



APAGE

The Asia-Pacific Association
for Gynecologic Endoscopy
and Minimally Invasive Therapy

2019 ANNUAL NEWSLETTER



www.apagemit.com
mit.apage@gmail.com
apage.edu@gmail.com

21st APAGE Annual Congress



August 6-9, 2020

Chennai, India



www.apagemit.com

Table of Contents

APAGE Future Events	1
The Statement of APAGE for LACC Study	2
About APAGE	5
Board of Directors & Founding Board	6
International Board Members	7
20 th Annual Congress, Chongqing, China	8
Welcome Messages from APAGE	9
Welcome Messages from the Organizing Committee	10
 <i>Major Events Throughout the Year</i>	
19 th Annual Congress, Surabaya, Indonesia	11
APAGE & SFMIH Re-exploration of Single-port and Endometriosis & Hands-on Animal Workshop, Shanghai, China	13
2 nd APAGE NOTES Workshop & Live Hands-On, Bangkok, Thailand	14
APAGE & TPHTU Gynecological Oncology Focus on Cervical Cancer & Hands-on Animal Workshop, Shanghai, China	15
2019 APAGE Regional Congress, Singapore	16
2019 APAGE Reproductive & Advanced Hysteroscopy Workshop with Hysteroscopy Certification, IRCA, Taiwan	17
1 st Regional Meeting of APAGE and ESGE in conjunction with the 15 th Anniversary of PSGE, Manila, Philippines	18

Table of Contents

Past Events

Reflection on 19th APAGE Annual Congress 2018	19
Reflections on Fellowship Experience	24
Young APAGE Group (YAG)	29
APAGE Accreditation	30
GMIT - Call For Papers	31

APAGE Future Events

<p>APAGE Single-Port Workshop Shanghai</p> <p>Shanghai, China (TBA) Friday, December 6 – Sunday, December 8, 2019</p>	<p>APAGE 3rd NOTES Hands-On Workshop</p> <p>Bangkok, Thailand (TBA) Thursday, June 4 – Sunday, June 7, 2020</p>
<p>Minimally Invasive Surgery Workshop India</p> <p>Mumbai, India (TBA) Sunday, January 12 – Monday, January 13, 2020</p>	<p>APAGE Advanced Hysteroscopy Workshop with Certification</p> <p>IRCAD, Taichung, Taiwan (TBA) Friday, July 10 – Sunday, July 12, 2020</p>
<p>APAGE Oncology Hands-On Workshop Shanghai</p> <p>Shanghai, China (TBA) Friday, April 10 – Sunday, April 12, 2020</p>	<p>Minimally Invasive Surgery Workshop in Inner Mongolia</p> <p>Inner Mongolia, China Saturday, July 25 – Sunday, July 26, 2020</p>
<p>The new generation's surgery-1st NOTES Workshop in Jordan</p> <p>(TBA) Thursday, April 23 – Saturday, April 25, 2020</p>	<p>21st APAGE Annual Congress</p> <p>Chennai, India Thursday, August 6 – Sunday, August 9, 2020</p>

The Statement of APAGE for LACC Study

[Downloaded free from <http://www.e-gmit.com> on Sunday, September 8, 2019, IP: 40.232.74.221]
Gynecology and Minimally Invasive Therapy 8 (2019) 91-93

Special Article

The Statement of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy for LACC Study

The change from open radical hysterectomy (RH) for early cervical cancer, which started approximately 120 years ago, toward a minimally invasive platform, which is currently about 20 years old, is inevitable and has seen remarkable progress over the years. Unfortunately, publication of the LACC study (N Engl J Med 2018 Nov 15;379 (20):1905-1914)^[1] has tempted surgeons to shift from laparoscopy back to open surgery for early-stage cervical cancer treatment. Under the circumstances, the victim will be the patients.

The Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) holds different opinions on the conclusion of the LACC study. In this trial, minimally invasive RH was associated with lower rates of disease-free survival and overall survival than open abdominal RH among women with early-stage cervical cancer. Although the LACC study had been praised as a high-quality scientific study based on the randomized control trial, can one really apply a randomized control trial to answer a surgical outcome? The outcome may have been impacted by a surgeon's learning curve, experience, and technique. On the face value, the LACC study involved 33 centers worldwide, and 631 patients were enrolled over a 9-year period. Nineteen patients enrolled per institution over a 9-year period which calculates to 2.1 patients had minimally invasive surgical procedure per year. This begs to question, is the outcome that is observed in the LACC trial due to inexperience surgeons?

Minimally invasive RH is not a popular procedure yet. Ten minimally invasive RH experiences required in the trial, and it is much less when compared to possibly hundreds of laparotomy experience surgeons have obtained. The procedures have been conducted by the same surgeon, who usually started learning laparotomy first and thus would be better at carrying out laparoscopy than with minimally invasive therapy. Moreover, RH is not standardized; radicality of RH is relatively less in many countries. Furthermore, radicality is comparatively low in early series of laparoscopic RH as surgical complications are not considered seriously. As the surgical skills gradually improved, the specimens became comparable and finally are identical to those of open RH. Surgical results and patient survival will be comparable if not better than open RH.

The conversion rate in minimally invasive RH is relatively low (3.5%) compared to the conversion rate in the LAP2 trial (25.8%) for endometrial cancer.^[2] In the LAP2 study, laparoscopic-assisted staging surgery is a relatively simple and easy surgery for endometrial cancer, but techniques of RH for cervical cancer are more complex.

This one finding in LACC should not tarnish previous studies that have demonstrated possible advantages of laparoscopy.^[3-12] Laparoscopy is comparably young compared to laparotomy. Making a change is always a challenge. Since most gynecologists have not had enough number of patients with cervical cancer to learn the method of RH, cooperation in training and education in teaching hospitals between Asia and the world are encouraged. A clinical trial is important for medicine, and therefore, training is important for a surgeon. For patients' safety, accreditation is crucial and urgent worldwide. APAGE will take the responsibility for education, training, and accreditation of minimally invasive oncologic therapy in the Asia-Pacific region. The statement of APAGE for LACC study is as follows:

1. APAGE holds different opinions on the conclusion of the study (N Engl J Med 2018 Nov 15;379(20):1905-1914)
2. The clinical trial should be more rigorous. Surgeons' capability is a critical factor in the success of surgical cases. The study, however, has not taken that into consideration. On the face value, the LACC involved 33 centers worldwide, but only 631 patients were enrolled. It means only 19 patients per center on the average. Numerically, the 19 patients were collected over a 9-year period. It is 2.1 patients per year. This LACC study is a gross misrepresentation of the current state of early cervical cancer surgery
3. The surgeon's performance of RH is not standardized. The surgical experience gained from ten laparoscopic operations pales in comparison to experience gained from possibly hundreds of laparotomy performed by surgeons. A surgeon generally begins by learning laparotomy first and therefore has been much more skilled at laparotomy than Minimally Invasive Therapy (MTT)
4. The degree of radicality in RH will influence the outcomes. As the surgeon's surgical skills improved gradually in minimally invasive surgery, surgical results and patient survival will be comparable if not better than open RH

[Downloaded free from <http://www.e-gmit.com> on Sunday, September 8, 2019, IP: 10.232.74.22]

