

## Department of Endoscopy

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### General Summary

Our main area of research is performing clinical studies of endoscopy for the diagnosis and treatment of gastrointestinal (GI), hepatobiliary, and pancreatic diseases. In addition, we perform basic research to develop novel instrumentation, methods of image processing and analysis, and optical apparatuses, such as autofluorescence imaging (AFI), narrow-band imaging (NBI), endocytoscopy, confocal laser endomicroscopy, and therapeutic endoscopy with a high degree of procedural freedom. Our published research outcomes and recent reports are summarized below.

### Research Activities

*Pharyngeal, esophageal, gastric, duodenal and colonic malignancies*

#### 1. Endoscopic diagnosis of neoplasia in the GI tract

Early detection and accurate diagnosis of premalignant and malignant lesions in the GI tract are essential to allow the most appropriate therapeutic strategy to be selected for each patient. To evaluate these clinical cases we use several novel optical technologies, along with conventional white light endoscopy. We have designed a series of prospective clinical studies to evaluate and validate these novel imaging technologies and their potential benefits.

##### a) Magnifying endoscopic observation with an NBI system

This new diagnostic system consists of a magnifying ( $\times 90$ ) endoscope and a NBI light source, which provides detailed morphological information about the capillaries on the mucosal surface of neoplastic lesions. We are investigating the clinical utility of NBI-magnifying endoscopy for identifying superficial neoplasms and developing algorithms that would allow determination of the histological type and tumor extent of GI tract neoplasia. On the basis of our findings with magnified NBI, we have developed a novel classification system for gastric cancer and demonstrated, in a prospective study, its advantages over the conventional diagnostic system. We also joined a multicenter study of NBI-magnifying endoscopy for detecting superficial carcinomas of the pharynx and esophagus. Accurate preoperative evaluation of the depth of invasion into the submucosal layer is essential for appropriate decision-making and for determining the optimal therapeutic strategy for patients with colonic lesions. To maximize our diagnostic accuracy, we use this magnifying endoscope with NBI and crystal-violet staining for this purpose. Results of these studies have been reported at several conferences and have been published in several English-language journals.

##### b) Endomicroscopy

Endocytoscopy is a novel optical imaging technique that allows the gastrointestinal

mucosa to be visualized *in vivo* and in real time at a cellular level. We are now studying the characteristic endocytoscopy findings of superficial duodenal neoplasms, *i.e.*, adenoma and mucosal adenocarcinoma. We also introduced confocal laser endomicroscopy, which provides subsurface imaging of the GI walls with image quality equivalent to that of bench confocal microscopy. We have joined an international multicenter study to assess the advantages of the confocal laser endomicroscopy over conventional endoscopy for differentiating gastric neoplasia from nonneoplastic mucosa. The results were reported at international meetings and published in an internationally renowned scientific journal.

#### c) AFI endoscopic system

The AFI endoscopic system has recently been developed to visualize autofluorescence emitted from the gastrointestinal wall. Theoretically, AFI can be used to detect premalignant lesions or early-stage malignancies that do not have a distinct appearance on conventional white-light endoscopy. Although AFI remains associated with a high false-positive rate, we established that AFI, in combination with conventional white-light imaging and NBI, could improve specificity.

#### 2. Endoscopic treatment of esophageal, gastric, and colonic malignancies

Recent advances in endoscopic diagnostic techniques and instrumentation have led to the expansion of indications for endoscopic therapy in GI tract carcinomas. We now perform endoscopic submucosal dissection (ESD) for superficial neoplasms of the esophagus, stomach, and colon. *En bloc* resection with ESD is considered necessary to further develop endoscopic treatment. Successful development of a series of endoscopic knives traction devices and submucosal injection fluids reduced the technical difficulty of ESD and the risk of complications.

#### 3. Diagnosis and treatment of oropharyngeal and hypopharyngeal malignancies

Detecting cancer at an early stage is important. We have found that, in combination with the NBI system, magnifying endoscopy has allowed hard-to-find cancers to be detected during their early stages, without the need for Lugol chromoendoscopy. In collaboration with department of otorhinolaryngology, we also introduced endoscopic removal of early-stage cancers in this area and are evaluating clinical outcomes.

### *Enteroscopy*

#### 1. Diagnostic techniques

Capsule endoscopy is a breakthrough modality that can be used to detect lesions in parts of the small intestine that are inaccessible with an ordinary endoscope system. However, because capsule endoscopy is purely diagnostic, we have introduced single-balloon enteroscopy, which allows biopsy and hemostasis to be performed for hemorrhagic lesions of the small intestine.

### *Pancreatobiliary endoscopy*

#### 1. Diagnosis of biliary and pancreatic diseases

The establishment of a standardized, systematic diagnostic algorithm for biliary and pancreatic diseases are extremely important. We are comparing the diagnostic accuracy of endoscopic ultrasound (EUS)-guided fine needle aspiration biopsy, multidetector-row computed tomography, magnetic resonance cholangiopancreatography, and endoscopic

retrograde cholangiopancreatography in hepatopancreatic diseases. We are developing new diagnostic markers for pancreatic carcinoma and a system for their measurement. We will be applying these markers to the differential and prognostic diagnosis of pancreatic carcinoma with specimens obtained with EUS-guided fine needle aspiration biopsy.

## 2. Treatment using endoscopic techniques in pancreatobiliary diseases

The technique of EUS-guided celiac plexus block has been performed to control persistent pain due to chronic pancreatitis, even in benign disease. We have performed EUS-guided celiac plexus neurolysis using a small amount of injected ethanol and are now evaluating the feasibility of this approach. We have also started animal experiments to develop new interventional technologies with EUS and microbubbles to locally control pancreatic cancer.

## Publications

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