



Asian Pacific Digestive Week  
**APDW 2018**

November 15(Thu) - 18(Sun), 2018  
Coex, Seoul, Korea

# **Research in Endoscopy: *Is this for me and how do I start ?***

*Professor Krish Ragnath*

*MBBS MD DNB MPhil FRCP(Lond) FRCP(Edin) FASGE*

*Chair WEO Research Committee*

*NIHR Nottingham Digestive Diseases Biomedical Research Centre*

*Nottingham University Hospital, UK*



# Disclosure

Research support, educational grants, consultancy, speaker honoraria:

- Olympus
- Pentax
- Cook
- Boston Scientific
- Covidien
- CDX Diagnostics
- Astra Zeneca



# Definition of Research

The systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions.

Oxford Dictionary



# Why do we need research?

- High value to population and society
- Provides important information about disease trends, risk factors, outcomes of interventions and cost of health care delivery
- Data and sample collection can be used for secondary research in epidemiology, health service, genetics and public health interventions
- Allows Invention and Innovation in health care
- Forms the platform for evidence based medicine

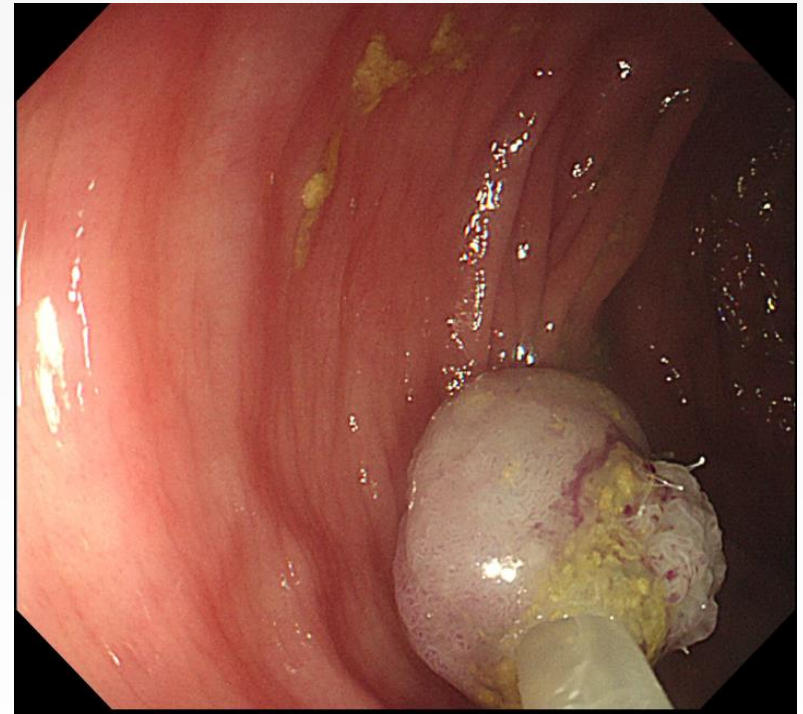
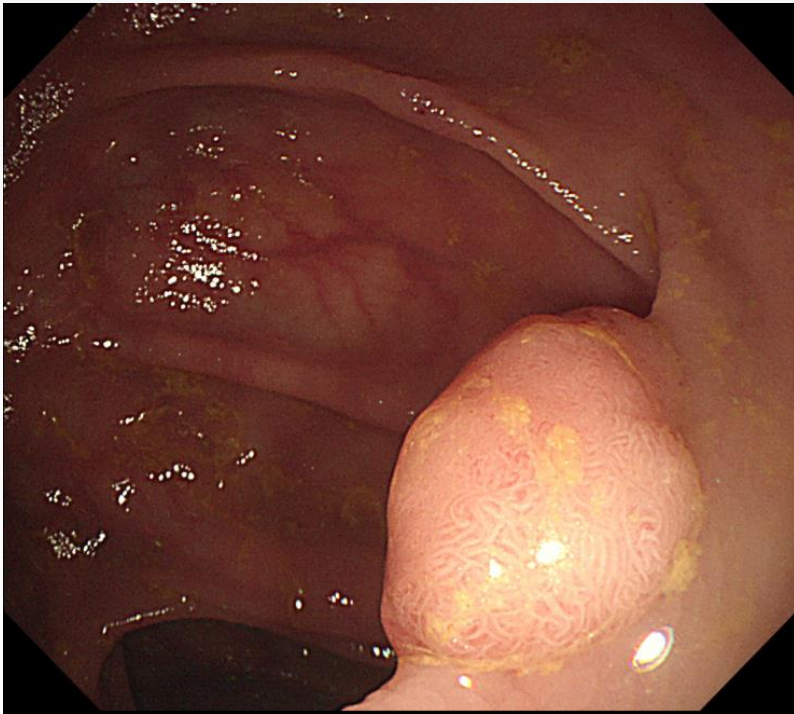