Lee, *et al.*: APAGE statement for LACC

5. Surgical instruments, techniques, and concepts have seen much advancement. Newly improved instrument is an important factor in surgical outcomes. This study, however, has not taken that into consideration
6. RH is an exceedingly complex surgery which requires a steep learning curve. Mastering this procedure is what differentiates gynecologic oncologic surgeons from other surgical specialties. Performing this procedure either via laparoscopically or robotically is even a much steeper learning curve. The radicality of this procedure has not been completely standardized particularly of the parametrial dissection which may contribute to the variability of the outcomes that are observed in the LACC trial as this was not standardized
7. There are not enough data to show the outcomes in the LACC study. Lower recurrence rate and higher survival rate even in the laparotomic group can be found in the study due to short follow-up period. As the majority of gynecologic oncologists still cannot perform laparoscopic oncologic surgeries well, this type of study should be composed with careful selection of clinical trials
8. Laparoscopy is comparably young compared to laparotomy. Making a change is always a challenge. This one finding in LACC should not tarnish previous studies that demonstrate possible advantages of laparoscopy
9. Training and continuing education are crucial to the capacity of surgeons. Therefore, accreditation of qualified surgeons plays an important role for the safety of patients
10. Cooperation in training for the method of RH is urgent. Since the number of patients with cervical cancer in each teaching hospital is not sufficient, cooperation in training and education between Asia and worldwide is necessary
11. Minimally invasive surgery is the treatment of choice for patients with endometrial cancer. Minimally invasive surgery for patients with cervical cancer should be performed by qualified surgeons
12. Owing to the obvious bias in this LACC study, APAGE suggests that the gynecologists should point out the bias in the LACC trial and apply the data from qualified minimally invasive surgery centers instead.

Acknowledgments

The authors thank Chua Peng Teng, MBBS, MOG, AM, FACS, for his help in the language editing of the manuscript.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Chyi-Long Lee^{1,2,*}, Kuan-Gen Huang³, Joo-Hyun Nam⁴, Peter C. Lim⁵, Felix Wong Wu Shun⁶, Keen Whye Lee⁷, Hiroyuki Kanao⁸, Yoichi Aoki⁹, Nobuhiro Takeshima⁴, Wachyu Hadisaputra¹⁰, Zhiqing Liang¹¹, Wisit Supakarapongkul¹², Kung-Liahng Wang¹³

¹Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital, Linkou Medical Center, ²Chang Gung University College of Medicine, ³Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital at Linkou, Chang Gung University College of Medicine, Kweishan, Taoyuan, ⁴Department of Obstetrics and Gynecology, Mackay Memorial Hospital, Taipei, Taiwan, ⁵Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea, ⁶Department of Gynecology Oncology and Robotic Surgery, Center of Hope, University of Nevada, Reno School of Medicine, Reno, Nevada, USA, ⁷Division of Women and Child Health, The University of New South Wales, Sydney, Australia, ⁸Gleneagles Medical Centre, Singapore, ⁹Department of Gynecologic Oncology, Cancer Institute Hospital, ¹⁰Department of Gynecologic Oncology, Cancer Institute Hospital, Tokyo, Japan, ¹¹Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Indonesia, West Java, Indonesia, ¹²Department of Obstetrics and Gynecology, Southwestern Hospital, Third Military Medical University, Chongqing, China, ¹³National Cancer Institute of Thailand, Bangkok, Thailand

Address for correspondence: Dr. Chyi-Long Lee,

Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital, Linkou Medical Center and Chang Gung University College of Medicine, No.5, Fuxing St., Guishan Dist., Taoyuan City 333, Taiwan.
E-mail: leechyilong@gmail.com

REFERENCES

1. Ramirez PT, Frumovitz M, Pareja R, Lopez A, Vieira M, Ribeiro R, *et al.* Minimally invasive versus abdominal radical hysterectomy for cervical cancer. *N Engl J Med* 2018;379:1895-904.
2. Walker JL, Piedmonte MR, Spirtos NM, Eisenkop SM, Schlaerth JB, Mannel RS, *et al.* Laparoscopy compared with laparotomy for comprehensive surgical staging of uterine cancer: Gynecologic oncology group study LAP2. *J Clin Oncol* 2009;27:5331-6.
3. Bogani G, Cromi A, Uccella S, Serati M, Casarin J, Pinelli C, *et al.* Laparoscopic versus open abdominal management of cervical cancer: Long-term results from a propensity-matched analysis. *J Minim Invasive Gynecol* 2014;21:857-62.
4. Wang W, Chu HJ, Shang CL, Gong X, Liu TY, Zhao YH, *et al.* Long-term oncological outcomes after laparoscopic versus abdominal radical hysterectomy in stage IA2 to IIA2 cervical cancer: A Matched cohort study. *Int J Gynecol Cancer* 2016;26:1264-73.
5. Soliman PT, Frumovitz M, Sun CC, Dos Reis R, Schmeler KM, Nick AM, *et al.* Radical hysterectomy: A comparison of surgical approaches after adoption of robotic surgery in gynecologic oncology. *Gynecol Oncol* 2011;123:333-6.
6. Park JY, Kim DY, Kim JH, Kim YM, Kim YT, Nam JH. Laparoscopic versus open radical hysterectomy in patients with stage IB2 and IIA2 cervical cancer. *J Surg Oncol* 2013;108:63-9.
7. Su H, Huang KG, Benavides DR, Su H, Lee CL. Laparoscopic radical trachelectomy: The choice for conservative surgery in early cervical cancer. *Gynecol Minim Invasive Ther* 2013;2:39-41.
8. Nam JH, Park JY, Kim DY, Kim JH, Kim YM, Kim YT, *et al.* Laparoscopic versus open radical hysterectomy in early-stage cervical cancer: Long-term survival outcomes in a matched cohort study. *Ann Oncol* 2012;23:903-11.
9. Lee CL, Wu KY, Huang KG, Lee PS, Yen CF. Long-term survival outcomes of laparoscopically assisted radical hysterectomy in treating early-stage cervical cancer. *Am J Obstet Gynecol* 2010;203:165.e1-7.

[Downloaded free from <http://www.e-gmit.com> on Sunday, September 8, 2019, IP: 10.232.74.22]

Lee, *et al.*: APAGE statement for LACC

10. Jarruwale P, Huang KG, Benavides DR, Su H, Lee CL. Nerve-sparing radical hysterectomy in cervical cancer. *Gynecol Minim Invasive Ther* 2013;2:42-7.
11. Lim TYK, Lin KK, Wong WL, Aggarwal IM, Yam PK. Surgical and oncological outcome of total laparoscopic radical hysterectomy versus radical abdominal hysterectomy in early cervical cancer in Singapore. *Gynecol Minim Invasive Ther* 2019;8:53-8.
12. Kanao H, Matsuo K, Aoki Y, Tanigawa T, Nomura H, Okamoto S, *et al.*

Feasibility and outcome of total laparoscopic radical hysterectomy with no-look no-touch technique for FIGO IB1 cervical cancer. *J Gynecol Oncol* 2019;30:e71.

Article History:

Received 15 July 2019

Accepted 15 July 2019

Available online 29 August 2019

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

Access this article online	
Quick Response Code:	Website: www.e-gmit.com
	DOI: 10.4103/GMIT.GMIT_75_19

How to cite this article: Lee CL, Huang KG, Nam JH, Lim PC, Shun FW, Lee KW, *et al.* The statement of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy for LACC study. *Gynecol Minim Invasive Ther* 2019;8:91-3.



