11th Annual Congress of DEST

NTUH International Convention Center

台灣消化系內視鏡醫學會
Digestive Endoscopy Society of Taiwan

JULY
26TH.27TH

DEST 2025

July 26 (Sat.)	ROOM 201	ROOM 301	ROOM 401	ROOM 402	ROOM 202	ROOM 203	ROOM 205
08:00-15:00 Registration							
08:20 | 08:30	Opening Ceremony						
08:30 | 10:10	Live demo 09:30-12:00	**A01** *GERD and motility symposium: Innovations in endoscopic practice*	**A02** *The innovation in gastrointestinal endoscopy*	**A03** *Cutting edge of interv entional endoscopy* **English Session*	Video contest 09:30-12:00		
10:10 | 10:20		Break					
10:20 | 12:00		**A04** *Controversies on interventional endoscopy* **English Session*	**DEST-KSGE Joint Symposium** *Challenging ESD and TSE* **English Session*	**A05** *Management of T1 CRC: The emerging challenge of endoscopists in mass screening era* **English Session*			
12:00 | 13:20	**S1** Satellite--- Yuan Yu	**S2** Satellite--- Boston	**S3** Satellite--- ERA Bioteq		**S4** Satellite--- AbbVie	**S5** Satellite--- ZEON MEDICAL INC	**S6** Satellite--- Fujifilm
13:30 | 15:10	Live demo 13:30-16:00	**A06** *LGI debate session: FIT or direct colonoscopy for CRC screening?* **English Session*	**DEST-KASID Joint Symposium** *Revolutionizing IBD care: Innovation, integration, and future directions* **English Session*	**A07** *Update of endoscopic treatment in malignant hilar biliary obstruction (MHBO)* **English Session*			
15:10 | 15:20		Break					
15:20 | 17:00		**A08** *Controversy of pancreatic ductal adenocarcinoma: An endoscopist's viewpoint*	**A09** *Microbiota-Based therapeutics: Unlocking the future of precision medicine*	**A10** *Endoscopic practice in primary care setting*			

July 27 (Sun.)	ROOM 201	ROOM 301	ROOM 401	ROOM 402
08:00-10:00 Registration				
08:20 | 09:00	**KL1** **Keynote lecture** The importance of live endoscopy and hands-on training; My long journey around the world ***Prof. Hiroshi Kashida***		**A11** *Survival prolongation and life quality improvement of oncological patients – Role of interventional EUS*	
09:00 | 09:40	**KL2** **Keynote lecture** Advancing the endoscopic diagnosis and treatment of early-stage colorectal neoplasms through learning and innovation. ***Prof. Takahisa Matsuda***	**B01** **技術師課程** ESG and green endoscopy 09:00-10:40		
09:40 | 10:20	**CS1** **Chairman speech** Simulate to elevate: The application of simulation training and implementation challenges ***Prof. Ming-Jen Chen***			
10:20 | 10:40	Break		Break	
10:40 | 11:20	**KL3** **Keynote lecture** Endoscopic full thickness resection: The innovative strategy ***Prof. Noriya Uedo***		**A12** *Advancing frontiers in small intestinal diseases: Cutting-edge diagnosis, innovative endoscopy, and treatment breakthroughs*	
11:20 | 12:00	**KL4** **Keynote lecture** Endoscopic resection for rectal tumors: Cutting-edge advances and future perspectives ***Prof. Toshio Uraoka***			

DEST 2025

Date: 08:30-12:00, July 26, 2025

Date: 13:30-17:00, July 26, 2025

Date: 09:00-12:00, July 27, 2025

A01 GERD and motility symposium: Innovations in endoscopic practice

Date: 08:30-10:10, July 26, 2025

Moderator

Chien-Lin Chen

Hualien Tzu Chi Hospital

Ching-Liang Lu

Taipei Veterans General Hospital

A01 GERD and motility symposium: Innovations in endoscopic practice

Date: 08:30-10:10, July 26, 2025

Diagnosis of GERD and esophageal motility disorders: The role of endoscopy

Yen-Po Wang
Taipei Veterans General Hospital

Endoscopy is the most common tool used as the first line examination for evaluation of patients with suspected esophageal motility disorder. The common clinical presentation include dysphagia, chest pain, odynophagia, nausea, vomiting, heartburn and reflux. Endoscopy is useful in identifying structural characteristics or mucosal abnormalities, and obtaining histological specimen for pathological evaluation. Recently, CARS score was developed for screening achalasia in daily endoscopy. Some diagnosis could be made with endoscopy alone, and some diagnosis may need other examinations, including manometry, barium x-ray studies, ambulatory reflux monitoring tests, or Endoflip. For further management of GERD, endoscopy diagnosis was crucial and useful according to Lyon's consensus 2.0. Endoscopy is also useful in diagnosing Barrett's esophagus and eosinophilic esophagitis. Stopping acid suppressing agents prior to endoscopy can better identify the endoscopic changes in patients with suspected GERD. Endoscopy was also useful in identifying the esophagogastric junction structure for anti-reflux barrier identification. In this speech, I'll introduce the role endoscopy in diagnosis of GERD and esophageal motility disorder.

A01 GERD and motility symposium: Innovations in endoscopic practice

Date: 08:30-10:10, July 26, 2025

Mucosa integrity and endoflip on endoscopy: Ready for clinical application?

Wei-Yi Lei

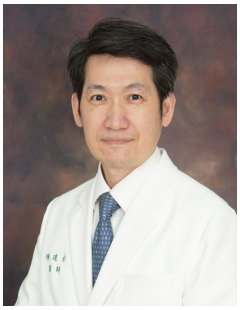
Hualien Tzu Chi Hospital

Recent advancements in esophageal diagnostics have introduced mucosal impedance (MI) and EndoFLIP as novel endoscopic technologies offering real-time physiologic assessment. MI directly measures the electrical resistance of the esophageal mucosa during sedated endoscopy, serving as a marker of mucosal integrity. Low MI values are characteristic of gastroesophageal reflux disease (GERD) and eosinophilic esophagitis (EoE), distinguishing them from non-GERD conditions. MI provides a topographic profile along the esophagus, identifying disease-specific impedance patterns—distal-to-proximal gradients in GERD and diffusely reduced values in EoE. This technology enhances diagnosis in cases with inconclusive pH monitoring and may guide therapeutic decisions, although outcome-predictive data remain limited. In parallel, EndoFLIP employs high-resolution impedance planimetry to assess esophageal distensibility and motility via secondary peristalsis. By quantifying esophagogastric junction (EGJ) distensibility and contraction patterns, it enables characterization of disorders such as achalasia and EGJ outflow obstruction, while also assisting intraoperative tailoring of interventions like POEM. Together, MI and EndoFLIP represent a functional extension of endoscopic evaluation, with potential to redefine diagnostic algorithms in esophageal disorder. Broader adoption and further validation studies are needed to solidify their roles in routine clinical practice.

A01 GERD and motility symposium: Innovations in endoscopic practice

Date: 08:30-10:10, July 26, 2025

Update on endoscopy management of GERD and motility disorders



Chien-Chuan Chen
National Taiwan University Hospital

Endoscopic management of GERD and motility disorders has new advancement, which provides minimally invasive alternatives to surgery for some patients.

For GERD, PPIs remain a cornerstone of GERD treatment. Antireflux surgery is not popular due to its invasiveness and potential adverse events. Endoscopic management includes endoscopic funduplication like TIF and mucosal intervention like ARMS/ARMA showed good clinical safety and efficacy. Careful patient selection is important and long term data is lacking.

For motility disorders, POEM is now the first line treatment for achalasia.

Further details about these procedures will be discussed in the lecture.

A01 GERD and motility symposium: Innovations in endoscopic practice

Date: 08:30-10:10, July 26, 2025

Modified flexible endoscopic evaluation of swallowing: Insights from gastroenterologists

Wei-Kuo Chang

Tri-Service General Hospital

Oropharyngeal dysphagia is a common but under-recognized condition in elderly and tube-fed patients, often contributing to aspiration pneumonia and increased mortality. This presentation introduces a modified Flexible Endoscopic Evaluation of Swallowing (FEES), performed by gastroenterologists during routine upper gastrointestinal endoscopy, to assess swallowing function and detect aspiration risk. Through analysis of 1,336 patients, endoscopic visualization of pharyngolaryngeal pooling of secretions was used to stratify patients into control, pharyngeal, and laryngeal groups, with increasing degrees of pneumonia risk.

The findings highlight that secretions entering the laryngeal vestibule significantly correlate with higher rates of hospitalization and mortality. Integrating FEES into standard GI practice enables early identification of high-risk patients and guides management strategies including feeding route decisions. Notably, percutaneous endoscopic gastrostomy is associated with a lower risk of pneumonia compared to nasogastric tube feeding in dysphagic patients.

This presentation advocates for the proactive role of GI physicians in preventing aspiration pneumonia through routine FEES integration, early risk stratification, and individualized feeding interventions.

A02 The innovation in gastrointestinal endoscopy

Date: 08:30-10:10, July 26, 2025

Moderator

Chi-Yang Chang
Fu Jen Catholic University Hospital

Wen-Lun Wang
E-DA Hospital

A02 The innovation in gastrointestinal endoscopy

Date: 08:30-10:10, July 26, 2025

Current strategies for managing T1 rectal cancer after non-curative endoscopic resection: A path to improved outcomes in Taiwan

Chan-Ya Kuo

Fu Jen Catholic University Hospital

Management of T1 rectal cancer after non-curative endoscopic resection (ER) requires balancing recurrence risk minimization against overtreatment morbidity. Current strategies rely on meticulous risk stratification using histopathological features like submucosal invasion depth, lymphovascular invasion, differentiation, and margin status. While additional oncologic surgery is typically recommended for high-risk patients, surveillance is often sufficient for low-risk cases. The necessity and overall survival benefit of surgery in high-risk patients remain debated, given the significant risk of overtreatment as many lack nodal metastases post-operatively. For patients unfit for or declining surgery, adjuvant chemoradiotherapy or close surveillance offer viable alternatives. Organ-preserving strategies necessitate rigorous follow-up. This presentation will review these approaches and incorporate specific data on post-ER recurrence rates in Taiwan, providing essential context for Taiwanese endoscopists regarding the inherent risks and guiding individualized treatment decisions to improve local outcomes.

A02 The innovation in gastrointestinal endoscopy

Date: 08:30-10:10, July 26, 2025

Enhancing precision in endoscopic submucosal dissection: How red dichromatic imaging works?

Chen-Shuan Chung
Far Eastern Memorial Hospital

Red Dichromatic Imaging (RDI) is an advanced optical enhancement technology designed to improve the visualization of blood vessels during endoscopic submucosal dissection (ESD). By selectively filtering specific light wavelengths, RDI enhances the contrast of deep submucosal vessels, facilitating early identification and precise hemostasis. This not only reduces intraoperative bleeding but also increases the safety and efficiency of ESD, particularly in fibrotic or vascular-rich lesions. This presentation will explore the principles of RDI, its integration into current ESD practice, and real-world clinical applications that demonstrate its value in advancing therapeutic endoscopy.

A02 The innovation in gastrointestinal endoscopy

Date: 08:30-10:10, July 26, 2025

Recent advancements in image-enhanced techniques for endoscopic submucosal dissection

Hsu-Heng Yen

Changhua Christian Hospital

Endoscopic submucosal dissection (ESD) has revolutionized the management of early gastrointestinal neoplasms by enabling en bloc resection with curative intent. Recent advancements in image-enhanced endoscopic techniques have significantly improved the precision, safety, and efficiency of ESD procedures. Technologies such as narrow-band imaging (NBI), blue laser imaging (BLI), and linked color imaging (LCI) allow for superior visualization of mucosal and vascular patterns, facilitating accurate lesion delineation and margin identification. Amber-Red Colour Imaging (ACI), integrated into Fujifilm's ELUXEO platforms, is a novel image-enhancement modality that employs amber-red, green, and blue LEDs to amplify vessel and submucosal visibility while preserving a blue hue for the submucosal layer. ACI significantly enhances detection of thick vessels and active bleeding points during ESD, enabling prompt precoagulation and reducing hemorrhagic complications. Early clinical reports demonstrate its utility in both gastric and colonic ESD, facilitating en bloc resections without adverse events.

This talk synthesizes current evidence on ACI, discusses practical integration into ESD workflows, and outlines future research priorities. Ultimately, ACI represents a promising advance in image-enhanced endoscopy, contributing to precision medicine in therapeutic endoscopy.

