

To
The Chair of the Scientific Jury
Appointed by Order No. 15-05-83 / 27.03.2025

REVIEW

by
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Faculty of Medicine at the Medical University – Pleven
Rector of the Medical University – Pleven

Regarding: Competition for the academic position of **Professor** in the field of higher education area 7. "Healthcare and Sports", professional direction 7.1. "Medicine", specialty "Gastroenterology", for the needs of the Clinic of Gastroenterology at "Acibadem City Clinic University Hospital Tokuda" EAD, Sofia

By Order No. 15-05-83 / 27.03.2025 of the Chair of the Scientific Council, I was appointed as a member of the Scientific Jury for the evaluation procedure of the candidate Assoc. Prof. Dr. Petko Ivanov Karagyozev, MD, PhD. At the first remote session, I was appointed as the reviewer.

Only one candidate has submitted documents and been admitted to the announced competition – Assoc. Prof. Dr. Petko Ivanov Karagyozev, MD, PhD.

The deadlines for conducting the competition and the procedure comply with the **Law on the Development of the Academic Staff in the Republic of Bulgaria**, its Implementing Rules, and the Internal Regulations on Academic Staff Development at "Acibadem City Clinic University Hospital Tokuda Hospital.

Within the legally established deadline, I received the documents of Assoc. Prof. Dr. Petko Ivanov Karagyozev, MD, PhD, in both paper and electronic form, and they fully comply with the above-mentioned regulatory documents.

Brief Professional and Biographical Information

Assoc. Prof. Dr. Petko Ivanov Karagyozev, MD, PhD graduated in Medicine from the Medical University – Sofia in 2004. He began his professional career in 2006 as a physician in the Clinic of Gastroenterology and Hepatology at the Military Medical Academy, Sofia. On September 1, 2011, he was appointed as a physician in the Department of Gastroenterology at the Clinic of Gastroenterology and Pulmonology at Tokuda Hospital, Sofia.

In 2013, he acquired the specialty "Gastroenterology", and in 2016, Assoc. Prof. Karagyozev completed a Master's degree in "Public Health and Health Management" at the Medical University – Plovdiv. From 2015 to 2017, he was Head of the Department of Interventional Gastroenterology at the Clinic of Gastroenterology and Pulmonology at Acibadem City Clinic Tokuda Hospital, Sofia.

In 2019, he was appointed as an adjunct lecturer at the Faculty of Medicine of Sofia University "St. Kliment Ohridski". In 2020, he successfully defended his PhD on the topic "**The Role of**

Cholangio-Pancreatotomy in the Diagnosis and Treatment of Pancreato-Biliary Diseases", and was awarded the educational and scientific degree "PhD". In 2022, he attained the academic position of **Associate Professor**.

Since 2022, Assoc. Prof. Dr. Petko Karagyozev has been Head of the **Clinic of Gastroenterology at Acibadem City Clinic Tokuda University Hospital, Sofia**.

He is fluent in **English** and **German**.

Recognition of Assoc. Prof. Karagyozev's professional qualities is evident through his membership in prestigious scientific societies and organizations, including the **European Society of Gastrointestinal Endoscopy (ESGE)**, the **American Society for Gastrointestinal Endoscopy (ASGE)**, the **World Endoscopy Organization (WEO)**, the **European Cholangioscopy Group (ECG)**, the **European Group for Endoscopic Ultrasound (EGEUS)**, the **Bulgarian Association of Ultrasound in Medicine (BAUM)**, and the **Bulgarian Scientific Society of Gastroenterology**.

Since 2021, he has been a **Fellow of the American Society for Gastrointestinal Endoscopy (FASGE)**. He also serves as Chair of the **Committee for the Administration of Biological Therapy** for patients with **Ulcerative Colitis and Crohn's Disease** at **Acibadem City Clinic Tokuda University Hospital JSC, Sofia**.