(Model JC)

ULTRASOUND GUIDED HIGH INTENSITY FOCUSED ULTRASOUND SYSTEM

for Gynecologists

- *A new hope for Adenomyosis*
- *A new safe and effective option for Fibroids*

About APAGE



The Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) was officially formed in 2003 by a group of eight devoted endoscopists <Prof. Chyi-Long Lee, Prof. Prashant Mangeshikar, Prof. Keen Whye Lee, Prof. Yasuyoshi Hayashi (Bao-Liang Lin), Prof. C.Y. Liu, Prof. Felix Wong, Prof. Joo-Hyun Nam, Prof. Pong Mo Yuen> in the Asia-Pacific region who recognize the needs to share research achievements and further professional trainings in

gynecological endoscopy.

APAGE represents over 15 associations in the gynecologic field worldwide, and provides various scientific and educational activities for doctors.

Since 2004, the APAGE Annual Congress has been the largest gynecologic meeting in the Asia-Pacific region. It holds congresses in conjunction with its affiliated societies, which are becoming increasingly popular within this region. Furthermore, it has launched its laparoscopic gynecologic oncology surgery and hands-on animal workshop since 2006 to provide all experts in the region with practical trainings and a platform to exchange their experiences. APAGE endeavors to promote educational exchanges between hospitals and countries; more than 200 doctors have completed APAGE's training program.

In 2007, the idea of regional meeting was brought out for connecting the diverse professional interests and needs of different countries in the Asia-Pacific Region. Moreover, the association has started its single-incision laparoscopy surgery workshop and robotics master course in gynecology in 2011. It announced the publication of its official journal, "Gynecology and Minimally Invasive Therapy" in 2012 to offer doctors in this region an open forum to share their latest academic research achievements. Finally, starting from 2014, APAGE has associated with AITS-IRCAD Taiwan on organizing reproductive surgery workshops focusing on hysteroscopy training.

Over the past 15 years, APAGE has gathered a number of inspiring topics and expertise as its goal is to provide a platform for gynecologists who desire to enhance their surgical skills and knowledge. As for the continuously research and practice, laparoscopic gynecologic surgery has gained popularity due to developments in illumination and instrumentation that led to the emergence of laparoscopy as a credible diagnostic as well as therapeutic intervention. APAGE is honored to share some of the responsibilities to make contributions to both the medical field and the public. The progress is non-stopped; we welcome everyone to join us and assist to lead an impetus to the field of minimally invasive gynecologic surgery.

APAGE Board Members

	Chairman, Board of Trustees Chyi-Long Lee <i>Taiwan</i>		President Wachyu Hadisaputra <i>Indonesia</i>
	Founding Board Prashant Mangeshkar <i>India</i>		President-Elect Zhiqing Liang <i>China</i>
	Founding Board Keen Whye Lee <i>Singapore</i>		Immediate Past President Masaaki Andou <i>Japan</i>
	Founding Board Yasuyoshi Hayashi (Bao-Liang Lin) <i>Japan</i>		Treasurer Keen Whye Lee <i>Singapore</i>
	Founding Board C.Y. Liu <i>U.S.A.</i>		Secretary General Chih-Feng Yen <i>Taiwan</i>
	Founding Board Felix Wong <i>Australia</i>		Deputy Secretary General Veerapol Khemarangsarn <i>Thailand</i>
	Founding Board Joo-Hyun Nam <i>Korea</i>		Vice Secretary General Chong Kiat Khoo <i>Singapore</i>
	Founding Board Pong Mo Yuen <i>Hong Kong</i>		Vice Secretary General Ichnandy Arief Rachman <i>Indonesia</i>
			Vice Secretary General Chen-Ying Huang <i>Taiwan</i>

Affiliated Societies

The APAGE International Board Members



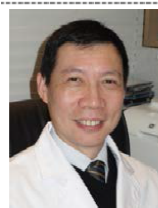
China

Chinese Gynecological Endoscopic Group (CGEG)
Jinghe Lang, M.D.



China

Chinese Gynecological Endoscopic Group (CGEG)
Enlan Xia, M.D.



Hong Kong

The Hong Kong Gynaecological Endoscopy Society
Wilfred Wong, M.D.



India

Indian Association of Gynaecological Endoscopists (IAGE)
Rishma Dhillon Pai, M.D.



Indonesia

Indonesian Gynecological Endoscopy Society (IGES)
Wachyu Hadisaputra, M.D., Ph.D.



Japan

Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy (JSGOE)
Yutaka Osuga, M.D., Ph.D.



Korea

Korean Society of Gynecologic Endoscopy (KSGE)
Jong-hyuk Kim, M.D.



Macau

Association of Obstetric and Gynecology of Macau (AOGM)
Keong Wong, M.D.



Malaysia

Gynaecological Endoscopic Society of Malaysia (GESM)
Wan Ahmad Hazim, M.D.



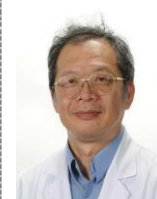
Myanmar

Myanmar Medical Association (MMA) – Obstetrical and Gynaecological Society
Aye Aung, M.D. Ph.D.



Philippines

Philippine Society for Gynecologic Endoscopy (PSGE)
Prudence V. Aquino-Aquino, M.D.



Taiwan

Taiwan Association for Minimally Invasive Gynecology (TAMIG)
Kuan-Gen Huang, M.D.



Thailand

Thai Society of Gynecologic Endoscopists (TSGE)
Amphan Chalermchokcharoenkit M.D.

Affiliated societies and observers

Cambodia

Laos

Jordan

20th APAGE Annual Congress 2019

Chongqing, China



**20th APAGE
Annual Congress**

September 20-22, 2019
CHONGQING, CHINA
Kempinski Hotel Chongqing

www.apagemit.com

Welcome Messages



Dear Colleagues and friends,

It is my great honour to welcome all of you to the 20th APAGE Annual Congress hosted by Chinese Obstetricians and Gynecologists

Association (COGA) in Chongqing, China. I would like to express my sincere gratitude to organising committee and its chairman, Prof. Zhiqing Liang for their excellent organisation.

The mission of APAGE is to promote endoscopic techniques, knowledge and educational exchange between hospitals and countries among Asia-Pacific region. Last year, we had four workshops (two in Shanghai, one in Thailand which is our 2nd NOTES workshop with live hands-on course, another one in Taiwan), five regional meetings in China, one regional congress (in Singapore) and several endorsed meetings all over the world. APAGE have achieved a great success as we received very positive feedback and reviews. We expect more academic conference and look forward to your participation.

The Congress will bring together experts from all over the world to exchange skills and ideas, also to learn from each other. Besides, to earned recognition for their outstanding performance. It is an exceptional opportunity to keep up to date on the latest development in gynecologic endoscopy.

I hope that this year's conference will challenge and inspire you, also rewards of new knowledge, collaborations, and friendships.

Best regards,

Chyi-Long Lee, M.D., Ph.D.
Chairman of Board of Trustees, APAGE



Dear Colleagues,

With the great pleasure, I hereby would like to offer a warm welcome to all the participants to the 20th Annual Congress of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) hosted by Chinese Obstetricians and Gynecologist Association (COGA) Chongqing, China from 19th September till 22nd September 2019.

