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# Report of live endoscopy from Japan to Mexico Digestive Disease Week

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**Mexico City 2016. 09. 20**

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*Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán*



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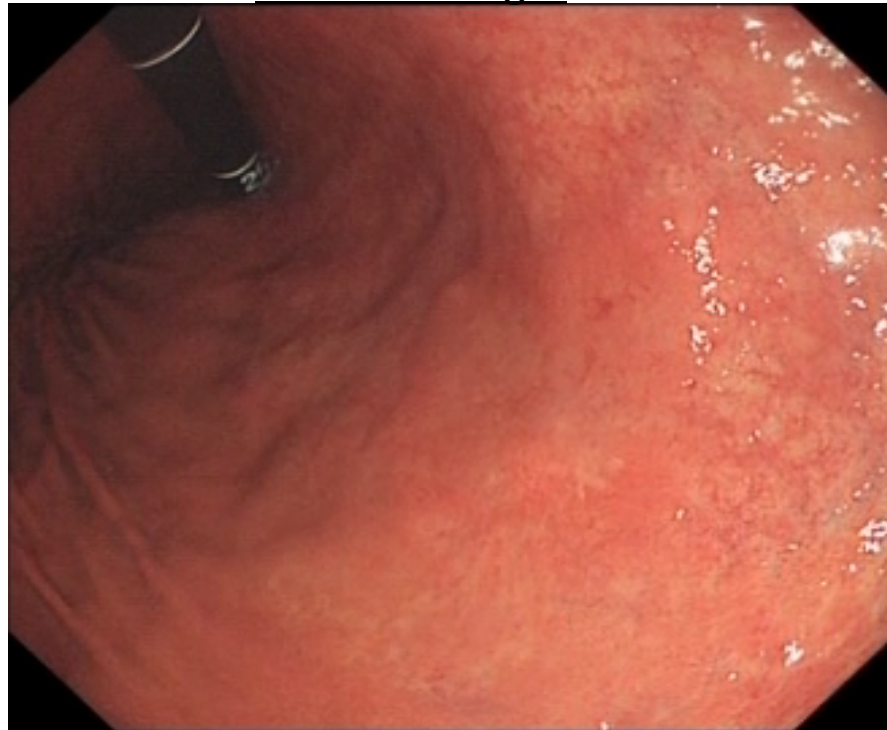
Men 60 yo

H.Pylori with severe atrophy type O3 (Kimura-Takemoto)

