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Summary

IMPACT OF TIME FROM DIAGNOSIS TO ENDOSCOPIC SUBMUCOSAL DISSECTION ON CURABILITY IN SUPERFICIAL ESOPHAGEAL SQUAMOUS CELL CARCINOMA

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Retrospective study of 323 superficial esophageal squamous cell carcinoma lesions found that delayed endoscopic submucosal dissection significantly reduced curability for deeper cMM/SM1 lesions but not for shallower cEP/LPM lesions.

KEY POINTS

- Among 249 lesions treated within 3 months and 74 lesions treated after 7 months, there was no significant difference in non-curative or high-risk non-curative resection rates for all lesions combined (16.9% vs 12.2% and 6.8% vs 8.5%, respectively).
- For cEP/LPM lesions (276 total), delayed treatment did not significantly impact curability, with non-curative resection rates of 8.2% in early treatment versus 5.8% in delayed treatment.
- For cMM/SM1 lesions (47 total), delayed treatment resulted in 100% high-risk non-curative resection compared to 50% with early treatment (p=0.0429), and all delayed lesions were non-curative.
- Tumor size change from initial diagnosis to post-ESD pathology was significantly larger in the delayed group (median 4 mm versus 1 mm, p=0.000).
- This material may be most relevant to gastroenterologists managing superficial esophageal squamous cell carcinoma with competing treatment priorities or patient factors requiring delayed intervention.

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