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Summary

Endoscopic treatment of early gastric cancer

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UEG Week Berlin 2025 | Presentation

Digestive Oncology | Endoscopy | Mechanisms & Personalised Medicine | Stomach & H. Pylori | Surgery

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The speaker reviewed European and Japanese guidelines for multidisciplinary team decision-making in gastric cancer endoscopic submucosal dissection, emphasizing that the eCura score based on pathological findings from resected specimens should guide post-resection management including follow-up versus surgery.

KEY POINTS

- The speaker stated that ESG guidelines do not recommend routine CT or other staging before endoscopic resection unless deep submucosal invasion is suspected based on features such as deep ulceration, markedly elevated margins, fold convergence, or non-extension sign.
- For post-resection management, the speaker described the eCura score calculated from lesion diameter, vertical margin status, venous invasion, submucosal invasion depth (500 microns in Japanese guidelines, extended to 1000 microns in Western validation), and lymphatic invasion, with low-risk patients (less than 1% lymph node metastasis risk) eligible for endoscopic surveillance at 3-6 months then annually.
- The speaker reported that in low-risk patients, five-year overall survival is around 90%, similar to surgical outcomes, while surgery is better for high-risk patients.
- The speaker emphasized that lymphatic invasion in the specimen and undifferentiated tumours with ulceration larger than 2 centimeters are the two main factors linked to increased lymph node metastasis risk.
- The speaker stated that virtual chromoendoscopy and high-definition endoscopy are important for detection and invasion assessment, and that ESD is now standard treatment for superficial lesions in all European countries.

– The speaker noted difficulty defining ulceration in Western practice, particularly when patients on proton pump inhibitors may have lesions that disappear, and stated that in elderly patients the main criterion for recommending surgery is lymphatic invasion in the specimen.

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