

## OESO Newsletter – April 2022

Message to the members of OESO,  
and to all those who have interest in Esophagology



### The OESO-SEMPIRE VIRTUAL EDUCATIONAL CHANNEL 19th meeting

From **St Vincent's Hospital, Melbourne**  
and **Tenwek Hospital, Kenya**

Hosted by: Dr Matthew **Read**, MBBS, FRACS, PhD  
and

Prof Russell E. **White**, MD, MPH, FACS, FCS(ECSA)  
Director of Cardiothoracic Surgery – Tenwek Hospital

### Wednesday, May 4, 2022

- **Australia**, Melbourne  
12 midnight – 1:30 am (**May 5**)
- **Europe**  
Paris: 4 – 5:30 pm
- **North America:**  
West Coast: 7 – 8:30 am  
East Coast: 10 – 11:30 am
- **South America:**  
São Paulo, 11 am – 12:30 pm
- **Africa:** Bomet, Kenya,  
5 – 6:30 pm
- **Malaysia:** Kuala Lumpur:  
10 pm – 12 midnight

- Zoom technology applied

**Topic:** Esophageal cancer in young patients

**Subtheme:** *a celebration of the first fellowship between two Pilot Centers of the OESO-SEMPIRE Platform*

The discussion will be based around two cases.

**Presentation of the cases:** Dr Matthew **Read** and Prof Russell E. **White**



**Case 1:**

a 23-year-old man, originally from East Africa, recently presented to St Vincent's Hospital in Melbourne with a four-month history of chest tightness, progressive dysphagia and headache. This was subsequently investigated with endoscopy which revealed a cancer at the GEJ. Subsequent staging excluded metastatic disease.

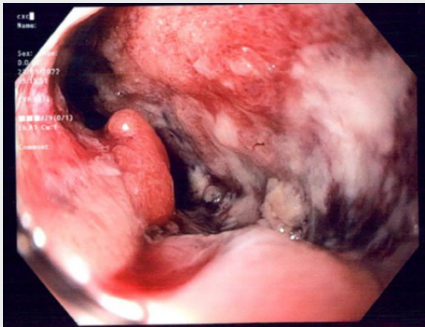


Figure 1: Endoscopic images detailing the GEJ from above

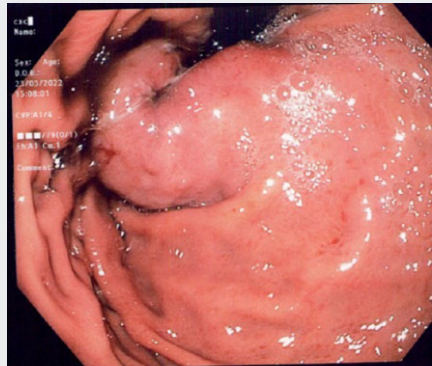


Figure 2: Endoscopic images detailing the GEJ from below

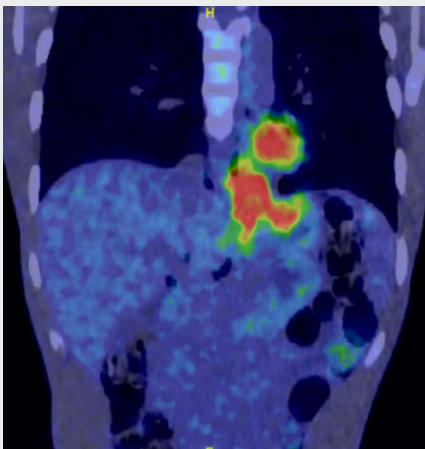


Figure 3: FDG PET avid lesion at the GEJ

## GIST OF THE 2<sup>ND</sup> CASE

### Case 2:

a 16-year-old male patient presented with an eight-month history of progressive dysphagia, anorexia, and weight loss.

