



ANZGOSA

Australia & New Zealand  
Gastric & Oesophageal  
Surgery Association

# NEWSLETTER

Issue 21

August 2014

## President's Report

This October Mark Smithers will step down from the ANZGOSA Board after many years of outstanding service to the Association and its members.

ANZGOSA grew from a decision at the May ASC in Perth, during the Section of HPB and Upper GI Surgery Business Meeting, to develop a Society separate from RACS. This decision was followed by a meeting in September 2005 in Melbourne when the ANZHPBA was launched, At that time there was not the mandate for a separate Upper GI group however the idea was accepted at a meeting in February 2006 prior to the IsDEAS meeting in Adelaide. The interim ANZGOSA executive met for the first time at the Sydney ASC in May 2006 under the leadership of David Watson. Mark was a member of that first executive and became Vice President in 2008, President Elect in 2009, and then served as President from 2010 to October 2013. He has remained on the executive as Past President for the last year and will now be looking forward to having more time to address his many other commitments. Mark will still be active in ANZGOSA activities and he is the convenor for the 5<sup>th</sup> Asia Pacific Gastroesophageal Cancer Congress in Brisbane March 2015 which will be a major event.

He has been fundamental to making ANZGOSA what it is today and I would like to express our gratitude for the huge contribution Mark has made. He will be replaced

on the ANZGOSA Board by Iain Thomson and we welcome Iain to the position. David Martin has now also been formally elected to the Board along with Tim Bright and Sarah Thompson who were re-elected.

Since those early steps in 2006, ANZGOSA has grown steadily and membership numbers are now around 182. This represents a significant portion of surgeons who have an interest in Upper GI surgery, however this is still the capacity for further growth.

Our last newsletter included a letter from Philip Le Page describing his experience working as a fellow in Edinburgh. In this edition we have a letter from Sebastian Kwon, who was an ANZGOSA fellow from 2010 to 2013, describing his international experience which will be of particular interest to trainees considering the option of working abroad.

It is now a matter of weeks until the combined ANZGOSA and ANZHPBA meeting in Queenstown on 2 – 3 October so please register soon. Details for this and the other upcoming meetings are included in this newsletter. I look forward to seeing you there.

Ross Roberts

President

## INSIDE THIS ISSUE

- 1** President's Report
- 2** Future Dates
- 3** Membership; Financial Report; Website
- 4-13** News
- 14** Industry Partners

## **Future Dates**

### 2014

October 2 and 3  
Combined meeting with ANZHPBA  
Millennium Hotel, Queenstown  
2 day meeting

### 2015

5<sup>th</sup> Asia Pacific Gastro-esophageal Cancer Congress (APGCC)  
Brisbane Convention Centre  
<http://www.apgcc.org/>  
16 to 18 March 2015

IsDEAS Meeting  
15 March 2015  
Rydges South Bank, Brisbane  
1030 - 1630

8 and 9 October 2015  
Combined meeting with OSSANZ  
Hamilton Island, Queenstown  
3 days



## **Secretariat**

Please feel free to contact our Executive Officer, Leanne Rogers, should you have any queries.

Contact details are: 08 8278 1249 (phone), 08 8278 1249 (fax), or, [anzgosa@gmail.com](mailto:anzgosa@gmail.com).

Postal address:

P.O. Box 374, Belair S.A. 5052

## **ANZGOSA Members**

We welcome all our new members

## **Financial Report**

A full financial report and Treasurers' report will be provided, and emailed, to all members after the AGM on October 2nd, for the year ended 30<sup>th</sup> June 2014.

ANZGOSA continues to be in a good position. Three industry partners are secured in three year contracts and membership numbers continue to grow steadily. Industry partnerships have been renegotiated for 2014 and beyond.

We have now received deductible gift recipient "DGR" status through the Australian Taxation Office. ***The Association can now accept donations.***



## **Facebook**

Check out ANZGOSA on facebook. See pictures, latest news and announcements. Together with our website [www.anzgos.org](http://www.anzgos.org) we are keeping you up to date with the latest regarding our Association.

