The Korean Laparoscopic Gastrectomy Study Group (KLASS) conducted a multi-institutional prospective randomized controlled trial (KLASS-01 trial) to compare LADG vs. ODG for early gastric cancer. The final short-term outcome of KLASS-01 trial showed that the overall complication rate was significantly lower in the LADG than in ODG (13.0% vs. 19.9%, P=0.001). Five-year disease free survival result confirmed non-inferiority of laparoscopic surgery over the conventional open surgery in early stage. For stage II or III advanced cancer, KLASS 02 and CLASS 01 finished their patient enrollment in 2015. Short term result of KLASS-02 confirmed non-inferiority of laparoscopic surgery in terms of perioperative surgical outcomes including morbidity, mortality, blood loss, and length of hospital stay. In addition, robotic gastrectomy shows significantly longer operation time in robotic versus laparoscopic gastrectomy for EGC from 2010. The trial reported their short term outcome that robotic gastrectomy is not superior to laparoscopic gastrectomy in terms of overall survival for clinical Stage I-III esophageal cancer. A total of 300 patients will be accrued from Japanese institutions over 6 years. The primary endpoint is overall survival. The secondary endpoints are relapse-free survival, proportion of patients with R0 resection, proportion of patients who underwent re-operation, adverse events, postoperative respirator function change, postoperative quality-of-life score (EORTC QLQ-C30), and proportion of patients who need conversion from thoracic surgery to open surgery. Validity and safety of MIE in Japanese style meticulous mediastinal lymph node dissection is now under investigation.
特別演題
特別演題
International Session 01-3
Function-preserving gastrectomy for early gastric cancer
Department of Gastric Surgery, Gastroenterology, The Cancer Institute Hospital
Naoki Hiki, Manabu Ohashi, Soya Nunobe, Koshi Kumagai, Satoshi Iida

The number of early gastric cancer (EGC) cases has been increasing. Applications of function-preserving gastric cancer surgery may therefore also be increasing. Pylorus-preserving gastrectomy (PPG) is one such function-preserving procedure, with the indications, limitations, and survival benefits of PPG already reported. Laparoscopy-assisted proximal gastrectomy has also been applied for EGC, although this procedure can be associated with the two major problems of reflux esophagitis and carcinoma arising in the gastric stump. In the patient with EGC in the upper third of the stomach, laparoscopy-assisted subtotal gastrectomy with a preserved very small stomach may provide a better quality of life for the patients and fewer postoperative complications. Finally, the laparoscopy endoscopy cooperative surgery (LECS) procedure combines endoscopic submucosal dissection with laparoscopic gastric wall resection was recently applied for EGC cases without possibility of lymph node metastasis. Although many retrospective studies showed the functional benefit or oncological safety of function-preserving gastrectomy, further prospective studies using large case series are necessary.

〈略歴〉
平成2年3月 北里大学医学部卒業
平成11年3月 東京大学大学院医学系研究科（外科学専攻）修了

〈学歴および職歴〉
昭和59年3月 東京大学医学部医学科卒業
昭和59年6月 中央鉄道病院麻酔科、東京大学附属病院第一外科にて研修
昭和60年6月 関東労災病院外科
昭和60年6月 国立がんセンター癌専門修練医（胃外科）
昭和9年2月 東京大学附属病院第一外科医局長
昭和9年10月 東京大学医学部消化器外科講師
平成15年12月 癌研究会附属病院消化器外科医長
平成19年4月 癌研有明病院上部消化管担当部長
平成20年5月 東京大学医学部消化管外科学教授

International Session 01-4
Non-transthoracic robot-assisted radical esophagectomy
Department of Gastrointestinal Surgery, The University of Tokyo, Department of Surgery, Mitsui Memorial Hospital, Department of Surgery, Dokkyo Medical University Koshigaya Hospital
Yasuaki Aiko, Kazuhiro Mori, Yukihiro Yamagata, Susumu Aiko, Shuntaro Yoshimura, Koichi Yagi, Masato Nishida, Takashi Mitsui, Hiroharu Yamashita, Sachio Nomura

Background:Surgical treatment is still main stream for esophageal cancer. However, frequent complications after radical esophagectomy are well known. Therefore, the prevention of post-operative complications, especially pneumonia, is most important issue yet. Methods:With the aim of achieving lymph node dissection equivalent to the conventional procedure (open or VATS) and decreasing the development of post-operative pulmonary complications simultaneously, we developed the novel procedure, non-transthoracic radical esophagectomy by using da Vinci. It is the combination of transhiatal robotic manipulation for the middle and lower mediastinum and a video-assisted transcervical procedure for the upper mediastinum. Results:That procedure has been performed in 53 cases with esophageal cancer, to date. No postoperative pneumonia occurred and the number of harvested mediastinal lymph nodes was equal to the conventional open surgery. Furthermore, the QOLs after surgery were observed to be better as compared to the conventional groups. Conclusions:Non-transthoracic robot-assisted esophagectomy offers a new radical procedure for esophageal cancer.

