

Endoscopy: How good are you at detecting cancer?

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Presentation

Digestive Oncology

Endoscopy

Surgery

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Upper endoscopy detects three cancers (oesophageal squamous cell, oesophageal adenocarcinoma with Barrett's, and gastric cancer) but misses approximately 18% of lesions, with higher miss rates among western and non-expert endoscopists.

KEY POINTS

- The speaker stated that most upper GI cancers are detected as prevalent lesions on the initial endoscopy, making the first examination the most critical opportunity for detection.
- A meta-analysis cited by the speaker reported an overall miss rate of about 18% for standard high-definition white light endoscopy, with higher miss rates in western versus eastern endoscopists and in non-experts versus experts.
- The speaker reported that studies show spending more time in the oesophagus increases detection of neoplastic lesions, and a Korean study found that 6 to 7 minutes of stomach inspection time was associated with a three-fold increase in gastric neoplasia detection.
- The speaker recommended a neoplasia detection rate (NDR) as a quality metric for Barrett's surveillance, stating that pooled prevalence from meta-analysis is approximately 7%.
- The speaker emphasized that high-quality examination requires thorough cleaning before inspection, slow withdrawal with careful inspection, and retroflexion in the hiatus hernia sac.
- The speaker stated that ASGE quality guidelines recommend aspirational withdrawal times of roughly 1 minute per centimeter of circumferential Barrett's and 5 to 6 minutes for stomach inspection, including washing and cleaning.

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