

The Newcastle Experience of Endoscopic Mucosal Resection in the Management of Early Oesophageal Cancer



12th November 2014

The Growing Role for EMR

- Increasing focus on early detection and treatment of oesophageal cancer
- Endoscopic mucosal resection (EMR) provides important staging information and treatment for early cancers¹

1. Long-term Efficacy and Safety of Endoscopic Resection for Patients With Mucosal Adenocarcinoma of the Esophagus. Pech O, May A, Manner H et al. Gastroenterology 2014 146(3):652-660

The Growing Role for EMR

- Increasing focus on early detection and treatment of oesophageal cancer
- Endoscopic mucosal resection (EMR) provides important staging information and treatment for early cancers¹
- UK experience of EMR is limited
- Mortality rates associated with surgery have fallen significantly
- Long-term outcomes following surgery for early cancer are excellent

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Aims

Review the introduction of EMR in the Northern
Oesophago-Gastric Unit



Methods

- All oesophageal EMRs since 2006
- Prospective database

- All patients discussed in MDM
- Suction cap technique²
- All EMRs performed by surgeons
- Circumferential biopsies taken after EMR performed
- Surgery recommended for patients with submucosal disease³ or involved resection margins



2. Randomized trial on endoscopic resection-cap versus multiband mucosectomy for piecemeal endoscopic resection of early Barrett's neoplasia. Pouw RE, van Vilsteren, Peters FP et al. *Gastrointest Endosc* 2011;74(1):35-43

3. Lymph node metastasis in early esophageal adenocarcinoma. Griffin SM, Burt AD, Jennings NA. *Ann Surg* 2011;254(5):731-6

