

The Old and the New

"Das Neue wächst nicht einfach aus dem Alten heraus, sondern tritt an seine Seite und eliminiert es im Wettbewerb." Joseph Schumpeter (1883-1950), economist and inventor of Creative Destruction.

Innovation is, in medicine, as indeed in many areas of science, industry, and even art, a key issue. It shapes medical progress to a great extent, and this can be assessed using different indicators such as life expectancy, morbidity, resulting costs (direct and indirect), quality of life, and patient satisfaction. From this point of view, it is not incorrect to measure the dynamism of a discipline by the number and quality of associated innovations that may be developed and implemented – in practice, to the stage of commercialization and funding by social security systems. This approach is, in France, as in most developed countries, tightly controlled by a set of methodological, legal, and administrative procedures whose onerous nature does not need further emphasis, but which seem to be a necessary prerequisite to ensure, on behalf of the sacrosanct principle of precaution, the safety of the “consumer” – in this instance the patient (this term being used in the broad sense, including, for example, individuals undergoing screening). Apart from the agencies responsible for this evaluation, which aims, a priori, to be objective, it is increasingly clear that many players have a stake in the process of recognizing innovation, for example, patients’ associations and political or economic pressure groups (“lobbies”). To these players must finally be added the growing influence of the media, always on the lookout for the latest moral or public-health “scandal”, leading to repeated calls for transparency and the denunciation of conflicts of interest. The result of this is a general climate of suspicion towards the medical profession, and especially its relations with the biomedical industry.

What is the situation in gastroenterology? The second half of the twentieth century has witnessed major advances, which have resulted in a hitherto unprecedented increase in life expectancy, the disappearance

of certain diseases (such as peptic ulcer disease), and the use of imaging techniques that are increasingly performant and decreasingly invasive: ultrasound, CT, MRI... It is only fair to recognize the important contribution of industry in this progress, even though academic research, notably in the biological field, has also played a crucial role. In reality, it would be pointless and even foolish to oppose academic research and industrial research and development, as it is clear that we, doctors and patients, need their cooperation and their partnership if we are to address with any chance of success the many challenges that we face in this new century. We must, therefore, with due respect to the naysayers, develop, and even stake a claim to, the collaborations of our discipline with industry, even beyond the usual boundaries of the biomedical industry.

Endoscopy, both diagnostic and interventional, represents one of the most exemplary aspects of what medicine, and in particular hepatogastroenterology, can expect from technological advances. The advent of capsule endoscopy in the 2000s was a major technological leap rendering the small bowel (finally!) accessible to reliable exploration. It is clear that the adventure continues with promising new fields of investigation, in particular for the colon. In the therapeutic domain, the treatment of high-grade dysplasia in Barrett's esophagus has benefited in the past decade from modern endoscopic treatments, notably radiofrequency ablation (unfortunately not currently available in France), relegating invasive and mutilating surgical resection almost to the history of medicine. Finally, the functional exploration of the digestive system is too often equated with a set of costly and unnecessary gadgets; however, this point of view would not withstand a serious and objective examination of the facts when considering, for example, the cost of the treatment of gastroesophageal reflux (PPI prescriptions – justified or not, absenteeism from work, sleep disorders) or the impact of chest pain of extracardiac origin on quality of life ...

It is, thus, with these reflections in mind that we have assembled with our colleagues from Given Imaging Covidien (GI Solutions) the program of this symposium and the content of this book.

This is intended to be a convincing illustration of the present and future impact of technological innovations in medical practice, as de-

monstrated in several algorithms of the book. We hope that this book will meet your expectations, from a scientific as well as a didactic and editorial point of view. We extend our sincere gratitude to the authors, who agreed to provide us, with timeliness, with high quality texts, and also to the moderators and reviewers of the book. Finally, our thanks go to Given Imaging Covidien, and more particularly to Luis Miguel Deretz and Philippe Pommier, without whom this symposium and book would not have been possible.

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