SGI 2015
The 9th Meeting of Society of Gastrointestinal Intervention

Gastrointestinal Intervention, Beyond the Collaboration

October 2-3, 2015  The-K Hotel Seoul, Seoul, Korea

SGI is the unique society of multidisciplinary communication among endoscopists, radiologists and surgeons.

Hosted by
Society of Gastrointestinal Intervention

Endorsed by
World Endoscopy Organization
European Society of Gastrointestinal Endoscopy
Korean Cancer Association
The Korean Liver Cancer Study Group
The Korean Society of Radiology
Korean Society of Interventional Radiology

PROGRAM & ABSTRACT BOOK
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<td>Session 1. Advances in Management of Gastric Variceal Bleeding</td>
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<td>Moderator: Ziv J. Haskal (USA), Hwanhoon Chung (Korea)</td>
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<td>08:00-08:17</td>
<td>Overview and Endoscopic Management of Gastric Variceal Bleeding: Update on Glue</td>
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<td>Interventional Management of Gastric Varices: BRTO vs. PARTO</td>
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<td>Gastric Varices: Current Role of TIPS</td>
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<td>Percutaneous Transhepatic and Transsplenic Approach</td>
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<td>Session 2. Advances in Management of Nonvariceal Bleeding</td>
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<td>Endovascular Treatment of Nonvariceal GI Bleeding</td>
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<td>ESD-related Bleeding (Immediate and Delayed): Endoscopic Management</td>
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<td>Interventional Management of Hemobilia</td>
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<td>Coffee Break</td>
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11:10-12:20 [Mentoring English Session] Value of Building up Mentorship in Academic Life

Moderator: Richard A. Kazarek (USA), Ho-Young Song (Korea)

11:10-11:25 How to Find a Mentor

11:25-11:40 Value of Building Up Mentorship in Academic Life

11:40-12:20 Discussion

13:20-14:50 Session 3. Lower GI Stenting

Moderator: Richard A. Kazarek (USA), Hyun-Ki Yoon (Korea)

13:20-13:38 Preoperative Colonic Stenting


13:56-14:14 Ascending Colon Obstruction: Perspective from Endoscopist

14:14-14:32 Ascending Colon Obstruction: Perspective from Radiologist

14:32-14:50 Oncologic Outcomes of Colonic Stenting before Surgery

14:50-15:50 Session 5. M & M Conference

Moderator: Yoyo Sato (Japan), Dong Il Park (Korea)

14:50-15:10 RFA and TACE Induced Cholecystitis and Diaphragm Irritation Treated by Laparoscopic Cholecystectomy and Supra- and Infra-diaphragmatic Drainage Catheter Insertion

15:10-15:30 Percutaneous Retrieval of Malpositioned TIPS Stent Using a Allegator Forceps

15:30-15:50 Intra-abdominal Free Air in the Lesser Sac

15:50-16:20 Coffee Break
SAFETY AND EFFICACY OF PALLIATIVE SELF-EXPANDABLE METALLIC STENT PLACEMENT FOR MALIGNANT COLORECTAL OBSTRUCTION IN 287 PATIENTS: INTEGRATED ANALYSIS OF TWO PROSPECTIVE MULTICENTER STUDIES IN JAPAN

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2Department of Endoscopy and Endoscopic Surgery, The University of Tokyo
3Department of Surgery, Toho University Ohashi Medical Center
4Colonic Stent Safe Procedure Research Group

Background: After self-expandable metallic stent (SEMS) placement was covered by government medical insurance in Jan. 2012, we, Colonic Stent Safe Procedure Research Group sequentially conducted two prospective feasibility study which consecutively evaluated uncovered WallFlex Stent and Niti-S Stent respectively from May 2012 to May 2015 (UMIN000007933 and UMIN000011304). These studies including both palliative (PAL) and bridge to surgery (BTS) indications, and we tried to perform integrating analysis for PAL cases.

Objectives: To estimate safety and feasibility of palliative SEMS placement for malignant colorectal obstruction (MCRO) in general clinical practice in Japan.

Methods: Forty three institutions (11 academic) participated in these 2 studies. We enrolled SEMS placement cases in both BTS and PAL indications and integrated data of PAL cases. PAL cases were followed until death or 12 months, whichever came first.

Results: We registered totally 718 patients including 287 PAL indications (207 colon ca. and 80 intrinsic malignancies, 200 WallFlex and 87 Niti-SI). The technical and clinical success rates were 98.3% (282/287) and 94.8% (272/287). Major complications included perforation in 5.3%, colonic obstruction in 14.2% and stent migration in 4.9%. Perforation was only observed in Wallflex group (6.7: 0%, p=0.03). The median survival time from SEMS insertion was 119 days (range: 1-897 days).

Conclusions: These large multicenter, prospective studies demonstrate the feasibility and safety of SEMS placement for MCRO in Japan. Technical and clinical success rate were high and the incidence of complications after SEMS placement was also as same as that in previous reports.