A02 The innovation in gastrointestinal endoscopy

Date: 08:30-10:10, July 26, 2025

Endoscopic gastric suturing for treatment of morbid obesity

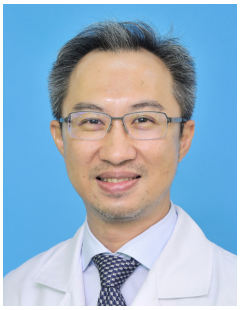
Yang-Chao Lin
Fu Jen Catholic University Hospital
Youth Time Clinic of Aesthetic Medicine

Endoscopic gastric suturing systems are non-surgical weight loss techniques that reduce stomach volume by suturing the stomach via endoscopic instruments, helping to suppress appetite and promote weight loss. Currently, two main technologies are available in Taiwan: ESG (Endoscopic Sleeve Gastroplasty) and Pose2 (the Primary Obesity Surgery Endoluminal 2). ESG received FDA approval in 2017, while Pose2 was approved in 2022. Clinical studies show that ESG can lead to an average total weight loss of 15% to 20%, with Pose2 delivering around15% weight loss results. These procedures offer significantly lower surgical risks and shorter recovery times compared to traditional bariatric surgery. As a result, they provide new treatment options for patients with obesity, reduce risks of obesity-related chronic diseases, and enhance overall healthcare outcomes and quality of life.

A03 Cutting edge of interventional endoscopy

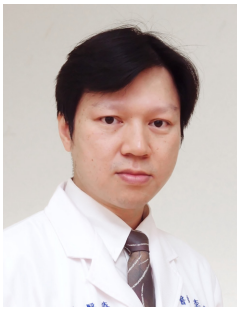
Date: 08:30-10:10, July 26, 2025

Moderator



Peng-Jen Chen

Tri-Service General Hospital



Ching-Tai Lee

E-DA Hospital

A03 Cutting edge of interventional endoscopy

Date: 08:30-10:10, July 26, 2025

Underwater endoscopic submucosal dissection in GI tract

Yu-Chi Li

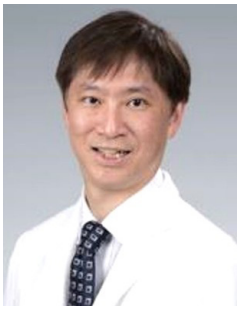
Kaohsiung Chang Gung Memorial Hospital

Underwater endoscopic submucosal dissection (UESD) is an innovative technique developed to improve the safety and efficiency of colorectal ESD procedures. By performing dissection under saline immersion, UESD provides buoyancy that facilitates mucosal flap creation and stabilizes the operative field. The underwater environment also acts as a thermal sink, reducing tissue damage and significantly lowering the incidence of post-ESD coagulation syndrome (PECS). This study utilized a propensity score-matched analysis to compare UESD and conventional CO_2-based ESD (CESD) in terms of PECS occurrence, procedural time, and dissection speed. Results demonstrated that UESD markedly reduced PECS rates, shortened procedure duration, and increased dissection efficiency. Additionally, high en bloc resection rates and favorable pathological outcomes were achieved. A representative case involving a rectal lesion resected with UESD showed complete, curative resection with no adverse events. These findings support UESD as a safe, effective, and promising alternative to conventional colorectal ESD, particularly for patients at high risk of thermal injury or PECS. Further multicenter studies are warranted to validate its broader applicability.

A03 Cutting edge of interventional endoscopy

Date: 08:30-10:10, July 26, 2025

Endoscopic submucosal dissection for duodenal neoplasms



Motohiko Kato

Keio University School of Medicine, Japan

Endoscopic treatment of duodenal tumors has traditionally been considered highly challenging due to the unique anatomical features of the duodenum, such as its thin wall and constant exposure to bile and pancreatic juice. These factors significantly increase the risk of adverse events, making endoscopic resection difficult and risky.

In recent years, however, major advances in endoscopic techniques have dramatically improved treatment outcomes. Innovations such as the water pressure method have enhanced the precision and safety of mucosal dissection. Furthermore, newly developed wound closure techniques and refined perioperative management strategies have contributed to reducing complications and improving patient prognosis.

This lecture will focus on the latest developments in endoscopic therapy for duodenal tumors, including strategies to manage the most complex and technically demanding cases. Through the introduction of cutting-edge methods, this presentation aims to provide practical insights into achieving safer and more effective endoscopic treatment in this high-risk area.

A03 Cutting edge of interventional endoscopy

Date: 08:30-10:10, July 26, 2025

Clinical application of AI in diagnosis of UGI early neoplastic lesions

Hiroya Ueyama

Juntendo University Hospital, Japan

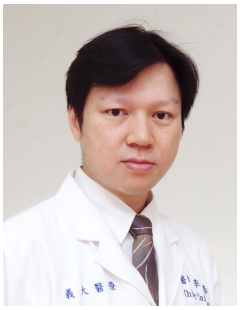
Artificial intelligence (AI) has recently made remarkable progress, and computer-aided detection (CAD) system for gastrointestinal endoscopy is rapidly evolving. The development of AI software that provides real-time information displayed directly on an endoscopic screen is expected to aid in the detection of neoplastic lesions. Fujifilm developed a CAD system (CAD EYE v1, Fujifilm, Tokyo, Japan) for the detection of gastrointestinal neoplasms using white-light imaging (WLI) and image-enhanced endoscopy (IEE). The CAD EYE v1 is scheduled to be released in Taiwan in January 2026 and demonstrated high sensitivity in detecting ESCC and GN, highlighting its potential as a promising tool for clinical applications. However, false positives remain a significant issue in the detection of gastric neoplasia (GN), and addressing this challenge is a key objective. As a solution, Fujifilm recently developed a CAD system; CAD EYE v2 by increasing the training dataset by 1.6 times and adding endoscopic images that were misclassified by CAD EYE v1.” In this presentation, we will provide an overview of the results from the performance evaluation study of CAD EYE v1 and clinical utility of CAD EYE v1 and v2 in real-world settings. Furthermore, we will discuss the current state of AI-based gastric cancer diagnosis in Japan.

As a solution, we have developed an artificial intelligence system for gastric cancer diagnosis using magnifying narrow-band imaging endoscopy (M-NBI-AI). In this presentation, we will provide an overview of the results from the performance evaluation study of CAD-EYE, its clinical utility in real-world settings, and the usefulness of M-NBI-AI. Furthermore, we will discuss the current state of AI-based gastric cancer diagnosis in Japan.

A03 Cutting edge of interventional endoscopy

Date: 08:30-10:10, July 26, 2025

Endoscopic background mucosal resurfacing after ESD for esophageal squamous cancer



Ching-Tai Lee

E-DA Hospital

Metachronous recurrence frequently develops in patients with superficial esophageal squamous cell carcinomas (ESCCs) after curative endoscopic submucosal dissection (ESD), especially in those with multiple (>10) small Lugol-voiding lesions (LVLs) over the endoscopic background mucosa (ie, speckled pattern). We conducted a randomized controlled trial to investigate whether endoscopic radiofrequency ablation (RFA) for endoscopic background mucosal resurfacing (EBMR) can decrease the rate of metachronous neoplasia.

Patients who received curative ESD and whose Lugol staining showed a speckled pattern over the background mucosa were randomly assigned in a 1:1 ratio to receive either RFA (EBMR group) or endoscopic surveillance alone (control group). EBMR with RFA was performed with a balloon device for circumferential ablation of the total esophageal mucosa 2 to 3 months after ESD. The primary outcome was the metachronous recurrence of squamous neoplasia during a 5-year follow-up period. Secondary outcomes were major adverse events.

Of 112 patients screened, 30 were randomized to receive EBMR (n = 15) or surveillance (n = 15). The mean procedure time of EBMR was 30.7 minutes (range, 25-40). One patient developed post-RFA stenosis, which resolved after 3 sessions of endoscopic dilation. EBMR reduced the risk of metachronous recurrence (0% in the EBMR group vs 53% in the control group, P = .001), with a number needed to treat of 1.9. Reversal of the Lugol-staining speckled pattern to only a few LVLs occurred in all patients and persisted for at least 5 years in the ablation group.

In this randomized trial of patients with multiple small LVLs over the endoscopic background after curative ESD, EBMR with balloon-type RFA is a promising and safe procedure for preventing metachronous recurrence over 5 years of follow-up.

A04 Controversies on interventional endoscopy

Date: 10:20-12:00, July 26, 2025

Moderator

Yin-Yi Chu
New Taipei Municipal TuCheng Hospital

Ching-Liang Lu
Taipei Veterans General Hospital

A04 Controversies on interventional endoscopy

Date: 10:20-12:00, July 26, 2025

Current status of endoscopic resection for gastric GIST in Japan

Noriya Uedo

Osaka International Cancer Institute, Japan

Evidence regarding endoscopic resection of gastric submucosal tumors (SMT) is limited. We conducted a prospective multicenter phase II study investigated the efficacy and safety of endoscopic full-thickness resection (EFTR) for gastric SMT. In September 2020, EFTR for gastric SMT was approved as an advanced medical care in Japan. Indication criteria were a size 11–30 mm, histologically proven or clinically suspicious (irregular margin, increasing size, or internal heterogeneity) gastrointestinal stromal tumors (GIST), with no ulceration and intraluminal growth type. The primary endpoint was the complete ER (ER0) rate, with a sample size of 42. 46 patients with 46 lesions were enrolled between September 2020 and May 2023 at seven Japanese institutions. The mean ± SD (range) endoscopic tumor size was 18.8 ± 4.5 (11–28) mm. The tumor resection and defect closure times were 54 ±26 (22–125) min and 33 ± 28 (12–186) min, respectively. A 100 % ER0 was achieved in all 46 patients. The EFTR procedure was accomplished in all patients without surgical intervention. One patient had delayed perforation and was managed endoscopically. GIST accounted for 76% (n=35) of the cases. R0, R1, and RX rates were 33 (77%), 3 (6.5%), and 7 (15%), respectively. EFTR for gastric SMT of 11–30 mm size is efficacious. It warrants further validation in a large-scale cohort study to define effectiveness of EFTR for gastric GIST.

A04 Controversies on interventional endoscopy

Date: 10:20-12:00, July 26, 2025

Current status of endoscopic resection for gastric GIST in Taiwan

Tze-Yu Shieh

MacKay Memorial Hospital

With the convenience of endoscopy in clinical practice, the diagnosis of gastric subepithelial lesion (SEL) is becoming more and more common. The progress and popularity of endoscopic ultrasound (EUS) have allowed us to make a preliminary determination of the characteristics of tumors. In recent years, due to the development of endoscopic submucosal dissection (ESD), the removal of gastric SEL by endoscopy instead of traditional surgery has become more and more popular.

Currently, there are many methods to remove the gastric SET, including endoscopic submucosal dissection (ESD), endoscopic enucleation (EN), submucosal tunneling endoscopic dissection (STER), endoscopic full-thickness resection (EFTR), and endoscopic subserosal dissection (ESSD).

In clinical practice, one of the most common challenges is determining whether a gastric subepithelial lesion (SEL), particularly those smaller than 2 cm, is a gastrointestinal stromal tumor (GIST) or another benign lesion using currently available diagnostic tools. Another frequently encountered issue is whether a gastric SEL that is clinically suspected to be a GIST should be resected regardless of its size. At present, there are no definitive answers to these questions. Therefore, we aim to take this opportunity to present a retrospective study from Taiwan and share our findings for further discussion.

A04 Controversies on interventional endoscopy

Date: 10:20-12:00, July 26, 2025

Updates on endoscopic suturing and clipping methods

Chu-Kuang Chou

Chia-Yi Christian Hospital

Endoscopic wound closure has evolved rapidly with the emergence of advanced suturing and clipping technologies. This talk will provide an up-to-date overview of current endoscopic closure methods, highlighting innovations such as through-the-scope and over-the-scope clips, as well as endoscopic suturing systems. Clinical evidence supporting each technique will be discussed, along with practical considerations for device selection based on lesion type, location, and procedural goals. Attendees will gain a deeper understanding of how to optimize closure strategies to enhance patient safety, improve procedural success, and accelerate recovery.

A04 Controversies on interventional endoscopy

Date: 10:20-12:00, July 26, 2025

Ethical and legal issues of GI interventional endoscopy

Chun-Ying Wu
Taipei Veterans General Hospital

Gastrointestinal (GI) endoscopy plays a crucial role in diagnosis and treatment; however, ethical and legal challenges are emerging alongside its rapid advancement. A key concern is the overtreatment and overuse of low-value care, which not only increases healthcare costs but may also expose patients to unnecessary risks.