**I never predict. I just look out of the window and see what is visible—but not yet seen.**

***Peter F Drucker 1909-2005***

# Colon polyp



# The New England Journal of Medicine

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## **PREVENTION OF COLORECTAL CANCER BY COLONOSCOPIC POLYPECTOMY**

SIDNEY J. WINAWER, M.D., ANN G. ZAUBER, PH.D., MAY NAH HO, M.S., MICHAEL J. O'BRIEN, M.D.,  
LEONARD S. GOTTLIEB, M.D., STEPHEN S. STERNBERG, M.D., JEROME D. WAYE, M.D.,  
MELVIN SCHAPIRO, M.D., JOHN H. BOND, M.D., JOEL F. PANISH, M.D., FREDERICK ACKROYD, M.D.,  
MOSHE SHIKE, M.D., ROBERT C. KURTZ, M.D., LYNN HORNSBY-LEWIS, M.D., HANS GERDES, M.D.,  
EDWARD T. STEWART, M.D., AND THE NATIONAL POLYP STUDY WORKGROUP\*







## Bowel Cancer Screening Programme

*For further information:*

*Freephone: 0800 707 60 60*

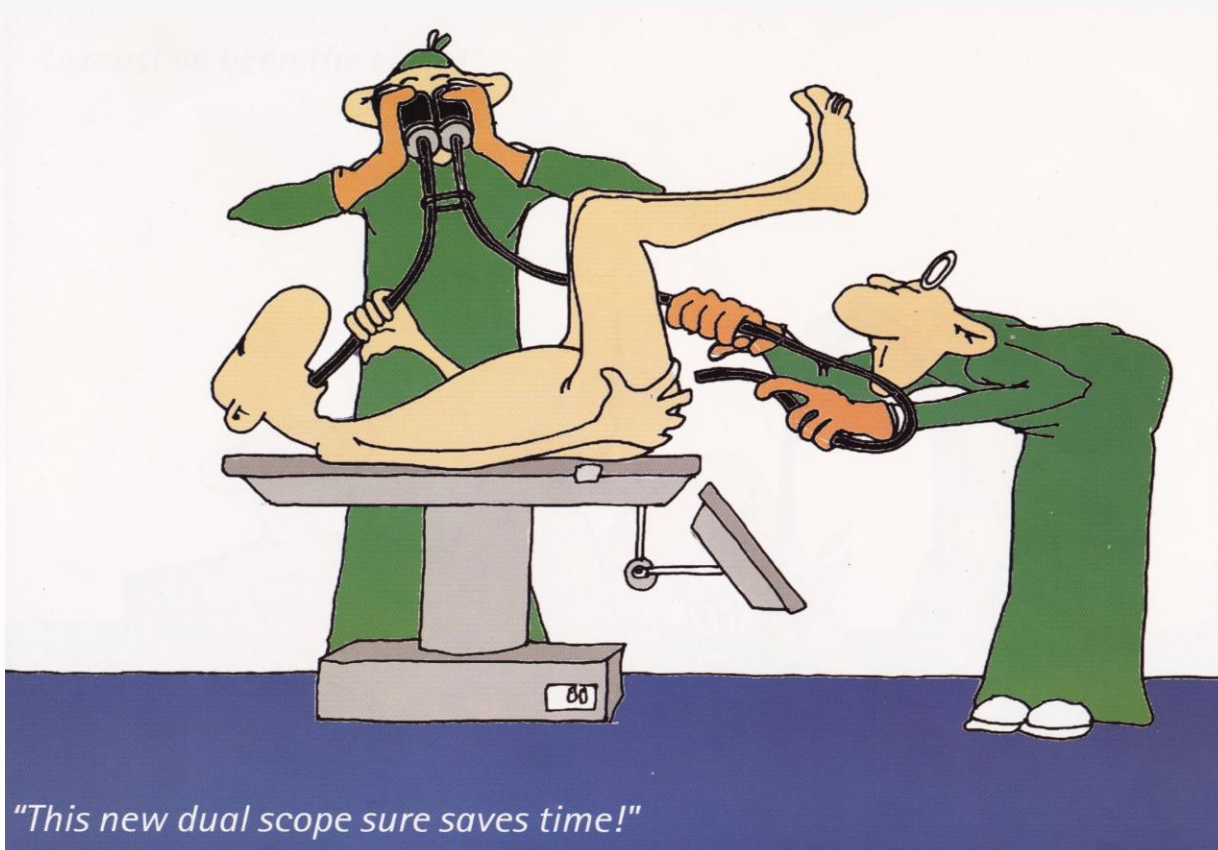
*Website: [www.cancerscreening.nhs.uk](http://www.cancerscreening.nhs.uk)*







