



# Hong Kong Foregut Masterclass 2024

Forging Connections:

Surgeons and Gastroenterologists in Foregut Medicine

The University of Hong Kong

**14-15 December 2024** (Saturday-Sunday) GMT+08:00

**Hybrid Webinar & Hands-on Workshop**

**E-PROGRAM**



Organized by:



**HKU Med** School of Clinical Medicine  
Department of Medicine  
香港大學內科學系



**HKU Med** School of Clinical Medicine  
Department of Surgery  
香港大學外科學系



Supported by:



American Foregut Society



The Hong Kong Society of  
Gastroenterology



Hong Kong Society of  
Gastrointestinal Motility



Hong Kong Society of  
Upper Gastrointestinal Surgeons



The International Society for  
Diseases of the Esophagus



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# WELCOME MESSAGE

## Message from Department Chairperson, Department of Surgery, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong



Dear Colleagues and Friends

I welcome you to this year's Hong Kong Foregut Masterclass, hosted by the Departments of Surgery and Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine at The University of Hong Kong. This year's theme is "Forging Connections: Surgeons and Gastroenterologists in Foregut Medicine".

The rising incidence of benign foregut diseases, such as gastroesophageal reflux disease and esophageal motility disorders, is making an important impact on the daily practice of surgeons and gastroenterologists alike. We are honored to have esteemed faculties from China, Japan, Singapore, South Korea and the USA. Their wealth of knowledge and expertise will provide valuable perspectives and enrich the discussions throughout the conference. Attendees will have the opportunity to engage with these experts, ask questions and learn from their experiences.

We have planned an exciting program on diagnostic and therapeutic aspects of foregut disorders, with didactic lectures, interactive case discussions, as well as a one-day hands-on workshop on the use of EndoFLIP, antireflux surgery, and Magnetic Sphincter Augmentation (LINX).

We believe that by bringing together professionals from different backgrounds and specialties, we can foster interdisciplinary collaborations and drive advancements in the field of foregut diseases.

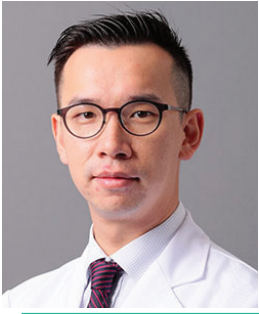
I extend my warmest invitation to all of you to join us for the Hong Kong Foregut Masterclass. Let us seize this opportunity to expand our knowledge, exchange ideas, and strengthen professional connections.



**Simon Y.K. Law**  
Department Chairperson

# WELCOME MESSAGE

## Message from Co-Directors



Dear Colleagues and Friends,

We are delighted to invite you to the Hong Kong Foregut Masterclass 2024. This conference, featuring hands-on workshops, will take place on 14-15 December 2024, at the Faculty of Medicine Building, The University of Hong Kong. Co-organized by the Department of Surgery and the Department of Medicine, this year's theme is "Forging Connections: Surgeons and Gastroenterologists in Foregut Medicine."

Despite the rising incidence of benign foregut disease in Asia, it is often understated. Diagnosing and treating these conditions requires close collaboration between surgeons and gastroenterologists. The recent formation of the American Foregut Society and the European Foregut Society highlights the importance of this relationship. With support from renowned surgeons and gastroenterologists from Singapore, South Korea, Mainland China, Japan (Japanese Foregut Society) and the United States (American Foregut Society), we have developed an exciting and comprehensive program covering gastroesophageal reflux diseases and esophageal motility disorders.

This year, for the first time, our masterclass will offer travel grants of USD 500 to four overseas participants whose abstracts are accepted for oral presentation. Additionally, there will be an award for the best local abstract. We hope this event will raise awareness and serve as a platform for surgeons and gastroenterologists in Asia to discuss and exchange ideas on benign foregut diseases.

Our hands-on workshop features the following options, available at cost

- The first "EndoFLIP™ 300" workshop in Asia, focusing on the diagnostic and intraoperative use of this cutting-edge technology.
- Hands-on experience with live animals, including anti-reflux procedures such as fundoplication and magnetic sphincter augmentation (LINX® device).
- Tips and tricks for Peroral Endoscopic Myotomy (POEM) using a porcine tissue model.

This conference is free for attendees from around the world. Local delegates are invited to join the physical meeting, while overseas delegates can choose to participate in person or via the virtual platform.

We look forward to welcoming all of you!

**Ian Wong**  
Co-Director

**Cynthia Hui**  
Co-Director





# ORGANIZING COMMITTEE

## Co-Directors:



Ian Y.H. Wong

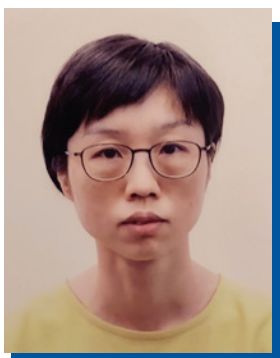


Cynthia K.Y. Hui

## Members:



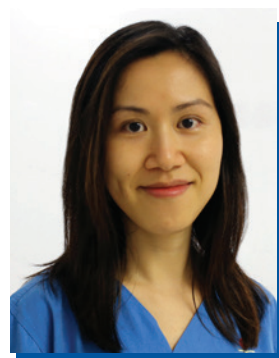
Desmond K.K. Chan



Betty T.T. Law



Thomas K.L. Lui



Claudia L.Y. Wong

## Advisors:



Fion S.Y. Chan



Simon Y.K. Law



W.K. Leung

# INVITED FACULTY



## Professor Kelimu Abudureyimu

People's Hospital of Xinjiang Uygur  
Autonomous Region  
China



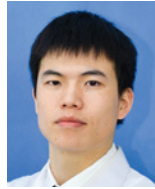
## Dr. Junichi Akiyama

National Center for Global Health and  
Medicine (NCGM)  
Japan



## Dr. Daphne Ang

Changi General Hospital  
Singapore



## Dr. Dong Chen

PLA Rocket Force General Hospital  
China



## Dr. Edward Cheong

PanAsia Surgical Group  
Singapore



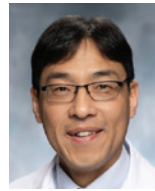
## Ms. Carol Chow

Keck School of Medicine of University of  
Southern California  
U.S.A.



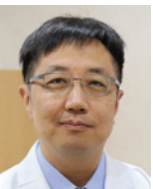
## Professor Prakash Gyawali

Washington University School of Medicine  
U.S.A.



## Professor Toshitaka Hoppo

Rutgers Robert Wood Johnson Medical  
School  
U.S.A.



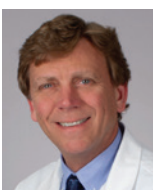
## Professor Kee Wook Jung

Asan Medical Center  
South Korea



## Professor Jin Jo Kim

Catholic University of Korea  
South Korea



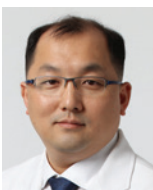
## Professor John Lipham

Keck School of Medicine of University of  
Southern California  
(American Foregut Society)  
U.S.A.



## Dr. Yosuke Seki

Yotsuya Medical Cube  
Japan



## Professor Kyung Won Seo

Kosin University College of Medicine  
South Korea



## Dr. Jun Liang Teh

Yong Loo Lin School of Medicine,  
National University of Singapore  
Ng Teng Fong General Hospital  
Singapore



## Dr. Zhifei Wang

Zhejiang Provincial People's Hospital  
China



## Professor Yinglian Xiao

The First Affiliated Hospital of Sun Yat-sen  
University  
China



**Kelimu Abudureyimu**

## Biography

Professor Kelimu Abudureyimu is a distinguished chief physician, professor, and academic leader. He also serves as a doctoral supervisor and the State Council Special Allowance Expert. Formerly the Vice President of the People's Hospital of Xinjiang Uygur Autonomous Region, Professor Kelimu is currently Director of the Minimally Invasive Surgery and Hernia and Abdominal Wall Surgery Department, Director of the Center for Gastroesophageal Reflux Disease and Bariatric Metabolic Surgery, and Director of the Research Institute of General and Minimally Invasive Surgery in the region. In addition, he holds a position as Deputy President of the Chinese Hernia College of Surgeon.

Professor Kelimu serves as the Editor-in-chief of the Chinese Journal of Gastroesophageal Reflux Disease and Associate Editor of the Chinese Journal of Hernia and Abdominal Wall Surgery. He has supervised over 60 doctoral and master's degree students and published more than 400 academic papers to Chinese and English peer-reviewed journals. Furthermore, he holds more than 10 utility model patents and one invention patent for a special patch designed for hiatal hernia.

A notable achievement of Professor Kelimu is the innovative surgical method he developed, known as the "Ke-shi Anti-reflux Sleeve Gastrectomy," which has gained nationwide popularity as an effective option for managing obesity with GERD. His accolades include multiple prizes for scientific and technological progress, as well as recognition as an "Expert with Outstanding Contribution to the Autonomous Region", a "National Advanced Worker (National Model Worker)", a "Good Person of China", and a "National Excellent Science and Technology Worker".

Leading the earliest center for minimally invasive surgery in Xinjiang and China, Professor Kelimu's team has trained over 300 participants across China and Middle Asian countries such as Kazakhstan and Kirghizstan.



**Junichi Akiyama**

## Biography

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Dr. Junichi Akiyama, MD, PhD, serves as the Division Chief of Gastroenterology at the National Center for Global Health and Medicine (NCGM), Tokyo, Japan. A distinguished gastroenterologist, Dr. Akiyama embarked on his medical journey with a Doctor of Medicine from Tsukuba University in 1993, followed by a comprehensive residency and fellowship at NCGM, previously known as the International Medical Center of Japan.

Dr. Akiyama's academic contributions extend to roles as a Visiting Professor at Waseda University, Japan and a Visiting Scholar at Stanford University, U.S.A. Here, he collaborated with Professors George Triadafilopoulos, Linda Nguyen, and Pankaj J Pasricha on clinical research focused on esophageal diseases.

Being a board-certified member and fellow of numerous Japanese medical societies, Dr. Akiyama is actively involved in the Japanese Society of Gastroenterology (JSGE), Japan Gastroenterological Endoscopy (JGES), and the Japanese Gastroenterological Association (JGA). Internationally, he is a part of the ICD-11 Revision, Morbidity Reference Group under the World Health Organization (WHO).

Dr. Akiyama's research interests encompass the factors contributing to gastroesophageal reflux disease (GERD) and its complications, gastrointestinal motility, and gastrointestinal bleeding. He has recently served as a Committee Member for Japanese GERD Guidelines and a Member of the High-Resolution Manometry Chicago Classification v4.0 Revision Working Group.





**Daphne Ang**

## Biography

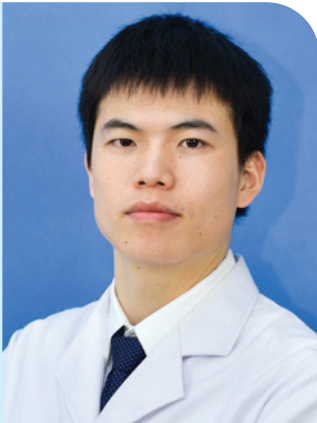
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Dr. Daphne Ang, a gastroenterology specialist, holds an MBBS (Honours) degree from the University of New South Wales, Australia, which she earned in 1999. Following her graduation, she returned to Singapore to pursue further training in internal medicine and gastroenterology.

In 2003, Dr. Ang received her MRCP (UK) and went on to achieve specialist accreditation in gastroenterology in 2006. Recognizing her dedication and potential, the Ministry of Health awarded her the HMDP scholarship. This allowed her to further her subspecialty training in neurogastroenterology in Belgium and Zurich.

Dr. Ang's professional interests lie primarily in gastroesophageal reflux disease and GI motility disorders. Her expertise in these areas has resulted in numerous invitations to speak at international scientific meetings. Dr. Ang actively contributes to the medical and scientific community through her publications. She has published in both local and international journals and book chapters. Furthermore, she imparts her knowledge and skills through workshops focusing on oesophageal motility.





**Dong Chen**

## Biography

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Dr. Dong Chen is a distinguished scholar from Capital Medical University, Beijing, China where he completed his Ph.D. between September 2017 and July 2020. Following this, he underwent his postdoctoral fellowship at the Chinese Academy of Medical Sciences and Peking Union Medical College from August 2020 to September 2023. Currently, Dr. Chen is affiliated with the largest GERD center in Mainland China.

