

Integrative care of gastric cancer: From endoscopic therapies to surgery and chemo/radithery

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This educational session covered endoscopic techniques for early gastric cancer resection and multimodal treatment approaches for advanced disease, emphasizing the importance of experience in lesion identification, mastering ESD with appropriate training, and coordinating multidisciplinary care.

KEY POINTS

- The speaker does not use EUS for early gastric cancer staging, stating their own accuracy is around 50%, though some achieve up to 95% accuracy; endoscopists have approximately 80% accuracy identifying lesions amenable to endoscopic therapy through experience.
- EMR is limited to lesions under 10 millimeters for dysplastic lesions per guidelines, with approximately one-third of lesions understaged by biopsy; the speaker typically proceeds directly to ESD unless the patient is very frail.
- Mastering ESD requires studying lesions through to histopathology outcomes, learning different knife types and traction techniques, practicing on animal models, working with a mentor, and starting with easy accessible lesions before advancing to difficult anatomical locations.
- Traction techniques including internal traction and pulley systems improve visibility, speed, and safety; the speaker quotes a 2 to 4% risk of delayed bleeding and perforation and stresses the importance of knowing complication management techniques.
- For advanced gastric cancer in the West, the approach is perioperative chemotherapy before and after surgery, achieving approximately 40 to 50% five-year survival in the latest trial, with 20 to 30% experiencing complications.

- The speaker states that palliative gastrectomy does not improve survival based on a randomized Asian trial; palliation focuses on systemic therapy including chemotherapy with targeted agents and immunotherapy based on HER2 and PD-L1 expression, with radiotherapy as the mainstay for bleeding and EUS-guided gastroenterostomy offered for obstruction when prognosis exceeds three months.

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