

Curriculum Vitae

Name	Yozo Sato, M.D. Ph.D.
Country	Japan
Affiliation	Division Chief of Interventional Radiology, Department of Diagnostic and Interventional Radiology, Aichi Cancer Center Hospital
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Educational Background

1998: Graduated from Nagoya City University (College of Medicine)

Nagoya, Aichi, Japan (M.D.)

2015: Graduated from Aichi Medical University (Graduate School)

Nagakute, Aichi, Japan (Ph.D.)

Professional Career

1998-1999: Resident in Radiology, Nagoya City University Hospital, Nagoya, Aichi, Japan

2000-2001: Attending staff in Mishima Internal Medicine Hospital, Okazaki, Aichi, Japan

2002-2016: Attending staff in Department of Diagnostic and Interventional Radiology,
Aichi Cancer Center Hospital, Nagoya, Aichi, Japan

2017-2020: Medical director in Interventional Radiology Section,
Aichi Cancer Center Hospital, Nagoya, Aichi, Japan

2021-2022: Vice Director, Department of Diagnostic Ultrasound & Interventional Radiology,
Cancer Institute Hospital of Japanese Foundation for Cancer Research, Tokyo, Japan

2023- Division Chief of Interventional Radiology,
Department of Diagnostic and Interventional Radiology, Aichi Cancer Center Hospital,
Nagoya, Aichi, Japan

Credentials

Specialist in Diagnostic Radiology of Japan Radiological Society (10484DR)

Specialist of Japanese Society of Interventional Radiology (561)

Specialist of Japanese Society of Medical Oncology (0800059)

Research Field

Interventional oncology, Gastrointestinal intervention

Papers, Books, etc. presented or published by your name

1. Sato Y, Matsueda K, Inaba Y, Tsuchiya S, Yamamoto M, Abe T. Lymphatic Interventional Radiology for Postoperative Lymphatic Leakage. *Digestive Disease Interventions* 2024. DOI <https://doi.org/10.1055/s-0044-1786040>.
2. Sato Y, et al. Interventional management for postoperative arterial bleeding in gastrointestinal surgery. *Int J Gastrointest Interv* 2022; 11(4): 179-185
3. Sato Y, et al. Techniques for percutaneous transesophageal gastrostomy. *Int J Gastrointest Interv* 2021; 10(2): 49-53
4. Sato Y, Chatani S, Hasegawa T, Murata S, Kuwahara T, Hara K, Shimizu Y, Inaba Y. Percutaneous metallic stent placement for malignant afferent loop syndrome via the blind end of the jejunal limb after biliary reconstruction. *Int J Gastrointest Interv* 2021; 10(1): 23-27
5. Sato Y, et al. Endoscopic necrosectomy through a self-expandable metallic stent placed percutaneously for walled-off pancreatic necrosis. *Int J Gastrointest Interv* 2020; 9(3): 128-131.
6. Sato Y, et al. Percutaneous Radiofrequency Ablation for Liver Tumors: Technical Tips. *Interventional Radiology* 2020; 5: 50-57
7. Sato Y, et al. Hepatic Arterial Infusion Chemotherapy of 5-Fluorouracil for Patients with Unresectable Liver Metastases from Colorectal Cancer Refractory to Standard Systemic Chemotherapy: A Multicenter Retrospective Study. *Oncology*. 2020;98(5):267-272.
8. Sato Y, et al. Multicenter Phase II Clinical Trial of Sorafenib Combined with Transarterial Chemoembolization for Advanced Stage Hepatocellular Carcinomas (Barcelona Clinic Liver Cancer Stage C): STAB Study. *J Vasc Interv Radiol*. 2018
9. Sato Y, et al. Metallic Stent for Malignant Colorectal Obstruction. *Digestive Disease Interventions*, 2018
10. Sato Y, et al. Outcomes of a Phase I/II Trial of Hepatic Arterial Infusion of Oxaliplatin Combined with Intravenous 5-Fluorouracil and L-Leucovorin in Patients with Unresectable Liver Metastases from Colorectal Cancer After Systemic Chemotherapy Failure. *J Gastrointest Cancer*. 2018
11. Sato Y, et al. Multiple metallic stents placement for malignant hilar biliary obstruction: Perspective of a radiologist. *Gastrointestinal Intervention* 2016
12. Sato Y, et al. Percutaneous drainage for afferent limb syndrome and pancreatic fistula via the blind end of the jejunal limb after pancreatoduodenectomy or bile duct resection. *J Vasc Interv Radiol*. 2015
13. Sato Y, et al. Preoperative estimation of future remnant liver function following portal vein embolization using relative enhancement on gadopentetic acid disodium-enhanced magnetic resonance imaging. *Korean J Radiol*. 2015
14. Sato Y, et al. Tumor response evaluation criteria for HCC (hepatocellular carcinoma) treated using TACE (transcatheter arterial chemoembolization): RECIST (response evaluation criteria in solid tumors) version 1.1 and mRECIST (modified RECIST): JIVROSG-0602. *Ups J Med Sci*. 2013