<http://www.facebook.com/pages/Anzgos/304387776331914>.



## **Membership**

Membership numbers are steadily growing with a membership now around 182.

Full membership is available for Medical practitioners with an interest in Upper Gastrointestinal, Gastric and/or Oesophageal surgery practice who hold FRACS or equivalent. Full members are entitled to full voting rights, and may stand for office. Associate membership is available to trainees or retired Upper Gastrointestinal surgeons, and other health professionals working in the area of Upper Gastrointestinal, Gastric and/or Oesophageal practice. Associate members do not have voting rights, and are unable to stand for office. A discount on membership fees is available to members who are also members of ANZHPBA. Please contact the Secretariat for an application for membership.



## **Website**

[www.anzgos.org](http://www.anzgos.org)

We do have the "Find a Surgeon" section on the website. The aim of this is to have most of our ANZGOSA members listed.

If you would like to be included could you please email me the following information -

SURNAME  
FIRST NAME (and title)  
LOCATION  
PHONE  
WEBSITE.



*We are happy to hear of any suggested improvements to the website or any errors you may see. We do endeavour to keep it as up to date as possible.*

# *NEWS*

## **ANZGOSA Hospital Unit Accreditation**

We invite you to apply for ANZGOSA board recognition as a training centre.

The ANZGOSA Post Fellowship Training manual can be found on the ANZGOSA website. This document outlines the requirement to become an Upper GI training centre. .

Applications for potential 2015 Fellows are now closed. Ultimately accepting a Fellow will be at the discretion of the training unit. Hospital Unit site inspections will occur once you receive a Fellow. Fellow offers occur from late June each year.

Please note that if a training unit requires accreditation for both HPB and Upper GI then separate applications will need to be made to both ANZHPBA and ANZGOSA.

Could each unit applying please submit a letter addressing each Hospital Unit criteria (available on website) and nominate a future programme director (with contact details). All future communications will be to that director.

Applications should be either emailed or posted to:

Leanne Rogers  
Executive Officer ANZGOSA  
P.O. Box 374  
Belair SA 5052  
[anzgosa@gmail.com](mailto:anzgosa@gmail.com)

## **Post Fellowship Trainees Weekend**

The 2014 Post Fellowship Trainees' Weekend is being hosted by ANZHPBA and is being held in Adelaide (SA) at Mt Lofty House, 29<sup>th</sup> to 31<sup>st</sup> August. 2014 ANZHPBA and ANZGOSA Fellows will attend. As part of the two year Fellowship they are required to attend the Post Fellowship Trainees Weekend. The weekend will have significant local faculty and each Fellow will have one presentation topic focused on their specialty, HPB or GI. International visitor attending is Professor Giles Toogood from Leeds UK.

The 2015 Post Fellowship Trainees' Weekend will be hosted by ANZGOSA and is being held in Manly, Sydney, at Q Station, 3<sup>rd</sup> and 4<sup>th</sup> October.

## **2015 Fellows**

Congratulations to all our 2015 Year 1 and Year 2 ANZGOSA fellows on their placements –

Ramez Bassari to Bankstown Hospital  
Alexandra Gordon to Royal North Shore Hospital  
David Murray to John Hunter Hospital  
Nicholas Evennett to Prince Alexandra Hospital  
Richard Chen to Newcastle UK  
Niruben Rajasagaram to St Vincents Hospital Victoria  
Jacob Vanyai to Western Hospital  
Benjamin Keogh to Box Hill Hospital  
Mary Ann Johnson to Fremantle Hospital  
Yuki Watanabe to Sir Charles Gairdner Hospital  
Benjamin Woodham to Christchurch Hospital

## Annual Meeting 2014

**\*\* REGISTER NOW only 5 weeks to go \*\***

2 – 3 October, 2014

[http://www.queenstown2014.com/anzhpba\\_and\\_anzgosa\\_2014/registration/index](http://www.queenstown2014.com/anzhpba_and_anzgosa_2014/registration/index)

The “2014 Conjoint ANZ Upper GI and HPB Meeting” is a two day program and is the ANZHPBA and ANZGOSA annual meeting for next year. Day one will run separate sessions for ANZHPBA and ANZGOSA, and, Day two is combined sessions. The scientific committee is currently putting together a comprehensive and balanced academic programme. The meeting is focused towards a national audience and will be of interest to HPB surgeons, Upper GI surgeons, bariatric surgeons, general surgeons, surgical trainees, gastroenterologists, and oncologists. For those that attended the highly successful 2010 meeting, the venue is again The Millennium Hotel, Queenstown, New Zealand.

