

Department of Surgery

Division of Digestive Surgery

Katsuhiko Yanaga, *Professor*
 Norio Mitsumori, *Professor*
 Hideyuki Kashiwagi, *Visiting Professor*
 Kenji Ikeuchi, *Visiting Professor*
 Yuichi Ishida, *Associate Professor*
 Takeyuki Misawa, *Associate Professor*
 Katsunori Nishikawa, *Associate Professor*
 Shuichi Fujioka, *Associate Professor*
 Ken Eto, *Associate Professor*
 Satoru Yanagisawa, *Associate Professor*
 Yukio Nakabayashi, *Associate Professor*
 Yoshiyuki Hoya, *Associate Professor*
 Tomoyuki Tanaka, *Associate Professor*
 Yasuro Futagawa, *Assistant Professor*
 Hiroaki Shiba, *Assistant Professor*
 Akira Matsumoto, *Assistant Professor*
 Kaoru Muizusaki, *Assistant Professor*
 Tetsuya Kajimoto, *Assistant Professor*
 Tetsuya Kobayashi, *Assistant Professor*
 Toshimasa Suzuki, *Assistant Professor*
 Taro Sakamoto, *Assistant Professor*

Kazuhiko Yoshida, *Professor*
 Tomoyoshi Okamoto, *Professor*
 Masahiko Otsuka, *Visiting Professor*
 Noburo Omura, *Visiting Professor*
 Shuzo Kono, *Associate Professor*
 Masaichi Ogawa, *Associate Professor*
 Naoto Takahashi, *Associate Professor*
 Katsuhito Suwa, *Associate Professor*
 Fumiaki Yano, *Associate Professor*
 Minoru Matsuda, *Associate Professor*
 Yoshiaki Tanabe, *Associate Professor*
 Hidejiro Kawahara, *Associate Professor*
 Shigeki Wakiyama, *Associate Professor*
 Teruyuki Usuba, *Assistant Professor*
 Kazuto Tsuboi, *Assistant Professor*
 Eiichiro Miura, *Assistant Professor*
 Akira Kusuyama, *Assistant Professor*
 Michiaki Watanabe, *Assistant Professor*
 Takuya Nojiri, *Assistant Professor*
 Satoshi Ishiyama, *Assistant Professor*
 Masato Hoshino, *Assistant Professor*

General Summary

The delivery of research papers is supported by writing skills in addition to the ability to accomplish the study. More efforts to read scientific papers are necessary to improve writing skills and to ensure patient safety. All surgeons should keep in mind that research based on anatomic, pathologic, and physiologic principles, in combination with animal experimentation, makes it possible to develop complex operative procedures and to become the consummate surgeon, as stated in the last Southern Surgical Association Presidential Address (J Am Coll Surg 2015; 220(4); 387-395).

Research Activities

Upper gastrointestinal surgery

We evaluated the effects of preoperative chemotherapy with fluorouracil, cisplatin, and docetaxel for resectable advanced esophageal cancer on postoperative outcomes and long-term survival. We continue to study how to reduce complications after esophagectomy. An intraoperative thermal imaging system and recurrent nerve integrity monitoring are used to assess the viability of the gastric tube to prevent anastomosis-related complications and postoperative recurrent nerve palsy, retrospectively. Clarifying the usefulness of a near-infrared fluorescence imaging system for the viability of the gastric tube is also planned. We had performed many laparoscopic operations for esophageal motor disorders and performed per-oral endoscopic myotomy for achalasia. The preoperative and postoperative pathophysiology and the effects of these treatments were investigated with high-

resolution manometry and multichannel intraluminal impedance pH monitoring. The significance of completely circumferencial myotomy for achalasia with severe chest pain is being evaluated.

We developed sentinel node navigation surgery using an infrared ray endoscopic system for the first time in the world. By means of this system, minimally invasive surgery with curability became possible.

Postgastrectomy syndrome comprises specific symptoms and is a target for treatment. To decrease the incidence and severity of postgastrectomy syndrome and to maximize residual gastric function, several types of limited gastric resection with refined techniques of reconstruction have been attempted. In addition, multiple tests, such as the Postgastrectomy Syndrome Assessment Study 37, are performed to evaluate the postgastrectomy gastrointestinal function of various gastrectomy procedures.

In basic research on esophageal cancer and gastric cancer, we have surveyed biological cancer behavior by means of DNA chips and immunohistochemical and reverse transcriptase-polymerase chain reaction methods.

Treatment for obesity is performed by a team (dietician, pharmacist, and physicians), and patients with resistant morbid obesity undergo surgery. The change of gastroesophageal reflux between presleeve and postsleeve gastrectomy is assessed with 24-hour pH monitoring.

