



Neues aus Endoskopie und Onkologie

Thomas Rösch



Onkologie in brief

Oberer GI-Trakt

Pankreatobiliär: ERCP vs./und Endosonographie

**Und schon wieder Frühkarzinome:
Multimodale onkologische Endotherapie**

Strahlentherapie nicht nötig: Adenokarzinom Ösophagus



The NEW ENGLAND
JOURNAL of MEDICINE

Preoperative Chemoradiotherapy for Resectable Gastric Cancer

T. Leong, B.M. Smithers, M. Michael, K. Haustermans, R. Wong, V. GebSKI,
R.L. O'Connell, J. Zalcberg, A. Boussioutas, M. Findlay, D. Willis, A. Moore,
W.K. Murray, F. Lordick, C. O'Callaghan, C. Swallow, G. Darling, D. Miller, A. Strickland,
M. Liberman, L. Mineur, and J. Simes, for the Australasian Gastro-Intestinal
Trials Group, National Health and Medical Research Council Clinical Trials
Centre, Trans-Tasman Radiation Oncology Group, European Organisation for
Research and Treatment of Cancer, and Canadian Cancer Trials Group*

RCT n=574
62% proximal
Perioperativ
FLOT / ECF / ECX

Kein Zusatznutzen für Radiotherapie (45 Gy)
5 Jahres-ÜL-Rate 40% in beiden Gruppen

Strahlentherapie nicht nötig: Plattenepithelkarzinom Ösophagus

Lancet

Doublet chemotherapy, triplet chemotherapy, or doublet chemotherapy combined with radiotherapy as neoadjuvant treatment for locally advanced oesophageal cancer (JCOG1109 NExT): a randomised, controlled, open-label, phase 3 trial

*Ken Kato, Ryunosuke Machida, Yoshinori Ito, Hiroyuki Daiko, Soji Ozawa, Takashi Ogata, Hiroki Hara, Takashi Kojima, Tetsuya Abe, Takeo Bamba, Masaya Watanabe, Hirofumi Kawakubo, Yuichi Shibuya, Yasuhiro Tsubosa, Naoki Takegawa, Takeshi Kajiwara, Hideo Baba, Masaki Ueno, Hiroya Takeuchi, Kenichi Nakamura, Yuko Kitagawa, on behalf of the JCOG1109 investigators**

Lokal fortgeschrittene Plattenepithelkarzinome

Dreifach-Chemotherapie bestes 3-Jahres-Überleben 72%

Zweifach-Chemotherapie mit/ohne Radiotherapie schlechter

Immunotherapie: Plattenepithelkarzinom Ösophagus fortgeschritten



The NEW ENGLAND
JOURNAL of MEDICINE

Nivolumab Combination Therapy in Advanced Esophageal Squamous-Cell Carcinoma

Y. Doki, J.A. Ajani, K. Kato, J. Xu, L. Wyrwicz, S. Motoyama, T. Ogata, H. Kawakami, C.-H. Hsu, A. Adenis, F. El Hajbi, M. Di Bartolomeo, M.I. Braghiroli, E. Holtved, S.A. Ostoich, H.R. Kim, M. Ueno, W. Mansoor, W.-C. Yang, T. Liu, J. Bridgewater, T. Makino, I. Xynos, X. Liu, M. Lei, K. Kondo, A. Patel, J. Gricar, I. Chau, and Y. Kitagawa, for the CheckMate 648 Trial Investigators*

RCT n=970

Fortgeschritten

5-FU / Cisplatin

3. Arm Ipilimumab

Nivolumab PD-1-Inhibitor zu Chemotherapie
Überleben: 15.4 vs 9.1 Monate

Immunotherapie: Magenkarzinom fortgeschritten

Lancet

Pembrolizumab plus chemotherapy versus placebo plus chemotherapy for HER2-negative advanced gastric cancer (KEYNOTE-859): a multicentre, randomised, double-blind, phase 3 trial

*Sun Young Rha, Do-Youn Oh, Patricio Yañez, Yuxian Bai, Min-Hee Ryu, Jeeyun Lee, Fernando Rivera, Gustavo Vasconcelos Alves, Marcelo Garrido, Kai-Keen Shiu, Manuel González Fernández, Jin Li, Maeve A Lowery, Timuçin Çil, Felipe Melo Cruz, Shukui Qin, Suxia Luo, Hongming Pan, Zev A Wainberg, Lina Yin, Sonal Bordia, Pooja Bhagia, Lucjan S Wyrwicz, on behalf of the KEYNOTE-859 investigators**

RCT n=1579

Pembrolizumab PD-1-Inhibitor zu Chemotherapie (bis zu 35 Zyklen)
Überleben: 12.9 vs 11.5 Monate

