

## **Report on the travel of James IV Travelling Fellowship**

James IV Travelling Fellow 2014

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### **Introduction**

I am honoured to be selected the James IV Travelling Fellow in 2014. I visited centres in North America and UK and I would like to report the visits in details.

### **Visit to North America**

I started the trip to North America on the 22 January 2014. After 15-hour flight, I arrived at the JFK Airport, New York in the early morning on 23 January 2014. The weather was very bad with temperature about 0 degree Fahrenheit. Fortunately, I had enough sleep during the flight and I was ready to start the visit to the Memorial Sloan Kettering Cancer (MSKCC).

After registration and the brief introduction by the secretary of the Colorectal Service, I went to the operating room and met Dr. Martin Weiser. Dr. Weiser is a senior member of the Colorectal Service at MSKCC and he was performing a robotic low anterior resection with the Da Vinci Si Robotic System. The operation was nicely performed and the benefit of the robotic system in pelvic dissection was well demonstrated. The robotic system in my hospital was the Da Vinci S system and therefore some new technologies were not available. During the operation, Dr. Weiser used the robotic Ligasure for dissection and vessel sealing. He also used the robotic stapler for rectal transection and most of the steps of the operation were performed with the robot in the docking position. I discussed with Dr. Weiser the management of rectal cancer in MSKCC and he told me the protocols in MSKCC. His study on the response of the rectal cancer after neoadjuvant chemotherapy without radiation was very impressive.

After the operating session, I met the residents and fellows who were attached to the Colorectal Service. They were very smart, keen and hard working. Through the discussion, I had better understanding of the resident and fellow training programme in the United States.

On the following day, I also attended the operating session of Dr. Martin Weiser. He did a robotic low anterior resection with pelvic lymphadenectomy in a

patient with advanced rectal cancer after neoadjuvant chemoradiation. Pelvic lymphadenectomy is not a commonly performed operation for rectal cancer in Western countries although it is routinely performed in some Japanese centres. The pelvic lymphadenectomy was nicely performed and the benefit of robot in the operation was well demonstrated. I had a good discussion with Dr. Weiser on minimally invasive rectal cancer surgery. In MSKCC, robotic surgery was widely applied to patients with rectal cancer and the benefits could be demonstrated in their patients.

I met the Chief of the Colorectal Service, Dr. Julio Garcia Aguilar, on Friday 25 January 2015. Dr. Garcia Aguilar is an expert in laparoscopic and robotic colorectal surgery and he brought significant changes to the Colorectal Service of MSKCC, including the wide application of robotics to colorectal surgery. He performed a robotic left colectomy during the operating session. The da Vinci robot with the Ligasure was definitely very helpful in splenic flexure mobilization. The next case was a Transanal Minimally Invasive Surgery (TAMIS) on an early rectal cancer. TAMIS is a rapidly developing field. Dr. Garcia Aguilar performed the procedure through the new GelPOINT Path Transanal Access Platform, which was then not available in my hospital. I learned from Dr. Garcia Aguilar and I started the procedure after I came back from the trip. In the afternoon, I joined the workshop on sacrectomy in advanced pelvic malignancy. It was jointly organized by the Mayo Clinic, John Hopkins University and MSKCC. Dr. Carol Sparrow from the University of Toronto gave an excellent talk on sacrectomy. The indications, techniques and outcomes were presented in details. Although in my hospital, I perform exenterative surgery frequently, sacrectomy is not a commonly performed procedure. I really learned a lot from all the experts during the workshop.

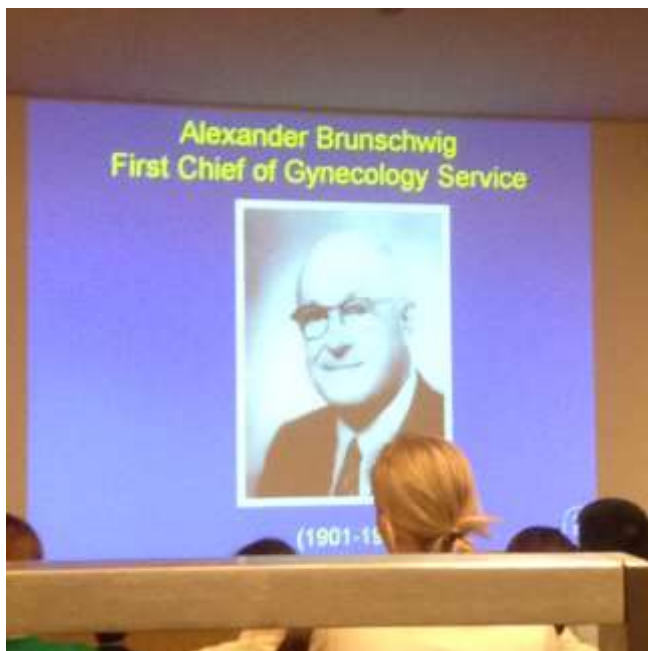
After the busy schedule, I visited Dr. Yuman Fong during the evening. Dr. Fong is my old friend and he was a James IV visiting fellow. I also met some other visitors in his home, which was situated in the downtown. We had a nice dinner at an Italian restaurant and Dr. Jose Guillem also joined us. I did have a very enjoyable evening.