## \*Image Enhanced Endoscopy "IEE"

### Chromoendoscopy with Indigo Carmine

1st DETECTION  
With white light



**Tanimoto M.A.** ¿Is it possible to predict early gastric cancer? Post graduate Course INCMNSZ 2014 **Mexico, 2014**



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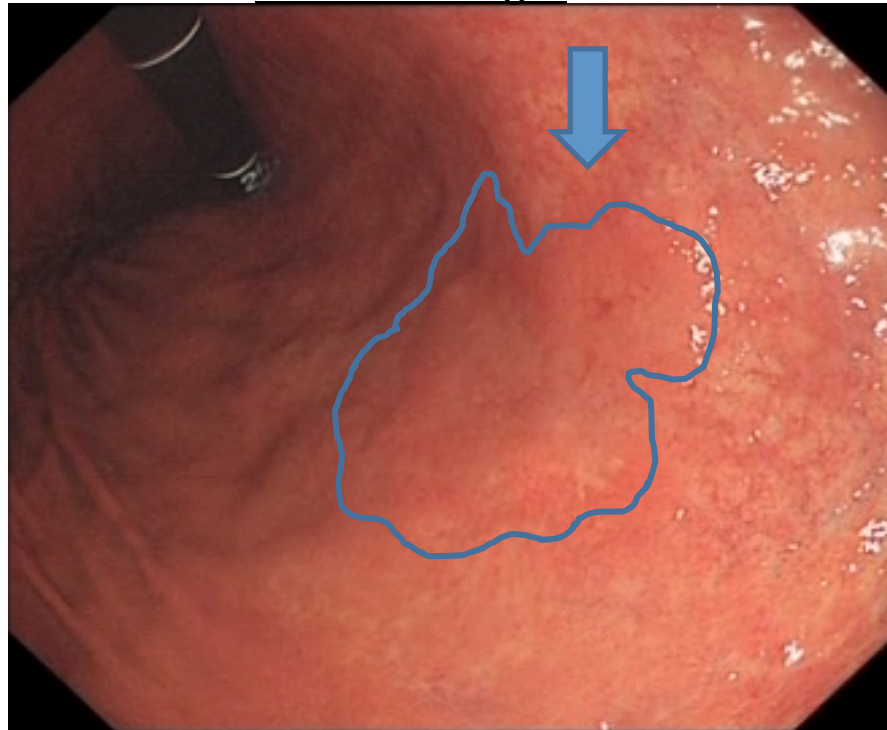
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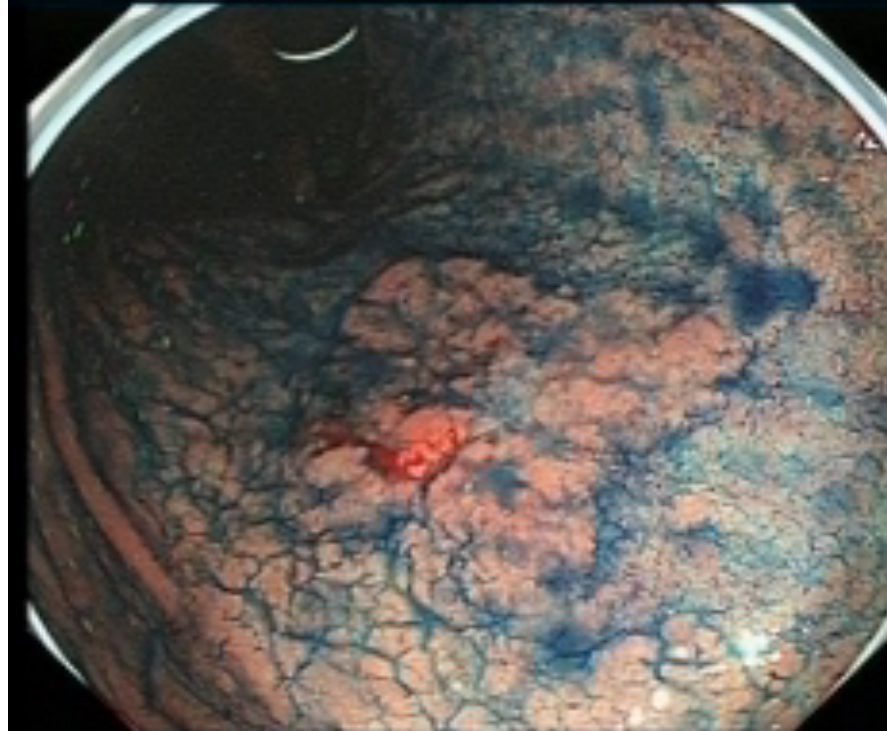
Men 60 yo

H.Pylori with severe atrophy type O3 (Kimura-Takemoto)

2nd CHARACTERIZATION  
with techniques and technologies

\*Image Enhanced Endoscopy "IEE"

**Chromoendoscopy with Indigo Carmine**

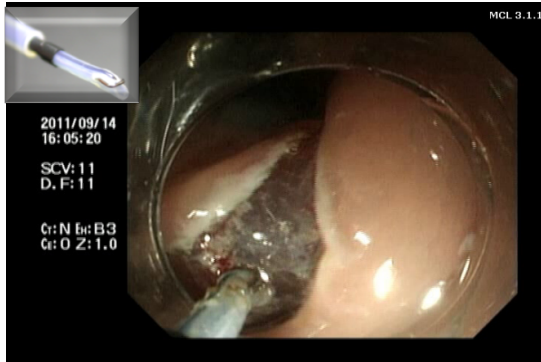
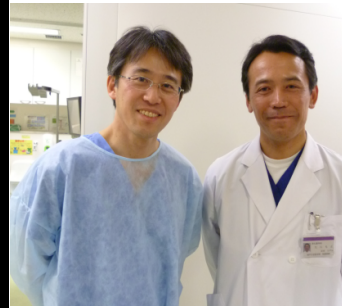
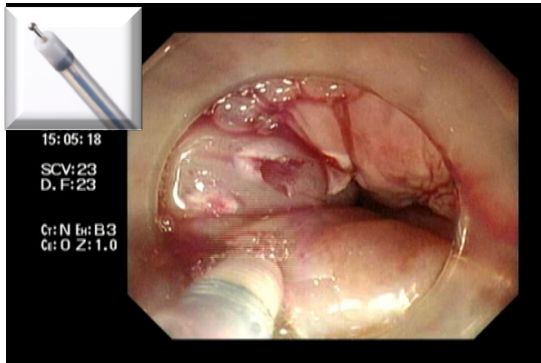


**Tanimoto M.A.** ¿Is it possible to predict early gastric cancer? Post graduate Course INCMNSZ 2014 **Mexico, 2014**



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# \*Tutorial training



**Tanimoto M.A., Fujita R., Morita Y.** Atlas of endoscopic detection, characterization and treatment of early stage esophageal, gastric and intestinal cancer. 1st edition, Editorial Alfil , ISBN:978-607-8283-25-5 Mexico, 2013