Immunotherapie: Magenkarzinom adjuvant

Lancet Gastroenterol Hepatol

Adjuvant nivolumab plus chemotherapy versus placebo plus chemotherapy for stage III gastric or gastro-oesophageal junction cancer after gastrectomy with D2 or more extensive lymph-node dissection (ATTRACTION-5): a randomised, multicentre, double-blind, placebo-controlled, phase 3 trial

Yoon-Koo Kang, Masanori Terashima, Young-Woo Kim, Narikazu Boku, Hyun Cheol Chung, Jen-Shi Chen, Jiafu Ji, Ta-Sen Yeh, Li-Tzong Chen, Min-Hee Ryu, Jong Gwang Kim, Takeshi Omori, Sun Young Rha, Tae Yong Kim, Keun Won Ryu, Shinichi Sakuramoto, Yasunori Nishida, Norimasa Fukushima, Takanobu Yamada, Li-Yuan Bai, Yoshinori Hirashima, Shunsuke Hagihara, Takashi Nakada, Mitsuru Sasako

RCT n=755
postoperative

Nivolumab PD-1-Inhibitor zu Chemotherapie (6-12 Monate)
3-Jahres rezidivfreies Überleben: 68.4% vs 65.3%



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Multimodale onkologische Endotherapie

Reflux und Ösophaguskarzinom

BMJ

RESEARCH

Non-erosive gastro-oesophageal reflux disease and incidence of oesophageal adenocarcinoma in three Nordic countries: population based cohort study

Dag Holmberg,¹ Giola Santoni,¹ My von Euler-Chelpin,² Martti Färkkilä,³ Joonas H Kauppila,^{1,4} John Maret-Ouda,^{5,6} Eivind Ness-Jensen,^{1,7,8} Jesper Lagergren^{1,9}

Datenbank
1987-2019
N=486556
F-up 31 Jahre

Non-erosiver Reflux

228

1.04 fach

Erosiver Reflux

541

2.36 fach

Normalbevölkerung

Reflux und Ösophaguskarzinom

BMJ

RESEARCH

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Dag Holmberg,¹ Giola Santoni,¹ My von Euler-Chelpin,² Martti Färkkilä,³ Joonas H Kauppila,^{1,4} John Maret-Ouda,^{5,6} Eivind Ness-Jensen,^{1,7,8} Jesper Lagergren^{1,9}

Datenbank
1987-2019
N=486556
F-up 31 Jahre

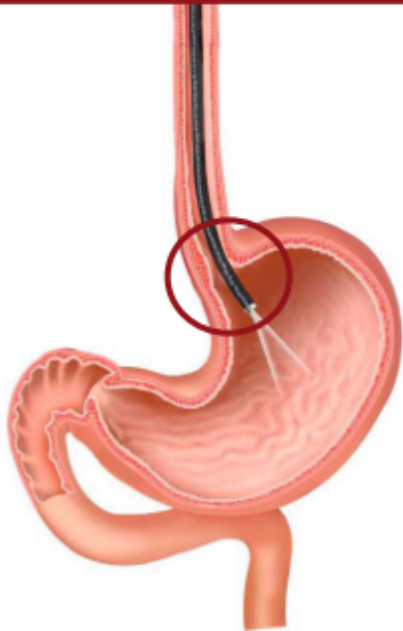
Erosiver Reflux 31 Karzinome/100.000 Patientenjahre

1 Jahr	10 Jahre	100 Jahre
0.031%	0.31%	3.1%

Mini-Barrett ?

Endoscopic Surveillance of EGJIM: A Decision-Modeling Analysis

Esophagogastric junction
intestinal metaplasia (EGJIM)
is a common finding in
endoscopy



Cohort

50-year-old
with EGJIM

Strategies

No surveillance

One-time EGD at 3 years

EGD every 5 years

EGD every 3 years

Microsimulation
Model

**Surveillance Strategies
Identified as Cost-Effective:**

In **low-incidence** US population
(incidence estimates 0.01 – 0.12%)

In **high-risk** East Asian
population
(incidence estimate 0.22%)

Not cost-effective
(across all incidence estimates)

Mini-Barrett ?

Original research

Understanding the malignant potential of gastric metaplasia of the oesophagus and its relevance to Barrett's oesophagus surveillance: individual-level data analysis

Emily L Black ¹, Emma Ococks,¹ Ginny Devonshire,² Alvin Wei Tian Ng,^{1,2} Maria O'Donovan,³ Shalini Malhotra,³ Monika Tripathi,³ Ahmad Miremadi,³ Adam Freeman,¹ Hannah Coles,¹ Oesophageal Cancer Clinical and Molecular Stratification (OCCAMS) Consortium, Rebecca C Fitzgerald ¹

IM Magen vs Ösophagus
(0 vs 5% Progression)

Mini-Barrett ?

