

IS THE ECURA SYSTEM (RISK SCORING SYSTEM TO STRATIFY CURABILITY AFTER ENDOSCOPIC SUBMUCOSAL DISSECTION) USEFUL TO ESTIMATE CANCER-SPECIFIC SURVIVAL AFTER NON-CURATIVE ENDOSCOPIC SUBMUCOSAL DISSECTION OF EARLY GASTRIC CANCER?

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Poster

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In patients with early gastric cancer after non-curative endoscopic submucosal dissection at low risk by eCura system, close observation without radical surgery may be acceptable.

KEY POINTS

- Among 102 patients undergoing ESD for early gastric cancer, 35 patients (34.5%) had non-curative resections (non-R0), of whom 26 were followed without additional surgery due to lack of consent or poor general condition.
- No significant difference in cancer-specific deaths was found between non-R0 patients who underwent additional gastrectomy versus those with close follow-up only, and no patients developed lymph node or distant metastases.
- General deaths significantly exceeded cancer-specific deaths in the non-R0 group (25.9% versus 3.7%, $p=0.02$), and no significant difference in cancer-specific deaths was observed between low and medium risk groups according to eCura system.
- The authors conclude that for early gastric cancer patients after non-curative ESD classified as low risk by eCura system, close observation may be an acceptable alternative to radical surgical treatment.
- This retrospective study from a single center (2008-2020) addresses a gap in evidence regarding the effectiveness of eCura risk stratification and outcomes of surveillance without surgery after non-curative ESD.

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