〈略歴〉
生年月日 1958年（昭和33年）8月21日
年齢 58歳

〈学歴および職歴〉
昭和59年3月 東京大学医学部医学科卒業
昭和59年6月 中央駅病院内科、東京大学附属病院第一外科にて研修
昭和60年6月 関東労災病院外科
昭和9年2月 東京大学附属病院第一外科医局長
昭和10年5月 東京大学医学部消化器外科講師
昭和12年9月 医療法人明和会中通総合病院副院長
平成15年12月 癌研究会附属病院消化器外科医長
平成19年4月 癌研有明病院上部消化管担当部長
平成20年5月 東京大学医学部消化管外科学教授

—340—
Interest in laparoscopic liver surgery has increased in last 2 decades. Previous series have demonstrated the safety and feasibility of laparoscopy for minor hepatectomies and laparoscopy is now considered a standard approach for left lateral sectionectomy. Comparative studies have suggested that laparoscopy is associated with less bleeding, fewer complications, and a better subsequent quality of life than open liver surgery. However, there are still a lot of limitations of conventional laparoscopic hepatectomies, such as tumor location, tumor size and extent of liver resection. The recent introduction of robotic surgical systems has revolutionized the field of minimally invasive surgery. It was developed to overcome the disadvantages of conventional laparoscopic surgery: Robotic surgical systems can enhance a surgeon’s dexterity in the surgical field through an increased three-dimensional view, instruments with seven degrees of freedom, and intuitive hand-control movements. The robotic devices can also shorten the learning curve of difficult laparoscopic procedures for inexperienced laparoscopic surgeons and enable expertise to conduct more complex laparoscopic procedures easily. Early outcomes from robotic hepatectomies are comparable with those of laparoscopic and open approaches. In clinical practice, the robotic system has broadened the indications of minimally invasive surgery into the more complex liver surgeries such as major hepatectomy with hilar reconstruction, donor hepatectomy. Although there is still concern regarding cost-effectiveness of the robotic approach and limited available survival data, further technological innovations and industry competition will lead to greater adoption and acceptance.

Profile
Current Appointments
- Consultant Surgeon, Chief of Surgery
- Chief of HEPATO-EPITHELIAL SURGERY
- Director of Minimal Access Surgery Training Centre (MASTC)
- Deputy Hospital Chief Executive of Pamela Youde Nethersole Eastern Hospital
- Honorary Consultant Surgeon (Hong Kong Sanatorium)
- Honorary Clinical Associate Professor
- (The Chinese University of Hong Kong)
- Honorary Clinical Associate Professor
- (The University of Hong Kong)
- Honorary Professor / Tang Wah College, Hong Kong
- Founding President of the Hong Kong Society of Robotic Surgery
- Secretary General of Clinical Robotic Surgery Association (CRSA)
- Hong Kong / UCSIS Surveyor

Consultant Surgeon / Chief of HPB Surgery:
- Pioneer of MAS Hepatobiliary Surgery in HK, performed the first laparoscopic Whipple operation in HK in 2006, the first Robotic-assisted liver resection & Whipple operation in HK in 2009
- The first qualified Robotic General Surgeon in HK, accumulated personal experience more than 500 cases of Robotic-assisted hepatobiliary surgery / general surgery since 2009, with published series in numerous peer-reviewed journals showing favorable results as compared to open and laparoscopic counterparts
- Maintained the largest series of laparoscopic biliary operation (>300 cases), laparoscopic liver resection (>300 cases) and laparoscopic Whipple operation (>75 cases) in HK
- Published extensively on Minimal Access Surgery (MAS) / HPB surgery with more than 100 original publications in peer-reviewed journal / book chapter, and more than 100 invited lectures in local and international conferences
- Founding Vice-President of Asian Society of Robotic Surgery (ASRS), Founding President of Hong Kong Society of Robotic Surgery, Honorary Member of Korean Association of Robotic Surgeons (KAROS), Founding Council Member of Hong Kong Society of HPB Surgery, Founding Council Member of International College of Robotic Surgeons and Honorary Secretary of the biggest world-wide Robotic Surgery Organization (Clinical Robotic Surgery Association CRSA)
- Served as Editorial Board of World Journal of Gastrointestinal Surgery, Chinese Journal of Current Clinical Medicine and Frontiers of Oncology, and also expert reviewers in more than 10 international journals since 2005
- International Expert Panel of (1) The First Robotic Surgery Consensus of European Association of Endoscopic Surgery EAES 2014 and (2) The Second International Consensus of Laparoscopic Liver Resection 2014

