



A protocol for cooperation to establish an International Gastric Cancer Unit (IGCU)

Amilcare Parisi¹, Chang-Ming Huang^{2,3,4}, Jian-Xian Lin^{2,3,4}, Jacopo Desiderio^{1,5*}, Stefano Trastulli¹, Sergio Bracarda⁶, Vito D'Andrea⁵

¹St. Mary's Hospital, Department of Digestive Surgery, Terni, Italy.

To Cite

Parisi A, Huang C-M, Lin J-X, Desiderio J, Trastulli S, Bracarda S, D'Andrea V. A protocol for cooperation to establish an International Gastric Cancer Unit (IGCU). J Gastric Surg 2019; 1(1): 2-4

Pubblication history

Received: November 28, 2019 Accepted: December 2, 2019 Article impress: December 10, 2019 Published on line: December 16, 2019

Correspondence to

Dr. Jacopo Desiderio Department of Digestive Surgery, St Mary's Hospital, Terni 05100, Italy j.desiderio@aospterni.it Telephon: +393425595828

ABSTRACT

The following text shows the terms of a protocol for cooperation recently signed between The Department of Digestive Surgery - St. Mary's Hospital (Terni, Italy; hereinafter "SMH"), the Department of Surgical Sciences - "La Sapienza" University (Rome, Italy; hereinafter "SUR") and the Department of Gastric Surgery - Fujian Medical University Union Hospital (Fuzhou, Fujian Province, PRC; hereinafter "FMU").

provided by Journal of Gastric Surgery

brought to you by 🗓 CORE

View metadata, citation and similar papers at <u>core.ac.uk</u>

²Department of Gastric Surgery, Fujian Medical University Union Hospital, Fuzhou, Fujian Province, China.

³Department of General Surgery, Fujian Medical University Union Hospital, Fuzhou, Fujian Province, China.

Key Laboratory of Ministry of Education of Gastrointestinal Cancer, Fujian Medical University, Fuzhou, China.

La Sapienza University of Rome, Department of Surgical Sciences - PhD program in advanced surgical technologies, Rome, Italy.

⁶St. Mary's Hospital, Department of Medical Oncology, Terni, Italy.

Background:

The SMH, the SUR, and the FMU (hereinafter the "Parties"),

- Whereas SMH works with national and international partners to develop and promote cancer treatment and research programs,
- Whereas SMH is the founding member of the IMIGASTRIC group[1, 2], which has the objective of collecting and providing large sets of multi-institutional data on gastric cancer[3, 4],
- Whereas SUR is one of the largest European universities and is one of the world's oldest, having been founded in 1303.
- Whereas FMU is a globally recognized leading gastric cancer center and a key center for surgical treatments, education, and scientific research,
- Recognizing that cooperation between the Parties has progressively developed, as manifested by their successful cooperation in the field of gastric cancer research, the Parties express a strong willingness to deepen this cooperation,
- Believing that the extension of cooperation is in the interest of all Parties within the frameworks of their respective mandates and in view of each organization's strengths and comparative advantages,
- Desirous of further developing and institutionalizing their cooperation, the Parties agree to the following sections.

General Provisions:

The purpose of this Protocol for Cooperation is to promote cooperation between the Parties and establish a framework for intensifying and expanding this cooperation.

Areas of Cooperation:

Cooperation between SMH, SUR, and FMU will focus on the following areas of work:

- Data collection and research
- Networking and common events
- Communication and awareness-raising activities
- Capacity development
- Where appropriate cooperation in these areas could, inter alia, take the form of the following:
- Coordination of data collection and analysis;
- Participation in relevant expert meetings;
- Collaboration in research project surveys or forthcoming publications;
- Coordination of respective research methodologies with which to enhance the comparability of project results.
- Joint efforts to identify common stakeholders;
- Exchange of information on respective stakeholder interaction;
- Cooperation in implementing networking activities;
- Joint organization of events;
- Dissemination of information on relevant subjects to their respective stakeholders and partners;
- Joint efforts to build a pool of experts in gastric cancer research (International Gastric Cancer Unit, *Figure* 1).



Figure 1: Official Logo of the International Gastric Cancer Unit

Implementation

In order to implement specific activities under this Protocol for Cooperation, the Parties, if required, shall conclude supplementary agreements for individual projects or programs in accordance with SMH, SUR, and FMU internal regulations, rules, policies, and procedures.

