Eur Surg (2018) 50:1–3
<https://doi.org/10.1007/s10353-018-0511-7>

european
surgery
ACA Acta Chirurgica Austriaca

Delphi comes to Milan to stop oracles on GERD and Barrett's esophagus

Martin Riegler

Published online: 18 January 2018
 © Springer-Verlag GmbH Austria, part of Springer Nature 2018

Dear reader,

As you might be aware during your daily work, understanding a topic does not simply happen. Understanding does not come into being *without* reason (“Rivers do not walk within the dry without reason” *The Ister* by Friedrich Hölderlin, 1770–1843); understanding of a concept represents a continuous stream of activities to uncover the unknown in order to increase knowledge and expertise. As such, medicine becomes art if it never stops fostering and improving the strive for a better understanding of a disease. In this way, Delphi came to Milan to define new horizons in the understanding of gastroesophageal disease (GERD) and Barrett's esophagus (BE).

GERD affects approximately 30–40% of the Western population (i. e., 3–4 out of 10 readers of this article), it presents in the form of various symptoms (heartburn, wheezing, coughing etc.), and it may lead to the development of esophageal cancer in those with BE (0.5% annual cancer risk; [1–4]). Unfortunately, the incidence of esophageal cancer has increased during the past 25 years, and in 2030 it is estimated to affect 1 out of 100 males during their lifetime, i. e., 1000 cases per year in Austria in 2030, vs. 400 cases in 2017, vs. fewer than 100 cases in 1983 [4]. The diagnosis of GERD and BE includes the patient history, endoscopy, histopathology, and esophageal function tests (manometry, reflux monitoring). In line with the historical developments in the field, there is still a discrepancy regarding the definition of normalcy and disease, the presence or absence of cancer risk, and the interpretation of data obtained via various diagnos-

tic tools to characterize GERD and BE (endoscopic criteria, histopathology, esophageal manometry, reflux monitoring). Thus, the diagnosis, treatment, and management of GERD are heterogeneous and it is justified to search for uniform definitions for the management of GERD and BE.

The aforementioned considerations stirred the enthusiasm and motivation of two outstanding, well-known, and highly reputable academic surgeons in the field: Prof. Tom DeMeester (Los Angeles) and Prof. Luigi Bonavina (Milan; Fig. 1). In order to eliminate the “oracle” type of insecurities in many GERD- and BE-related issues, DeMeester and Bonavina launched the *Delphi Survey*. The *Delphi Survey* was conducted during 2017 and represents an electronic, Web-based questionnaire consisting of three rounds including 50, 34, and 25 GERD- and BE-related questions, respec-

Fig. 1 The brains behind the *Delphi Survey*: the academic surgeons Prof. Tom DeMeester, Los Angeles, CA, USA (left) and Prof Luigi Bonavina, Milan, Italy (right) during “Milano GERD 2017”, as described in the text

Doz. Dr. M. Riegler (✉)
 Reflux Medical, Mariannengasse 10/9, 1090 Vienna, Austria
martin.riegler@refluxmedical.com

Table 1 Expert contributors of the “Milano GERD 2017” meeting

Asti E.	Milan, Italy
Attwood S.	Durham, UK
Bell R.C.W.	Englewood, USA
Bonavina L.	Milan, Italy
Chandrasoma P.	Los Angeles, USA
Conio M.	San Remo, Italy
Costamagna G.	Rome, Italy
Costantini M.	Padua, Italy
DeMeester T.R.	Los Angeles, USA
Dughera L.	Turin, Italy
Fass R.	Cleveland, USA
Fuchs K.H.	Frankfurt, Germany
Gutschow C.	Zurich, Switzerland
Heimbucher J.	Kassel, Germany
Hölscher A.H.	Frankfurt, Germany
Kadirkamanathan S.	Chelmsford, UK
Katz P.	Philadelphia, USA
Labenz J.	Siegen, Germany
Lord R.	Sydney, Australia
Malfertheiner P.	Magdeburg, Germany
McColl K.	Glasgow, UK
Mittal S.	Phoenix, USA
Nehra D.	London, UK
Pace F.	Seriate, Italy
Pera M.	Barcelona, Spain
Repici A.	Milan, Italy
Riegler M.	Vienna, Austria
Roy-Shapira A.	Jerusalem, Israel
Scarpignato C.	Parma, Italy
Schoppmann S.F.	Vienna, Austria
Simic A.	Belgrade, Serbia
Spechler S.J.	Dallas, USA
Stefanato M.	Milan, Italy
Stein H.	Nuremberg, Germany
Tarricone R.	Milan, Italy
Testoni P.A.	Milan, Italy
Theodorou D.	Athens, Greece
Tringali M.	Milan, Italy
Wajed S.A.	Exeter, UK
Watson T.J.	Washington, USA
Zaninotto G.	Padua, Italy
Zehetner J.	Bern, Switzerland

tively. The survey incorporated an international, multidisciplinary panel of eminent experts in the field including gastroenterologists, pathologists, and surgeons. The results of the survey will be published in 2018 and present a list of definitions for the diagnosis and treatment of GERD and BE.

