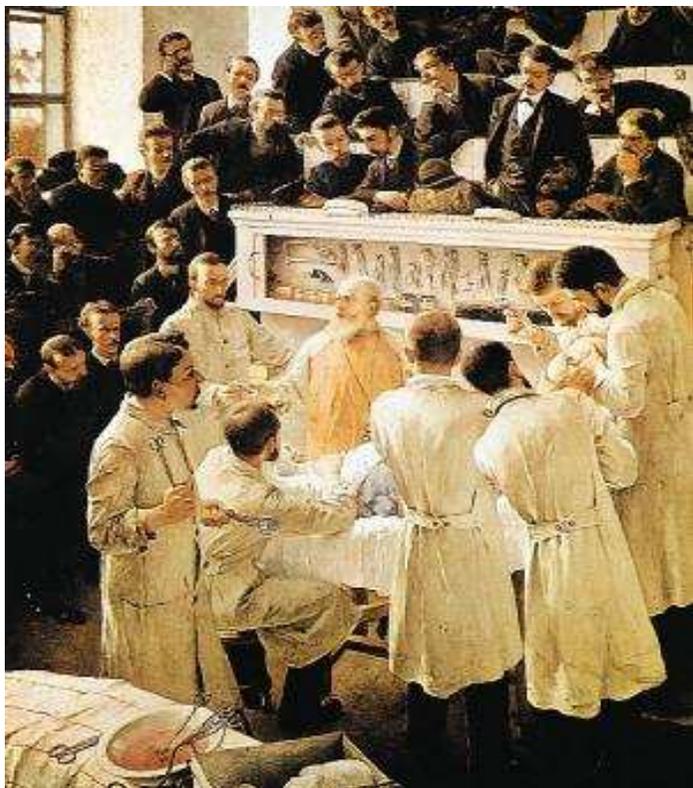


“De la tomie au robot, le chemin vers le minimalement invasif”

Chirurgie de l’oesophage

Prof. Dr. med. Stefan P. Mönig, Head Upper GI Surgery

Les débuts..... Theodor Billroth (1829-1894)



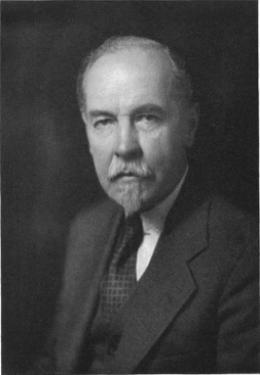
Auditoire de l'université de Vienne
Enseignement par Prof. Billroth

Première gastrectomie partielle
chez un patient avec un cancer de l'estomac

1881



Spécimen original



1913 Franz Torek (New York)

Première oesophagectomie

Son patient avec un cancer de l'œsophage. Il survit 12 ans après l'intervention!



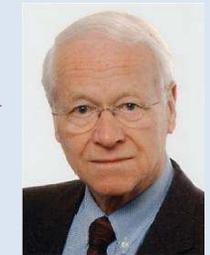
1920 Martin Kirschner (Heidelberg)

Première gastroplastie

L'école chirurgicale (Billroth / Kirschner / Zenker)



Université de Cologne
Allemagne



Heinz Pichlmaier
1971-1996



Arnulf Hölscher
1996-2016



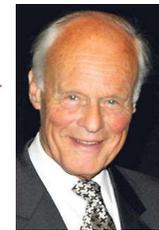
Theodor
Billroth
1829-1894
Gastrectomie/
oesophagectomie



Kirschner
1920
Première
oesophagectomie
avec
gastroplastie cervicale



Zenker



Peiper



Siewert



Ferdinand
Sauerbruch



Rudolf
Nissen

Pioniers de la chirurgie thoracique et oesophagienne

Global Education in Esophagology



Geneva Pilot center Mönig/Jung/Chevallay

North America

- Boston (USA)
- Milwaukee (USA)
- Stanford (USA)

South America

- São Paulo (Brazil)

Africa

- Bomet (Kenya)

Europe

- Bordeaux (France)
- **Geneva (Switzerland)**
- Bale 2023
- Leipzig (Germany)
- Mainz (Germany)
- Milan (Italy)
- Paris (France)

Australia

- Melbourne (Australia)

Asia

- China:
- Beijing
- Chengdu
- Fuzhou
- Shanghai
- Shenyang
- Shenzhen
- Japan:
- Tokyo
- Malaysia
- Kuala Lumpur

La fondation OESO est basée à Université de Genève



Practice variation in anastomotic leak after esophagectomy: Unravelling differences in failure to rescue

Sander Ubels^{a,b}, Eric Mathis^{a,b}, Mariëtte Versteeg^a, Bastiaan Klarenbeek^a, Mark L. van Berge Henegouwen^a, Frank Dierckx^a, Jan Willem Haverman^a, Marc J. van der Sijjn van Esser^a, Ewout A. Grifflths^a, Joost Heisterkamp^a, Grand Nieuwenhuijzen^a, Peter D. Siersema^a, Bas Wijnhoven^a, Gerjon Hamink^a, Frans van Workum^{a,b}, Camiel Rosman^a, the TENTACLE – Esophagus collaborative group. Study collaborators

Treatment of anastomotic leak after oesophagectomy for oesophageal cancer: large, collaborative, observational TENTACLE cohort study

Sander Ubels^{a,b}, Eric Mathis^{a,b}, Mariëtte Versteeg^a, Bastiaan Klarenbeek^a, Mark L. van Berge Henegouwen^a, Frank Dierckx^a, Jan Willem Haverman^a, Marc J. van der Sijjn van Esser^a, Ewout A. Grifflths^a, Joost Heisterkamp^a, Grand Nieuwenhuijzen^a, Peter D. Siersema^a, Bas Wijnhoven^a, Gerjon Hamink^a, Frans van Workum^{a,b}, Camiel Rosman^a, the TENTACLE – Esophagus Collaborative Group

Textbook outcome following oesophagectomy for cancer: international cohort study

Georgija Gantić Anagnostić Asarić (OGAA) Collaborative
 Department of Gastroenterology, Queen Elizabeth Hospital Birmingham, Birmingham, UK
 *Corresponding Author: Georgija.Gantic@ed.ac.uk
 Email: g.gantic@ed.ac.uk

Postoperative and Pathological Outcomes of CROSS and FLOT as Neoadjuvant Therapy for Esophageal and Junctional Adenocarcinoma

An International Cohort Study From the Oesophago-gastric Anastomosis Audit (OGAA)
 Oesophago-Gastric Anastomosis Audit (OGAA) Collaborative

RACE-trial: neoadjuvant radiochemotherapy versus chemotherapy for patients with locally advanced, potentially resectable adenocarcinoma of the gastroesophageal junction - a randomized phase III joint study of the AIO, ARO and DGAV

Sylvie Lorenzen¹, Alexander Bederstadt², Ulrich Bollenfischer³, Christoph Reißfelder⁴, Stefan Mönnig⁵, Fredrik Wenz⁶, Claudia Pajugé⁶, Armin Walker⁶, Sahib-Eddin Al-Bitar⁶, Bernhard Heller⁷, and Ralf-Dieter Hoffmeier⁸

Extension of resection after positive intraoperative pathology during surgery for gastric and gastroesophageal junction adenocarcinoma: a retrospective cohort study

Park S. Pim, MD¹, Ahsan G. Barakat, MD¹, Ajay Parulkar, MD¹, Christoph Wahren, MD¹, Seung-Hun Ohn, MD¹, Cosmas Chapiro, MD¹, Martin Ditzler, MD¹, Martin Helber, PhD¹, Stefan P. Mung, MD¹, Alexander Quast, MD², Ina H. Hebecker, MD³, Chongseon J. Buns, MD⁴, Hakan Akkus, MD⁵

Definition, diagnosis and treatment of oligometastatic oesophago-gastric cancer: A Delphi consensus study in Europe

Taru E. Kiveste^{1,2}, Hanske W.M. van Laarhoven^{3,4,5}, Sebastian F. Schoppa⁶, Peter R.A.J. Deenen⁷, Eric van Cutsem⁸, Marianne Nordmark⁹, Sheraz Markar¹⁰, George B. Hanna¹¹, Edward Choong¹², Aif Chan¹³, Anselme Elime¹⁴, Antoine Adam¹⁵, Guillaume Poesen¹⁶, Theodoros Lakkatos¹⁷, John Reynolds¹⁸, Ricardo Rosati¹⁹, Carlos Castoro²⁰, Domenico D'Ugo²¹, Franco Rovello²², Maria Benevenga²³, Giovanni de Manzoni²⁴, Maurizio Slingard²⁵, Piotr Kolodziejczyk²⁶, Wojciech P. Polkowski²⁷, Maria Alina²⁸, Manuel Pera²⁹, Tania F. Kanomikol³⁰, Margit Stangstedt³¹, Stefan Mönig³², Nigina Nilsson³³, Matthias Guckenberger³⁴, Stefan Mönig³⁵, Florian Lortke³⁶, Ewout A. Grifflths³⁷, Marcel Verheij³⁸, Peter S.N. van Rossum³⁹, Hanske W.M. van Laarhoven³⁹, On behalf of the OMEC working group

Severity of oesophageal Anastomotic Leak in patients after oesophagectomy: the SEAL score

Sander Ubels¹, Mariëtte Versteeg², Bastiaan Klarenbeek³, Stefan Bouwmeester⁴, Frank Dierckx⁵, Marc J. van der Sijjn van Esser⁶, Ewout A. Grifflths⁷, Joost Heisterkamp⁸, Grand Nieuwenhuijzen⁹, Peter D. Siersema¹⁰, Bas Wijnhoven¹¹, Gerjon Hamink¹², Frans van Workum¹³, Camiel Rosman¹⁴, the TENTACLE – Esophagus Collaborative Group

Preventive HIPEC in combination with perioperative FLOT versus FLOT alone for resectable diffuse type gastric and gastroesophageal junction type II/III adenocarcinoma – the phase III “PREVENT”-(FLOT9) trial of the AIO /CAOGI /ACO

Thorsten O. Götz^{1,2}, Pompiliu Piso³, Sylvie Lorenzen⁴, Ullrich S. Banstahl⁵, Giuseppa Annarzo⁶, Daniel Helm⁷, Wolf O. Bechters⁸, Alfred Nongpradit⁹, Stefan P. Mönig¹⁰, Beate Rau¹¹, Matthias Schwarzbach¹², and Sahib-Eddin Al-Bitar¹³

Esophageal cancer surgery: review of complications and their management

Mickael Chevallay,¹ Minoa Jung,¹ Seung-Hun Chon,² Flavio Roberto Takeda,³ Junichi Akiyama,⁴ and Stefan Mönig¹