During the weekend, I could have some time to visit New York City although the temperature was still very low. I had a short walk to the Times Square and experienced the life of a New Yorker. I also went to watch a musical. In the evening, I had dinner with Dr. Julio Garcia Aguilar and Dr. Martin Weiser at a steak house. We had a good conversation and I enjoyed both the nice steak as well as the interaction with them.



On Sunday, I visited the Metropolitan Museum of Art and this was the first time I visited the museum although I had been to New York several times. The museum was so big and there were a lot of collections. I enjoyed most the sections on Egyptian art and the European paintings.

On Monday, 27 January 2014, I attended the Ground Round in the morning and the topic was on the history of exenterative surgery at MSKCC. Pelvic exenteration was first reported in 1948 by Dr. Brunswick at MSKCC and the institution had long tradition and history of performing pelvic exenteration. In the Ground Round, the development of exenterative surgery in MSKCC was described and the outcomes of surgery were also discussed. The lecture was really very informative and educational.



After the Grand Round, I attended a conference call meeting organized by Dr. Garcia Aguilar to discuss the protocol on standardization of the assessment of complete clinical response after chemoradiation for rectal cancer in a randomized controlled trial. The trial was on conservative treatment versus surgery in patients who would have complete clinical response after chemoradiation for rectal cancer. This has become an important topic nowadays

with the improved treatment with neoadjuvant chemoradiation for patients with rectal cancer and the complete clinical response rate can be over 30% in some centres. The adoption of conservative treatment has become a controversial issue and the randomized trial could help to solve this controversy. In the meeting, they standardized the use of clinical examination, endoscopy and MRI to evaluate the clinical response. The criteria of complete response were discussed in details with examples.

I met Dr. DeMatteo, the Vice Chair of the Department of Surgery at noon. We had a chat on the programmes in MSKCC and the James IV Association. This ended my visit to the MSKCC.

I went to the La Guardia Airport to catch the flight to Cleveland. I visited the Cleveland Clinic as well the University Hospitals Case Medical Centre. It took me less than 2 hours to arrive at Cleveland and I stayed in the hotel within the Cleveland Clinic. Cleveland Clinic is one of the best hospitals in the United States. The campus was very big and nearly all the buildings were connected with footbridge so that one did not need to go outdoors even in extreme weather.

On Tuesday 28 January 2014, after registration at the Clinic, I went to the operating room to meet Dr. Feza Remzi, the Chairman of the Department of Colorectal Surgery at Cleveland Clinic. We were good friend and knew each other for a long time. I observed his laparoscopic total colectomy as well as a reoperation for a patient with Crohn's disease. The Department of Colorectal Surgery is a well renowned centre for inflammatory bowel diseases. Dr. Remzi told me that the majority of his patients had complex diseases and were referred from all over the country and other parts of the world. He had vast experience in reoperation for complicated inflammatory bowel diseases. After a day of operations for complicated diseases, we had dinner at a Turkish restaurant and this was the first time I had Turkish cuisine.



I joined the mortality and morbidity meeting and MDT meeting in the morning on Wednesday. The meetings were very well conducted and the input from the

radiation oncologists and medical oncologists was very useful in the management of patients with colorectal cancer. I then joined the endoscopy session of Dr. B Shen. Dr. Shen is an expert endoscopist for inflammatory bowel diseases, especially in patients after pouch surgery. He showed me a few cases of pouch pathologies and this was very enlightening.

After the endoscopy session, I met Dr. John Fung, the Director of the Digestive Disease Institute in Cleveland Clinic. Dr. Fung is an old friend of our Department and he knew most of the hepatobiliary and liver transplant surgeons of our Department. We had a very friendly conversation and he told me the project of the Cleveland Clinic in Abu Dhabi.

In the afternoon, I visit the simulation centre of the Cleveland Clinic. The centre was well equipped and administered. It provided training to the medical staff as well as other health care professionals.