We have a fantastic international faculty attending the meeting –

### **Simon Paterson-Brown**

Simon Paterson-Brown has been Consultant General and Upper Gastrointestinal Surgeon and Honorary Senior Lecturer in the Royal Infirmary of Edinburgh since 1994. Chairman of the Patient Safety Board of the Royal College of Surgeons of Edinburgh, part of the development team for both NOTSS (Non-technical Skills for Surgeons) and SOS (Safer Operative Surgery) courses, designed to improve intra-operative performance for both surgeons and the whole team. He is currently on the council of the Royal College of Surgeons of Edinburgh.

### **PROFESSOR J. JAN B. VAN LANSCHOT**

J.J.B. (Jan) van Lanschot (1953) is currently Professor of Surgery at the Erasmus Medical Centre and Erasmus University, Rotterdam, the Netherlands. He has held / holds a variety of managerial and executive appointments both locally and (inter-)nationally including programme director for Surgical Training at the AMC in Amsterdam, chairman of the Dutch Society of GI Surgery, board member of the Dutch Society of Surgery, chairman of European Digestive Surgery, chairman of the European Society for Diseases of the Esophagus, and treasurer of the European Surgical Association. He is editorial board member of several scientific journals, including British Journal of Surgery, Digestive Surgery, Diseases of the Esophagus and World Journal of Surgery. He is honorary member of the Dutch Society of GI Surgery, the Polish Society of Surgical Oncology, the Royal College of Surgeons of Edinburgh and the German Society of General and Visceral Surgery .

### **Jüergen Weitz**

Currently, he is Chairman of the Department of Visceral, Thoracic and Vascular Surgery, University Hospital Carl Gustav Carus, Technical University, Dresden, Germany. The main focus of his clinical work is the surgical management of patient with complex surgical oncological and Hepato-pancreatico-biliary conditions. He also has a broad background as liver, kidney and pancreas transplant surgeon. Regarding clinical research he has conducted several randomized controlled trials especially in HPB surgery. His translational research interests include detection and characterization of minimal residual disease in malignancies. He has published over 200 peer reviewed papers in the fields of hepato-biliary and pancreatic surgery, transplantation and surgical oncology

## Board Appointments

The ANZGOSA Board has four positions to elect to the Board for the term 2014 to 2017. After nominations have closed the four ANZGOSA members elected to the Board are David Martin, Iain Thomson, Tim Bright, and Sarah Thompson. We look forward to their contributions to ANZGOSA over the next three years.

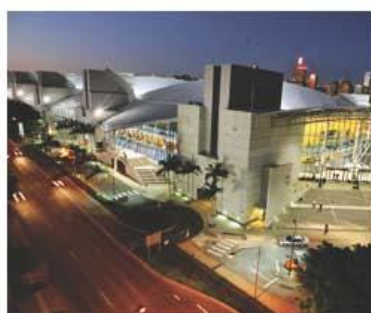


**Asia Pacific Meeting 2015**  
**REGISTRATION NOW OPEN**

# Asia-Pacific Gastroesophageal Cancer Congress



Brisbane Convention and Exhibition Centre, Brisbane, Australia



## Save the Date! 16–18 March 2015

The 5th Asia-Pacific Gastroesophageal Cancer Congress (APGCC) will bring together leading surgeons and other health professionals to discuss the latest advances and current challenges faced in the treatment of Gastric and Oesophageal cancers across the Asia-Pacific region.

This meeting will feature plenary, concurrent and

workshop style sessions addressing a range of topics relevant to both Gastric and Oesophageal specialists, as well as poster presentations and trade exhibition.