APAGE is an association, which dedicated to promote gynecological endoscopy and minimally invasive therapy. There are international meetings and events such as annual congress, regional meeting, and workshops as platforms for academic exchanges and highlight the latest advancement in gynecologic minimally invasive therapy field. Over the past 17 years, we have gathered a number of inspiring topics and expertise since our establishment and offered opportunities for the gynecologists who desired to enhance their surgical skills and knowledge. The feedbacks we received from participants in the past have always been very encouraging. It will be a great opportunity to exchange advanced knowledge and level up the academic standard among members and experts. We have also prepared a strong educational program on the advanced techniques in gynecologic endoscopy located at the training centers in Asia.

Taking this chance, we deeply appreciate the local Organizing Committee COGA for their effort toward this 20th APAGE 2019 Annual Congress. Furthermore, I would like to express heartfelt appreciation to those who have devoted, supported and assisted APAGE continuously over the years. With everyone's effort and support, it can be seen that there's a brilliant future of the endoscopic and minimally invasive therapy fields in Asia-Pacific region.

I believe that the congress will be an excellent opportunity for both scientific and cultural exchange, and wish all the participants a rewarding experience from this event and a joyful memory of Chongqing, China. With everyone's effort and support, it can be seen that there's a brilliant future of the endoscopic and minimally invasive therapy fields in Asia-Pacific region.

Thank you and we are looking forward to meeting you in the APAGE Annual Congress in Chongqing, China!

With our sincere regards,

Wachyu Hadisaputra, M.D., Ph.D.
President, APAGE

Welcome Messages



Dear Colleagues and friends,

It is our great honor to welcome all of you to participate in the 20th APAGE Annual Congress on 19-22 September in Chongqing, China.

The individualized precision minimally invasive therapy has made remarkable achievements due to technological and conceptual innovation, but also faced new challenges and debates. Under the circumstances, with the purpose of promoting endoscopic techniques, exchanging ideas, enhancing collaborations between different regions, the congress will be held at the Chongqing International Convention and Exhibition Center (Nanping) on September 19-22, 2019.

We sincerely invite you to meet in the beautiful mountain city Chongqing to share the essence of academic innovation, to exchange experiences from all directions and multiple perspectives. The content covers the following 10 academic topics: Laparoscopy, Hysteroscopy, Robotics, Oncology, Endometriosis, Urogynecology, Reproductive Medicine, New Instruments Research and Science, Video Session, NOTES and single-port laparoscopy. The congress will invite well-known domestic and foreign experts and scholars to conduct special seminars on hot issues. Living surgical demonstrations will be also available online. Special training courses will be held before the meeting to provide a good communication and learning the platform for the majority of gynecologists.

I wish the conference will be successful and productive, and wish you have a very pleasant and memorable experience in the beautiful city Chongqing. We look forward to meeting you at this exciting event.

Best regards,

A handwritten signature in black ink, likely of Zhiqing Liang.

Zhiqing Liang, MD., Ph.D.
President of the Congress

LIGASURE™ BLUNT TIP SEALER/DIVIDER NANO-COATED

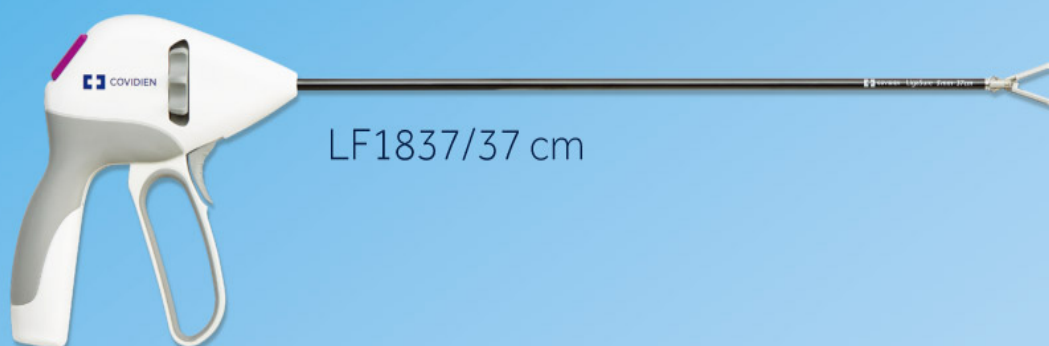
The LigaSure Sealer/Divider is a bipolar electrosurgical instrument intended for use in minimally invasive or open surgical procedures where ligation and division of up to and including 7 mm vessels, tissue bundles, and lymphatics is desired.



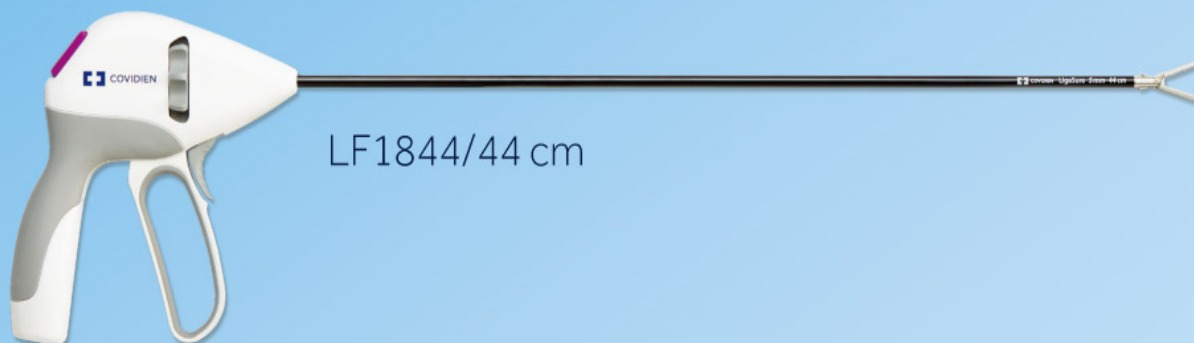
LigaSure™ vessel-sealing technology with nano-coating on the jaws



LF1823/23 cm



LF1837/37 cm



LF1844/44 cm

Medtronic
Further, Together

The 19th APAGE Annual Congress 2018

November 9 – 11, 2018, Shangri-La Hotel Surabaya, Surabaya, Indonesia



Day 1: Opening Ceremony



Day 1: Convention Hall



Day 1



Day 1



Day 2: Gala Dinner



Day 2



APAGE Board Meeting



Day 2: Gala Dinner



Day 2: Gala Dinner



Day 3: Exhibition Hall



Day 3: Closing Ceremony



Day 3: Closing Ceremony

APAGE & SFMIH Re-exploration of Single-port and Endometriosis & Hands-on Animal Workshop

December 7 – 9, 2018, Shanghai, China



2nd APAGE NOTES Workshop & Live Hands-On

April 2 – 3, 2019, Bangkok, Thailand



APAGE & TPHTU Gynecological Oncology Focus on Cervical Cancer & Hands-on Animal Workshop