Consultation and Exchange of Information

The Parties shall, on a regular basis, keep one another informed of and consult one another on matters of common interest that in their opinion are likely to lead to mutual collaboration.

A meeting between senior members of all three organizations shall take place in the first half of each year with the aim of discussing possible opportunities for joint activities, challenges to be faced, and ways of further developing the Parties' partnership for their mutual benefit.

Consultation and exchange of information and documents under this Article shall be without prejudice to arrangements that may be required to safeguard the confidential and restricted character of certain information and documents.

The Parties shall invite one another to send observers to meetings or conferences convened by them or under their auspices in which, in the opinion of any Party, the others may have an interest. Invitations shall be subject to the procedures applicable to such meetings or conferences.

Exchange of Research Personnel

The Parties shall endeavor to cooperate in education and research in areas of mutual interest.

The Parties shall consult with one another about the possibility of exchanging teaching and research personnel. Particular areas of interest for possible exchange include research projects and graduate and PhD education.

The host Party shall provide study and research privileges for guest faculty/researchers that are comparable to those available to resident faculty and research staff.

Exchange faculty/researchers are expected to study and work according to their plan for professional involvement, teaching, and research as endorsed by the host Party.

Specific agreement for the use of any special facilities or resources shall be arrived at by the Parties in advance of the exchange.

The duration of these exchanges shall be agreed upon in advance of any exchange and limited to the specific research/academic programs agreed to by the Parties. All Parties agree to develop more specific protocols regarding exchange and collaboration.

Exchange personnel must abide by the laws of the host country and the rules and regulations of the host Party.

Contact Points

Each Party shall appoint points of contact with a view to facilitating effective cooperation among the Parties.

Name/Logo

None of the Parties shall use the name or logo of the other Parties or any abbreviation thereof in connection with its activities or otherwise without the express prior written approval of the other Parties in each activity.

Settlement of Disputes

Nothing in this agreement shall be construed as creating any legal or financial relationships between the parties. All disputes that may emerge in relation with the interpretation or application of the present Protocol for Cooperation shall be settled by means of consultations among representatives of the Parties.

Amendments and Supplements

This Protocol for Cooperation may be subject to amendments with the mutual consent of all Parties through the adoption of supplements.

Each Party may request consultations with the intention of amending this Cooperation Agreement.

Entry in Force and Termination

Each Party may terminate this Protocol for Cooperation by providing written notification to that effect. Such termination enters into force after a period of 60 days that shall starts with the first day of the month following the month in which the other Parties received the written notification of termination.

This Protocol for Cooperation enters into force on the day of its signature.

Acknowledgements

Not applicable

Contributors

AP, CMH, JXL, ST, SB, VDA and JD were involved in conception and designing of this protocol.

Funding

None.

Competing interests

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

Availability of data and materials

Further information are available from the corresponding author on reasonable request.

Ethics approval

Not applicable

Provenance and peer review

Not commissioned; externally peer reviewed.

Open access

This is an Open Access article distributed in accordance with the Creative Commons Attribution Non-Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work noncommercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/

References

[1] Parisi A, Desiderio J. Establishing a multi-institutional registry to compare the outcomes of robotic, laparoscopic, and open surgery for gastric cancer. Surgery. 2015.

[2] Desiderio J, Jiang ZW, Nguyen NT, Zhang S, Reim D, Alimoglu O, et al. Robotic, laparoscopic and open surgery for gastric cancer compared on surgical, clinical and oncological outcomes: a multi-institutional chart review. A study protocol of the International study group on Minimally Invasive surgery for GASTRIC Cancer-IMIGASTRIC. BMJ open. 2015;5:e008198.

[3] Parisi A, Nguyen NT, Reim D, Zhang S, Jiang ZW, Brower ST, et al. Current status of minimally invasive surgery for gastric cancer: A literature review to highlight studies limits. International journal of surgery. 2015;17:34-40.

[4] Parisi A, Reim D, Borghi F, Nguyen NT, Qi F, Coratti A, et al. Minimally invasive surgery for gastric cancer: A comparison between robotic, laparoscopic and open surgery. World J Gastroenterol. 2017;23:2376-84.