# Inventions & Innovations



**Invention** can be defined as the creation of a product or introduction of a process for the first time.

**Innovation**, on the other hand, occurs if someone improves on or makes a significant contribution to an existing product, process or service.

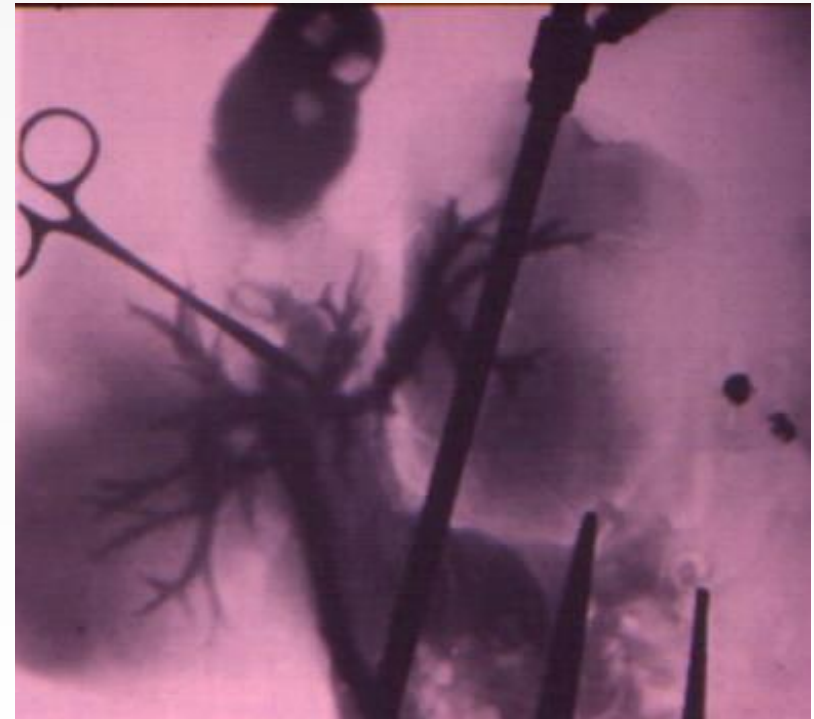
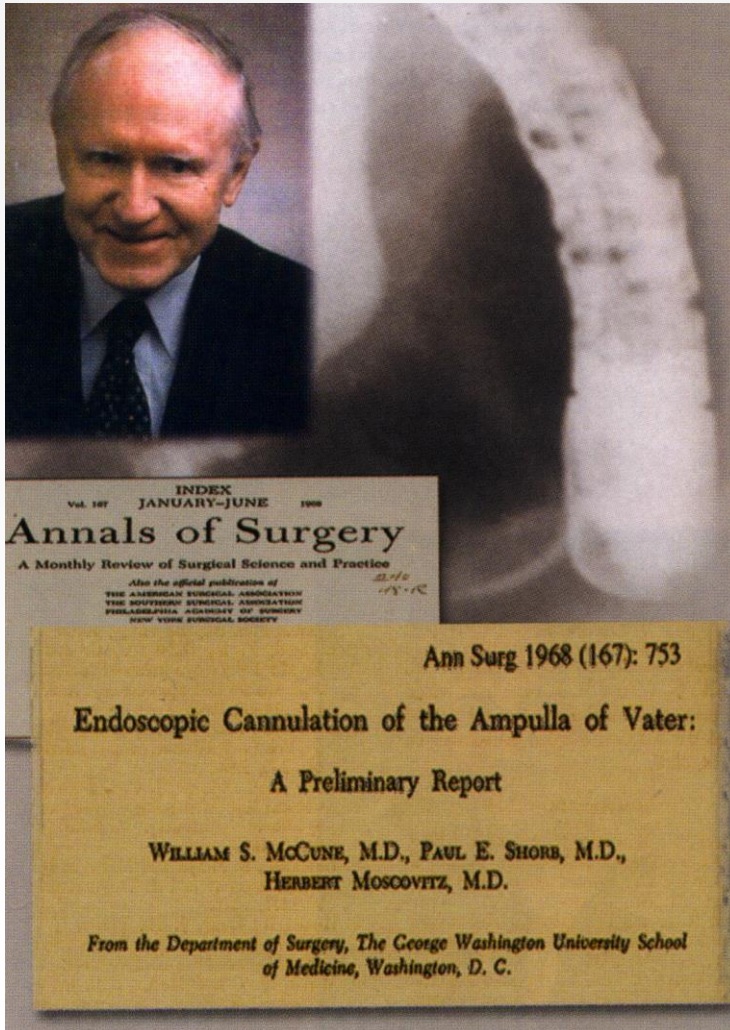