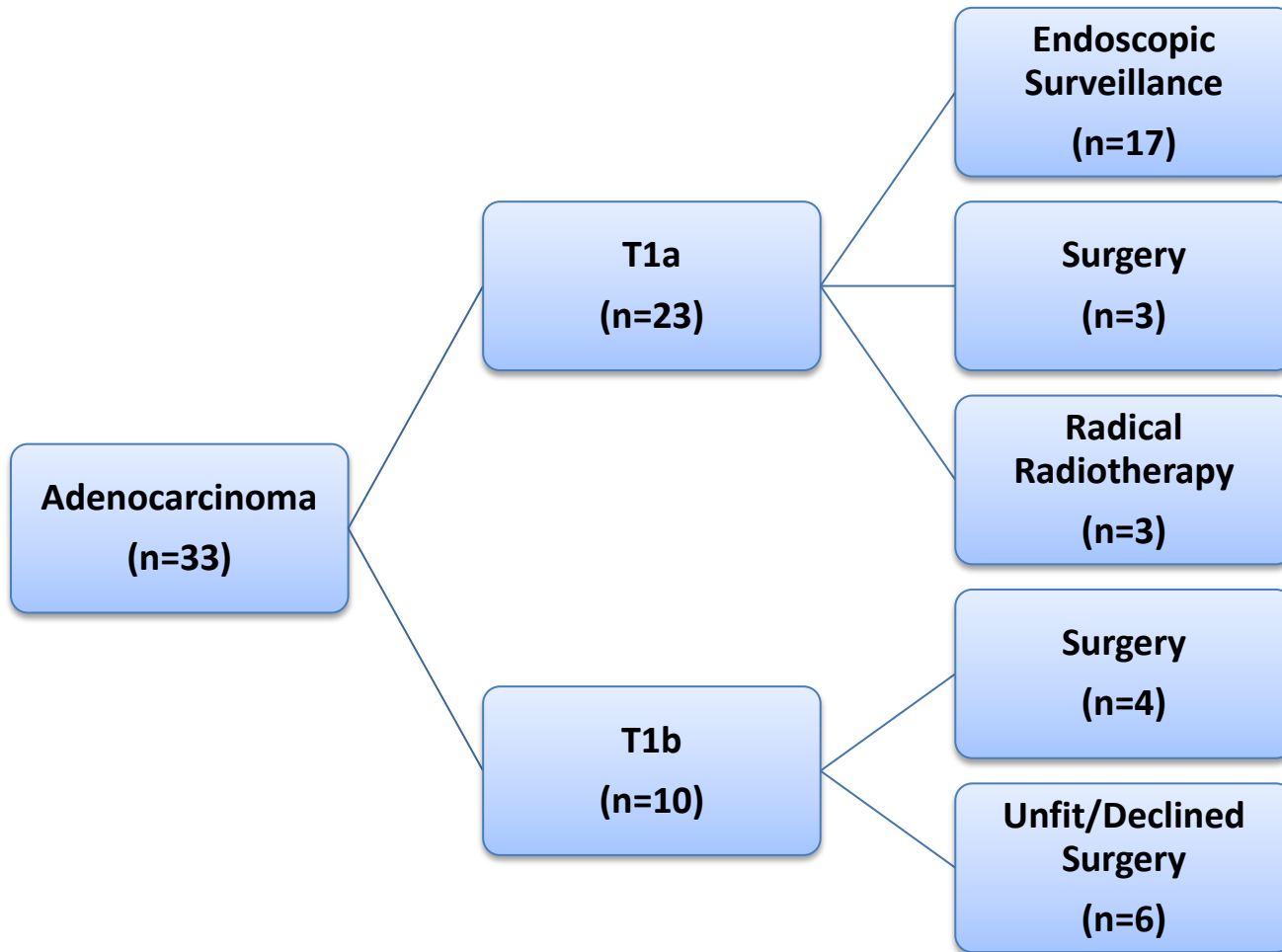
Results

- 86 EMRs performed on 66 patients
- Median age 71 years (range 38-84)
- Overall complication rate 3.5%
 - 2 patients had radiological evidence of perforation
