

CHARACTERISTICS OF ENDOSCOPIC FINDINGS AND PROGNOSIS OF POST-ESOPHAGOGASTRODUODENOSCOPY ESOPHAGEAL SQUAMOUS CELL CARCINOMA

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Poster

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Post-EGD esophageal squamous cell carcinoma (PEESCC) that progresses to pT1a-MM or deeper within two years of negative surveillance exhibits distinct endoscopic features and significantly worse prognosis than non-interval cancers.

KEY POINTS

- PEESCC was associated with significantly lower 5-year disease-specific survival (93.1% vs. 98.5%, $p=0.039$) and recurrence-free survival (69.0% vs. 83.7%, $p=0.0245$) compared to controls.
- Multiple Lugol-voiding lesions (OR=3.2), cervical esophageal location (OR=9.9), small tumor diameter ≤ 30 mm (OR=3.3), and submucosal tumor-like marginal elevation (OR=3.8) were independent endoscopic predictors of PEESCC.
- PEESCC tumors were significantly smaller (21.6 ± 12.3 mm vs. 34.0 ± 18.3 mm, $p < 0.01$) and less frequently red-colored (24.5% vs. 44.9%, $p=0.027$) than control lesions.
- The study analyzed 225 superficial ESCC lesions treated with endoscopic submucosal dissection, comparing 29 PEESCC lesions to 196 controls at a single center between 2010 and 2023.
- Clinicians performing surveillance EGD in patients with esophageal squamous cell dysplasia risk factors may benefit from awareness of these interval cancer characteristics.

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