

Long-Term Response Rate of Endoscopic Mucosal Resection (EMR) as a Treatment of Superficial Oesophageal Neoplasia in a Spanish Referral Center

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Received: February 19, 2021; Published: March 12, 2021

Abstract

Adenocarcinoma (ADC) that appears on oesophageal mucosal containing Barrett' disease is a prevalent type of cancer in the esophagus. The actual follow-up for Barrett's oesophagus have allowed to diagnose a greater proportion of superficial cancers. The aim of this work is to establish the long-term efficacy of Endoscopic Mucosal Resection (EMR) in this superficial neoplasms of the oesophagus, based on a large Spanish series. We present a group of 23 accumulated patients (6 cases of High-Grade Dysplasia, 15 of Adenocarcinoma and 2 of Epidermoid Oesophageal Carcinoma) in which EMR is performed. The EMR confirmed that 16 were superficial oesophageal cancers. The other seven patients were sent to surgery due to a greater submucosal invasion. From the total of 16 patients, 13 have obtained complete eradication of intestinal metaplasia (CEIM). We follow those patients for a median of 73 months (6 years), with an interquartile range of 33.5 - 86.5 months. From the patients who obtained CEIM, 9 have required associating other therapeutic procedures such as repeated EMR or Radiofrequency Ablation (RFA) sessions. The CEIM is obtained in 81% of the total of patients with a correct diagnosis of superficial endoscopic neoplasia treated with EMR, with or without the need for subsequent treatments. Therefore, endoscopy plays nowadays a relevant role in the management of superficial oesophageal cancer, allowing for screening, diagnosis, treatment and follow-up in most cases. The EMR followed, if needed, by subsequent treatments such as the ablation of the remaining Barrett's esophagus is the current treatment recommendation for early ADC.

Keywords: Upper GI; Endoscopy; Barrett's Oesophagus; Superficial Oesophageal Neoplasia; EMRss

Abbreviations

EMR: Endoscopic Mucosal Resection; HGD: High Grade Dysplasia; ADC: Adenocarcinoma; RFA: Radiofrequency Ablation; CEIM: Complete Eradication of Intestinal Metaplasia; IM: Intestinal Metaplasia; SCC: Squamous Cell Carcinoma

Introduction

Oesophageal cancer is a common cancer of the gastrointestinal system. Squamous cell carcinoma (SCC) is the most frequent histological subtype because of its high prevalence in eastern countries. However, adenocarcinoma (ADC) that appears on oesophageal mucosal containing Barrett' disease has recently become the most prevalent type of esophageal cancer in western countries. The actual follow-up for Barrett's oesophagus have allowed to diagnose a greater proportion of superficial or early oesophageal cancers, which includes mu-

cosal (T1a) and some types of submucosal cancers. The endoscopic mucosal resection (EMR) allows the diagnose, the prediction of the risk of lymph-node metastases and therefore, the treatment of cancers with a low risk of deep invasion, well differentiated and without lymphovascular involvement. However, the efficacy of this endoscopic therapy is not well known in a long-term period.

Materials and Methods

The aim of this work is to establish the long-term efficacy of EMR for nodular lesions and for superficial neoplasms of the oesophagus. We present a group of 23 accumulated cases from 2009 to 2012 of patients diagnosed with High-Grade Dysplasia (HGD) (6), Adenocarcinoma (ADC) (15) or Epidermoid Oesophageal Carcinoma (2) in which EMR is performed. Seven patients (T2, 5 cases of T1b and 1 case of Epidermoid with multiple disseminated HGD foci) are referred to surgery given the therapeutic limitation of endoscopic procedures. In the 16 patients who are candidates for endoscopic treatment, EMR shows: intramucosal ADC (T1a) in 9 cases, HGD in 6 cases and Epidermoid Carcinoma (T1a with free edges) in 1.

Results and Discussion

In all 16 patients, EMR was performed within the Barrett Oesophagus treatment protocol for resection of focal lesions. In 4 patients, the first EMR was performed after previous treatment with Radiofrequency Ablation (RFA) of de novo nodular lesions. From the total of 16 patients, 13 have obtained complete eradication of intestinal metaplasia (CEIM), in 2 the histological diagnosis of ADC has persisted in subsequent controls, and in 1 intestinal metaplasia (IM) has been detected in the last control. The median follow-up time for these patients is 73 months (6 years), with an interquartile range of 33.5 - 86.5 months. From the patients who obtained the CEIM, 9 have required associating other therapeutic procedures (EMR and/or RFA): 6 have required subsequent treatment with RFA, 2 with new sessions of EMR and 1 has required the combination of both (2 sessions of EMR and 3 of RFA). In total, 22 EMRs have been performed. Therefore, endoscopy plays nowadays a relevant role in the management of superficial oesophageal cancer, allowing for screening, diagnosis, treatment and follow-up in most cases. The EMR followed, if needed, by subsequent treatments such as the ablation of the remaining Barrett's esophagus is the current treatment recommendation for early ADC [1,2].

Conclusion

In our center, the CEIM is obtained in 81% of the total of patients with a correct diagnosis of superficial endoscopic neoplasia treated with EMR, with or without the need for subsequent treatments.

This is the largest Spanish series with adequate results regarding the efficacy rate of this endoscopic therapy over 8 years.

Conflict of Interest

I don't have any financial interest or any conflict of interest.

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Volume 8 Issue 4 April 2020

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