 - 1 repeat endoscopy for bleeding

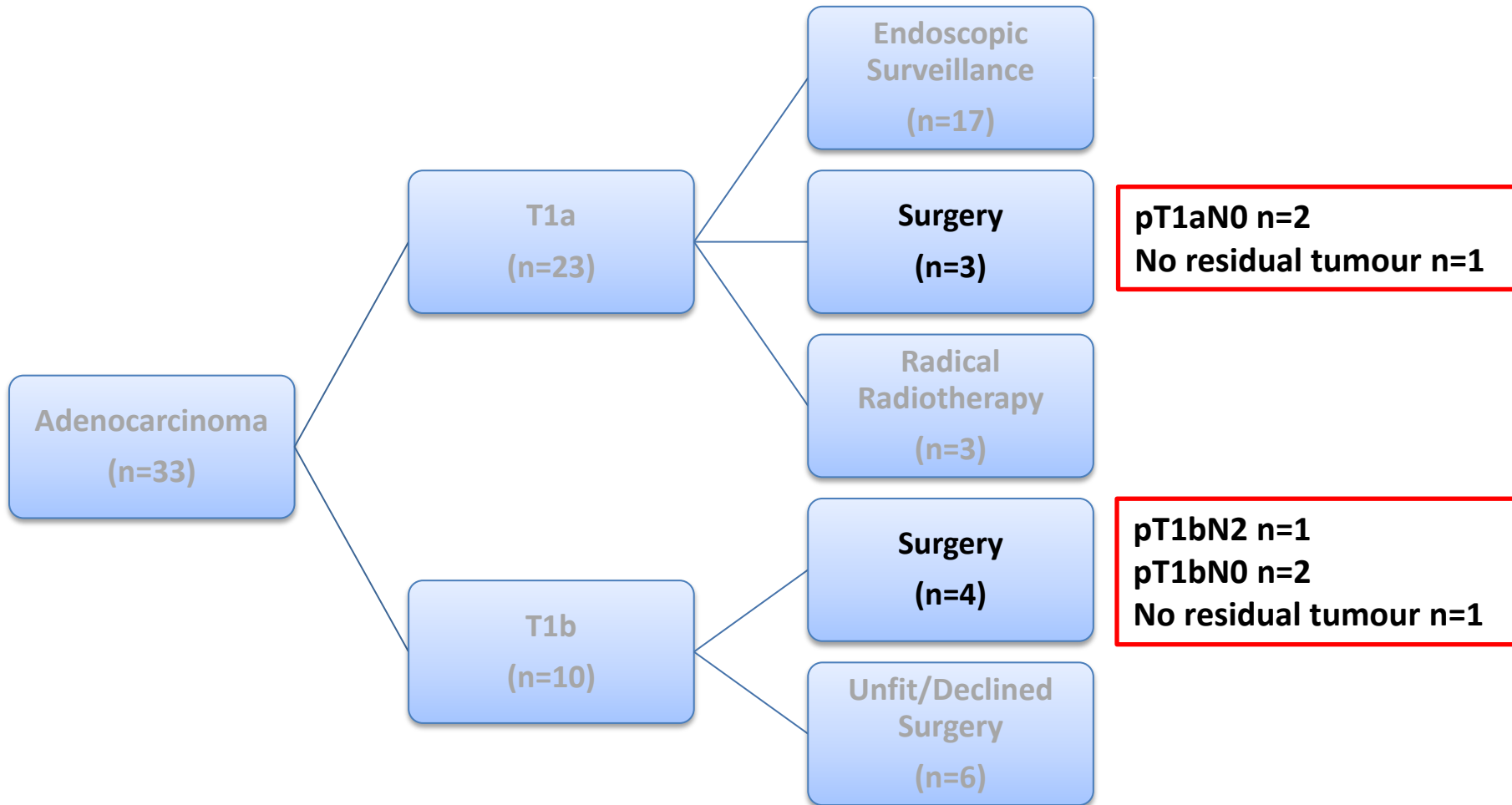
- Adenocarcinoma identified in 33 specimens
- Represented upstaging from HGD in nine patients