The application of Artificial Intelligence (AI) in GI endoscopy has shown potential in improving diagnostic accuracy and efficiency. Nevertheless, AI integration raises important ethical issues, including algorithmic bias, transparency, and accountability in clinical practice. Determining liability in medical errors becomes increasingly complex when responsibilities are shared between physicians, product developers, and healthcare institutions.

Future strategies should focus on promoting evidence-based practice to reduce the overuse of endoscopy, establishing AI governance frameworks to mitigate ethical risks, and enhancing risk management protocols. Furthermore, improving legal literacy and communication skills among healthcare professionals is essential to navigate complex ethical dilemmas in the evolving landscape of GI endoscopy.

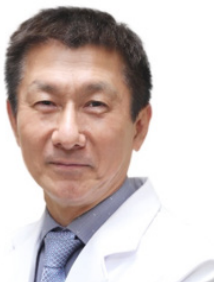
DEST-KSGE Joint Symposium

Challenging ESD and TSE

Date: 10:20-12:00, July 26, 2025

Opening Remarks / Closing Remarks

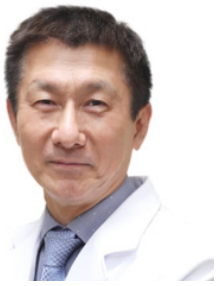
Cheng-Tang Chiu
Chang Gung Memorial Hospital, Linkou



Jong-Jae Park
Korea University Guro Hospital, Korea

Moderator

Cheng-Tang Chiu
Chang Gung Memorial Hospital, Linkou



Jong-Jae Park
Korea University Guro Hospital, Korea

Chun-Chao Chang
Taipei Medical University Hospital

Sung Soo Kim
Catholic University, Korea

Discussants

Hyun Soo Kim
Chonnam National University Hospital, Korea

Byung Wook Kim
The Catholic University of Korea Incheon ST. Mary's Hospital, Korea

Chih-Chien Yao
Kaohsiung Chang Gung Memorial Hospital

Wen-Hung Hsu
Kaohsiung Medical University Hospital

Young Sook Park
Nowon Eulji University Hospital, Korea

Tae Ho Kim
The Catholic University of Korea, Bucheon ST. Mary's Hospital, Korea

Chen-Shuan Chung
Far Eastern Memorial Hospital

Bo-Huan Chen
Chang Gung Memorial Hospital, Linkou

DEST-KSGE Joint Symposium

Challenging ESD and TSE

Date: 10:20-12:00, July 26, 2025

Endoscopic management of SNADETs: EMR or ESD?

Gwang Ha Kim

Pusan National University School of Medicine, Korea

An increasing number of superficial non-ampullary duodenal epithelial tumors (SNADETs) have been detected recently owing to the development of endoscopic imaging technology and increased awareness of this disease. Endoscopic resection is the first-line treatment for SNADETs, with methods including cold snare polypectomy (CSP), conventional endoscopic mucosal resection (cEMR), underwater EMR (uEMR), and endoscopic submucosal dissection (ESD). Here, we reviewed the current status and recent advances in endoscopic resection for SNADETs. Endoscopic resection in the duodenum is more difficult and has a higher risk of adverse events than that in other organs owing to specific anatomical disadvantages. SNADETs ≤10 mm in size are candidates for CSP, cEMR, and uEMR. Among these lesions, suspected carcinoma lesions should not be treated using CSP because of their low curability. cEMR or uEMR is considered for lesions sized 10–20 mm, whereas piecemeal EMR or ESD is considered for those sized >20 mm. In particular, ESD or surgical resection should be considered for suspected carcinoma lesions >30 mm. The treatment plan should be selected on a case-to-case basis, considering the balance between the risk of adverse events and necessity of *en bloc* resection.

DEST-KSGE Joint Symposium

Challenging ESD and TSE

Date: 10:20-12:00, July 26, 2025

Improvements in wound closure techniques following ER

Chih-Chien Yao
Kaohsiung Chang Gung Memorial Hospital

The section of speak discusses advances in endoscopic suturing techniques for closing gastrointestinal wounds after resection, specifically addressing various tools and methods to minimize post-procedural complications like bleeding and perforation. Key methods include using specialized clips, such as reopenable and over-the-scope clips, which facilitate secure closure in different sections of the gastrointestinal tract. Each area (e.g., stomach, esophagus, colon, duodenum) has specific challenges due to varying tissue thickness and scope maneuverability. Innovations like the clip-fixed-endoloop, “loop 9” technique, and endoscopic ligation with O-rings enhance closure stability by minimizing submucosal dead space (SDS) and are particularly effective for high-risk cases or difficult-to-reach areas. Emerging techniques using devices like the Overstitch and X-Tack further improve full-thickness closure by securing both mucosal and muscular layers. These methods show promising outcomes in reducing complications, yet further refinement is needed to ensure accessibility and cost-effectiveness.

DEST-KSGE Joint Symposium

Challenging ESD and TSE

Date: 10:20-12:00, July 26, 2025

Applications of TSE in GI motility disorders

Chen-Shuan Chung
Far Eastern Memorial Hospital

Third Space Endoscopy (TSE) has emerged as a transformative approach in the management of gastrointestinal (GI) motility disorders. By utilizing submucosal tunneling techniques, TSE enables targeted interventions such as peroral endoscopic myotomy (POEM) for achalasia and related esophageal motility disorders, as well as G-POEM for refractory gastroparesis. These procedures offer minimally invasive alternatives to traditional surgery with favorable efficacy and safety profiles. This presentation will discuss the expanding role of TSE in functional GI disorders, highlight key procedural advances, and present clinical outcomes that support its growing adoption in therapeutic endoscopy.

DEST-KSGE Joint Symposium

Challenging ESD and TSE

Date: 10:20-12:00, July 26, 2025

Exploring the expanded indications of POEM technique

Hyunsoo Chung
Seoul National University, Korea

Peroral endoscopic myotomy (POEM) is a minimally invasive endoscopic treatment for esophageal achalasia that has demonstrated durable long-term efficacy. Recent data show that >85% of achalasia patients maintain symptom remission ~4 years post-POEM, a rate comparable to surgical Heller myotomy at 5 years. Standard myotomy length varies depending on achalasia subtype, typically ranging from 6 to 10 cm, tailored to esophageal pressurization patterns based on HRM. While post-POEM GERD is common (~20%) , emerging strategies such as concomitant endoscopic fundoplication or early anti-reflux therapy are being explored to mitigate this risk.

The POEM technique is now being adapted for other foregut motility disorders. Gastric POEM (G-POEM), a pyloromyotomy for refractory gastroparesis, can significantly improve symptoms and gastric emptying in selected patients: a sham-controlled trial reported a 71% 6-month success rate for G-POEM vs 22% for sham. However, a multicenter study found only ~56% one-year response, underscoring the need for careful patient selection. Similarly, diverticular POEM (D-POEM) has emerged for Zenker's and epiphrenic diverticula, achieving >90% clinical success with minimal recurrence. POEM's expanding indications show promise, with ongoing studies further defining its long-term efficacy and safety across diverse applications.

A05 Management of T1 CRC: The emerging challenge of endoscopists in mass screening era

Date: 10:20-12:00, July 26, 2025

Moderator

Hiroshi Kashida

Kawanishi City Medical Center, Japan

Han-Mo Chiu

National Taiwan University Hospital

A05 Management of T1 CRC: The emerging challenge of endoscopists in mass screening era

Date: 10:20-12:00, July 26, 2025

Endoscopic treatment for T1 CRC: Where are we now?

Wei-Yuan Chang
National Taiwan University Hospital

The management of T1 colorectal cancer (CRC), characterized by tumor invasion into the submucosa without deeper penetration, has evolved significantly with the advancement of endoscopic techniques. This stage represents a therapeutic window where minimally invasive approaches may achieve oncologic cure while avoiding the morbidity of surgery. This talk will provide a comprehensive overview of the current status of endoscopic treatment for T1 CRC, focusing on patient selection, resection techniques, and risk stratification.

We will discuss the indications and limitations of conventional endoscopic mucosal resection (EMR) versus endoscopic submucosal dissection (ESD), and how histopathological factors—such as depth of invasion, lymphovascular invasion, tumor budding, and margin status—guide decisions on curative resection versus the need for additional surgical intervention. Recent evidence on long-term outcomes, recurrence rates, and lymph node metastasis risk in various subgroups will be reviewed. We will also highlight emerging technologies and diagnostic tools, including advanced imaging and artificial intelligence, which may enhance pre-treatment risk prediction.

By addressing current controversies and knowledge gaps, this session aims to provide a practical and evidence-based update for clinicians managing T1 CRC in the era of precision endoscopy.

A05 Management of T1 CRC: The emerging challenge of endoscopists in mass screening era

Date: 10:20-12:00, July 26, 2025

PAEM: Is it prime time for treating deep invasive T1 rectal cancers?

Toshio Uraoka

Gunma University, Japan

The increasing detection of T1 colorectal cancers (CRC) through population-based screening programs presents new challenges for endoscopists. While endoscopic resection is well-established for low-risk T1 lesions, the optimal management of deeply invasive T1 rectal cancers remains debated. Recent studies have identified key histopathological risk factors for lymph node metastasis (LNM), such as deep submucosal invasion (≥1000 μm), lymph-vascular invasion, tumor budding, and poor differentiation. However, even in the presence of these factors, the actual LNM rate remains approximately 10%, raising concerns about overtreatment with radical surgery—particularly in elderly patients or those with comorbidities.

In this context, per anal endoscopic myectomy (PAEM) and endoscopic intermuscular dissection (EID) have emerged as novel organ-preserving techniques for selected rectal cancers. Both aim to extend resection depth beyond the submucosal layer by incorporating partial myotomy or intermuscular plane dissection, allowing for wider and deeper en bloc excision without resorting to total mesorectal excision. When combined with advanced imaging and individualized risk stratification, PAEM and EID may offer oncological safety with preserved anorectal function.

As the population ages, treatment strategies that balance cancer control and quality of life are increasingly critical. This lecture will review current evidence and explore the potential role of PAEM and EID in the management of deep invasive T1 rectal cancers

A05 Management of T1 CRC: The emerging challenge of endoscopists in mass screening era

Date: 10:20-12:00, July 26, 2025

Liquid biopsy for precision treatment and surveillance of T1 CRC

Li-Chun Chang
National Taiwan University Hospital

The widespread adoption of colorectal cancer (CRC) screening has increased the detection rate of T1 CRC, posing new challenges for personalized treatment decision-making. While many T1 CRC cases are curable through endoscopic resection alone, a subset harbor lymph node metastasis (LNM) and require additional surgery. Current histology-based criteria for identifying high-risk T1 CRCs often lead to overtreatment, with high false-positive rates resulting in unnecessary surgeries that negatively impact patient quality of life and increase healthcare costs.

This presentation explores the potential of molecular diagnostics, especially liquid biopsy, to refine the risk stratification and management of T1 CRC. Data from recent studies demonstrate that combining traditional histological assessment with molecular biomarkers, such as tissue-derived mRNA and miRNA, significantly improves the prediction of LNM. In particular, integrative models that incorporate invasion depth, lymphovascular invasion, and miRNA profiles show promising predictive performance. Furthermore, blood-based liquid biopsy platforms offer a less invasive alternative for evaluating LNM risk. For example, circulating tumor RNA (ctRNA), cell-free miRNA, and small extracellular vesicle (sEV)-associated molecules have shown high accuracy in distinguishing T1 CRC with LNM.

Recent data from Miyazaki et al. and Wada et al. support the clinical feasibility of miRNA-based and proteomic models, with some models achieving >90% sensitivity and specificity. Additionally, the presenter shares unpublished data from a Taiwanese national project using sEV proteomics and transcriptomics, revealing high diagnostic accuracy (sensitivity 94.1%, specificity 100%) in differentiating T1N1 from T1N0 cases. Comparative analysis indicates that sEV- or cell-free miRNA biomarkers outperform ctDNA, which still suffers from limited sensitivity in early-stage CRC.

In conclusion, liquid biopsy represents a powerful tool for improving the precision management of T1 CRC. While retrospective and preliminary data are encouraging, prospective validation through well-designed clinical trials remains essential before widespread clinical implementation. By reducing false positives and personalizing treatment decisions, liquid biopsy may play a transformative role in minimizing overtreatment and optimizing outcomes in early-stage colorectal cancer.

