

NEWSLETTER

Issue 22 June 2015

President's Report

Since the last newsletter in August there has been a lot of activity in the ANZGOSA calendar and a lot more is coming! There have been several highlights including the hugely enjoyable combined ANZGOSA and ANZHPBA meeting in October with our guest international speakers Simon Paterson Brown from Edinburgh and Professor Jan van Lanschot from the Erasmus University, Rotterdam, in the Netherlands. They both made a tremendous contribution to the meeting and there were several memorable events including the conference dinner at the Skyline restaurant which was spectacular. In March, Mark Smithers convened a successful IsDEAS meeting followed by the 5th Asia-Pacific Gastroesophageal Caner Congress in Brisbane which was a first for This Congress was a highly significant Australia. event and attracted a stellar international faculty from Japan, Korea, Malaysia, Hong Kong and mainland China, India, Singapore and the United Kingdom plus an outstanding local faculty. Familiar names that attended include Dr Takeshi Sano from the Cancer Institute Hospital in Tokyo, Professor Han-Kwang Yang of Seoul national University College of Medicine, Professor Enders Ng from The Chinese University of Hong Kong, Professor Simon Law of the University of Hong Kong, Queen Mary Hospital, Professor CS Pramesh of Tata Memorial Centre, India and A/Prof Jimmy So from National University Hospital and National University, Singapore.

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This was a great opportunity to hear from world leaders and strengthen our connections with surgeons and centres in these regions.

In May Jeremy Tan convened the Upper GI Programme for the RACS ASC in Perth. This was a well-attended and appreciated meeting. Mr Shaun Preston from Surrey in the UK was the International invited speaker and he informed us about the benefits they had experienced in the UK from adopting the ERAS principles for oesophageal surgery that are promoted by Professor Donald Low in Seattle.

We are now looking forward to our first ever combined ANZGOSA and OSSANZ meeting on Hamilton Island in October. Conference details are provided in this newsletter and the direct link http://www.anzgosaossanz2015.com.au/ This promises to be an outstanding meeting in a stunning location. We are very fortunate to have Professor Donald Low (Seattle) and A/Professor Scott Shikora from the Harvard Medical School as the ANZGOSA and OSSANZ keynote international visitor respectively. Further members of the international faculty include Dr Jan Johansson (head of oesophageal and gastric surgery at Lund University Hospital, Sweden), Dr Dan Falkenback (consultant surgeon at the Upper GI unit, Dpt of Surgery, Lund University) and sponsored visitors Dr Rami Lufti of Chicago and Dr Jaime Ponce of Dalton, Georgia and Chattanooga, Tennessee. Professor Jeff Peters from the US has had to withdraw from the meeting.

ANZGOSA has recently entered into a Memornadum of Understanding with The International Society of Diseases of the Esophagus and we are now listed as an Associated Society (see http://www.isde.net/Affiliated-Associated-Societies). The next ISDE congress will be held on 19-21 September 2016 in Singapore and ANZGOSA has been invoted to participate in the meeting.

(Continued on page 4)

Future Dates

2015

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

<u>2016</u>

9 and 10 September 2016 ANZGOSA / SUGSS meeting Intercontinental, Double Bay Sydney



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.

Postal address:

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

Facebook

Please "like" and check out ANZGOSA on facebook.

Regularly updated with pictures, latest news and announcements.

Together with our website www.anzgosa.org we are keeping you up to date with the latest regarding our Association.

http://www.facebook.com/pages/Anzgosa/304387776331914.



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 in October, for the year ended 30th June 2015.

ANZGOSA continues to be in a good position. Three industry partners are secured in three year contracts and membership numbers continue to grow steadily.

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



Find a surgeon

"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.

Membership

Membership numbers are steadily growing with a membership now around 184.

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.anzgosa.org

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.





President's Report (continued)

Our Association continues to grow well and presently we have 184 members. The Training committee has been active and has now completed the selection of new Fellows for 2016. We were very impressed at the high standard of applicants and this reflects the strong interest in training through the ANZGOSA Fellowship programme. We are very grateful for the good work this committee and the accredited hospitals do in training the Fellows. In particular I would like to thank Gary Crosthwaite for his contribution as Chair of Training. Under his supervision the programme has flourished.

Another area of significant progress is the ANZGOSA Audit which is available for all full members to use. The audit committee is chaired by Sarah Thomson and has worked hard to grow the audit and ensure its long term future. The audit can be accessed through either the ANZGOSA website or through the RACS website https://db.anzgosa.org/anzgosa/ or www.surgeons.org/anzgosa . A large number of members already contribute data to the audit and our recent survey highlighted how important the membership feels the audit is for ensuring the quality of OG cancer surgery in Australia and New Zealand. Presently we are undertaking further development of the website to allow inclusion of survival data and we are developing a business case to ensure its long term economic viability. The audit is run by the College of Surgeons and provides a unique opportunity for ANZGOSA members to measure their own results and bench mark them against other centres in Australia and New Zealand. If you are not already contributing to the audit I strongly encourage you to visit the website and see what it offers and how you can contribute.

