This is my friend in Mongo. He visited my hospital a few years ago. Picture in the right-hand side is a present from him, a music CD about a famous Mongolian queen.

Today, I’d like to talk about various issues regarding Korean gastric cancer screening. Because I talked about similar topic in the morning, endoscopic diagnosis of gastric cancer will be mentioned.

First issue is Korean gastric cancer screening.

This slide shows the Korean cancer statistics in 2014. As you can see, gastric cancer is the most common malignant disease in males, and the number 4 in females. The incidence is still high, but two third of all gastric cancers are curatively treated.

The incidence of gastric cancer in Korea is slowly decreasing, but the mortality rate is rapidly decreasing. In 2013, the mortality/incidence ratio was 0.31 in Korea.

This pictures shows the estimated gastric cancer incidence and mortality in 2012. Korea and Mongolia is number one and two in the incidence of gastric cancer. The survival rate is highest in Korea followed by Japan. It is probably due to early detection by screening program and high surgical and endoscopic techniques.

This is the recent screening program for five major cancers. It is stomach, liver, colorectal, breast and cervix.

The gastric cancer screening starts at the age of 40. Interval is every 2 years. The standard method is endoscopy. If endoscopy is not available, upper GI series is the secondary choice.

All kinds of medical institutions participate in the gastric cancer screening program. General hospitals, small hospitals, primary clinics, and screening institutions are doing gastric cancer screening.

When the screening is done by endoscopy, the gastric cancer detection rate is 3 out 1,000. 75% is early gastric cancers.

One retrospective study from Yonsei University showed no difference in the portion of endoscopically treatable gastric neoplasms between 1 and 2 years. And half of neoplasms found in the screening can be treated by ESD.

This slide shows how we are doing at my institution. Excluding palliative surgeries, we have endoscopically or surgically treated more than seventeen hundred gastric cancers in the year 2012. In this pie graph, you can see 263 adenomas with low grade or high grade dysplasia. All of them were treated endoscopically. Patients with small adenomas, which were treated by endoscopic ablation, were not included in this graph. So, endoscopic treatment of gastric adenoma is a huge workload for Korean endoscopists.

Next issue is how to learn endoscopy skills?

Traditionally learning endoscopy means learning endoscopy insertion techniques. After observing a few cases, I just started inserting the endoscope into the patient’s stomach. When I found an ulcer or polyp, I had no idea whether it is benign or malignant. But everything changed. Or everything must be changed. You should not insert the endoscope without sufficient training. Our endoscopy learning program at Samsung Medical Center starts with BOXIM, which means box simulator training and DEX, description exercise.

There are many kind of simulators. Pictures on the top is full electronic endoscopy simulator, GI Mentor and GI Mentor II. Although expensive, we don’t use it anymore. I think box simulators are much useful than GI Mentor II.

The left-hand side is the old style, and the right-hand side is the new model. We start with old style simulator because it is easier to teach and learn.

We started box simulator training in the year 2005. However, our training session was always in the evening. Why? Because we didn’t have a training room.

So, I changed a small warehouse into the box simulator training room.

Now, we can teach and learn the basic endoscopy skills in the box simulator training room before the sunset.

All the education materials for endoscopy beginners are available at my personal homepage at endotoday.com. The next course after BOXIM training is description exercise.

The beginners make a description for the endoscopy cases following the SMC style, which means location, size, major finding, minor findings, impression and classification.

If you Mongolian doctors give me a mail, I would give you personalized feedback like this.