A05 Management of T1 CRC: The emerging challenge of endoscopists in mass screening era

Date: 10:20-12:00, July 26, 2025

Treatment of T1 CRC in the elderly: An emerging challenge in aging population

Chung-Ying Lee

Taipei Medical University Shuang-Ho Hospital

Colorectal cancer (CRC) is the second most deadly and third most commonly diagnosed cancer worldwide, with its incidence increasing with age. More than two-thirds of CRC cases occur in individuals aged 65 years and older. T1 CRC, an early-stage cancer, presents both endoscopic and surgical resection as potential curative options. Deciding between these approaches in elderly patients requires careful consideration of oncologic outcomes, procedure-related risks, comorbidities, and quality of life.

Surgical resection offers comprehensive oncologic clearance via lymph node dissection but carries higher perioperative risk in frail elderly patients, potentially compromising recovery and postoperative quality of life. Endoscopic resection is minimally invasive with lower immediate morbidity and faster recovery, though it carries a risk of residual disease or occult nodal metastasis. Current guidelines use histopathologic risk factors (e.g. deep submucosal invasion, lympho-vascular invasion, poor differentiation, tumor budding, or involved margins) to stratify T1 CRC, recommending additional surgery for high-risk lesions. However, emerging evidence indicates that carefully selected T1 CRC without adverse features can achieve long-term oncologic outcomes comparable to surgery with endoscopic therapy alone. Moreover, in very elderly or comorbid patients, even some high-risk T1 cancers might be reasonably managed with endoscopic resection to avoid surgical morbidity. A patient-centered, individualized approach is critical to maximize cure while minimizing harm in this growing patient population.

A06 LGI debate session: FIT or direct colonoscopy for CRC screening?

Date: 13:30-15:10, July 26, 2025

Moderator

Takahisa Matsuda
Toho University, Japan

Han-Mo Chiu
National Taiwan University Hospital

A06 LGI debate session: FIT or direct colonoscopy for CRC screening?

Date: 13:30-15:10, July 26, 2025

Current trends in CRC screening: A global perspective

Chiu-Wen Su

National Taiwan University

Taiwan CRC Screening Program

Colorectal cancer (CRC) screening strategies vary globally, reflecting differences in healthcare infrastructure, population risk profiles, and policy approaches. Most high-income countries have adopted organized, population-based screening programs using fecal immunochemical testing (FIT) as the primary modality, offered biennially to individuals aged 50–74. Some regions, such as the U.S., rely on opportunistic screening led by healthcare providers. Emerging trends include lowering the starting age to 45 in response to rising early-onset CRC. Innovations in screening are shifting toward precision strategies that integrate quantitative FIT data, polygenic risk scores (PRS), metabolic risk factors, and personalized intervals. Non-invasive tools like multitarget stool DNA (MT-sDNA) and circulating tumor DNA (ctDNA) show promise, though limitations in cost-effectiveness and specificity remain. Artificial intelligence (AI), digital twin models, and real-world data (RWD) are driving the development of individualized screening algorithms and clinical decision support systems. Countries like Taiwan and the Netherlands are pioneering risk-stratified screening using RWD to optimize colonoscopy resources and improve outcomes. The global trajectory points toward integrated, data-driven CRC screening that enhances effectiveness while minimizing overuse, requiring coordinated policy, infrastructure, and public engagement to ensure equitable implementation.

A06 LGI debate session: FIT or direct colonoscopy for CRC screening?

Date: 13:30-15:10, July 26, 2025

"We have a cheap colonoscopy": Reducing both mortality and incidence

Takahisa Matsuda
Toho University, Japan

Fecal immunochemical test (FIT) is widely used for colorectal cancer (CRC) screening due to its affordability and non-invasive nature. While FIT effectively reduces CRC mortality, its impact on cancer incidence is limited. In contrast, colonoscopy allows for both early detection and prevention by removing precancerous lesions with high accuracy in a single procedure. Japan has developed a cost-efficient colonoscopy system supported by skilled endoscopists and universal health coverage. This lecture will present evidence from Japanese studies, including the Japan Polyp Study, which demonstrated that endoscopic removal of adenomatous polyps significantly reduces CRC incidence. Although this study was not designed as a population-based screening trial, it provided critical evidence supporting the preventive potential of colonoscopy. I will also introduce Japan's "cheap colonoscopy" model, featuring streamlined procedures, high throughput, and relatively low reimbursement. Although further evaluation is needed, this model may serve as a practical and sustainable complement or alternative to FIT. Recently, Japan has shown growing interest in a dual-modality CRC screening approach that combines FIT and colonoscopy to optimize both coverage and cancer prevention. This presentation will discuss how policy innovation and investment in quality-assured colonoscopy can improve CRC screening outcomes. The ultimate goal is not just early detection but true prevention of CRC through accessible, high-quality colonoscopy services.

A06 LGI debate session: FIT or direct colonoscopy for CRC screening?

Date: 13:30-15:10, July 26, 2025

Does it FIT our demand?: Balancing cost and effectiveness by FIT screening

Wen-Feng Hsu

National Taiwan University Hospital

Colorectal cancer (CRC) screening effectively reduces cancer incidence and mortality, but the optimal strategy remains debated. While direct colonoscopy is highly sensitive for detecting neoplasms, its significant cost, invasiveness, and resource requirements can limit its feasibility for mass screening. This presentation argues that a two-tier screening approach using the Fecal Immunochemical Test (FIT) offers a more balanced and cost-effective solution for population-based programs.

FIT is a noninvasive, user-friendly test that encourages higher public participation and is the preferred method in many countries where endoscopy capacity is constrained. Multiple economic analyses have shown that annual or biennial FIT screening can be more effective and less costly than a 10-year colonoscopy strategy, largely due to higher adherence. In scenarios with high colonoscopy costs or lower CRC incidence, FIT is often the dominant strategy. Hybrid approaches, which use FIT to screen lower-risk individuals before referring them for colonoscopy, further optimize resources by reducing costs and procedural demands while maintaining high effectiveness. Ultimately, FIT-based screening provides a pragmatic and economically sound strategy that balances costs and benefits to meet the demands of large-scale public health initiatives.

A06 LGI debate session: FIT or direct colonoscopy for CRC screening?

Date: 13:30-15:10, July 26, 2025

Does cheap colonoscopy justify primary colonoscopic screening in Taiwan? - Exploring the feasibility in aging Taiwan

Yu-Min Lin
Shin Kong Wu Ho-Su Memorial Hospital

This session invites discussion on whether Taiwan should embrace primary colonoscopy or adopt a hybrid model that optimally balances affordability, effectiveness, and long-term value in colorectal cancer (CRC) screening.

Taiwan's low-cost colonoscopy through National Health Insurance has sparked debate over whether it justifies a shift from FIT-based screening to universal colonoscopy, particularly in an aging society where system capacity and resource allocation are key concerns.

We focus on value-based screening, emphasizing that cost-effectiveness depends not just on unit cost, but also on clinical outcomes, implementation feasibility, and health equity. Real-world data from a Pay-for-Performance (P4P) program demonstrate that incentive alignment can improve adenoma detection and key colonoscopy quality metrics (ADR, APC, APP). However, long-term value—such as post-colonoscopy colorectal cancer (PCCRC) prevention—requires continued monitoring.

Comparative modeling studies suggest that both colonoscopy and FIT are cost-effective strategies. Emerging technologies like DNA-based stool or blood tests show promise, but require price adjustment to deliver equivalent value.

To sum up, CRC screening strategy should not be determined by cost alone, but by how well it delivers sustainable, high-value care across diverse populations.

DEST-KASID Joint Symposium

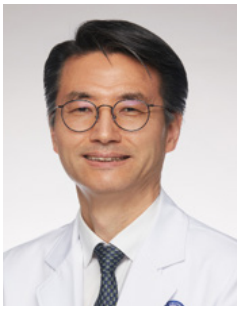
Revolutionizing IBD care: Innovation, integration, and future directions

Date: 13:30-15:10, July 26, 2025

Welcome address / Opening / Closing

Han-Mo Chiu
President, Digestive Endoscopy Society of Taiwan

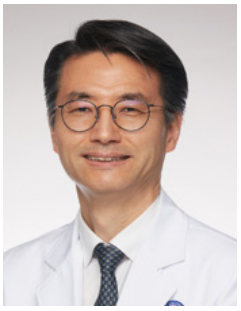
Chao-Hung Kuo
Kaohsiung Medical University Hospital



Tae Il Kim
Yonsei University College of Medicine, Korea

Moderator

Cheng-Tang Chiu
Chang Gung Memorial Hospital, Linkou



Tae Il Kim
Yonsei University College of Medicine, Korea

Jiing-Chyuan Luo
Taipei Veterans General Hospital

Jeong Sik Byeon
Asan Medical Center, Korea

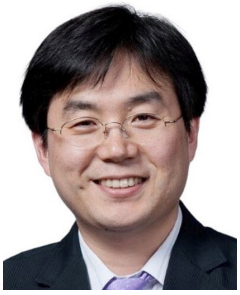
Discussants

Byong Duk Ye
Asan Medical Center, Korea

Jeong Sik Byeon
Asan Medical Center, Korea

Deng-Chyang Wu
Kaohsiung Medical University Hospital

Chiao-Hsiung Chuang
National Cheng Kung University Hospital



Jae Hee Cheon
Yonsei University, Korea

Tien-Yu Huang
Tri-Service General Hospital

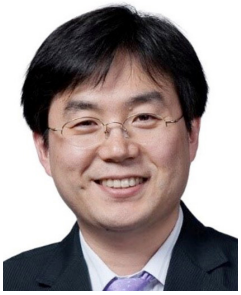
Puo-Hsien Le
Chang Gung Memorial Hospital, Linkou

DEST-KASID Joint Symposium

Revolutionizing IBD care: Innovation, integration, and future directions

Date: 13:30-15:10, July 26, 2025

Microbiota-based therapies: Shaping the future of IBD treatment



Jae Hee Cheon
Yonsei University, Korea

The composition of gut microbiome is emerging as an important contributing factor in the treatment of inflammatory bowel diseases (IBD). Perturbations of the gut microbiota affect the interplay between the gut microbiota and host cells, resulting in dysregulation of inflammation that contributes to the pathogenesis of chronic inflammatory diseases, including IBD. Observations of dysbiosis in IBD patients led to efforts to restore microbiota to a normal composition. However, much of what is known with respect to the microbiota modulation and faecal microbiota transplantation is controversial and comes from animal studies simulating the human disease, but has not been fully successful in treating IBD in many clinical trials. Fecal microbial transplantation (FMT) has emerged as a novel treatment in patients with IBD. However, their outcome was not consistent and not that of mucosal remission but of clinical response. Therefore, the effectiveness of FMT as a therapeutic application for IBD remains unclear. Furthermore, optimal donor selection, delivery methods, and donor feces processing have not yet been standardized. Probiotics are nutritional supplements that contain microorganisms that benefit the host's health when administered in the proper amount. Attempts have also been made to treat IBD by improving intestinal microbial balance through probiotics. A recent meta-analysis using 23 randomized controlled trials showed that administration of probiotics was associated with benefits regarding induction and maintenance of remission in patients with UC but not in CD. Further studies are warranted to draw a concrete conclusion in terms of the therapeutic effects of probiotics in IBD.

DEST-KASID Joint Symposium

Revolutionizing IBD care: Innovation, integration, and future directions

Date: 13:30-15:10, July 26, 2025

Artificial intelligence in IBD care: The future is now

Tien-Yu Huang

Tri-Service General Hospital

Artificial intelligence (AI) is rapidly transforming the diagnostic approach to inflammatory bowel disease (IBD), particularly through enhanced interpretation of endoscopic and histologic data. These tools improve diagnostic accuracy and reduce interobserver variability, especially among non-specialists, and some models now support real-time scoring during colonoscopy. In disease monitoring and clinical trials, AI offers significant advantages. It enables standardized and automated assessment of mucosal healing, improving consistency in clinical endpoints and eligibility assessments. AI also helps optimize trial design by stratifying patients based on imaging, laboratory, or omics data, potentially reducing recruitment times and sample sizes. Video-based AI systems are being piloted in trial environments to provide centralized scoring and even second-reader validation. These innovations promise to streamline workflow and increase objectivity in both investigator-led and industry-sponsored studies. AI is also contributing to drug response prediction by integrating clinical, microbiome, genetic, and biomarker data to identify responders and non-responders to biologics or small molecules. AI is increasingly applied in the surveillance of colitis-associated neoplasia (CAN), a major complication of long-standing IBD. However, real-world implementation faces several limitations. Ongoing studies are focused on explainable AI and prospective validation, which will be critical for moving these tools from research to bedside application.