Low risk of esophageal adenocarcinoma among patients with ultrashort-segment Barrett's esophagus in Japan

Sho Fukuda,¹ Kenta Watanabe,¹ Tatsuki Yoshida,¹ So Takahashi,¹ Shusei Fujimori,² Yohei Horikawa,³  Taiga Komatsu,⁴ Kenji Shirane,⁵ Yosuke Shimodaira,¹  Tamotsu Matsuhashi¹ and Katsunori Iijima¹

¹Department of Gastroenterology, Akita University Graduate School of Medicine, ²Department of Gastroenterology, Yokote Municipal Hospital, ³Department of Gastroenterology, Hiraka General Hospital, ⁴Department of Anesthesiology, Honjo-Daiichi Hospital and ⁵Shirane Hospital, Akita, Japan

N=3318, 2 Barrettkarzinome
nach 54 Monaten F-up

Befunde bei ÖGD wg. Symptomen

GUT

Endoscopy

Original research

Diagnostic yield from symptomatic gastroscopy in the UK: British Society of Gastroenterology analysis using data from the National Endoscopy Database

David Robert Beaton ^{1,2} Linda Sharp ² Liya Lu,² Nigel J Trudgill ³
Mo Thoufeeq,⁴ Brian D Nicholson ⁵ Peter Rogers,⁶ James Docherty,⁷ Anna Jenkins,⁸
Allan John Morris,⁹ Thomas Rösch ¹⁰ Matthew D Rutter ^{2,11}

UK-Datenbank
2019-2020
N=38270
30% < 50 J

Karzinome in 1 %

> 50 1.3%

Dysphagie 3.0%

Gew.verlust plus 1.4%

Relevante Befunde 9%

Befunde bei ÖGD-Screening in China

RESEARCH ARTICLE

Open Access



Initial results from a multi-center population-based cluster randomized trial of esophageal and gastric cancer screening in China

Hongmei Zeng¹, Kexin Sun¹, Maomao Cao², Rongshou Zheng¹, Xibin Sun³, Shuzheng Liu³, Zhiyi Zhang⁴, Yuqin Liu⁵, Guizhou Guo⁶, Guohui Song⁷, Yigong Zhu⁸, Xianghong Wu⁹, Bingbing Song¹⁰, Xianzhen Liao¹¹, Yanfang Chen¹², Mingyang Song^{13,14,15,16}, Edward Giovannucci^{13,14}, Guihua Zhuang¹⁷, Wenqiang Wei¹, Wanqing Chen^{2*} and Jie He¹⁸

BMC Gastroenterol

Cluster RCT, n=149956, 345 Cluster, 2015-2017

Detektionsrate
Öso/Magen

Risikogebiet:

0.9%

kein Risikogebiet:

0.2%

ORIGINAL ARTICLE - ENDOSCOPY

J Gastroenterol Hepatol

Post-colonoscopy upper gastrointestinal malignancies in positive immunochemical fecal occult blood test patients: An Australian data linkage study

Sahar Pakneshan,^{*,†} Naomi Moy,[†]  Ayesha Shah,^{*,†,‡} Natasha Koloski,^{*,†,‡} Mike P Jones,[§] Nicholas J Talley[¶]  and Gerald Holtmann^{*,†,‡} 

N=1742 in Australien, pos. FOBT

0.23% hatten obere GI Karzinome im 3-Jahres F-up

114 Ösophagus und 57 Magen / 100000 Patientenjahre

Original article

Endosc Int Open

Mortality from upper gastrointestinal tumors in colorectal cancer screening patients

OPEN
ACCESS



Authors

Jasmin Zessner-Spitzenberg^{1,2}, Elisabeth Waldmann^{1,2}, Lisa-Maria Rockenbauer^{1,2}, Daniela Penz^{3,2}, Anna Hinterberger², Barbara Majcher², Arno Asaturi², Michael Trauner¹, Monika Ferlitsch^{1,2}

N=349.856 in Österreich, Vorsorge-Koloskopie, 5 J F-up
354 verstarben an oberen GI Karzinomen (0.1%)

Risiko bei Risikopolypen erhöht (1.54 fach)

Gastrointest Endosc

SYSTEMATIC REVIEW AND META-ANALYSIS

Upper GI endoscopy in subjects with positive fecal occult blood test undergoing colonoscopy: systematic review and meta-analysis



Ayesha Shah, PhD,^{1,2,3,*}† Ali Eqbal, FRACP,⁴† Naomi Moy, PhD,^{2,5} Natasha Koloski, PhD,^{1,2,3,*}
Helmut Messmann, PhD,⁶ Bradley J. Kendall, PhD,^{1,2} Prateek Sharma, PhD,⁷ Uwe Dulleck, PhD,^{5,8}
Michael P. Jones, PhD,^{9,*} Gerald J. Holtmann, MD, PhD, MBA, FRACP, FRCP, FAHMS^{1,2,3,*}

Brisbane, Woolloongabba, Melbourne, Sydney, Australia; Augsburg, Munich, Germany; Kansas City, Missouri, USA

“Metaanalyse“, 12 Studien mit 26-1367 Patienten

Karzinome: 0-1.2% (15.5% bei n=26)

VORSICHT !!!

