally invasive techniques for oesophagectomy and over 25% had already abandoned their use due to technical problems. Professor Hunter strongly believes that this surgery should be the remit of experienced oesophageal surgeons with exposure to both open and minimally invasive surgery. In the United States his residents and fellows progress through laparoscopic Nissen fundoplication and hiatus hernia repair to perform components of minimally invasive oesophageal resection, although he admits that adequate exposure is difficult due to their working restriction of 80 hours per week. To combat the far tighter constraints of our new curriculum and the European working time directive he recommends increased laparoscopic simulator training, timetables that maximise daytime operating exposure, and trainees only being called in out of hours for operating

experience. Ultimately though any UK surgeon wishing to train in such techniques would be best served by a fellowship period in an established North American or European centre.

In the British Journal of Surgery lecture Professor Hunter also addressed the more general question; Laparoscopic surgery for cancer – is it safe? He turned this round to ask whether it is more dangerous than open surgery in terms of complications, disease recurrence and tumour free survival. He first provided evidence that laparoscopy is itself safe and that port site metastases can be minimized to the level of open surgery by avoiding direct specimen contact with the wound and the use of good surgical technique. He reviewed a series of single centre suggesting that operative complications and early outcome data can be comparable to open surgery for minimally invasive oesophageal<sup>1</sup> and gastric<sup>2</sup> resection. For colorectal cancer there is more compelling data with a multicentre randomised controlled trial showing similar three-year outcome for laparoscopically assisted and open colectomy<sup>3</sup>. He concluded that in the hands of laparoscopic enthusiasts minimally invasive surgery for gastrointestinal tumours has similar operative complications and equivalent disease recurrence and tumour free survival. However, the bottom line was that ultimately outcome is as always dependent upon the experience, skill and judgment of the surgeon and their team.

### References

- 1) Luketich JD, Alvelo-Rivera M, Buenaventura PO, et al. Minimally invasive esophagectomy: outcomes in 222 patients. *Annals of Surgery* 2003. 238(4) 486-94.
- 2) Tanimura S, Higashino M, Fukunaga Y, Osugi H. Laparoscopic distal gastrectomy with regional lymph node dissection for gastric cancer. *Surgical Endoscopy* 2003. 17(5): 758-62.
- 3) Clinical outcomes of surgical therapy group. A comparison of laparoscopically assisted and open colectomy for colon cancer. *N Engl J Med* 2004. 350(20): 2050-9.

**Professor John Hunter was interviewed by Peter Lamb (AUGIS trainee representative)**

## A MESSAGE FROM THE HEPATOBILIARY SECTION - Mr M Rees

What's in a name? Or more pertinently, what's not in a name? To the uninitiated, an "Association of Upper GI Surgeons" might sound irrelevant to the specialty of hepatobiliary (or indeed pancreatic) surgery. However, the original remit of the association was to be equally inclusive of the oesophagogastric and hepatobiliary / pancreatic surgical subspecialties. When AUGIS was born, and the name was set in tablets of stone, no better suggestions were offered. And of course, a glance back to our creation at the 1999 Annual Scientific Meeting in Glasgow identifies a pancreatobiliary surgeon, Professor Robin Williamson, as a key founder of the Section and our first President.

Since our inauguration, the turbulent evolution of ever more specialist units has to a certain extent polarised different elements within AUGIS, especially the more hawkish members of the hepatobiliary section! This disquiet culminated in an extraordinary session at the tail-end of the most recent meeting in Cambridge. The agenda comprised a debate of the future role of hepatobiliary surgery within AUGIS, and specifically the status of the fledgling UK Liver Surgeons Group.

While most of you attempted to beat the rush hour traffic, the remainder of us debated these issues into the early evening. I believe the consensus view was good for AUGIS, good for HPB surgeons and crucial for the welfare of the patients we treat. It was agreed that the specialities of hepatobiliary and pancreatic surgery should remain firmly within AUGIS. We do, however, reserve the right to stage separate gatherings on occasion. The UK Liver Surgeons Group will retain its own President and Secretary to ensure proper representation within AUGIS. I was honoured to be elected as the former, and it was agreed that David Sherlock would remain as Secretary.

