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Masataka Kikuyama

Tokyo Metropolitan Cancer and Infectious Diseases Komagome Hospital, Tokyo, Japan

Early diagnosis of pancreatic cancer to improve the poor prognosis

Pancreatic cancer (PC) has a poor prognosis. Generally, the diagnosis of PC is delayed. To improve the poor prognosis, early diagnosis is needed. For early diagnosis of PC, patients with clinical manifestations suggestive of PC and high risks for developing PC need to be selected for examining PC. The signs suggesting PC such as abdominal symptoms, DM onset, or acute pancreatitis should not be missed, and the detail of risks for PC including IPMN, chronic pancreatitis, or heredity of PC should be understood. For diagnosing PC, computed tomography (MDCT), magnetic resonance imaging (MRI), and positron emission tomography (PET) could be selected, while the diagnostic ability of these examinations for early stage PC is limited. Recently, endoscopic diagnostic procedures such as endoscopic ultrasonography including fine-needle aspiration has been widely accepted for diagnosing PC, including small PC, and endoscopic retrograde pancreatocholangiography using serial pancreatic-juice aspiration cytologic examination (SPACE) has been developed for a detailed examination to diagnose earlier pancreatic cancer, including carcinoma in situ.

Biography

Masataka Kikuyama is a Director of Gastroenterology in Tokyo Metropolitan Cancer and Infectious Disease Komagome Hospital. He received his M.D. degree in 1985 and Ph.D. degree in 1996 from Hamamatsu University School of Medicine. Dr. Kikuyama focuses on early diagnosis of pancreatic cancer and endoscopic procedures in pancreatobiliary diseases, especially in post-surgery state. Dr. Kikuyama and his co-workers have studied the strategy for diagnosing pancreatic cancer at the early stage and reported the usefulness of endoscopic ultrasonography and repeated pancreatic juice cytology using nasopancreatic tube (Serial Pancreatic-juice Aspiration Cytologic Examination, SPACE) for that.

kikuyama110@yahoo.co.jp

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Noriyuki Nishino
Southern TOHOKU hospital at Fukushima, Japan

Advantage of Contrast-Assisted Cannulation on ERCP

To evaluate difficulty to access bile duct(BD), we had conducted to clarify anatomical intra-ampullary bifurcation(IAB). Then we have been consecutively performed ERCP with contrast-assisted cannulation(CAC). We show its variation and classification out of our accumulation. In addition, we call for attention for intra-ampullary choledochocele (IAC), it is recognized a tiny cyst on midway of BD within ampulla, would require refractory pursuit the deformed axis. Our strategy was carried out with contrast medium injection, a selective cannulation to BD was completed by a catheter operation only without guide wire(GW) seeking. The following factors were evaluated; papilla shape, number of orifices, angle of IAB and presence of IAC. Ampulla shape with long protrusion (LN) with vertical branch (T) with IAC is especially intractable to track the axis alignment. There were 2177 cases with naive papilla out of 4039 in total for 13 years. The success rate to access BD was 97.9% and overall post-ERCP pancreatitis was 1.6%. IAC was confirmed in 157(7.2%) out of 2177. Eligible cases were 1534 with injection into both of BD and pancreatic duct. Papilla shape with LN was 916(56.7%), figure T bifurcation within ampulla was 276(30.1%) out of them. The difficulty on ERCP was morphologically evaluated by IAB. IAC is only recognized by CAC, even GW would not trace the deformed axis. IAC would be one of the factor for difficult ERCP, therefore CAC would be a preferable strategy to identify the presence of IAC. Careful treatment under knowledge of IAB would provide secure and certain ERCP.

Biography

Noriyuki Nishino, director of the Gastroenterology Center of Southern TOHOKU hospital, Koriyama, was born in Hokkaido, Japan, June 2, 1961. He graduated Jichi Medical University in 1987. He worked at Rishiri Island Central Hospital between 1991-93, as the Director of Hospital between 1995-97. His career of endoscopy is estimated up to 5,000 on ERCP, 20,000 on Upper Endoscopy and 5,000 on Colonoscopy. Board Certified Trainer of the Japan Gastroenterological Endoscopy Society,1992. Board Certified Fellow of the Japan Gastroenterological Endoscopy Society,1992. Board Certified Gastroenterologist of the Japanese Society of Gastroenterology,1992. Board Certified Biliary Gastroenterologist of the Japanese Biliary Association, 2011.