On Thursday, I went to the operating room and met Dr. Hermann Kessler. He performed a laparoscopic low anterior resection for a patient with an advanced rectal cancer. Dr. Kessler, who had been working in the University of Erlangen-Nuernberg, moved from Germany to Cleveland Clinic in 2013. We had detailed discussion on the difference in health systems in the US and Europe.



In the evening, I attended the Journal Club meeting organized by Dr. James Church in a restaurant at Downtown Cleveland. Dr. Church is an expert in familial colorectal cancer and colorectal polyps. In the meeting, the residents



presented some papers on the genetics and management of familial colorectal cancer. Dr. Church made very valuable comments. I also interacted with the residents and fellows in the comfortable environment.

On Friday, I visited the University Hospitals Case Medical Centre of Case Western Reserve University. I met Dr. Conor Delaney, who is now the interim Chair of the Department of Surgery and he showed me the hospital. The hospital was founded nearly 150 years ago and has a long history of providing good medical care to the patients. Then I went to the operating room, observing a hand-assisted colectomy for a very obese patient. With most patients having BMI less than 30 kg/m<sup>2</sup> in my hospital, I appreciated the difficulty of operating on obese patients in the United States. After the operation, we discussed topics of common interest on the minimally invasive surgery and colorectal surgery. Dr. Delaney had vast experience in enhanced recovery after surgery and surgical outcome assessment. I learnt a lot through the discussion.



I spent the weekend in Cleveland, mainly doing some administrative and clerical work in the hotel. I had dinner with Dr. Delaney and his family on Saturday evening and we spent an enjoyable evening at an Italian restaurant.

On Monday 3 February, I went to the University Hospitals Case Medical Centre. I went to the operating room, observing the operation of Dr. Delaney. He was really an expert in minimally invasive surgery and his dissection was very meticulous and precise. We also discussed the health system in the United States and the impact of Obamacare on the health care professionals. This was really very enlightening and I could understand in more details the health system of the United States.

On Tuesday 4 February, I attended the research meeting at the Cleveland Clinic in the morning. The residents and fellows presented the research protocols and I gave some comments on their projects. The projects involved various topics such as robotic surgery, enhanced recovery after surgery, identification of genes to predict response to therapy in colorectal cancer and the impact of anaemia on outcome. I was impressed by the quality of the research protocols and the training of fellows in research in Cleveland Clinic.

After the research meeting, I went to the University Hospitals and attended the clinic session with Dr. Delaney. His clinic was so busy and he saw a few difficult

cases with me. I also met Dr. Brad Champagne, who was the program director for the annual meeting of ASCRS 2014. We had a good conversation about the meeting as well as the meeting of the International Society of Laparoscopic Colorectal Surgery. I then said good-bye to Dr. Delaney and prepared to go home.



I went to the Cleveland Airport in the afternoon and planned to go back to Hong Kong via Toronto. While waiting to board the flight, the weather suddenly became worse with heavy snowstorm. My flight to Toronto was cancelled and I was fortunate to leave of Cleveland by getting a flight to Chicago, where I spent a night before going home.

## **Trip to Europe**

I started my trip on 16 Jun 2014 and it took me about 12 hours to London Heathrow Airport. After leaving the baggage at the hotel, I travelled to the London Stock Exchange for the launch of Sowerby. The Sowerby Foundation consisted of a group of experts established by the Institute of Global Health Innovation at Imperial College London and it worked on a program of research and development into electronic health records, healthcare data and health informatics policy. Professor Lord Ara Darzi was the leader of the project, which worked towards sharing of medical records for health care as well as for audit and research. The issues regarding sharing of medical records such as patient privacy and misuse of records were addressed. The conference was actually an interesting experience and I learnt all the problems and difficulties regarding implementation of medical record sharing. However, this would certainly be beneficial to patient care and health care research. Actually in Hong Kong, we are currently enacting legislation for electronic health records.

After the conference, I went to St. Mary Hospital. St Mary Hospital was found in 1845 and it was the place where Alexander Fleming discovered penicillin. I met Professor Lord Ara Darzi and he introduced to me the work on innovation in Imperial College London. I was impressed by the wide variety of research in innovation in health care and the close collaboration with the engineers. After meeting Lord Darzi, I visited various research programs at St. Mary Hospital. Dr. Dave Taylor introduced the project Virtual Worlds to me. The project was undertaken to develop and research in new media applications in healthcare. Clinical and major incident simulations were used for training health care personnel. I was also guided through other projects such as the OR Camp and Sim Ward. These were innovative projects using simulation in the training health care workers. I also visited the Robotics Suite and saw the research in robotic surgery, including the development in single site surgery using robotics.