Director of MASTC:
- Organized training workshops for local/regional doctors and nurses, and more than 10000 healthcare professionals were benefitted. Both basic and advanced laparoscopic (General surgery / Urology) surgery courses were recognized as mandatory training courses by College of Surgeons of HK since 2010
- Positioned MASTC as the prestigious training centre for advanced laparoscopy & robotic surgery in Asia-Pacific Region
- Pioneered MAS Competence Assessment Model to ensure staff competency in PTVNEP later rolled out and adopted by IEA COC (Surgery) and College of Surgeons of HK in 2010
- Chairman of MAS Subspecialty Group of COC (Surgery) since 2011
- Appointed as the first batch of MAS Proctor & Specialist examiner by College of Surgeons of HK since 2010 and 2013 respectively
- Team leader in driving corporate initiatives of Crew Resources Management and Credentialing Project to safeguard clinical competencies of the healthcare professionals
- Director of numerous International Symposium (IEEES, HPB-MAS, Asia-CRES & IASGO HPK Chapter)
- Convenor of International Association of Surgeons, Gastroenterologists & Oncologists (IASGO). Hong Kong Chapter, organizing post-graduate training courses for local and regional specialists
- Co-director of Robotic HPB & Upper GI Training Program conducted in Grosseto, Italy since 2011
- International Faculty of the biggest MAS training Centre in the world (IRCAD/EITS of Strasbourg, France) since 2010

International Session 02-1
Robotic Hepatectomy: the road less travelled
Department of Surgery, Pamela Youde Nethersole Eastern Hospital, Chai Wan, Hong Kong
Chung Ngai Tang

Laparoscopic liver resection (LLR) is regarded as one of attractive optional treatment for liver. The indication on location of the laparoscopic liver resection has been limited to easily accessible lesions previously. Performing laparoscopic liver resection in the posterior and superior parts of the liver has been considered difficult due to inadequate exposure, the poor operative field and the difficulty with parenchymal dissection. However, there are several reports that laparoscopic liver resection is well performed on difficult locations. This procedure was performed exactly as open surgery in terms of indications and operative methods such as anatomic resection. As the patients with HCC have concomitant liver cirrhosis or chronic liver disease, there is high probability of liver dysfunction after liver resection. Therefore, it is necessary to perform organ sparing liver resection, so called tailored approach for the patients with HCC. Tailored liver resection can be possible with the use of Glissonian approach. For example, monosegmentectomy using the Glissonian pedicle to individual segment has been also reported. In terms of challenging situation, there are reports on the laparoscopic liver resection when tumor is close to major vessels, bilum or inferior vena cava. This procedure will be more propagated with the accumulation of experiences.

Profile
EDUCATION & DEGREES:
1978-1984 M.D., Seoul National University College of Medicine
1986-1988 M.S., Seoul National University College of Medicine
1989-1993 Ph.D., Seoul National University College of Medicine

POSITIONS:
1984-1985 Intern, Seoul National University Hospital
1985-1989 Resident, Department of Surgery Seoul National University Hospital
1989-1993 Assistant professor, Department of Surgery, Gyeongsang National University College of Medicine
1993-2003 Associate professor & Chairman of Department of Surgery, Ewha Womans University College of Medicine
2003- Present. Professor of Department of Surgery
Seoul National University College of Medicine
2012-2016 Director of Comprehensive Cancer Center
Seoul National University Hospital

MEMBERSHIP:
President, Korean Society of Traumatology (2015- Present)
President, Korean Study Group of Laparoscopic Liver Surgery (2008- Present)
Past President, Korean Study Group of Pancreas Surgery (2012-2014)
Past President, Korean Society of Surgical Metabolism and Nutrition (2014-2016)
Past Chair of Board of Directors, Korean Society of Laparoscopic & Endoscopic Surgeons (2016- Present)*

