The World Gastroenterology Organization (WGO) is the global guardian of digestive health, serving the world. Many projects, with exceptional scientific and practical impact, such as ‘WGO Guidelines Project’, ‘Train the Trainers’ or ‘World Digestive Health Day’ have received international recognition.

Recently, WGO announced the creation of the WGO Digestive Oncology Task Force, under the Chair of Professor Chris J.J. Mulder (1). In the inaugural article, the Task Force explains the goal of the WGO Digestive Oncology project, and delineates the steps necessary to be taken in order to accomplish the goal. ‘The goal of advanced training in Digestive Oncology is to enhance knowledge and skills beyond the expertise obtained during normal Hepatogastroenterology (HGE) residency program [1]. The idea of a Digestive Oncology curriculum for HGE specialists is new [2]. The background of this idea is represented by the reflective interpretation of the developments in the field of gastroenterology, interventional endoscopy, oncology and of their complementary use in digestive cancer patients [2-7].

The European Board of Gastroenterology and Hepatology (EBGH) has accepted the Digestive Oncology advanced module for HGE specialists in the new curriculum for the European Diploma [8]. Digestive Oncology is already part of the current HGE-curriculum in Belgium, France and Germany [2].

The essential challenges of the WGO Digestive Oncology Task Force project are represented by the adaptation of the standard HGE-curriculum for digestive oncology, creating an outline for the Digestive Oncology curriculum, which contains specific qualifications and recognition, the time and the place to be dedicated to this module of additional oncology experience, succeeding the formal HGE training. National and international societies, that could sustain this qualification are of equal importance.

Digestive cancers account for more than 3 million new cases each year worldwide, and the number will increase in the next two decades because of the expansion and aging of populations in both developed and developing countries [7]. The number of oncologists could become insufficient to meet the needs of patients with cancer. Some gastroenterology trainees may wish to further specialize in the management of patients with digestive cancers. For this purpose, additional training is required in oncologic endoscopy, medical oncology, or both [7]. The increasing confrontation with digestive cancers is a reality in Romania too. Redesigning the current Romanian HGE-curriculum, with emphasis on digestive oncology, should be part of international developments. Romanian gastroenterologists should assume a greater role in multidisciplinary management teams and in the direct treatment of patients with digestive cancer, which might include the administration of chemotherapy and of biological agents.

**WGO Digestive Oncology Task Force project: motivations and some insights.**

The proper positioning of Digestive Oncology, as an advanced module / subspecialty of HGE, is an important goal the task force hopes to achieve. The scope and personalization of the HGE-curriculum is WGO’s major challenge as it will change HGE once again in the coming decade. WGO is supportive of these efforts, as well as increased training in gastrointestinal (GI) oncology for all GI and hepatology trainees and practitioners [1].
Digestive Oncology is substantially under-represented in the undergraduate and postgraduate curricula of present day HGE trainings programs. Subspecialization within medical oncology was initiated to provide the expertise for optimal cancer patient care. The proportion of patients with cancer presenting to HGE care is increasing [9]. In order to care for these patients, hepatogastroenterologists need to be able to confirm the diagnosis (including grade and stage), to deliberate with the patient regarding available treatment options, to select the agreed treatment and administer it safely and efficiently. Administration of chemotherapy (neoadjuvant) and of biological agents should be included in the standard HGE-curriculum for digestive oncology, based on competence [2, 8]. In addition, HGE specialists will be involved in endoscopic management, providing nutritional support, amelioration of treatment side effects, symptom palliation, emotional support and end-of-life care [2, 8]. Top-down treatment, including liver transplantation, should also get organized in rapidly developing countries [2].

Training should occur in HGE Units with a special interest in Digestive Oncology. Trainees partaking in the Digestive Oncology Advanced Module should complete one year in a Digestive Oncology Centre. Training involvement in a one year Digestive Oncology Advanced Module pre-supposes that the basic training in HGE was completed [2, 8].

Doing research during the HGE specialist’s curriculum should be encouraged, where possible. The WGO has not yet incorporated research training in their proposed HGE-curriculum, however medical students interested in HGE should be encouraged to attend regional and national society meetings, without admission fee [10].

The golden result of this strategy would be the creation of multidisciplinary teams, working together for the benefit of the patient. For HGE specialists, the application of this strategy would represent a valuable asset in their work with oncology patients, in all stages of the disease. The creation of specific guidelines, in relation to the disease, the patient and the resource level, would help doctors from all specializations to implement their medical knowledge.

Digestive oncology in the world

Work with digestive cancers is universal [7]. The statistics and publications of WGO, IARC, GLOBOCAN revealed the digestive cancer burden in the world. ESMO (the European Society for Medical Oncology) and ASCO (the American Society for Clinical Oncology) offered the main framework for the training for digestive oncology. Many organizations dedicated to digestive oncology were developed. IDCA (the International Digestive Cancer Alliance) was founded in 2002. ESDO (the European Society of Digestive Oncology) was founded in 2008. AMSDO (the African Middle Eastern Society of Digestive Oncology) was founded in 2008. More and more national societies of gastroenterology and hepatology, from all over the world, incorporate the digestive oncology concept and curriculum [2]. The Romanian Society of Digestive Oncology, as a member of ESDO, was initiated in 2010.