May 10 – 12, 2019, Shanghai, China



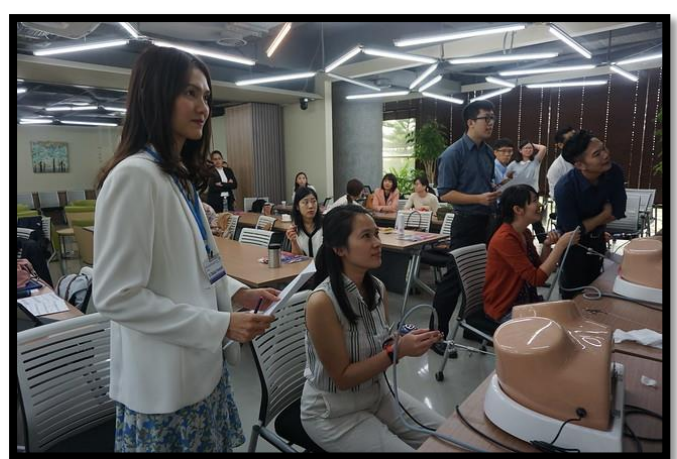
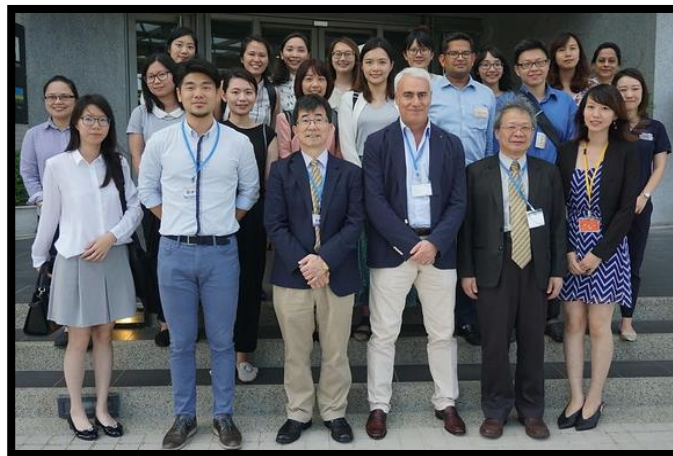
APAGE Regional Congress, Singapore

June 28 – 30, 2019, Singapore



APAGE Reproductive & Advanced Hysteroscopy Workshop with Hysteroscopy Certification

July 20 – 21, 2019, IRCAD Taiwan



1st Regional Meeting of APAGE and ESGE

in conjunction with the 15th Anniversary of PSGE

August 15 – 17, 2019, Manila, Philippines



Reflection on 19th APAGE Annual Congress 2018

November 9 – 11, 2018, Shangri-La Hotel Surabaya, Surabaya, Indonesia

(In Alphabetical Order)

Dr. Phornsawan Wasinghon

Reflection of the 2018 APAGE Annual Congress

I am a previous one-year clinical international-fellowship of endoscopy training at Chang Gung Memorial hospital in 2018.

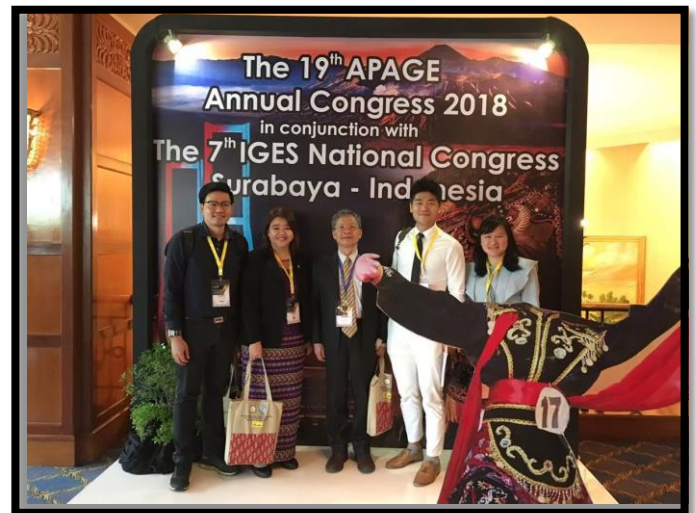
I appreciated joining the 19th Asia-Pacific Association for Gynecologic Endoscopy and Minimal Invasive Therapy (APAGE) Annual Congress 2018 in conjunction with the 7th National Meeting of Indonesian Gynecological Endoscopy Society (IGES) during November 8th -11th, 2018.

I had presented the laparoscopic surgery video of Associate Professor Kuan-Gen-Huang to show the skill and techniques of surgery in the early stage of ovarian cancer.

The video was prepared during the endoscopy training at Chang Gung Memorial Hospital.

Although I have not won the prize of video competition, I appreciated joining the video presenting competition.

I have more experienced in many video skills and techniques from many doctors as Taiwan, Japan, Indonesia, Thailand, Singapore, etc.



The theme topic of the 19th APAGE Annual Congress 2018 was maximizing gynecologic endoscopy and minimally invasive therapy for better medical service had organized many interesting topics to attend. The doctors from many countries had participated to be a speaker in their interesting field as reproductive medicine, urogynecology, gynecologic oncology, etc.

The awesome of live surgery had shown to everybody joining. The warmness and welcome from the president of APAGE and Professor Chyi-Long Lee were familiar. I have been honored to be part of this congress. The great platform for everyone to enrich their knowledge and showcase their skills for others to learn.



Dr. Phornsawan Wasinghon

Gynecologic Oncologist, Obstetrics and Gynecology Department and Gynecologic Oncology Division of Buddhachinaraj Hospital, Phitsanulok, Thailand

(in retrospect)

Reflection on 17th APAGE Annual Congress 2016

November 4 – 6, 2016, Taipei International Convention Center, Taiwan

(In Alphabetical Order)

Dr. Abhishek Mangeshikar

Laparoscopic suturing is the quintessential skill that needs to be mastered by every aspiring surgeon before even setting foot in the OR. It teaches dexterity and fluidity of movement, understanding spatial orientation and also instills confidence. Bearing this in mind, the suturing workshop was designed to teach this skill to the participants via a rigorous series of demonstrations and exercises to get them OR ready.

With a plethora of local and international faculty from India, Japan, Korea, South Africa and Taiwan, the workshop was fully booked months in advance. The advantage of multinational faculty is that different techniques are showcased by respective masters, whether it be ipsilateral, supra pubic, contralateral or single port suturing.

The equipment was graciously provided by Johnson and Johnson and Karl Storz. There were dry labs and wet labs. The dry lab consisted of a newly designed training box by Johnson and Johnson with a silicone model replicating a myoma bed known as Andoryu. The wet lab consisted of a bovine stomach with a tongue sutured inside it to simulate the enucleation of a myoma as well as closure of the hysterotomy wound.

The trainees rotated between the dry lab and the wet lab and were required to complete basic exercises as demonstrated by the tutors. As the day wore on, the exercises moved on to advanced versions and I am happy to note that all the trainees improved their baseline skill by the end of the session.

We concluded the workshop with a suturing test, which I am proud to say, the winner of which was one of the APAGE fellows, who I mentored in the principles of suturing during the start of his fellowship.

The workshop was a success and wouldn't have been possible without the input of all the faculty and a special thanks to Dr. Kuo Hsin-Hong and Dr. Han Chien-min for organising everything and dealing with the sponsors and also to Prof. Lee Chyi-Long, who envisioned this workshop and put the team together.

