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Summary

THE IMPACTS OF SEDATION ON CARDIO-CEREBROVASCULAR ADVERSE EVENTS AFTER SURVEILLANCE ESOPHAGOGASTRODUODENOSCOPY IN PATIENTS WITH GASTRIC CANCER: A NATIONWIDE POPULATION-BASED COHORT STUDY

Jun Kyu Lee

UEG Week Copenhagen 2023 | Poster

Oesophagus

October 15, 2023

A nationwide propensity-matched cohort study of 103,463 gastric cancer patients found no association between sedation use during surveillance esophagogastroduodenoscopy and 14-day cardio-cerebrovascular adverse events.

KEY POINTS

- In propensity-matched analysis of 56,016 patients (28,008 pairs), sedative agent users and non-users showed no significant difference in 14-day cardio-cerebrovascular adverse events (2.28% vs 2.22%, P=0.69).
- Before matching, the overall incidence of newly diagnosed cardio-cerebrovascular adverse events within 14 days after surveillance esophagogastroduodenoscopy was 2.57% in 103,463 gastric cancer patients.
- Sedation was used in 41.3% of procedures, with unmatched incidence rates of 173.6 per 10,000 with sedation versus 315.4 per 10,000 without sedation.
- No significant differences were observed in cardiac (0.86% vs 0.93%), cerebral (1.44% vs 1.31%), or other vascular adverse events (0.74% vs 0.84%) between sedation groups.
- The authors suggest sedative agents may be considered during surveillance esophagogastroduodenoscopy in gastric cancer patients without excessive concern for cardio-cerebrovascular adverse events.

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