



James IV Traveler 2017

British Isles and Rest of the World (ROW)



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Travel periode: Spring 2017 and Fall 2018

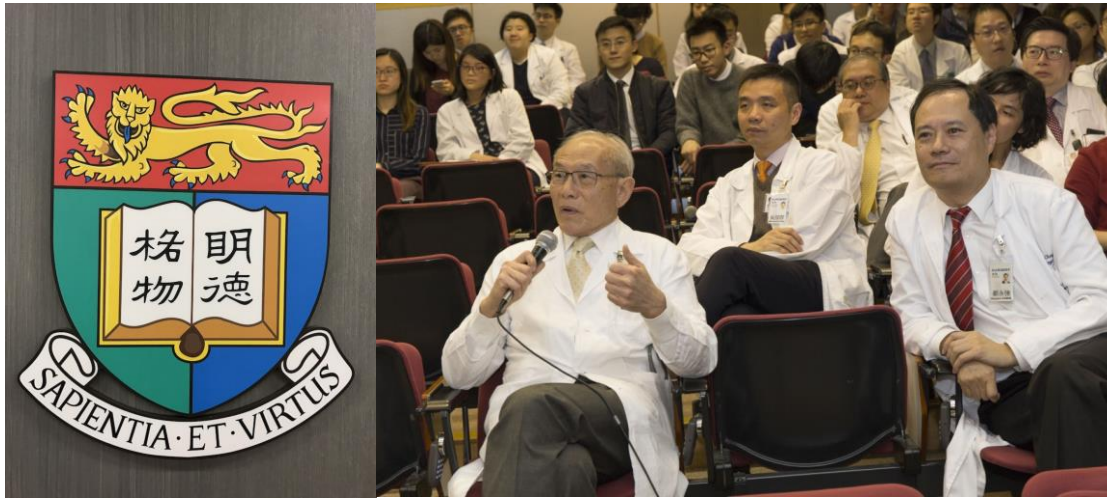
Cities visited: Hong Kong, Shenzhen, Edinburgh, Toronto and Boston.

I should like to start out with thanking those who nominated me for this prestigious travel award as I am truly humbled and flattered from having been given this opportunity. Also knowing that it is a rare feat to have travellers from Norway (the last Norwegian traveller being prof. Frank Bergan in 1966) among the past travellers of the BI & ROW, I am truly grateful for the gracious opportunity to visit other parts of the world to learn, engage and interact. The hosts have truly been outstanding and presented a day-to-day program at each site that went over and beyond what I could expect or even anticipate. A truly grateful thanks goes out to all who so generously hosted me during my travels. I can but echo the testimony given by previous travellers to the great value this opportunity gives to interact with other colleagues in other institutions around the globe.

Hong Kong



My first leg started on February 19th, 2017 and went to Hong Kong. The first day was spent on recovering from jetlag as well as trying to regain my lost luggage (a mandatory part of the travels I have learned) as well as discovering some of the outside shopping areas (amused to learn that 'Aberdeen' was the previous harbour area, now a suburban part of Hong Kong). On the Monday I was picked up at the hotel and brought to Queen Marys Hospital where I was met with great hospitality and went through formalities, including preparing my visa for visiting mainland China at the end of the week. I was guided through the hospital by Mr KW Ma, who kindly took me through the various departments, wards and introduced me to staff in the operating theatre. I got to watch parts of a living-related liver transplant including their routine use of microvascular anastomotic technique for reimplanting the hepatic artery. The day ended with a very fine dinner at the Peking Garden Restaurant together with several of the staff including TT Chung, Kelvin Ng, Tiffany Wong, Simon Tsang and KW Ma.



The next morning started off with a research meeting with residents presenting ongoing research with inputs from department staff members. I then had a further round of the clinical services, including a trip to the high intensity focused ultrasound (HIFU) treatment used for various treatments followed by lunch together with HPB staff. Later in the day I gave the James IV travelling fellow lecture on “*Emergency surgery in the elderly: are we prepared?*” followed by discussions and questions.



Together with staff at the Queen Mary Hospital after giving the James IV lecture “*Emergency surgery in the elderly – are we prepared?*”.

The evening was rounded off at the very nice restaurant the Ah Yat Harbour View Restaurant (really a great view over the harbour indeed) in Causeway Bay, which was a fantastic treat to the palate in addition to being a lovely evening of interaction and friendship with the HPB team.