Self-education is a general prerequisite for medical formation and activity, and lasts the whole life of a doctor. The professional societies mentioned are acting as coagulating factors in profession. First, related to the medical formation, qualification, recognition, supervision, guidance and organization of the specialized studies. The organization of human and material resources and personalization of options, according to the region and to the specific pathology provocation in the area (priority diseases), are also important issues. The creation of research networks is another topic for professional societies. Other positive benefits are related to the impact on the public, media, industry, and last, but not least, the involvement of political figures, who are involved in health politics. The personalization of the HGE-curriculum should be defined, according to the specific confrontation with digestive cancers and their risk factors, in different areas of the world [10, 11].

The article dedicated to the 200th anniversary of The New England Journal of Medicine emphasizes the epidemiologic transition which has intervened in the disease profile in the world, and changed the tasks in medicine [12]. Now, in the era of the molecular profiling of tumors and many exceptional developments in surgical/non-surgical strategies, and in the use of chemotherapy, radiotherapy and biological agents based approaches of malignant tumors, the integration in the clinical practice of the concept of the multimodal treatment of digestive cancers is of capital importance [1-8,13-22].

**Redesigning the current Romanian HGE-curriculum**

Developments in education should follow the developments in research and technique, and should serve the medical assistance. Advanced training modules in HGE specializations and curriculums are developing in the world. At present, they focus on the digestive oncology, interventional endoscopy, hepatology and nutrition. These modules are not compulsory but some trainees may wish to undertake these or components thereof [8]. There exist prerequisites in Romania that could sustain the WGO Digestive Oncology Task Force project.

The confrontation of our HGE specialists with digestive cancers is increasing over time [23-26]. The profile of digestive cancers is dominated by colorectal cancer, followed by gastric cancer, hepatic cancer, pancreatic cancer, esophageal cancer and gallbladder and bile ducts cancer [26].

The WGO recommends one gastroenterologist for every 50,000 population [10]. The number of board-registered HGE specialists today is around 334, for around 21,000,000 inhabitants.

Good medical practice exists, according to the international guidelines, regarding some of the already known risk factors for digestive cancers. The existing practice of Romanian HGE specialists covers many aspects of digestive oncology (27-36). An important percentage of time of our professional activity is dedicated to digestive tumors:
prevention (polypectomy), screening, diagnosis, clinical staging, endoscopic treatment (resection, mucosectomy, ablation of HCC) or palliation (stent for esophageal, biliary or pancreatic cancer), assisting secondary effects of other therapies, surveillance. All these components are part of the HGE specialist formation in Romania, and this is similar to the HGE-curriculum from the other EU countries.

The problem encountered in Romania, as well as in other countries, is represented by the non-inclusion of the HGE specialist in the multidisciplinary team involved in the digestive cancer patient care, including the administration of chemotherapy and biological agents. That is one reason why the Task Force intervened, with the aim of the adaptation of a standard HGE-curriculum for digestive oncology, in order to provide the expertise for optimal patient care.

HGE specialist involvement in the integrity process of the diagnosis and treatment of digestive cancer patients could be achieved in two ways: (a) the HGE specialist as a coordinator of the multidisciplinary team involved in digestive cancer patient care, from screening, to treatment (all types of treatment) and follow-up (Fig.1), or (b) the HGE specialist as a conductor of the specific treatment strategy used in digestive cancer patient care. For (a), the HGE specialist should be a member of the multidisciplinary commission deciding the treatment strategy. For (b), the HGE specialist should have a special qualification in digestive oncology, after taking part in the digestive oncology advanced module and completing one year in a digestive oncology center, according to a curriculum that will be developed.

In Romania, HGE training was reduced to 4 years in 2010. As a response, the Commission of Gastroenterology of the Ministry of Health and the Romanian Society of Gastroenterology and Hepatology proposed the introduction of one supplementary year of formation, dedicated to the advanced training in digestive oncology or interventional endoscopy or hepatology. The financial problems related to this one year of advanced training, as HGE-residency or post HGE-residency, have not yet been answered. One possibility to overcome this financial impasse could be represented by the involvement of the Universities and the creation of a master diploma focused on advanced training modules of a HGE specialist. Until a definite formula for the digestive oncology training for HGE specialists is realized, their involvement in digestive oncology patient care as coordinators (37) should represent a good approach. It could be a simple formula to apply, in the context of a good professional collaboration with the surgeons and the oncologists.

In the context of a specific confrontation with digestive cancers, a global vision and a global approach for the role and practice of HGE specialists in digestive oncology represents a real benefit.

**Conclusion**

Training in Digestive Oncology for the HGE specialist is necessary for a comprehensive approach of the digestive cancer patient, from diagnosis to all types of treatment and follow-up. Some of the HGE specialists may wish to further specialize in the management of patients with digestive cancers, confirming the vision of WGO.

Training should be established in HGE units with a special interest in digestive oncology in our country or abroad, in dedicated training centers, supervised by WGO or, in Europe, by the European Society of Digestive Oncology (ESDO). Becoming part of ESDO is a starting point for

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**Fig 1.** Patient-centered gastrointestinal cancer management: the model of the hepatogastroenterologist as a coordinator of the multidisciplinary team involved in digestive cancer patient care. (HGE: hepatogastroenterologist; RT: radiotherapist)
training in Digestive Oncology. Their centers could facilitate this training as well for our candidates. Rotation of our trainees to these units should be stimulated for 4-8 months. It is important to find acceptable and feasible formulas for HGE specialists but also for the trainers and for the sanitary systems. Collaboration with WGO Digestive Oncology Task Force and ESDO will help us to find the most efficacious ways.

Conflicts of interest
None to declare.

References