DEST-KASID Joint Symposium

Revolutionizing IBD care: Innovation, integration, and future directions

Date: 13:30-15:10, July 26, 2025

The treatment of hope: Managing IBD-related intestinal fibrosis

Chiao-Hsiung Chuang
National Cheng Kung University Hospital

Intestinal fibrosis is a significant and often underappreciated complication of inflammatory bowel disease (IBD), particularly Crohn's disease, leading to intestinal strictures, bowel obstruction, and frequent surgical interventions that profoundly affect patients' quality of life. This talk provides an overview of key aspects in managing IBD-related fibrosis, highlighting both current approaches and future directions. The pathogenesis of fibrosis is examined, with a focus on the roles of chronic inflammation, myofibroblast activation, and critical molecular mediators. Diagnostic challenges are addressed, including the limitations of existing imaging modalities and the promise of emerging biomarkers. Current therapies, such as biologics and endoscopic techniques, are reviewed, noting their limited efficacy in reversing established fibrosis. Finally, innovative strategies in drug development, precision medicine, and combination therapies are explored, emphasizing the importance of early intervention, translational research, and patient-centered care in improving outcomes for individuals affected by IBD-related intestinal fibrosis.

DEST-KASID Joint Symposium

Revolutionizing IBD care: Innovation, integration, and future directions

Date: 13:30-15:10, July 26, 2025

Centers of excellence: Holistic IBD care for a better tomorrow

Byong Duk Ye

Asan Medical Center, Korea

Inflammatory bowel disease (IBD), encompassing Crohn's disease and ulcerative colitis, is a chronic, relapsing condition that significantly impacts patients' quality of life. While pharmacological advances have improved disease control, long-term outcomes remain suboptimal without addressing the broader needs of patients. Holistic IBD care emphasizes not only medical or surgical treatment but also patient education, mental health screening, psychosocial support, nutritional guidance, lifestyle modification including exercise plans, and coordinated multidisciplinary care. This comprehensive approach acknowledges the complex interplay between patients' symptoms, mental health, and social factors in disease management. Patient education, shared decision-making, and patient-centric personalized treatment strategies are central to empowering individuals and improving adherence to therapies. Furthermore, emerging tools such as telemedicine and digital health platforms could enhance accessibility and continuity of care. By integrating medical, emotional, and social aspects of health, holistic IBD care could offer a pathway to enhanced well-being, reduced disease-related burden, improved health-related outcomes, and a better tomorrow for patients living with IBD.

A07 Update of endoscopic treatment in malignant hilar biliary obstruction (MHBO)

Date: 13:30-15:10, July 26, 2025

Moderator

Chiung-Yu Chen
National Cheng Kung University Hospital

Nai-Jen Liu
Chang Gung Memorial Hospital, Linkou

A07 Update of endoscopic treatment in malignant hilar biliary obstruction (MHBO)

Date: 13:30-15:10, July 26, 2025

Diagnosis and tissue acquisition for MHBO

Yu-Ting Kuo

National Taiwan University Hospital

Malignant hilar biliary obstruction (MHBO) presents a diagnostic and therapeutic challenge due to its complex anatomy and diverse etiologies, most commonly cholangiocarcinoma. Accurate diagnosis and histological confirmation are essential for determining appropriate management strategies and guiding potential surgical or oncologic interventions. Endoscopic techniques, including endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS), play a central role in the evaluation of MHBO. ERCP allows for direct cholangiographic visualization and sampling through brush cytology or forceps biopsy, although with variable sensitivity. EUS, particularly with fine-needle aspiration (FNA) or fine-needle biopsy (FNB), complements ERCP by enabling access to perihilar lesions and adjacent lymph nodes, improving diagnostic yield. Recent advances in cholangioscopy have further enhanced visualization and targeted tissue acquisition under direct vision. Despite technological progress, tissue acquisition remains limited by anatomical constraints, tumor characteristics, and sampling technique. A multimodal diagnostic approach combining imaging, endoscopic methods, and cytopathological evaluation is often required for accurate diagnosis. Ongoing improvements in endoscopic tools and techniques hold promise for improving diagnostic accuracy and patient outcomes in MHBO.

A07 Update of endoscopic treatment in malignant hilar biliary obstruction (MHBO)

Date: 13:30-15:10, July 26, 2025

Pre-OP evaluation and drainage policy for MHBO

Ming-Chang Tsai
Chung Shan Medical University Hospital

Malignant hilar biliary obstruction (MHBO), most commonly due to hilar cholangiocarcinoma, presents unique challenges in diagnosis and surgical management. Preoperative evaluation and drainage strategies are critical to optimizing outcomes, particularly for patients undergoing major hepatic resections. Current practices in the preoperative assessment and biliary drainage policies for patients with MHBO, emphasize the role of multidisciplinary planning. A comprehensive evaluation includes cross-sectional imaging (CT/MRI with MRCP) for accurate tumor staging and assessment of vascular involvement, and volumetric analysis of the future liver remnant (FLR). Invasive procedures such as cholangioscopy or diagnostic ERCP may assist in histologic confirmation.

Preoperative biliary drainage (PBD) is indicated in patients with obstructive jaundice and insufficient FLR, ongoing cholangitis, or impaired hepatic function. Selective drainage of the FLR is associated with better postoperative outcomes and reduced infectious complications. Endoscopic biliary drainage (EBD) is preferred as first-line therapy, while percutaneous transhepatic biliary drainage (PTBD) may be required in anatomically complex or failed endoscopic cases. Timing of surgery following drainage is crucial and generally recommended after adequate bilirubin reduction and stabilization of hepatic function.

In summary, effective preoperative evaluation and drainage in MHBO require a tailored, multidisciplinary approach. Accurate imaging, functional liver assessment, and selective drainage of the FLR are essential components that significantly influence surgical safety and long-term outcomes.

A07 Update of endoscopic treatment in malignant hilar biliary obstruction (MHBO)

Date: 13:30-15:10, July 26, 2025

Technical tips and tricks in biliary stenting for MHBO

Cheuk-Kay Sun

Shin Kong Wu Ho-Su Memorial Hospital

A07 Update of endoscopic treatment in malignant hilar biliary obstruction (MHBO)

Date: 13:30-15:10, July 26, 2025

Endoscopic drainage in MHBO patients with longer survival

Rungsun Rerknimitr
Chulalongkorn University, Thailand

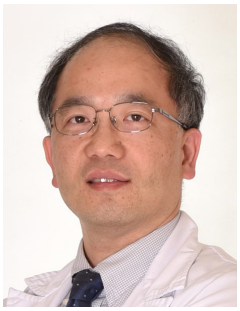
Historically, patients with unresectable hilar cholangiocarcinoma faced a survival of less than two years. However, advances in precision medicine, incorporating targeted chemotherapy and adjuvant therapies like radiation and radiofrequency ablation, now suggest survival exceeding two years. Endoscopic palliative drainage, primarily using unilateral or bilateral uncovered self-expandable metallic stents to achieve at least 50% liver parenchymal drainage, has been the standard approach. Unfortunately, longer survival increases the risk of recurrent biliary obstruction (RBO) due to stent dysfunction from tumor ingrowth and debris occlusion. Management of RBO involves re-stenting with plastic or metallic stents via percutaneous or endoscopic approaches, depending on the situation. Innovations aimed at prolonging drainage patency while preserving re-endoscopy options include: 1) smaller-diameter, fully covered metallic stents designed for exchange upon occlusion; and 2) multi-hole, partially covered stents that combine the advantages of both uncovered and fully covered stents, offering low migration rates and reduced tumor ingrowth risk. The combination of transpapillary stenting (ERCP) with contralateral intrahepatic duct drainage via hepaticogastrostomy (HGS) or hepaticoduodenostomy (HDS) under endoscopic ultrasound guidance is termed Combined ERCP and endosonography (CERES). As we await long-term outcomes of these innovative endoscopic drainage techniques, endoscopists must tailor drainage strategies to optimize patency and minimize RBO risk, carefully balancing the risks and costs associated with these newer procedures.

A08 Controversy of pancreatic ductal adenocarcinoma: An endoscopist's viewpoint

Date: 15:20-17:00, July 26, 2025

Moderator

Chien-Hua Chen
Show Chwan Memorial Hospital



Chang-Shyue Yang
En Chu Kong Hospital

A08 Controversy of pancreatic ductal adenocarcinoma: An endoscopist's viewpoint

Date: 15:20-17:00, July 26, 2025

Early diagnosis of pancreatic cancer: Is it time for screening?

Wei-Chih Liao
National Taiwan University Hospital

Approximately 85% of patients with pancreatic ductal adenocarcinoma (PDAC) are diagnosed with unresectable locally advanced or metastatic cancer with dismal survival, whereas patients with localized stage I cancer have a 5-year survival rate of 42%. Therefore, early diagnosis represents the most effective strategy to improve the prognosis.

Screening for asymptomatic high-risk individuals (HRI, i.e., Peutz-Jeghers syndrome, familial pancreatic cancer with ≥ 3 first-degree relatives [FDR], familial atypical multiple mole melanoma, and hereditary pancreatitis) who carry more than 5% lifetime risk of PDAC is advocated. For HRIs, annually screening with magnetic resonance image (MRI) and/or endoscopic ultrasound (EUS) has been shown to downstage PDAC. The American Society for Gastrointestinal Endoscopy (ASGE) recommends screening HRIs high-risk individuals using annual EUS and/or MRI starting at age 50 or 10 years younger than the earliest affected relative, and from age 35-40 for individuals with Peutz-Jeghers or hereditary pancreatitis. By contrast, the US Preventive Service Task Force (USPSTF) recommended against regular screening for PDAC in the general population.

Novel blood-based biomarkers such as circulating tumor cells, exosomes, circulating tumor DNA and cell-free DNA may offer promise for early detection. Artificial intelligence-assisted image analysis has demonstrated the potential for enhancing early detection. Given that most early PDACs are asymptomatic, complementing current imaging-based surveillance with biomarker-based strategies represent a viable future direction.

In summary, screening for HRIs is indicated to enable early detection of PDAC and improve survival. The potential of augmenting imaging-based approaches with biomarkers for screening of PDAC warrants further investigation.

A08 Controversy of pancreatic ductal adenocarcinoma: An endoscopist's viewpoint

Date: 15:20-17:00, July 26, 2025

Bridging for radiotherapy: Metallic or plastic stent for obstructive jaundice?

Kuei-Chuan Lee

Taipei Veterans General Hospital

Neoadjuvant therapy is an emerging trend in the treatment of pancreatic cancer. One foreseeable concern is the choice between metallic and plastic stents for biliary drainage in patients with malignant biliary obstruction prior to neoadjuvant therapy. According to a previous randomized controlled trial involving pancreatic cancer patients with malignant biliary obstruction who were undergoing neoadjuvant chemoradiation therapy, fully covered metallic stents demonstrated a significantly longer patency duration compared to uncovered metallic stents and plastic stents (220 vs. 74 and 76 days, $P < .01$). Additionally, fully covered metallic stents were associated with fewer days of delay in neoadjuvant treatment (3 vs. 50 and 73 days, $P < .01$). However, the cost-effectiveness among the three groups was similar. Furthermore, a previous meta-analysis that included neoadjuvant therapy with either chemotherapy alone or chemoradiation for pancreatic cancer-related malignant biliary obstruction found that metallic stents were associated with lower rates of reintervention ($P < .01$), delays in neoadjuvant therapy ($P = .007$), recurrent biliary obstruction ($P = .003$), and cholangitis ($P = .03$) compared to plastic stents. However, there were no significant differences between the two types of stents in terms of stent migration ($P = .31$), postoperative complications ($P = .20$), leakage ($P = .90$), or R0 resection rates ($P = .50$). Although metallic stents offer advantages in reducing reintervention and treatment delays, their impact on definitive cancer treatment outcomes appears to be similar to that of plastic stents. Moreover, evolving treatment modalities, such as heavy ion therapy, which may be affected by the presence of metallic stents, should also be taken into consideration. Therefore, the choice of stent may need to be individualized in order to achieve optimal outcomes

A08 Controversy of pancreatic ductal adenocarcinoma: An endoscopist's viewpoint

Date: 15:20-17:00, July 26, 2025

Biopsy for resectable pancreatic tumor?

Meng-Shun Sun
Yuan's General Hospital

Recent research suggests that endoscopic ultrasound-guided tissue acquisition (EUS-TA) is a safe and effective diagnostic tool, with minimal impact on surgical curability and recurrence rates. However, the role of preoperative EUS-TA for resectable pancreatic tumors remains a topic of debate, primarily due to the need to balance the benefits of tissue diagnosis against potential risks.