Dr. Chen's research focuses on the diagnosis and treatment of gastroesophageal reflux-related conditions, including gastroesophageal reflux disease, hiatal hernia, and achalasia. In his role as an Assistant Researcher, Dr. Chen has showcased his expertise by publishing 11 academic papers as the first or corresponding author. Notably, 9 of these papers are in SCI journals while the other 2 publications are in Chinese journals, all focusing on the areas of foregut and vascular surgery.

Dr. Chen played a pivotal role in drafting the "Chinese Consensus on Multidisciplinary Diagnosis and Treatment of Gastroesophageal Reflux Disease (2019)". Furthermore, he holds an esteemed position as a young editorial board member for *Gastroenterology & Endoscopy*.



**Edward Cheong**

## Biography

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Dr. Edward Cheong is a Senior Consultant Surgeon, specializing in Laparoscopic Upper GI & Bariatric Surgery, and Therapeutic Endoscopy for early cancer. His medical journey began in 2006 when he obtained his Doctor of Medicine for COX-2 in Barrett's esophageal cancer. The following year, he obtained the Fellowship at The Royal College of Surgeons of England.

In 2008, Dr. Cheong completed his advanced specialist surgical training at The Addenbrooke's Hospital in Cambridge, UK. This led him to the University of Pittsburgh Medical Center, USA in 2009 where he completed a revered post-CCT surgical fellowship under the guidance of Professor James D. Luketich.

Dr. Cheong's expertise was acknowledged in 2010 when he was appointed Consultant in Upper GI Surgery and Upper GI Cancer Chair at the Norfolk and Norwich University Hospital (NNUH). Under his leadership, the NNUH had the shortest length of hospital stay in the UK and Europe for 12 consecutive years, with a median of 7 days after Upper GI cancer surgery. This is a testament to the low post-operative complications which is important for long term cancer survival.

Dr. Cheong's outstanding contributions have earned him several accolades, including the Inaugural Professor James Luketich Chairman's International Award in 2017 for the best outcome in MIE. He was the first non-US surgeon to receive the prestigious award. In 2018, he was honoured with the National Award by the CQC in the UK for "Driving Improvements - Top Doctors who have made a difference to the NHS." Dr. Cheong continues to shape the future of surgical practice with his profound knowledge and innovative approach.



**Carol Chow**

## Biography

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Ms. Carol J. Chow, NP-C, is a dedicated nurse practitioner at Keck Medicine of University of Southern California (USC), U.S.A., where she brings over two decades of valuable nursing experience to the Upper Gastrointestinal and General Surgery team. Over the years, Ms. Chow has fostered robust collaborative relationships within the team and has honed her expertise in the physiology of gastrointestinal diseases as well as in endoscopic and surgical treatment modalities. Recognized as a key opinion leader in foregut disorders, Ms. Chow has actively contributed to various educational and surgical training initiatives, delivering lectures on optimal pre and postoperative care for foregut patients.

A native of Southern California, Ms. Chow completed her undergraduate studies at University of California Los Angeles (UCLA) before pursuing her Master's degree and Nurse Practitioner Certification at Western University of Health Sciences. Remaining rooted in her local community has enabled her to maintain strong connections and a deep sense of belonging.

In Ms. Chow's view, while education and training are essential components of being a nurse practitioner, the true essence of nursing transcends mere instruction; it lies in the intrinsic qualities of compassion and empathy that nurses possess. She firmly believes that the care provided by nurses holds a unique and an invaluable quality that distinguishes it from other healthcare professions. Ms. Chow's commitment revolves around delivering holistic care that encompasses both the physical and emotional well-being of her patients. Establishing a foundation of trust and compassion is at the core of her approach to patient care.



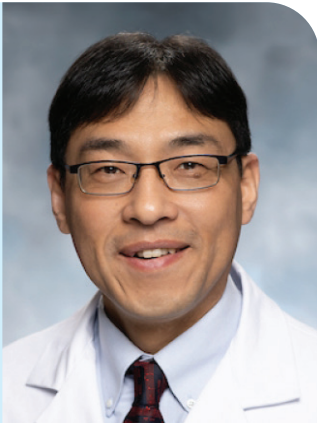
**Prakash Gyawali**

## Biography

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Professor Prakash Gyawali is a distinguished Professor of Medicine, serving as the Director of Neurogastroenterology and Motility and the Program Director of Gastroenterology Fellowship Training at the Division of Gastroenterology within Washington University School of Medicine in St. Louis, USA.

Professor Gyawali's expertise lies in esophageal motility disorders, gastroesophageal reflux disease, and functional disorders. He directs the Gastrointestinal Motility Center affiliated with Washington University, and is involved in motility testing such as high-resolution manometry, esophageal ambulatory pH & impedance monitoring, wireless pH monitoring, and endoscopic functional lumen imaging probe (FLIP). Being actively engaged in clinical research in neurogastroenterology and motility, Professor Gyawali has published over 300 original articles, along with numerous invited reviews and book chapters.



**Toshitaka Hoppo**

## Biography

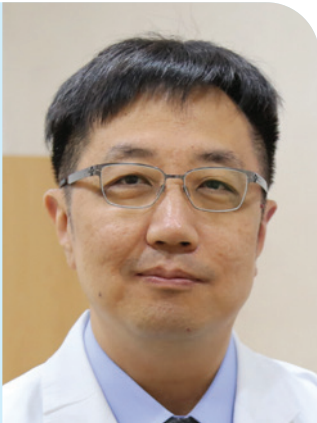
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Professor Toshitaka Hoppo is a distinguished foregut surgeon, currently serving as an Associate Professor of Surgery at the Rutgers Robert Wood Johnson Medical School in New Brunswick, New Jersey, USA. He earned his M.D. from the Kyoto Prefectural University of Medicine, Japan in 1994 and his Ph.D. from the Kyoto University Graduate School of Medicine in 2005. Following the completion of a 2-year minimally invasive thoracic and foregut surgery fellowship at the University of Pittsburgh Medical Center, U.S.A. in 2010, he has since served as a dedicated attending foregut surgeon.

Professor Hoppo specializes in comprehensive treatment of foregut disorders, including gastroesophageal reflux disease, laryngopharyngeal reflux, swallowing difficulties, esophageal motility disorders, Barrett's esophagus, gastroparesis, and esophageal and gastric cancers. He is renowned for his expertise in complex minimally invasive (robotic) foregut surgery and advanced endoscopic procedures such as endoscopic resection, radiofrequency ablation, and peroral endoscopic myotomy, along with proficiency in esophageal physiology testing.

Professor Hoppo played a pivotal role in the establishment and expansion of the Esophageal Institute and Minimally Invasive Foregut Surgery Fellowship Program at the Allegheny Health Network in Pittsburgh before joining the esteemed faculty at the Rutgers Robert Wood Johnson Medical School in December 2023. Notably, Professor Hoppo co-founded the American Foregut Society and currently serves as President of the Japan Foregut Society.





**Kee Wook Jung**

## Biography

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Professor Kee Wook Jung is a distinguished Clinical Professor in the Department of Gastroenterology at Asan Medical Center, University of Ulsan College of Medicine, located in Seoul, South Korea. Professor Jung completed his GI fellowship training at Asan Medical Center and Mayo Clinic in Minnesota, U.S.A. Additionally, he enriched his expertise as a Visiting Scholar at Northwestern University in Chicago, Illinois, U.S.A.

Professor Jung holds significant leadership roles, including Vice Secretary General of the Asian Neurogastroenterology and Motility Association, Director of the GERD Research Group within the Korean Society of Neurogastroenterology and Motility, and Editorial Committee Member of the Journal of Neurogastroenterology and Motility. His main research area is functional gastrointestinal disorders, with a specific focus on conditions such as achalasia and functional dysphagia.

Professor Jung has published numerous articles and book chapters, with novel parameters. His work encompasses innovative studies on high-resolution esophageal and anorectal manometry, as well as in-depth explorations of achalasia and eosinophilic esophagitis.



**Jin Jo Kim**

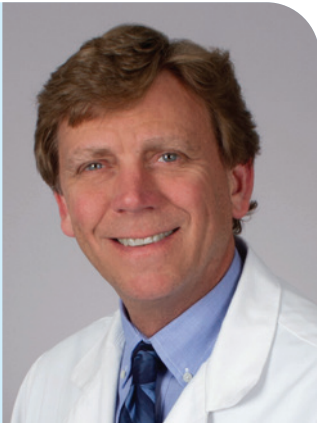
## Biography

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Professor Jin Jo Kim is a distinguished Professor in the Department of Surgery at Incheon St. Mary's Hospital, The Catholic University of Korea, Incheon, Korea, where he specializes in minimally invasive foregut surgery.

With a career spanning over two decades, Professor Kim began his professional journey as an Assistant Professor at Incheon St. Mary's Hospital in 2005, eventually rising to the position of Professor in 2016. He has held leadership roles as the chairman of the Korean Antireflux Surgery Study Group from 2011 to 2016, the Korean Esophageal and Junctional Cancer Study Group from 2015 to 2023, and the Surgical Oncology Forum from 2021 to 2023. Professor Kim has also served as the Editor-in-Chief of the Journal of Gastric Cancer from 2017 to 2019 and currently holds the position of Editor-in-Chief of *Foregut Surgery* and the *Journal of Metabolic and Bariatric Surgery*.

Professor Kim earned his M.D. degree from the College of Medicine at the Catholic University of Korea in 1994, followed by an M.S. degree from the Postgraduate School of the same institution in 2003. He furthered his academic pursuits by obtaining a Ph.D. degree from the Catholic University of Korea in 2010.



**John Lipham**

## Biography

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Professor John C. Lipham is the Chief of the Division of Upper GI and General Surgery and a Professor of Surgery at the Keck School of Medicine of University of Southern California (USC), U.S.A. He also holds key roles as the Foregut Cancer Program Director and Chief of USC Affiliated Academic Programs in the Orange County, U.S.A. He also serves as the Co-Director of the USC Esophageal and Foregut Disorders Center at Keck Medical Center, U.S.A. After serving as the Inaugural President of the American Foregut Society, Professor Lipham continues to contribute as a Board member of the Society.

Professor Lipham specializes on the benign and malignant diseases of the esophagus and stomach. His clinical focus encompasses the diagnosis and management of conditions such as GERD, hiatal hernias, Barrett's esophagus, esophageal motility disorders, achalasia, and malignant diseases of the esophagus and stomach.

In addition to his clinical practice, Professor Lipham is actively engaged in research. His current research endeavors involve the development of minimally invasive techniques for diagnosing and treating gastroesophageal reflux disease, Barrett's esophagus, and esophageal cancer.



**Yosuke Seki**

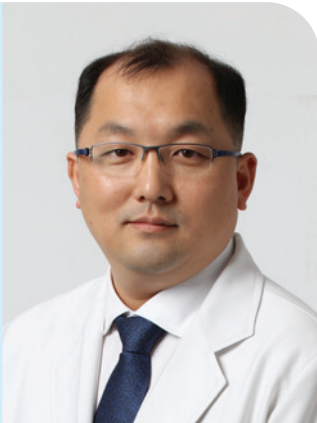
## Biography

Dr. Yosuke Seki, MD, PhD, is a distinguished consultant bariatric surgeon, currently serving as the Vice Director at the Weight Loss and Metabolic Surgery Center and Chief of the Division of Clinical Research at the Yotsuya Medical Cube in Tokyo, Japan. He is an alumnus of Osaka University School of Medicine where he also completed his surgical training before pursuing advanced clinical fellowships abroad specializing in bariatric and metabolic surgery.

Dr. Seki is a board-certified surgeon in both general and advanced laparoscopic surgery, with notable achievements including winning the 1st prize in the laparoscopic suturing technique competition at the Japan Society for Endoscopic Surgery (JSES) Annual Meeting in 2005. His extensive clinical and research focus lies in investigating the impact of gastrointestinal surgery on the pathophysiology of type 2 diabetes, particularly within Asian populations, as well as in the surgical management of gastroesophageal and laryngopharyngeal reflux diseases (GER/LPRD).

With a wealth of experience, Dr. Seki and his dedicated team have successfully performed over 2,000 laparoscopic and endoscopic bariatric procedures, along with more than 700 laparoscopic anti-reflux procedures. Besides, he is a prolific author, having penned over 90 original research papers, reviews, and textbooks in English as well as a substantial body of work comprising over 150 publications in Japanese.