# First Fibreoptic endoscopy

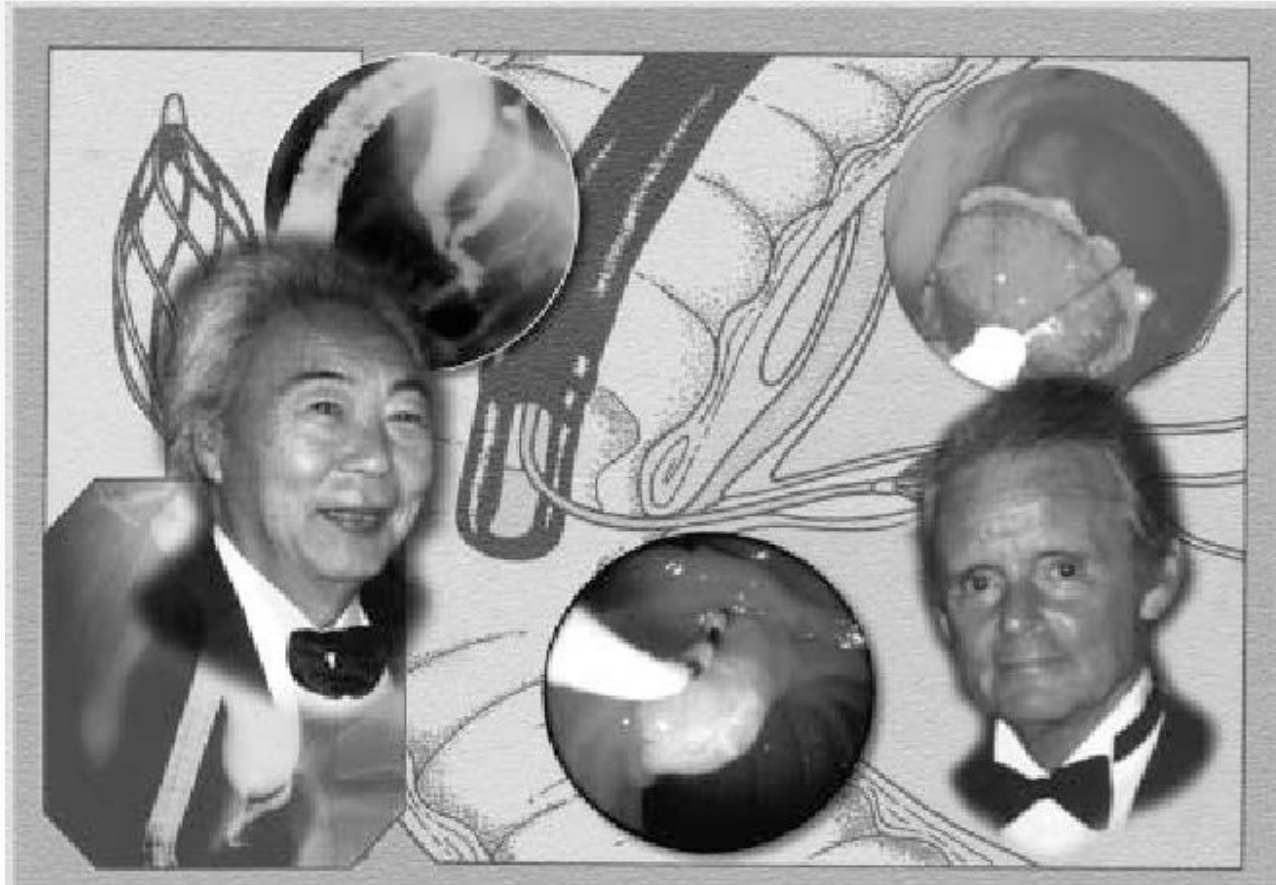




# First ERCP 1968



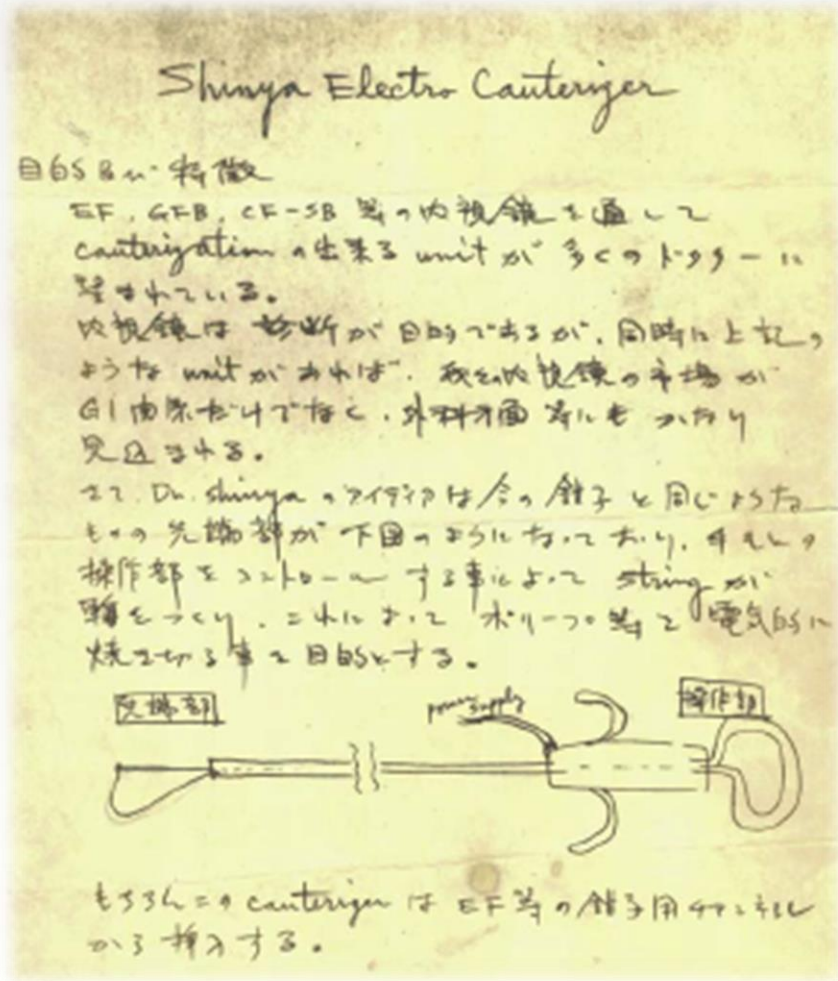
# Endoscopic sphincterotomy 1973



**K. Kawai, Y. Akasaka, et al**  
**Gastrointest Endosc 1974; 20: 148-151**

**M. Classen, L. Demling**  
**Dtsch med Wschr 1974; 99: 496-497**

# Sketch of the 1<sup>st</sup> polypectomy snare design, New York, Jan'69



**Hiromi Shinya & Hiroshi Ischikawa,**  
Beth Israel Hospital, New York.1969



## Colonoscopic Polypectomy with Local Injection of Methylene Blue

AKIHIRO MUNAKATA and YOSHIHARU UNO

*The First Department of Internal Medicine, Hirosaki University School of Medicine, Hirosaki 036*