The advantages and drawbacks of preoperative EUS-TA for resectable pancreatic tumors vary depending on tumor location, whether in the pancreatic head or tail. Some studies support its use, highlighting its high diagnostic accuracy, ability to prevent unnecessary surgeries, and role in guiding personalized treatment strategies—particularly in staging and genomic profiling for precision therapy.

However, concerns persist regarding needle tract seeding, procedure-related complications, increased costs, prolonged operation times, and whether EUS-TA significantly impacts long-term surgical outcomes. Some surgeons prefer to proceed directly to surgery in clearly resectable cases with typical imaging findings, aiming to avoid the small risk of needle tract seeding and procedural complications.

The 2023 NCCN guidelines do not routinely recommend EUS-TA for resectable pancreatic cancer unless there is concern that imaging findings may have led to tumor misclassification.

A08 Controversy of pancreatic ductal adenocarcinoma: An endoscopist's viewpoint

Date: 15:20-17:00, July 26, 2025

Liquid or tumor biopsy for next generation sequencing: How much is enough?

Tsu-Yao Cheng

National Taiwan University Hospital

Pancreatic ductal adenocarcinoma (PDAC) currently ranks as the 7th and 6th leading cause of cancer death in Taiwan and worldwide. The 5-year survival of PDAC remains poor about 8%. Much effort has been made for improving the treatment efficacy of PDAC, and various novel examinations have been developed in search of more therapeutic targets.

Traditionally, tumor biopsy for confirming PDAC is necessary before neoadjuvant chemotherapy in borderline resectable disease and before systemic therapy in locally advanced and metastatic diseases. Liquid biopsy, less invasive and more easily accessible, has become the alternative method for cancer diagnosis. There are various liquid biopsy methods for PDAC including circulating tumor cells, cell-free nucleic acid, and exosomes. Both liquid and tumor biopsy specimens can be analyzed with next generation sequencing (NGS) to obtain possible druggable target lists for PDAC. Although NGS analysis can detect structural variants and copy number variations, high cost and variable sensitivity limit its current clinical applications.

The trend toward minimally invasive diagnosis with more sophisticated analysis is more evident in the era of personalized medicine. Liquid biopsy for NGS analysis combined with machine learning may provide more accurate diagnostic and prognostic signatures for the future treatment in PDAC patients.

A09 Microbiota-based therapeutics: Unlocking the future of precision medicine

Date: 15:20-17:00, July 26, 2025

Moderator

Chia-Long Lee
Cathay General Hospital

Deng-Chyang Wu
Kaohsiung Medical University Hospital

A09 Microbiota-based therapeutics: Unlocking the future of precision medicine

Date: 15:20-17:00, July 26, 2025

Microbiota as medicine: From FMT to next-generation therapeutics

Puo-Hsien Le

Chang Gung Memorial Hospital, Linkou

The human gut microbiota plays a pivotal role in maintaining intestinal homeostasis, immune regulation, and metabolic balance. Disruption of the microbial ecosystem has been implicated in a wide range of diseases, including inflammatory bowel disease (IBD), *Clostridioides difficile* infection (CDI), and metabolic disorders. Fecal microbiota transplantation (FMT), the direct transfer of stool from a healthy donor to a patient, has emerged as a highly effective treatment for recurrent CDI and is being actively investigated for IBD and other chronic conditions.

Recent advances in microbiome research have accelerated the development of next-generation microbiota-based therapeutics, including defined microbial consortia, live biotherapeutic products (LBPs), and precision microbial metabolites. These approaches aim to overcome the limitations of traditional FMT, such as donor variability and regulatory challenges, while enhancing safety, reproducibility, and mechanistic specificity.

This talk will review the clinical evidence and evolving applications of FMT in IBD, highlight promising translational research on microbiota-derived therapeutics, and explore future directions in integrating microbiome modulation into personalized medicine. As our understanding of host-microbe interactions deepens, microbiota-based therapies hold tremendous potential as a new class of precision medicine for immune-mediated and gastrointestinal diseases.

A09 Microbiota-based therapeutics: Unlocking the future of precision medicine

Date: 15:20-17:00, July 26, 2025

Fueling the microbiome: The role of prebiotics in health and disease

Chien-Chi Chen

Food Industry Research and Development Institute

Prebiotics are defined as substrates that are selectively utilized by host microorganisms, resulting in health benefits. A variety of ingredients have been identified as prebiotics, most of which are carbohydrates. These include short- and long-chain **β**-fructans, such as FOS and inulin, as well as GOS and HMOs. These compounds have been shown to support the growth of beneficial probiotic bacteria, particularly *Bifidobacterium* and *Lactobacillus* species. Dietary fibers, comprising both soluble and insoluble non-digestible carbohydrates, also exert physiological benefits on human health. In the colon, these fibers fermented by gut microbiota and promote the proliferation of *Bifidobacterium* to produce lactate and acetate, which serve as carbon sources for butyrate-producing commensal bacteria, thereby enhancing their growth and metabolic activity. The fermentation process results in the production of short-chain fatty acids (SCFAs), which lower colonic pH and suppress the proliferation of pathogenic bacteria. Furthermore, SCFAs and other microbial metabolites modulate enteroendocrine signaling pathways, contributing to appetite suppression, improved fat metabolism, and potential amelioration of non-alcoholic fatty liver disease. These compounds also influence insulin secretion, aiding in the regulation of pre-prandial blood glucose levels. Additionally, they help maintain the integrity of the intestinal barrier and exert anti-inflammatory effects, among other health-promoting outcomes. Today, I'll be discussing how prebiotics fuel the gut microbiome.

A09 Microbiota-based therapeutics: Unlocking the future of precision medicine

Date: 15:20-17:00, July 26, 2025

Probiotics in precision medicine: Beyond the basics

Hsin-Chih Lai

Revivebio Biotechnology company

The field of microbiome research has profoundly reshaped human health. Especially, the potential of fecal microbiota transplantation (FMT) and probiotics as preventive or therapeutic interventions are highlighted. Whereas the benefits of traditional probiotics are well-reckoned, their efficacy and mechanisms of actions (MOA) remain not totally clear. Also, the long-term FMT effects are still under evaluation. Recent advances in next generation sequencing (NGS) have revealed gut microbes with significant health benefits, paving the road for identification of important next-generation probiotics (NGPs). NGPs, unraveled through synthetic biology and bioinformatics, are rapidly developed to ameliorate chronic inflammation disease. In this presentation, I will present the current research on NGP safety, efficacy, stability, and their applications in preventing and treating chronic diseases including ageing, diabetes, obesity, and cardiovascular diseases …etc.. I will explore the physiological characteristics, safety profiles, and MOA of important NGP species/strains such as *Parabacteroides goldteinii*, while also address the challenges and opportunities in the aspect of their application in clinical practice. The potential of NGPs to revolutionize microbiome-based therapies and improve clinical outcomes is expected.

A09 Microbiota-based therapeutics: Unlocking the future of precision medicine

Date: 15:20-17:00, July 26, 2025

The future of microbiota therapeutics: Challenges and opportunities

Cheng-Hsun Chiu
Chang Gung Memorial Hospital, Linkou

Fecal microbiota transplantation (FMT) has been used to treat recurrent *Clostridium difficile* infections since 2013. It involves introducing donors' fecal microbiota into the recipients' intestines to directly change the recipient's intestinal microecology and bring health benefits. FMT has been accepted as an effective and safe intervention for patients with recurrent infections. Studies from different countries have consistently reported that its cure rate can reach > 90%. Current studies have confirmed that FMT can restore patients' colonization resistance to bacterial pathogens such as *C. difficile* through a variety of mechanisms. Our understanding of how the microbiome influences health and disease is increasing through multi-omics studies, suggesting microbiome-based therapeutics such as FMT should be incorporated into "precision medicine" treatment options. Research estimates that the number of microbes in the intestinal flora is 10 times that of human cells (100 trillion). These microbes, numbering more than 1,000 species, play a key role in maintaining human health. When the intestinal flora is out of balance (dysbiosis), it will affect systemic diseases besides intestinal diseases through increased intestinal epithelial permeability (leaky gut), metabolites, immune reactions, neural effects of the gut-brain axis, and anti-allergic and inflammatory reactions of the gut-lung axis. These diseases include obesity, metabolic diseases, cardiovascular diseases, neurodegenerative diseases, chronic obstructive pulmonary disease, and cancer. Understanding the broad extent to which host-microbiome associations are maintained across populations is revealing personalized host-microbiome phenotypes that can be integrated with other biomarkers to enhance their application in precision medicine. This presentation will focus on the role of intestinal microflora in *C. difficile* infection and colonization, and report on the factors in donor selection for FMT, and the latest progress in FMT in the treatment of recurrent or refractory *C. difficile* infection and its potential as a precision medicine treatment for other diseases.

A10 Endoscopic practice in primary care setting

Entrepreneur: beyond daily practice of endoscopy

Date: 15:20-17:00, July 26, 2025

Opening remark / Closing remark

Hsih-Hsi Wang
e-com clinic

Li-Ying Chang
Lynn's Clinic

Moderator

Wen-Ching Lee
Ju Da Union Clinic

Li-Jung Tseng
Tseng Li Jung Clinic

Yen-Gen Chang
Everhealth Clinic

A10 Endoscopic practice in primary care setting

Entrepreneur: beyond daily practice of endoscopy

Date: 15:20-17:00, July 26, 2025

AI meets medicine: How artificial intelligence enhances medical expertise

Chien-Chung Liao
Liao Clinic

In today's rapidly evolving healthcare landscape, Artificial Intelligence (AI) is emerging as a vital partner to medical expertise, fundamentally transforming clinical practice. By leveraging advanced algorithms, machine learning, and domain-specific AI systems like Dr.AI, healthcare professionals are empowered to enhance diagnostic accuracy, streamline documentation, personalize treatment strategies, and bridge critical gaps caused by workforce shortages. AI not only optimizes the precision and efficiency of clinical decision-making but also ensures continuous monitoring, proactive care, and interdisciplinary collaboration. Importantly, this evolution preserves the irreplaceable human touch that defines medicine. As AI seamlessly integrates into every stage of patient care, from admission to discharge planning, outpatient consultations, and healthcare agents, it fosters a smarter, more proactive, and more equitable healthcare ecosystem. "AI Meets Medicine" represents not a replacement of human expertise, but an expansion of it, unlocking a future where technology and compassion work hand-in-hand to elevate healthcare outcomes globally.

A10 Endoscopic practice in primary care setting

Entrepreneur: beyond daily practice of endoscopy

Date: 15:20-17:00, July 26, 2025

Beyond routine endoscopy: Is EBMT a worthy investment?

Yang-Chao Lin
Youth Time Clinic
Fu Jen Catholic University Hospital

The increasing global prevalence of obesity demands innovative treatments beyond conventional endoscopic approaches. Endoscopic Bariatric and Metabolic Therapies (EBMT), including Endoscopic Sleeve Gastroplasty (ESG), POSE 2, intragastric balloons, have emerged as minimally invasive alternatives to traditional surgery. EBMT procedures offer significant weight loss, metabolic improvements, and enhanced patient quality of life, bridging the gap between conservative treatments and invasive bariatric surgery. Recent studies demonstrate sustained efficacy, with EBMT achieving substantial weight loss and notable reductions in obesity-related comorbidities such as diabetes and hypertension. Economically, EBMT represents a compelling investment by potentially reducing healthcare expenditures linked to obesity complications, despite initial procedural costs. Moreover, EBMT's favorable safety profile, shorter recovery periods, and high patient acceptance reinforce its clinical viability. However, considerations including reimbursement, procedural expertise, and patient selection criteria remain critical for broader adoption. As technologies evolve, EBMT is positioned to play a pivotal role in obesity management, warranting focused investment. Ultimately, EBMT presents a clinically effective, economically justifiable, and patient-preferred approach, surpassing routine endoscopy in managing obesity and related metabolic diseases.

A10 Endoscopic practice in primary care setting

Entrepreneur: beyond daily practice of endoscopy

Date: 15:20-17:00, July 26, 2025

Unleash doctors: To eliminate patient risks from documentation errors.

Wade Liao
MIT Sloan School MBA

CS1 Chairman speech

Date: 09:40-10:20, July 27, 2025

Moderator

Shou-Chuan Shih

MacKay Memorial Hospital

CS1 Chairman speech

Date: 09:40-10:20, July 27, 2025

Simulate to elevate: The application of simulation training and implementation challenges

Ming-Jen Chen
MacKay Memorial Hospital

Simulation training is a form of experiential learning that replicates real-world scenarios for practice, learning, or assessment. It helps create scenarios to enable individuals to practice specific tasks. Over the years, simulation training has undergone significant changes. By providing immersive learning experiences that resemble the actual work environment, these technologies enable organizations to address specific learning objectives such as fostering practical skills, decision-making abilities, and teamwork to achieve effective learning outcomes.