Postgraduate Qualification, Courses, and Specializations

Assoc. Prof. Dr. Petko Karagyozev has participated in numerous trainings and courses, including:

- **Training in upper endoscopy and abdominal ultrasound** during a state medical internship in **Dresden, Germany, in 2004**;
- **Gastroenterology course – Zwolle, Amsterdam, the Netherlands, in 2007**;
- **Course on "Fundamentals of Effective Colonoscopy", Hamburg, Germany, in 2010**;
- **Course on "Basic Techniques of Endoscopic Submucosal Dissection", University Hospital Hamburg-Eppendorf, Hamburg, Germany, in 2014**;
- **Course on "Percutaneous Biliary Interventions", AMC, Amsterdam, the Netherlands, in 2014**;
- **Training on "Endoscopic Resection with the FTRD System", Stuttgart, Germany, in 2017**;
- **"Train-the-Trainers in Endoscopy" Program, Rome, Italy, in 2016**;
- **Trainings in ERCP and cholangiopancreatotomy – Jablonec, Czech Republic, in 2016**.

He has also completed several specializations:

- **Specialization in gastrointestinal endoscopy, ERCP, and endoscopic ultrasound at Shonan Kamakura Hospital, Okamoto, Kanagawa, Japan, in 2014**;
- **Specialization in gastrointestinal endoscopy, ERCP, and endoscopic ultrasound at the Department of Interdisciplinary Endoscopy, Elisabethinen Hospital, Linz, Austria, funded by an ESGE scholarship, Module 1, in 2017, among others**.

Scientific Output, Research Activity, and Contributions

The list of scientific works authored or co-authored by **Assoc. Prof. Dr. Petko Karagyozev** is impressive. The works submitted for participation in this competition total **90** and can be grouped as follows:

1. Dissertation for obtaining the educational and scientific degree “PhD” – 1
2. Full-text publications in peer-reviewed English-language journals – 11
3. Full-text publications in peer-reviewed Bulgarian-language journals – 1
4. Full-text publications in non-peer-reviewed English-language journals – 1
5. Full-text publications in non-peer-reviewed Bulgarian-language journals – 49 (including co-authorship in four textbooks)
6. Abstracts from international congresses in English, published in peer-reviewed journals with an impact factor – 28

Dr. Karagyozev’s research and studies are of high scientific value and span various areas of gastroenterology. Notably, a significant portion of his work, especially those dealing with diseases of the **gallbladder, bile ducts, and pancreas**, stands out for its scientific depth, interest, and importance.

For the purposes of this review, his research and applied clinical contributions can be broadly but precisely categorized into the following three directions:

I. Digital Peroral Cholangio-Pancreatography in the Diagnosis and Treatment of Pancreato-Biliary Diseases

1. Dissertation for the academic degree “PhD” (Scientific Work No. 1)

The dissertation presents results from a retrospective, observational, single-center study including **186 patients** who underwent **208 cholangiopancreatography procedures** over a three-year period. The aim was to determine the role of cholangioscopy in the overall diagnostic and therapeutic process for biliary and pancreatic diseases and to develop a current algorithm for its clinical application.

The material is divided into four groups based on indications: “difficult bile duct stones,” “indeterminate biliary strictures,” “missed stones,” and “others.” Technical aspects of cholangioscopy and procedure-related morbidity are examined in detail. Risk factors for general and specific complications or technical failure are also analyzed.

The main conclusions prove that the method is easy to master, does not carry additional complication risks, and is highly effective in treating difficult bile duct stones. The biggest advantage in dealing with indeterminate biliary strictures is the ability to obtain biopsies under direct visual control. Cholangioscopy is also informative and effective for detecting missed stones, removing proximally migrated biliary and pancreatic stents, cannulating complex biliary strictures, diagnosing and preoperatively assessing the extent of intraductal papillary mucinous neoplasms (IPMN), and treating pancreatic duct stones.

Additionally, the method can be used in atypical cases such as **iatrogenic bile duct injuries** and **post-transplant biliary complications**.

2. Other studies and publications contributing to the establishment of endoscopic cholangio-pancreatography in clinical practice (post-habilitation)

2.1. In January 2023, a systematic review and meta-analysis co-authored with 11 European experts from the **European Cholangioscopy Study Group** was published in *Endoscopy*, analyzing 25 studies on the role of **pancreatography** in diagnosing **intraductal papillary mucinous neoplasms (IPMN)** of the pancreas. The publication defines the most common endoscopic features (e.g., papillary proliferation, "fish egg" appearance, friability) and criteria for identifying invasive disease. Diagnostic accuracy was found to be high (88–100%), and in a significant proportion of patients (13–62%), the findings led to changes in surgical strategy. (Scientific Work No. 4)