Dr. Abhishek Mangeshikar

Clinical Director and Specialist Consultant, Mangeshikars MAGIC Centre for Women Mumbai, India

(in retrospect)

Reflection on 2016 Single Incision Laparoscopic Surgery Workshop

November 1 – 2, 2016, IRCAD, Taichung, Taiwan

Dr. Lulu Huang

I am a third year resident at Chung Gung Memorial Hospital, and each year two residents from our program are chosen to attend the annual animal workshop. I jumped when given the opportunity to attend the 5th Single incision laparoscopic surgery Workshop at IRCAD training center from November 1st-2nd, and Preoperative evaluation and specimen retrieval workshop in Taipei at the 17th APAGE Annual Congress on November 4th. Although I've attended the workshop in my intern year as staff, this time, with a tiny bit of clinical experience, I was going to be allowed to touch the instruments and actually understand what everyone's talking about! While I've observed and participated in many single-port surgeries at our hospital, I've never stood on the "other side" of the table. As a rookie, I was both excited and nervous about enrolling in such an advanced course, but the tutors quickly put my fears at rest.

On the first morning, we were first given lectures on the very basics of SILS--ergonomics, instruments, and techniques. My colleagues and I were amazed by Prof TJ Kim's experience and skills. After the lectures, our freshly acquired knowledge was put to test at the dry lab. When we entered the lab and saw that I was in Prof Kim's group, I silently cheered at my luck. We were three to a group, with a training box, three swine hearts, and a bunch of instruments specialized for single port surgery. We practiced ovarian enucleation (peeling grapes), and myomectomy (removing artificially implanted balls of tissue from a pigs heart). Prof Kim patiently guided us and was never agitated by our semi-handicapped hands (all three of us were residents). He offered many tips and tricks for improved ergonomics and techniques. These instructions alone were well worth the 2-hour trip from Taipei.

In the afternoon, we attended the second session. This time, we were in groups of two, and took turns performing SILS on pigs. On the animal model, we were free to practice hysterectomy, bladder repair, lymph node dissection, and transaction of the common iliac artery with the new Ligasure Maryland that was not yet available at our hospital.

The second day was a day full of lectures. To be honest, I was secretly dreading a day full of lectures and thought that I would fall asleep, but the complete opposite ensued. The course was designed with very practical sessions. Memorable lectures were on NOTES by Prof Chyi Long Lee, and Fertiloscopy by Dr Tinneberg. Dr Hsuan Su's take on complications in SILS was also very refreshing. The workshop concluded with a certification ceremony for each participant. APAGE completely exceeded my expectations, and it was a truly rewarding experience.

The second workshop I attended was at Taipei, at the APAGE 16th annual congress. The workshop was focused on Preoperative evaluation and specimen retrieval. We heard from speakers from Thailand, Indonesia, Singapore, Taiwan, etc. It was interesting to see the different techniques and instrumentation for in-bag morcellation used by different countries. Since these bags are not available at our hospital, I was delighted at the chance to play with one. After a morning of introduction, we were given some time to try out these morcellation bags, and although the session was short, our tutor, Dr Navamol Lekskul made the whole experience both educational and enjoyable.

All in all, this experience was eye-opening for me, and provided a platform to meet international experts. The course will without a doubt be immensely beneficial to my future career. Thank you, APAGE for such an intriguing experience!

Dr. Lulu Huang

Linkou Chang Gang Memorial Hospital, Taiwan

Reflections on Fellowship Experience

(In Alphabetical Order)

Dr. Diane Michellene C. Cinco

Bringing It Back Home: My E-Da Hospital Experience

In the current medical landscape of the Philippines, minimally invasive gynecological surgery is still an emerging practice. Despite its benefits of less post-operative pain, smaller incisions, shorter hospitalization, quicker recovery and lower risks of infection and bleeding for a wide range of medical cases compared to laparotomy – it's a viable option that not all patients can take advantage of due to high cost and insufficient information. And that's what I wanted to bring back to my country – a way to make gynecological patients



At the operating theatre, with a nurse colleague at E-Da Hospital; fellow Filipino doctor – Dr. Mona Evangelista and our mentor, Dr. Yu Chang

more comfortable and help them return to their daily activities in the quickest way possible. So after much thought, I finally decided to undergo clinical training in gynecological laparoscopy and hysteroscopy in one of APAGE training centers: E-Da Hospital in laid-back yet bustling Kaohsiung, Taiwan.



During one of the hysteroscopy cases with Dr. Chang Yu and fellow Filipino doctor, Dr. Mona Evangelista

My journey from the Philippines started towards the end of June 2019. I knew I would only be there for a year so I really had to maximize my opportunities to pick up as much knowledge as I could from the best endoscopists in one of the most proficient minimally invasive surgery centers in Asia. At first, the sudden shift in culture and language barrier proved to be challenges both in the operating room and outside of it. But eventually I got the hang of things by brushing up on some common

phrases, reading gestures and context clues with English mixed in, as I assimilated myself in their daily operations. At E-Da Hospital, minimally invasive surgery comprises a majority of the cases so there were a lot of chances for me to practice as I continued learning.

During my fellowship training, I was able to assist and perform diagnostic and advanced laparoscopy and hysteroscopy for a myriad of gynecologic cases. These included laparoscopic hysterectomy for benign uterine lesions including myoma, and adenomyosis; adnexal surgery for ectopic pregnancy and benign ovarian and paraovarian tumors; myomectomy; and advanced surgical procedures for pelvic organ prolapse and urinary incontinence. Robotic Surgery was also being performed for the management of the said gynecologic cases. Hysteroscopic procedures including polypectomy, myomectomy, endometrial ablation and intrauterine lysis of adhesions were also part of the daily operations in E-Da Hospital. Majority of the cases were laparoendoscopic single-site surgery or the single-port surgery as this results to better cosmetic outcomes, further reduction in post-operative pain, shorter hospitalization and decreased complications. As with the current trend gearing towards more minimally invasive approaches, a number of hysterectomies and ovarian surgeries were performed via the natural orifice transluminal endoscopic surgery (NOTES). It was overwhelming and inspiring at the same time to witness how advanced minimally invasive surgery was in Taiwan, utilizing laparoscopy on majority of their operative cases even the most difficult ones. But I welcomed the challenge and learned along the way thanks to the knowledge and guidance imparted by my brilliant mentors, Dr. Chi-Chang Chang, Dr. Yu Chang, Dr. Nari Kay and the entire faculty of the Department of Obstetrics and Gynecology in E-Da Hospital.

This year-long training in E-Da Hospital has been very enriching thanks to my colleagues, the skillful nursing staff and esteemed mentors who were very patient and supportive every step of the way. It wasn't just a training ground, it was my home away from home. As I find myself back in the Philippines for good, I realized that all I want to do is impart what I've learned and apply it to the cases I'm bound to encounter in the future that gynecological laparoscopy and hysteroscopy can better address.



With my esteemed mentors at E-Da Hospital, Dr. Chi-Chang Chang, Dr. Yu Chang and Dr. Nari Kay

It's still a long road ahead as I embark on a new journey here in the motherland, but having the proper knowledge and training are the first steps towards my dream of bringing the joys of minimally invasive gynecological surgery to more and more Filipino women.

