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GI learning, personalised

Summary

Microsatellite instability (MSI) for organ preservation: Myth or reality?

Filip Van Herpe

UEG Week Barcelona 2026 | Presentation

Oesophagus | Stomach & H. Pylori | Mechanisms & Personalised Medicine | Digestive Oncology

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The speaker reviewed emerging evidence for non-operative management in MSI gastric and oesophageal cancers treated with neoadjuvant immunotherapy, concluding it is worth exploring with patients but significant evidence gaps and reimbursement barriers remain.

KEY POINTS

- Three prospective trials using neoadjuvant immunotherapy in MSI tumours were presented: monotherapy (PD-1 inhibitor) achieved 14.8% pathological complete response, while dual immunotherapy (PD-1 plus CTLA-4) achieved approximately 60% pathological complete response in two trials.
- The speaker reported that in one trial's non-operative management cohort, 13 of 17 patients entered organ preservation with 94.1% progression-free survival at 24 months, 100% alive at 24 months, and 71% maintaining organ preservation.
- Four-year survival data from one dual-immunotherapy trial showed 83.5% event-free survival and 84.1% overall survival with 48-month median follow-up, as stated by the speaker.
- The speaker emphasized that some patients with complete endoluminal response still had positive nodal disease requiring resection, highlighting limitations of endoscopic assessment alone.
- Proposed non-operative management requires intensive multimodal surveillance including endoscopy with biopsies, ultrasound, scans, and clinical evaluation every three months for two years.
- The speaker noted immunotherapy is not reimbursed in this neoadjuvant setting, with treatment costs of approximately 20,000 to 43,000 euros depending on regimen, and stated this is an open question to discuss with individual patients.

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