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Summary

Early gastric cancer: Endoscopic resection or surgery – what's needed?

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Two gastroenterologists debated the role of endoscopic resection versus surgery for early gastric cancer, with the endoscopist emphasizing that non-curative resection does not necessarily mean high lymph node metastasis risk and the surgeon highlighting cases where biology and Western validation data still favor surgical intervention.

KEY POINTS

- The endoscopist argued that endoscopic resection provides both diagnostic staging and treatment, noting that pre-treatment staging tools including optical diagnosis, biopsies, ultrasound, and CT have limited accuracy and are prone to under- or over-staging in early gastric cancer.
- Data from the German ESG registry of almost 200 patients showed that 39 out-of-indication cases managed without gastrectomy had overall survival not significantly different from expanded-criteria cases, suggesting guideline-defined non-curative criteria do not necessarily translate to poor outcomes.
- The aCura scoring system, validated in Western populations, stratifies non-curative resections into low, intermediate, and high lymph node metastasis risk, with surgery showing survival benefit only in the high-risk group; the speaker stated a case with greater than 30mm diameter and ulceration scored only one point, indicating low risk despite formal non-curative status.
- The surgeon presented a case where two-step ESD for synchronous lesions resulted in microperforation requiring surgery, and the second lesion showed greater than 0.5mm submucosal invasion; the patient underwent total gastrectomy revealing no positive lymph nodes, raising questions about whether the Western aCura cutoff of greater than 1mm submucosal invasion rather than 0.5mm might better select patients for surgery.

- In a second case of poorly cohesive 20mm gastric cancer, upfront surgery revealed pT1a with two positive perigastric lymph nodes and the patient received adjuvant chemotherapy; the surgeon emphasized that poorly cohesive cancers have less predictable spread and the aCura system for undifferentiated types is based on very few cases.
- The speakers noted discrepancies between endoscopic and pathological ulceration findings in up to 50% of cases, high interobserver variability in lesion measurement, and specimen shrinkage with formalin fixation, cautioning that precise size thresholds in guidelines may not reflect actual metastasis risk; a European network is being established to develop a new aCura scoring system for Western populations.

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