LONG-TERM OUTCOMES AFTER ENDOSCOPIC RESECTION FOR PMM/SM1 ESOPHAGEAL CANCER: A MULTICENTER PROSPECTIVE COHORT STUDY

Tsuneo Oyama

UEG Week Barcelona 2026 | Presentation

Oesophagus | Histopathology | Endoscopy | Digestive Oncology

October 19, 2026

Prospective 12-center Japanese cohort with 75-month follow-up shows that surveillance without additional treatment is appropriate for most LVI-negative post-ER pMM/SM1 esophageal cancers, with 5-year metastatic recurrence rates of 6.3% for pMM SCC and only 2.2% for pMM adenocarcinoma.

KEY POINTS

- In 385 patients (315 SCC, 70 adenocarcinoma), 5-year overall survival was excellent: 92.3% for SCC and 94.2% for adenocarcinoma, remaining favorable at 94.0% and 93.3% respectively in LVI-negative patients managed by surveillance alone.
- Among LVI-negative patients without additional treatment, metastatic recurrence was uncommon in adenocarcinoma (2.2% for pMM, 0% for pSM1) but not negligible in SCC (6.3% for pMM, 10.5% for pSM1).
- Risk stratification in LVI-negative SCC identified lesion size and macroscopic appearance as independent predictors: type 0-II lesions ≤30 mm had only 2.8% 5-year metastatic recurrence versus 11.8% for larger lesions or those with type 0-I component.
- Second primary esophageal cancers occurred at 5 years in 25.8% of SCC patients versus 3.6% of adenocarcinoma patients, increasing linearly over time and underscoring the need for long-term endoscopic surveillance.
- This is the first multicenter prospective study addressing this controversial clinical scenario, with survival status confirmed in over 95% of patients at median 75-month follow-up.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/41ae19ee-d12a-11f1-9705-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.