

Preface



Anthony N. Kalloo, MD
Guest Editor

Progress is impossible without change, and those who cannot change their minds cannot change anything.

—George Bernard Shaw

The concept of natural orifice transluminal endoscopic surgery (NOTES) has challenged core principles of safe gastrointestinal endoscopy and surgery, “making young men sing and old men cry.” Not surprisingly, the opinions of this novel concept are mixed with ardent supporters feverishly maintaining diametrically opposite views of its long-term viability. Indeed, one might say that an issue of *Gastrointestinal Endoscopy Clinics of North America* devoted to NOTES might be premature at this point. Since our first presentation at Digestive Disease Week 2000 on this topic, however, there has been an impressive and growing body of published data dedicated to NOTES from all over the world. This issue of *Gastrointestinal Endoscopy Clinics of North America* seeks to harness these data and place perspective on the current and future position of NOTES for surgical interventions.

The Natural Orifice Surgery Consortium for Assessment and Research (NOSCAR) has been instrumental in organizing, directing, and funding research with a mantra for safe introduction of NOTES to clinical practice. This issue of *Gastrointestinal Endoscopy Clinics of North America* has focused on topics that NOSCAR has touted for safe promulgation of NOTES. I am grateful to the authors, who are all international experts and pioneers in this burgeoning field. I am also grateful to my colleagues, particularly Sergey Kantsevov and the Apollo group, who persevered with me in pursuing this research during the early dark days of extreme dissent.

Will NOTES have a role in future surgical intervention? It is probably still too early to say but I am convinced that it will have a place along with current surgical techniques. This issue provokes questions more than it brings answers; maybe this is good and will help to continue to further this field. What we do know is that NOTES has sparked the imagination of surgeons and gastroenterologists and has forged new collaborations between these merging fields. Our enthusiasm must be tempered, however, by diligent laboratory research and careful clinical trials. Only by pushing the boundaries of the impossible do we discover what is possible and in the process, we hope, improve the lives of our patients.

Anthony N. Kalloo, MD
Division of Gastroenterology and Hepatology
The Johns Hopkins Hospital
Room 1m12
Cancer Research Building II
1550 Orleans Street
Baltimore, MD 21231, USA
E-mail address: akaloo@jhmi.edu