ANNALS OF THE NEW YORK ACADEMY OF SCIENCES

Special Issue: Global Perspectives and Novel Technologies for Esophageal Diseases
 Review

World Journal of Gastrointestinal Oncology
 Volume 15, Number 15, 1822-1849
 ISSN: 1948-5281 (online)
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OXFORD
 Collaborative Research
 ISSN: 1473-0304
 https://doi.org/10.1053/ejsoc.2023.176
 Advance Access Publication Date: 17 May 2023
 Original Article

Multimodal treatment in oligometastatic gastric cancer

Mickael Chevallay, Charles-Henri Wassmer, Pouya Izanmahesh, Minoa K Jung, Stefan P Mönig

Definition, diagnosis and treatment of oligometastatic oesophago-gastric cancer: A Delphi consensus study in Europe

Taru E. Kiveste^{1,2}, Hanske W.M. van Laarhoven^{3,4,5}, Sebastian F. Schoppa⁶, Peter R.A.J. Deenen⁷, Eric van Cutsem⁸, Marianne Nordmark⁹, Sheraz Markar¹⁰, George B. Hanna¹¹, Edward Choong¹², Aif Chan¹³, Anselme Elime¹⁴, Antoine Adam¹⁵, Guillaume Poesen¹⁶, Theodoros Lakkatos¹⁷, John Reynolds¹⁸, Ricardo Rosati¹⁹, Carlos Castoro²⁰, Domenico D'Ugo²¹, Franco Rovello²², Maria Benevenga²³, Giovanni de Manzoni²⁴, Maurizio Slingard²⁵, Piotr Kolodziejczyk²⁶, Wojciech P. Polkowski²⁷, Maria Alina²⁸, Manuel Pera²⁹, Tania F. Kanomikol³⁰, Margit Stangstedt³¹, Stefan Mönig³², Nigina Nilsson³³, Matthias Guckenberger³⁴, Stefan Mönig³⁵, Florian Lortke³⁶, Ewout A. Grifflths³⁷, Marcel Verheij³⁸, Peter S.N. van Rossum³⁹, Hanske W.M. van Laarhoven³⁹, On behalf of the OMEC working group

Cancer de l'œsophage: standards et innovations du traitement multidisciplinaire

Dr MICKAEL CHEVALLAY², CAMILLE BRASSET², JORDAN MARCELIS², Pr CHRISTIAN TOSO², Dre MINOA JUNG² et Pr STEFAN PAUL MÖNIG²

Rev Med Suisse 2023; 19: 1169-74 | DOI: 10.53738/REVMED.2023.19.831.1169

Leitlinie

 Thieme

S3-Leitlinie Diagnostik und Therapie der Plattenepithelkarzinome und Adenokarzinome des Ösophagus

Version 3.1 – Juni 2022 – AWMF-Registernummer: 021/023OL

Authors

Rainer Porschen¹, Wolfgang Fischbach², Ines Gockel³, Stephan Hollerbach⁴, Arnulf Hölscher⁵, Petra Lynen Jansen⁶,
Stephan Miehke⁷, Oliver Pech⁸, Michael Stahl⁹, Udo Vanhoefer¹⁰, Matthias P.A. Ebert¹¹
und die Mitarbeiter der Leitlinienkommission

Collaborators:

Gustavo Baretton, Tilmann Bostel, Christian Ell, Ute Goerling, Lars Grenacher, Barbara Kade, Wolfram Trudo Knoefel,
Jürgen Körber, Philipp Lenz, Florian Lordick, Dietmar Lorenz, Sylvie Lorenzen, Alexander Meining, Josef Menzel,
Helmut Messmann, Hans-Joachim Meyer, Stefan Paul Mönig, Ute Nöthlings, Heinz Schmidberger, Matthias Schmidt,
Thomas Seufferlein, Maria Steingraber, Martin Stuschke, Reina Tholen, Peter Thuss-Patience, Jörg Trojan,
Christoph Wagener, Arved Weimann, Frederick Wenz, Martin Werner

Esophageal Cancer: Incidence in Western Countries

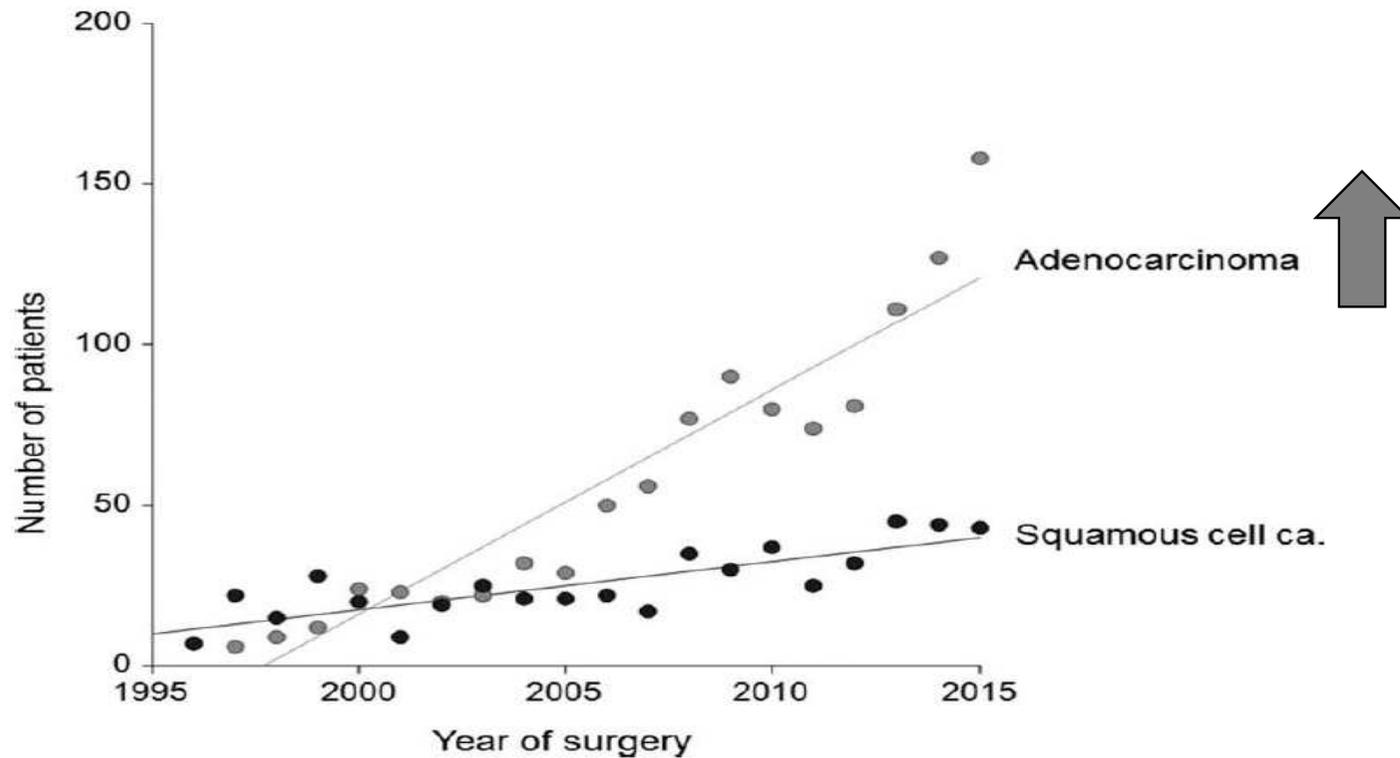


Figure 1. Increasing frequency of surgical resection of adenocarcinoma of the esophagus compared to squamous cell carcinoma from 1996 to 2016. Data from a high-volume center for esophageal cancer surgery in Germany.

REVIEW



Current and future treatment options for esophageal cancer in the elderly

Elfriede Bollschweiler^a, Patrick Plum^a, Stefan P. Mönig^{a,b} and Arnulf H. Hölscher^{a,c}

Increasing incidence of older esophageal cancer patients

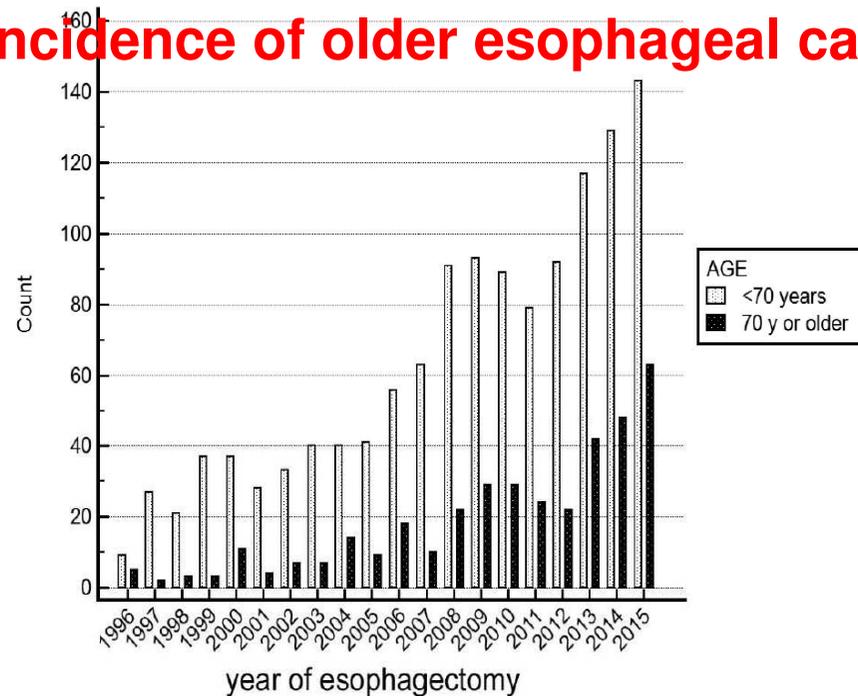


Figure 3. Increasing frequency of older esophageal cancer patients treated with esophagectomy with or without preoperative chemoradiation. Data from a high-volume center of esophageal cancer in Germany including 1637 patients.