Has this made any difference? After all, there has always been robust representation at Council from each of the sub-

specialties. Well, the air has certainly been cleared, and beneficial discussion with the current officers of AUGIS has yielded agreement that the format of future annual meetings should be modified to provide a better balance between the sub-specialties. The proof of the pudding will be in the eating!



As for this year, the April ASGBI meeting in Glasgow will discuss both NICE guidelines for dyspepsia, and the new National Guidelines for Colorectal Liver Secondaries, which we recently completed. We shall host a Liver Tumour Symposium in Basingstoke on April 13th, the programme for which is enclosed. The AUGIS annual scientific meeting in Dublin in September 2005 will see key speakers scheduled for each of the sub-specialties which hopefully will satisfy the diehards! Separate short paper sessions for both oesophagogastric surgery and HPB surgery will run in parallel.

What of the future? All of us will be involved in emergency general surgical admissions and in most hospitals we, the AUGIS brigade, will be required to advise our colleagues on the management of a diverse range of clinical problems. Although liver resection dominates my own elective practice, I recognise the need to keep abreast of developments in the management of upper GI haemorrhage, acute pancreatitis, choledocholithiasis, oesophageal perforations and so on. In turn, I shall need to share our experience with liver trauma and provide an update on the ever evolving expectations of liver surgery.

Our profession is being challenged from all directions and it is time to consolidate. However, I believe the future is bright, and the future is AUGIS.

## UPPER GI TRAINEES (BARRETT'S CLUB) REPORT - Mr P J Lamb



This group continues to represent the views of all Upper GI surgical trainees (oesophago-gastric, hepatobiliary, pancreatic, obesity) through its affiliation to AUGIS. It allows trainees to circulate information courses and fellowships, and to meet and socialise with those from other regions. A successful annual dinner was held in Cambridge during the AUGIS meeting in September, with over thirty trainees attending. This was kindly supported by Tyco. This

year's event will be held on the Wednesday night of the AUGIS meeting in Dublin in September and there may be a chance to visit the Guinness Storehouse.

Anyone in training (SHO, research fellow or specialist registrar) with an interest in Upper GI surgery is welcome to join. Please contact me directly for further information. Regular updates of news for trainees will also be posted on the new look AUGIS website.

peterjameslamb@hotmail.com



## COURSES

### Accreditation of Courses for AUGIS

A form is available on the AUGIS website for obtaining AUGIS accreditation for courses in relation to upper gastrointestinal surgical topics. Once the form has been filled in by the course organiser and returned to the AUGIS office it is emailed or faxed to all members of the Education Committee with an answer being provided within a few days. Once accreditation has been obtained, local organisers can add this to the advertisement and the course can be placed on the AUGIS website.

### USEFUL LINKS

Association of Surgeons of Great Britain and Ireland  
[www.asgbi.org.uk](http://www.asgbi.org.uk)

Association of Coloproctology of Great Britain & Ireland  
[www.acpgbi.org.uk](http://www.acpgbi.org.uk)

Association of Laparoscopic Surgeons  
[www.alsgbi.org](http://www.alsgbi.org)

Association of Surgeons in Training  
[www.asit.org](http://www.asit.org)

British Society of Gastroenterology  
[www.bsg.org.uk](http://www.bsg.org.uk)

Royal College of Physicians and of Glasgow  
[www.rcpsglasg.ac.uk](http://www.rcpsglasg.ac.uk)

Royal College of Surgeons in Ireland  
[www.rcsi.ie](http://www.rcsi.ie)

Royal College of Surgeons of Edinburgh  
[www.rcsed.ac.uk](http://www.rcsed.ac.uk)