2.2. To validate the **effectiveness and safety** of cholangioscopy-guided lithotripsy, the author published a retrospective study summarizing data from two referral centers in interventional endoscopy (his institution and the **National Hepatology and Tropical Medicine Research Institute**, Cairo, Egypt). It reviewed a substantial number of patients who underwent **laser or electrohydraulic lithotripsy**, confirming the method's high effectiveness and acceptable safety profile. Risk factors requiring multiple procedures were also discussed. (Scientific Work No. 7)

2.3. Another established application of cholangio-pancreatography is the diagnosis of **indeterminate biliary strictures**. A large single-center experience with about **200 patients over 6 years** is critically presented, highlighting both advantages and limitations. The main advantage is targeted biopsies under direct vision. However, challenges include the small size of the biopsy forceps, processing issues, and non-standardized technique, all of which limit sensitivity and diagnostic accuracy. This work was presented at one of Europe's largest gastroenterology forums. (Publication No. 60)

As part of the **European Cholangioscopy Study Group**, the author contributed to a **prospective multicenter study** comparing biopsy techniques using newly designed miniature forceps. No significant difference was found between "single bite" and "bite-on-bite-on-bite" techniques.

Presented as a poster at the **2024 ESGE Annual Congress** and submitted for publication in *Endoscopy*. (Publication No. 78)

2.4. The author also investigated a **rare indication** for cholangioscopy: **removal of proximally migrated biliary and pancreatic stents**. A retrospective study involving over **120 patients** was presented at **UEGW 2024 (Copenhagen)**. Risk factors identified for proximal migration include large common bile duct diameter, presence of a periampullary diverticulum, and incomplete papillotomy. Various extraction techniques and outcomes were evaluated, and early use of cholangioscopy was associated with the best results. (Scientific Work No. 54)

2.5. A publication in *Gastrointestinal Endoscopy* presents a **rare clinical scenario**: using cholangioscopy to investigate **isolated cystic dilation of the left intrahepatic bile ducts**. Electrohydraulic lithotripsy of intrahepatic stones was performed, followed by fragmentation and extraction. A diagnosis of **ectopic pancreas in the liver** was made as the rare cause, confirmed after **left lobectomy**. (Scientific Work No. 3)

II. Contributions in Other Areas of Interventional Endoscopy

1. EUS-Guided Biliary Drainage

This method was developed and introduced for the first time in Bulgaria. A comprehensive article published in the *World Journal of Gastrointestinal Endoscopy* presents the historical development of the technique, detailing all types: **EUS-guided hepaticogastrostomy, choledochoduodenostomy, antegrade stenting**, and the “rendezvous” procedure. In addition to the clear advantages over percutaneous biliary drainage in cases where **endoscopic retrograde cholangiopancreatography (ERCP)** fails or is impossible—especially in terms of lower morbidity and improved quality of life—the article also critically discusses the lack of standardization, the need for improved safety, and the development of specialized tools. (Scientific Work No. 2)

Dr. Karagyozev also shared his own experience and critical evaluation of the method at the **18th National Surgical Congress**. Data from the first 100 cases were presented, outlining the advantages and disadvantages. He concluded that the procedure is **not yet ready to replace ERCP**, which remains the first-choice method for biliary decompression. (Scientific Work No. 27)

In another review article, the author discusses **minimally invasive drainage strategies** for malignant distal biliary obstruction. Again, ERCP is emphasized as the standard approach due to its established evidence base, the need for standardized EUS-guided techniques, the lack of dedicated accessories, and safety concerns. While EUS-guided biliary drainage avoids the risk of **post-ERCP pancreatitis**, it introduces the potentially more severe risk of **bile leakage and biliary peritonitis**. (Scientific Work No. 49)

At **UEGW 2022** and **ESGE DAYS Dublin 2023**, Dr. Karagyozev presented his **first 100 cases** of EUS-guided biliary drainage, showing that the procedure is **highly effective and safe**, and in some cases may be considered a first-line option—especially for **malignant biliary obstruction with surgically altered anatomy**. (Scientific Works No. 60, 70)

At **ESGE DAYS 2024** and **UEGWEEK 2024**, he presented comparative studies between **hepaticogastrostomy** and **choledochoduodenostomy**, thoroughly analyzing complications and identifying risk factors. The final version of this work was also presented as a **poster at DDW 2024 (Washington)** and later published as a **review article** in *Bulgarian Hepatogastroenterology*. (Scientific Works No. 77, 78, 81, 82, 85, 47)