After the visits to all these innovative projects, I gave the presentation on 'Minimally invasive colorectal surgery: beyond conventional laparoscopy' to the staff at St. Mary Hospital.

On Wednesday 18 June, I attended the Patient Safety Challenge Dragons' Den. Projects on improving patient safety were presented. They were all well organized and I realized that the issue on patient safety was much emphasized. In the afternoon, I went to the City Hall and attended the London Assembly. The City Hall is a beautiful landmark building located between London Bridge and Tower Bridge, on the south bank of River Thames. It is the home of the Greater London Authority and the London Assembly. During the Assembly meeting, Professor Lord Darzi had to answer to the members' questions on health issues. After the Assembly, I spent some time at the south bank of River Thames in a beautiful afternoon.



On Thursday 19 June, I visited the Royal College of Surgeons and met Professor Norman Williams. I had a nice conversation with Professor Williams and understood the work of the College. His staff also showed me the building of the College and the training courses, which were being held there.



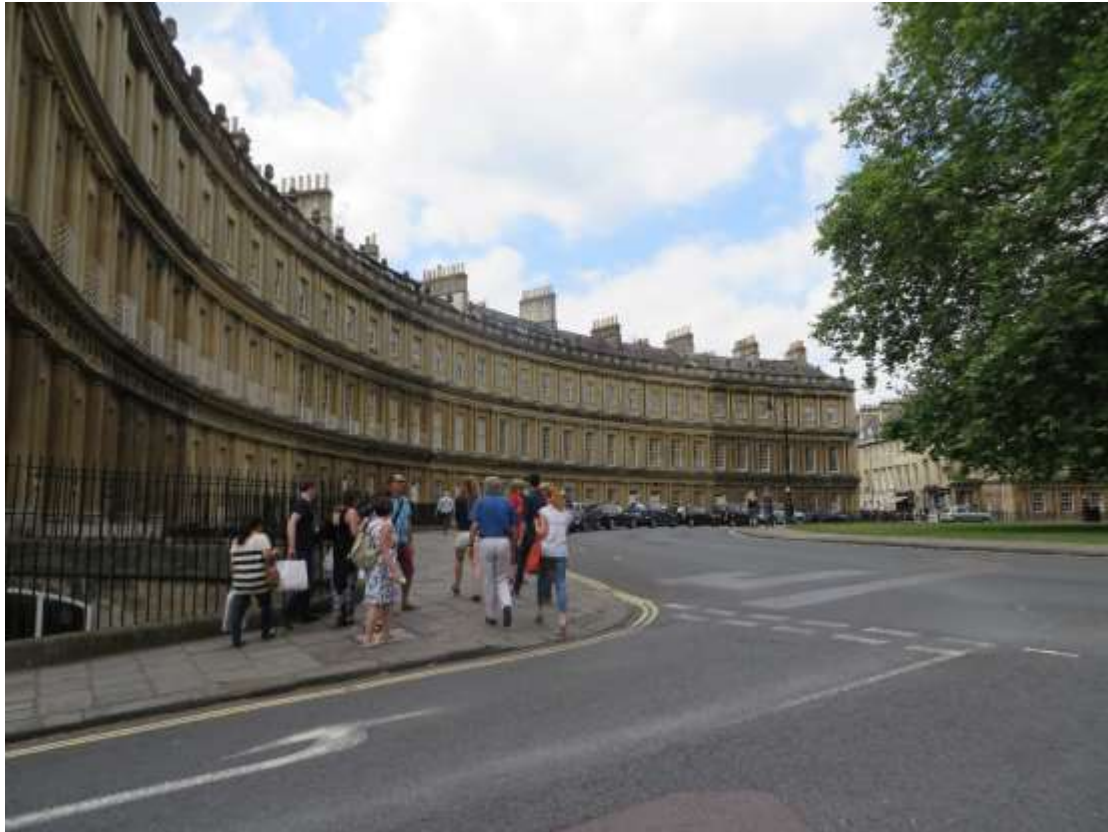
After the visit to the College, I went to St Mark's Hospital, which is at the northwestern part of London. St. Mark's Hospital is a well renowned centre for

colorectal surgery and I met Professor Robin Philips in the operating theatre. He was performing a proctocolectomy and ileostomy for a patient with complicated Crohn's disease. He showed me the intersphincteric proctectomy and it was meticulously performed. We also had very fruitful discussion on management of patients with complex inflammatory bowel diseases.