Abstracts will open 30 June 2014, and submissions are encouraged for consideration for both oral and poster presentations.

Visit [www.apgcc.org](http://www.apgcc.org) for more information and to register your interest.



Presented by



ANZGOSA

[www.apgcc.org](http://www.apgcc.org)

## REGISTRATION NOW OPEN

<http://www.apgcc.org/>

## CALL FOR ABSTRACTS NOW OPEN

The APGCC 2015 program will offer two free oral sessions and poster presentations. Abstract submissions are invited to address the two major themes of gastric cancer and oesophageal cancer. Abstract submissions will close on 2 November 2014

<http://www.apgcc.org/abstracts/>

### IsDEAS meeting 2015

#### DIARY NOTE

The 2015 IsDEAS meeting is being held at the Rydges South Bank Hotel in Brisbane. Located in the heart of Brisbane's arts and entertainment precinct, Rydges South Bank has a wide range of attractions on its doorstep including the South Bank Parklands and the renowned Brisbane Convention & Exhibition Centre.

This previously well attended meeting is being held on Sunday 15<sup>th</sup> March, preceding the 2015 Asia Pacific Gastroesophageal Cancer Congress (APGCC) which starts on Monday March 16<sup>th</sup>, Brisbane Convention & Exhibition Centre.

Traditionally, the IsDEAS meeting has a comprehensive program which focuses on oesophageal disease and it is well supported by Australian and New Zealand Upper gastrointestinal surgeons. The meeting is held in a less formal and residential environment. The meeting is held in such a forum so that topics can be discussed that are not normally dealt with in larger forums. The scientific programme committee has put together a comprehensive programme. The meeting will change from the previous format due to the APGCC.

Registration fee \$150

#### **Contributions to the program for this meeting are encouraged**

Free papers will be considered for Friday. Please submit an abstract which is no more than one page in length. The abstract should be structured with the following headings :

Introduction, Methods, Results, Conclusions

Please email the abstract to [m.smithers@uq.edu.au](mailto:m.smithers@uq.edu.au) by 30<sup>th</sup> January 2015.

Case presentations for the *Great Cockeral Award* should also be nominated by sending a brief nomination to [m.smithers@uq.edu.au](mailto:m.smithers@uq.edu.au) by 30<sup>th</sup> January 2015.

Interesting clinical vignettes are also encouraged. These should be brief (5 minutes) case highlights which provide a useful insight into an oesophageal problem. The vignette need not be an entry for the Great Cockeral Award.

## REGISTRATION OPENING SOON

## Program - Sunday March 15

0930	<b>Registration</b>	
1025	<b>Welcome</b>	A/Prof Mark Smithers
1030 – 1200	<b>Session 1: Achalsia</b>	
	POEM – why, how and results:	Phillip Chui, Hong Kong
	NOTES to POEM – introducing new techniques	Gary Crosthwaite, Melbourne
	The role of surveillance in patients with achalasia	Sarah Thompson, Adelaide
	Type III achalasia: POEM, myotomy, or dialation?	Sarah Thompson, Adelaide
	Discussion	
1230 – 1315	<b>Lunch</b>	
1315- 1500	<b>Session 2 – Caustic oesophageal injuries and Free Papers</b>	
	Caustic injuries to the oesophagus - A Malaysian experience:	Kin-Fah Chin, Kuala Lumpur
	Free papers - Glyn Jamieson Prize	
1500 – 1530	<b>Afternoon Tea</b>	
1530-1645	<b>Session 6 – Videos, Interesting cases and the Cockeral award</b>	
1645	<b>Closing remarks and presentation of prize for best free paper</b>	
1700	Meeting Close	

## ANZGOSA Audit

As a practising member of the Association, we would like to invite and encourage you to participate in the ANZGOSA Audit, officially launched on August 31 2010, a bi-national audit of surgical cancer treatment.

Participating in the audit demonstrates both an appreciation of the importance of quality surgical care in this area and a commitment to achieving such quality. Participants will receive an annual participation certificate.

