CLINICOPATHOLOGICAL CHARACTERISTICS AND LONG-TERM FOLLOW-UP PROGNOSIS OF PRIMARY ESD IN ECURA C-2 EARLY GASTRIC CANCER PATIENTS

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

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In 103 eCura C-2 early gastric cancer patients after ESD, surgical intervention achieved significantly better 5-year recurrence-free survival than conservative management (100.0% vs 76.0%, p=0.009), though overall survival did not differ significantly (100.0% vs 91.2%, p=0.107).

KEY POINTS

- The eCura scoring system stratified lymph node metastasis risk as low-risk 1.9%, intermediate-risk 0%, and high-risk 12.5%.
- Among low-risk patients, surgery provided significantly better 5-year recurrence-free survival (100.0% vs 70.7%, p=0.046) but similar overall survival (100.0% vs 88.9%, p=0.276).
- Among intermediate and high-risk patients, neither 5-year overall survival (100.0% vs 96.0%, p=0.270) nor recurrence-free survival (100.0% vs 93.8%, p=0.303) differed significantly between surgical and non-surgical groups.
- Conservative management with close surveillance may be appropriate for elderly patients with severe comorbidities, while surgical intervention improves long-term outcomes in operable candidates.

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