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Summary

CLINICOPATHOLOGICAL CHARACTERISTICS OF BARRETT'S ESOPHAGEAL ADENOCARCINOMA WITH METACHRONOUS RECURRENCE AFTER CURATIVE ENDOSCOPIC SUBMUCOSAL DISSECTION: A MULTICENTER RETROSPECTIVE ANALYSIS WITH FOCUS ON PERI-LESIONAL BIOPSY FINDINGS

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Oesophagus

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A multicenter Japanese study of 207 patients found that longer Barrett's esophagus length and non-negative peri-lesional biopsies were associated with metachronous recurrence after curative lesion-based endoscopic submucosal dissection for Barrett's esophageal adenocarcinoma.

KEY POINTS

- Patients with metachronous recurrence had significantly longer Barrett's esophagus compared to those without recurrence, with median Prague C length of 5 cm versus 1 cm and M length of 6 cm versus 2 cm, and long-segment Barrett's esophagus was present in 85.7% versus 26.5%
- The cutoff value for metachronous recurrence risk was 5.0 cm for both Prague C length and M length
- Non-negative peri-lesional biopsies were significantly more frequent in the metachronous recurrence group than the non-recurrence group (35.7% versus 12.5%, p=0.04)
- In five lesions with metachronous recurrence, peri-lesional biopsies were all negative at initial treatment but 50.0% were non-negative at the time of recurrence
- This retrospective multicenter cohort study included 215 lesions from three Japanese institutions between April 2006 and August 2024, all assessed with image-enhanced magnification endoscopy and peri-lesional biopsies before endoscopic submucosal dissection

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