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Summary

ENDOSCOPIC FOLLOW-UP OF RADICALLY RESECTED SUBMUCOSAL ADENOCARCINOMA IN BARRETT'S ESOPHAGUS: PRELIMINARY RESULTS OF AN ONGOING PROSPECTIVE, INTERNATIONAL, MULTICENTER COHORT REGISTRY (PREFER TRIAL)

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Oesophagus

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An ongoing prospective multicenter study of 134 patients with T1b esophageal adenocarcinoma treated endoscopically shows that strict endoscopic surveillance without immediate esophagectomy is feasible, with lymph node metastases detected in 4% and non-endoscopically-treatable local recurrence in 5% at median 22-month follow-up.

KEY POINTS

- The study includes 134 patients (87 high-risk, 47 low-risk) across 19 European and Australian centers with median follow-up of 22 months, targeting 141 patients with 5-year follow-up.
- Six patients (4%) developed lymph node metastases at median 8 months, all treated with surgery or chemoradiotherapy; seven patients (5%) developed intra-luminal recurrence at median 7 months not amenable to endoscopic re-treatment.
- No distant metastases occurred in either risk cohort; one patient died from EAC (stenosing tumor after refusing further treatment), while five died of unrelated causes.
- Follow-up protocol consists of gastroscopy and endoscopic ultrasound every 3 months for 2 years, then every 6 months for years 3-4, with repeat CT/PET at 1 year.
- The authors conclude that most patients had uneventful follow-up and that the window for curative therapy remained open for those who developed progression during surveillance.

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