Dr. Seki is actively engaged in various professional committees including those focused on scientific research, education, and international collaboration within JSES. He has also held the role of Chair of the Library Committee at the International Federation for the Surgery of Obesity and Metabolic Disorders – Asia Pacific Chapter (IFSO-APC). In honour of his significant contributions to the field, Dr. Seki was bestowed with the prestigious Kawamura Award at the 41st Annual Meeting of the Japan Society for the Treatment of Obesity (JSTO). Furthermore, in 2022, he played a pivotal role in co-founding the Japan Foregut Society (JFS) alongside esteemed colleagues in the field.



**Kyung Won Seo**

## Biography

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Professor Kyung Won Seo, M.D., Ph.D., is a distinguished Professor in the Department of Surgery at the Kosin University College of Medicine in Korea, renowned for his expertise in various surgical disciplines, including bariatric and metabolic surgery, laparoscopic gastric cancer surgery, antireflux surgery, and hernia surgery.

Professor Seo's academic journey commenced at the Kosin University where he earned his M.D. before pursuing a Master of Medical Science and from the same institution. He augmented his skills through extensive postdoctoral training, encompassing residencies and fellowships at the Kosin University Gospel Hospital, as well as international experiences such as a mini-fellowship in Bariatric & Metabolic Surgery in Taiwan and postgraduate education in Minimally Invasive and Bariatric Surgery at UCLA's Ronald Reagan Medical Center in the USA.

An active contributor to the academic community, Professor Seo has held various directorial roles in esteemed organizations the Korean Society for Metabolic and Bariatric Surgery and Korean Society for Surgical Metabolism and Nutrition. Besides, he is a member of multiple surgical societies and has made significant contributions to the field through presentations and publications on topics ranging from bariatric surgery outcomes to treatments for gastroesophageal reflux disease and gastric cancer.

Professor Seo's research accomplishments are evidenced by numerous publications in reputable journals, addressing critical issues within his areas of specialization. He continues to advance surgical knowledge through presentations at national and international conferences, where he shares insights on the impact of bariatric surgery on liver diseases and the complexities of weight loss surgery.

Professor Seo's unwavering commitment to surgical excellence, substantial research contributions, and active engagement in the medical community underscore his profound influence on the field of surgery, particularly in the realms of bariatric, metabolic, and gastrointestinal surgeries.





**Jun Liang Teh**

## Biography

Dr. Jun Liang Teh graduated from the Yong Loo Lin School of Medicine at the National University of Singapore in 2010 and commenced specialist training in general surgery the same year. After earning a Master of Medicine (Surgery) in 2016, Dr. Teh completed his general surgery specialist training and became Fellow of the Royal College of Surgeons, Edinburgh in 2018. Subsequently, Dr. Teh obtained a ChM in general surgery from the University of Edinburgh in 2019.

Dr. Teh pursued post-fellowship training in upper gastrointestinal surgery and bariatric surgery at the National University Health System in Singapore, focusing on the surgical treatment of patients with upper gastrointestinal cancer and morbid obesity. In 2022, Dr. Teh was honored with the Healthcare Manpower Development Plan Award. In the same year, he underwent additional subspecialty training in upper gastrointestinal surgery and advanced therapeutic endoscopy at Prince of Wales Hospital in Hong Kong, Special Administrative Region of China, under the guidance of Professor Philip Chiu and Professor Anthony Teoh.

Dr. Teh's surgical interests encompass the management of gastroesophageal cancers, bariatric surgery, and single-incision laparoscopic hernia surgery. Possessing dual expertise as a surgical endoscopist, he exhibits a keen interest in endoscopic ultrasound, endoscopic retrograde cholangiopancreatography (ERCP), endoscopic resection of early gastroesophageal cancers, third-space endoscopy, and endoscopic ultrasound-guided interventions.

Being an accomplished researcher, Dr. Teh has published numerous studies and reviews in international medical journals, in addition to co-authoring several textbook chapters on laparoscopic surgery and endoscopic ultrasound. He also serves as an Elected Member of the Executive Committee of the Obesity & Metabolic Surgery Society of Singapore (OMSSS).



**Zhifei Wang**

## Biography

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Dr. Zhifei Wang, MD, MBA, is a renowned surgeon specializing in hernia, foregut, bariatric, and metabolic surgery. Presently holding the position of Chief of the Department of Hernia Surgery at Zhejiang Provincial People's Hospital, Hangzhou, China. Dr. Wang obtained his MD from Zhejiang University in 2008 and completed his MS at Harbin Medical University in 2003. Throughout his esteemed career, he has assumed key leadership roles, serving as the Director of the Center for Gastroesophageal Reflux Disease (GERD) and the Co-director of the Center for Metabolic and Bariatric Surgery.

With an extensive experience in minimally invasive and robotic surgery, Dr. Wang has been involved in international fellowships at renowned institutions such as Cleveland Clinic and The Valley Hospital in the USA. He is also a pioneer in the development of 3D printed surgical training models and has been recognized with prestigious awards, including the Zhejiang Province Science Progress Award and the "5213" Venture Fund.

Actively engaged in research, Dr. Wang has made substantial contributions to the field with numerous publications and patents that focus on innovative surgical techniques. As a dedicated mentor, he provides guidance to his MS, MD, and postdoctoral students, imparting his wealth of knowledge and experience. Dr. Wang is a sought-after speaker at international conferences where he shares his insights and advancements in surgical practice.

Dr. Wang's commitment to integrating cutting-edge surgical innovations with clinical excellence highlights his exceptional contributions to the medical community.



Yinglian Xiao

## Biography

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Professor Yinglian Xiao, M.D., Ph.D., is Professor of the First Affiliated Hospital at Sun Yat-sen University in Guangzhou, China. Professor Xiao currently holds the position of President of the Chinese Society of Neurogastroenterology and Motility, showcasing her leadership and expertise in the field. Additionally, she is a member of ANMA. Professor Xiao's research interests primarily revolve around neurogastroenterology and motility, with a specific focus on functional gastrointestinal diseases.

# LOCAL FACULTY



**Dr. Fion Chan**

Queen Mary Hospital  
Hong Kong



**Dr. Cynthia Hui**

Queen Mary Hospital  
Hong Kong



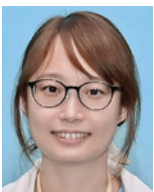
**Professor Simon Law**

The University of Hong Kong  
Hong Kong



**Professor Thomas Lui**

The University of Hong Kong  
Hong Kong



**Dr. Rain So**

United Christian Hospital  
Hong Kong



**Dr. Victoria Tan**

Department of Medicine,  
The University of Hong Kong and  
The Chinese University of Hong Kong  
Hong Kong



**Dr. Claudia Wong**

Queen Mary Hospital  
Hong Kong



**Professor Ian Wong**

The University of Hong Kong  
Hong Kong



**Dr. Marc Wong**

Prince of Wales Hospital  
Hong Kong



**Professor Justin Wu**

The Chinese University of Hong Kong  
Hong Kong



**Dr. Hon Chi Yip**

The Chinese University of Hong Kong  
Hong Kong



**Fion Chan**

### Biography

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Dr. Fion Chan graduated from the Faculty of Medicine at the University of Hong Kong and is a Fellow of the Royal College of Surgeons of Edinburgh, the Hong Kong Academy of Medicine, and the American College of Surgeons. Currently, she is a Consultant at the Department of Surgery at Queen Mary Hospital. She has received the GB Ong Travelling Grant, allowing her to enhance her skills in endoscopic, minimally invasive, and metabolic and bariatric surgery at internationally renowned centers. Dr. Chan is actively involved in various professional organizations, including her roles as Honorary Secretary of the Hong Kong Society for Metabolic and Bariatric Surgery and as a Council member for both the Hong Kong Society of Upper Gastrointestinal Surgeons and the Hong Kong Society of Parenteral and Enteral Nutrition. She is a member of the steering committee of The Surgical Outcomes Monitoring & Improvement Program (SOMIP) in Hong Kong. She plays a pivotal role in advancing endoscopic and minimally invasive surgery and implementing the Enhanced Recovery After Surgery (ERAS) program for patients with esophageal and gastric diseases at Queen Mary Hospital.





**Cynthia Hui**

## Biography

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Dr. Cynthia Ka Yin Hui graduated from The University of Hong Kong in 2014, and received her Fellowship in Gastroenterology and Hepatology from the Hong Kong College of Physicians in 2021. Presently, she serves as an Honorary Tutor at the Department of Medicine, School of Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, and works as a Resident Specialist at Queen Mary Hospital.

Dr. Hui's areas of expertise lie in esophageal motility disorder, gastroesophageal reflux disease, and functional gastrointestinal disorders. She leads the motility service in the Department of Medicine at Queen Mary Hospital.



**Simon Law**

## Biography

Professor Simon Y.K. Law graduated from the University of Cambridge in England with First Class Honors. He received his post-graduate training in the Department of Surgery at the University of Hong Kong. He is currently Cheung Kung-Hai Professor in Gastrointestinal Surgery, and Chair Professor and Chief of Esophageal and Upper Gastrointestinal Surgery, and Chairperson at the Department of Surgery, School of Clinical Medicine, The University of Hong Kong.

Professor Law was a council member of the College of Surgeons of Hong Kong. He served as the Chairman of the General Surgery Board and the Chief Examiner of the Joint Fellowship Examination of the Royal College of Surgeons of Edinburgh and The College of Surgeons of Hong Kong. He is past president of the Hong Kong Society of Upper Gastrointestinal Surgeons and was a member of the Education and Accreditation Committee of the Medical Council of Hong Kong. He has played an active role in many international societies, such as a Consultant to the International Society of Digestive Surgery (ISDS), Asia Representative of the Member Services Committee of the Society for Surgeons of the Alimentary Tract (SSAT), and Secretary of the Hong Kong China Chapter of the American College of Surgeons. Notably for international collaborations, he is a member of the Worldwide Esophageal Cancer Collaboration, the Esophagectomy Complications Consensus Group, and a member drafting the Enhanced Recovery After Surgery (ERAS) Society recommendations for esophagectomy. He was co-chairman of the Education Committee of the International Society of Diseases of the Esophagus and the past President of the same society. He is an honorary fellow of the American Surgical Association as well as the European Surgical Association.

He has concentrated his experience and research in both benign and malignant upper gastrointestinal tract disorders. He has published nearly 350 papers and 45 book chapters. He is Associate Editor of *Diseases of the Esophagus*, and is / has been member of the editorial board in 15 other journals, including *Annals of Surgery*, *JAMA Surgery*, *Surgery* and *World Journal of Surgery*. He has been invited as visiting professor and to deliver keynote and plenary lectures worldwide. He has spoken nationally and internationally on over 400 occasions.



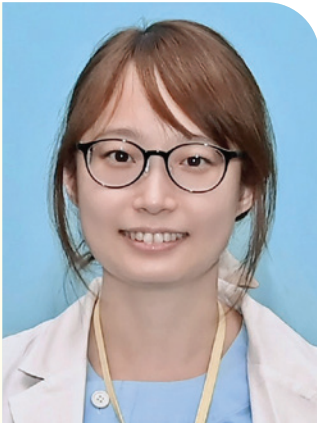
**Thomas Lui**

## Biography

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Professor Thomas Lui was awarded a distinction in medicine upon graduating in 2004 and subsequently completed his specialist training in gastroenterology and hepatology in 2011. He further honed his skills by receiving advanced endoscopy training at the Kobe University in Japan under the tutelage of Dr. Takashi Toyonaga in 2014 and 2017. Professor Lui also earned the title of Honorary Research Fellow at the Kobe University in 2014.

With over 500 cases of experience in advanced endoscopic surgery, Professor Lui's expertise encompasses image-enhanced endoscopy, endoscopic submucosal dissection, per-oral endoscopic myotomy, full-thickness endoscopic resection, and submucosal tunnelling endoscopic resection. He currently serves as the Specialist in Charge at the HKU Endoscopic Centre. In addition to his proficiency in advanced endoscopy, Professor Lui's research interests include the application of artificial intelligence and machine learning in gastroenterology and endoscopy. He has published multiple original articles as the first author in leading journals, including *Gastroenterology* and *Gastrointestinal Endoscopy*. At present, Professor Lui holds the position of Clinical Associate Professor in the Department of Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine at The University of Hong Kong and the Chairman of Endoscopy Centre in Gleneagles Hospital Hong Kong.



**Rain So**

## Biography

Dr. Rain So graduated from The University of Hong Kong in 2011 and obtained her Fellowship in General Surgery in 2019. She began her subspecialty career as an upper gastrointestinal surgeon at United Christian Hospital, Hong Kong, with a focus on minimally invasive surgery for upper GI diseases, metabolic, and bariatric surgery.