I truly find Asian cuisine a treat to the palate and the choices of luncheons and dinners, ranging from Chinese dim sum to Japanese dishes, where really a treat and an experience of itself.

The Wednesday was spent partaking in upper G/oesopgagel-gastric activity, including endoscopic mucosal resections and laparoscopic gastrectomy for cancer.

The esophago-gastric team in action. Endomucosal resection of esophageal lesion.





Laparoscopic total gastrectomy at Queen Marys, Hong Kong.

In between cases I had the chance to meet and talk with prof SC Cheng, Head of Department. Interestingly, he had been to Norway on a holiday cruise just the year before my arrival, so he was well versed with Norwegian town and scenery, and even had been visiting Stavanger and Bergen along the coast travels. The world is a small place indeed. I appreciated the discussions on themes ranging from surgical education to current state of affairs and world politics.

The next morning I was kindly invited to have breakfast with honorary clinical professor John Wong, former head of the department and a living legend to the Hong Kong surgical legacy. I was invited as a guest in the Garden Lounge at the Hong Kong Club downtown, a very pleasant treat and a special atmosphere.



After breakfast I was taken by prof Wong and his personal driver to the QMH where I on request ran a brief workshop on “How to write a paper” in the spirits of the British Journal of Surgery style for the medical residents and surgical trainees held in the GB Ong library at QMH. I hope I was able to bring across some of the advices, tips and tricks and sure hope some of the future manuscripts from HK staff will make it to the BJS.

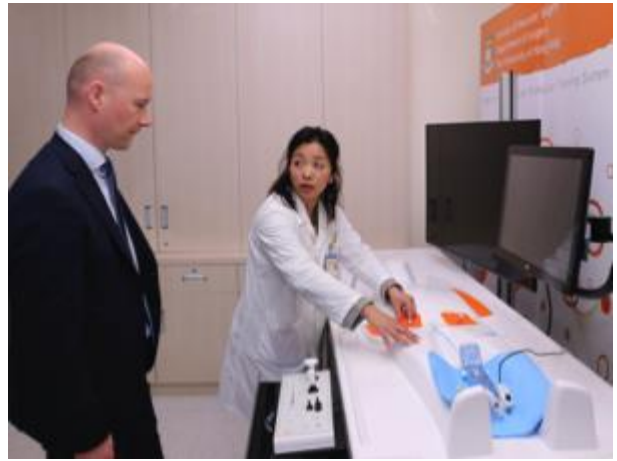
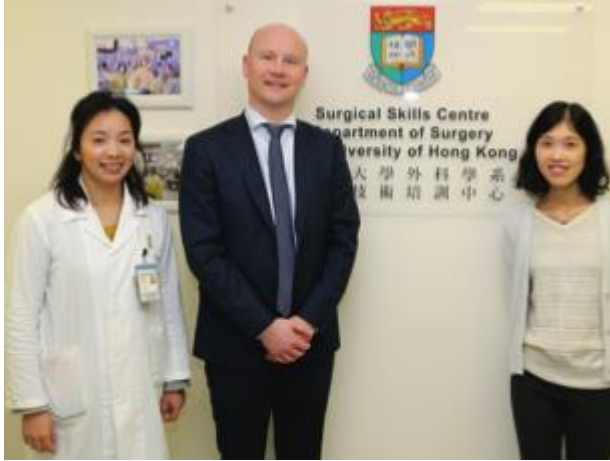


A morning session with “How to write a paper” miniworkshop with the surgical residents.

The remainder of the day was spent with staff showing me the research laboratory and the surgical skills centre of the department of surgery at the Li Ka Shing Faculty of Medicine.



Surgical skills centre, U of HK.