Treatment of gastric cancer and EG-junction up-dated German S3 guideline 2023/ESMO 2022

Diagnostic, staging and risc analysis
Discussion at Tumorboard

cT1m/sm1
Nx M0

Endoscopic
resection
ESD/EMR

cT1sm/T2 Nx
M0

EGJ type I :
Ivor-Lewis
oesophagectomie
EGJ type II :
Ivor-Lewis
oesophagectomie
or
Transhiatal extended
gastrectomy
EGJ type III:
Transhiatal extended
gastrectomy
Gastric cancer:
Gastrectomy total / subtotal

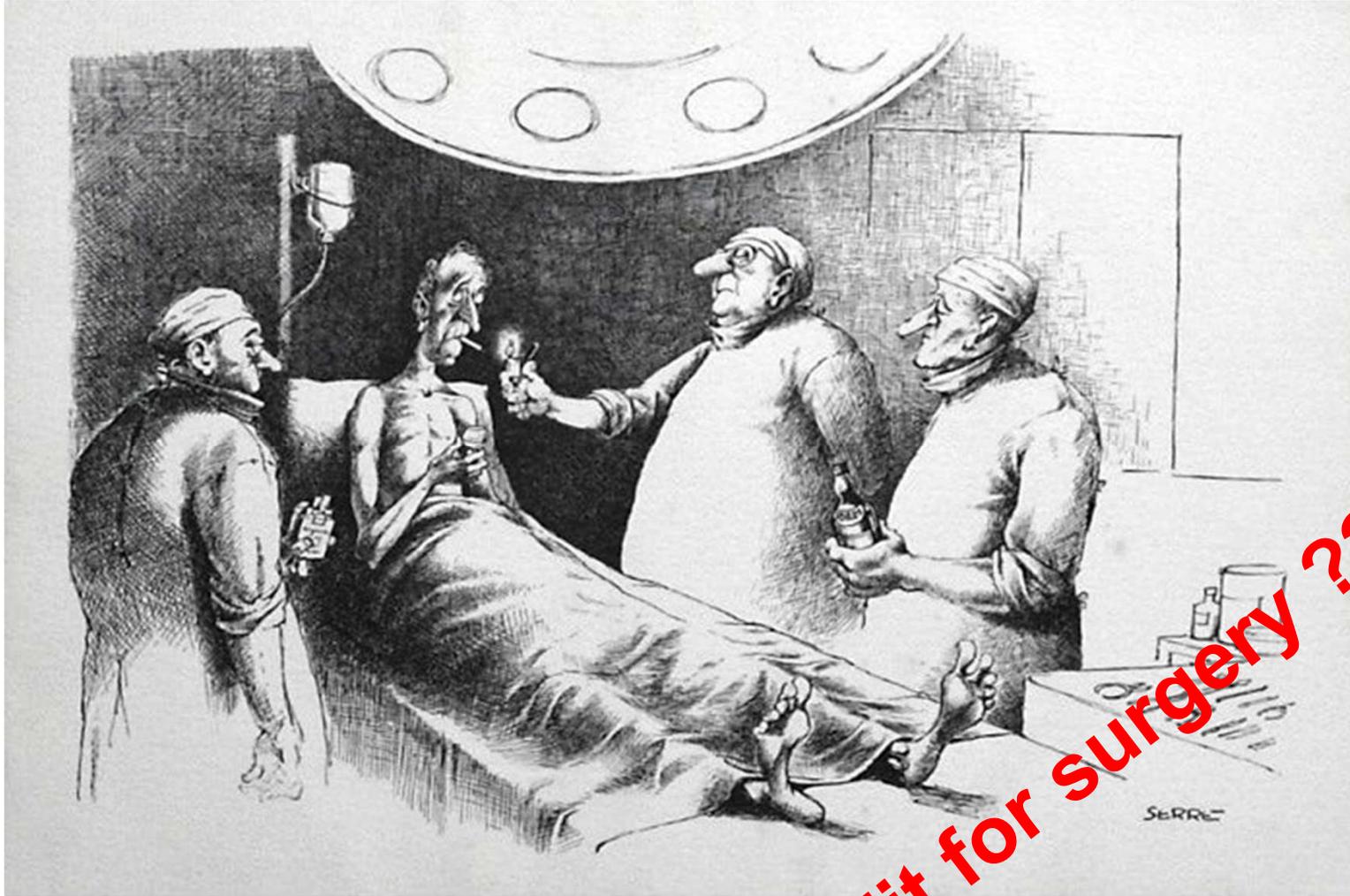
cT3/T4 Nx M0
ou N+

EGJ type I/II:
Perioperative CTx
FLOT
or
RCTx neo-
adjuvante CROSS
*EGJ typ III and
gastric cancer:*
CTx FLOT

M+

Pallitive
treatment
RENAISSANCE
/FLOT5 trial

Évaluation des risques et sélection des patients

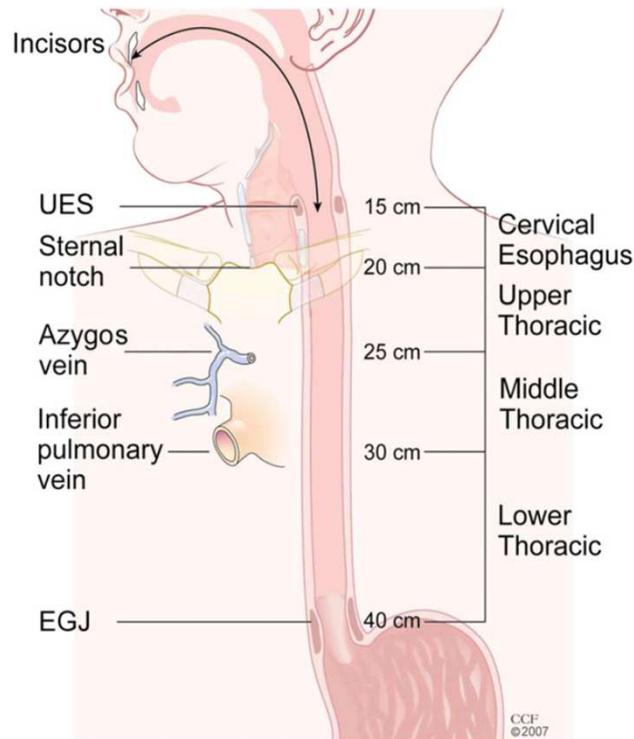


Fit for surgery??

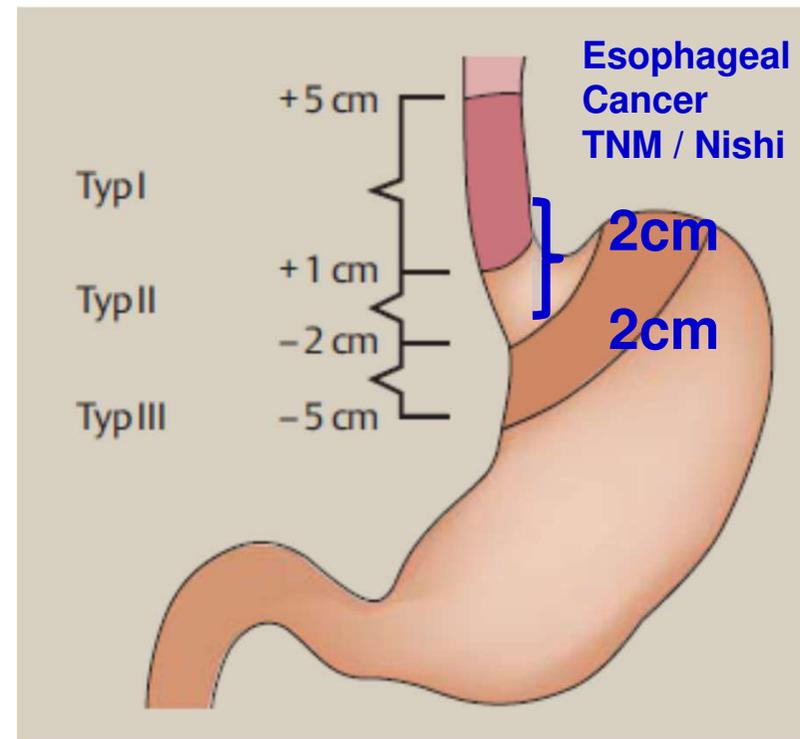
Classification du cancer de l'oesophage

8th edition TNM classification

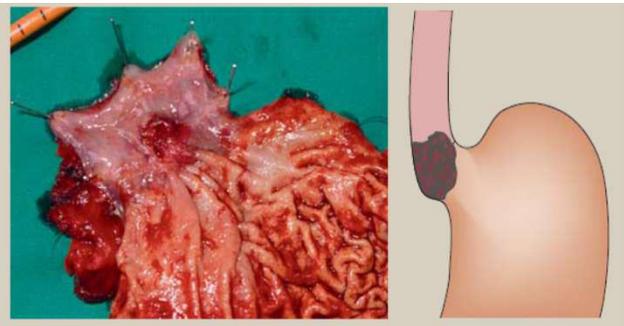
Jonction oesogastric type I-III selon Siewert



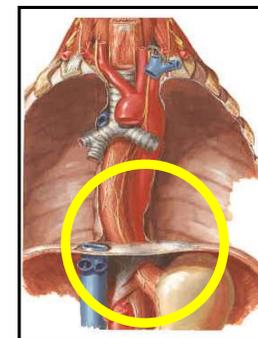
Wittekind Chirurg 2016
Rice et al. Thorac Cardiovasc Surg 2010



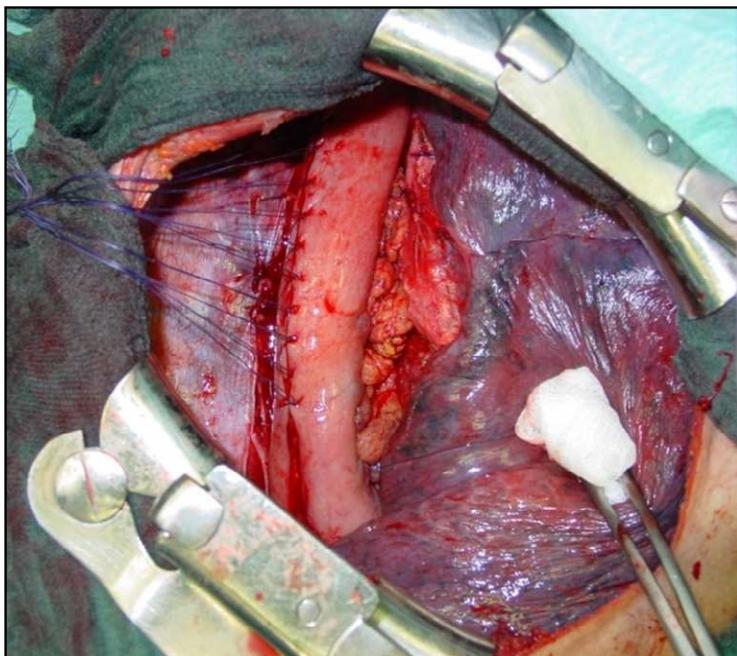
Siewert, Hölscher Chirurg 1987
Mariette et al. Lancet Oncol 2011



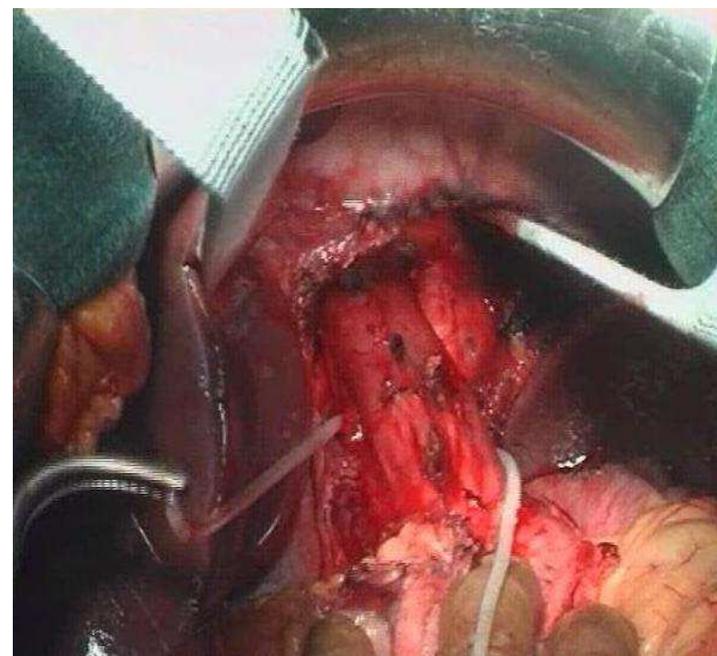
EGJ type II (cardia)



oesophagectomie ?