Pioneer of MAS Hepatobiliary Surgery in HK, performed the first laparoscopic Whipple operation in HK in 2006, the first Robotic-assisted liver resection & Whipple operation in HK in 2009
- The first qualified Robotic General Surgeon in HK, accumulated personal experience more than 500 cases of Robotic-assisted hepatobiliary surgery / general surgery since 2009, with published series in numerous peer-reviewed journals showing favorable results as compared to open and laparoscopic counterparts
- Maintained the largest series of laparoscopic biliary operation (>300 cases), laparoscopic liver resection (>300 cases) and laparoscopic Whipple operation (>75 cases) in HK
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- Convenor of International Association of Surgeons, Gastroenterologists & Oncologists (IASGO). Hong Kong Chapter, organizing post-graduate training courses for local and regional specialists
- Co-director of Robotic HPB & Upper GI Training Program conducted in Grosseto, Italy since 2011
- International Faculty of the biggest MAS training Centre in the world (IRCAD/EITS of Strasbourg, France) since 2010

International Session 02-2
Current Status and Future perspective of Laparoscopic Liver Resection
Seoul National University Bundang Hospital, Korea
Ho-Seong Han
Hepatocellular carcinoma (HCC) has early been an indication for laparoscopic liver resection and remains today the most common indication of laparoscopic resection. The adoption of laparoscopic liver resection has been slower than for other laparoscopic procedures, mainly because of technical difficulty and fear of uncontrollable bleeding. In addition, the evaluation of results of such resections relies on low level of evidence studies. However, the increasing number of matched retrospective comparisons with open resections, as well as two consensus conference have allowed to show that laparoscopic resection of HCC decreases blood loss and transfusions, postoperative morbidity and hospital stay without compromising oncological results in terms of survival and recurrence rates. In the presence of cirrhosis, the risk of postoperative decompensation of liver function and occurrence of ascites may be reduced by the use of laparoscopy. Since anatomical or wide-margin resection is still recommended for HCC, these data are valid in favorable locations of HCC such as left lateral section, segment 4b, 5 and 6. For postero-superior locations such as segments 1, 7, and 8 but also for sectionectomies and major resections, laparoscopic technique has been reported to be feasible but is not standardized yet. For such locations and complex resections, postoperative outcomes still need to be evaluated. Until now, the use of robot has not shown any advantage over the pure laparoscopic technique.

〈Profile〉
Olivier Soubrane is Professor of Surgery and chairs the Department of HPB Surgery and Liver Transplant in Beaujon Hospital, Clichy, France. He received his training and fellowship in surgery in Paris, France, and then a post-doc fellowship in liver transplant with Prof. Carlos E. Esquivel in San Francisco, USA. He previously chaired the Department of Surgery in Cochin Hospital, and the Department of HPB Surgery in St Antoine Hospital, both in Paris, France.

He has dedicated a significant period of time in research, leading a surgical research laboratory for ten years in Cochin Hospital and serving two terms in Surgery Committees for INSERM, the French National Agency for Research. As academic surgeon, Olivier Soubrane is an invited reviewer for a number of international journals including Annals of Surgery, Journal of Hepatology, Annals of Surgical Oncology, American Journal of Transplantation. He is member of IHP-BA and ILTS.

His research interest includes liver cancer, laparoscopic techniques for resection of liver tumors and live donor hepatectomy. He has reported the first laparoscopic left lateral sectectomy in a live donor with Daniel Cherqui in 2002 and the first laparoscopic right hepatectomy in a live donor in 2013.
International Session 03-1
What platform is better for rectal cancer surgery: laparoscope or robot?
Korea University College of Medicine, S. Korea
Seon-Hahn Kim

There are more and more complexities regarding the best access approach to rectal cancer surgery; laparoscopic vs. open, robotic vs. laparoscopic, and the latest vs. the best. This lecture will introduce several new technologies that are incorporated into the da Vinci robotic system, such as Smart-Clamp EndoWrist robotic linear stapler and FireFly fluorescent image, with focusing on how these new technologies impact on clinical outcomes such as anastomotic leakage after rectal cancer surgery. Lastly, I will give my own perspective on the future of robotic surgery in our colorectal surgery field.