We have again been offered a position at Professor Michael Griffin's unit in Newcastle, UK and ANZGOSA has selected Mary Ann Johnson as the 2016 Fellow - congratulations Mary Ann. This unit is now the largest in Europe and North America and we are very fortunate that our trainees can gain experience there.

This year we have been able to offer 5 Travelling Scholarships as detailed on page 8 of this newsletter, thanks to support received from Covidien. They are also again exclusive sponsors of our combined ANZGOSA/ANZHPBA Trainees weekend which will be held at Q Station in Manly in October this year prior to the Hamilton Island meeting. This will be convened by Andrew McCormick and Professor Donald Low will be the international guest speaker at that meeting.

October marks the end of the final term on the executive committee for Ahmad Aly and Gary Crosthwaite who, along with David Watson, Mark Smithers, Chris Martin, Garrett Smith and Rob Bohmer, met in Adelaide in February 2006 to discuss the creation of an Upper GI Association that later became ANZGOSA. They have both played a tremendous role in making ANZGOSA into the success it is today and we are grateful for their efforts and hope to keep them engaged in the progression of ANZGOSA efforts in the future.

Finally I would like to acknowledge the excellent work that has been done by everyone on the ANZGOSA board

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Ross Roberts

President

APGCC Faculty:



Membership Renewals

ANZGOSA membership renewals for the period 1st July 2015 – 30th June 2016 are now due.

Membership Fees are (as follows) -

Full Membership \$250 Associate Membership \$125

Member of both ANZGOSA and ANZHPBA adjusted fee -

Full membership \$200 Associate membership \$100

ANZGOSA Hospital Unit Accreditation

We continue to invite any hospital unit to apply for ANZGOSA board recognition as a training centre.

Applications for 2016 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 below and nominate a future programme director (with contact details). All future communications will be to that director.

Applications should be either emailed anzgosa@gmail.com or posted to: Leanne Rogers
Executive Officer ANZGOSA
P.O. Box 374

Belair SA 5052

Guidelines for a unit

Surgical and Related Staff

An Upper GI Surgery Unit would be defined as a clinical team of at least 2 predominantly Upper GI surgeons and related staff. This may include other Upper GI surgeons.

Surgeons

The Unit should consist of a Unit Head and at least one other surgeon with the following specifications:

- a. FRACS
- b. Postgraduate experience in Upper GI surgery, either within Australia, New Zealand or overseas
- c. Experience in one or more of the following:
 - 1. Interventional endoscopy (eg oesophageal stent placement, Barrett's oesophagus ablation etc)
 - 2. Oesophageal and Gastric Endoscopic Ultrasound
 - 3. Oesophageal Cancer Surgery
 - 4. Gastric Cancer Surgery
 - 5. Anti reflux Surgery and advanced laparoscopic surgery
 - 6. Bariatric surgery
 - 7. Postgraduate Research Degree/Diploma
- d. Member of ANZGOSA.
- e. At least 50% of practice related to Upper GI surgery

Other Medical Staff

The Unit shall have allocated to it:

An Advanced Trainee in General Surgery or its equivalent and/or a Upper GI Fellow

An HMO (RMO) as either an Intern or second year level dedicated to the Unit.

Nurse Unit Manager and Staff

The Upper GI Unit should have access to one ward, or part thereof, to serve the majority of the patients admitted to that Unit. Some of the nursing staff on this ward should have a specific interest in Upper GI surgery. Ideally, the ward should be shared with the Gastroenterology Unit and/or other Gastrointestinal Surgery Units of the hospital.

Ancillary Staff

The Unit should have available, other allied health professionals to provide a spectrum of care (for example dietician, physiotherapy, occupational therapy and medical social worker, pastoral care and liaison psychiatry).

