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Summary

ENDOSCOPIC BALLOON DILATION COMBINED WITH STEROID INJECTION VERSUS RADIAL INCISION AND CUTTING COMBINED WITH STEROID INJECTION FOR REFRACTORY ANASTOMOTIC STRICTURE AFTER ESOPHAGECTOMY: A MULTICENTER RANDOMIZED CONTROLLED PHASE II/III STUDY, JCOG1207

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UEG Week Copenhagen 2023 | Poster

Oesophagus

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A multicenter randomized controlled trial found that radial incision and cutting with steroid injection was not superior to endoscopic balloon dilation with steroid injection for refractory anastomotic stricture after esophagectomy.

KEY POINTS

- This is the first randomized controlled trial worldwide for patients with refractory esophageal anastomotic strictures, enrolling 130 patients from 32 institutions in Japan between May 2014 and March 2022.
- Median re-stricture-free survival was 10.6 weeks with EBD versus 8.7 weeks with RIC (hazard ratio 1.22, 90% CI 0.85-1.74, one-sided p=0.82), and median number of dilations over 24 weeks was once versus twice respectively (one-sided p=0.99).
- Grade 3/4 pre-defined adverse events occurred in 1.5% of patients in each treatment arm, and the proportion of patients achieving anastomotic diameter greater than 10 mm at 8 weeks was similar between groups (27.7% EBD versus 24.6% RIC).
- EBD combined with steroid injection remains the standard of care for refractory anastomotic stricture after esophagectomy for thoracic esophageal cancer.

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