International Session 03-2
Robotic Rectal Cancer Surgery in Shizuoka Cancer Center
Shizuoka Cancer Center
Yusuke Kinugasa

The characteristics of the robot, that is, high quality 3-dimensional image and sensitive, complicated manipulation of forceps enabled surgery in the narrow pelvic cavity easy. Between November 2011 and March 2016, we performed 462 robotic surgery for rectal cancer. There were 342 anterior resections, 80 intersphincteric resections, 40 abdominoperineal resections. Robotic surgery was superior to laparoscopic surgery in a hospital stay, blood loss conversion rate and frequency of urinary retention. In Japan, lateral lymph node dissection is the standard treatment for locally advanced rectal cancer. This is because the incidence of lateral pelvic lymph node metastasis from lower rectal cancer is 20%. Lateral lymph node dissection for advanced lower rectal cancer is a good indication of robotic surgery because of its much higher degree of difficulty. The indication of the lateral lymph node dissection is lower rectal cancer with T3 or T4. Lower rectal cancer was defined as rectal cancer below the peritoneal reflection. We performed 159 robotic surgeries with lateral lymph node dissection for lower advanced rectal cancer.
特別演題

1984年3月
大阪医科大学卒、同年6月 大阪医科大学一般・消化器外科入局
1996年4月~10月
米国オハイオ州、クリーブランドクリニック大腸外科留学（RE）
2003年2月
同大腸外科チーフ、4月 同診療部教授
2005年4月
同大学院消化器外科 門長
2007年4月
同大学准教授
2007年8月
同大腸肛門外科・内視鏡外科 指導医
2012年9月
中国広東省広州中山医科大学第二附属医院 客員教授
2013年4月
中国北京市 中日友好医院 客員教授（現在に至る）
2014年4月
大阪医科大学附属病院 がんセンター 特務教授

＜略歴＞
＜現在の所属と役職＞
大阪医科大学附属病院 がんセンター 特務教授

＜学歴・主な職歴＞
1984年3月
大阪医科大学卒、同年6月 大阪医科大学一般・消化器外科入局
1996年4月~10月
米国オハイオ州、クリーブランドクリニック大腸外科留学（RE）
2003年2月
同大腸外科チーフ、4月 同診療部教授
2005年4月
同大学院消化器外科 門長
2007年4月
同大学准教授
2007年8月
同大腸肛門外科・内視鏡外科 指導医
2012年9月
中国広東省広州中山医科大学第二附属医院 客員教授
2013年4月
中国北京市 中日友好医院 客員教授（現在に至る）
2014年4月
大阪医科大学附属病院 がんセンター 特務教授

＜専門（内視鏡外科・大腸外科および消化器内視鏡全般）での主な活動＞
1993年9月
腹腔鏡下大腸手術を開始。
1996年4月~10月
アリコ、オハイオ州のクリーブランドクリニック大腸外科留学、大腸癌や炎症性腸疾患に対する腹腔鏡手術手技の開発と臨床研究を行った。
2000年2月
フランスで日本人外科医として初めて腹腔鏡下大腸癌手術を公開。薬の世界での公開が開始された。

＜HONORS AWARDED BY INTERNATIONAL FORUMS＞
- “HonorioCausa” of University of San Americas in 2012.
- Bestowed the award of “Top Great CONTRIBUTOR” in the field of minimal access surgery by European Society of Endoscopic Surgeons.
- “HonorioCausa” of University of San Americas in 2012.

＜HIS FIRSTS＞
- Accorded the privileged of performing surgery in other countries including UK USA without formal training recognizing his extra ordinary skill.
- First to perform totally Laparoscopic Whipple operation.
- Innovated IPOM Plus.
- Performed laparoscopic Choledochal cyst excision in adult, an award winning video of SAGES Congress St Louis US, 2001.
- Best Techincue award for Minimal invasive Esophagogastrectomy for cancer esophagus of 16th congress of European Association of Endoscopic SurgeonsStockholm2008, World congress of international society for diseases of esophagus Kagoshima Japan 2010 and American College Surgeons award in 2007.
- Multiple SAGES awards over the years.
- Best paper Award for modified choledochocystectomy at the 6th world congress of endoscopic surgery, Rome Italy 1998.
- Olympic Silver Medal winner, at International Olympic Minimal Access Surgery competition 2009.

＜BOOKS AUTHORED＞
- Art of Laparoscopy – atlas cum text book, Laparoscopic hernia surgery, Minimally invasive cancer surgery.

＜EDITORIAL MEMBER FOR INTERNATIONAL JOURNALS＞
The Surgeon the journal of Royal College of Surgeons of Edinburg, UK 2004
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- Olympic Silver Medal winner, at International Olympic Minimal Access Surgery competition 2009.

