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Summary

ESOPHAGEAL CANCERS MISSED AT UPPER ENDOSCOPY IN CENTRAL NORWAY 2004 TO 2021 – A POPULATION BASED STUDY

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Oesophagus

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In a Norwegian cohort of 625 esophageal cancer patients diagnosed 2004-2021, 8.2% were missed cancers detected 6-36 months after a prior non-diagnostic endoscopy, with inadequate biopsy and follow-up practices identified as preventable factors.

KEY POINTS

- Fifty-one of 625 esophageal cancers (8.2%) were missed at prior upper endoscopy performed 6-36 months before diagnosis, with a median interval of 23 months.
- Missed cancers were associated with older patient age (74.0 vs 70.2 years, p=0.038) but not with tumor location, histology, or sex.
- At the prior endoscopy, the most common findings were hiatus hernia (52.9%), Barrett's esophagus (51.0%), and esophagitis (19.6%).
- Twenty-four percent of patients with Barrett's esophagus or ulceration were not biopsied, and all patients with dysplasia (n=10) had follow-up intervals longer than guideline recommendations.
- The authors conclude that more consistent biopsies of ulcerations and Barrett's esophagus, along with guideline-adherent follow-up of dysplasia, could reduce missed cancer rates.

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