This engagement is important for participation and knowledge retention in what they have learned in a hands-on setting. Practical strategies for simulation training include:

Needs analysis to identify skills or scenarios where simulation training is beneficial and understand learning objectives and performance gaps. Clear learning objectives for setting objectives that align with organizational goals to ensure simulation training meets desired outcomes. And finally appropriate technology to select the technology that best fits the training context, be it virtual reality, computer-based simulations, or other immersive tools. Despite its benefits, simulation training poses implementation challenges. Practical strategies can help institutions address these challenges and harness their potential.

KL1 Keynote lecture (I)

Date: 08:20-09:00, July 27, 2025

Moderator

Ming-Jen Chen

MacKay Memorial Hospital

KL1 Keynote lecture (I)

Date: 08:20-09:00, July 27, 2025

The importance of live endoscopy and hands-on training; My long journey around the world

Hiroshi Kashida

Kawanishi City Medical Center, Japan

There are many kinds of approaches to learn endoscopy; reading text books/journals, attending lectures, watching footage, watching live demonstrations, participating in hands-on training, do procedures supervised by an expert, etc. Real time live demonstrations are better than edited footage in many points; you can feel more immersed in the procedure, you can know how to overcome the difficulties in a real setting, you can ask questions to the demonstrator, etc. If possible, it's better to watch the procedures on site in the operating room than on the screen in a theater in order to understand how the instrument is prepared, how the assistants or nurses work in the operating room, etc. After watching the procedures by experts, you should not directly jump to the real procedures on real patients but you had better participate in hands-on training course. For learning upper GI observation, colonoscopic intubation or biliopancreatic cannulation, plastic models or AI simulators are available. To be trained for therapeutic procedures, artificial models or isolated animal organs are very useful, but it would be better if you can have live animals.

I have been engaged in numerous numbers of live endoscopy courses and hands-on seminars. I have traveled abroad more than 100 times to visit 35 countries. I have accepted 28 trainees and 13 visitors at Kindai University alone. It is my honor that one of the past trainees now became the President of Kazakh Endoscopy Society and is hosting International Endoscopic Forum of Central Asia.

KL2 Keynote lecture (II)

Date: 09:00-09:40, July 27, 2025

Moderator

Cheng-Tang Chiu

Chang Gung Memorial Hospital, Linkou

KL2 Keynote lecture (II)

Date: 09:00-09:40, July 27, 2025

Advancing the endoscopic diagnosis and treatment of early-stage colorectal neoplasms through learning and innovation.

Takahisa Matsuda
Toho University, Japan

The field of endoscopic diagnosis and treatment for early-stage colorectal neoplasms has advanced significantly over the past two decades, driven by continuous learning, technological innovation, and the refinement of clinical strategies. Breakthroughs in high-resolution and magnifying endoscopy, as well as image-enhanced endoscopy (IEE), have greatly improved the precision and safety of detecting, characterizing, and resecting early neoplastic lesions. This keynote lecture will highlight key milestones in the development of endoscopic techniques, with a particular focus on Japan's contributions to magnifying chromoendoscopy, pit pattern diagnosis, endoscopic mucosal resection (EMR), and endoscopic submucosal dissection (ESD). The emergence of artificial intelligence (AI) has opened new avenues in endoscopy. However, its practical utility in daily clinical practice and optimal modes of application remain under active discussion. In this context, the lecture will provide a balanced perspective on both the current and future roles of AI in endoscopic diagnosis. By exploring innovations grounded in clinical practice and emphasizing the importance of global collaboration and knowledge sharing, this session will examine how we can continue to enhance patient outcomes. The future of endoscopic management lies in striking a thoughtful balance between technical excellence and real-world applicability, supported by a culture of continuous learning.

KL3 Keynote lecture (III)

Date: 10:40-11:20, July 27, 2025

Moderator

Chun-Chao Chang

Taipei Medical University Hospital

KL3 Keynote lecture (III)

Date: 10:40-11:20, July 27, 2025

Endoscopic full thickness resection: The innovative strategy

Noriya Uedo

Osaka International Cancer Institute, Japan

To date, many studies on endoscopic full-thickness resection (EFTR) for gastric submucosal tumor (SMT) have been reported, however, the detailed technical innovation and associated outcomes have not been well investigated. Therefore, we aimed to perform technical analysis of EFTR in gastric SMT and compared with the outcome parameters. 61 gastric SMTs from 60 patients were resected using EFTR. The indication criteria: size, 11–30 mm, connection to the muscularis propria on EUS, intraluminal growth type, no ulceration, and histologically evident or clinically suspicious GISTs. The following technical innovations were made during the period 1 to 3: routine clip-line traction (Period 1–3); use of a plastic bag retriever (Period 2–3); adaptation of the reopenable clip over-the-line method (ROLM, Period 3); implementation of no-touch EFTR (Period 3); and elimination of submucosal injection (Period 3). The endoscopic complete resection rate was 100%, with a similar tumor resection time (median, 50 min) throughout the periods. Specimen damage was less frequent after using the plastic bag retriever in Periods 2 and 3 (p=0.001). In Period 3, ROLM required longer full-thickness defect closure time (39 min, p=0.011), but it provided secure closure and shortened the fasting days (p=0.010). Histological diagnoses included 38 GISTs, 14 leiomyomas, and 9 other pathologies. In Period 3, the implementation of no-touch EFTR increased the resected specimen size (33 mm, p=0.010) and improved the histological complete resection rate of the GISTs (13/13, 100%, p=0.017). Our technical innovation significantly improved the outcomes of EFTR for gastric SMTs.

KL4 Keynote lecture (IV)

Date: 11:20-12:00, July 27, 2025

Moderator

Han-Mo Chiu

National Taiwan University Hospital

KL4 Keynote lecture (IV)

Date: 11:20-12:00, July 27, 2025

Endoscopic resection for rectal tumors: Cutting-edge advances and future perspectives

Toshio Uraoka
Gunma University, Japan

With the increasing aging population in countries like Japan and Taiwan, there is a growing demand for treatment strategies for rectal tumors that are both minimally invasive and oncologically effective. Endoscopic resection techniques—particularly endoscopic submucosal dissection (ESD)—have become the standard approach for low-risk T1 rectal cancers. However, managing deeply invasive lesions requires a more nuanced strategy.

Emerging organ-preserving procedures such as Endoscopic Intermuscular Dissection (EID) and Per Anal Endoscopic Myectomy (PAEM) offer deeper resections with reduced morbidity compared to radical surgery, making them promising alternatives in selected cases.

This lecture will review the latest evidence and clinical frameworks for personalizing endoscopic treatment based on tumor invasion depth, histopathological findings, anatomical considerations, and patient-specific factors such as frailty and comorbidities.

In addition, the management of rectal neuroendocrine tumors (NETs) is evolving. These lesions, increasingly identified during routine screening, may be appropriate for advanced endoscopic techniques such as ESD or full-thickness resection, particularly in small, well-differentiated tumors.

Through an evidence-based discussion, I will explore how innovative endoscopic techniques can improve outcomes in rectal tumor treatment—balancing curability, safety, and quality of life in the era of population aging.

A11 Survival prolongation and life quality improvement of oncological patients – Role of interventional EUS

Date: 08:20-09:40, July 27, 2025

Moderator

Wen-Hsiung Chang
MacKay Memorial Hospital

Hsiu-Po Wang
National Taiwan University Hospital

A11 Survival prolongation and life quality improvement of oncological patients – Role of interventional EUS

Date: 08:20-09:40, July 27, 2025

How does EUS-BD change the management of oncological patients ?

Chia-Hsien Wu
Taitung MacKay Memorial Hospital

Endoscopic ultrasound-guided biliary drainage (EUS-BD) offers significant advantages in the management of malignant biliary obstruction, including a lower incidence of post-ERCP pancreatitis and reduced stent occlusion caused by tumor ingrowth. However, it is still associated with potential complications such as bleeding, bile leakage, gastrointestinal or biliary perforation, peritonitis, and stent migration. Although the overall rates of major adverse events and mortality remain low, the incidence of mild to moderate complications is non-negligible.

EUS-BD is a technically demanding procedure requiring expertise in both diagnostic and therapeutic EUS, as well as ERCP techniques. Guidelines for EUS-guided drainage techniques, as well as the development of dedicated EUS-specific stents and devices, are still evolving.

ESGE and ASGE guidelines recommend that, in cases of ERCP failure, EUS-BD should be considered the preferred salvage therapy over percutaneous transhepatic biliary drainage (PTBD) when expertise is available. While ERCP remains the first-line approach for initial biliary drainage, EUS-BD has emerged as a critical alternative, especially in high-risk patients or those with complex anatomical conditions.

In summary, EUS-BD is playing an increasingly important role in improving the timeliness of oncologic interventions and in the management of complex cases. Future studies are needed to establish standardized drainage protocols and to expand its application as both a primary and secondary treatment modality for patients with malignancies.

A11 Survival prolongation and life quality improvement of oncological patients – Role of interventional EUS

Date: 08:20-09:40, July 27, 2025

How far to go - the role of EUS guided tumor ablation for the metastatic hepatic malignancy

Jiann-Hwa Chen

Taipei Tzu Chi Hospital

EUS guided RFA treatment for colorectal liver metastasis

Improved clinical outcomes are seen when treatment approaches for individual metastatic colorectal cancer (mCRC) patients are discussed within a multidisciplinary team (MDT) of experts who meet regularly to review mCRC cases. The MDT has an ongoing role throughout the mCRC patient pathway, initially to review the diagnostic work-up to define whether a patient has clearly resectable or unresectable metastatic disease and to consider management of the primary tumor. A complete eradication of tumor can be obtained using thermo-ablation (evidence of ablation margins and no evidence of disease at follow-up imaging). For patients with one to five metastatic lesions confined to a single organ (most frequently liver or lung), a potentially curative approach exists. In this setting, long-term survival or even cure can be attained in 20%-45% of patients who undergo complete thermal ablation of their metastases.

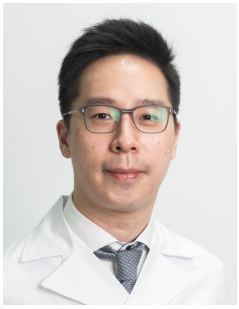
Conclusions

RFA is a well-established treatment for HCC. EUS-RFA has emerged as a promising technique, particularly for small and left hepatic lesions that are challenging to access percutaneously. Metastatic liver tumors (MLT) are considered a systemic disease and should integrate local and systemic therapies. Thermal ablation is one of locoregional treatment methods for MLT.

A11 Survival prolongation and life quality improvement of oncological patients – Role of interventional EUS

Date: 08:20-09:40, July 27, 2025

Whether the oncological patients can benefit from EUS-GJ ?



Yu-Ting Kuo
National Taiwan University Hospital

Malignant gastric outlet obstruction (mGOO) is a common complication in patients with advanced gastrointestinal malignancies, leading to significant morbidity, poor nutrition, and reduced quality of life. Endoscopic ultrasound-guided gastrojejunostomy (EUS-GJ) has emerged as a minimally invasive alternative to surgical gastrojejunostomy and enteral stenting, offering durable luminal patency with fewer adverse events. Recent studies suggest that EUS-GJ not only provides effective symptom relief but may also contribute to survival prolongation by enabling resumption of oral intake, maintaining nutritional status, and allowing continuation of oncological treatments. Compared to conventional stenting, EUS-GJ is associated with lower rates of stent dysfunction and reintervention, which are critical for improving patient comfort and reducing hospital readmissions. While surgical bypass remains effective, EUS-GJ offers comparable efficacy with shorter recovery time and lower procedural risk, making it particularly suitable for patients with limited life expectancy. Further prospective studies are warranted to validate the long-term impact of EUS-GJ on survival and quality of life. However, current evidence supports its role as a valuable palliative option that can enhance both longevity and life quality in selected oncological patients with mGOO.

A11 Survival prolongation and life quality improvement of oncological patients – Role of interventional EUS

Date: 08:20-09:40, July 27, 2025

Can EUS guided RFA facilitate treatment efficacy for inoperable pancreatic cancer patients ?