MUNAKATA, A. and UNO, Y. *Colonoscopic Polypectomy with Local Injection of Methylene Blue.* Tohoku J. Exp. Med., 1994, 173 (4), 377-382 — For safer and complete colonoscopic polypectomy of large broad-based adenomas, we attempted submucosal injection of methylene blue before electrosurgical snare excision. Twenty-five large broad-based sessile adenomas 20 mm or more in diameter were resected. Methylene blue was injected about 2 mm away from the edge of the lesion. After injection, the lesion appearing as a blue bleb was resected by snare polypectomy. All the lesions were completely resected by single-step polypectomy. During and after polypectomy, no complication occurred. Endoscopic resection of large sessile adenomas with the aid of submucosal injection of methylene blue thus appears to be safe and effective. ——— large broad-based adenoma; colonoscopic polypectomy



EMR

Endoscopic polypectomy of colonic adenomas is a common procedure and is widely accepted throughout the world (Shinya 1982). However, there are still some problems to be solved, including incomplete resection, and perforation (Habr-Gama and Wayne 1989). In particular, for large broad-based sessile lesions, excision by conventional polypectomy carries a relatively high risk of colonic perforation (Hunt 1983). This is because polypectomy of these lesions requires a higher degree of thermal coagulation than for pedunculated lesions. Incomplete resection is also more likely to occur in broad-based lesions (Christie 1977), since the lesion boundary is difficult to identify, and snare removal of the lesion is extremely difficult.

Previously, we have reported a methylene blue injection method that facilitates endoscopic resection of colonic submucosal tumors (Uno et al. 1992), and also the endoscopic removal of the largest semipedunculated lipoma reported hitherto in the world (Uno et al. 1993). In this article, we report our results for the methylene blue injection method in a series of large broad-based adenomas.

Received May 6, 1994; revision accepted for publication June 30, 1994.

Address for reprints: Yoshiharu Uno, M.D., The First Department of Internal Medicine, Hirosaki University School of Medicine, Hirosaki 036, Japan.



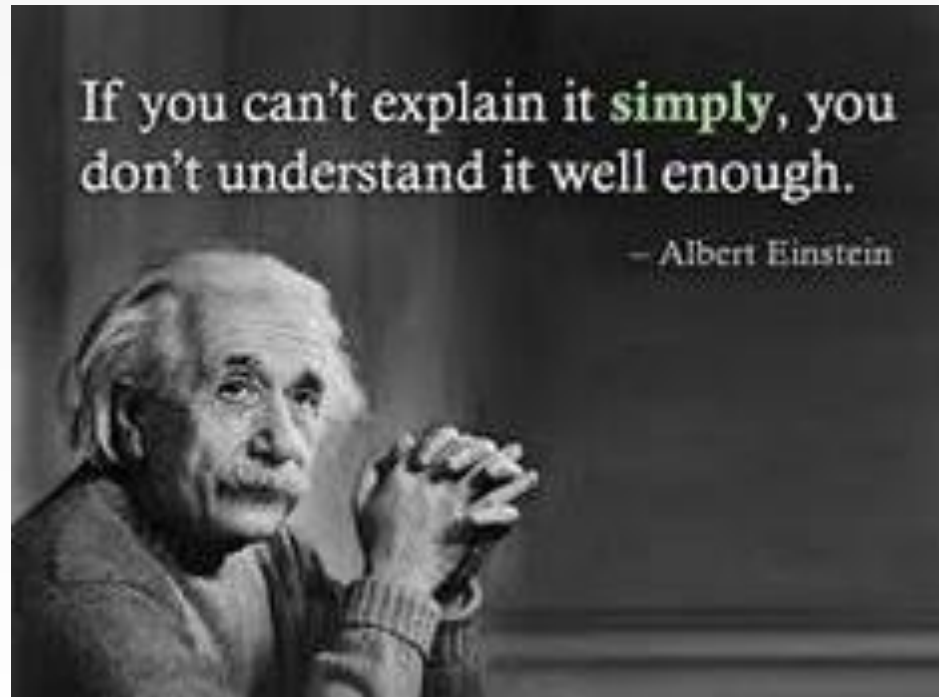
# Invention & Innovation



**If you have a question:  
there it is..you have research to do!**



# Start small and keep it simple



**Write down what you are aiming to do: *it becomes a protocol* !**



# Setting Research Priority



Patient centered

# Key things to consider

## Feasibility & Funding





# IRB & Ethics approval

The **Declaration of Helsinki** (DoH) is a set of ethics regarding human experimentation developed for the medical community by the World Medical Association (WMA). It is widely regarded as the cornerstone document on human research ethics.

