

RADIOLOGICALLY IDENTIFIABLE SQUAMOUS CELL CANCER OF OESOPHAGUS WITH HIGH GRADE SQUAMOUS INTRAEPITHELIAL NEOPLASIA ON BIOPSY – IS BIOPSY CONFIRMATION OF INVASIVE CANCER NECESSARY?

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Poster

Oesophagus

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A retrospective study of 56 patients with oesophageal high grade squamous intraepithelial neoplasia and visible lesions on imaging found that 93% ultimately had squamous cell carcinoma, and requiring histological confirmation delayed treatment by 58 days compared to patients with cancer confirmed on index biopsy.

KEY POINTS

- Among 56 patients with high grade squamous intraepithelial neoplasia on index biopsy and a visible lesion on imaging, 93% were ultimately diagnosed with squamous cell carcinoma after repeated investigations.
- Patients with high grade squamous intraepithelial neoplasia on index biopsy had significantly longer time from first endoscopy to treatment compared to those with squamous cell carcinoma on index biopsy (116 days versus 58 days, $p=0.049$).
- The average number of endoscopies required prior to histological confirmation of squamous cell carcinoma was 2.3 (range 1-6), with almost one third of patients having high grade squamous intraepithelial neoplasia again on repeat biopsies.
- Of the 7% without a final diagnosis of squamous cell carcinoma, 75% had endoscopic resection confirming the lesion did not contain invasive cancer.
- The authors suggest that patients with high grade squamous dysplasia and a visible lesion greater than T1 on CT or PET scan could be offered treatment for squamous cell carcinoma without repeat biopsies to prove cancer presence.

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