Dr. Diane Michellene C. Cinco

Department of Obstetrics and Gynecology, University of the Philippines, Philippine General Hospital, Philippines

APAGE Fellowship – My Experience

Dr. Wint Thida Htay



I am Dr. Wint Thida Htay, from Myanmar. I have been the APAGE international fellow since I attended Minimally Invasive Surgery in Gynecology course from March, 2018 to February, 2019.

It is actually encouraging, informative and practical. I am certain that all candidates will meet their expectation of being skillful laparoscopic surgeons after having a chance to attend that training membership program. In fact, it is beneficial to not only its full members but also the

participants in their training partly through a variety of training programs.

First and foremost, no one can deny that APAGE reinforces skills and technique required for minimally invasive surgery. No matter how unfamiliar with laparoscopy trainees are, they can accomplish their training, becoming the competent surgeons at the end of one year of membership according to my personnel experience.

Since it is organized with a well-experienced professional team and modernized surgical technique, it has great potential in this arena to impart knowledge and hand down skills to Gynecologists in this key-hole surgery.



What matters most, the curriculum makes the candidates fit in with the program. Members have to learn basic principles of MIS, equipment and instrumentations, anesthesia, tips of surgical technique and complications and pre- and post-operative care management. These are distributed through didactic lectures, live demonstrations, live surgeries and cadaveric hands on.

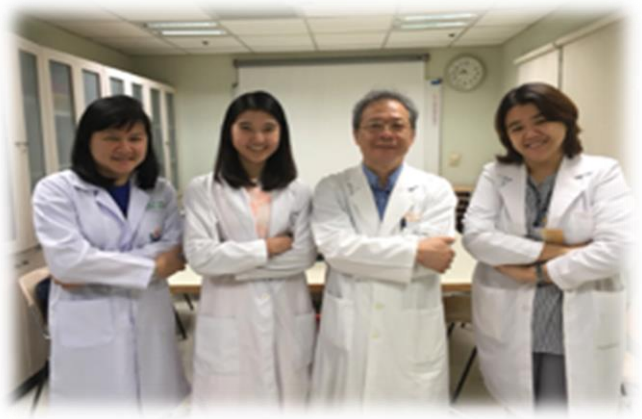
Last but not the least, participants are motivated to involve in such academic activities as paper

publication, submitting case reports, presenting power points and editing videos for operations. These are the most advantageous to trainee like me who will disseminate knowledge and skills to juniors as an academic personnel.

One of the membership's spin-offs is to have intercultural relationship and makes friends from different nations who come to have training in hostel provided by the organization. It is invaluable experience for international trainees to extend their social circle. To support this, we are obliged to attend the workshops and congress where we can meet colleagues, exchanging our knowledge. Monthly CME also provides this kind of opportunity.



Thanks God for being a member of APAGE. It would be advisable to those who want to become an expert in laparoscopy to participate in Membership program of APAGE.



Dr. Wint Thida Htay

Specialist Assistant surgeon, North Okkalapa General and Teaching Hospital, Myanmar

My Experience of APAGE Fellowship

Dr. Menelik Man Hin Lee

APAGE is the leading gynaecological laparoscopic /minimally invasive surgery society within Asia. It has gathered various experts around Asia to share and demonstrate different techniques including new advancements in minimally invasive surgery. Throughout the years, I have attended various APAGE courses. They gave me valuable experiences and learning opportunities. However, courses being courses, they only lasted for a few days. I always felt I wanted more. I wanted to experience and witness the entirety of the procedure hoping one day I can do the same as these experienced laparoscopists.

Hence within the last 12-18 months, I was accepted and spent a month as an observing fellow at Chang Gung Memorial Hospital in Linkou, Taiwan. It was one of the most memorable experience I have ever had despite my various working experience in Hong Kong, Australia, and United Kingdom.



There I was awed by the techniques by all of their staff. Professor Lee and professor Huang, in particular, were both wonderful teachers. Their skills were slick and precise and their innovation to laparoscopic surgery was masterful. NOTES surgery caught the most of my attention as for me it involved a new technique and operative orientation and the continuous desire to reduce operative access demonstrated by the entire team of laparoscopists. Other than learning within the operating theatres, members of the Linkou team (including doctors and secretaries) were also wonderful hosts. Dr. Kuo and Dr. Huang were particularly accommodating. I and other fellows also attached there were shown to various places in Taipei including local restaurants, visiting sites and we were shown the true culture of Taiwan. Some of us even did a long bike ride within Taipei which was challenging to say the least. The best part of this attachment was the fact that there were other fellows attached to the same hospital at the same time. They came from different parts of the world including Jordan and Thailand. Even a year later, we are still very good friends. When I went back to Taiwan I was able to meet our mentors again and I was able to meet up with my good friend Dr. Ala O'wais during my trip to Jordan. It feels extra special to have friends from different parts of the world. All in all, my time spent being an observing fellow at APAGE's Linkou Hospital not only brought me the skills I desired but also wonderful friendships which I didn't expect. So I would like to take this opportunity to thank everyone at involved in the APAGE Linkou hospital fellowship all for your wonderful support and all our fellows for being such wonderful company.

Dr. Menelik Man Hin Lee

Associate Consultant, Department of Obstetrics and Gynaecology, Queen Elizabeth Hospital, Hong Kong



TISSEEL
[Fibrin Sealant]

Aprotinin
[The Most Effective Exogenous
Clot Stabilizer Known¹]



COVERED FROM EVERY ANGLE

- 含有 Human Fibrinogen 及 Human Thrombin，
模仿人體凝血機轉
- Synthetic Aprotinin 作為抗纖維蛋白溶解劑，預防纖維
蛋白凝塊過早分解

Reference :

1. Sierra DH. Fibrin sealant adhesive systems: a review of their chemistry, material properties and clinical applications. *J. Biomater Appl.*

BioSurgery | ADVANCING SURGERY,
ENHANCING LIFE

Baxter

百特醫療產品股份有限公司
台北市大安區敦化南路二段216樓15號
電話：(02)23785000 傳真：(02)23782302

使用前請詳閱說明書警語及注意事項

www.baxterbiosurgery.com

衛署菌疫輸字第000925號
北市衛藥廣字第106090032號
TWN/90/16-0006

Young APAGE Group (YAG)

Date of the 21st Annual Congress

Thursday, August 6 – Sunday, August 9, 2020

Qualification

Doctors under the age of 40, or members who have received training in APAGE certified facilities in 5 years are welcome to participate.

Other Requirements

Official Language: English

Video Format: MP2 or MP4 – with submission of an English abstract limited to 500 words

Video Length: 5-minute maximum, including titles, video clips and English narration

Video Size: 750MB maximum

Accepted abstracts and videos will be presented in the YAG session in the upcoming 2020 APAGE Annual Congress in Chennai, India. All videos accepted for presentation will be posted on APAGE official website (www.apagemit.com) for educational purposes.

Young APAGE Group

YAG Video Submission for 2020 APAGE Annual Congress

A 5-minute short video with inspirational ideas & innovative surgical techniques.

APAGE Accreditation



APAGE is proudly to present its Accreditation Program! The accreditation can be awarded to centers and individual surgeons performing and practicing minimally invasive gynecologic surgery.

The purpose of the program is two-fold. Firstly, the centers and/or surgeons achieving APAGE accreditation would have demonstrated a high standard of minimally invasive surgical practice as per APAGE guidelines. These units are quality assured.

