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Summary

ENDOSCOPIC PREDICTORS OF EARLY CANCER BURDEN ALLOW OPTIMIZATION OF MANAGEMENT DECISIONS IN HEREDITARY DIFFUSE GASTRIC CANCER

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Oesophagus

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In CDH1 pathogenic variant carriers, the number of positive targeted and random biopsies during endoscopic surveillance predicts signet ring cell carcinoma burden at gastrectomy and may inform surveillance intervals.

KEY POINTS

- Study of 53 CDH1 carriers who underwent risk reducing total gastrectomy found 90% had pT1aN0M0 cancer with a median of 33 signet ring cell carcinoma foci (range 0-273).
- Average number of positive targeted biopsies and random biopsies per endoscopy were independent predictors of cancer burden, achieving an AUC of 0.88 for classification.
- Among 38 patients under surveillance, extending intervals from 6 to 12 months in those with low-level biopsy positivity did not significantly alter detection of increased positive biopsies (22% vs 19%, p=0.78).
- No significant trend in biopsy positivity over time was observed during serial surveillance (p=0.176).
- Authors conclude that extending surveillance intervals and delaying surgery in patients with low early signet ring cell carcinoma burden appears clinically safe, though uncertainty remains about optimal timing for gastrectomy.

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