Through the reporting feature of the data entry portal surgeons have access to instant reporting on key areas against aggregated peer results and be able extract their own data for personal analyses. Audit staff will also be able to provide customised analyses if requested. Upgraded report suite now available and institutional downloads.

Collated bi-national data will provide the ANZGOSA opportunities for research into surgical treatment in the two countries. Participants can also make an official data request to gain de-identified information from the database for their own research.

The audit is being conducted on behalf of the ANZGOSA by the Research, Audit and Academic Surgery Division of the Royal Australasian College of Surgeons. **College Ethics Committee approval was granted in June 2010** and an application has been made to recognise the audit as an approved activity so that participants can use this to claim points in the College Continuing Professional Development program.



*For further information or to become part of this initiative and gain access to the online portal, please contact the College managers of the audit:*

Ph: +61 8 8363 7513  
Audit helpdesk: [anzgosa.audit@surgeons.org](mailto:anzgosa.audit@surgeons.org)

## **New to the Audit –**

A formal process has been put in place for participants and external researchers to request tabulations and analysis from the ANZGOSA Audit.

With almost 1500 cases in the database, the audit is now ready to be used for research or to answer more specific quality assurance questions than those available through the automated reports.

More details on this process are available from the [Data Request Policy](#) and [Data Request Form](#)

**The two data request documents are now up on the College ANZGOSA Audit webpage:**  
[www.surgeons.org/anzgosa](http://www.surgeons.org/anzgosa)

## **ANZGOSA Board and committees**

The current Board is:

<b>President</b>	Ross Roberts (New Zealand))
<b>Past President</b>	Mark Smithers (QLD)
<b>Secretary</b>	
<b>Treasurer</b>	Tim Bright (SA)
<b>Board members</b>	David Martin (NSW)
	Gary Crosthwaite (Vic)
	Rob Bohmer (Tas)
	Sarah Thompson (SA)
	Wendy Brown (VIC)
	Krishna Epari (WA)
	Andrew MacCormick (NZ)
	Neil Merrett (NSW)
	Ahmad Aly (VIC)

### Training Committee

Gary Crosthwaite (Chairman)  
Ross Roberts (ANZGOSA President)  
Tim Bright  
David Martin  
Gary Crosthwaite  
Neil Merrett  
Simon Bann  
Emma Johnston  
Richard Cade

### Scientific Research and Audit Committee

Sarah Thompson (Chairman)

Ahmad Aly

George Kiroff

Andrew Barbour

Peter Cosman

Krishna Epari

Mark Smithers

Ross Roberts (ANZGOSA President)

### Membership Liaison Committee

Wendy Brown (chairman)

Ross Roberts (ANZGOSA President)

Rob Bohmer

Andrew MacCormick

Jenny Myers

Sebastian Kwon

Michael Devadas



### **Membership Liaison Committee Role**

**The role and responsibilities of this newly created committee will include -**

- Communication with membership
- Assisting conference organization
- Membership growth
- Future Travel scholarships
- Future online Journal Club for ANZGOSA fellows
- 

### **An overseas placement experience of an ANZGOSA fellow**

Mr Sebastian Kwon (ANZGOSA Fellow 2011 -2013)

THANK YOU ANZGOSA FOR THE WONDERFUL OPPORTUNITIES!

I was fortunate to have had the opportunity to learn about the intricacies of the management of gastric and oesophageal cancer and the culture of my country of birth during my fellowship year at Seoul National University Hospital (SNUH), South Korea. I also spent 2 months visiting two of the leading hospitals in Tokyo, namely, Juntendo University Hospital and Cancer Institute Hospital to learn more about oesophagectomy techniques.

After obtaining my FRACS in 2009, I completed my 1<sup>st</sup> year of ANZGOSA training in 2011 at St George Hospital, Sydney, which provided excellent training, especially in benign and bariatric surgery. During that year, ANZGOSA training committee approved my proposal for the overseas fellowship knowing well the excellent training opportunity at the gastric cancer unit at SNUH, led by Prof Han-Kwang Yang who is well known to many surgeons in Australia and New Zealand.

