"POEM Consensus Meeting 2018" was held at Showa University Koto Toyosu Hospital in Tokyo during Tokyo Live 2018 on April 27, 2018

A panel of world experts were gathered and voted on several topics regarding POEM using Delphi scoring system.

In 2019, we published the summary of this consensus meeting to Esophagus.

Haruhiro Inoue et al. Statement for Gastroesophageal Reflux Disease After Peroral Endoscopic Myotomy From an International Multicenter Experience. Esophagus. 2020 Jan;17(1):3-10.

This is an open access article and can be found from the link below.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6976544/pdf/10388_2019_Article_689.pdf

The most important consensus we reached was the usefulness of double scope technique in order to control gastric myotomy length to 2 cm.

REVIEW ARTICLE

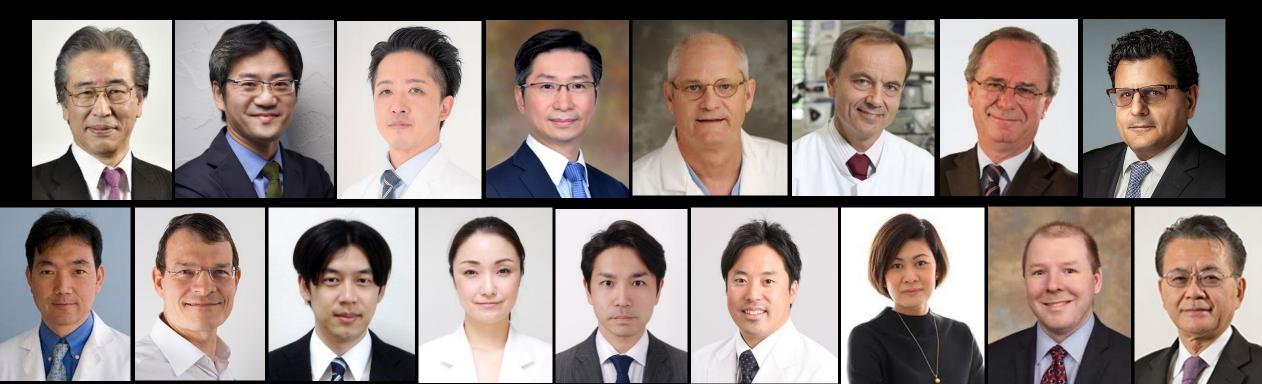
Statement for gastroesophageal reflux disease after peroral endoscopic myotomy from an international multicenter experience

Haruhiro Inoue¹ · Hironari Shiwaku² · Yasutoshi Kobayashi³ · Philip W. Y. Chiu⁴ · Robert H. Hawes⁵ · Horst Neuhaus⁶ · Guido Costamagna⁷ · Stavros N. Stavropoulos⁸ · Norio Fukami⁹ · Stefan Seewald¹⁰ · Manabu Onimaru¹ · Hitomi Minami¹¹ · Shinwa Tanaka¹² · Yuto Shimamura¹ · Esperanza Grace Santi¹³ · Kevin Grimes¹⁴ · Hisao Tajiri¹⁵

Esophagus 2020;17:3-10.



Consensus meeting in Tokyo live 2018 (2018.4.27)



10th anniversary of POEM: TOKYO Live 2018 Satellite Symposium Program

Opening remarks : Haruhiro Inoue

【13:00-14:30 POEM Lecture】 Moderators: Hisao Tajiri, Robert H. Hawes

Speaker:

- > POEM: History of the past ten years Haruhiro Inoue
- Current status of Asia
- Philip W. Y. Chiu Guido Costamagna
- Current status of Europe
 Current status of U.S.A.
- Current status of U.S.A.
 Current status of Japan
 Stavros N. Stavropoulos
 Hironari Shiwaku
- Current status of Japan
 Future status of POEM (POEM-F)
 - Haruhiro Inoue

Closing Remarks: Horst Neuhaus

【14:40-16:40 POEM Consensus meeting】 Moderators: Philip W. Y. Chiu, Robert H. Hawes

Discussers and Vo:

Haruhiro Inoue Robert H. Hawes Horst Neuhaus Guido Costamagna Stavros N. Stavropoulos Philip W. Y. Chiu Norio Fukami Stefan Seewald Hironari Shiwaku Yasutoshi Kobayashi Manabu Onimaru Hitomi Minami Shinwa Tanaka Yuto Shimamura Esperanza Grace Santi Kevin Grimes Hisao Tajiri

Closing Remarks: Hisao Tajiri



Consensus meeting in Tokyo live 2018 (2018.4.27)



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Total 8 Clinical question (CQ) and future research questions (FRQs) about **GERD** after **POEM**

	CQ and FRQ	Statement	Strength of recommenda- tion	Evi- dence Level
CQ1	What is the incidence of GERD after POEM?	POEM may induce GERD, but incidence depends on measurement	N/A	В
CQ2	Are there any reports of stenosis, bleeding, or Barrett's esophageal cancer due to GERD after POEM?	The incidence of late complications of GERD after POEM seems to be low; however, further long-term investigation is needed	N/A	С
CQ3	Is post-POEM GERD higher than GERD after laparo- scopic Heller-Dor?	Based on current data, GERD after POEM occurs more frequently than after Heller plus partial fun- doplication	N/A	С
FRQ 4	What is the role of proton pump inhibitor (PPI) after POEM?	Most patients with post-POEM GERD respond to PPI therapy; however, the indications for PPI are not well defined	N/A	D
FRQ 5	What is the rate of cases where additional fundopli- cation was performed for refractory GERD after POEM?	The need for fundoplication to treat GERD after POEM is extremely low	N/A	D
FRQ 6	Why is the rate of GERD high in POEM which preserves the periesophageal suspensory ligaments involved in natural antireflux mechanisms?	Excessive gastric myotomy and incision of the collar sling fibers may increase the frequency of GERD after POEM	N/A	D
FRQ 7	Is the double-scope transillumination method helpful for controlling the length of myotomy?	Currently, the double-scope method is the most reliable way to confirm the length and direction of myotomy on the gastric side	1	D
FRQ 8	How should the patient with medication refractory GERD after POEM be managed?	For refractory severe post-POEM GERD, some antire- flux procedure may be considered	2	D

FRQ 7: is the double-scope transillumination method helpful for controlling the length of myotomy? Statement: currently, the double-scope method is the most reliable way to confirm the length and direction of myotomy on the gastric side.

Strength of recommendation: 1, Evidence level: D Delphi scores: Median = 8, Lowest = 6, Highest = 9