A significant achievement is his participation in a **collaborative study comparing EUS-guided biliary drainage and ERCP** in patients undergoing pancreaticobiliary surgery. The results showed that **EUS-guided drainage does not worsen surgical outcomes** and may even offer certain advantages over ERCP. This key study, in collaboration with leading global experts in interventional endoscopy, was **presented at DDW 2022 (USA)** and later **published in the Journal of Clinical Gastroenterology**. (Scientific Works No. 5 and 59)

2. EUS-Guided Pancreaticogastrostomy

Dr. Karagyozev was the **first in the country** to perform and present this method. He participated in a **collaborative multicenter study** with international experts in interventional endoscopy, evaluating the **efficacy and safety of EUS-guided pancreatic duct drainage**. The results were **presented as a poster at DDW 2023 in Chicago**. (Scientific Work No. 72)

3. EUS-Guided Gastroenterostomy

For the first time in Bulgaria, an **EUS-guided technique** was introduced for creating **gastroenterostomy** using a **dedicated stent**—the **Lumen-Apposing Metal Stent (LAMS)**. This method offers advantages over duodenal stenting for **malignant gastric outlet obstruction**, including fewer reinterventions and reduced late complications.

The technique allows **rapid resumption of oral intake**, significantly shorter hospital stays compared to surgical bypass, and is also applicable in **benign conditions**. Dr. Karagyozev published **two review articles** on the method, presented his own clinical experience, and introduced **afferent loop syndrome** as a new indication for EUS-guided gastroenterostomy. His patient series was presented at the **National Surgical Congress in 2024**.

He also participated in a **multicenter international collaborative study**, tracking patients post-EUS gastroenterostomy for a **minimum of six months**. The findings showed the **procedure is safe and effective in the mid-term**, with over **70% of patients resuming normal eating** within six months.

The results were **presented as a poster at DDW 2023 (Chicago)**. (Scientific Works No. 36, 52, 54, 71)

4. Endoscopic Ultrasound in Liver Diseases – Endohepatology

For the first time in Bulgaria, the technique of **EUS-guided liver biopsy** has been described and developed for both **diffuse and focal liver diseases**. The author presents a personal series of **73 patients** who underwent EUS-guided liver biopsy. The procedure demonstrated **high effectiveness and safety**, with a diagnostic accuracy exceeding **95%**. A modification of the technique aimed at simplification and improved accessibility is also presented. The material was shown as a **poster at UEGW 2024 in Copenhagen** and was later accepted for **oral presentations at ESGE DAYS 2025 in Barcelona and DDW 2025 in San Diego (upcoming)**. (Scientific Work No. 84)

The concept of **endohepatology** also includes modern **endosonographic techniques for secondary prevention and treatment of bleeding gastric/cardiac-fundal varices**, using **endovascular application of coils and cyanoacrylate**. This method was introduced in the country for the first time and, over the past three years, significant experience has been accumulated. The technique has been described in **two review articles** published in non-refereed Bulgarian journals, and a **retrospective analysis** of a personal patient series has been accepted for **oral presentation at ESGE DAYS 2025 in Barcelona**. (Scientific Works No. 37 and 53)

5. Endoscopic Retrograde Cholangiopancreatography Combined with Endoscopic Ultrasound

This section presents the concept of **performing EUS with biopsy followed by ERCP in a single session** for patients with suspected **malignant distal biliary obstruction**. A retrospective analysis was conducted on **120 patients** over one year. The **diagnostic accuracy of histology was over 95%**. All patients underwent successful biliary drainage—**93% via ERCP alone**, and **7% via EUS-guided biliary drainage** due to unsuccessful cannulation.

The combination of EUS and ERCP in one session was found to be **highly effective** and **not associated with an increased risk of complications** or cannulation failure. The material was presented as a **poster at ESGE DAYS 2023**, and a **full-text article** on the topic was subsequently published.

(Scientific Works No. 6 and 69)

6. Iatrogenic Bile Duct Injuries

In this complex and challenging pathology, the author contributes by promoting **endoscopic methods for diagnosis and treatment**, demonstrating **excellent outcomes from a team-based approach** involving an interventional gastroenterologist and a hepatopancreatobiliary surgeon.