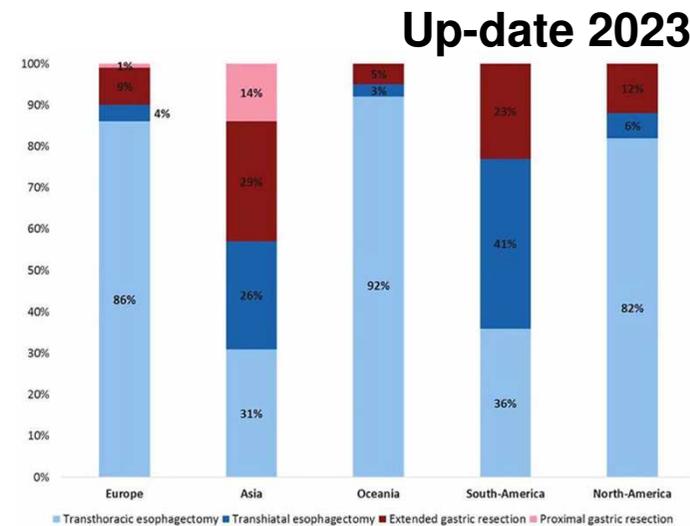
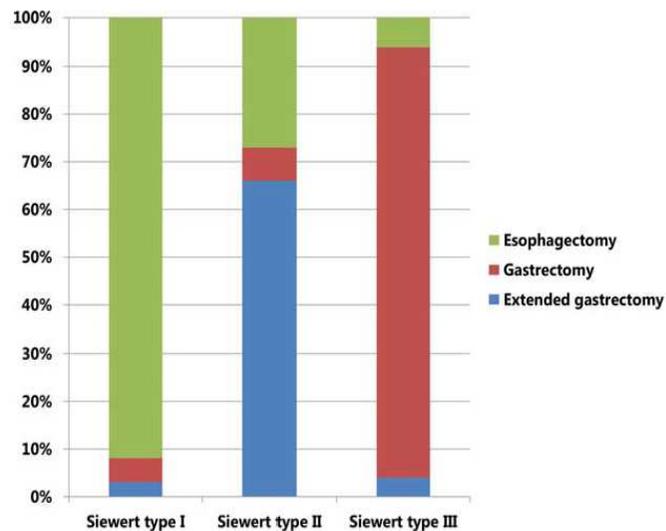
gastrectomie?



Worldwide trends in surgical techniques in the treatment of esophageal and gastroesophageal junction cancer

L. Haverkamp,¹ M. F. J. Seesing,¹ J. P. Ruurda,¹ J. Boone,² R. v. Hillegersberg¹

¹Department of Surgery, University Medical Center Utrecht, Utrecht, The Netherlands and ²Department of Radiology, Academic Medical Center Amsterdam, Amsterdam, The Netherlands



- Web-based international query
- Members of the ISDE, IGCA, etc.
- Return rate 478/1147 (42%)
- 49 countries, 6 continents

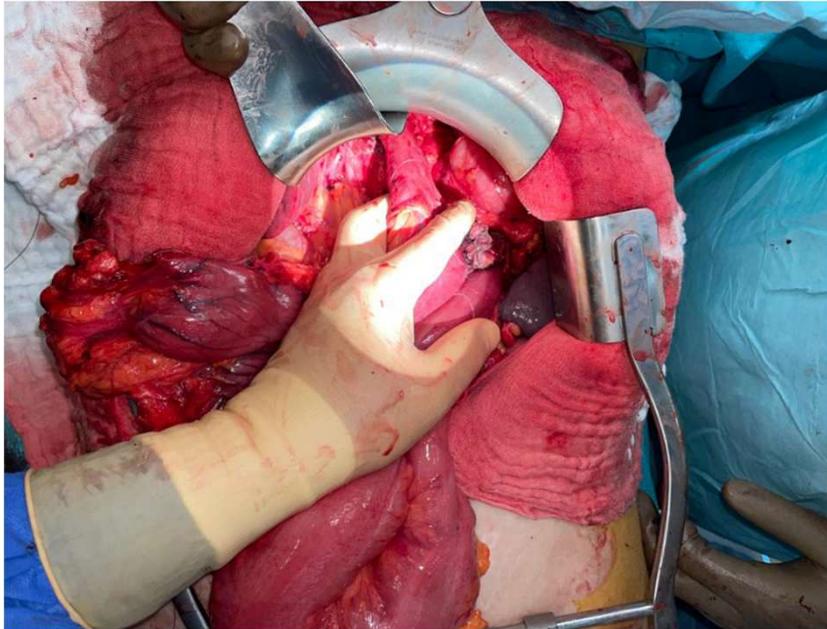
Haverkamp L et al., Dis Esoph 2016

Change to esophagectomy for type II

Arguments en faveur du oesophagectomie

- Plus long marge de sécurité proximaux
- Distribution des métastases ganglionnaire
- Complete curetage ganglionnaire en niveau abdominal et mediastinal
- Anastomose plus sûre
- Approche de routine minimale invasive possible
- Préservation d'un réservoir gastrique
- Qualitie de la vie ?

Accès chirurgical par laparotomie ou mini-invasive ?



Jung, Mönig AnnNYAcad Sci 2020

Oesophagectomie mini-invasive

OXFORD

BJS, 2021, 108, 1026-1033
 DOI: 10.1093/bjs/zxab278
 Advance Access Publication Date: 7 September 2021
 Systematic Review

457 patients de l'étude RCTs Européenne

Meta-analysis of randomized controlled trials and individual patient data comparing minimally invasive with open oesophagectomy for cancer

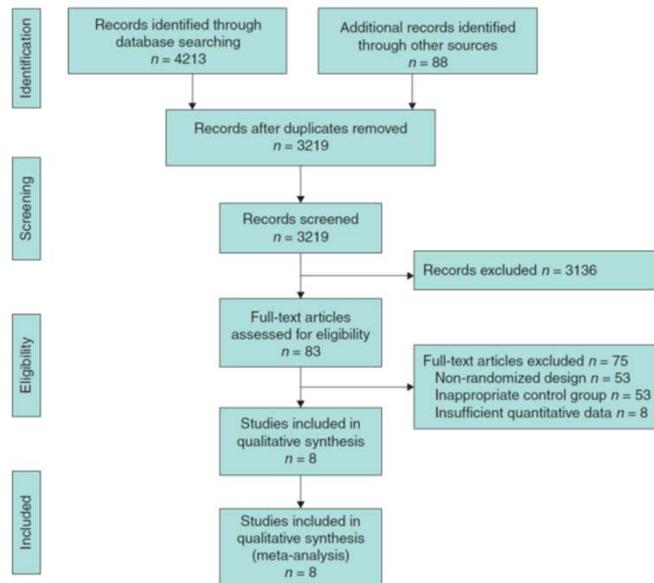


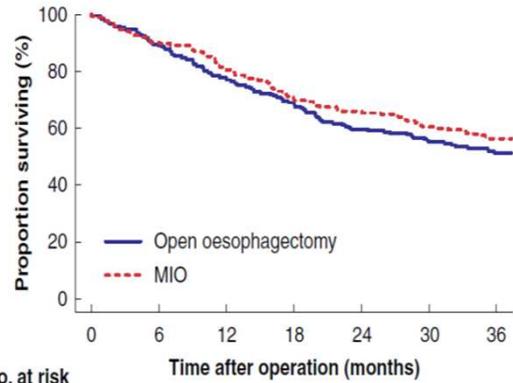
Table 1 Summary and characteristics of included trials

Study/year	Procedures	Anastomosis	n	Tumour types		
				AEG	SCC	Other
457 patients from four European RCTs	minimally invasive	Cervical (64%) Thoracic (29%)	59	35	24	0
	Open	Cervical (66%) Thoracic (27%)	56	36	19	1
Guo et al. 2013 ³⁵	Totally minimally invasive	Cervical	111	nr	nr	nr
	Open	Cervical	110	nr	nr	nr
Ma et al. 2018 ³⁶	Totally minimally invasive	Thoracic	47	43	0	4
	Open	Thoracic	97	91	2	4
van der Sluis et al. 2019 ³⁷	Totally minimally invasive (robot-assisted)	Cervical	54	41	13	0
	Open	Cervical	55	43	12	0
Paireder et al. 2018 ³⁸	Hybrid (abdominal part laparoscopic)	Thoracic	14	10	4	0
	Open	Thoracic	12	11	1	0
Mariette et al. 2019 ¹⁷	Hybrid (abdominal part laparoscopic)	Thoracic	103	57	46	0
	Open	Thoracic	104	66	38	0

AEG, adenocarcinoma of oesophagogastric junction; SCC, squamous cell carcinoma; nr, not recorded.