Dr. So further advanced her expertise through overseas subspecialty training. She received training in bariatric surgery under Professor Chih-Kun Huang at China Medical University Hospital, Taiwan, and in robotic gastrectomy under Professor Woo-Jin Hyung at Severance Hospital, Yonsei University Health Care System, Seoul, Korea.

In 2022, Dr. So established a one-stop functional laboratory at United Christian Hospital, providing comprehensive functional tests for patients with benign upper gastrointestinal disorders. She currently serves as the Chief of the Department of Upper Gastrointestinal Surgery, Metabolic, and Bariatric Surgery in the Kowloon East Cluster of Hospital Authority.

Dr. So is also actively involved in professional organizations. She is the Honorary Secretary of the Hong Kong Society of Upper Gastrointestinal Surgeons (HKSUGIS), a Council Member of the Hong Kong Obesity Society (HKOS), and the Hong Kong Society for Metabolic and Bariatric Surgery (HKSMBS).



**Victoria Tan**

## Biography

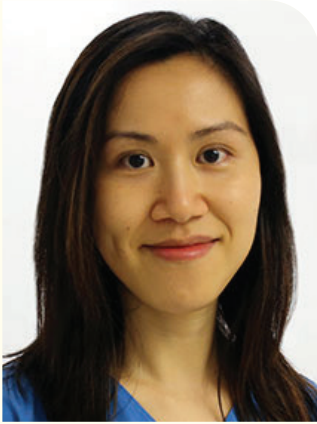
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Dr. Victoria Tan is a distinguished medical professional with a wealth of experience in the field of gastroenterology. She obtained her medical degree from Melbourne University Medical School and completed her gastroenterology training in Melbourne. Dr. Tan furthered her academic pursuits by earning a PhD at The University of Hong Kong, focusing on gastro-esophageal reflux and functional dyspepsia.

Currently serving as an Honorary Associate Professor in the Department of Medicine at the University of Hong Kong and the Chinese University of Hong Kong, Dr. Tan also holds the position of Honorary Consultant at Gleneagles Hospital Hong Kong VDMC. She is renowned for her expertise in various advanced procedures such as endoscopic ultrasound, manometry/pH study, breath tests, and gastrointestinal motility assessments.

Dr. Tan's research interests encompass dietary management, gastro-esophageal reflux, functional dyspepsia, and irritable bowel syndrome, and she has published extensively to the scientific literature in these areas. In addition to her academic roles, she is a Council Member of the Hong Kong Society of Gastrointestinal Motility and a Board Member of Women in GI Network-Asia Pacific (WIGNAP).





**Claudia Wong**

## Biography

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Dr. Claudia L.Y. Wong attained her Fellowship from the Royal College of Surgeons of Edinburgh and the College of Surgeons of Hong Kong in 2016. She is currently an Associate Consultant at the Department of Surgery of Queen Mary Hospital. With special interests in bariatric, upper gastrointestinal cancer and functional surgeries, she has presented in multiple international and local meetings and written book chapters on esophageal cancers. In 2019, she underwent overseas training in Japan on interventional endoscopy and endoscopic ultrasound.



**Ian Wong**

## Biography

Professor Ian Y.H. Wong is a Clinical Assistant Professor and Honorary Associate Consultant in the Division of Esophageal and Upper Gastrointestinal Surgery at the Department of Surgery, The University of Hong Kong. He graduated from The University of Hong Kong and obtained his fellowship in general surgery from the Royal College of Surgeons of Edinburgh in 2014. Professor Wong furthered his training under Dr. John Pandolfino and Dr. Nathaniel Soper at Northwestern University, Chicago, USA, focusing on functional esophageal diseases and motility disorders. He also received specialized training from Dr. Marco Patti at the University of Chicago, USA, in foregut surgery; Professor Han-Kwang Yang at Seoul National University, South Korea, in gastric cancer management; and institutions such as Juntendo University, Nihon University School of Medicine, Keio University, and Shizuoka Cancer Center in Japan, concentrating on advanced diagnostic and therapeutic upper endoscopy.

Currently, Professor Wong serves as the Vice President of the Hong Kong Society of Upper Gastrointestinal Surgeons (HKSUGIS) and is a Council and Committee member of the Hong Kong Society of Gastroenterology (HKSGE), and the International Society for Diseases of the Esophagus (ISDE). He actively participates in the European Society for Diseases of the Esophagus (ESDE), the Society for Surgery of the Alimentary Tract (SSAT), the International Gastric Cancer Association (IGCA), and the American Foregut Society (AFS). Additionally, he is an editorial board member for the *Annals of Translational Medicine*, *the Journal of Thoracic Disease*, and *Foregut Surgery*.

His research interests include the management of esophageal and gastric cancers, the diagnosis and treatment of esophageal motility disorders and gastroesophageal reflux disease, as well as advanced diagnostic and therapeutic upper endoscopy. Professor Wong has also made significant contributions to high-impact surgical journals, including *JAMA Surgery*, *Annals of Surgery*, *Annals of Surgical Oncology*, and *the Journal of Gastrointestinal Surgery*.



**Marc Wong**

## Biography

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Dr. Marc Wong graduated from the Li Ka Shing Faculty of Medicine, The University of Hong Kong in 2009, receiving two scholarships and the Woo Kai Fun Prize. He completed his training in Gastroenterology and Hepatology in 2016 before joining the Department of Medicine and Therapeutics, Prince of Wales Hospital as a Resident Specialist in 2018.

Dr. Wong is currently an Associate Consultant of Department of Medicine and Therapeutics at Prince of Wales Hospital and in charge of the Motility services in Prince of Wales Hospital, with a special focus on oesophageal motility disorders and gastro-oesophageal reflux disease (GERD). His work includes collaboration with Flinders University, Australia on pharyngeal manometry and is the first in Asia to have performed the FLIP topography using the EndoFLIP 2.0 system. Marc also has a strong interest in advanced endoscopy including EUS and ERCP. He has been nominated for various international Train-the-Trainer Courses on EUS.



**Justin Wu**

## Biography

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Professor Justin Wu is the Associate Dean (Health Systems) of Faculty of Medicine, The Chinese University of Hong Kong (CUHK). He has academic focus in functional gastrointestinal disorders and gastroesophageal reflux disease with H-index of 91 and more than 38,000 citations. He is serving as academic leader in many international and local professional organizations, which include the President of Asian Pacific Digestive Week, Past President of Asian Pacific Association of Gastroenterology, and the Past President of Hong Kong Society of Gastroenterology.

In medical education, Prof. Wu is the founding director of Asia's first "Global Physician-Leadership Stream" (GPS) of MBChB programme of CUHK Medicine. He is an eminent teacher with 8 teaching awards of medical education, which include Vice-Chancellor Exemplary Teaching Award, Master Teacher, and Teacher of the Year Awards in CUHK Medicine.

In medical innovation, Prof. Wu is serving as director and advisor of biomedical technology companies and investment funds. He also actively contributes as incubator and accelerator for biomedical tech start-up companies locally and internationally.



**Hon Chi Yip**

## Biography

Dr. Hon Chi Yip is currently a Clinical Assistant Professor at the Division of Upper Gastrointestinal and Metabolic Surgery, Department of Surgery, Faculty of Medicine, the Chinese University of Hong Kong. He is also serving as Deputy Director of the Shaw Combined Endoscopy Center and Honorary Associate Consultant at the Prince of Wales Hospital.

Dr. Yip graduated from the Chinese University of Hong Kong in 2008 with honors. He received the RC Li Gold Medal in Surgery. He joined the Department of Surgery at Prince of Wales Hospital after graduation and obtained the fellowship in General Surgery in 2015.

Focusing on upper gastrointestinal tract cancer management, Dr. Yip underwent overseas training in Osaka and Tokyo, Japan in 2017. His current research focuses on endoscopic diagnosis and treatment of early gastrointestinal cancer, as well as minimally invasive and robotic techniques in the surgical treatment of gastric and esophageal neoplasia.

Dr. Yip is engaged in regional education and training. He serves as a steering committee in the Asian Novel Bio-imaging and Intervention Group (ANBIIG), an Asian-wide organization focusing on endoscopic diagnosis and treatment of GI luminal diseases. He is a member of the Stomach and Duodenal Diseases. Committee of the World Endoscopy Organization (WEO), the Education Committee in the Asia-Pacific Society of Digestive Endoscopy (APSDE). He is currently a board member of the Asia-Pacific Endo-Laparoscopic Surgery Group (APELS), a Guidelines Committee member of the International Society for Diseases of the Esophagus (ISDE), a member of the Academy of Endoscopy (AoE), a council member of Hong Kong Society of Digestive Endoscopy.



# PROGRAM



## Day 1 – 14 December 2024 (Sat): Hybrid Webinar

Boardroom, 1/F, Daniel & Mayce Yu Administration Wing, Faculty of Medicine Building

Time (HK)	Topic	Speaker
	<b>Conjoint Breakfast Symposium with 3rd Annual Meeting of Yunnan Association of Gastroenterologists</b> Moderator: Cynthia Hui	
08:10-08:40	Diagnosis and Current Management of Motor Disorders of the Esophagus	Prakash Gyawali / Yunnan Association of Gastroenterologists
08:50-09:00	Welcome Remarks	Ian Wong
	<b>Session I: Epidemiology &amp; Core Concepts</b> Moderators: Toshitaka Hoppo, Cynthia Hui, Ian Wong	
09:00-09:15	Lyon Consensus 2.0 and What's Next?	Prakash Gyawali
09:15-09:30	Chicago Classification 4.0 and More	Kee Wook Jung
09:30-09:45	GERD Prevalence and Perception: East & West	Justin Wu
09:45-10:00	Endoscopic and Surgical Treatment for GERD	Edward Cheong
10:00-10:30	Discussion	
10:30-11:00	Tea Break & Moderated Video/Poster Presentation	
	<b>Session II: Gastroesophageal Reflux</b> Moderators: Kyung Won Seo, Rain So, Marc Wong	
11:00-11:15	GERD Interventions: Insights from China's Highest Volume Center	Dong Chen
11:15-11:30	Side Effects of PPIs and P-CAB - Myth or Truth?	Junichi Akiyama
11:30-11:45	Robotic Antireflux Surgery and Simulation	Zhifei Wang
11:45-12:00	Laryngopharyngeal Reflux (LPR) Disease Diagnosis and Treatment	Yosuke Seki
12:00-12:15	Management of Sleeve Gastrectomy Associated GERD	Kelimu Abudureyimu / Alimujiang Maisiyiti
12:15-12:45	Discussion	
	<b>Medtronic Lunch Symposium</b> Moderators: Ian Wong, Marc Wong	
12:45-13:45	Experience and Future Development of American Foregut Society	Prakash Gyawali / John Lipham
	<b>Session III: Esophageal Motility Disorder</b> Moderators: Simon Law, Victoria Tan, Jun Liang Teh	
13:45-14:00	Role of EndoFLIP in Foregut Diseases	Marc Wong
14:00-14:15	Surgical Versus Endoscopic Treatment for Esophageal Motility Disorders	Jin Jo Kim
14:15-14:30	Management of Gastroparesis in a Nutshell	Daphne Ang
14:30-14:45	Prevention and Treatment of Post POEM GERD	Hon Chi Yip
14:45-15:00	Asian Foregut Society: Opportunities and Challenges	Ian Wong
15:00-15:20	Discussion	
15:20-15:50	Tea Break & Moderated Video/Poster Presentation	



# PROGRAM

## Day 1 – 14 December 2024 (Sat): Hybrid Webinar

Boardroom, 1/F, Daniel & Mayce Yu Administration Wing, Faculty of Medicine Building

### Session IV: Video/Free Paper Session

Moderators: Claudia Wong, Justin Wu, Yinglian Xiao

15:50-16:40	Differential Neurogenesis Status Unveils Distinct Neurodegenerative Mechanism among Achalasia Subtypes	Qianjun Zhuang
	Should Acid Exposure Time for Diagnosing Actionable Gastro-Oesophageal Reflux Disease be Different in the Asian Population?	Ernest Tung
	Development of Elastic Net Regression-SMOTE Models to Predict Postoperative Gastroesophageal Reflux Symptom Resolution after Laparoscopic Nissen Fundoplication	Inhyeok Lee
	Safety of Linx Device Removal	Jia Jun Ang
16:40-16:45	<b>Travel Grant &amp; Award Presentation</b> <b>Closing Remarks</b>	<b>Claudia Wong</b>
	Satellite Meeting	All Panels