Although the incidence is on the decline, gastric cancer remains the most prevalent cancer in Korea. As a result of a national screening program, more than half of gastric cancers in Korea are diagnosed at an early stage (cT1N0M0) and a significant proportion of them are treated by endoscopic submucosal dissection.

SNUH boasts a proud history of being the oldest and being the most prestigious hospital in Korea and has a combined bed capacity of over 1300 beds. The gastric cancer unit at SNUH is truly a high volume unit, with 1080 gastrectomies carried out in 2012, with an average of 20 gastrectomies a week! A routine on every Tuesday was 6 gastrectomies followed by a late night catch up session over take away.

Just over half of the gastrectomies were performed laparoscopic-assisted - with a mini-laparotomy for the anastomosis – with a handful performed totally laparoscopically. Around 50 were robot-assisted cases. Indications for laparoscopic (or robotic) approach at SNUH were early gastric cancers, and advanced gastric cancers in the setting of KLASS 02 trial, a national multi-centre randomised controlled trial assessing the safety of laparoscopic D2 gastrectomy in advanced gastric cancers. Since its foundation in 2003, Korean Laparoscopic Gastrointestinal Study Group (KLASS) has built an international reputation for its high quality clinical trials through standardisation of surgical techniques and careful selection of participating surgeons. Attending their various meetings and workshops was helpful in gaining further insight into some of the finer points of D2 dissection and reconstruction. Writing a book chapter with Prof Yang (Laparoscopic Gastric Surgery, Current Surgical Therapy, 11<sup>th</sup> Ed, Cameron and Cameron) was an enjoyable and rewarding way of consolidating my understanding of the topic.

It was truly an eye opener to experience a vastly different surgical practice with a completely different set of surgical dicta to what I had been taught and accepted as the norm. For example, in Korea and Japan, Bilroth I is the most favoured form of reconstruction after a distal gastrectomy for cancer in contrary to the belief that such a reconstruction should be reserved for benign disease in fear of local tumour recurrence and obstruction. Also, a 5cm macroscopic gastric resection margin was not given credence but rather emphasis placed on ensuring a clear resection margin by routine frozen section. Great emphasis was also placed on preventing contamination of operative field with cancer cells by various techniques including meticulous sealing of lymphatics on the specimen side as well as the patient's.

Another highlight of my fellowship was the exposure to numerous different oesophagectomy techniques across the 3 institutions between Korea and Japan, ranging from Ivor Lewis oesophagectomies, some of which were performed with robot-assistance, to 3-field oesophagectomies with routine recurrent laryngeal node dissection. The experience granted me a greater depth of understanding of the relevant intra-thoracic anatomy as well as the importance of standardisation of operative techniques and meticulous attention to detail in minimising post-oesophagectomy complications.

In addition to acquisition of new surgical skills, being immersed for 12 months in a high volume unit with a constant drive for excellence in clinical outcome and research taught me invaluable lessons about the importance of having the necessary infrastructure such as a database and an audit but also a research mind in improving patient outcome.

Lastly, it was wonderful to be able to share experiences and ideas with so many surgeons and trainees from around the globe as many a guest including entire surgical departments flocked to SNUH each year to learn about laparoscopic and D2 gastrectomy. I would highly recommend a visit to Prof Yang's unit at SNUH for anyone passionate about gastrectomy. A two week visit would more than suffice.

I am grateful for the wonderful training opportunities that I have had through ANZGOSA which would not have been possible without the full support of my wife, Sunmi, throughout my entire training, and I look forward to contributing to training of future OG surgeons through ANZGOSA.

Additional note.

Dr Kwon spent an additional year with Prof Michael Griffin at Royal Victoria Infirmary, Newcastle upon Tyne, UK and is currently working as a locum upper GI surgeon at John Hunter Hospital, Newcastle.



## **Fellow Opportunities**

The department of bariatric surgery, Box Hill Hospital, would like to invite expressions of interest for a new fellowship position in 2015. The fellowship position will be for a term of 12 months and is available to a post FRACS general surgeon.