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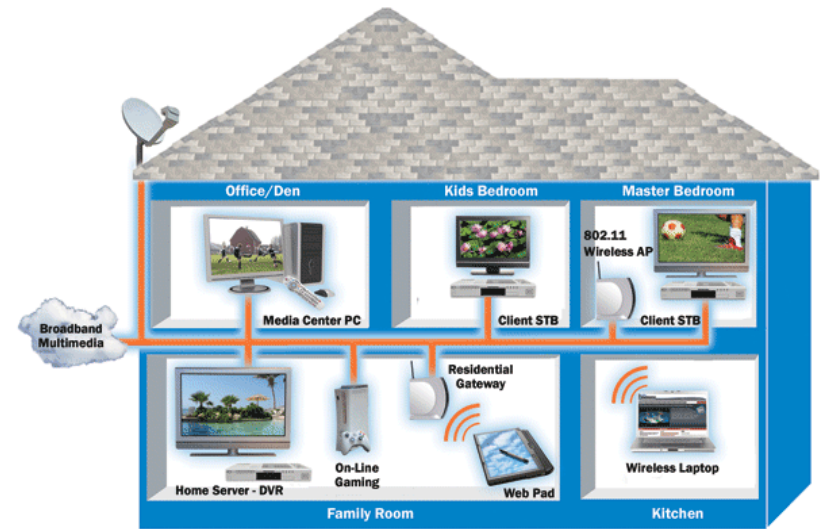


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**2** People who create teleconference applications has greatly expanded



**1** Largest class of people interact with INTERNET  
In a small way network operators of home network



**3** Telemedicine developments have accelerated due to fast Internet bandwidth





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# \*The Good & Bad news

- ① **Practice** takes many forms, from the direct diagnosis and treatment in remote sites by doctors over video-conference to automated home monitoring patients
- ② **Telemedicine** described as “The Next Big Thing” whose global market is predicted to grow from \$1 Billion in 2016 to \$6 Billion in 2020
- ③ **Despite** decades of research and practice the widespread adoption is “a work in progress” with a poor record of implementation and a very patchy history of adoption



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# \*The 3 risk of implementation







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# \* List of culprits for failed Telemedicine

- ① **Telemedicine** services were not adequately recognized or reimbursed by insurers
- ② **Equipment** was too hard to use
- ③ **Picture** or sound quality was poor
- ④ **Doctors** were too busy with other obligations or not interested in seeing patients by teleconference
- ⑤ **Great** success when the doctor who championed telemedicine was involved but fell apart when he left
- ⑥ **Scheduling** was too complicated an inefficient
- ⑦ **Access** to necessary medical records was incomplete or too complicated
- ⑧ **Staff** were not trained well enough or were expected to “fit telemedicine into” their regular workday
- ⑨ **Demand** for services at the patient care side was not as large or predictable as expected
- ⑩ **Services** loss money because delivery of care was more expensive than expected