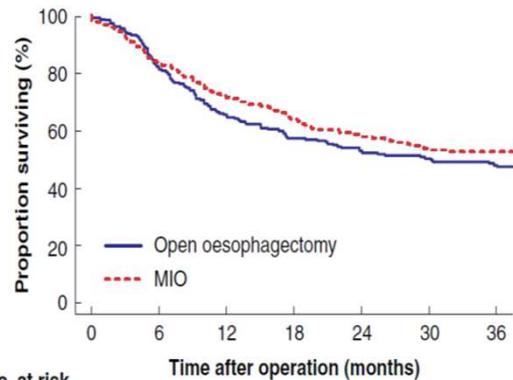
Müller B, Hölscher A.H. et al.

a Overall survival



No. at risk		Time after operation (months)						
		0	6	12	18	24	30	36
Open	227	200	167	143	120	105	96	
MIO	222	196	174	148	136	120	109	

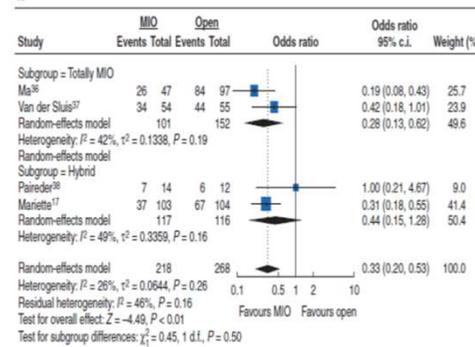
b Disease-free survival



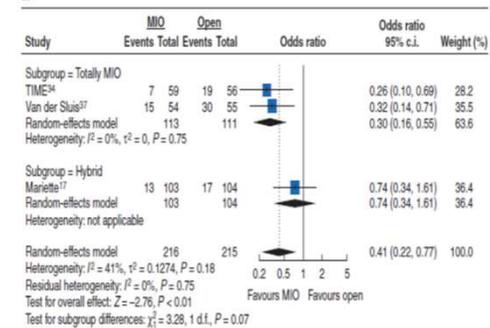
No. at risk		Time after operation (months)						
		0	6	12	18	24	30	36
Open	221	197	165	141	118	103	94	
MIO	216	193	171	147	135	120	109	

Fig. 2 Kaplan–Meier curve of survival data (individual patient data meta-analysis)

a Complications totales

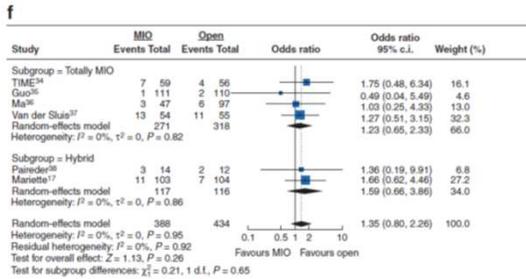


b Pneumonies

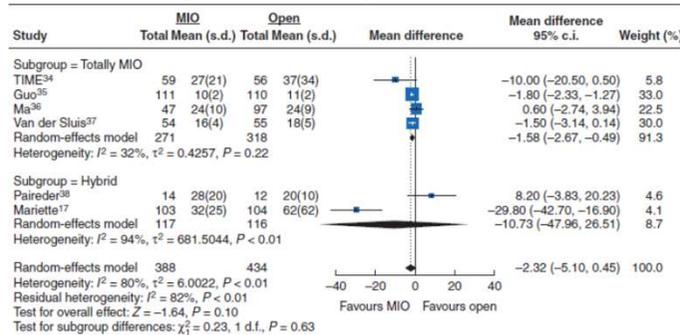


Müller B, Hölscher A.H. et al.

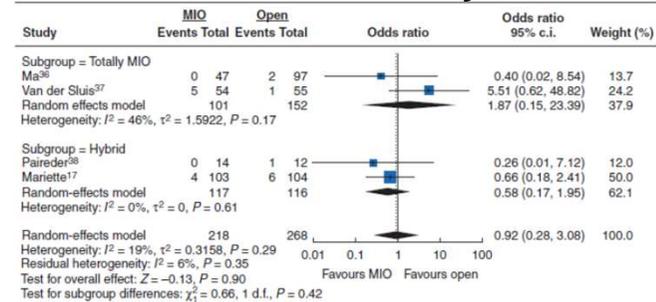
Lâchage anastomotique



Séjour hospitalier



Mortalité à 90 jours

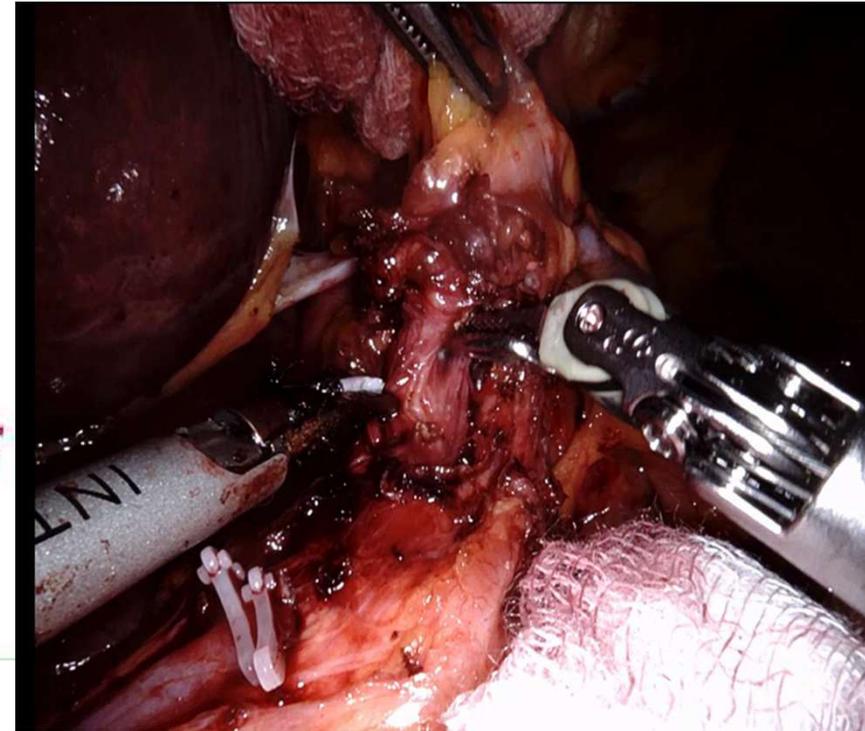
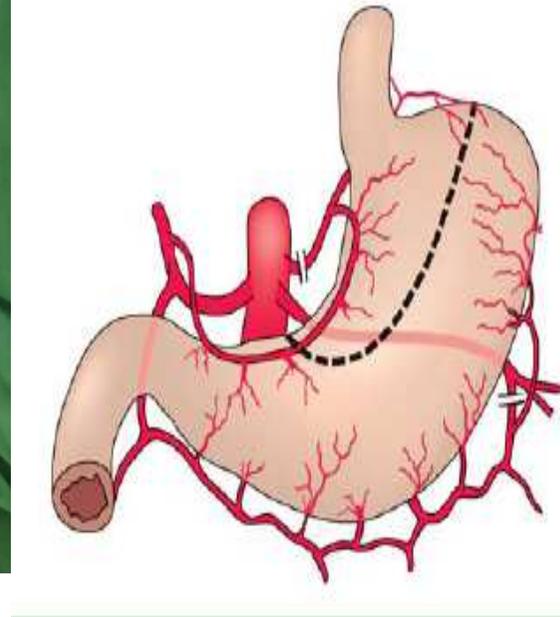


Aucune différence entre HYBRID et le totalement minimallement-invasif

Müller B, Hölscher A.H. et al.

Oesophagectomie selon Lewis Santy (HYBRID) - Laparoscopie/robotic

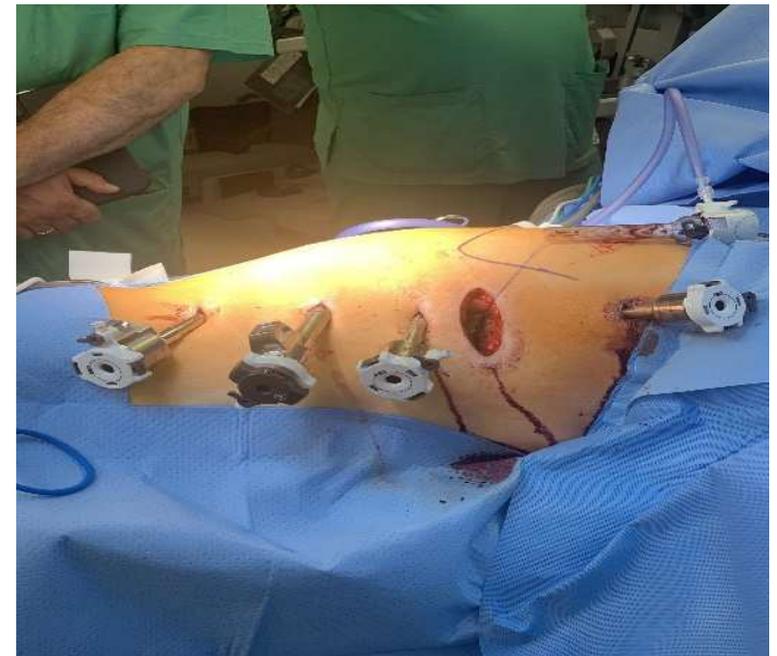
Temps abdominal



Oesophagectomie selon Lewis-Santý

Oesophagectomie transthoracique avec un conduit gastrique, dissection ganglionnaire et anastomose intrathoracique haute par mini-thoracotomie ou robotique