***JAMA. 2013;310(20):2191-2194.***

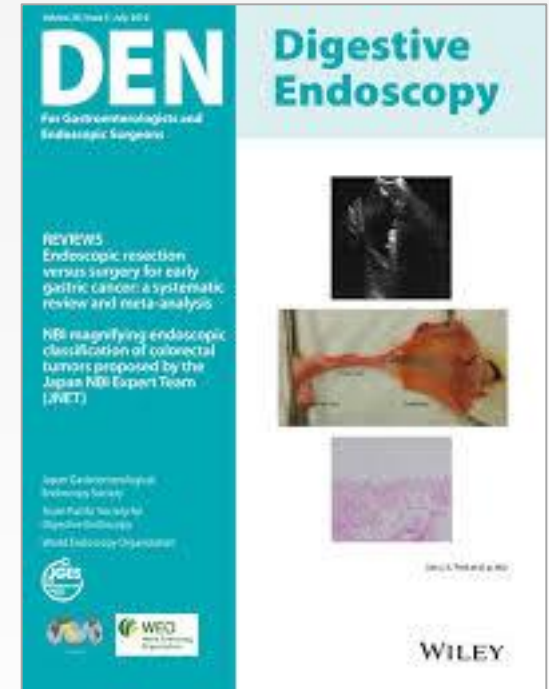
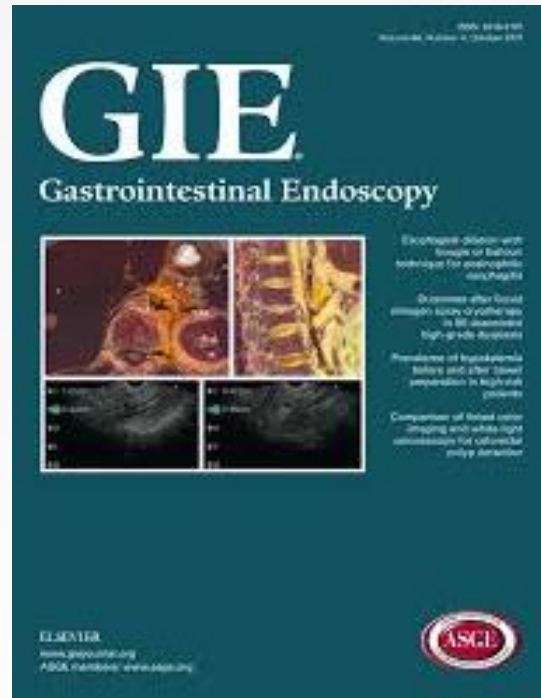


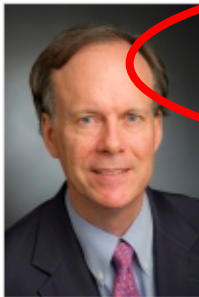
# Who to involve?

- Colleagues and cross specialty
- Patients and focus groups
- Biostatistician
- Funding agencies / Charity
- IRB / ethics committee



# Publication





Sam Ogden

# Publish houses of brick, not mansions of straw

Papers need to include fewer claims and more proof to make the scientific literature more reliable, warns [William G. Kaelin Jr.](#)

23 May 2017



PDF



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I worry about sloppiness in biomedical research: too many published results are true only under narrow conditions, or cannot be reproduced at all. The causes are diverse, but what I see as the biggest culprit is hardly discussed. Like the proverbial boiled frog that failed to leap from a slowly warming pot of water, biomedical researchers are stuck in a system in which the amount of data and number of claims in individual papers has gradually risen over decades. Moreover, the goal of a paper seems to have shifted from validating specific conclusions to making the broadest possible assertions. The danger is that papers are increasingly like grand mansions of straw, rather than sturdy houses of brick.



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nature  
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# Summary

- Research is for every clinician
- We owe it to our patients
- Start small and keep it simple
- Know your research priorities
- Work in a team / Ethics / IRB
- Publish your results



# THANK YOU

March 7-10, 2020  
Rio de Janeiro, Brazil

 **ENDO 2020**  
The future in focus  
2<sup>nd</sup> World Congress of GI Endoscopy

Save the date! January 2019: pre-registration opens  
March 2019: 1<sup>st</sup> call for abstracts

For more information,  
please visit:  
[www.endo2020.org](http://www.endo2020.org)



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