# PROGRAM

## Day 2 – 15 December 2024 (Sun): Hands-on Workshop

Surgical Skills Centre, School of Clinical Medicine, LKS Faculty of Medicine

POEM on Tissue Model	Fion Chan, Simon Law, Thomas Lui, Hon Chi Yip
Fundoplication/LINX on Live Animal	Toshitaka Hoppo, John Lipham, Kyung Won Seo, Zhifei Wang
Diagnostic/Intraoperative EndoFLIP	Cynthia Hui, Rain So, Ian Wong, Marc Wong

Time (HK)	Topic	Speaker
<b>Venue: Lecture Room L953, 9/F, Laboratory Block</b>		
08:15-08:25	Registration	
<b>08:25-08:30</b>	<b>Opening Remarks</b>	
08:30-08:45	Practical Tips on Diagnostic and Intraoperative Use of EndoFLIP 300	Ian Wong / Marc Wong
08:45-09:00	Technical Procedure & Tips for POEM	Fion Chan
09:00-09:15	Technical Procedure & Tips for Fundoplication	Kyung Won Seo
09:15-09:30	Group Photo-taking Session	
<b>Venue: Surgical Skills Centre, 10/F, Laboratory Block</b>		
09:30-13:30	Hands-On Session: POEM, EndoFLIP 300 and Antireflux Surgery (Fundoplication & LINX)	All instructors
<b>Venue: Lecture Room L953 (JnJ LINX New Implanter Accreditation Course)</b>		
13:30-14:15	Lunch	
	LINX Safety and Efficacy	John Lipham
14:15-14:45	LINX Work-up and Patient Selection	John Lipham
14:45-15:00	Tea Break	
15:00-15:30	LINX after Sleeve Gastrectomy	John Lipham
15:30-16:15	Post-op Patient Management / Complications	Carol Chow / John Lipham
16:15-17:00	LINX Insights from Hong Kong	Ian Wong
<b>17:00-17:15</b>	<b>Closing Remarks</b>	

## Session I: Epidemiology & Core Concepts

### Prakash Gyawali

Washington University School of Medicine  
U.S.A.

#### **Lyon Consensus 2.0 and What's Next?**

The Lyon Consensus has made an important impact on the modern diagnosis of GERD. Since its publication in 2018, high quality research has identified metrics and parameters that further improve the specificity of diagnostic testing for the modern diagnosis of GERD.

Actionable GERD consists of the presence of objective parameters conclusive for GERD in the setting of troublesome symptoms. Typical symptoms of GERD including heartburn, acid regurgitation and esophageal chest pain, carry the highest likelihood for objective evidence for GERD, and can be treated with an empiric trial of acid suppression. Atypical symptoms, including cough, wheezing, throat clearing, globus and dyspepsia have a low likelihood of objective GERD, and need up-front testing prior to anti-secretory therapy.

The concepts of unproven and proven GERD determine how investigation is planned in conclusively diagnosing GERD. Unproven GERD consists of symptoms suspicious for GERD, where prior testing has not been performed to define GERD, regardless of symptom response to anti-secretory therapy. In this setting, testing is performed off therapy, starting with endoscopy. The presence of LA grades B, C or D esophagitis, biopsy proven Barrett's esophagus and peptic stricture in the esophagus establish the presence of GERD. If these findings are not evident, ambulatory reflux monitoring is performed off anti-secretory therapy, where reflux metrics can establish or rule out GERD. While wireless pH monitoring can provide prolonged evaluation of up to 96 hours that can take day-to-day variation in reflux burden into consideration, pH-impedance monitoring provides accurate counts of reflux episodes as well as the opportunity to evaluate baseline impedance, a metric that can provide information regarding esophageal mucosal integrity. Hypomotility features and hiatus hernia on manometry constitute supportive evidence for GERD.

Proven GERD consists of settings where there has been prior conclusive GERD evidence on objective testing. When symptoms persist despite optimized anti-secretory therapy, pH-impedance testing can be performed on PPI therapy. In this situation, the objective of testing is to determine if persisting symptoms are from ongoing reflux exposure in the esophagus, vs. other mechanisms for symptoms. Metrics that define abnormal reflux burden also establish refractory GERD in this case, which may require escalation of GERD management for symptom improvement. When GERD metrics are normal, functional or other alternate mechanisms may be responsible for symptoms.

## Session I: Epidemiology & Core Concepts

### Kee Wook Jung

Asan Medical Center

South Korea

### Chicago Classification 4.0 and More

Dysphagia is a common symptom due to various causes, and advances in technology have assisted in the discovery of these causes. High-resolution manometry (HRM) based on spatiotemporal plot has been developed and used since the 2000s.<sup>1</sup> This technique can diagnose achalasia more precisely than conventional manometry.<sup>2</sup> Novel parameters, including integrated relaxation pressure (IRP) defined by the Chicago classification, have further enhanced diagnostic accuracy.<sup>3</sup> However, reports of patients with achalasia presenting with normal IRP led to the development of Chicago classification version 4.0 (CC v4.0). This version incorporates additional tests, including the use of a functional lumen imaging probe (FLIP), which measures the distensibility of the esophagogastric junction, and timed barium esophagography.<sup>4</sup> Moreover, CC v4.0 incorporates a new protocol that involves positional changes (supine and upright) and provocative tests, including multiple rapid swallows and rapid drink challenge.<sup>5</sup> A manometric diagnosis and clinically relevant symptoms, including dysphagia or non-cardiac chest pain, are required to diagnose esophagogastric junction outflow obstruction (EGJOO) by CC v4.0.<sup>4</sup> The manometric diagnosis is defined as an elevated median IRP in both supine and upright positions and  $\geq 20\%$  swallows with elevated intrabolus pressure with evidence of peristalsis.<sup>4</sup> Therefore, CC v4.0 is more rigorous than CC v3.0 for the diagnoses of EGJOO and ineffective esophageal motility (IEM), and it can reduce inconclusive diagnoses on HRM.<sup>6</sup> Moreover, CC v4.0 improves the accuracy of achalasia diagnosis through provocative tests and FLIP. FLIP was developed as a complementary tool to manometry.<sup>7,8</sup> Its ability to measure the passive outer distensibility of the esophageal body and sphincter has broadened our understanding of esophageal motility disorders.<sup>8</sup> Recent study have identified a subset of patients with nonspecific manometry results but poor distensibility confirmed by FLIP.<sup>9</sup> These patients are refractory to conventional treatments and often require peroral endoscopic myotomy.<sup>9</sup> Under CC v4.0 criteria, these patients are categorized as normal or having IEM. Therefore, revision of CC v4.0 should be considered in the next version of Chicago classification.

#### References

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3. Pandolfino JE, Ghosh SK, Rice J, Clarke JO, Kwiatek MA, Kahrilas PJ. Classifying esophageal motility by pressure topography characteristics: a study of 400 patients and 75 controls. *Am J Gastroenterol* 2008;103:27-37.
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7. Pandolfino JE, de Ruigh A, Nicodeme F, Xiao Y, Boris L, Kahrilas PJ. Distensibility of the esophagogastric junction assessed with the functional lumen imaging probe (FLIP) in achalasia patients. *Neurogastroenterol Motil* 2013;25:496-501.
8. Jung KW. The Clinical Usefulness of Functional Luminal Imaging Probe in Esophageal Dysmotility Disorder. *J Neurogastroenterol Motil* 2022;28:509-511.
9. Choi JY, Jung KW, Pandolfino JE, et al. Dysphagia associated with esophageal wall thickening in patients with nonspecific high-resolution manometry findings: Understanding motility beyond the Chicago classification version 4.0. *Neurogastroenterol Motil* 2024;36:e14736.



## Session I: Epidemiology & Core Concepts

**Justin Wu**

The Chinese University of Hong Kong  
Hong Kong

### **GERD Prevalence and Perception: East & West**

There have been significant differences in the epidemiology of GERD between Asians and the Western counterparts. Most population-based studies reported prevalence of 3-10%, compared to over 10% in Western population. The prevalence of GERD complications, which include erosive esophagitis, Barrett's esophagus, and adenocarcinoma, are substantially lower than those of Western populations. These observations suggest that the pathophysiological factors of GERD are less common or significant in Asians. For example, the prevalence of hiatus hernia is lower in the general Asian population. In addition, the high prevalence of *Helicobacter pylori* is associated with corpus-predominant gastritis and gastric hypochlorhydria in East Asian population. This may also contribute to the lower prevalence of GERD in the Asian populations. Yet, the rising prevalence of obesity and metabolic syndrome as well as ageing may account for the rise of GERD in Asia.

While pathophysiological factors of esophageal dysmotility and impaired antireflux mechanisms are less prevalent, esophageal hypersensitivity and psychological comorbidity may play a more significant role in Asian GERD patients. It has been observed that higher proportion of symptomatic GERD patients responded less optimally to proton pump inhibitor in Asia. Concomitant functional gastrointestinal disorders and anxiety have been associated with failed step-down acid suppression therapy and more severe symptoms. While GERD remains an acid-peptic disorder related to motility dysfunction, there are strong features of functional gastrointestinal disorders in Asian GERD patients. Therefore, a holistic approach of evaluation for functional GI disorder and psychological comorbidity is more important in the management of GERD in Asia.



## Session I: Epidemiology & Core Concepts

### Edward Cheong

PanAsia Surgical Group

Singapore

### Endoscopic and Surgical Treatment for GERD

Gastroesophageal reflux disease (GERD) is a common disorder that affects the quality of life in 10 – 20% of the population, and the prevalence is increasing globally. Initial treatment consists of dietary and lifestyle modifications, with progression to medical therapy with proton pump inhibitors (PPI) in cases of erosive esophagitis or refractory symptoms, followed by surgical or endoscopic intervention if the GERD continues to progress. PPI form the core of management and is the most prescribed drug. However, a significant proportion of patients do not want to be on PPI long term, have adverse effects from PPI, or have persistent GERD despite high-dose PPI. Often their next option is laparoscopic anti-reflux surgery (ARS). ARS is an effective and time-tested gold standard treatment for GERD; but it is invasive, and a significant proportion of patients develop gas bloating and/or dysphagia after surgery. Laparoscopic placement of magnetic sphincter augmentation device is emerging as a useful alternative to conventional ARS. However, the invasiveness of surgery remains a concern for patients. The patients who are PPI non- or partial responders, and those who do not want ARS, define the “treatment group” that needs addressing.

Endoscopic anti-reflux procedures (EARP) are an essential treatment modality seen as the “in-between” medical therapy and ARS. The last two decades have witnessed the rise and fall of many endoscopic devices for GERD. The major endoscopic strategies include radiofrequency ablation and endoscopic fundoplication devices. In a correctly selected group of patients (i.e. presence of GERD, hiatal hernia 2-cm or less, normal esophageal motility, and LA grade B esophagitis or lower), those who are poor surgical candidates or who desire a decrease in PPI intake but prefer a non-surgical treatment, EARP such as the TIF and Stretta procedures have demonstrated safety and efficacy.

## Session II: Gastroesophageal Reflux

**Dong Chen**

PLA Rocket Force General Hospital  
China

### **GERD Interventions: Insights from China's Highest Volume Center**

As an emerging field, foregut surgery has gained increasing attention internationally, with a focus on benign foregut diseases such as gastroesophageal reflux disease (GERD), achalasia, and obesity. As the first and largest GERD center in China, our department was founded in 2006 by Prof. Zhonggao Wang, who was a renowned expert in vascular surgery and a GERD patient who had suffered from asthma-like symptom, chronic cough, and laryngospasm. Thus, our focus is on the extra-esophageal symptoms of GERD. We started with radiofrequency (RF) treatment, and introduced laparoscopic fundoplication in 2008 after we encountered hiatal hernia that could not be handled endoscopically. Since 2006, over 100 papers were published, with several notable contributions: the introduction of the gastroesophago-laryngotracheal syndrome (GELTS) concept and the "pharyngeal nozzle" mechanism; the efficacy of RF and laparoscopic fundoplication in alleviating extraesophageal symptoms; the outcomes of novel left 180-degree fundoplication, MUSE endoscopic fundoplication, magnetic sphincter augmentation (MSA), peroral endoscopic cardiac constriction (PECC), and a series of original studies on gastroesophageal junction integrity. In addition to the establishment of the GERD Society in China under the China international exchange and promotive association for medical and health care (CPAM) in 2016, two significant milestones are the initiation of National GERD Week since 2018 and the inclusion of a chapter for GERD in surgery textbook in mainland China. In China, foregut surgery has developed relatively late and the concept has not been widely promoted domestically. But as the spectrum of diseases among the Chinese population changes, the number of physicians and surgeons involved in the diagnosis and treatment of foregut disease is steadily increasing. There is an urgent need to unite relevant forces to promote the development of foregut surgery as an independent discipline, so as to provide optimal care for patients with foregut diseases.