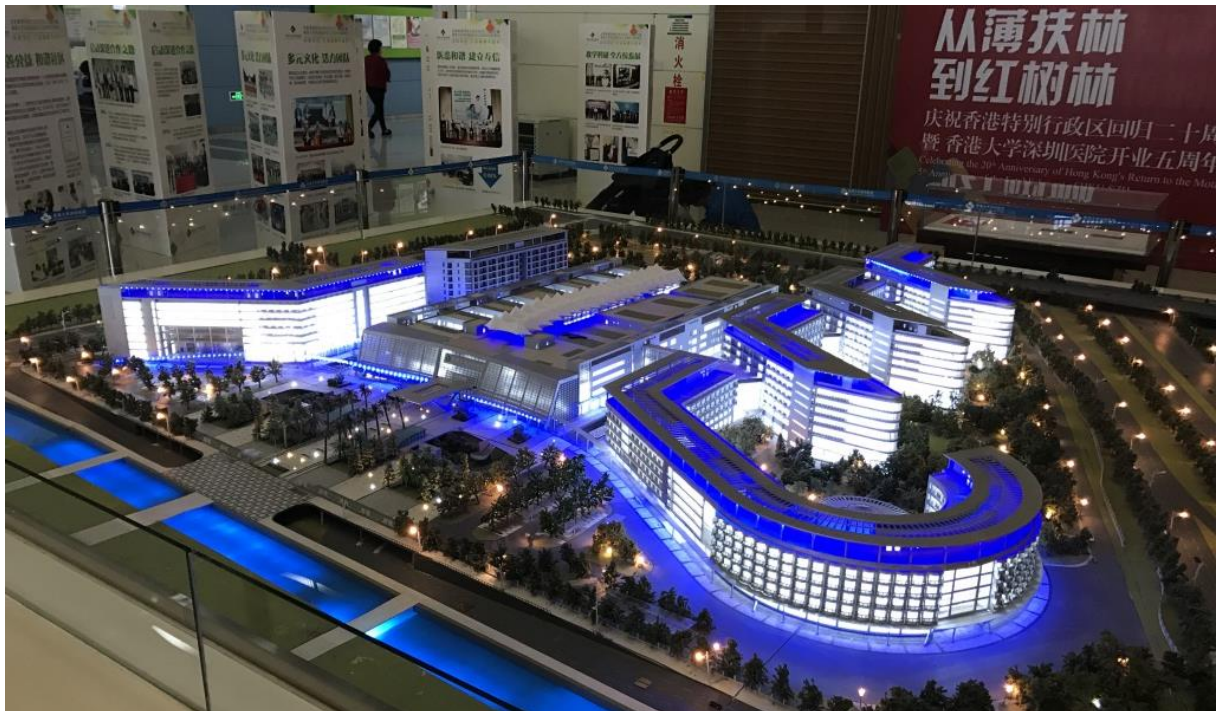
Visiting the research facilities and surgical skills training centre at University of Hong Kong.





An absolute bonus while being in Hong Kong was the chance to see CY Lo, endocrine surgeon and former staff surgeon at the QMH. When a teenager (and more obsessed with playing football/soccer than contemplating going into medicine!) and while living in Rochester, Minnesota in the mid 90s (my dad was a visiting clinician there), prof Lo was also visiting the Mayo Clinic at the same time and took my family out for dinner several times. (As a side note, meeting the newly elected chairman of the James IV society prof. Nancy Perrier in Boston at the James IV meeting held during the ACS clinical congress sort of closed the loop of connections back to the stay at the Mayo Clinic at that time). So, being in Hong Kong provided me the opportunity to make contact and catch up. Prof Lo kindly invited me to join him for dinner at the prestigious Honk Kong Jockey Club. A very nice treat and lovely to meet up after so many years!

Shenzhen, mainland China



On my last day I was hosted by TT Chung to mainland China and the city of Shenszen. The HKU-Shenzhen Hospital is a prestigious project and a collaboration between HKU staff and Beijing to build and staff a state of the art 3000+ bed hospital. As the HKU is built on the former British system and a Honk Kong academic and strong clinical tradition, these values are transformed into mainland China, where the current medical sector is very much struggling with corruption, distrust and poor organization. Former head of department of surgery in Hong Kong, professor CM Lo, a world renown liver transplant surgeon, is now the CEO of the HKU-Shenzhen Hospital and kindly provided of his presious time on parts of the tour through the impressive and complex hospital project. Plans for expansion, building of infrastructure and research fascilities, state of the art operating rooms where but a few of the themes looked into. Interesting to see a large, state-of-the-art infertility clinic (biased with my mind on the 'one-child' policy in China) as well as the modern pharmacy of traditional Chinese herbal medicine blended with standard western drugs. Also, most if not all systems where moneyless, ques few if at all, and all seemed to be efficiently integrated with modern electronic systems.