- Despite multiple visits to health facilities and being treated for a range of different ailments, no endoscopy was performed until seven months later.
- There were no associated risk factors, no history of smoking and no alcohol intake. There was also no significant family history of cancer.
- Histology revealed a moderately differentiated adenocarcinoma. The patient received neoadjuvant chemotherapy with a complete clinical response. In view of limited access to an ongoing surveillance program, a three-stage esophagectomy was performed.
- Following surgery, the patient made a good recovery. However, they subsequently developed an anastomotic stricture which required serial dilatation. During the post-operative period they also required treatment for a bowel obstruction secondary to a band adhesion.
- Patient developed suicidal ideation in association with a major depressive illness and is currently receiving psychotherapy (12 sessions to date).

### Discussion points:

- What challenges exist in the diagnosis & management of esophageal cancer in the younger patient.
- Balancing care, quality of life and survivorship. How to tailor the best approach.
- How do cancers between a younger patient and an older patient compare? Are they different entities and should we be more aggressive with our management?
- Management of esophageal cancer in a resource limited environment.
- Highlighting the significance of the first fellowship between OESO Pilot centers.

The discussion will also include the following presentations:

- Surgery for cancer of the GEJ. How I do it. *Dr. Yong Li, Thoracic Surgeon of the Beijing National Cancer Center, China.*
- Clinicopathological features of GEJ cancer of the younger patient. *Assoc Prof Qin Huang, Harvard Medical School / Brigham and Women's Hospital, Boston.*

### Panel for discussion

- Michael **Mwachiro** (Program Director, Tenwek)
- Dr Guifang **Xu**, GI Gastroenterologist of Nanjing Drum Tower Hospital, China
- Dr Lei **Wang**, GI Gastroenterologist of Nanjing Drum Tower Hospital, China
- Dr Yong **Li**, Thoracic Surgeon of the Beijing National Cancer Center, China
- Assoc Prof Qin **Huang**, Harvard Medical School, Boston



Registration is free, but mandatory:

Free registration

*Eighteen Pilot Centers worldwide are currently listed in the network of the OESO-SEMPIRE Platform of Excellence in Esophagology to take part in the program of the **OESO Virtual Educational Channel** in Esophagology. Such a program is in line with true multi-disciplinarity, the essence of OESO since its creation, and the mission defined by UNESCO in the **Chair of Digital Education** attributed in 2018, at the University of Geneva, to the OESO Foundation.*



The first eighteen "Staff meeting discussions" were organized in

- **2020:** May 28 (Pilot Center of Milan), July 22 (Pilot Center of Stanford), October 3 (Pilot Center of Bomet, Kenya), October 29 (Pilot Center of Beijing), December 10 (Pilot Center of Geneva),
- **2021:** January 29 (Pilot Center of Melbourne), February 25 (Pilot Center of Bordeaux), March 19 (Pilot Center of Stanford), April 15 (Pilot Center of Paris), May 26 (Pilot Center of Milan), June 23 (Pilot Center of Sao Paulo), August 21 (Asian Pacific Digestive Week), October 19 (Pilot Center of Mainz), November 22 (Pilot Center of Bordeaux), December 9 (Pilot Center of Geneva),
- **2022:** January 20 (Pilot Center of Kota Bharu), February 22 (Pilot Centers of Beijing, Shanghai and Guangzhou) and March 24 (Pilot Center of Boston).



- ***Wherever you are in the world,***
- ***Whatever your specialty,***
- ***Whatever your level,***

the 19th clinical case of the OESO-SEMPIRE Platform will afford you the opportunity to participate in a global multidisciplinary staff meeting dedicated to 2 challenging cases of esophagology.

It will involve specialists in various disciplines, and participants from any country can connect to the discussions.

Looking forward to seeing you soon!

**Robert Giuli, MD, FACS**

Professor of Surgery

Founder & Deputy Executive Director of OESO

The next clinical case coming up for discussion will be proposed in May by the Pilot Center of Stanford.

*Date and details on time will be announced on the OESO website and in next Newsletters.*

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