Contains details of Surgical Masterclasses

Royal College of Surgeons of England  
[www.rcseng.ac.uk](http://www.rcseng.ac.uk)

Contains details of forthcoming courses and research fellowships

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## TELEVISION VIEWING NOT TO BE MISSED

**'Your Life in Their Hands' (BBC 1 - Provisionally scheduled for prime time broadcast in May)**

This series of three documentaries offers viewers a dramatic insight into the pioneering and often hazardous procedures carried out by three of the country's top surgeons, one of whom is Professor Michael Griffin, President of AUGIS. Professor Griffin is a Consultant Surgeon from Newcastle, who has developed his interest in the early detection of oesophago-gastric malignancy and the development of radical lymphadenectomy in the management of oesophageal cancer.

The series reveals the skill, compassion and steely nerve required by these three surgeons to become leaders in their profession. For the patients featured in 'Your Life in Their Hands', surgery is their last chance, and their future depends on the expertise of the consultants. The documentaries follow the emotional stories of these patients as they put their trust, and their lives, into the surgeons' hands.

Keep your eyes peeled for Professor Griffin on your screens this Spring!



**IHPBA2006** 

**7th World Congress of the International  
Hepato-Pancreato Biliary Association**

3-7 September 2006, Edinburgh, Scotland

For more information on IHPBA 2006, please register at: [www.ihpba2006.com](http://www.ihpba2006.com)

or contact:

IHPBA 2006 Congress Secretariat: Concorde Services Ltd  
Forth House, Rutland Square, Edinburgh EH1 2BW

Tel: +44 (0) 131 221 6596 Fax: +44 (0) 131 221 6597  
Email: [info@ihpba2006.com](mailto:info@ihpba2006.com)



## NOVARTIS ONCOLOGY GIST SURVEY

A survey of current management pathways of patients with gastrointestinal stromal tumours was recently conducted by AUGIS in collaboration with Novartis Oncology. Specifically the role of multidisciplinary approach to the management and potential for new studies in these tumours was assessed.

A total of 67 responses were received (65 from the UK, one from Ireland and one from South Africa). The responding surgeons see a total of 470 new GIST patients each year (455 for the UK surgeons) with an annual average of 7 patients. Based on the estimated incidence of GIST in the UK (800-900 new cases per annum), the responders are involved in the treatment of the majority of GIST patients in the country, and therefore their assessment would be a sound reflection of the state of management of these patients.

Out of the 470 new GIST patients seen annually, 81% are classified as localised and resectable. Around 19% are unresectable and/or metastatic. Among the localised tumours, 30% were considered high grade with poor prognosis.

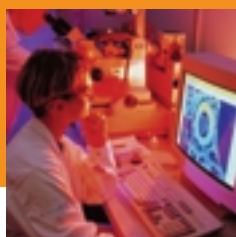
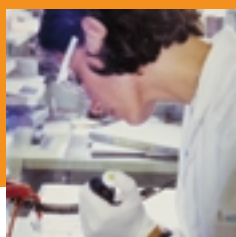
Almost all GIST patients are discussed within an MDT setting in the UK. Most are discussed in specialised MDTs (GI or Upper GI MDT 80% and sarcoma MDT 12%).

The vast majority of responders would consider their patients for clinical trials if appropriate trials were available.



# NOVARTIS

## ONCOLOGY



**A commitment to improve the outcome and quality of life of patients with cancer has been the driving force for Novartis Oncology in developing new and novel compounds.**

**We work alongside clinicians, support groups, patients and their families, to help co-ordinate what we do.**

Focus by Novartis Oncology on bringing real benefits for patients has resulted in significant breakthroughs and has enabled the launch of highly potent and specific treatments for use by the Oncology community.

Using rational drug design, molecular abnormalities can be targeted, preserving normal cells and minimising the negative impact of cancer therapy on patients. Exploiting these novel forms of research, Novartis Oncology has become the leading company in signal transduction inhibition worldwide.

