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Summary

Panel discussion: Scope it out: Endoscopic mastery in upper GI neoplasia

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Oesophagus | Endoscopy | Digestive Oncology

October 17, 2026

Panel discussion addressed technical aspects and management strategies for endoscopic submucosal dissection of oesophageal squamous cell carcinoma and Barrett's neoplasia, emphasizing multidisciplinary decision-making and post-procedure care.

KEY POINTS

- ESD after chemoradiotherapy for squamous cell carcinoma is technically feasible despite fibrosis and scarring, with the speaker reporting good en bloc resection rates using techniques such as underwater or traction assistance and deep dissection using the muscle layer as an orientation point.
- The speaker stated perforation risk during oesophageal ESD is below 5% for trained operators, reporting 1.2% in presented data, and perforations are usually solvable if recognized early and treated adequately during the procedure.
- Follow-up strategy depends on histological outcome: low-risk Barrett's or squamous lesions are surveilled endoscopically every 6-12 months, while high-risk features warrant MDT discussion for possible surgery or stricter surveillance.
- Circumferential resections exceeding 90% of the oesophageal circumference will probably result in stricture formation; the speaker uses oral budesonide for several weeks and starts balloon dilatation at two weeks to prevent severe strictures, though no perfect prevention strategy exists.
- EUS is recommended for evaluating lymph nodes rather than T staging because EUS tends to over-stage T stage for both squamous cell carcinoma and Barrett's, and the speaker cited data showing 25% of EUS-defined T2 cancers achieved curative endoscopic resection.

– The speakers emphasized that multidisciplinary team discussion including endoscopists, surgeons, oncologists, radiologists, and pathologists is essential for treatment planning, and patients with lesions requiring ESD should be referred to centers with ESD expertise to optimize first-attempt outcomes.

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