Lower gastrointestinal surgery

In collaboration with the Department of Internal Medicine we hold conferences regularly and examine multimodal therapy for colorectal cancer. We have been investigating operative methods, complications, and histopathological factors with a database of patients with colorectal cancer. We started studies of anal function by means of stationary 3-dimensional manometry and aim at specific treatment for anal disease and postoperative complications. We are developing a complementary DNA library from surgical specimens and preparing a database for basic research.

Together with the Department of Biochemistry, we analyzed the expression of intracellular signal molecules that are associated with the progression and growth of cancer. We analyzed dual-specificity tyrosine-(Y)-phosphorylation-regulated kinase 2 (DYRK2) involved in the induction of apoptosis and the control of the cell cycle. By correlating with the database, we investigated the relationship of the expression of DYRK2 with associated genes. We prepared 3-dimensional cultures with colorectal cancer specimens to form so-called “organoid,” with which we started basic research on the mechanism of drug action. Our aim is to develop methods to choose the appropriate medicines before treatment.

When chemoradiation therapy is given to patients with colon cancer, radiation causes microenvironmental inflammation around cancer cells and promotes the secretion of nuclear factor kappa B (NF- κ B), which is associated with the growth and invasion of tumor cells and with angiogenesis. Recombinant thrombomodulin is known to have anti-tumor effects by inhibiting NF- κ B for pancreas cancer cell lines in previous studies. We examined whether recombinant thrombomodulin has antitumor effects on colorectal cancer cell lines that are resistant to chemotherapy by inhibiting activation of NF- κ B.

Hepatobiliary and pancreatic surgery

The outlines of our main research activities are as follows:

1. Living donor liver transplantation (LDLT) and regenerative medicine
2. Treatment for hepatocellular carcinoma (HCC) and control of recurrence
3. Chemotherapy for pancreatic and biliary cancers
4. Expansion of surgical indications for multiple hepatic tumors
5. Laparoscopic surgery for the liver, biliary tree, pancreas, and spleen
6. Navigation surgery for hepatobiliary and pancreatic diseases
7. Nutritional therapy for patients with cancer (enhanced recovery after surgery)
8. Control of surgical site infection
9. Effect of treatment with eltrombopag before splenectomy for idiopathic thrombocytopenic purpura
10. Molecular-targeting therapy for advanced HCC
11. Analyses of new biological tumor markers for HCC

Since 2007 we have performed LDLT for 22 patients, including 3 patients who underwent ABO-incompatible LDLT. All 22 recipients were discharged in good condition on postoperative days 15 to 146, the donors were discharged on postoperative days 7 to 26, and all donors have returned to preoperative status. We are planning to extend the indications of LDLT to acute hepatic failure. The outcome of patients who undergo HCC resection at our institution is much better than the national average. To reduce postoperative complications, we investigated the risk factors and effective treatments for postoperative portal vein thrombosis and venous thromboembolism. We have performed clinical trials for pancreatic cancer and biliary tract cancer. Ongoing trials for pancreatic cancer evaluate combination chemotherapy with gemcitabine, S-1 with regional arterial infusion of nafamostat mesilate for advanced pancreatic cancer, and gemcitabine in combination with regional arterial infusion of nafamostat mesilate as an adjuvant chemotherapy after pancreatectomy. Current trials for advanced biliary tract cancer include chemotherapy with S-1 every other day in combination with gemcitabine/cisplatin. We have also performed extended liver resection as a conversion therapy for multiple metastatic tumors of the liver, mainly originating from colorectal cancers. Furthermore, laparoscopic surgery, including hand-assisted laparoscopic surgery and laparoscopy-assisted surgery, i.e., hybrid surgery, has gradually been expanded for hepatobiliary, pancreatic, and splenic diseases because of its lower invasiveness. We have used the SYNAPSE VINCENT medical imaging system (Fujifilm Medical Systems) for 3-dimensional visualization and preoperative planning for operative safety. Furthermore, hepatobiliary and pancreatic navigation surgery using augmented reality for either open or laparoscopic surgery is performed at Daisan Hospital in collaboration with the Institute for High Dimensional Medical Imaging Research Center. With regard to nutritional therapy for patients with cancer, clinical and experimental studies are examining enhanced recovery after surgery, surgical site infection, and the use of eltrombopag before laparoscopic splenectomy for idiopathic thrombocytopenic purpura.

Digestive surgery (comprehensive)

We have been pursuing clinical research at 4 affiliated university hospitals. Since 2014,

we have had 6 articles published in English.

Because surgical infection is a common problem that is important to control, we have assigned members of the staff to be in charge of surgical infection at each university hospital and are encouraging the reduction of surgical infection. Three of the 4 hospitals are participating in the Japan Nosocomial Infections Surveillance program supervised by the Japanese Ministry of Health, Labour and Welfare, and 3 of the 4 hospitals are teaching-hospitals approved by the Japan Society for Surgical Infection. Although we are active in presentations at national conferences, we must publish articles other than case reports.

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