## Session II: Gastroesophageal Reflux

### Junichi Akiyama

National Center for Global Health and Medicine (NCGM)  
Japan

### Side Effects of PPIs and P-CAB - Myth or Truth?

Acid suppression using proton pump inhibitors (PPIs) or potassium-competitive acid blockers (P-CAB) is currently the first-line approach for treating gastroesophageal reflux disease (GERD), peptic ulcers, and *Helicobacter pylori* infections. PPIs have been used for over 30 years, and vonoprazan (VPZ) has been available for nearly 10 years to treat these acid-related conditions. According to the GERD guidelines from the American College of Gastroenterology (ACG) in 2022 and the Japanese Society of Gastroenterology (JSGE) in 2021, initial therapy with an 8-week course of PPIs or a 4-week course of VPZ, followed by indefinite maintenance therapy, is recommended, specifically for patients presenting with severe erosive esophagitis. However, if symptoms resolve, the guidelines recommend attempting discontinuation or switching to on-demand acid suppression therapy for patients without erosive esophagitis or Barrett's esophagus.

While PPIs are generally considered safe, long-term use has raised concerns about potential adverse effects related to decreased nutrient absorption, changes in gut microbiota, intestinal infections, and hypergastrinemia. Moreover, since P-CAB exhibits a more rapid and potent inhibition of gastric acidity compared with PPIs, there is greater concern regarding its safety profile.

In the present session, the evidence concerning adverse events associated with PPI therapy will be systematically reviewed, and recent research on the long-term safety of VPZ will be discussed.

## Session II: Gastroesophageal Reflux

**Zhifei Wang**

Zhejiang Provincial People's Hospital  
China

### **Robotic Antireflux Surgery and Simulation**

This retrospective cohort study compares the clinical outcomes of Robotic Assisted Nissen Fundoplication (RANF) and Laparoscopic Nissen Fundoplication (LNF) in the surgical treatment of hiatal hernia. The study involved 99 patients diagnosed with gastroesophageal reflux disease (GERD) and a surgical indication for hiatal hernia repair, treated between June 2021 and June 2023 at a tertiary hospital in Hangzhou, China. Among the patients, 49 underwent RANF, and 50 underwent LNF.

The results demonstrated that the operative time was significantly longer for RANF compared to LNF (180 minutes vs. 125 minutes,  $p < 0.001$ ). Both techniques showed similar postoperative recovery in terms of dietary intake and relief from GERD symptoms at one year. Preservation of the ability to hiccup was slightly better in the RANF group (87.5% vs. 85.83%). However, the cost of the robotic procedure was substantially higher (70,000 RMB vs. 30,000 RMB). Dysphagia, a common postoperative complication, was observed in both groups but was not severe in either.

A noteworthy case in the robotic group involved a patient who required a redo surgery due to a recurrent hiatal hernia after the initial fundoplication was taken down. This recurrence was not observed in the laparoscopic group.

In conclusion, while both RANF and LNF are safe and effective for GERD treatment, LNF offers significant advantages in terms of shorter operative time and lower costs. Further advancements in robotic technology are needed to justify its higher expense, and long-term studies are recommended to evaluate recurrence rates and overall cost-effectiveness.



## Session II: Gastroesophageal Reflux

**Yosuke Seki**

Yotsuya Medical Cube

Japan

### **Laryngopharyngeal Reflux (LPR) Disease Diagnosis and Treatment**

Laryngopharyngeal reflux disease (LPRD) is a challenging subset of gastroesophageal reflux disease (GERD), characterized by extraesophageal manifestations such as hoarseness, globus sensation, chronic cough, and throat clearing. Although common in Western populations, its prevalence in Asia remains uncertain. The pathophysiology involves direct mucosal injury from acid, pepsin, or bile, and vagally mediated reflexes that contribute to respiratory symptoms.

Diagnosis of LPRD requires multimodal assessment, including esophagograms, endoscopy, and esophageal manometry, with 24-hour dual-probe pH monitoring considered the gold standard. However, its sensitivity in detecting LPRD is limited due to the minimal acid exposure required to trigger symptoms. Emerging techniques, such as hypopharyngeal multichannel intraluminal impedance-pH monitoring (HMII-pH), provide a more precise evaluation of abnormal proximal exposure (APE) and full-column reflux events, crucial for accurate diagnosis.

Anti-reflux surgery (ARS), including laparoscopic fundoplication, offers a promising intervention for PPI-refractory LPRD. Case studies demonstrate its efficacy in controlling LPR-related symptoms and eliminating the need for PPIs, even in patients with negative acid exposure detected by conventional methods. Nevertheless, the criteria for APE and post-operative outcome measures require further validation, particularly in non-Western populations.

The presentation highlights the increasing prevalence of GERD in the Asia-Pacific region, driven by rising obesity rates, and underscores the importance of advanced diagnostic tools for optimizing surgical outcomes in LPRD. Future directions emphasize international collaboration to refine diagnostic standards and enhance treatment strategies for this debilitating condition.

## Session II: Gastroesophageal Reflux

**Kelimu Abudureyimu**

People's Hospital of Xinjiang Uygur Autonomous Region

China

### Management of Sleeve Gastrectomy Associated GERD

Obesity is an independent risk factor for the occurrence and development of gastroesophageal reflux disease (GERD). The long-term anti-reflux effect of laparoscopic sleeve gastrectomy (LSG) for treating patients with obesity and GERD is controversial. Laparoscopic sleeve gastrectomy with fundoplication (LSGFD) is a novel surgical technique that combines the fundoplication's anti-reflux effect with sleeve gastrectomy's weight reduction, achieving the advantages while mitigating the disadvantages of both operations. In addition, this novel anti-reflux weight-reduction operation holds promise for treating patients with GERD and obesity. We investigated the anti-reflux and weight loss dual clinical efficacy of LSGFD. This retrospective study included 80 patients with mild-to-moderate GERD and obesity. The patients were randomly categorized into the fundoplication (LSGFD study group; 27 cases) and standard (LSG control group; 53 cases) groups. At 6 and 12 months post-surgery, the patients in both groups exhibited lower weight, BMI, waist circumference, hip circumference, waist-hip ratio, and other indicators than their base values, showing a decreasing trend over time. Significant differences were found in body weight, BMI, EWL%, waist circumference, and waist-to-hip ratio between the two groups at 6 and 12 months after surgery ( $p < 0.05$ ), indicating an equal weight loss effect between the two groups. The follow-up and re-examination of GERD symptoms based on the GERD-Q scores at 6 and 12 months post-operation revealed lower scores in the study group than the control group ( $p < 0.05$ ), indicating a more pronounced anti-reflux effect in the study group at 6 and 12 months post-operation. In the study group, 44.40%, 11.10%, and 3.70% of patients had reflux esophagitis preoperatively, 6 months postoperatively, and 12 months postoperatively, respectively. No significant differences in postoperative complications incidence, such as gastric leakage, incision infection, postoperative dysphagia, postoperative nausea, and postoperative vomiting, were observed between the two groups ( $p > 0.05$ ).

**Conclusions:** LSGFD has an excellent short-term clinical effect in treating obesity combined with GERD, successfully achieving the dual purposes of anti-reflux and weight loss, justifying further clinical application.

## Medtronic Lunch Symposium

**Prakash Gyawali**

Washington University School of Medicine  
U.S.A.

### **Experience and Future Development of American Foregut Society**

The American Foregut Society has been in existence for over 5 years now. There are a few core tenets that serve as the driving forces for the society.

The first is equal footing for gastroenterologists and surgeons with foregut expertise. President of the AFS alternates between a gastroenterologist and a surgeon. The Board of Directors and the Executive Committee have equal numbers of gastroenterologists and surgeons. All committees are chaired by a gastroenterologist and a surgeon, and membership of committees are equal between the two specialties as far as possible. Membership is one thirds gastroenterologists and two thirds surgeons, which we are trying hard to equalize.

The second core tenet is inclusivity. The AFS seeks private practitioners, academicians, researchers, trainees, established clinicians, researchers, physician extenders, motility nurses and technicians, and all ancillary personnel related to foregut practice on both the gastroenterology and surgery sides as members. Likewise, pharmaceutical companies and product companies that cater to both gastroenterology and surgery are actively sought for support of the society.

There is mutual respect between gastroenterologists and foregut surgeons. We listen to each other, and try to learn from each other even though we may not always agree on what we say. We involve our counterparts on each and every society activity, and all decisions are made with consultation and consent from both specialties at the leadership level.

We are committed to education and research. We have an annual meeting as well as several web-based and in-person focused educational activities throughout the year. The society has a journal, *Foregut*, that is committed to publishing high quality educational reviews and original research. The AFS has a surgical foregut fellowship that is now recognized by the surgical boards, and is actively seeking development of a foregut specific gastroenterology fellowship. The society is actively involved in outreach to other foregut societies around the world, including the Asian Foregut Society.

We firmly believe that we are 'Better Together' when gastroenterologists and foregut surgeons collaborate and seek common ground.



# ABSTRACT

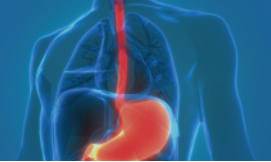
## Medtronic Lunch Symposium

**John Lipham**

Keck School of Medicine of University of Southern California (American Foregut Society)  
U.S.A.

### **Experience and Future Development of American Foregut Society**

Foregut is a focused area of medicine and surgery that requires specialized training and education to properly diagnose and treat foregut disorders. It also requires a multidisciplinary approach to best evaluate patients with Foregut disorders and determine the best individualized approach to treatment. The American Foregut Society was started in 2018 in order to give Foregut a dedicated multidisciplinary society that would help Improve the Care of Patients with Foregut Disease thru Collaborative Specialization. This ultimately led to an international movement to recognize Foregut as its own specialty and develop Foregut Society throughout the world. This lecture will outline what has been accomplished and the future directions of the American Foregut Society, the European Foregut Society and now the Asian Foregut Society.



# ABSTRACT

## Session III: Esophageal Motility Disorder

**Marc Wong**

Prince of Wales Hospital

Hong Kong

### Role of EndoFLIP in Foregut Diseases

The FLIP test is an adjunct investigation newly incorporated as part of management of oesophageal motility disorder. Using the technique of impedance planimetry, a barostat catheter is placed over the distal oesophagus across the oesophagogastric junction real-time measurement of the diameter as well as stiffness of the area of interest can be made through gradual inflation of the balloon. As the oesophagus responds to the presence of a foreign body (the inflated barostat catheter), it elicits secondary peristalsis of the oesophagus, where the pattern of contraction called contractile response offers insight to the oesophageal peristaltic function.

An endoscopy associated procedure that can be safely performed with conscious sedation alone, it has gained much traction as the concept of one-station motility test where patients can be assessed for motility disorders during the index upper endoscopy. Data so far has shown strong correlation between FLIP and high resolution manometry in terms of both major motility disorders and normal findings. However, it is important to note the difference in both tests as they essentially evaluate different physiological events. In this lecture, the various indications of FLIP test and its potential applications in the future of GI motility testing will be visited.

## Session III: Esophageal Motility Disorder

**Jin Jo Kim**

Catholic University of Korea  
South Korea

### **Surgical Versus Endoscopic Treatment for Esophageal Motility Disorders**

Esophageal motility disorders are rare but are commonly diagnosed in patients who complain of dysphagia and noncardiac chest pain. With the advent of manometric studies and the evolution of high-resolution manometry and the Chicago Classification, our knowledge of these disorders and therapeutic approaches has improved dramatically. Following Inoue report, peroral endoscopic myotomy (POEM) was rapidly embraced, becoming the primary form of treatment in many centers. Despite the absence of long-term follow up and randomized trials and the established excellent safety and efficacy data of laparoscopic Heller myotomy (LHM), many gastroenterologists and surgeons replaced LHM with POEM for many or all patients with esophageal motility disorders. However, some have raised the concern that POEM, by ablating the lower esophageal sphincter (LES) without any form of antireflux procedure, could be associated with a high rate of gastroesophageal reflux disease (GERD), as has been seen when a myotomy alone was used. LHM is still a good therapeutic option for these disorders with good short- and long-term outcomes and can be the last resort in patients with decreased quality of life who fail to improve with medical treatments with less postprocedural GERD. A more invasive thoracoscopic approach has been replaced by a laparoscopic approach with improvements in the laparoscopic transhiatal approach.





