

FURTHER EXPANSION OF THE CURATIVE CRITERIA OF ENDOSCOPIC SUBMUCOSAL DISSECTION IN UNDIFFERENTIATED-TYPE EARLY GASTRIC CANCER-A MULTICENTER RETROSPECTIVE COHORT STUDY

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Presentation

Endoscopy

Oesophagus

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Multicenter retrospective study of 525 purely undifferentiated gastric cancers 21-40 mm in size found 1.8% lymph node metastasis overall, but only 0.8% in lesions lacking minor tubular components, suggesting potential expansion of ESD curative criteria.

KEY POINTS

- Lymph node metastasis occurred in 10 of 525 eligible patients with purely undifferentiated-type gastric cancer, pathological size 21-40 mm, pT1a, no ulceration, and no lymphovascular invasion (1.8%, 95% CI 0.9-3.5%).
- Lesions without minor tubular components had significantly lower lymph node metastasis (3/365, 0.8%, 95% CI 0.2-2.4%) compared to those with minor tubular components.
- Patients with preserved double-layer structure on immunohistochemistry had no lymph node metastasis (0/41, 95% CI 0-8.6%), though the number of such lesions was small.
- Absence of minor tubular components was significantly more frequent in the non-lymph node metastasis group (70.9%) than in the lymph node metastasis group (30%, $p=0.011$).
- Purely undifferentiated gastric cancers 21-40 mm, pT1a, no ulceration, no lymphovascular invasion, and lacking minor tubular components are promising candidates for expansion of curative criteria for endoscopic submucosal dissection.
- The presenter stated that a prospective study is planned in the JCOG group to validate these findings before criteria can be expanded.

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