A **review article** is presented, examining the **endoscopic treatment of benign biliary strictures**, with a focus on **iatrogenic injuries as the most common cause**. A **poster at UEGWEEK 2022** highlighted the center's experience in managing such cases and emphasized the **key role of ERCP** in the treatment strategy.

(Scientific Works No. 23 and 64)

7. EUS-Guided Fine-Needle Biopsy (FNB)

Scientific Works No. 62, 63, and 68 explore the **technical aspects and capabilities of EUS-guided fine-needle biopsy using histological needles**. The high **diagnostic accuracy and quality of the histological material** obtained are demonstrated.

The author presents personal experience with **over 200 patients** and a **retrospective comparison** of different histological needle designs and techniques.

8. EUS-Guided Radiofrequency Ablation (RFA) of Pancreatic Tumors

For the first time in Bulgaria, **EUS-guided RFA** has been introduced and described for **non-functioning neuroendocrine tumors of the pancreas** (G1, up to 2 cm), **insulinomas**, and **pancreatic metastases from renal cell carcinoma**. The procedure was also applied to the first few cases of **locally advanced, non-resectable, non-metastatic pancreatic ductal adenocarcinoma**, showing **promising results** within the context of **multimodal therapy**.

Several **review articles** detail the technique, patient preparation, post-procedural monitoring, and published outcomes.

A notable achievement is the publication in *Acta Diabetologica* in collaboration with endocrinologists from MU-Sofia, presenting the **initial Bulgarian experience with EUS-guided RFA in insulinomas**, including **three patients** monitored for six months with **excellent results**.

The initial experience was also presented as **posters at UEGW 2024 and ESGE DAYS 2024**. (Scientific Works No. 9, 34, 39, 75, 83)

9. Endobiliary Radiofrequency Ablation Under ERCP Control for Perihilar and Distal Cholangiocarcinoma

For the first time in the country, endobiliary ablation is introduced and applied under ERCP control for perihilar and distal cholangiocarcinoma. A protocol for its use in conjunction with chemo-immunotherapy has been developed. The initial results are promising, associated with prolonging the patency of biliary stents and possibly extending survival. Immune activation and associated enhanced sensitivity to systemic oncological therapy are also suspected. A review article has been published, thoroughly explaining the methodology as well as the protocol for pre- and post-procedural monitoring. The author's personal experience with over 30 patients has been shared in poster sessions at UEGWEEK 2024 and ESGEDAYS 2024, as well as a poster presentation at DDW Washington 2024 (scientific papers numbered 22, 73, 76, 86 in the list).

10. Percutaneous Endoscopic Gastrostomy in Cardiothoracic Intensive Care

A series of patients who underwent percutaneous endoscopic gastrostomy following delayed recovery after major cardiothoracic surgeries has been published. Early feeding and avoiding complications associated with prolonged tube or parenteral nutrition are linked to good prognosis and optimal outcomes. The data illustrate the multidisciplinary approach in the institution represented by the author (scientific paper number 25 in the list).

11. Endoscopic Resection of Early Neoplasms of the Upper and Lower Gastrointestinal Tract

The author describes the techniques of endoscopic resection of complex lesions in the upper and lower GI tract in several review articles. Special attention is given to early gastric cancer, indications for endoscopic resection, and techniques for endoscopic submucosal dissection. A new concept in the understanding of rectal lesions and strategies for minimally invasive therapy is emerging. Endoscopic submucosal dissection for T1 rectal cancer, histological risk markers, and indications for additional therapy after endoscopic removal are described. The introduction of the so-called intermuscular dissection in cases of deep submucosal invasion is also discussed. The necessity of detailed discussion with the patient and making an informed decision based on histological results is addressed, as well as new data showing that the depth of invasion, as a standalone factor, does not increase the risk of residual cancer or lymphogenic metastasis. The author shares personal experience with over 50 rectal lesions treated with endoscopic submucosal dissection. The author introduces the so-called endoscopic transmurally resection (FTR) for the first time in the country, sharing experience with about 20 patients. This technique is highly effective and safe, ensuring an R0 resection in 80%. In other publications and posters, conventional "loop" techniques for polypectomy and emerging techniques like "underwater" endoscopic mucosal resection and "cold" polypectomy are explained (scientific papers numbered 13, 40, 41, 50, 55, 66 in the list).