The Hospital and Supportive Services

To support an Upper GI Unit, the hospital involved should be equivalent size to, at least, a 300 bed metropolitan teaching hospital with availability of the following services:

- 1. Laboratory and Anatomical Pathology with a 24 hour frozen section service.
- 2. Intensive Care Unit and/or High Dependency Unit with the capacity to manage epidural anaesthesia.
- 3. Operating Theatres with a fully staffed recovery room.
- 4. Anaesthetic Department with at least one member of the anaesthetic staff with a particular interest in gastrointestinal surgery and pain management and regional anaesthesia.
- 5. Operating theatre nursing and technical staff with at least one team with a specific interest in Gastrointestinal Surgery.
- 6. Access to emergency endoscopy services either under the Banner of the UPPER GI unit or the Gastrointestinal Medical service.
- 7. There should be support for time and venue for a MDT meeting
- 8. Accident and Emergency Department adequately staffed
- 9. Radiological sciences and an accredited imaging department with facilities for x-ray screening, CT scan, Visceral Angiography, MRI and Nuclear medicine.
- 10. Oncology and Radiotherapy access either within the hospital, network or region for ambulatory care or inpatient radiotherapy and chemotherapy. Specifically the availability of an inpatient consultative service in medical oncology and radiotherapy.

Specifications and Function of the Upper GI Surgery Unit

Operating facilities

Each surgeon should have, on average, one half day operating per week.

Pre-admission Process

The Unit should have access to a pre-admission clinic or similar arrangement to assess elective surgical patients to facilitate same day surgical admissions.

Outpatient or Private Office Assessment

The Unit should have a dedicated outpatient clinic.

After Hours Cover

The unit should provide 24 hour cover for the unit's inpatients.

Weekly Ward Rounds and Meetings

The Unit shall meet on a regular basis to conduct meetings to discuss the patients, protocols or any other business combined at some stage with a visit to the patients (ward round).

Quality Assurance and Audit

The Unit should be involved in a regular mortality and morbidity meeting, at least on a monthly basis with a six monthly or annual review. Quality assurance programmes (for example Clinical Indicators or quality projects) should become standard and reviewed at the weekly Unit meetings or audit meetings.

Research

The Unit shall have an interest in research either by encouraging individual research projects within the hospital or collaborating with existing clinical research projects.

Academic Affiliation

The Unit should have an affiliation with one of the University Medical Schools and be involved in Undergraduate Teaching Programmes.

Basic and Advanced Training in General/Upper GI Surgery

Members of the Unit should be involved with the RACS activities to encourage surgical trainees in basic and advanced training in General and Upper GI Surgery. The Unit should also encourage overseas trainees or Upper GI surgeons to visit the Unit.

CME and Recertification

The Unit head should be responsible for ensuring that the Guidelines provided by ANZGOSA are fulfilled and participate in CME activities.

The purpose of hospital accreditation is to ensure the highest quality of training for the Upper GI Fellowship and that the approved posts provide an appropriate supervision and learning environment to the prescribed standard.

- 1. The process for accreditation for appropriate centres for training in Upper GI surgery will be initiated by the Upper GI unit in conjunction with the hospital administration. The appropriate documentation will be completed and sent to the ANZGOSA training committee (see details).
- 2. The inspection will consist of at least 2 members of the ANGOSA committee. Accreditation will be provided on a five year basis. Provisions for limited accreditation for one year and subsequent review should be available.
- The recommendation of the supervisory team will be communicated to the ANZGOSA training committee and subsequently sent to the CEO (or other appropriate representative) of the hospital for comments. The final draft will be presented to the ANZGOSA executive for final approval
- 4. The accreditation committee should allow for at least a half day for the process.

Meetings would normally include:

- a) Meeting with Hospital Unit Supervisor and administrative staff of hospital and supervisor of Upper GI training to discuss general issues
- b) Meeting with members of the Upper GI unit to discuss case load and other issues
- c) Individual, confidential meetings with current trainee(s)/fellow.
- d) Inspection of the facilities.
- e) Briefing session to the whole team regarding issues of concern.

Post Fellowship Trainees Weekend

The 2015 Post Fellowship Trainees' Weekend is being hosted by ANZGOSA and is being held in Manly Sydney at Q Station, 3 – 4 October. 2015 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 Don Low from Seattle USA

The 2016 Post Fellowship Trainees' Weekend will be hosted by ANZHPBA. Venue and dates to be advised

2016 Fellows

The Training committee has been very busy with the selection of new Fellows for 2016. We were very impressed at the high standard of applicants. Year 1 and year 2 placements are currently being completed.

Clinical research must be included in the training program. Upper GI fellows should have opportunities to design and implement clinical research protocols, and each fellow should initiate or participate in an investigative project and should be sufficiently familiar with statistical methods to properly evaluate research results. Presentation and peer-reviewed publication of at least one research project is compulsory. The ANZGOSA training certificate will not be issued unless this component is complete.

2015 ANZGOSA / Covidien Travelling scholarships

We are very happy to report that the ANZGOSA / Covidien Travelling Scholarships for 2015 have been awarded. After careful consideration of all applications it has been decided to award five (5) scholarships, each to the value of \$3,300 (including GST).