# ABSTRACT

## Session III: Esophageal Motility Disorder

**Daphne Ang**

Changi General Hospital  
Singapore

### **Management of Gastroparesis in a Nutshell**

Gastroparesis is defined by delayed gastric emptying and characterized by symptoms of nausea, vomiting, bloating, postprandial fullness, early satiety and abdominal pain in the absence of any structural obstruction to gastric outflow. The pathogenesis is multifactorial. Most common causes include diabetes, idiopathic and post-surgical. This condition is increasingly encountered and the therapeutic options are emerging. Treatment strategies include antiemetics, prokinetics, fundic relaxants and pylorus directed therapy. Beyond conventional diagnostic modalities to diagnose gastroparesis, EndoFlip has emerged as a promising tool to identify patients who may benefit from pylorus directed therapeutic options.



# ABSTRACT

## Session III: Esophageal Motility Disorder

### Hon Chi Yip

The Chinese University of Hong Kong  
Hong Kong

#### **Prevention and Treatment of Post POEM GERD**

POEM has emerged as one of the standard therapies for patients with achalasia. It is a minimally invasive scarless technique that could achieve similar relief of achalasia related symptoms. One of the main drawbacks of POEM is the risk of post-POEM GERD. In this lecture, we would discuss the potential causes of post-POEM GERD, and discuss about the potential preventive measures on post-POEM GERD, such as the identification of penetrating vessels around cardia and limited gastric myotomy. We would also discuss about potential endoscopic option in preventing and management of post-POEM GERD.

## Session III: Esophageal Motility Disorder

**Ian Wong**

The University of Hong Kong  
Hong Kong

### **Asian Foregut Society: Opportunities and Challenges**

With increasing awareness of benign foregut diseases worldwide, the recent establishment of the American Foregut Society, European Foregut Society, and Japan Foregut Society underscores the need for an organization that connects gastroenterologists and surgeons in the Asia-Pacific region. This organization will focus on a multidisciplinary approach to managing benign foregut diseases. Given Asia's large population and evolving dietary habits and lifestyles, benign foregut diseases are likely to become a significant health challenge in the near future.

The Hong Kong Foregut Masterclass 2024 aims to gather expert gastroenterologists and surgeons from Mainland China, Hong Kong, Japan, South Korea, and Singapore to form an initial core group for the establishment of the Asian Foregut Society. The society's objectives include promoting local and regional multidisciplinary collaboration, enhancing public education and physician awareness, providing fellowship training opportunities for the younger generation, developing a registry for data sharing to support academic output, increasing international recognition, fostering global exchange, acquiring the latest technologies from the international industry, and promoting research and development.

Despite these opportunities, we face several intrinsic challenges. Many regions in Asia have their own native languages, and English may not be widely spoken. Additionally, cultural differences, variations in disease prevalence, and differing socioeconomic statuses across regions can affect the acceptance and availability of new technologies. The prevalence of upper GI cancers in Asia may also lead to overlaps with pre-existing organizations.

However, we believe there are more opportunities than challenges. These challenges present a compelling reason for collaboration across regions, breaking down barriers to benefit patients as effectively as possible. Please stay tuned for the inaugural congress of the Asian Foregut Society, scheduled for January 2026.

## Session IV: Video/Free Paper Session

### Differential Neurogenesis Status Unveils Distinct Neurodegenerative Mechanism among Achalasia Subtypes

Ms. Qianjun Zhuang<sup>1</sup>, Prof. Niandi Tan<sup>1</sup>, Dr. Songfeng Chen, Ms. Xingyu Jia, Dr. Mengyu Zhang, Prof. Yinglian Xiao

<sup>1</sup>First affiliated hospital of Sun Yat-sen University

#### Background

Achalasia is an acquired esophageal neurodegenerative disorder, characterized by selective loss of inhibitory neurons in myenteric plexus of lower esophageal sphincter (LES). The Enteric neural precursor cell (ENPC) is essential in maintaining neurogenesis, but its role in achalasia pathogenesis is unknown. This study aimed to explore the neurogenesis status in LES among achalasia patients.

#### Methods

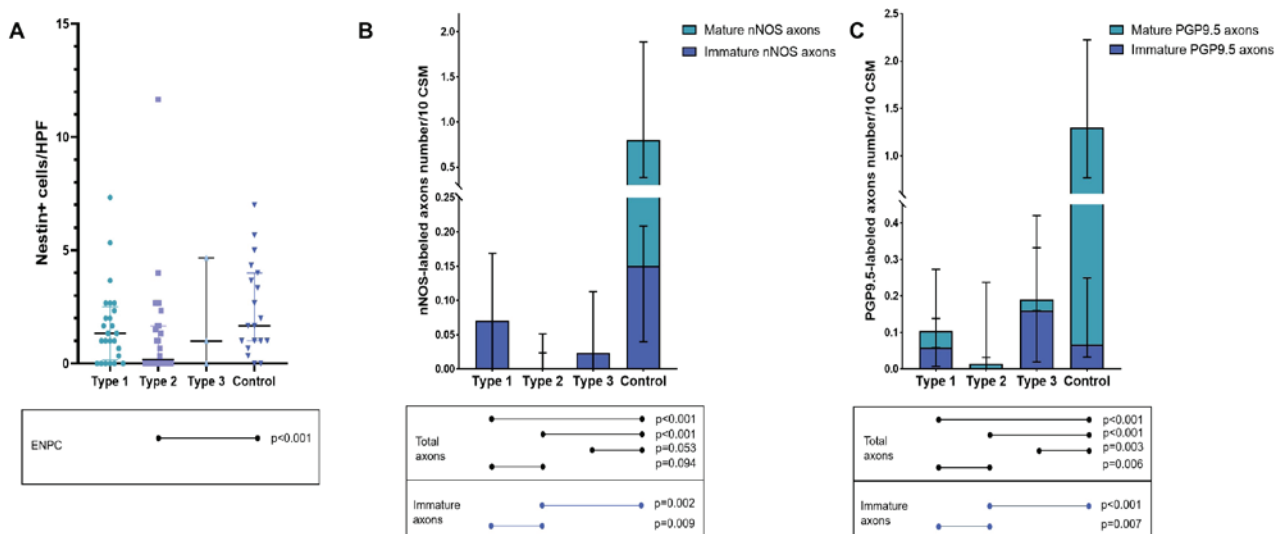
LES specimens from 59 patients with achalasia who underwent POEM and from 10 control patients with esophageal cancer were examined. Double-labeled immunohistochemistry staining was performed to evaluate Nestin-expressing ENPC and axons innervation in LES. Immunohistochemistry values were compared between groups and correlated with clinical variables, including demographics, disease duration, Eckardt score, manometric parameters and treatment outcome.

#### Results

Nestin-positive ENPCs were observed in both achalasia and control. Immature PGP9.5- and nNOS-labeled axons which coexpressed Nestin were also found in both groups. A significant reduction of Nestin-positive cells, PGP9.5- and nNOS-labeled axons was observed in achalasia. Number of immature nitrenergic axons (Nestin+nNOS+) significantly correlated with manometric achalasia subtypes. Type 2 achalasia exhibited a more severe loss of both ENPC, immature and mature axons innervation, while type 1 achalasia was characterized by retained ENPC and immature nitrenergic axons, along with severe depletion of mature axons (Nestin-nNOS+).

#### Conclusions

Neurogenesis was generally impaired in achalasia, as evidenced by decreased number of Nestin-positive ENPC. Neurodegeneration in type 2 achalasia might result from the loss of ENPC, while maturation disorders of nitrenergic neurons was observed in type 1 achalasia. The pathophysiology of each manometric subtype was possibly distinct.





## Session IV: Video/Free Paper Session

### Should Acid Exposure Time for Diagnosing Actionable Gastro-Oesophageal Reflux Disease be Different in the Asian Population?

**Tung ECH**, Wong IYH, Wong CLY, Chan KK, Law BTT, Chan FSY, Law SYK  
 Department of Surgery, The University of Hong Kong, Kong Kong SAR, China

#### Aim

The Lyon Consensus 2 for actionable gastro-esophageal reflux disease (GERD) newly includes Los Angeles (LA) Grade B or above esophagitis and exceeding Acid Exposure Time (AET) of 6% on pH monitoring. Seoul consensus 2020 provides evidence of applying different AET to the Asian population. This study aims to provide an AET for diagnosing actionable GERD in our Asian population.

#### Methods

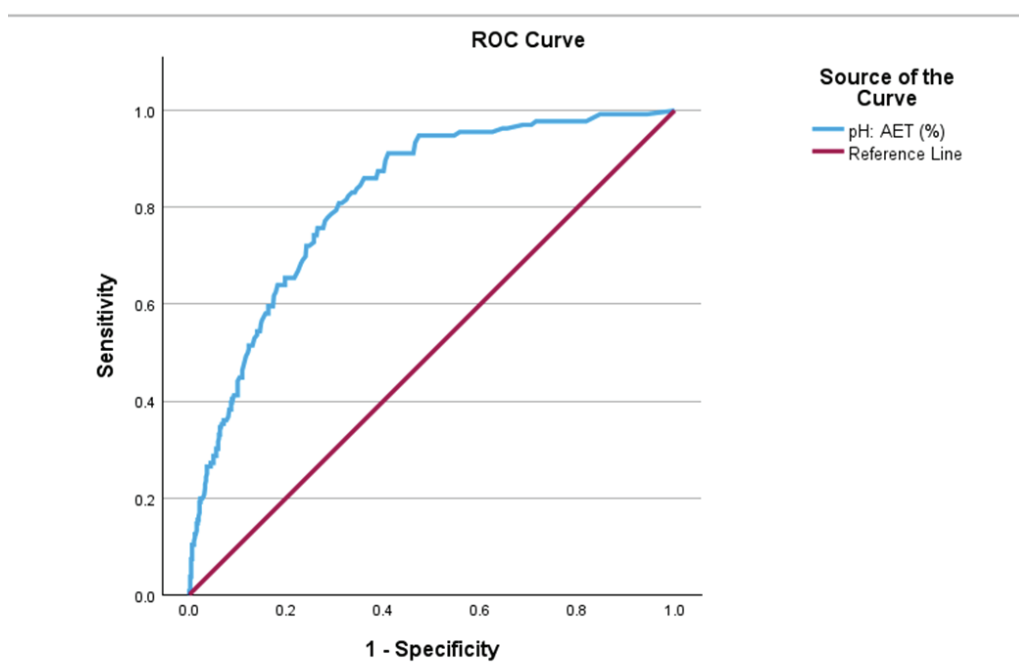
Retrospective analysis of 2 cohorts of patients with GERD symptoms was performed: 2011 to 2023 in Queen Mary Hospital and January 2022 to October 2023 in PLA Rocket Force Characteristic Medical Centre. Inclusion criteria are: patients who underwent endoscopic workup, ambulatory pH monitoring and high-resolution manometry; exclusion criteria are: history of upper gastrointestinal surgery and achalasia. Sensitivity, specificity and area under the ROC curve of different AET were calculated.

#### Results

A total of 658 patients were included. Sensitivity and specificity for predicting LA Grade B or above oesophagitis were: AET 3.2% (91.2%, 55.6%), AET 4.0% (87.5%, 61.1%), AET 6.0% (74.3%, 73.8%). Area under curve (AUC) was highest for patients with AET of 3.55% (75.1%).

#### Conclusion

This study demonstrates that the highest AUC was at AET of 3.55% in our population, suggesting applying a different AET threshold in our population to diagnose actionable GERD would be more suitable.