12. Endoscopic Treatment of Peripancreatic Pseudocysts and Necrotic Collections (WOPN)

A report presented at the XVIII National Surgery Congress with international participation, held on October 6-8, 2022, in Pleven, shows the author's personal experience and outlines strategies for minimally invasive treatment of peripancreatic collections. The role of endoscopic ultrasound and drainage under endosonographic control as the procedure of first

choice is emphasized, along with the indications and techniques for direct endoscopic necrosectomy. A review article discusses all interventions in the spectrum of therapeutic endoscopic ultrasound, with particular attention to endosonographic drainage techniques for peripancreatic collections (scientific papers numbered 24 and 27).

13. Complex Interventions Under Endosonographic Control

A clinical case has been published illustrating the positive outcomes of minimally invasive endoscopic techniques in locally advanced inoperable pancreatic cancer. The patient presented with gastric outlet obstruction syndrome. An echoendoscopic gastroenteroanastomosis was performed, allowing for rapid resumption of oral intake and the initiation of systemic therapy. Six months later, due to mechanical jaundice, echoendoscopic hepaticogastrostomy was performed, followed by cholecystogastroanastomosis. Minimally invasive techniques provide good quality of life and a survival rate of 3 years (scientific paper number 11).

14. Endoscopic Papillectomy

In a publication in a non-peer-reviewed Bulgarian journal, the techniques for endoscopic papillectomy, indications, possible complications, and strategies to avoid and manage them are presented. The author shares their personal experience with 10 patients and reports post-procedural bleeding as the most common complication of the procedure (scientific paper number 51).

15. Endoscopic Therapy for Perforations and Fistulas

In a poster presented at ESGE DAYS 2023, the author shares their experience in treating esophageal perforations, fistulas, and anastomotic dehiscences over a period of 5 years. The role of a multidisciplinary approach, combinations of endoscopic closure with OTSC clips, stenting, and endovac therapy depending on the clinical scenario is emphasized. In a scientific communication presented at the National Surgery Congress, a patient with a gastric fistula following sleeve gastrectomy is discussed. A single-stage endoscopic closure with an OTSC clip was performed, followed by laparoscopy and abdominal cavity drainage to control infection (scientific papers numbered 57, 65).

III. Contributions with Clinical-applied, and Didactic Character

1. Jointly and independently published works on cystic tumors of the pancreas. The topic remains relevant, with many unanswered questions. Review articles reflecting current understanding on the subject, as well as recommendations for diagnosis and follow-up, have been published. An original work on endoscopic ultrasound, fine needle aspiration, and cystic fluid analysis in pancreatic cystic tumors was presented as a poster at UEGW 2023. The diagnostic role of carcinoembryonic antigen (CEA) and sugar levels have been explored, with the author's own "cut-off" values proposed (scientific papers numbered 35, 45, 74 in the list).
2. A review article presents current recommendations for the prevention and treatment of acute pancreatitis after endoscopic retrograde cholangiopancreatography (Post-ERCP pancreatitis). The publication aims to unify terminology and provide guidance on behavior according to the recommendations of the European and American Endoscopy Associations (scientific paper number 18).
3. Several publications are dedicated to the topic of screening for colorectal cancer, target populations, and strategies for screening for esophageal squamous cell carcinoma and gastroesophageal junction and gastric cancers. Problems related to early detection and the target population for pancreatic cancer screening are also discussed—another "hot" topic in gastroenterology and oncology at present (scientific papers numbered 15, 20, 21, 43 in the list).

