WEO research workshop in conjunction with Jakarta International GI Endoscopy symposium & Live demonstration 1stAugust'19

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

Krish Ragunath Chair WEO Research Committee Professor of Medicine, Curtin University Consultant Gastroenterologist, Royal Perth Hospital Perth, Australia





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 the population and society
- Provides important information about disease trends, risk factors, outcomes of interventions
- Informs 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



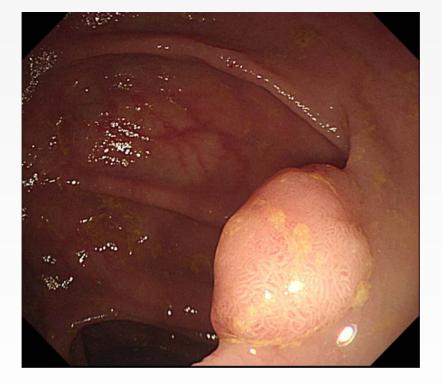


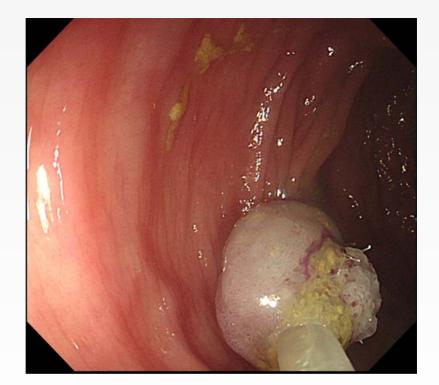
I never predict. I just look out of the window and see what is visible—but not yet seen.

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*



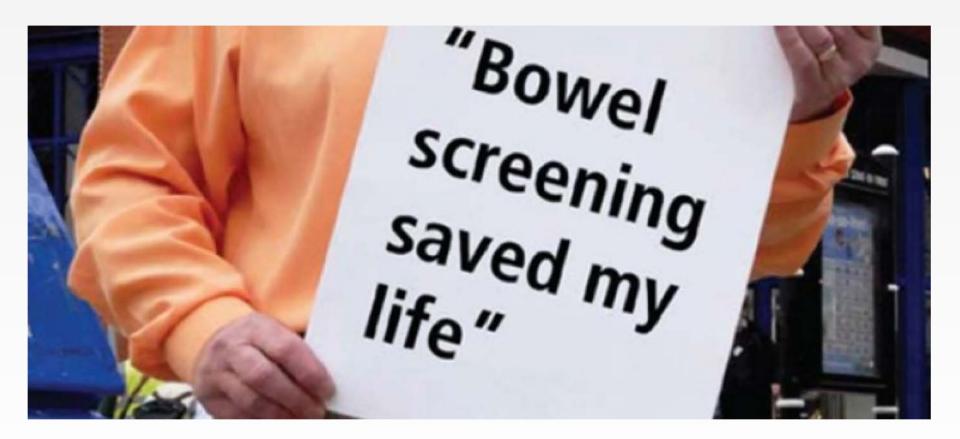


Bowel Cancer Screening Programme

For further information: Freephone: 0800 707 60 60 Website: www.cancerscreening.nhs.uk

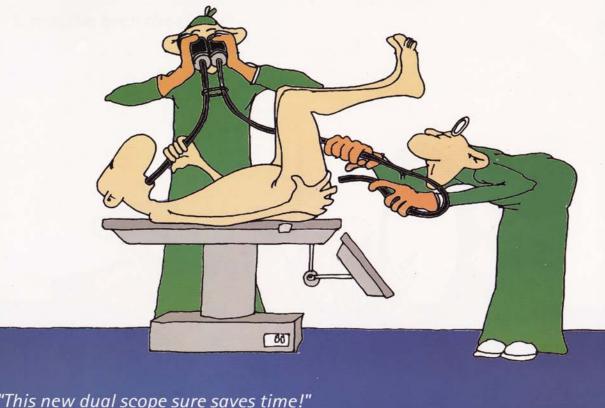








Inventions & Innovations





"This new dual scope sure saves time!"

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.