Successful applicants were -

- Niruben Rajasagaram, Queensland to attend 2015 1st ASEAN Upper Gastrointestinal Surgical Conference, Kuala Lumper Malaysia
- Nicholas Evennett, Princess Alexandra Hospital to attend educational site visit at Seoul National University Hospital with Professor Yang
- Mary Ann Johnson, Fiona Stanley Hospital to attend IESO 13th World Conference "the Esophagiome" in Monaco, Grimaldi
- Peter Cosman, St George Private Hospital to attend 1st Peroral Endoscopic Myotomy (POEM) & Novel Endoscopic Procedures Symposium & Hands-on Workshop, National University of Singapore
- John Ozmen, NSW to attend 23rd International Congress of the EAES Bucharest, Romania

Board Nominations

The Annual General Meeting for the Australia and New Zealand Gastric and Oesophageal Association (ANZGOSA) is being held at the ANZGOSA/OSSANZ Hamilton Island meeting in October. Nominations for the ANZGOSA Board will open in July. We will have six Board positions to elect. Six (6) current Board members will stand down from the Board but four are eligible for re-election.

The success of the Association is dependent on active, involved and interested membership. On behalf of the current Council I encourage members to actively participate in ANZGOSA. The Association has in excess of 180 members, is financially sound and the Council is continuing to plan for the future.



Vice President

We congratulate Wendy Brown on her appointment as Vice President. We look forward to Wendy's leadership in this new role.

ANZGOSA / OSSANZ Meeting

REGISTRATION NOW OPEN

http://www.anzgosaossanz2015.com.au/

We invite you to the first ever combined ANZGOSA-OSSANZ conference on Hamilton Island 7 - 9 October 2015. There are many areas of common interest between the two groups and this will be an opportunity for everyone to share ideas and hear world leaders address the important issues facing us in Upper GI and Bariatric surgery. Topics of interest include the link between obesity and Upper GI malignancy, management of reflux and hiatus hernia in obese patients, the importance of oesophageal function in obesity surgery and the management of benign gastroesophageal conditions. Perhaps the most obvious commonality between ANZGOSA and OSSANZ is that both groups predominantly operate on the foregut. This allows us to learn from each other's technical expertise.

In addition, obesity is a major risk factor for many of the diseases of the upper gastrointestinal system that treat, including gastrooesophageal reflux disease, Barrett's oesophagus, oesophageal and gastric cancer. Understanding more about the causal links as well as treatment options may help us improve our care paradigms for our patients. Along with this, the function of the foregut is central to the generation of satiety, and it maybe that manipulation of these pathways can improve our treatment of obesity.

The joint organising committee has prepared a joint programme focusing on these points of commonality. The programme includes a series of workshops as well as a one-day scientific programme. There will be a second day scientific programme to allow each society to focus on issues more specific to their group. http://www.anzgosaossanz2015.com.au/program.php

We hope this programme, along with our social programme, will provide an ideal environment to foster communication and collaboration. This is a wonderful opportunity to combine a family holiday with a major scientific meeting held in the Hamilton Island Convention Centre.

Abstracts are now open http://www.anzgosaossanz2015.com.au/papers.php



ANZGOSA Audit

As a practising FULL member of the Association, we 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 deidentified 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

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 <u>Data Request Policy</u> and <u>Data Request Form</u>

The two data request documents are now up on the College ANZGOSA Audit webpage: www.surgeons.org/anzgosa

ANZGOSA Board and committees

The current Board is:

President Ross Vice President Wen

Secretary

Treasurer Board members Ross Roberts (New Zealand)

Wendy Brown (VIC)

Tim Bright (SA)
David Martin (NSW)
Gary Crosthwaite (Vic)

Gary Crosthwaite (Vic)
Iain Thomson (QLD)
Sarah Thompson (SA)
Wendy Brown (VIC)
Krishna Epari (WA)
Andrew MacCormick (NZ)

Neil Merrett (NSW) Ahmad Aly (VIC)

Leigh Rutherford (QLD)

Training Committee

Gary Crosthwaite (Chairman)

Ross Roberts (ANZGOSA President)

Tim Bright
David Martin
Gary Crosthwaite
Neil Merrett
Simon Bann
Richard Cade

Scientific Research and Audit Committee

Sarah Thompson (Chair) (SA)

Ross Roberts (NZ)

Krishna Epari (WA)

Iain Thomson (QLD)

Ahmad Aly (VIC)

Wendy Brown (VIC)

George Kiroff (SA)

Peter Cosman (NSW)

Katherine Economides (RACS)

Michelle Oglivy (RACS)

Membership Liaison Committee

Wendy Brown (chairman)

Ross Roberts (ANZGOSA President)

Rob Bohmer

Andrew MacCormick

Jenny Myers

Sebastian Kwon

Michael Devadas



Industry Partner Pages

Major Industry Partners