Prof CM Lo, CEO of the HKU-Shenzhen hospital, demonstrating how traditional Chinese herbal medicine are ordered and manufactured into modern vials for efficient use by patients. Providing the alternatives of both traditional Chinese medicine and standard western drugs ensures that the public trust is kept in providing them with a choice of medications (and, likely prevents side-effects , i.e. including liver-toxic herbs being used, as a result of better control).

We also observed an ATLS™ course held in Shenzhen (which I think was the second ever course to be held in the mandarin language).



I was very grateful for having a chance to see some of the city as well as being introduced to the U of HK activity at the Shenzhen hospital in Mainland China. Being treated to Asian cuisine of all sorts I am now well versed with using chopsticks than ever before. The next morning I went back to Norway, flying the long haul via Stockholm. Having a fantastic view

on the flight back home with essentially no or only very little clouds blocking my view, I had time to reflect on the vast landscape of the Chinese countryside, the numerous cities taking form and on the infrastructure in progress that I saw under me. Truly humbling indeed.

Edinburgh



My second leg of my spring travels went to Edinburgh for a combination of science and social activities.



Participating in morning rounds, M&M and MDT meetings, observing surgery and having the small chats and discussions with colleagues about clinical, scientific and other activities were all very fruitful and inspirational.





Grabbing David Humes’s big toe for good luck seemed like a good idea, but unsure if it helped. My wife was supposed to come over and join me for the weekend part of the trip, but was unable to travel as one of our sons got ill and hospitalized. Luckily, we could make up for the missed weekend by coming back at a later time point.



Fine dining with Edinburgh staff members prof Damian Mole, prof Steve Wigmore, Prof Rowan Parks and prof O. James Garden. Here at “the Steak” which truly lived up to its name. Again, introduced to the Edinburgh wining and dining standards leaves no doubt that this town offers more than eminent academic and clinical opportunities.



Observing liver surgery with Mr Ahmed Sherif and Mr Ewen Harrison (also a previous James IV traveller) at the Royal Infirmary of Edinburgh.

Toronto



I was excited to go to Canada for several reasons. One was that I had been told their health care system to be similar to or like European systems, compared to the strongly market driven practice in the United States, but still different and I was keen on viewing and learn first-hand what those differences might be. Second, knowingly, we all struggle with similar challenges to any given system, so it is always good to reflect on how things are done around the world to get some perspective and alternatives to coping with such challenges.

Sunnybrook Hospital and Odette Cancer Centre

My first day was at the Sunnybrook hospital, where I was met by one of the surg-onc fellows Mr Tyler Chesney, who very kindly took me through the registration processes and gave me a tour of the hospital. I then met with Paul Karanicolas and was guided to the operating theatres where drs Julie Hallet and Natalie Coburn both were doing pancreatic surgery, one a pancreatoduodenectomy and one distal pancreatic resection.

This was then followed by lunch during one of the GI MDT meetings, after which we went through the clinics where I briefly met some of the staff, including drs Law and Shady Ashamalla among others.



Drs Chesney (left), myself and Karanicolas (right). Tumour board with lunch.



Next I was meeting with the CEO of the Sunnybrook Hospital (professor of colorectal surgery and former James IV traveller) Andy Smith, for a toast in a Scottish quach – a cup of friendship – a gift previously presented to prof Smith when he visited Edinburgh as a traveller. All dots are connected it would seem. It was interesting to reflect on the transition from busy clinician and academic surgeon to becoming the lead of a huge hospital enterprise. I do think it is valuable to see medical leaders with a clinical background, knowing that in our own system the management is increasingly taken over by non-medical professionals. My meeting with Andy Smith was followed by a very interesting chat with Francis Wright, an appointed Canadian traveller for next year, and we went long over the planned time after exploring several topics of common interest. I then joined dr Karanicoulas for the HPB rounds at wards including a visit to the ICU together with the fellows and staff on call. This just got us on time to grab a taxi and head off to the planned HPB journal club with dinner

held downtown at the restaurant Sassafras. I gave a brief talk/overview of “HPB surgery in Norway” and this was followed by a journal club presented by trainees. We discussed the R-definition in pancreatic surgery as well as the results from the PRODIGY-2 trial released at the ASCO meeting. It is interesting to learn that in Canada no drugs are funded by government unless evidence-proven and approved for use, so the use of neoadjuvant chemotherapy in pancreatic cancer is virtually impossible at this time based on lack of data. This certainly is interesting taken the increasing uptake in other countries despite lack of robust data. It also seems to incentivise collaboration between surgical units to participate in trial to obtain the evidence need for use of such drugs not yet funded.