Temps thoracique

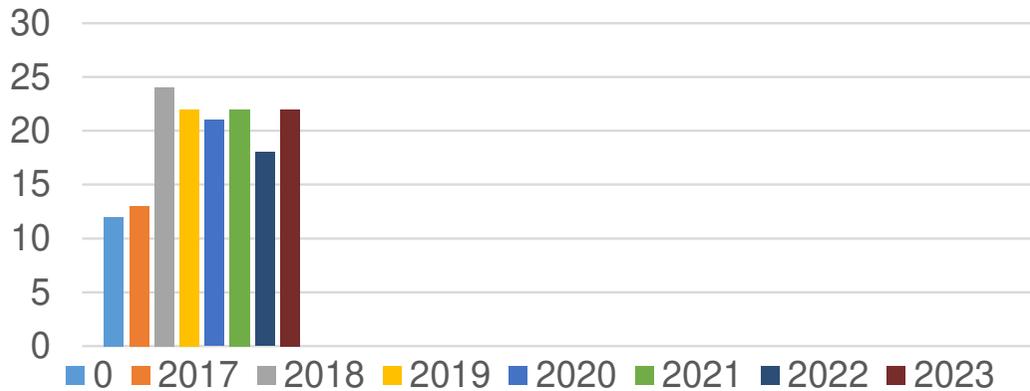


Oesophagectomie MHS HUG

Septembre 2016 – novembre 2023

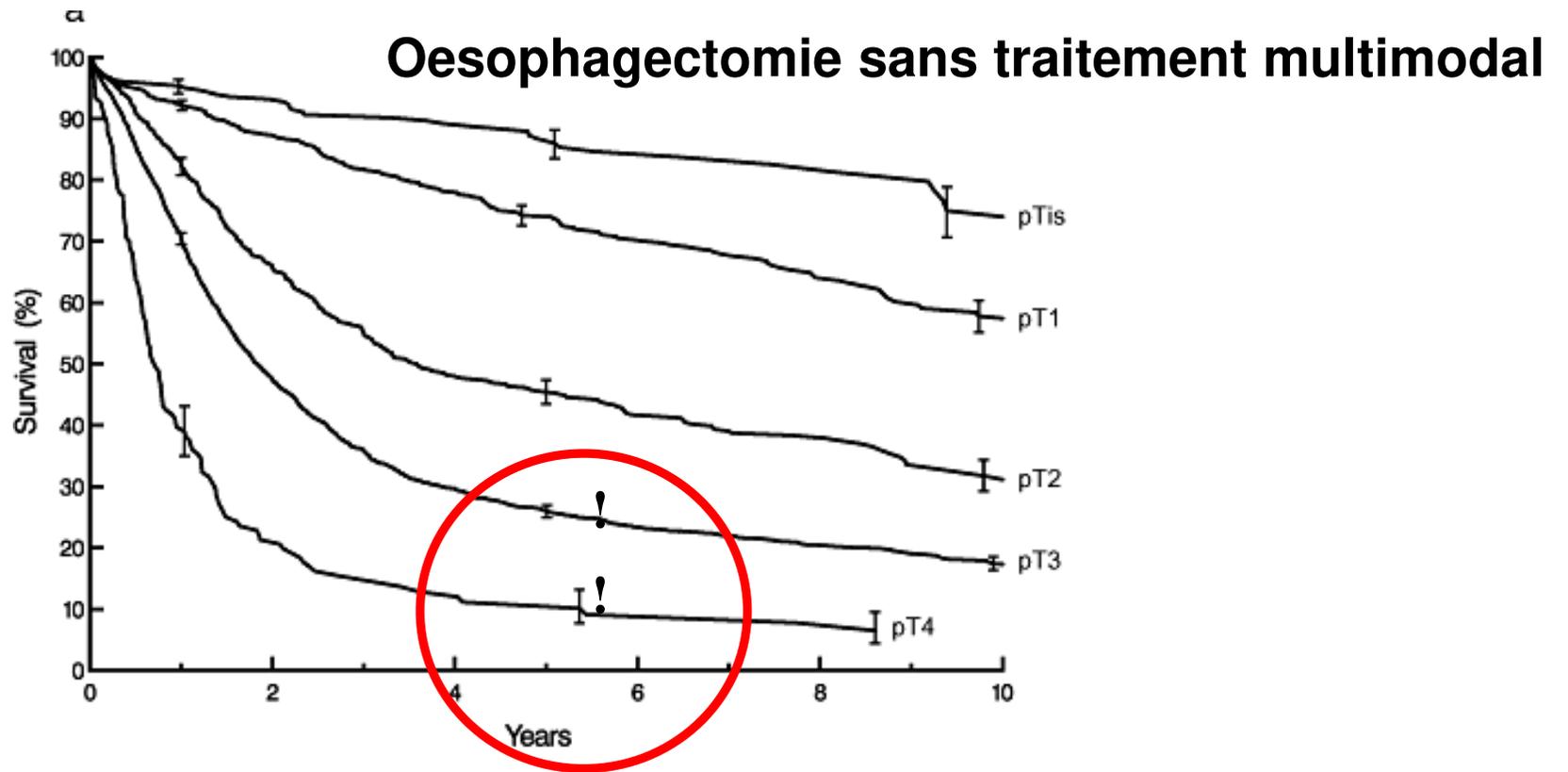
- n=150
- Mortalité (90 j) 0 (*benchmark 4.5%)
- Fuite anastomotique 2,7% (4/150) (*benchmark 11.4%)

MHS 2016-2023



*Donald Low Ann Surg 2019

Traitement multimodal

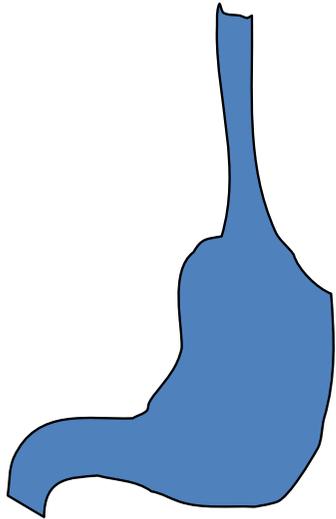


Rice Dis Esophagus 2009



Traitement multimodal

Standard Européen pour le cancer de l'oesophage localement avancé



Radio chimiothérapie
néo-adjuvante CROSS

Chimiothérapie péri-opératoire FLOT

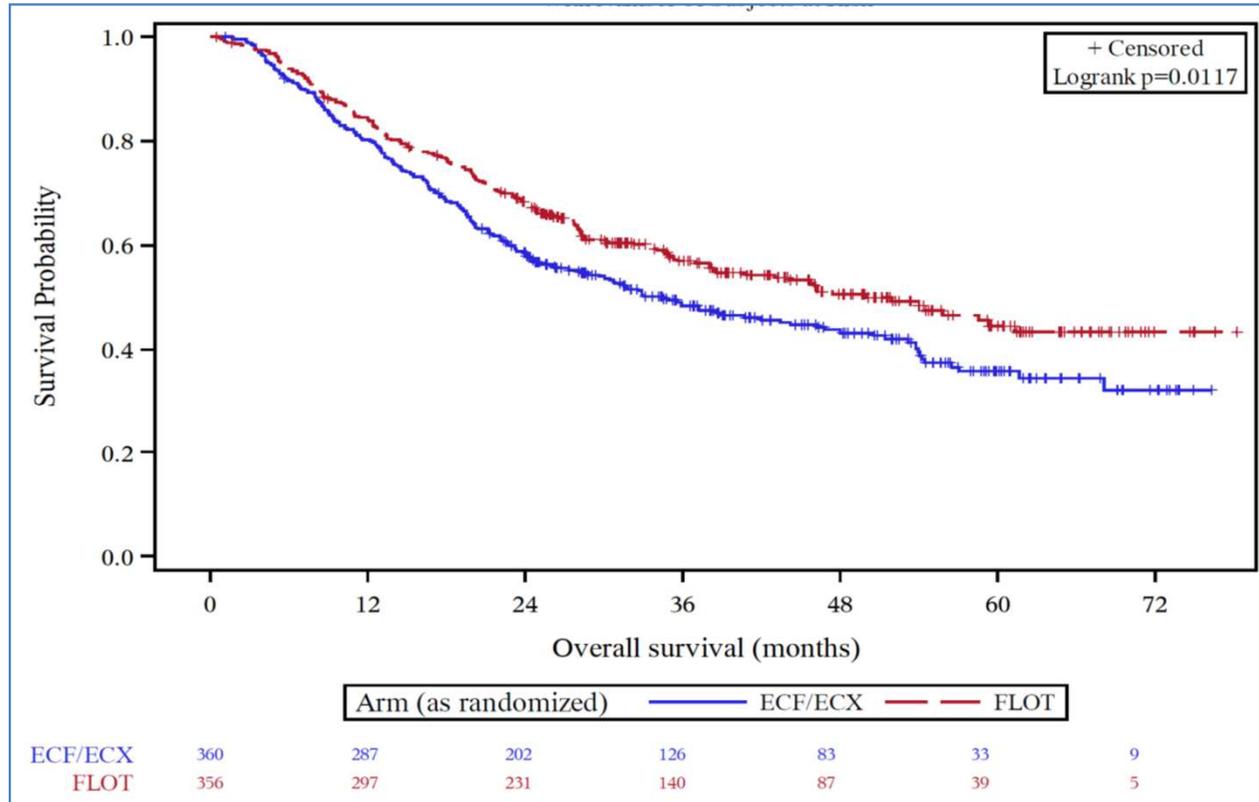
German S3 guideline Porschen, Hölscher 2023