On Friday 20 June, I visited the Hamlyn Centre at the main campus of Imperial College, London at South Kensington. The Centre was established for developing safe, effective and accessible imaging, sensing and robotics technologies that can reshape the future of healthcare. I met the engineers and the scientists of the Centre. There was research in the fields of imaging and robotics. I was fascinated by research such as the medical application of 3-D printer. The collaboration between the clinicians, scientists and engineers in the development of advanced technologies in health care was well illustrated in the Centre. After the visit to the Hamlyn Centre, I made a short walk to the Royal Marsden Hospital and had lunch with Professor Gina Brown and Professor Paris Tekkis. Then I joined the upper GI MDT meeting at Royal Marsden Hospital. All cancer cases were discussed during the meeting. The input by Professor Gina Brown on imaging especially MRI was superb and there was a lot of interaction between the medical oncologists, radiation oncologists and surgeons. The meeting was very educational. After the MDT meeting, the residents presented the research protocols. Many of them were on the use of imaging studies for the assessment of tumor response and all of them were well written. In the evening, I gave a presentation on '20-year experience in TME: from open operation to minimally invasive surgery'. Then I had dinner with Professor Brown and other staff of Royal Marsden Hospital.

My wife joined me during the weekend. After a week of busy schedule, we took a short trip to Bath on Saturday. Bath is an UNESCO World Heritage Site. The city became a spa when the Romans built baths. There are a lot of historical sites in the city and we visited the Bath House, Royal Crescent, the Bath Abbey and other interesting places. We also had an English-style afternoon tea at a local restaurant. On Sunday, we spent the time in central London and enjoyed a musical in the afternoon.



On Monday 23 June, I attended the MDT meeting in Colorectal Cancer and Professor Paris Tekkis was chairing the meeting. A lot of cases of advanced or recurrent colorectal cancer were discussed and the management of the patients could be individualized with the input from the Professor Brown as well as medical and radiation oncologists. As Professor Tekkis had great experience in exenterative surgery, Royal Marsden Hospital had a lot of referrals of complex advanced and recurrent cancer cases. After the MDT meeting, I went to the operating room and observed Professor Tekkis' operation.

On Tuesday 24 June, I went to St. Mark's Hospital again and I met Professor Robin Kennedy in the operating theatre. He performed a laparoscopic colectomy using near infrared sentinel lymph node mapping. This was an innovative technique with the objective to have better assessment of lymph node status so that local excision could be performed for some patients with early cancer. He also discussed his research in FLEX (Full-thickness laparo-endoscopic excision) for early colon cancer with me. This was a very innovative idea and a major colonic resection could be avoided in early cancer in some selected patients. We also had good discussion on the development and training of laparoscopic surgery in the United Kingdom.

On Wednesday 25 June, I left London and took the Eurostar to Paris to attend the 14<sup>th</sup> World Congress of the Endoscopic Surgery organized by the European Association for Endoscopic Surgery (EAES). The meeting also incorporated the 9<sup>th</sup> International Congress of the ISLCRS. It only took less than two and a half hours from London to Paris and the journey was very comfortable.

After the opening ceremony on Wednesday evening, I attended the dinner of the ISLCRS and met Dr. Conor Delaney, Professor Roger Motson, Dr. Hermann Kessler and Dr. John Marks. We discussed many things about the society, including the next meeting in Singapore.

During the two and a half day meeting, I chaired one session on colon cancer and colon polyp and one free papers session. Besides, I attended many sessions and I am mostly interested in transanal TME. I was impressed by the lectures by Professor Lacy, who had the greatest experience in this technique.

I returned to Hong Kong on Saturday 28 June evening and arrived Hong Kong on Sunday.

### **Summary**

The James IV traveling fellowship provided me the opportunity to visit world-renowned institutions. I could join the operating sessions of the world experts and this certainly was an eye-opening experience. The robotic surgery at MSKCC, the surgery complex inflammatory bowel disease at Cleveland Clinic, the meticulous laparoscopic surgery at University Hospitals, the surgery for Crohn's disease in St. Mark's hospital and the extensive resection in Royal Marsden were all very impressive.

Besides learning the surgical skills, the intellectual exchange in the academic meetings such as Grand Round, M and M meeting, research meeting and MDT meetings was valuable experience. I learnt how these meetings were conducted in these eminent centres.

Moreover, the interactions with the residents and fellows helped me to understand the training systems of different countries. The travel also enabled me to make new friends and visited old friends. The social part of the fellowship was actually as important as the intellectual exchange.

I also had a better understanding of the health systems in different countries through the visit and how the politics could affect health care. The experience at the Sowerby launch and the London Assembly was really interesting and unique.

I would like to thank the James IV Association to offer me this experience and to thank all the people who helped me during the travel. I am certain that this experience will help me in my future career.

By Wai Lun LAW