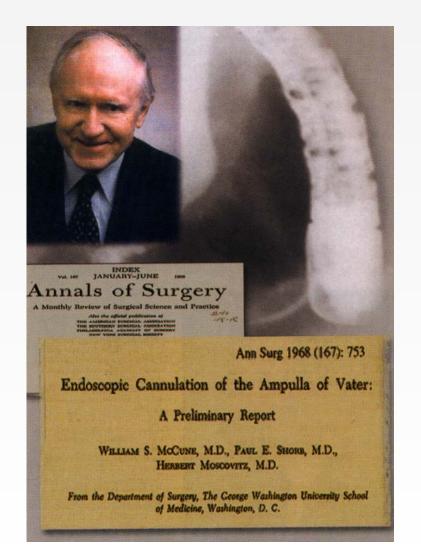


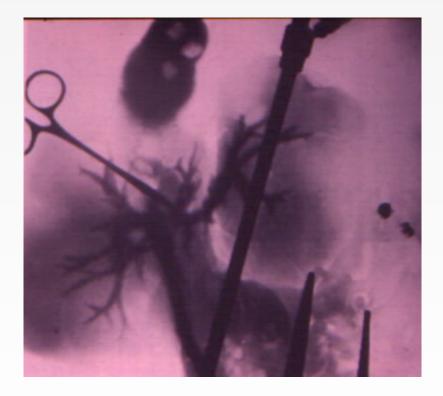
First Fibreoptic endoscopy



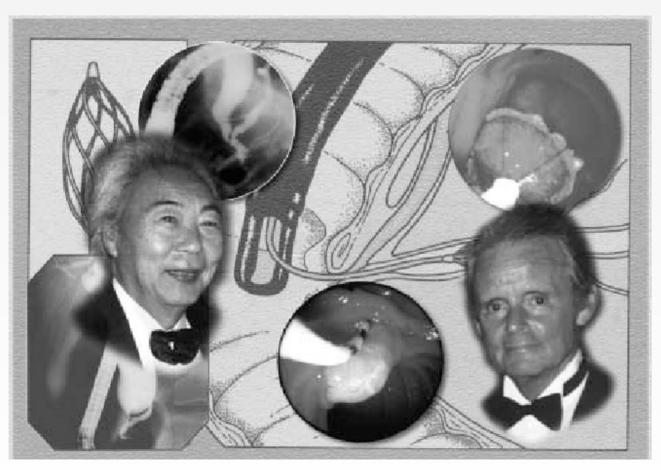
Basil Hirschowitz 1960

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 1st polypectomy snare design, New York, Jan'69

Shinya Electro Canteriger 目白5日小 報散 EF,GFB,CF-5B 影の内視住を通して canterization a to \$3 unit or 300 k-99 - 12 4++213. 成視線は 好好かで目的であるか、同時に上記。 ようち いれたか、おりは、 死をゆれ使の辛場か GI南原セリでなく、外科方面ろんも ハロリ RA343. 22. Dr. shinga = 71977 H / 5 - At 7 & BC +5 to_ もの先端静が下国のようにちってたいり、手もしの 操作都をコントロール・する事によってきない。頭をっくり、これによって水リーフの戦をしてい 焼きゆう第2日あるとする。 もうろん=+ canterion は EF当の付子用 5+2キモレ いう 挿入する。



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

MUNARATA, 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. — Iarge brad-based adenoma; colonoscopic polypectomy

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 Waye 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.

Hirosaki University School of Medicine, Hirosaki 036, Japan.





EMR

Received May 6, 1994; revision accepted for publication June 30, 1994.
Address for reprints: Yoshiharu Uno, M.D., The First Department of Internal Medicine,

Invention & Innovation





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



Start small and keep it simple

If you can't explain it simply, you don't understand it well enough.

- Albert Einstein



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





Setting Research Priority



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

Endoscopy





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NAME PRODUCTION



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Endoscopic resection versus surgery for early garitric cancer: a systematic review and meta-analysis

NBI magnifying endoscopic classification of colorectal tumors proposed by the Japan NBI Expert Team

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Digestive Endoscopy







34-34 Televis # 10

WILEY





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.

nature



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



