Editor’s note

The 4th Annual East Meets West: A Medical and Surgical Symposium was held successfully from August 17th to August 18th in Shanghai, China. This conference is jointly organized by Ruijin Hospital, Shanghai, China and Florida Hospital, Orlando, USA.

This symposium aims to provide a platform for surgeons and gastroenterologists from North America and Asia to exchange ideas, to share the achievements of the East and West in the field of minimally invasive surgery, and focus on the innovative development of endoscopic surgery. Moreover, it features live demonstrations of procedures and procedural videos as the foundation of learning and discussion for all presented experts.

During this conference, the editorial team of Annals of Laparoscopic and Endoscopic Surgery had the great honor to have an interview with Prof. Joël Leroy, Founder and Chairman of Hanoi High Tech and Digestive Center in Saint Paul Hospital, Hanoi, Vietnam (Figure 1).

Expert introduction

Prof. Joël Leroy (Figure 2) is the Founder and Chairman of Hanoi High Tech and Digestive Center in Saint Paul Hospital, Hanoi, Vietnam. He has been a leader and pioneer in advanced laparoscopic colorectal surgery since the early 1990’s. He is recognized worldwide as a surgical expert, a master educator, an inventor and a researcher, and has developed and standardized a lot of laparoscopic colorectal procedures.

Prof. Joël Leroy completed his MD at University of Lille in France in 1976. In 1997, he became the professor of Digestive Surgery in Lille Medical University in France. He became the honorary professor of University of Winnipeg in Canada in 2003. Besides, he is also the visiting
For more than a quarter of a century, he has been a leading figure in the field of minimally invasive surgery, not only as a trainer for thousands of surgeons, fellows and residents in the hospital and in educational courses but also as an innovator designing new medical devices and instruments surgical concepts and best practices. In 2013, he received the Pioneer Awards of minimally invasive surgery from the main American Surgical Society of Gastroenterology and Endoscopy (SAGES).

Most recently, he has focused his interest in the development of a new surgical center in Hanoi, Vietnam: the “Hanoi High Tech and Digestive Center in St Paul Hospital”. Hanoi High Tech and Digestive Center aims to organize a colorectal cancer screening (4,000 people are tested every day), and do diagnosis and treatment with all the latest generation of surgical equipment including 4K video camera system. Prof. Joël Leroy trains a new generation of Vietnamese colorectal minimally invasive surgeons in collaboration with Professor GIANG from Hanoi Viet-Duc University Hospital.

**Interview (Figure 3)**

**ALES: As an attendee of this 4th Annual East Meets West, what do you expect specially from this conference?**

**Prof. Leroy:** It’s the first time I participate in this conference. It was a nice invitation of my good friend Prof. Minhua Zheng when we were together in Guangxi for an operation. It’s not the first time I came to China, but it’s the third time I come to Shanghai. I am always fascinated by the level of medical activities and practices, particularly about minimally invasive surgery. Coming to this meeting, I can see a lot of innovations, because I have learnt a lot concerning the feature, meeting experts from China and the world, and sharing a lot of ideas. I wish we can do more and more progress for the patients’ care and benefit a growing number of patients.

**ALES:** As I know that you will attend a discussion with a topic on “Colorectal Surgery: Old Issue, New Solution”, would you mind an introduction of it?

**Prof. Leroy:** Yes, colorectal surgery is an interesting field with a very fast-moving change. I am a colorectal surgeon with no concern about having no innovations in this field. The surgical techniques of it are changing very fast. There are several reasons: first, the fast-developing technology facilitates increasing surgeons for doing better and better. And moreover, we had only few cases in the past and operated on huge tumor. Now, we have to treat smaller tumor, and smaller and smaller due to worldwide screening. In Asia, the screening for gastric cancer changes the strategies completely. Thus, in last year, more than 50% of the cancer patients were treated, in Japan, by minimally invasive surgery. I hope we will soon have the same strategy for rectal cancer and colon cancer and not operate on patients with huge procedures very expensive for the countries. And treating patients with mini-invasive procedures can give better quality life. It’s a challenge for the next coming decades, and it’s why participating to this section is very interesting and very innovative.

**ALES:** Do you have anything special to share with regard to your findings on Minimally Invasive Surgery or Laparoscopic Colorectal Surgery?

**Prof. Leroy:** Yes, I wish to meet colorectal Chinese surgeons and I have met. They have huge activities and huge number of cases. I have met Prof. Minhua Zheng in his department where the number of colorectal cancer cases can amount to 1,500 altogether each year. This is ten times more than what we can do in the biggest colorectal center in France, which further proves that it is important for European and West countries surgeons to come in China to learn experience from our Chinese colleagues.
ALES: *You are the first French surgeon to win an American distinction “Pioneer in Minimally Invasive Surgery” in 2013, do you have something to share for this honor?*

Prof. Leroy: Yes, I am the first French to win this award and it’s exceptional for a non-American being recognized. And I know I was awarded probably because I have trained numerous younger American surgeons, now older with responsibilities in SAGES (American Surgical Society of Gastroenterology and Endoscopy). I remember when I was contacted by SAGES, they asked me if I would like to accept this award and I said I am honored to accept this great trophy because in America it doesn’t mean that you’re dead. In my country, I will probably be recognized even if I pass away. So, this is a great honor for me. This reminds me of the previous time before I joined the colorectal center long before 25 years, when I began the minimally invasive surgery, some of my colleagues complained that I was crazy, completely crazy and I was close to be in jail at that time too. However, after 25 years, I have the award organized by SAGES. This is a nice history for me and I am very happy to know that this surgery I developed was finally a big success worldwide.

ALES: *East vs. west, what are the differences from your perspective?*

Prof. Leroy: The differences do not lie in the technology now. I am working in Vietnam now with the latest techniques you can find in the world, like the 4K camera, so we have no difference in technology. I am using higher technology for the picture and this is in Asia. From my perspective, the difference is mainly determined by the population. In west countries, like America, there are so many obese patients who will be really difficult for surgeons to operate on. It’s probably why robotic-assisted surgery is widely used in America. But in Asia, majority of patients are so slim to be easily operated on compared to the patients from West and European countries. This is the big difference. Therefore, the difference is not the technology, but the patient.

I have been inspired considerably by this conference during which I have met new friends, joined new projects and exchanged with many other colorectal surgeons. Besides, I know that Prof. Minhua Zheng tries to gather a group of excellent experts not only from Shanghai in China, which is very significant for presented experts worldwide.

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None.

**Footnote**

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

**References**


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