Secondly, the accreditation program focuses on teaching and training. ACMIG Centers have an established training program and the capacity to train. Surgeons seeking training in minimally invasive surgery can apply to these centers.

How to become an ACMIG Center?

1. Register by submitting an application form to apage.accreditation@gmail.com
2. Schedule an assessment date
3. Proceed to on-site inspection
4. Outcome of accreditation
5. Award of certificates at APAGE Annual Congress

How to apply for Fellow of APAGE? (Surgeon Accreditation)

1. Register by submitting an application form to apage.accreditation@gmail.com
2. Submit the required documents/video for review
3. Outcome of accreditation
4. Award of certificates at APAGE Annual Congress

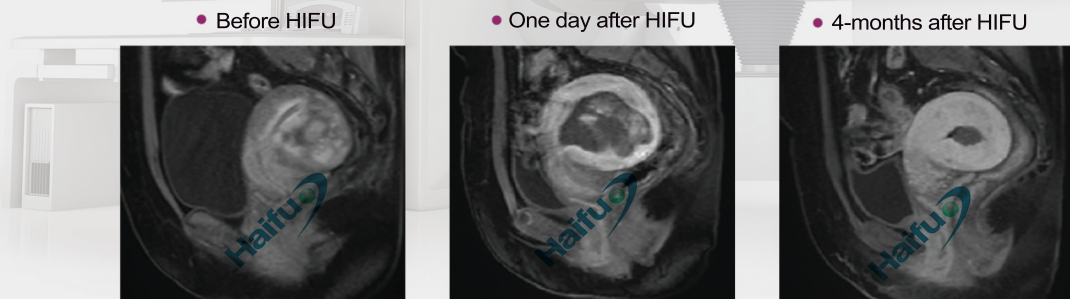
If you are interested in applying for accreditation, please contact the APAGE Secretariat at apage.accreditation@gmail.com

CLINICAL INDICATIONS: BENIGN INDICATIONS

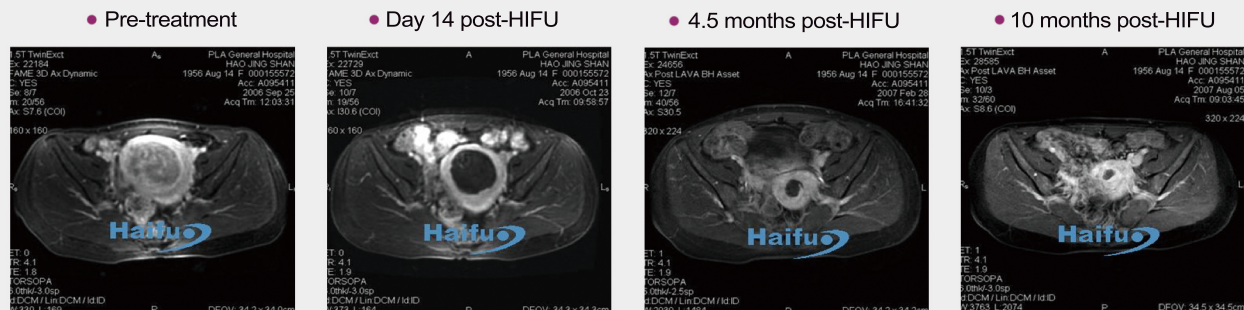
- ADENOMYOSIS
- CAESAREAN SCAR PREGNANCY
- BENIGN TUMORS
- FIBROIDS
- PLACENTA ACREATA
- ABDOMINAL WALL ENDOMETRIOSIS

HIFU WAS INCLUDED IN THE FOLLOWING GUIDELINES

- ✓ NICE 2019, UK
- ✓ FIGO 2019
- ✓ ACOC 2018, USA
- ✓ COGA 2017, China
- ✓ KSOG 2016, Korea
- ✓ SOGC 2015, Canada



Pre- and post-HIFU MRI images obtained from a 39 years old patients with adenomyosis



- Average annual absorption rate **67%**

CALL FOR PAPERS

WANT TO GET YOUR PAPERS PUBLISHED?
HERE IS YOUR CHANCE!

Gynecology and Minimally Invasive Therapy, the official publication of The Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy, is a peer-reviewed print + online Quarterly journal. The journal's full text is available online at <http://www.e-gmit.com>. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository.



Details at: www.e-gmit.com
Submission: www.journalonweb.com/gmit/

The journal will cover technical and clinical studies related to health, ethical and social issues in field of Medical, Gynecology, Minimally Invasive Surgery, Biological therapy, Hysteroscopy, Endoscopic Surgery, Gynecology Urology, Basic Science, Surgical Education, Robotic Surgery, Endometriosis, Reproductive Immunology, Reproductive Endocrinology, Gynecology Oncology. Articles with clinical interest and implications will be given preference.

Guidelines for submission

- Article Type: Review Article, Original Article, Short Communication, Clinical Review, Case Report
- Must include a 250 words (max) abstract and keywords
- NLM Style of citation
- Submissions can be made online through Journal On Web for instant status review

For any further inquiries, please contact us at gmit.apage@gmail.com



APAGE

Benefits of Members

Become an APAGE regular member to receive the latest knowledge of gynecologic endoscopy and minimally invasive therapy.

1. GMIT – complimentary access to the APAGE official journal online electronic version.
2. ASurg – complimentary access to the APAGE online surgical videos.
3. 20% Discount – to enjoy a 20% discount on all APAGE workshops organized by the APAGE training committee (Please note: It will not be available in conjunction with any other discounts or special offers such as early-bird registration discount).
4. Fellowship Programme – APAGE member can apply for our fellowship training programme and join one of our accredited training centre without additional charges.
5. Monthly Notification – receive notification of the forthcoming events, monthly and annual newsletter of the APAGE.



ASurg



Fellowship



Events

【APAGE REGISTRATION FORM】

Title ☐ Prof. ☐ A/Prof. ☐ Dr. Gender ☐ Male ☐ Female

First Name _____ Last Name _____

E-Mail _____ Other contact _____

Phone Number Country code _____ Number _____

Country of Residence _____ Affiliation/Specialty _____

Address _____

Receipt Title (If needed) _____

Specialty Classification (Please select your specialty or add any of it's not on the list)

Hysteroscopy/ Endoscopic Surgery/ Gyn Urology/ Basic Science/ Surgical Education/
Robotic Surgery/ Endometriosis/ Reproductive Immunology/ Reproductive Endocrinology/
Gyn Onology/ Others: _____

Duration of the Membership (Please select)

Duration	Membership Fee
<input type="checkbox"/> 1 year membership	100 USD / 700RMB
<input type="checkbox"/> 3 year membership	200 USD / 1400RMB
<input type="checkbox"/> 10 year membership	500 USD / 3500RMB

Once payment received in full, a receipt will be issued on-site as proof of payment. Your user ID and password will be emailed to you within 7 days (unless otherwise specified). No refunds will be made.

I declare that I have read and agreed with the terms and conditions listed above.

Signature _____ Date _____



GYN 56 2.0 02/2015/A-E

Intrauterine BIGATTI Shaver (IBS)

for Operative Hysteroscopy

STORZ
KARL STORZ — ENDOSKOPE
THE DIAMOND STANDARD