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Summary

Endoscopy: When and how?

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UEG Week Barcelona 2026 | Presentation

Digestive Oncology | Surgery | Stomach & H. Pylori | Oesophagus | Endoscopy

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Endoscopic resection with ESD is the gold standard for early gastric and esophageal cancers, with expanding indications based on long-term survival data showing excellent outcomes even for deeper submucosal invasion when lymphovascular infiltration is absent.

KEY POINTS

- The speaker reported five-year overall survival of 95.1% for superficial mucosal squamous cell lesions and 99.3% for undifferentiated gastric cancers under 20mm without ulcers, based on Japanese series.
- For Barrett's adenocarcinoma, EMR prior to ablation is essential, with a 60% EMR threshold recommended in high-grade dysplasia cases to achieve optimal dysplasia remission rates.
- The speaker stated that in gastric cancers outside classic indications, lymph node metastasis at surgery is found in only 6.3% of cases, with five-year disease-specific survival reaching 90.1% even in high-risk groups managed endoscopically.
- Depth of invasion and epithelial papillary capillary loop appearance guide patient selection, with type A vessels corresponding to mucosal cancer treatable by ESD without additional staging per ESG guidelines.
- The speaker argued the term non-curative resection should be abandoned when 90% of patients survive, and recommended risk stratification using green, yellow, and red zones instead of absolute versus non-curative designations.
- Future research should focus on pathology and biomarker-based risk stratification to select patients who may benefit from adjuvant therapy, according to the speaker.

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