The first update meeting of the *Delphi Survey* entitled “Milano GERD 2017: International Meeting on GERD” was held from 30 November to 1 December

Fig. 2 The expert pathologist Prof. Parakrama Chandrasoma, Los Angeles, CA, USA, during “Milano GERD 2017”. Together with the surgeon Prof. Tom DeMeester he developed a novel histopathology-based understanding of gastroesophageal reflux disease (GERD) and Barrett’s esophagus (BE). Their concept uniquely incorporates and fuses anatomy, histopathology, endoscopy, and pathophysiology of the esophagus and forms the basis for a novel approach toward GERD and BE

Fig. 3 The well-known and highly esteemed gastroenterologist Prof. Stuart Spechler, Dallas, Texas, USA, during “Milano GERD 2017”. His work profoundly supported and fostered modern endoscopic diagnosis and therapy of esophageal inflammatory and functional disorders (reflux disease, achalasia, eosinophilic esophagitis, Barrett’s esophagus [BE]). Furthermore, his projects contribute to the novel understanding of the pathogenesis underlying the orchestration of esophageal inflammation during gastroesophageal reflux disease (GERD) and BE. Prof. Spechler excellently bridges bench to bedside and brilliantly translates complex academic reasoning and efforts to our colleagues serving patients in clinical routine

2017 in Milan, organized by Prof. Luigi Bonavina and Prof. Tom DeMeester along with their outstanding teams. The meeting orchestrated a highly stimulating, straightforward multidisciplinary summary on the current management of GERD and BE (Table 1; Figs. 1, 2, 3, 4, and 5). Based on the novelties pre-

Fig. 4 The well-known and highly esteemed gastroenterologist Prof. Kenneth McColl, Glasgow, Scotland, UK, during “Milano GERD 2017”. His group significantly contributed to the understanding of the acid pocket concept for the pathogenesis of gastroesophageal reflux disease (GERD) and Barrett’s esophagus. Recently his group demonstrated the relevance of intrasphincteric reflux for early GERD

Fig. 5 The gastroenterologist Prof. Stuart Spechler (left) and the surgeon Prof. Tom DeMeester (right) during “Milano GERD 2017” pointing out the importance of an inter- and multidisciplinary approach for modern disease understanding and management

sented, an additional *Delphi Survey* was conducted at the end of each session to assess the consensus of the experts, and the data are to be published in 2018. The expert contributions were of unique value and summarized novel histopathology-based definitions of GERD and its pathophysiology, new surgical treatment options including magnetic sphincter augmentation (LINX) and electromagnetic field stimulation of the lower esophageal sphincter (Endostim), and modern monitoring of medical- and lifestyle-based therapy of GERD. Finally, the high-level discussions led to a better understanding of GERD and BE: It is not the symptoms or the morphologies that are the causes of the disease, but the failure of the func-

tion of the antireflux mechanism within the lower end of the esophagus (i.e., the lower esophageal sphincter + diaphragmatic hiatus) that causes GERD and BE. Therefore, modern diagnosis and therapy should address the dysfunction of the lower esophageal sphincter and the distortion of the geometry of the diaphragmatic hiatus. The community is now awaiting the publication of the consensus of the *Delphi Survey* in 2018.

The mentors, organizers, and contributors of the “Milano GERD 2017” meeting are to be congratulated for making (Greek: ποιεῖν poiein; make, bring forward, bring into perception; poet !!!!) a novel, important step in the understanding of GERD and BE (Figs. 1, 2, 3, 4 and 5). Stay tuned, let your sun shine, be yourself, and enjoy what you do.

Sincerely,
Martin Riegler

Conflict of interest M. Riegler declares that he has no competing interests.

References

1. Kristo I, Schoppmann SF. Diagnosis and treatment of benign inflammatory esophageal diseases. *Eur Surg.* 2015;47(4):188–98.
2. Chandrasoma PT. Metaplastic esophageal columnar epithelia in the squamooxyntic gap. In: GERD, a new understanding. London: Academic Press; 2017. pp. 82–6.
3. Riegler M, Kristo I, Nikolic M, et al. Update on the management of Barrett’s esophagus in Austria. *Eur Surg.* 2017;49(6):282–7.
4. Arnold M, Laversanne M, Brown ML, et al. Predicting the future burden of esophageal cancer by histological subtype: International trends in incidence up to 2030. *Am J Gastroenterol.* 2017;112:1247–55.