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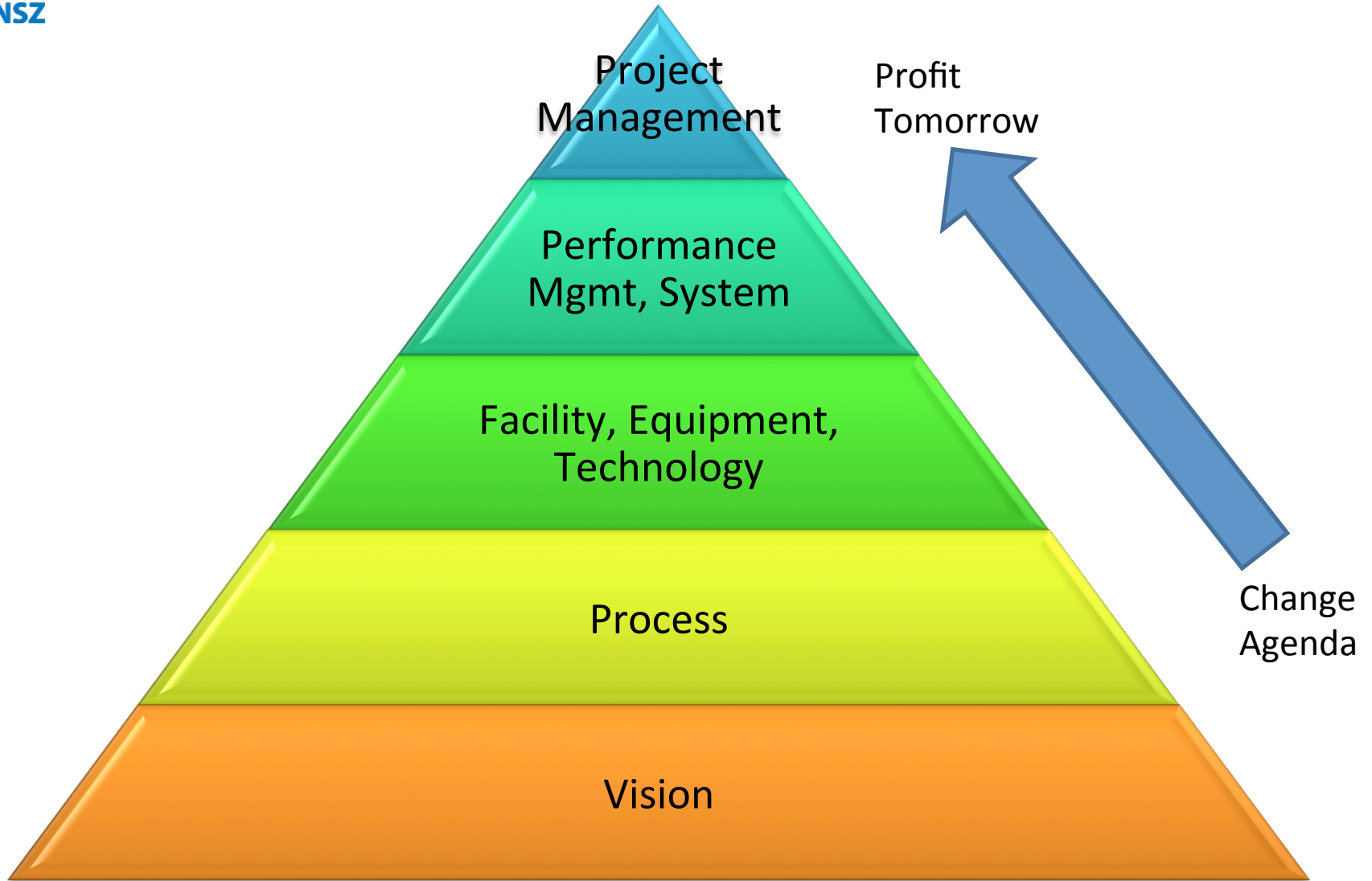
## \* How does different types of people impact over telemedicine projects?

- ① **Innovators** smallest segment with a strongest passion for the new. BUT, Their intense focus may BLIND them to essential practicalities as external factors: licensure or reimbursement or internal as: organizational constraints or politics.
- ② **Early Adopters** keenly interested in “leaping in” before the mainstream is even aware. They may identify opportunities and solutions and may tweak innovations in ways that facilitate broader adoption.
- ③ **Early Majority** less awed by innovation, but are responsive to the excitement and hype of the Early Adopters. A more pragmatic and realistic scan.
- ④ **Late Majority** They are averse to adopt technologies until they become a proven standard.
- ⑤ **Laggards** are the last to get comfortable with change and innovation, loudly challenge initiatives.



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# \*Steps for success On Telemedicine Implementation





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## MEXICO DIGESTIVE DISEASE WEEK

Cancún Center • Hotel Fiesta Americana Grand Coral Beach

"Innovate to Learn"



**CANCÚN**  
**2014**  
del 15 al 19  
noviembre

Tuesday 18 CANCUN Convention CENTER  
TELEMEDICINE  
EARLY GASTRIC CANCER SYMPOSIUM  
ESD MASTERS Live Demo from JAPAN



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\* 2014

Cancun

Osaka JP, Kyoto JP, Kyushu JP



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Mexican Association of Gastrointestinal Endoscopy

# XLIII Gastrointestinal Endoscopy Week

Mazatlan, Sinaloa Mexico

“Development, Fortitude, Consolidation”

## ESD LIVE DEMO from ASIA

### 2015 September, Sunday 20th 17PM-19PM

### Convention Center room Mazatlan II



**YOSHIDA NAOHISA MD**

Kyoto Prefectural University of Medicine



**HWOON-YONG JUNG MD**

ASAN Digestive Disease Research Institute



**UEDO NORIYA MD**

Osaka Medical Center



**SHIMIZU SHOJI MD**

TEMDEC Kyushu University Hospital



**MIGUEL A. TANIMOTO MD**

National Institute of Medical Sciences and Nutrition



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# \* Latin endoscopy 2014-2016