＜RESEARCH AND PUBLICATIONS＞
Published about 150 original articles in the leading International journals. Many innovations has become the standard of care globally.

＜LEADER FOR SURGEONS＞
President of Association of Surgeons of India (ASI), 2007.
Founder President -Association of Minimal Access Surgeons of India (AMASI), Founder president - Indian Society for diseases of Esophagus and Stomach, President (ISES).

＜RESEARCH AND PUBLICATIONS＞
Published about 150 original articles in the leading International journals. Many innovations has become the standard of care globally.

＜BOOKS AUTHORED＞
- Art of Laparoscopy – atlas cum text book, Laparoscopic hernia surgery, Minimally invasive cancer surgery.

＜HONORS AWARDED BY INTERNATIONAL FORUMS＞
- "FellowshipAd-Hominum", the highest honorofRoyal College of Surgeons of Edinburg, UK 2004.
- Honorary Causa –PhD Doctorate of Health Science by Anglia Ruskin university Oxford UK 2015.
- Bestowed the award of Top Great contributor"fi eld of minimal access surgery by European Society of Endoscopic Surgeons.

＜HONORS AWARDED BY INTERNATIONAL FORUMS＞
- "FellowshipAd-Hominum", the highest honorofRoyal College of Surgeons of Edinburg, UK 2004.
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- Olympic Silver Medal winner, at International Olympic Minimal Access Surgery competition 2009.
In recent era, even more minimally invasive pancreatic resection have been reported in literature. With the development and diffusion of robotic surgery, even if pancreatic surgery is still considered a challenge for the surgeon due to his technical difficulties and high morbidity, a new interest has allowed a rapid diffusion of robotic approach for this kind of pathologies. A systematic review confirms the good results of the beginning era of pancreatic robotic surgery. Until now, results seems generally be superior to laparoscopic ones in terms of reduced blood loss, shorter more comfortable postoperative stay. Even though the dexterity is advantageous in robotic surgery, no reduced rate of postoperative complications were demonstrated compared to laparoscopic approach. For this reason we consider that robotic PD could be performed in selected cases, obtaining results comparable to open and laparoscopic surgery. Robotic assisted DP represent a safe procedure compared to open and laparoscopic surgery, with a benefit demonstrated in case of spleen preservation.

International Session 04-2
The Future in pancreatic robotic surgery
Institut Hospitalo-Universitaire(IHU) de Strasbourg, France
Patrick Pessaux

In recent era, even more minimally invasive pancreatic resection have been reported in literature. With the development and diffusion of robotic surgery, even if pancreatic surgery is still considered a challenge for the surgeon due to his technical difficulties and high morbidity, a new interest has allowed a rapid diffusion of robotic approach for this kind of pathologies. A systematic review confirms the good results of the beginning era of pancreatic robotic surgery. Until now, results seems generally be superior to laparoscopic ones in terms of reduced blood loss, shorter more comfortable postoperative stay. Even though the dexterity is advantageous in robotic surgery, no reduced rate of postoperative complications were demonstrated compared to laparoscopic approach. For this reason we consider that robotic PD could be performed in selected cases, obtaining results comparable to open and laparoscopic surgery. Robotic assisted DP represent a safe procedure compared to open and laparoscopic surgery, with a benefit demonstrated in case of spleen preservation.

International Session 04-3
Current status and future aspect of Minimally Invasive Pancreatic Resection in Japan
Department of Surgery and Oncology, Kyushu University
Masaumi Nakamura

Gagner performed first LPD as a first MIPR in 1994. Kyushu University started MIPR in 1998 as one of the earliest institutes in Japan. In Japan, the public health insurance started to cover LDP partly in 2004, and cover it fully in 2011. However indication of LDP was limited to benign tumors. Therefore, we retrospectively collected perioperative data of 2,266 patients who underwent distal pancreatectomy. After propensity score-matching, laparoscopic distal pancreatectomy was associated with favored perioperative outcomes compared with open distal pancreatectomy, including lower rates of pancreatic fistula, and morbidity. Eventually, public health insurance has started to cover LDP not only for benign tumors but for invasive cancers. Unexpectedly, LPD was covered by public health insurance as well as LDP. Japanese Society for Endoscopic Pancreatic Surgery is now opening a preoperative registration system for both LDP and LPD to ensure the quality of MIPR, while NCD started preoperative registration system for LPD. I here speak about Current status and future aspect of Minimally Invasive Pancreatic Resection in Japan.