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Mei Lu

Henry Ford Health System, Detroit Michigan 48202, United States

Factors associated with prevalence and treatment of primary biliary cholangitis in United States health systems

Background & Aims: Reported prevalence of primary biliary cholangitis (PBC) varies widely. Demographic features and treatment patterns are not well characterized in the United States (US). We analyzed data from the Fibrotic Liver Disease (FOLD) consortium, from 11 geographically diverse health systems, to investigate epidemiologic factors and treatment of PBC in the US.

Methods: We developed a validated electronic health record-based classification model to identify patients with PBC in the FOLD consortium database, from 2003 through 2014. We used multivariable modeling to assess the effects of factors associated with PBC prevalence and treatment with ursodeoxycholic acid (UDCA).

Results: We identified 4,241 PBC cases among over 14.5 million participants in the FOLD consortium health systems, followed for a median 5 years. The classification model identified patients with PBC with an area under the receiver operating characteristic curve value of 93%, with 94% sensitivity and 87% specificity. The average patient age at diagnosis was 60 years; 21% were Hispanic, 8% were African American, and 7% were Asian American/American Indian/Pacific Islander. Half of the cohort (49%) had increased levels of alkaline phosphatase, and overall, 70% were treated with UDCA. The estimated 12-year prevalence of PBC was 29.3 per 100,000 persons. Adjusted prevalence values were highest among women (42.8 per 100,000), White patients (29.6 per 100,000), and patients 60–70 yrs old (44.7 per 100,000). Prevalence was significantly lower among men and African Americans (10.7 and 19.7 per 100,000, respectively); men and African Americans were also less likely to receive UDCA treatment than women or Whites (odds ratios, 0.6 and 0.5, respectively; $P<.05$).

Conclusion: In an analysis of a large cohort of patients with PBC receiving routine clinical care, we observed significant differences in PBC prevalence and treatment by sex, race, and age.

Biography

Mei Lu, a senior scientist and biostatistician, has over 25 years of experience with Data Coordinating Center (DCC) research projects for multi-center clinical trials and observational studies. She is Director of the DCC for multi-center observational Chronic Hepatitis Cohort Study (CHeCS), and Principal Investigator (PI) and director of DCC Fibrotic Liver Disease (FOLD) Consortium. She is committed to applying comparative effectiveness research (CER) principles and methods to improve rigor in observational studies and use of automated, electronic health record-based, validated classification models for disease identification. She has co-authored over 250 publications and served as scientific reviewers for many NIH study sections.

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Sung Soo Kim

Department of Biochemistry and Molecular Biology
Kyung Hee University School of Medicine, Korea

Role of cyclophilin B in hepatocellular and colon cancer

Cyclophilin B (CypB) performs diverse roles in living cells, but its role in hepatocellular carcinoma (HCC) is largely unclear. To reveal its role in HCC, we investigated the induction of CypB under hypoxia and its functions in tumor cells in vitro and in vivo. Here, we demonstrated that hypoxia-inducible factor 1α (HIF-1α) induces CypB under hypoxia. Interestingly, CypB protected tumor cells, even p53-defective HCC cells, against hypoxia- and cisplatin-induced apoptosis. Furthermore, it regulated the effects of HIF-1α, including those in angiogenesis and glucose metabolism, via a positive feedback loop with HIF-1α. The tumorigenic and chemoresistant effects of CypB were confirmed in vivo using a xenograft model. Finally, we showed that CypB is overexpressed in 78% and 91% of the human HCC and colon cancer tissues, respectively, and its overexpression in these cancers reduced patient survival.

Conclusions: These results indicate that CypB induced by hypoxia stimulates the survival of HCC via a positive feedback loop with HIF-1α, indicating that CypB is a novel candidate target for developing chemotherapeutic agents against HCC and colon cancer.

Biography

Sung Soo Kim is currently the director of Medical Research Center for Reactive Oxygen Species which has been supported for 16 years and will be supported for 9 more years. He graduated from Kyung Hee University School of Medicine in 1982 and got PhD from SUNY at Buffalo, USA, in 1992. He served as a president for Korean Society for Biochemistry and Molecular Biology and Korean Society for Free Radical Biology. He published more than 110 papers in international journals such as Hepatology, Journal of Hepatology, Cancer Research, etc.

sgskim@khu.ac.kr