The role will consist of a predominately public appointment with one to two sessions per week assisting in the private. The approximate remuneration will be in excess of \$100k however the exact amount remains to be confirmed. We are currently seeking to formalize funding however the successful candidate will receive a combined stipend from a Covidien grant in addition to standard hospital remuneration and private assisting.

The role will involve running a specialist bariatric unit and will give good exposure to a range of primary and revision bariatric surgeries including gastric banding, sleeve gastrectomy, gastric bypass, and vertical banded gastroplasty. A large number of revision procedures are performed each year. The expected exposure to cases for the fellow would be at least 3 procedures per week. The fellow will be expected to participate in management of the bariatric unit, consult with patients in the outpatient department, manage the units general surgical on call and assist in the private. Fellows will be expected to participate in the unit's research interests and publication will be encouraged. Accountability will be to the Director of Upper GI, Bariatric and Thoracic surgery.

The other roles envisaged will be to:

- Orchestrate and lead the bariatric multidisciplinary meeting for the Eastern Health Group
- Promote and represent the unit with the Eastern Health network
- Encourage the participation of medical, nursing, allied health and other staff relevant to the disciplines of bariatric surgery
- Participation in the education of medical, nursing, allied health and other staff relevant to the disciplines of bariatric surgery
- Support the registrar with the Department of General Surgery's Audit, Education and Research Groups
- Participate in the unit's on call roster

This fellowship will provide an excellent opportunity for junior surgeon to take a major role in running a well-established bariatric unit. There is excellent exposure to the range of commonly performed bariatric surgeries and a relatively good exposure to revision procedures. On completion of this fellowship the candidate would be expected to be capable of independent assessment and management of bariatric patients, be able to independently perform the gamut of standard bariatric surgeries and have increased competence, confidence and fluency with managing general surgical and bariatric emergencies.

We would ask that members who are aware of trainees that may have an interest in this position communicate this expression of interest by forwarding this email.

In order to be considered for this position please forward contacts details and an up to date c.v. to

Mr Michael Hii  
Suite 2, Epworth Eastern  
1 Arnold St  
Box Hill 3128  
03 8488 6990  
email - [mhii@mgos.com.au](mailto:mhii@mgos.com.au)

*The position will be formally advertised once funding is fixed. A provisional interview date has been set for October 2014.*

## **Fellow Opportunities**

The Peter MacCallum Cancer Centre is now advertising for our 2015 Upper Gastrointestinal/ HPB Fellow. It is a 12 month position for people having obtained their FRACS or equivalent. This position was first offered in 2014 and our current trainee is having excellent year. Funding has now been confirmed for 2015.

The position involves working with the upper GI, Hepatobiliary and Thoracic surgeons in a high volume cancer hospital that specializes in laparoscopic tumour management. The position gives extensive exposure to oesophago-gastric, thoracic and liver tumours as well as thoracoscopic surgery and involvement in the thoracic surgeons robotic program. Additionally the unit specializes in many rarer tumours and has an extensive expertise in neuroendocrine tumours, GIST and sarcomas. The unit is also involved with cancer surveillance plus interventional endoscopic and bronchoscopic procedures.

There are extensive research opportunities within the surgery department as well as research laboratories at our center. There is also the possibility for private assisting.

The position involves working with a dedicated multidisciplinary team of cancer specialists in a tertiary referral cancer center. The successful applicant is involved in the diagnosis, work up, surgery and post operative care of cancers. It also involves the care of non-operative and palliative patients. The trainee is expected to be involved with managing the unit, outpatients, teaching, research and being involved in the on-call roster.

If any ANZGOSA members are aware of trainees who would be interested please forward this email to them.

Interested applicants should email a letter expressing interest in the position and a copy of their CV to John Spillane at the address below.

Mr. John Spillane  
Department of Cancer Surgery  
Peter MacCallum Cancer Centre  
Locked bag 1 A'Beckett Street  
Melbourne 8006.  
Phone: [+61 3 9656 3750](tel:+61396563750)  
Pager: [+61 3 9387 1000](tel:+61393871000)  
Email: [john.spillane@petermac.org](mailto:john.spillane@petermac.org)

## Industry Partner Pages

### Major Industry Partners



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### Industry Supporter