## Session IV: Video/Free Paper Session

### Development of Elastic Net Regression-SMOTE Models to Predict Postoperative Gastroesophageal Reflux Symptom Resolution after Laparoscopic Nissen Fundoplication

Mr. Inhyeok LEE<sup>1</sup>, Mr. Sangjun PARK<sup>2</sup>, Dr. Wafa Ali A ALJARBOU<sup>1</sup>, Dr. Khalid Nasser ALKADAM<sup>1</sup>, Dr. Mohannad ELEDREESI<sup>1</sup>, Dr. Jeong Woo KIM<sup>1</sup>, Dr. Inyoung LEE<sup>1</sup>, Dr. Yeongkeun KWON<sup>1</sup>, Dr. Jae Seok MIN<sup>1</sup>, Prof. Sungsoo PARK<sup>1</sup>

<sup>1</sup>Division of Foregut Surgery, Korea University College of Medicine, <sup>2</sup>Department of Medicine, Korea University College of Medicine

#### Background

Pathological acid exposure, a key diagnostic measure for gastroesophageal reflux disease (GERD), is not effective in predicting GERD symptom resolution after laparoscopic Nissen fundoplication (LNF). Though several predictors of symptom improvement after LNF have been studied, a comprehensive model that integrates the results of endoscopy, 24-hour esophageal pH monitoring, and manometry is absent.

#### Methods

114 patients who underwent LNF between 2017 and 2023 were included in the study. Preoperative and postoperative symptoms were evaluated using the Korean version of the GERD questionnaire. Fourteen models were developed to predict heartburn or regurgitation improvement using manometry or 24-hour pH monitoring or both. All models also included the results of endoscopy. Elastic Net regression with repeated 5-fold cross-validation was employed for modeling, with synthetic minority over-sampling technique (SMOTE) methods applied to oversample the minority class. Model performance was evaluated using the area under the receiver operative characteristic curve (AUROC), accuracy, precision, recall, and F1 score.

#### Results

The model that included both manometry and 24-hour esophageal pH monitoring results demonstrated the highest performance in predicting both heartburn resolution (AUROC: 0.915, accuracy: 0.888, precision: 0.965, F1 score: 0.866) and regurgitation resolution (AUROC: 0.978, accuracy: 0.927, precision: 0.999, F1 score: 0.913). Other models also achieved excellent performance, with AUC values above 0.75.

#### Conclusion

Elastic Net regression-SMOTE models performed well in predicting symptom resolution following LNF, with the best performance observed when both manometry and 24-hour esophageal pH monitoring results were included. Further studies require a larger number of participants to minimize the risk of overfitting.





## Session IV: Video/Free Paper Session

### Safety of Linx Device Removal

**Dr. Jia Jun Ang**<sup>1</sup>, A/Prof Asim Shabbir<sup>1</sup>

<sup>1</sup>National University Hospital

#### Background

The LINX device, a magnetic sphincter augmentation system, is designed to treat gastroesophageal reflux disease (GERD) in patients who do not achieve sufficient symptom relief with medical therapy. While generally effective, some patients may require removal due to adverse effects, including dysphagia, pain, or device-related complications.

#### Case Presentation

A 69-year-old patient with a history of refractory GERD and hiatal hernia initially experienced symptom relief after LINX implantation. However, within 18 months, the patient developed progressive dysphagia and chest discomfort unresponsive to conservative treatments. Evaluation revealed the need for LINX device removal. A laparoscopic approach was used, ensuring minimal disruption to the oesophagus and surrounding structures. Minor adhesions and a fibrous capsule around the device were noted intraoperatively and managed without significant complications.

#### Outcomes

Following device removal, the patient's symptoms of dysphagia and discomfort fully resolved. Notably, there was no recurrence of GERD symptoms or dysphagia over six weeks of follow-up, demonstrating the effectiveness and safety of LINX removal when performed by experienced surgeons.

#### Conclusion

This case highlights that LINX device removal can be safe and effective, with minimal risk of complications. It underscores the importance of ongoing monitoring and assessment of LINX patients for potential removal indications. Further studies are warranted to refine removal techniques and optimize patient selection criteria to ensure favourable outcomes and patient safety.



# ABSTRACT

## Hands-on Workshop

**Carol Chow**

Keck School of Medicine of University of Southern California  
U.S.A.

### **Post-op Patient Management / Complications**

LINX surgery is so unique because it is not just a surgery, rather, it is a procedure that is so dependent on proper post-operative management. To ensure quality outcomes, we must preserve the post-operative care and continue providing education to surgeon's and their nurses.

There are many common, expected side effects after LINX surgery and it is important to understand that there are medical and endoscopic treatments available. We have learned that timing of these interventions is imperative to consider when managing the postoperative LINX patient. In order to optimize patient outcomes, the surgeon and the entire staff should understand proper postoperative management to in caring for the LINX patient.

# LOCATION MAP

## Physical Venue for Masterclass on 14 December 2024

Boardroom, 1/F, Daniel & Mayce Yu Administration Wing, Faculty of Medicine Building,  
21 Sassoon Road, Pokfulam, Hong Kong

## Physical Venue for Hands-on Workshop on 15 December 2024

Surgical Skills Centre, Department of Surgery, School of Clinical Medicine, HKU Med,  
10/F, Laboratory Block, Faculty of Medicine Building,  
21 Sassoon Road, Pokfulam, Hong Kong





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For more information:

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1. Carlson, Dustin A., et al. "Evaluation of esophageal motility utilizing the functional lumen imaging probe (FLIP)." *The American journal of gastroenterology* 111.12 (2016): 1726.

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† Based on a retrospective analysis of 1-year outcomes of patients undergoing MSA and LNF from June 2010 to June 2013. Matched-pair analysis of 100 patients. More LNF patients were unable to belch (8.5% of MSA and 25.5% of LNF;  $p=0.028$ ) or vomit (4.3% of MSA and 21.3% of LNF;  $p=0.004$ ).

**References:** 1. Ganz R, Edmundowicz S, Taiganides P, et al. Long-term Outcomes of Patients Receiving a Magnetic Sphincter Augmentation Device for Gastroesophageal Reflux. *Clin Gastroenterol Hepatol*. 2016. 14(5):671-7. 2. Reynolds J, Zehetner J, Wu P, et al. Laparoscopic Magnetic Sphincter Augmentation vs Laparoscopic Nissen Fundoplication: A Matched-Pair Analysis of 100 Patients. *J American College of Surgeons*. 2015. 221(1):123-128. 3. LINX Reflux Management System, Instructions for Use. Ethicon, Inc.

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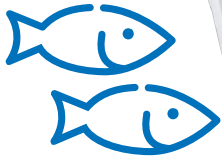






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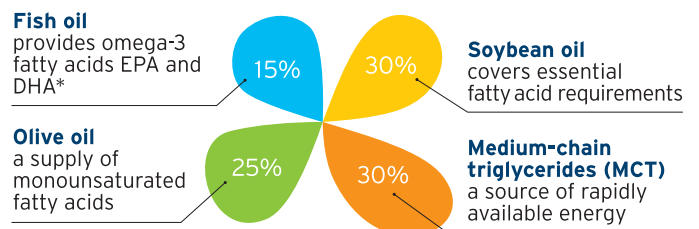
## Complete parenteral nutrition therapy with micronutrients

- All PN prescriptions should include a daily dose of multi-vitamins and trace elements<sup>2-3</sup>
- After surgery, in those patients who are unable to be fed via the enteral route, and in whom total or near total parenteral nutrition is required, a full range of vitamins and trace elements should be supplemented on a daily basis<sup>3</sup>

Approved for children ≥2 years

## SmofKabiven® contains unique SMOFlipid®

**SMOFlipid®** - A 4-oil mix with a well-balanced fatty acid pattern containing purified natural fish oil



\*EPA: eicosapentaenoic acid, DHA: docosahexaenoic acid

+additional vitamin E (approx. 200 mg α-tocopherol/liter) to counteract lipid peroxidation and oxidative stress<sup>4</sup>

## Dipeptiven® Glutamine



References: 1. L. Pradelli et al. Clinical Nutrition 33 (2014) 785-792 2. Singer et al. (2009) ESPEN Guidelines on Parenteral Nutrition: Intensive Care. Clinical Nutrition 28: 387-400 3. Braga et al. (2009) ESPEN Guidelines on Parenteral Nutrition: Surgery. Clinical Nutrition, 28: 378-386 4. Biesalski HK. Gastroenterology 2009;137(5):92-104 <http://www.espen.org/espenguidelines.html>



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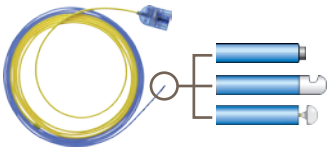
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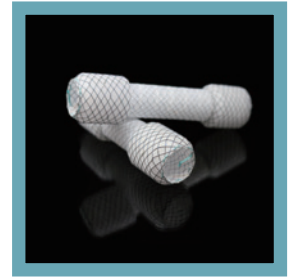
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ever been woken up by  
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**62%** of PPI-treated GERD patients  
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Dexilant<sup>®</sup> innovative **Dual Delayed-Release** technology results in prolonged\* plasma drug concentration<sup>2</sup>

\*>12-24 hour<sup>2</sup>

Dexilant<sup>®</sup> is indicated for healing of erosive esophagitis, maintenance of healed erosive esophagitis and symptomatic non-erosive GERD

Study design<sup>2</sup>: A phase 1, randomized, open-label, single-center, two-period crossover study to compare the pharmacodynamic effects of single doses of Dexilant 60 mg and esomeprazole 40 mg on 24-hour intragastric pH in 44 healthy adult subjects. The primary endpoints were percentage of time intragastric pH >4 and mean pH over 24 hrs. Secondary endpoints were percentage of time intragastric pH >4 and mean pH at 0-12 hrs and at >12-24 hrs. The healthy volunteer data from this study cannot be correlated with clinical response, no clinical significance is intended or implied.

Dexilant<sup>®</sup> Safety information: Contraindications: hypersensitivity to any component of the formulation, rilpivirine-containing products. Most Frequent Adverse Reactions: diarrhea, abdominal pain, nausea, upper resp tract infection, vomiting & flatulence. Serious Adverse Reactions: acute interstitial nephritis, Clostridium Difficile associated diarrhea, bone fracture, cutaneous lupus erythematosus and systemic lupus erythematosus, cyanocobalamin (Vitamin B-12) deficiency, hypomagnesemia, fundic gland polyps, risk of heart valve thickening in pediatric patients < 2 years of age.

References: 1.Goh KL, et al. J Gastroenterol Hepatol 2014;29:1969-75. 2.Kulkulka M, et al. Clin Exp Gastroenterol 2011;4:213-20. 3.Dexilant prescribing information (USPI-NOV2020-HK-JUN2021)

**DEXILANT<sup>®</sup> Delayed-Release Capsules Abbreviated Prescribing Information (USPI-NOV2020-HK-JUN2021)**

**Active ingredient:** Dexlansoprazole **Indications:** in patients 12 years of age and older for healing & maintenance of all grades of erosive esophagitis up to 8 weeks; In patients 12 years of age and older to maintain healing of EE and relief of heartburn, may be used up to 6 months in adults and up to 16 weeks in patients 12-17 years of age; In patients 12 years of age and older for the treatment of heartburn associated with symptomatic non-erosive GERD. **Dosage:** Erosive esophagitis 60mg once daily for 8 weeks, 30mg once daily for maintenance. Symptomatic non-erosive GERD 30mg once daily for 4 weeks. **Administration:** Swallow whole. Alternatively, cap may be opened & entire contents sprinkled in a tbsp of applesauce. Swallow immediately without chewing. Cap may also be opened and granules can be administered with water in an oral syringe or via a nasogastric tube (≥ 16 French). **Contraindications:** Hypersensitivity including anaphylaxis, anaphylactic shock, angioedema, bronchospasm, acute tubulointerstitial nephritis and urticaria. **Special Precautions:** Gastric malignancy, acute tubulointerstitial nephritis, Increased Risk of Gastrointestinal Infections and Clostridium Difficile Associated Diarrhea, bone fracture, Cutaneous lupus erythematosus and systemic lupus erythematosus, Vitamin B-12 deficiency, hypomagnesemia, interactions with investigations for neuroendocrine tumors, interaction with methotrexate, fundic gland polyps and risk of heart valve thickening in pediatric patients less than two years of age. **Adverse Reactions:** Diarrhea, abdominal pain, nausea, upper resp tract infection, vomiting & flatulence. **Interactions:** Atazanavir, rilpivirine, digoxin, Fe salts, ketoconazole, warfarin, tacrolimus & rifampin.

For details, please consult full prescribing information.

For reporting suspected side effects for Takeda products: AE.HongKong@takeda.com. For asking medical information and other inquiries for Takeda products: medinfohk@takeda.com



Takeda Pharmaceuticals (Hong Kong) Limited  
23rd & 24th Floor, East Exchange Tower  
38 Leighton Road, Causeway Bay, Hong Kong | Tel: 2133 9800 | Fax: 2856 2728