Targeted therapies for breast cancer, tumour-induced hypercalcaemia, skeletal-related events from malignancies involving bone, chronic myeloid leukaemia, gastrointestinal stromal tumours (GISTs) and other cancers are changing disease management.

With a Headquarters in Basle, Switzerland, over 60,000 Novartis employees in 140 countries worldwide, including 3,000 in the UK, are contributing to the effort to improve standards of patient care. The teamwork of these individuals has contributed to the significant scientific progress achieved in cancer and other areas of medicine.

The research continues, bringing the innovation of the laboratory to the patient and supporting healthcare professionals fighting cancer on the front line.

The future of cancer therapy, made possible, by Novartis Oncology, today.

More information is available at

**[www.novartis.co.uk](http://www.novartis.co.uk)**

## 2005 SPONSORSHIP OPPORTUNITIES

### ANNUAL SCIENTIFIC MEETING, Dublin 22-23 September 2005

The Association of Upper GI Surgeons wishes to continue its successful corporate sponsorship with the biomedical industry but would prefer to establish longer term partnerships over a three year period. AUGIS wishes to respond to feedback from existing corporate partners who have indicated that there would be mutual advantage in such an arrangement. Industry partners would be able to make long term budgetary provision and participate in the long term planning of the annual meetings.

The normal corporate partnership will run for a term of one year commencing 1st April of each year at which time the annual fee is payable. The rates indicated below are the planned charges for 2005/2006. A long term agreement would fix this annual rate (payable annually) over the next three years. It is anticipated that the single rate will increase by a minimum of 5% annually.

Corporate sponsorship would also enable the sponsor to participate in the planning of the 7th World Congress of the IHPBA which is being hosted by AUGIS in September 2006. It is intended that the annual AUGIS corporate rate for 2006 would recognise continued sponsorship of AUGIS during the year and the meeting, would secure active participation in the planning of the Congress and would also contribute financially towards the company's proposed participation of the Congress in a way that the company would wish to be recognised (such as securing Platinum for the cost of Gold Congress sponsorship of the World Congress).

**Exhibition space for 2 days in Dublin: £1,500**

**Exhibition space for 1 day in Dublin: £900**

In addition we have initiated four sponsorship packages for 2005, all of which offer a range of longer term benefits. We would be delighted to discuss individual tailor-made packages, so please contact Fiona Wilson at AUGIS to request a trade prospectus and to discuss the information further. Email: [fwilson@asgbi.org.uk](mailto:fwilson@asgbi.org.uk). Telephone: (020) 73044773.

<b>Bronze partnership</b>	<b>£3,000</b>
<b>Silver partnership</b>	<b>£6,000</b>
<b>Gold partnership</b>	<b>£9,000</b>
<b>Platinum partnership</b>	<b>£12,000</b>

We are interested in receiving contributions to future editions of the Newsletter from our members. To contribute by providing relevant Upper GI news or information, or writing a letter or comment column, please contact Fiona Wilson directly.

AUGIS

At the Royal College of Surgeons

35-43 Lincoln's Inn Fields,

London WC2A 3PE

Tel: 020 7304 4773

Fax: 020 7430 9235

Email: [fwilson@asgbi.org.uk](mailto:fwilson@asgbi.org.uk) [www.augis.org](http://www.augis.org)

## SPONSORSHIP OF ANNUAL SCIENTIFIC MEETING, Cambridge 23-24 September 2004

**GOLD PARTNERS: Novartis Oncology**

**SILVER PARTNERS: Cook (UK) Ltd and Ethicon Endo-Surgery**

**BRONZE PARTNERS: Teasdale Surgical**



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At The Royal College of Surgeons of England,  
35-43 Lincoln's Inn Fields,  
London WC2A 3PE

TELEPHONE: 020 7304 4773

FAX: 020 7430 9235

EMAIL: [augis@asgbi.org.uk](mailto:augis@asgbi.org.uk)