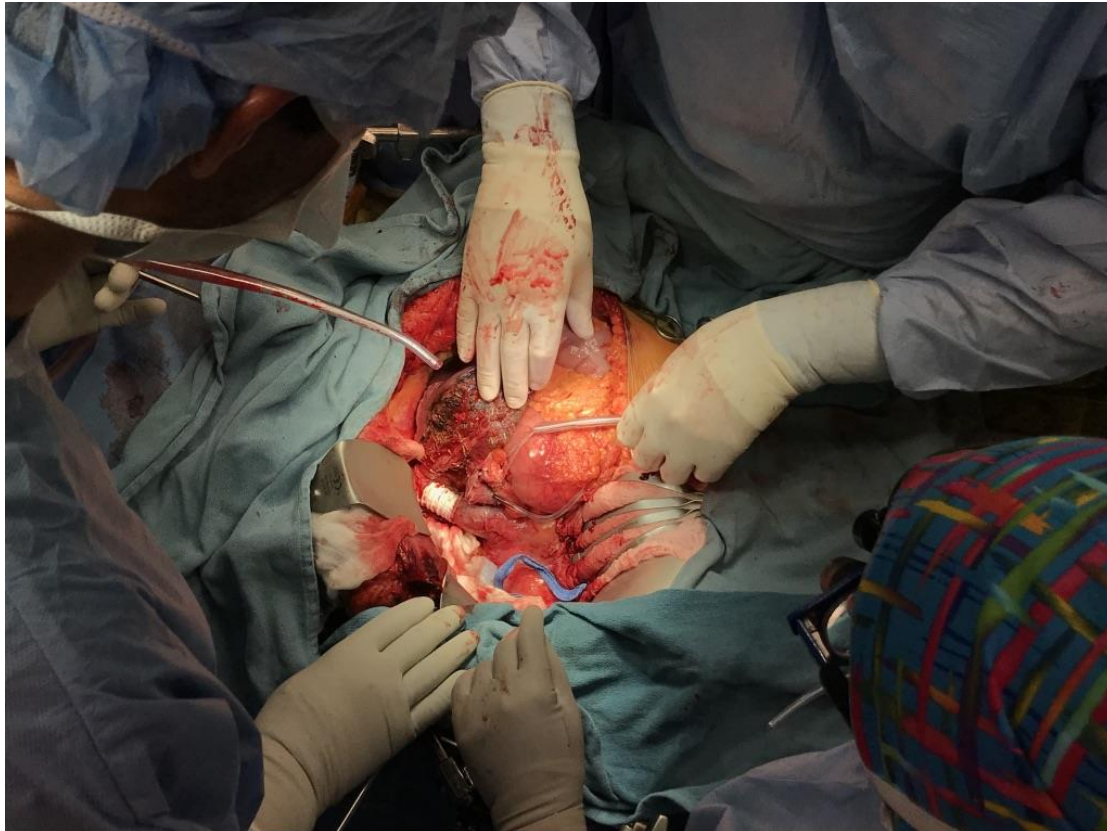
Evening rounds where I presented a brief talk on “HPB surgery in Norway”, followed by a journal club discussion on Neoadjuvant chemotherapy in resectable and borderline pancreatic cancer.

Toronto General Hospital



The next day I went to the TGH and prepared registrations allowing me to enter the operating theatres. There I spent the day watching liver surgery done by prof Ian McGilvray, an interesting case of a large liver tumor resected by means of extended hemihepatectomy with caval resection and reconstruction and cold perfusion of the remnant liver.

We also got to discuss the very interesting education work they do with the Toronto Video Atlas of Surgery (<https://pie.med.utoronto.ca/TVASurg/>).



On the Thursday I met with prof Steven Gallinger (a past traveller as well) and joined the pancreas tumour board after having met with him in his office.



Prof Gallinger runs a very advanced genomics research lab and it was interesting to see how they had access to genomic data to patients presented to the multidisciplinary tumour board meeting, even if the results may not at this time translate into direct clinical change in management. After the tumour board I was able to partake in dr Gallingers clinic which included use of teleconferences to patients located in the more remote areas of Ontario and thus avoiding long and unnecessary travels for several patients.

The day was rounded off with an informal meeting with some of the surgical oncology fellows, which shared interesting perspectives on training, education and academic work over a coffee.