Meng-Ying Lin

National Cheng Kung University Hospital

Endoscopic ultrasound-guided radiofrequency ablation (EUS-RFA) is an emerging minimally invasive technique for the treatment of pancreatic cancer, particularly for patients who are not surgical candidates. Utilizing the precision of endoscopic ultrasound, RFA delivers targeted thermal energy through a needle electrode to induce coagulative necrosis of pancreatic tumors. This technique allows real-time imaging guidance, enabling accurate placement of the ablation probe while minimizing damage to surrounding healthy tissue.

EUS-RFA has shown promise in controlling local tumor progression, reducing tumor volume, and potentially enhancing the effectiveness of systemic therapies. It is especially valuable in cases of locally advanced or unresectable pancreatic ductal adenocarcinoma, where traditional treatment options are limited. Preliminary studies suggest that EUS-RFA is generally safe, with low complication rates and good tolerability.

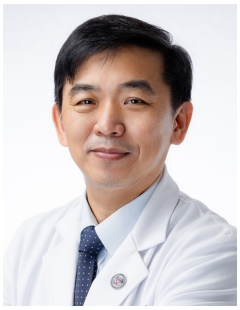
While still under investigation, EUS-RFA represents a significant step forward in the multidisciplinary management of pancreatic cancer, offering a palliative or adjunctive option to improve quality of life and possibly survival in select patients. Ongoing clinical trials and research are essential to further define its role, optimize treatment protocols, and assess long-term outcomes.

A12 Advancing frontiers in small intestinal diseases: Cutting-edge diagnosis, innovative endoscopy, and treatment breakthroughs

Date: 10:40-12:00, July 27, 2025

Moderator

Kuan-Yang Chen
Taipei City Hospital



Chao-Hung Kuo
Kaohsiung Medical University Hospital

A12 Advancing frontiers in small intestinal diseases: Cutting-edge diagnosis, innovative endoscopy, and treatment breakthroughs

Date: 10:40-12:00, July 27, 2025

Cutting-edge guidelines for managing small intestinal bleeding: A new era in treatment

Chia-Jung Kuo

Chang Gung Memorial Hospital, Linkou

Gastrointestinal (GI) bleeding is a common clinical condition encountered in both inpatient and outpatient settings. While the assessment of upper and lower GI bleeding is often straightforward, bleeding originating from the small bowel presents a greater diagnostic and therapeutic challenge. Small bowel bleeding is relatively uncommon, accounting for approximately 5–10% of all GI bleeding cases.

To provide a practical framework for the evaluation and management of suspected small bowel bleeding, the Taiwan Association for the Study of Intestinal Diseases (TASID) convened a series of in-person meetings to review the latest clinical evidence. Recommendations were developed through group discussion and consensus voting by committee members.This guideline covers:

*Terminology and differential diagnoses related to small bowel bleeding,

*Diagnostic modalities for evaluating suspected small bowel bleeding,

*Endoscopic techniques and therapeutic interventions, and

*Medical treatment options.

Over recent years, the management of small bowel bleeding has significantly evolved, driven by advancements in both diagnostic and therapeutic technologies. Clinicians should be equipped to identify common causes of small bowel bleeding, understand the advantages and limitations of various evaluation methods, and apply a stepwise, evidence-based approach in managing these patients.

A12 Advancing frontiers in small intestinal diseases: Cutting-edge diagnosis, innovative endoscopy, and treatment breakthroughs

Date: 10:40-12:00, July 27, 2025

Unraveling the mysteries of small intestinal ulcers: Diagnostic innovations

Chen-Wang Chang
MacKay Memorial Hospital

Small intestinal ulcers, while less common than gastric or duodenal ulcers, can be challenging to diagnose due to the small intestine's length and complex anatomy. However, significant advancements in diagnostic technologies are continually unraveling these mysteries.

Traditionally, doctors relied on upper GI endoscopy and barium X-rays, but these couldn't thoroughly check the entire small intestine. That's where capsule endoscopy came in. Patients swallow a tiny camera capsule that captures images as it travels through the small bowel, significantly improving ulcer detection rates. Device-assisted enteroscopy allows a scope to go deeper into the small intestine, enabling direct visualization, biopsies, and even treatment. CT scans and MRI, especially with contrast (CT/MR enterography), provide detailed images of the small bowel's structure.

More recently, Artificial Intelligence (AI) is making waves, analyzing images from capsule endoscopy and other scans to help doctors pinpoint ulcers faster and more accurately. Intestinal ultrasound is also gaining traction as a non-invasive way to assess bowel inflammation and thickness.

These innovations are not only making diagnoses more precise but also more convenient, ultimately leading to better care for patients.

A12 Advancing frontiers in small intestinal diseases: Cutting-edge diagnosis, innovative endoscopy, and treatment breakthroughs

Date: 10:40-12:00, July 27, 2025

Mastering small intestinal endoscopy: Comprehensive management of complications

Jen-Wei Chou

China Medical University Hospital

Small intestinal endoscopy has emerged as a pivotal tool in diagnosing and managing diseases of the small bowel, particularly with the advent of device-assisted techniques such as double-balloon and single-balloon enteroscopy. While these technologies have greatly expanded the therapeutic and diagnostic capabilities of gastroenterologists, they are also associated with a unique spectrum of complications. This review aims to provide a comprehensive guide to mastering small intestinal endoscopy, with a focused exploration of complication management. Common adverse events, including perforation, bleeding, pancreatitis, and sedation-related issues, are examined in detail. Strategies for prevention, early recognition, and evidence-based intervention are highlighted, emphasizing procedural planning, technique refinement, and the importance of interdisciplinary collaboration. Special considerations in high-risk populations and complex cases, such as those with altered anatomy or underlying coagulopathies, are also discussed. By synthesizing current guidelines, expert consensus, and clinical experience, this review serves as an essential resource for endoscopists aiming to optimize patient outcomes while minimizing procedural risks. Mastery in this field requires not only technical proficiency but also a deep understanding of potential complications and the capacity to respond effectively. As small intestinal endoscopy continues to evolve, a proactive, informed approach to complication management is crucial to safe and successful practice.

A12 Advancing frontiers in small intestinal diseases: Cutting-edge diagnosis, innovative endoscopy, and treatment breakthroughs

Date: 10:40-12:00, July 27, 2025

Future horizons in small intestinal endoscopy: Innovations and beyond

Tien-Yu Huang
Tri-Service General Hospital

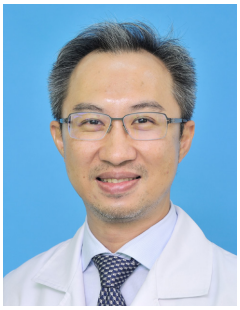
Small intestinal endoscopy has undergone transformative progress, with deep enteroscopy and capsule endoscopy now forming a complementary diagnostic and therapeutic armamentarium. This presentation will explore current capabilities and future innovations shaping the landscape of small bowel evaluation and intervention. Deep enteroscopy enables direct visualization, targeted biopsy, and therapeutic procedures such as polypectomy, stricture dilation, hemostasis, and foreign body removal. A major breakthrough is its application in endoscopic retrograde cholangiopancreatography (ERCP) for patients with surgically altered anatomy (e.g., Roux-en-Y, Billroth II), where balloon-assisted techniques allow effective access and intervention. Capsule endoscopy continues to evolve as a non-invasive, front-line diagnostic tool for obscure gastrointestinal bleeding, Crohn's disease, and small bowel tumors. The integration of artificial intelligence (AI) is further enhancing its utility by reducing reading time, improving lesion detection accuracy, and standardizing image interpretation through automated algorithms. Looking ahead, AI and robotics are poised to drive the next wave of innovation in small intestinal endoscopy. From real-time lesion recognition in deep enteroscopy to intelligent navigation and workflow optimization, these advancements signal a shift toward precision-guided, minimally invasive, and personalized care in small bowel disease management.

B01 技術師課程

2025 內視鏡中心的永續經營

Date: 09:00-10:40, July 27, 2025

Opening / Closing



陳鵬仁
三軍總醫院

顏旭亨
彰化基督教醫院

Moderator

張經緯
馬偕紀念醫院

陳淑慧
彰化基督教醫院

汪奇志
中山醫學大學附設醫院

王宜民
高雄榮民總醫院

B01 技術師課程

2025 內視鏡中心的永續經營

Date: 09:00-10:40, July 27, 2025

內視鏡護理的教育與訓練：專業能力培訓與傳承

温明珠
中國醫藥大學附設醫院

內視鏡技術發展迅速，技術師面臨的挑戰與責任加重。所以，技術師的教育和訓練對臨床工作具有極高的重要性與實質效益。

內視鏡檢查與治療常需倚賴技術員精準的技術與判斷力，從儀器準備、病人協助，到清洗消毒與感染控制，每一環節皆關係病人安全與醫療品質。透過教育訓練，才能提升技術師的專業素養，降低臨床錯誤與風險，更能確保內視鏡操作流程標準一致，避免感染或儀器損壞等事件發生。對臨床而言，這樣的訓練有助於提升檢查效率、改善病人受檢經驗，並強化跨部門溝通與團隊合作。此外，藉由經驗傳承教授機制持續的教育，不僅能縮短新進人員的學習障礙，也能穩定團隊運作，確保高品質檢查能持續延續。總而言之，內視鏡技術師教育與訓練是臨床品質、安全與效率的關鍵支柱。

B01 技術師課程

2025 內視鏡中心的永續經營

Date: 09:00-10:40, July 27, 2025

科技創新與永續性：數位化在內視鏡中心管理的應用

許芳瑜
林口長庚紀念醫院

隨著醫療環境的快速變遷，數位轉型不再是一個選項，而是醫療機構維持品質、提升效率、確保安全的重要關鍵。而內視鏡中心，作為一個高度依賴技術與精密管理的單位，更是數位化應用的前線。

B01 技術師課程

2025 內視鏡中心的永續經營

Date: 09:00-10:40, July 27, 2025

內視鏡中心的永續實踐：一次性器械與永續發展的兩難

蕭中慧
義大醫院

「一次性器械與永續發展的兩難」精確地指出了當前內視鏡中心在追求感染控制與環境保護之間所面臨的挑戰。一次性器械因其能顯著降低交叉感染的風險而被廣泛採用，尤其是在高風險的內視鏡檢查治療中。然而，大量使用一次性器械也帶來了顯著的環境負擔，這確實是一個在醫療領域日益受到重視的課題。

針對這樣的兩難，要如何在一次性器械的使用與永續發展之間找到平衡點，為此次議題共同探討的重點！

B01 技術師課程

2025 內視鏡中心的永續經營

Date: 09:00-10:40, July 27, 2025

內視鏡中心財務永續性：兼顧成本效益與品質

周素勤
高雄長庚紀念醫院

針對以下五點內容講解：

1. 為什麼耗材管理重要？
   (1) 確保醫療品質
   (2) 降低成本
   (3) 減少浪費
2. 常見挑戰與風險耗材
   (1) 過期造成浪費與風險
   (2) 缺貨或臨時調撥影響臨床流程
   (3) 重複採購或庫存不實
   (4) 缺乏追蹤與紀錄
3. 如何做好耗材管理？
   (1) 採購管理
   (2) 庫存管理
   (3) 分發管理
4. 單位實務經驗分享
5. 結論與建議

Why is Consumables Management Important?

1. Consumables management plays a critical role in healthcare systems. Its importance extends beyond financial control to directly impact medical quality and patient safety. The key reasons include:
   (1) Ensuring Medical Quality
   (2) Reducing Costs
   (3) Minimizing Waste
2. Common Challenges and Risks in Consumables Management
   (1) Expired Consumables:
   (2) Stockouts or Emergency Transfers:
   (3) Duplicate Procurement or Inaccurate Inventory:
   (4) Lack of Tracking and Documentation:
3. How to Effectively Manage Consumables?
   (1) Procurement Management:
   (2) Inventory Management:
   (3) Distribution Management:
4. Practical Experience Sharing from Our Unit
5. Conclusion and Recommendation

Acknowledgement

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CHARMING

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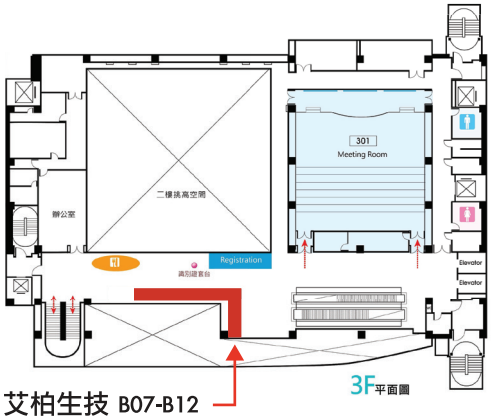

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