

CV of ASSMN 2024 Invited Faculty



Naoki Hiki

Country

Japan

Position & Organization

*Dean of Kitasato University Graduate School of Medical Sciences,
Professor and Chairman,
Department of Upper Gastrointestinal Surgery
Kitasato University School of Medicine, Kitasato University
Hospital*

Major Field

Upper Gastrointestinal Surgery

Short Bio (in 300 words)

Education

Apr.1982-Mar.1990

M.D., cum laude, Kitasato University School of Medicine,
Kanagawa, JAPAN Apr.1995-Mar.1999

Ph.D., University of Tokyo, Postgraduate School, Tokyo, JAPAN

Training and Career History

Apr.1990-Sep.1995

Medical Staff of Department of General Surgery, University of Tokyo,
Tokyo, JAPAN Oct.1995-Oct.1997

Clinical Research Education and Guidance at Department of General Surgery,
University of Ulm, Germany

Nov.1997-Mar.1999

Medical Staff of Department of General Surgery, University of Tokyo,
Tokyo, JAPAN Apr.1999-Mar.2005

Assistant Professor of Department of Gastrointestinal Surgery, University of
Tokyo, Tokyo, JAPAN

Jan.2019-Present

Professor and Chairman of Department of Upper Gastrointestinal Surgery,
Kitasato University School of Medicine, Kanagawa, JAPAN

Jul.2024-Present

Dean of Kitasato University Graduate School of Medical Sciences, Kanagawa,
JAPAN

Appetite preserving gastrectomy (APG) for gastric cancer

-Preserving the residual stomach as an endocrine organ-

Naoki Hiki

*Professor and Chairman, Department of Upper Gastrointestinal Surgery, Kitasato University School of
Medicine, Sagamihara, Kanagawa, JAPAN*

The incidence of gastric cancer in Japan is decreasing, while the proportion of upper gastric cancer and esophagogastric junction cancer is increasing. Total gastrectomy for gastric cancer is the standard procedure for lesions in the upper gastric body and esophagogastric junction. Severe weight loss and loss of muscle mass often occur after total gastrectomy, followed by loss of appetite. Postoperative weight loss and loss of muscle mass negatively affect the continuation of postoperative adjuvant chemotherapy for gastric cancer and are associated with a poor prognosis. If the lesion is early-stage gastric cancer, gastrectomy or subtotal gastrectomy with minimal residual stomach may be the treatment of choice. Although these techniques are associated with less postoperative weight loss and muscle loss than total gastrectomy, total gastrectomy is often unavoidable depending on the progression and location of the lesion.

Although many attempts have been made to prevent weight loss and muscle loss after total gastrectomy through nutritional therapy using oral and enteral nutritional supplements, no treatment has yet been developed to adequately ameliorate these symptoms. Ghrelin, a hormone known to control appetite, is secreted from a region of the stomach located mainly in the upper gastric antrum. Ghrelin-like substances have been developed and applied in the treatment of cancer cachexia. On the other hand, it is not indicated for postoperative treatment of gastric cancer.

Therefore, we developed a total gastrectomy to ensure adequate endogenous ghrelin secretion. We investigated the safety and usefulness of total gastrectomy that preserves ghrelin secretion to maintain appetite and prevent weight loss and muscle loss in the postoperative period.