4. Artificial Intelligence in Colonoscopy. Three review articles focus on its role in colorectal cancer prevention. Artificial intelligence is integrated into diagnostic colonoscopy and improves the detection rate of adenomas, directly correlating with colorectal cancer prevention. It helps both experts and novice endoscopists, minimizing detection gaps. Additionally, modern platforms assist the endoscopist in properly characterizing lesions and choosing an appropriate treatment strategy (scientific papers numbered 42, 44, 46).
5. Colorectal Cancer in Young Adults - A review article discusses the problem, possible reasons for the "younger" onset of the disease, and the strategy to lower the age threshold for starting screening to 45 years (scientific paper number 38).
6. Gastroesophageal Reflux Disease - A review article is dedicated to current understanding and pharmacological and minimally invasive therapeutic strategies for this common disease (scientific paper number 48).
7. In joint publications with the Clinics of Hepato-pancreatobiliary, General, and Thoracic Surgery, the role of gastroenterologists and endoscopists in the multidisciplinary approach to the treatment of esophageal leiomyomas, epiphrenic diverticula, esophageal duplication cysts, and complications following robot-assisted surgeries on the gastroesophageal junction is highlighted. Joint experience in the treatment of pancreatic tumors and robot-assisted distal pancreatectomy, robot-assisted distal gastrectomy, and esophagogastroplasty—precise preoperative diagnostics, indications for intraoperative endoscopy, and managing complications—has also been reflected (scientific papers numbered 13, 29, 30, 31, 32, 56, 57, 58).
8. Participation in a multicenter international randomized study investigating the efficacy and safety of Risankizumab and Ustekinumab in moderate to severe Crohn's Disease (scientific paper number 11).
9. Co-authorship in four educational resources—multidisciplinary clinical guidelines defining the management of esophageal cancer, gastroesophageal junction cancer, gastric cancer, pancreatic cancer, and cholangiocarcinoma. The guidelines were developed using the GRADE method, with the author contributing recommendations for the role of diagnostic and therapeutic endoscopy, endoscopic ultrasound, local ablative techniques for cholangiocarcinoma, and more (scientific papers numbered 87, 88, 89, 90).

Scientific Activity

Citations and Impact Factor (IF)

According to data from the Central Medical Library (February 19, 2025), the scientific works of Assoc. Prof. Karagyozev have been cited 272 times in international journals indexed in the globally recognized databases Scopus and Web of Science, and 6 times in Bulgarian sources. This attests to the high value of his scientific production. The total IF from full-text publications is 184.091.

Teaching and Mentoring Activity

From January 1, 2020, to December 31, 2024, Assoc. Prof. Karagyozev has completed a teaching workload with residents (in equivalent hours) amounting to 1415 equivalent hours. According to data from the Faculty of Medicine at Sofia University "Kliment Ohridski," for the last 4 academic years, Assoc. Prof. Karagyozev has had a total of 1112.5 hours of in-person teaching. He is the academic mentor of two PhD students and has had two gastroenterology residents successfully complete their specialization.

Reviewing and Editorial Work

Assoc. Prof. Karagyozev is a reviewer for *Gastrointestinal Endoscopy* (GIE), *Therapeutic Advances in Gastroenterology*, *World Journal of Gastrointestinal Endoscopy*, and *UEGW*.

Research Projects

Assoc. Prof. Karagyozev is involved in an internal university project: "Endoscopic ligation of esophageal varices and placement of an esophageal prosthesis in a pig model – techniques, benefits, risks."

Conclusion

The author's report for Assoc. Prof. Dr. Petko Karagyozev, MD, PhD, regarding the fulfillment of the minimum requirements for scientific and teaching activity to assume the academic position of "Professor" demonstrates 4638.16 points, compared to the minimum required 550 points.

The minimum national requirements for assuming the academic position of "Professor," as outlined in the Law on the Development of Academic Staff in the Republic of Bulgaria and the Regulations for its Implementation, have been more than fulfilled.

The scientific production presented for review is original, and no evidence of plagiarism or significant repetition of supporting material has been found.

The professional biography of Assoc. Prof. Dr. Petko Karagyozev, MD, PhD, his diagnostic and therapeutic, research, reviewing, and teaching activities demonstrate an exceptionally intense career development. This is due not only to the personal and professional qualities of the candidate in the current competition but also to the high regard in which he is held in scientific circles and the gastroenterology community in Bulgaria. Assoc. Prof. Dr. Petko Karagyozev, MD, PhD is a fully established gastroenterologist, teacher, and researcher.

As a member of the Scientific Jury for the announced competition procedure for the academic position of "Professor" in "Gastroenterology," I give a positive review of the candidate and propose to the esteemed members of the Scientific Jury to give a positive assessment of Assoc. Prof. Dr. Petko Ivanov Karagyozev, MD, PhD for assuming the academic position of "Professor" in "Gastroenterology," for the needs of the Gastroenterology Clinic at "Acibadem City Clinic Tokuda University Hospital," Sofia.

Date: May 14, 2025

Reviewer:

Prof. Dobromir Dimitrov, MD, PhD