March 31st, 2016



March 12th, 2015



# Mexico city, Kyoto JP, Kyushu JP, Mazatlan MX

## How about NBI?

**ELITE**

CF-HQ290

Similar to  
EXERA III 190



bright  
High resolution

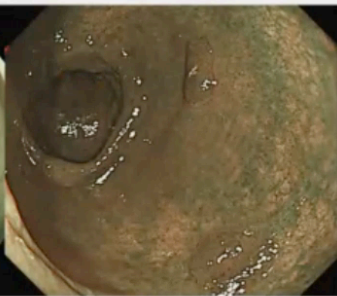
**ELITE**

PCF-Q260AZI

**SPECTRUM**

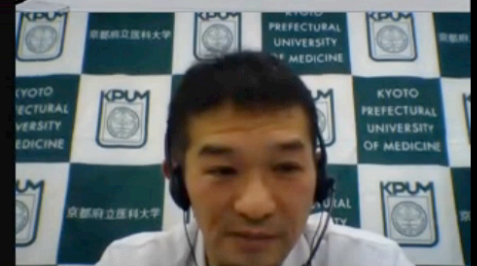
PCF-Q260AZI

Similar to  
EXERA II 170



Dark  
Low resolution

Tele-Pointer





# Mexico city, Kobe JP, Kyushu JP, Mazatlan MX



Intraluminal lavage to remove exfoliated tumor cells after colorectal endoscopic submucosal dissection

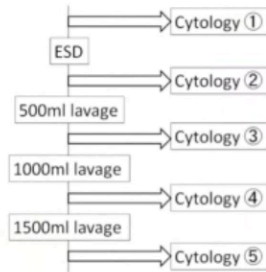


Fig. 1 Lavage fluid was collected at five different time points: before ESD, prior to lavage after ESD, after lavage of 500, 1000, and 1500 ml

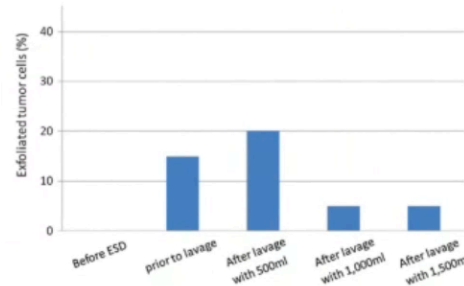


Fig. 2 Exfoliated tumor cells before ESD, prior to lavage, and after lavage of 500, 1000, and 1500 ml

Table 2 Five patients who had exfoliated tumor cells after ESD

Patient	Before ESD	Prior to lavage	After 500 ml lavage	After 1000 ml lavage	After 1500 ml lavage
A	No	Yes	No	No	No
B	No	Yes	Yes	No	No
C	No	Yes	Yes	Yes	Yes
D	No	No	Yes	No	No
E	No	No	Yes	No	No

ESD endoscopic submucosa dissection

Inoue T, Fujii H, et al. Surg Endosc. 2015

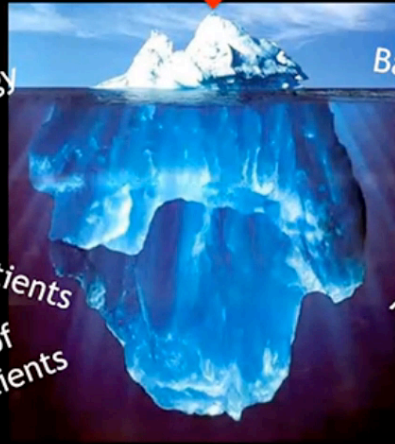


# Mexico city, Osaka JP, Kyushu JP, Mazatlan MX

Does new technology replace human diagnosis?

---eyes can only see what the brain knows---

New imaging technology



Knowledge of GI pathophysiology

Explanation to patients

Selection of high-risk patients

Basic skills of endoscopy

Adequate air insufflation

Administration of mucolytics & defoamings

Osaka Medical Center for Cancer and Cardiovascular Diseases



INCMNSZ, MX



Osaka MC, JP



Kyushu Univ, JP



Mazatlan, MX



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\* Aug 2016

Mexico city, Kyushu JP, Mazatlan MX



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# \* Message to take home

- ① We LIVE in a **WORLD** full of amazing people tackling incredible challenges in their daily jobs.
  - a. **What** happens when leaders go above and beyond this knowledge with their peers?
  - b. **How** will you take these ideas and build upon them to become the next thought leader?
  
- ② We are helping to spread ideas “ **that we’re proud of** ”.
  
- ③ Powerful ideas and works... “**SPREAD**”.
  - a. **Create** content that is **INVALUABLE** when spread, and then **PACKAGE** it so it’s easy to for others to share and grow from.