Cancer Care Ontario (CCO)

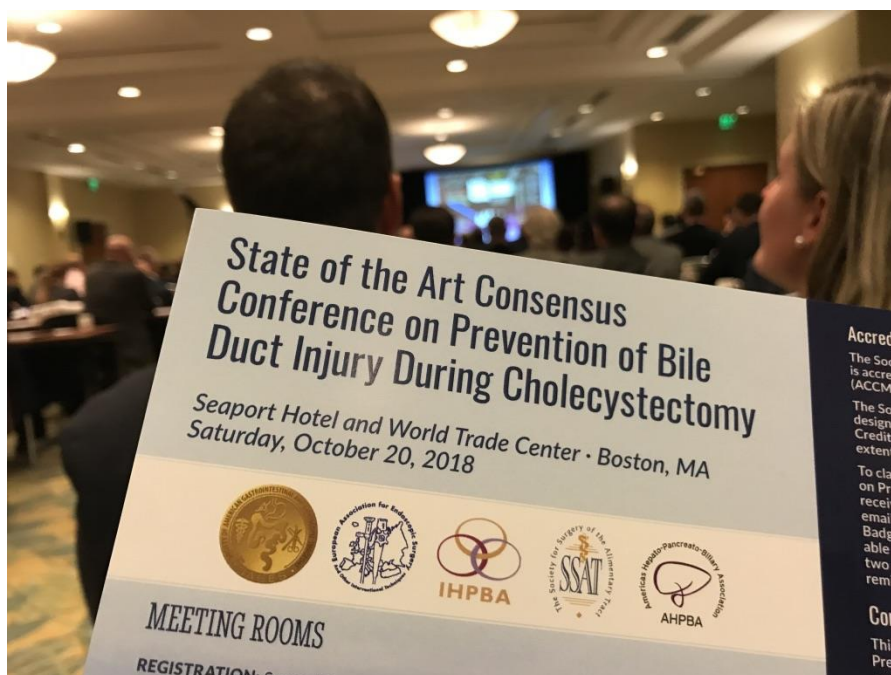
My final visit to the University Hospital Network and Toronto programme was the CCO. Professor Robin Mcleod (again, also a traveller) kindly hosted me for the day of the visit to the Cancer Care Ontario. Ontario is the largest and most populated region of Canada and getting insight into how this program is structured and run was very useful. I can tell that across systems, there are many similarities and many common challenges to how to best organize services. I was very grateful for all of the staff who kindly lent me of their time to sit down and explain their work and role in the system. I was again impressed to learn that many of them are clinicians who have a role in the systems structure as a part time so that the staff involved actually have a clinical background and knowledge. While we do strive for the same, I think we see a trend towards more and more administrative staff taking over these roles, and hope this trend may shift back to a clinican-led systems approach as seen during my travel.



I very much enjoyed the day and was taken to lunch. As I had some time off for the afternoon (my flight to Boston left quite late in the evening) I took to opportunity for a brief city tour and off course had to tick off the CN Tower on my to-do list before leaving Toronto.

Boston

I arrived in Boston for the ACS clinical congress and the pre-congress conference on bile duct injuries held there the day before the conference started.



Having been an occasional peer-reviewer for the New England Journal of Medicine, I took advantage of being invited to a NEJM luncheon that coincided at the same day and at a hotel just across the street from the consensus conference. This causing some competing interest and conflict of schedule, I was still able to make the best of both worlds and enjoyed both events – hitting two birds with one stone so to say.



I was then able to enjoy the few days of the ACS congress, meeting up with old friends from both North America, Asia and Europe which came for the meeting. As most would be more than familiar with the ACS congress and its format I am not detailing this part of the trip other than saying it was a great way to round off my travels, listen to educational talks, and to see some of the Boston city again.



No trip to Boston without a decent lobster meal.

I then participated at the James IV meeting held during the conference, where I gave a brief account on my travels and thanked the society for the opportunity I had been given as a traveller.



Nancy Perrier, incoming chair of the James IV society 2018.

Again, my expression of sincere thanks to those who sponsored me for the travel fellowship and for all those who hosted me during my travels. A truly remarkable experience and a fantastic opportunity. I hope to see and visit these amazing places and see people again. And, should you like to travel to Norway, you are most cordially welcome.

Thank you for allowing me to be a James the IV traveller. Truly an amazing experience!