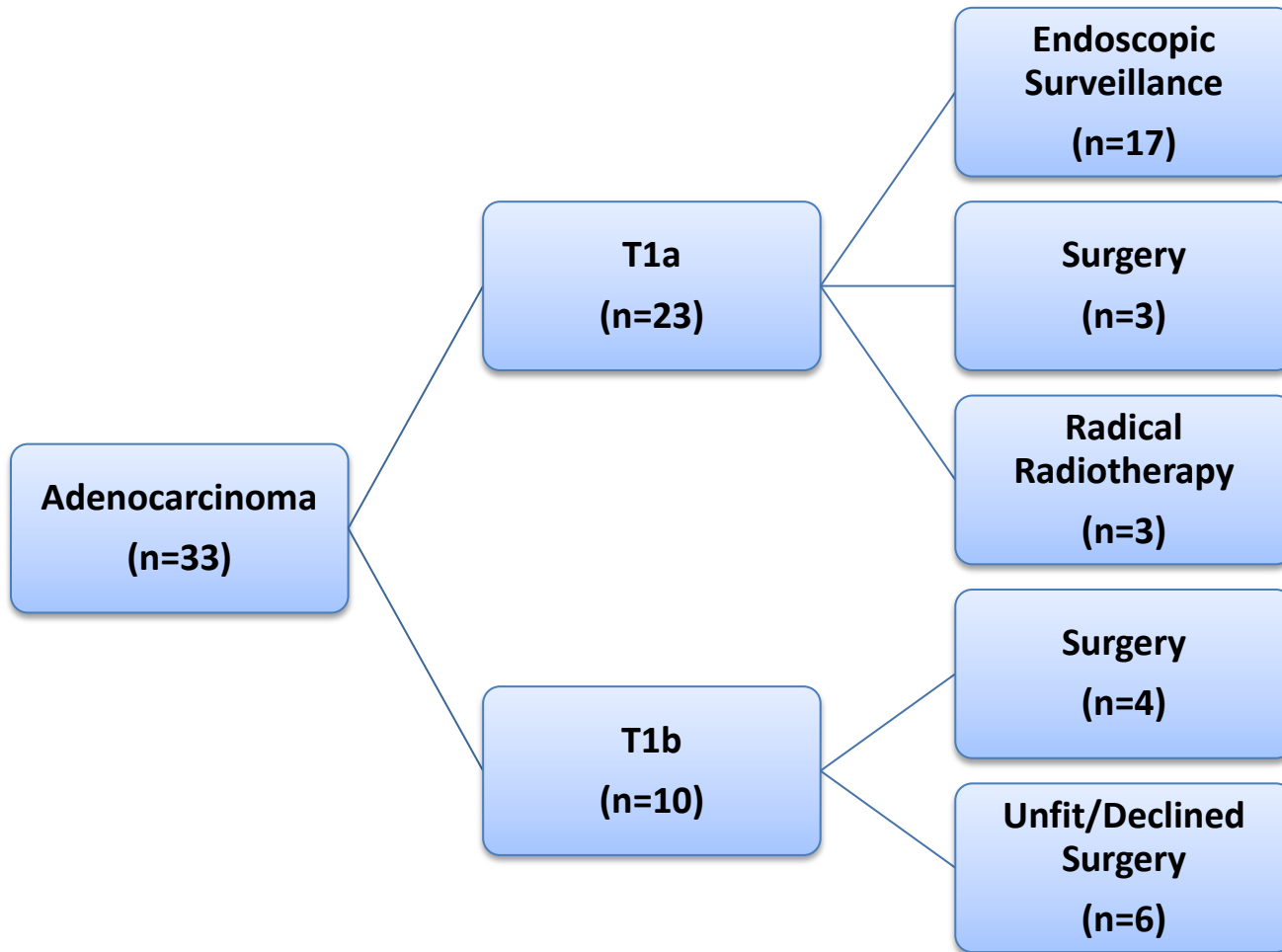
Results



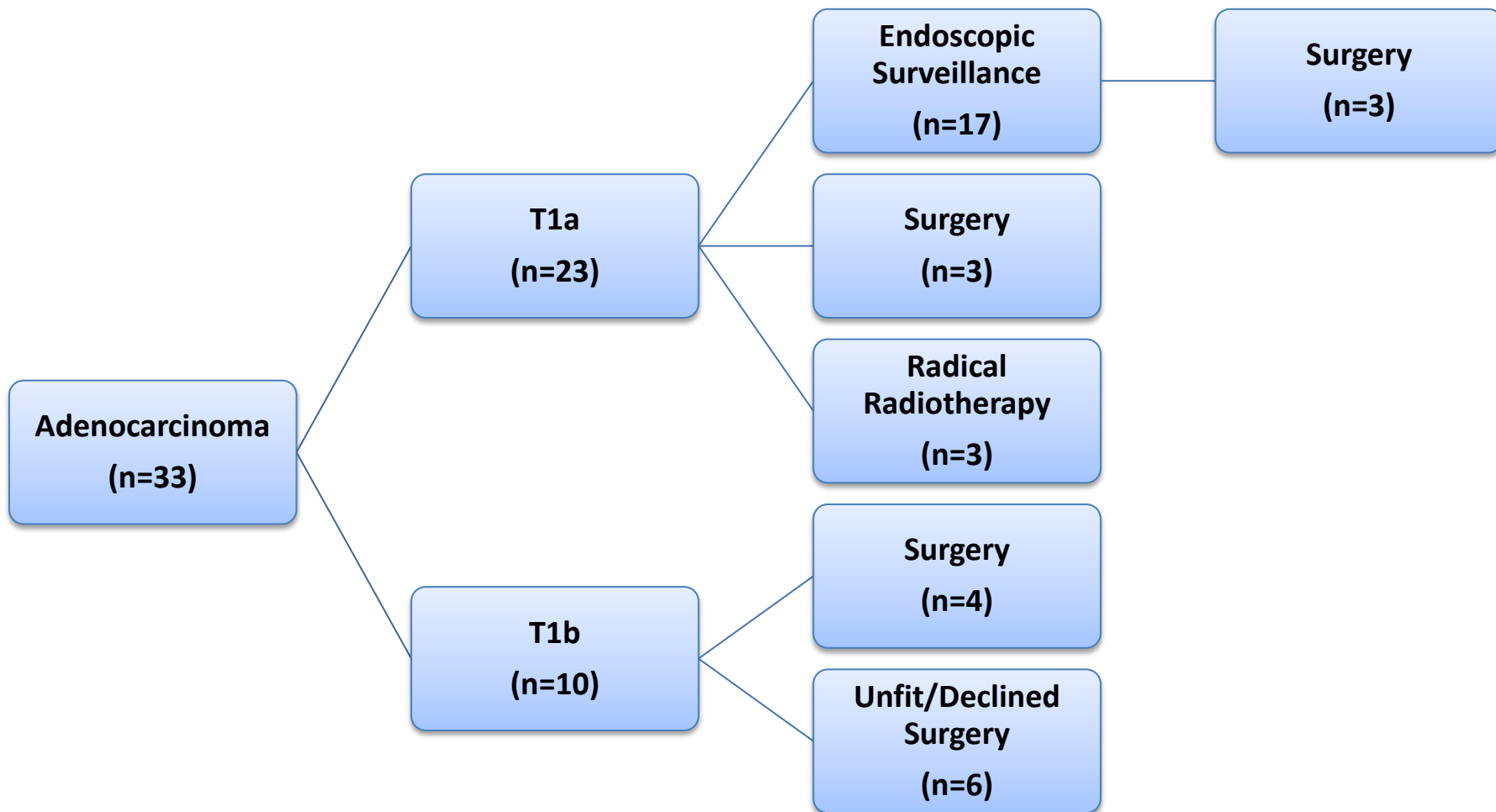
Results



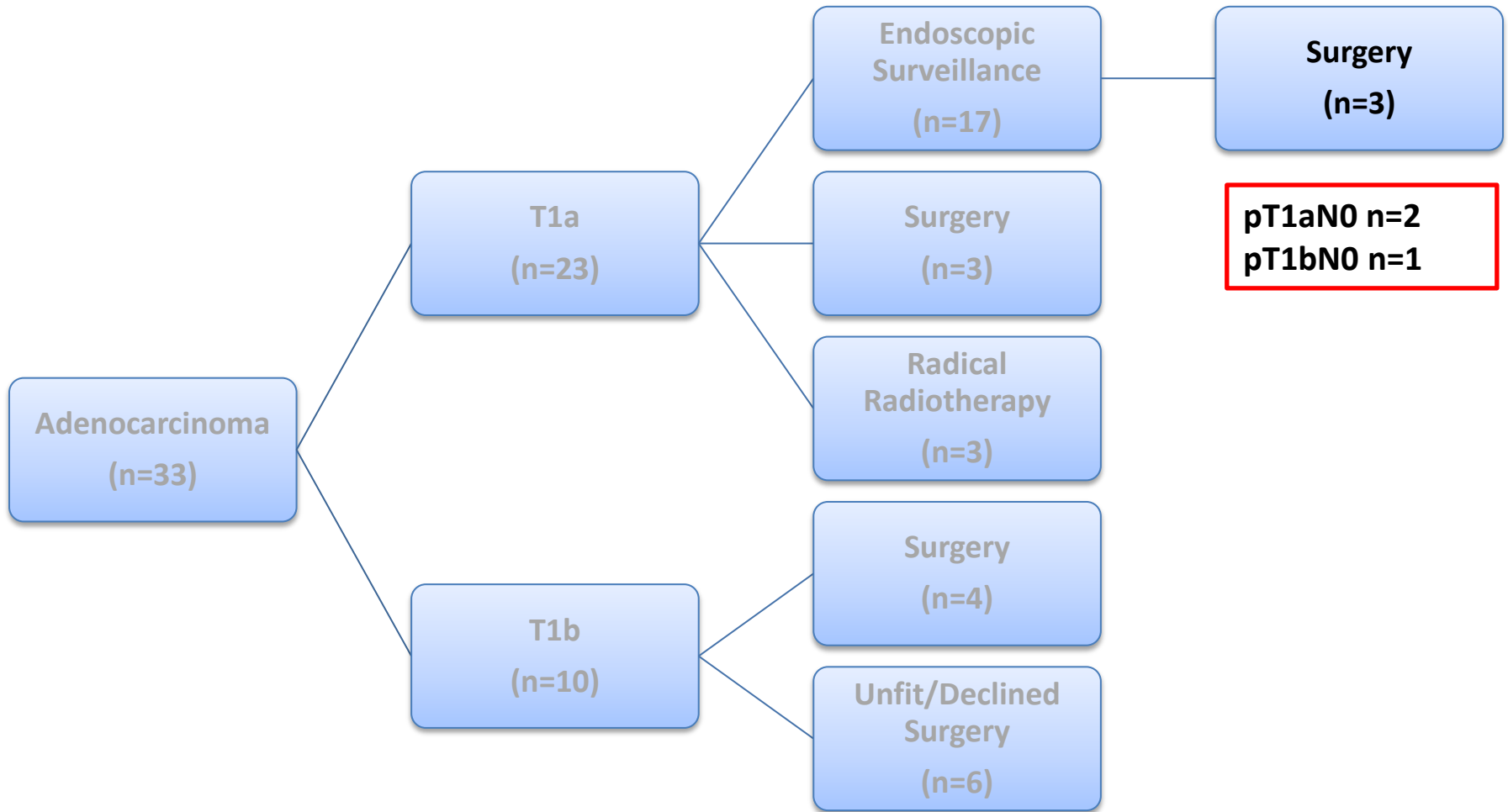
Results



Results



Results



Outcomes

- Median follow up of 19 months (4-74)
- Three T1a patients required surgery after initial surveillance at 15, 17 and 27 months
- Single T1b patients treated with oesophagectomy developed metastatic recurrence 24 months post-EMR

Conclusions

- EMR playing an important role in the staging and management of early oesophageal cancer
- All patients undergoing EMR should be staged and discussed at MDM
- Surveillance following EMR is essential to allow treatment of disease recurrence
- Treatment with EMR does not appear to disadvantage patients who develop local disease recurrence
- Care must be taken with submucosal disease which has the potential for nodal and metastatic dissemination
- Importance of treatment of residual Barrett's with ablation

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