

OUTCOMES OF ESD IN EARLY GASTRIC CANCER PATIENTS WITH ADVANCED MALIGNANT TUMORS OF OTHER ORGANS

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Poster

Oesophagus

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Endoscopic submucosal dissection achieved 100% en bloc resection and 62% curative resection in 26 patients with early gastric cancer and concurrent advanced malignancies of other organs with less than 50% five-year survival.

KEY POINTS

- The study included 26 patients (median age 75 years) selected from 3,703 gastric cancer ESD cases, with concurrent advanced malignancies including hepatocellular carcinoma, prostate cancer, esophageal cancer, colorectal cancer, and lung cancer; 18 patients had stage IV disease in the other organ.
- En bloc resection was achieved in all patients with 62% curative resection rate; noncurative resection (38%) was due to pT1b2 invasion, positive margins, or large undifferentiated lesions.
- Three patients (12%) experienced serious adverse events (delayed bleeding, delayed perforation, postoperative pneumonitis) that all progressed to disseminated intravascular coagulation and death within 30 days after ESD.
- Eleven patients died from their advanced malignancies of other organs and three from other causes; nine patients remained alive with no death attributable to early gastric cancer.
- The authors conclude that while ESD provided useful local control of early gastric cancer in this population, disseminated intravascular coagulation triggered by adverse events represents a notable risk.

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