ESMO guidelines Lordick et al. 2016

Niclauss, Mönig 2018

FLOT: new standard for neoadjuvant chemotherapy

Al-Batran, Mönig et al. Lancet 2019



*projected OS rates

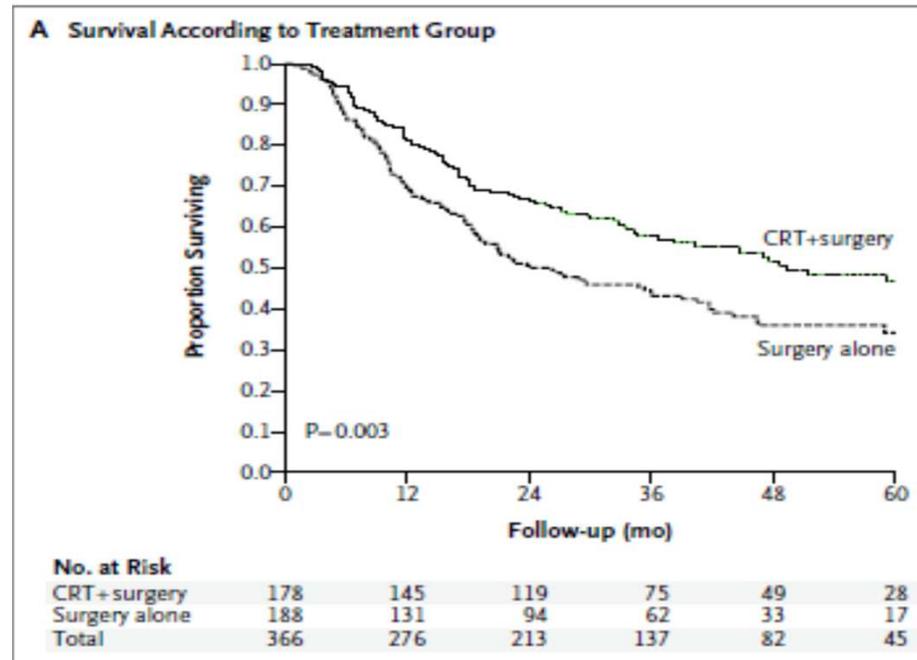
AIO

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DÉPARTEMENT DE CHIRURGIE

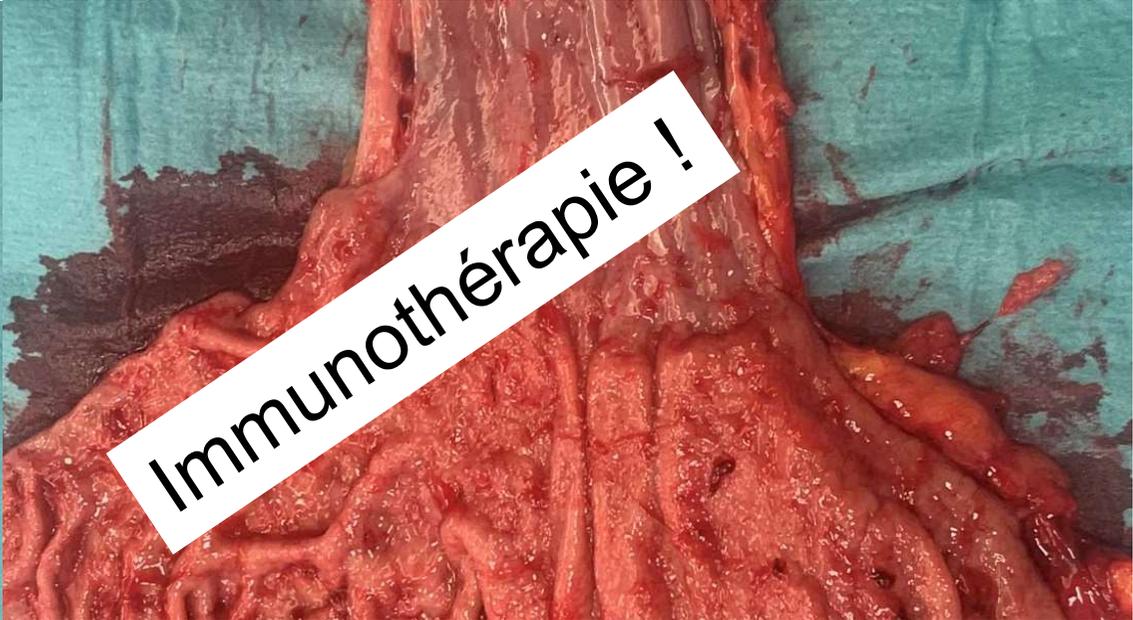
UNIVERSITÉ
DE GENÈVE

Radio-chimiothérapie néo-adjuvante: CROSS trial



29% reponse complete (pCR)

van Hagen, NEJM 2012



Adenocarcinome Siewert II uT2N0

Radio-chimiothérapie selon CROSS

Oesophagectomie selon Lewis–Santý mini-invasive

ypT1bN0 (0/35)R0

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ESTABLISHED IN 1812

APRIL 1, 2021

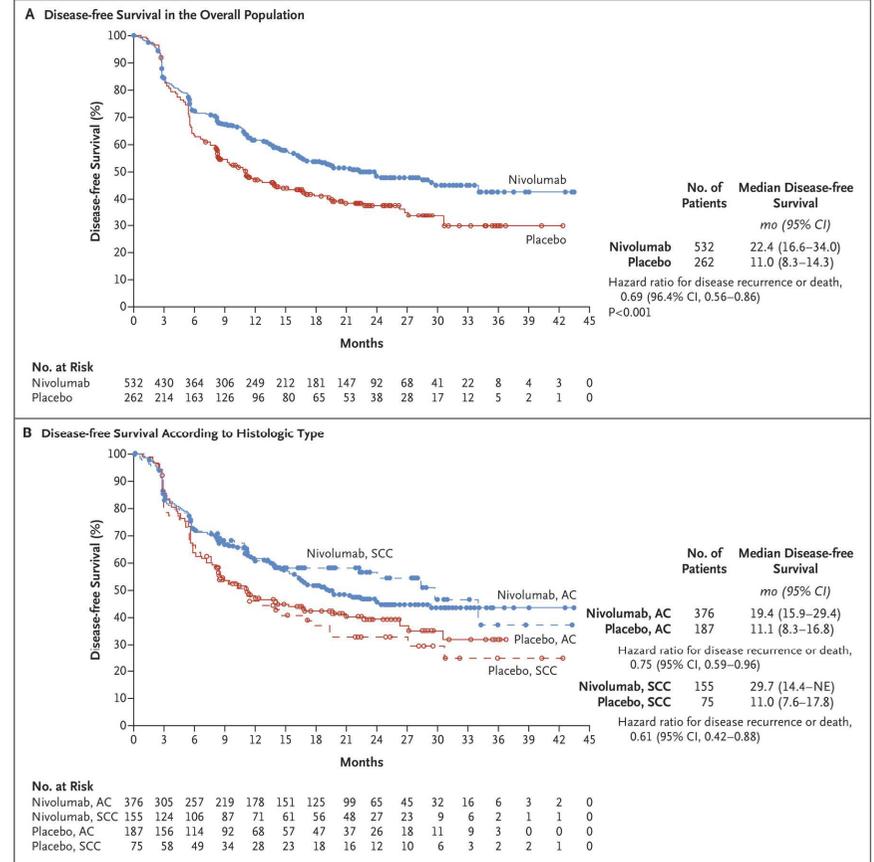
VOL. 384 NO. 13

Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer

R.J. Kelly, J.A. Ajani, J. Kuzdzal, T. Zander, E. Van Cutsem, G. Piessen, G. Mendez, J. Feliciano, S. Motoyama, A. Lièvre, H. Uronis, E. Elimova, C. Grootsholten, K. Geboes, S. Zafar, S. Snow, A.H. Ko, K. Feeney, M. Schenker, P. Kocon, J. Zhang, L. Zhu, M. Lei, P. Singh, K. Kondo, J.M. Cleary, and M. Moehler, for the CheckMate 577 Investigators*

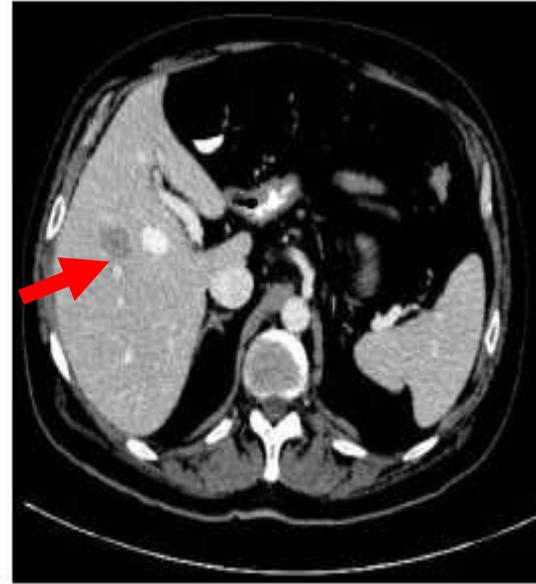
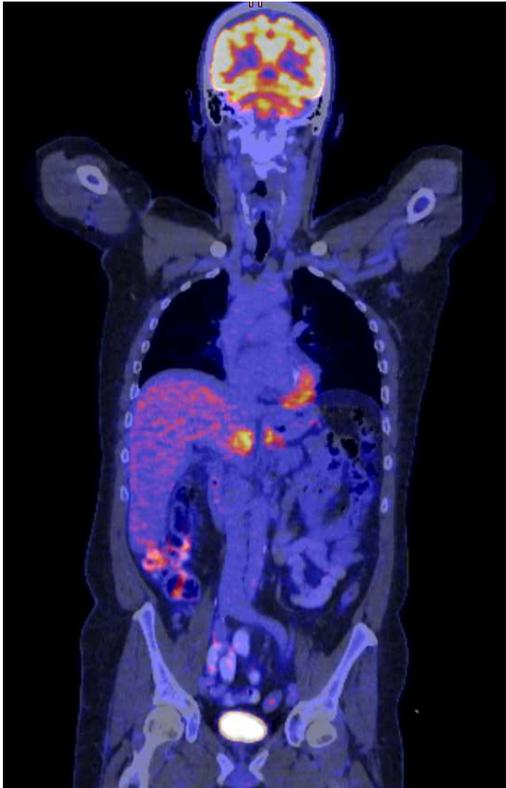
	Nivolumab (n = 532)	Placebo (n = 262)
Median DFS, mo	22.4	10.4
(95% CI)	(16.9–336.6)	(8.3–13.9)
HR (95% CI)	0.67 (0.55–0.81)	

CheckMate 577

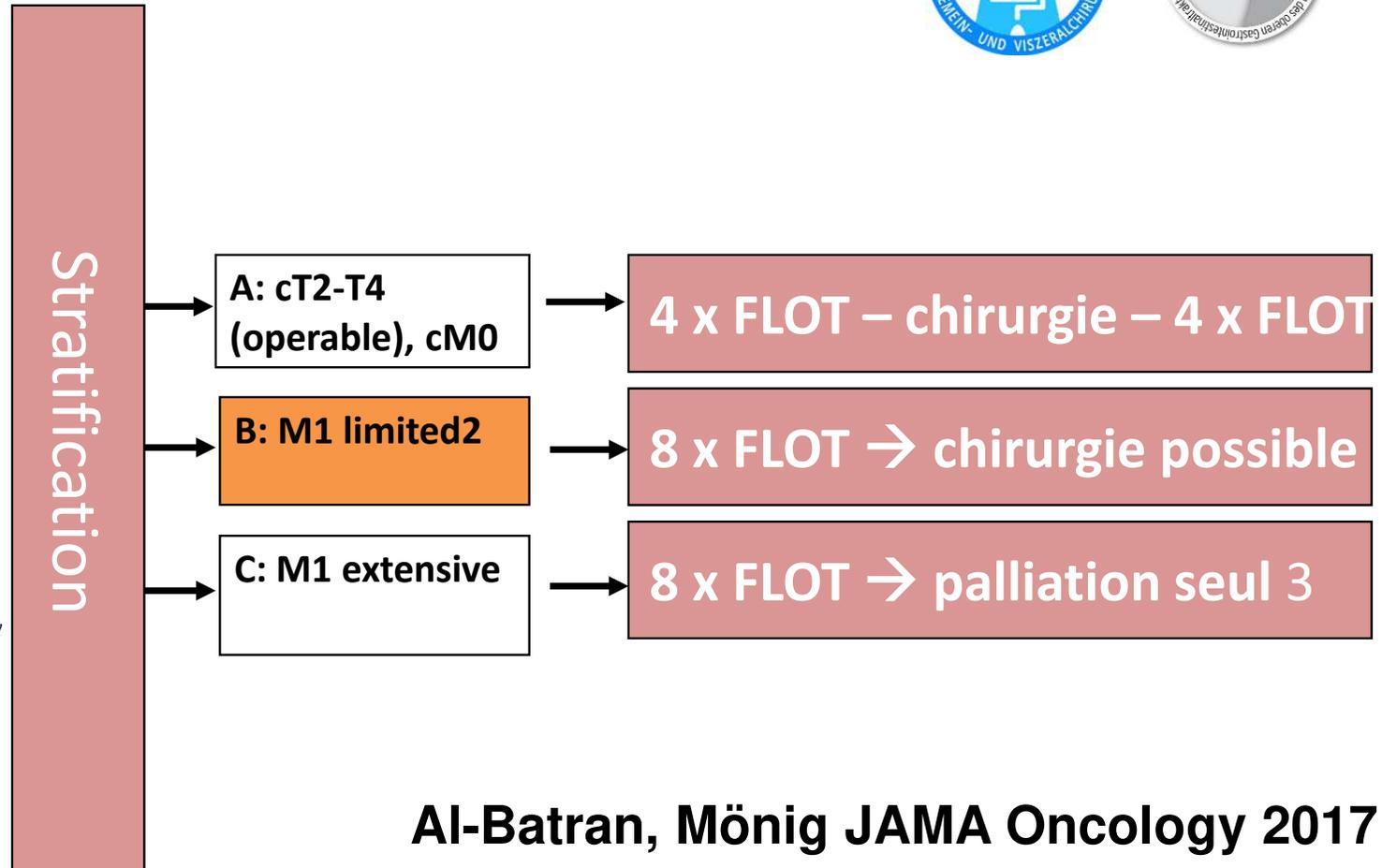
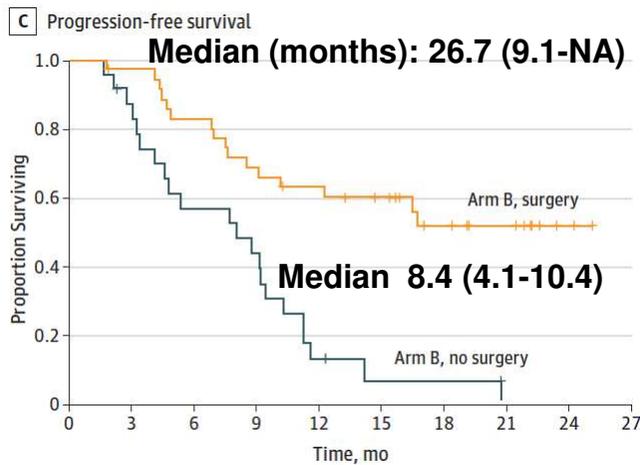


