

WAKU HATTA

1-1 Seiryō-machi, Aoba-ku, Sendai, 980-8574, Japan

EDUCATION

Tohoku University Graduate School of Medicine, Sendai, Japan 2011

Kanazawa University Medical School, Kanazawa, Japan 2003

EMPLOYMENT

2017-present Assistant professor
 Division of Gastroenterology, Tohoku University Graduate School of Medicine

2016-2017 Clinical fellow
 Division of Gastroenterology, Tohoku University Graduate School of Medicine

2013-2016 Assistant professor
 Tohoku Medical Megabank Organization

2011-2013 Head doctor
 Department of Gastroenterology, Shirakawa Kosei General Hospital

2003-2007 Doctor
 Department of Internal Medicine, Iwate Prefectural Isawa Hospital

A DOCTORAL DEGREE

Optical coherence tomography for the staging of tumor infiltration in superficial esophageal squamous cell carcinoma

AWARDS

2017 Digestive Endoscopy best reviewer award

2016 Japan Gastroenterological Endoscopy Society (JGES) congress award

2010 Congress of the JGES, best poster award

GRANTS

2017 Korean Digestive Disease Week (KDDW) international travel grant

2017-2018 Grants-in-Aid for Scientific Research –KAKENHI– (Grant-in-Aid for Young Scientist B)

2016 Grants-in-Aids for Medical Research by Kurokawa Cancer Research Foundation

2016, 2015, 2014, 2010, 2009

 United European Gastroenterology Week (UEGW) international travel grant

2015-2016 Grants-in-Aid for Scientific Research –KAKENHI– (Grant-in-Aid for Young Scientist B)

2015 Grants-in-Aids for Medical Research (Research B) by Gonryo Medical Foundation

2015, 2012 JGES international travel grant (for Digestive Disease Week (DDW))

PAPER

1. Is the eCura system useful for selecting patients who require radical surgery after noncurative endoscopic submucosal dissection for early gastric cancer? A comparative study.
Hatta W, Gotoda T, Oyama T, et al.
Gastric Cancer. 2017 [Epub ahead of print]
2. A scoring system to stratify curability after endoscopic submucosal dissection for early gastric cancer: “eCura system”
Hatta W, Gotoda T, Oyama T, et al.
Am J Gastroenterol. 2017; 112: 874-81.
3. Is radical surgery necessary in all patients who do not meet the curative criteria for endoscopic submucosal dissection in early gastric cancer? A multi-center retrospective study in Japan
Hatta W, Gotoda T, Oyama T, et al.
J Gastroenterol. 2017; 52: 175-84.
4. The risk factors for metastasis in non-ampullary duodenal neuroendocrine tumors measuring 20 mm or less in diameter.
Hatta W, Koike T, Iijima T, et al.
Digestion. 2017; 95: 201-9.
5. Different time trend and management of esophagogastric junction adenocarcinoma in three Asian countries
Hatta W, Tong D, Lee YY, et al.
Dig Endosc. 2017; Suppl 2: 18-25.
6. Factors Associated With Metachronous Gastric Cancer Development After Endoscopic Submucosal Dissection for Early Gastric Cancer.
Ami R, **Hatta W**, Iijima K, et al.
J Clin Gastroenterol. 2017; 51: 494-9.
7. Are randomized control studies needed to evaluate the efficacy of treatment techniques that are clearly minimally invasive and already widely used?
Gotoda T, **Hatta W**.
Gastrointest Endosc. 2017; 85: 153-4.
8. The slow progressive nature of duodenal neuroendocrine tumor: a case report of long-term observation over 14 years.
Takahashi K, **Hatta W**, Koike T, et al.
Clin J Gastroenterol. 2017; 10: 469-73.
9. Survival Benefit of Additional Surgery After Non-curative Endoscopic Submucosal Dissection for Early Gastric Cancer: A Propensity Score Matching Analysis.
Suzuki S, Gotoda T, **Hatta W**, et al.
Ann Surg Oncol. 2017; 24: 3353-60.

Total 29 papers