

Third Recipient of the International Observership in Hepato-Pancreatic-Biliary Surgery

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I was chosen, as the third recipient of the International Observership in Hepato-Biliary-Pancreatic Surgery, to go to Virginia Mason Medical Center (Seattle, WA), UCLA Medical Center (Los Angeles, CA), and Mayo Clinic (Rochester, MN) from April 2000 to October, 2001. It was an honor, as not many people get to experience this. I would first like to thank Dr. Tadataka Takada, Dr. Yoshifumi Kawarada, and the other doctors of the Japan Society of Hepato-Biliary-Pancreatic Surgery as well as the host doctors in the U.S. I would also like to express my gratitude to Dr. Yuji Nimura and other doctors in the Division of Surgical Oncology of Nagoya University Graduate School of Medicine.

When I was in the U.S., the economic situations in both Japan and the U.S. were strained. Along with the 9-11 terrorist attack, we had the Ehime Maru incident in Hawaii, an energy crisis in California, an inarticulate U.S. presidential election, and illegal accounting in major corporations—all while I was there. My study, however, went smoothly with very few troubles.

The International Observership program is sponsored by the Japan Society of Hepato-Biliary-Pancreatic Surgery, and the aim of the program is clinical study of pancreatic surgery abroad. Because we are not licensed to practice medicine in the U.S., the main aim is to observe surgeries and conduct clinical research. There are differences between Japan and the U.S. in the medical insurance system, surgery indications, surgical techniques, and post-operative management. Recently, in many medical fields, the American way has become the global standard for good and bad, so understanding the differences was my personal goal for participation in the program.

At VMMC in Seattle, I studied under Dr. L. William Traverso, who is famous for PPPD. The training there was the most challenging of trainings I received at the three institutions I visited. I made rounds with the Chief Resident before 6 AM daily, attended a conference daily, observed surgeries starting at 7:30 AM on Mondays and Wednesdays, starting at 8:30 AM on Fridays, and starting at 9 AM on other days. After surgery or after outpatient visits, we made another round starting at 7 PM and finishing around 8 PM.

When Dr. Traverso was on-call, I had the chance to be in OR with clinical residents. In the late afternoons, when I had time between surgery and the outpatient visits and also on the weekends, I conducted clinical research on IPMT (intraductal papillary mucinous tumor). I gave an oral presentation on this topic at the Pancreas Club Meeting and at the SSAT (Society for Surgery of the Alimentary Tract) Plenary Session in 2002. I wrote and published a paper (Kitagawa Y, Unger TA, Kozarek RA, Traverso LW. Mucus is a predictor of better prognosis and survival in patients with intraductal papillary mucinous tumor of the pancreas. *J Gastroenterol Surg* 7:12-19, 2003). I also conducted a comparative study of IPMT in the US and that in Japan (Nagoya University School of Medicine Department of Surgery 1/Organ Control Surgery, and gave an oral presentation of the study findings at the World Congress of Gastroenterology 2002.

At UCLA Medical Center, I observed pancreatic surgeries, attended the outpatient clinic twice a week, and attended conferences twice a week. My visa limited my access to hospital data, and I could not engage in clinical study. This visa problem was the biggest obstacle I faced during my participation in the program.

At Mayo Clinic, I studied under Dr. Michael Sarr, but he was not performing pancreatic surgeries. He was performing mainly obesity surgeries and doing spade work in intestinal motility in dog models of pancreaticoduodenectomy. Therefore, I observed pancreatic surgeries performed by Dr. Michael Farnell 2-3 times a week and pancreatojejunostomies performed by Dr. David Nagorney 2-3 times a week. Depending on the surgery schedule, I attended and saw general surgeries such as laparoscopy and internal secretion. In the latter part of my rotation there, under Dr. Farnell, I did a clinical study on pancreatojejunostomy leakage.

This program enabled me to see real clinical training and obtain knowledge from clinical studies. It also gave me the opportunity to get to know world-class specialists and experts. I was very impressed with how surgeons in the U.S. treat their patients and conducted clinical studies. I was greatly impressed with how chief residents spend their day in clinical practice and training, with their respect for evidence-based clinical training, with their abundant knowledge, and with their presentation and debate techniques. Since returning to Japan 2 years ago, I have been applying the knowledge I obtained in the U.S. to my clinical training and research. I have also forced myself to make at least two oral presentations per year and write at least two papers in English.