Situation oligométastatique /métastases limitées:

Place de la chirurgie?



Mönig Chirurg 2016
Chevallay, Mönig Worl J Gastrointest Oncol 2022
Kroese, Mönig et al. Eur J Cancer 2023



Al-Batran, Mönig JAMA Oncology 2017

STUDY PROTOCOL

Open Access

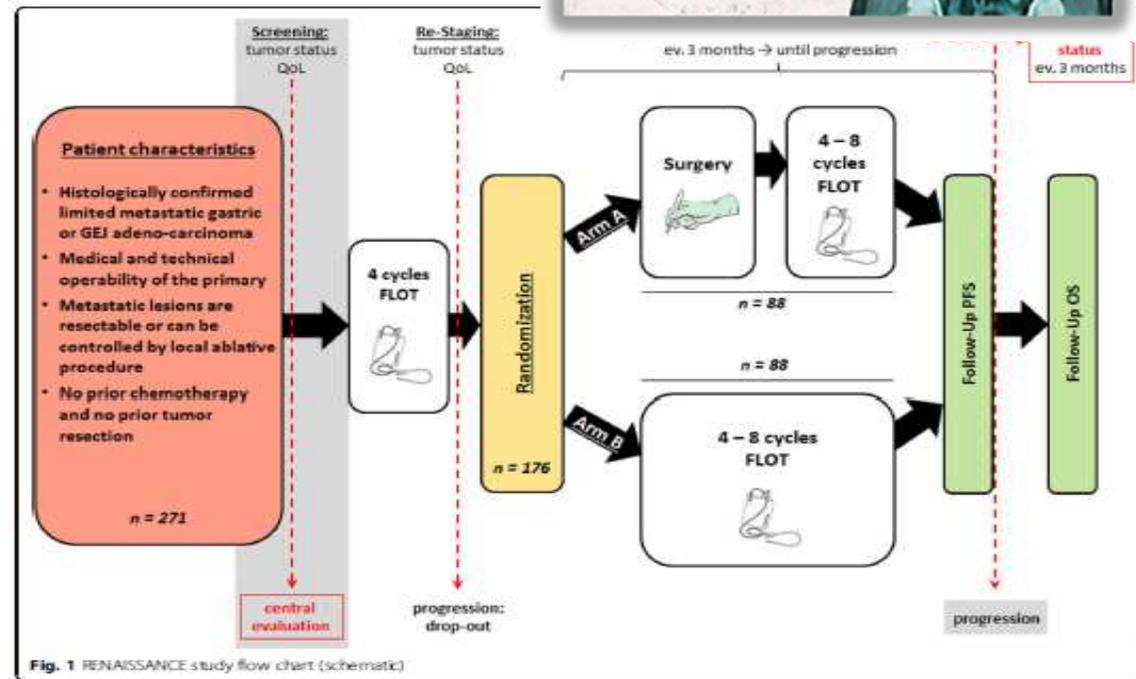


The RENAISSANCE (AIO-FLOT5) trial: effect of chemotherapy alone vs. chemotherapy followed by surgical resection on survival and quality of life in patients with limited-metastatic adenocarcinoma of the stomach or esophagogastric junction – a phase III trial of the German AIO/CAO-V/CAOGI

Salah-Eddin Al-Batran^{1†}, Thorsten O. Goetze^{1†}, Daniel W. Mueller¹, Arndt Vogel², Michael Winker³, Sylvie Lorenzen⁴, Alexander Novotny⁵, Claudia Pauligk¹, Nils Homann⁶, Thomas Jungbluth⁷, Christoph Reissfelder⁸, Karel Caca⁹, Steffen Retter¹⁰, Eva Horndasch¹¹, Julia Gumpp¹², Claus Bolling¹³, Karl-Hermann Fuchs¹⁴, Wolfgang Blau¹⁵, Winfried Padberg¹⁶, Michael Pohl¹⁷, Andreas Wunsch¹⁸, Patrick Michl¹⁹, Frank Mannes²⁰, Matthias Schwarzbach²¹, Harald Schmalenberg²², Michael Hohaus²³, Christian Scholz²⁴, Christoph Benckert²⁵, Jorge Riera Knorrrenschild²⁶, Veit Kanngießer²⁷, Thomas Zander²⁸, Hakan Alakus²⁹, Ralf-Dieter Hofheinz³⁰, Claus Roede³¹, Manish A. Shah³², Mitsuru Sasako³³, Dietmar Lorenz³⁴, Jakob Izbicki³⁵, Wolf O. Bechstein³⁶, Hauke Lang³⁷ and Stefan P. Moenig^{38†}



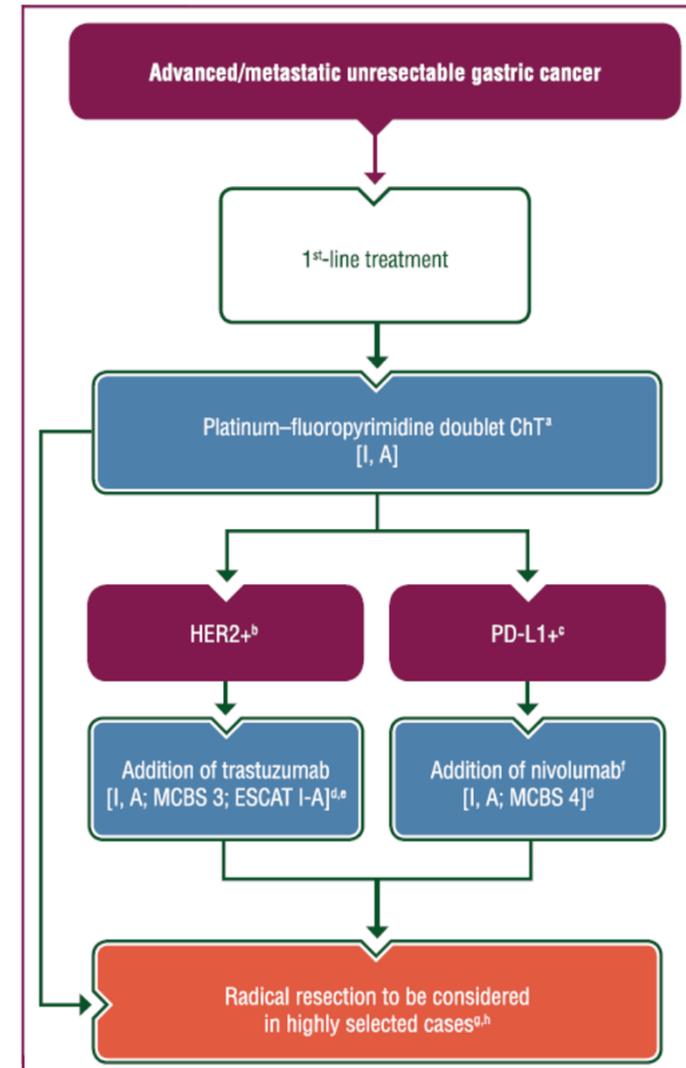
Début de l'étude 02/16	
Centres participants	51
Patients inclus	183/271
Patients randomisés	143/176



SPECIAL ARTICLE

Gastric cancer: ESMO Clinical Practice Guideline for diagnosis, treatment and follow-up [☆] 2022

F. Lordick¹, F. Carneiro^{2,3,4}, S. Cascinu⁵, T. Fleitas⁶, K. Haustermans⁷, G. Piessen^{8,9,10,11}, A. Vogel¹² & E. C. Smyth¹³, on behalf of the ESMO Guidelines Committee^{*}





Save the date

**EUROPEAN CHAPTER CONGRESS OF
INTERNATIONAL GASTRIC CANCER
ASSOCIATION**

6-7 October 2023
Geneva - Switzerland



16th World Conference
"Esophagus 2024"

Strasbourg | April 23-26, 2024
Venue: IRCAD France

**Presidents of
the Congress:**

John O. Clarke (Stanford)
Stefan P. Mönig (Geneva)

**Presidents of the
Scientific Committee:**

Peter Grimmering (Mainz)
Justin Yeong Yeh Lee
(Kuala Lumpur)

Vice Presidents

Nikki Johnston (Milwaukee)
Suzanne Gisbertz
(Amsterdam)

Ellen M. Stein
(Baltimore)

Save the date

www.oeso.org

La traitement du cancer de l'oesophage

- Expertise
- Traitement multidisciplinaire
- Travail d'équipe



**Merci à mes collègues médecins généralistes,
oncologues, gastroenterologues
et chirurgiens en ville
pour leur excellente collaboration !**