Befunde bei ÖGD - Setting/Indikationen

Angebot (an wen) und Annahme der Vorsorge

Wirkung auf Inzidenz und Mortalität

ITT vs. PP

Original Reports | Gastrointestinal Cancer

J Clin Oncol

Effectiveness of Endoscopic Screening on Esophageal Cancer Incidence and Mortality: A 9-Year Report of the Endoscopic Screening for Esophageal Cancer in China (ESECC) Randomized Trial

Mengfei Liu, PhD¹; Wenlei Yang, PhD¹ ; Chuanhai Guo, BS¹; Zhen Liu, PhD¹; Fenglei Li, BS²; Anxiang Liu, BM³; Haijun Yang, MM⁴; Lin Shen, MD⁵ ; Qi Wu, MD⁶; Liping Duan, MD⁷; Hui Wang, PhD^{1,8}; Hongrui Tian, PhD¹ ; Chao Shi, PhD^{1,9} ; Yaqi Pan, MS¹; Ying Liu, PhD¹; Fangfang Liu, PhD¹; Noel S. Weiss, MD, PhD¹⁰; Hong Cai, MD¹; Zhonghu He, PhD¹¹ ; and Yang Ke, MD¹¹

Cluster RCT, n=33847, 668 Dörfer, 2012-2016

61 vs. 72.5/100000-Patientenjahre

Reduktion Inzidenz und Mortalität um 19% und 18%

Hp-Screening in Taiwan: Magen

JAMA | Original Investigation

Screening for *Helicobacter pylori* to Prevent Gastric Cancer A Pragmatic Randomized Clinical Trial

Yi-Chia Lee, MD, PhD; Tsung-Hsien Chiang, MD, PhD; Han-Mo Chiu, MD, PhD; Wei-Wen Su, MD;
Kun-Ching Chou, MD; Sam Li-Sheng Chen, PhD; Amy Ming-Fang Yen, PhD; Jean Ching-Yuan Fann, PhD;
Sherry Yueh-Hsia Chiu, PhD; Shu-Lin Chuang, PhD; Yi-Ru Chen, MSc; Shih-Dian Chen, MD;
Tsung-Hui Hu, MD, PhD; Yi-Jen Fang, MD, PhD; Ming-Shiang Wu, MD, PhD; Tony Hsiu-Hsi Chen, PhD;
Yen-Po Yeh, MD, PhD; for the Collaborators of Taiwan Community-based Integrated Screening Group

RCT, n=240000; 48000 doch nicht, 39000 nicht erreicht
FIT plus Hp (Akzeptanz 49.6%) vs FIT allein (35.7%)
71.4% eradiziert
Inzidenz (0.03%) und Mortalität (0.015%) **unverändert**

***Helicobacter pylori* Treatment and Gastric Cancer Risk After Endoscopic Resection of Dysplasia: A Nationwide Cohort Study**



Hae Won Yoo,¹ Su Jin Hong,¹ and Shin Hee Kim¹

¹*Digestive Disease Center and Research Institute, Department of Internal Medicine, Soon Chun Hyang University College of Medicine, Bucheon, Korea*

Koreanisches Register, n=69722
3342 metachrone Neoplasien
Hp-Eradikation HR 0.76%

Was ist ein Risikomagen ?

GUT

Stomach

Original research

The road to a world-unified approach to the management of patients with gastric intestinal metaplasia: a review of current guidelines

Mario Dinis-Ribeiro ^{1,2} Shailja Shah ³ Hashem El-Serag ⁴
Matthew Banks ⁵ Noriya Uedo ⁶ Hisao Tajiri⁷ Luiz Gonzaga Coelho ⁸
Diogo Libanio ^{1,2} Edith Lahner ⁹ Antonio Rollan ¹⁰ Jing-Yuan Fang ¹¹
Leticia Moreira ^{12,13} Jan Borschein¹⁴ Peter Malfertheiner ¹⁵ Ernst J Kuipers¹⁶
Emad M El-Omar ¹⁷

Übersicht über
16 Guidelines 2010-2023

Überwachung nur bei Hochrisiko-IM

- inkomplette und/oder Korpus-dominante IM
- OLGIM Stadien III/IV
- persistierende Helicobacter pylori Infektion
- erstgradige Verwandte mit Magenkarzinom



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Post-ERCP-Pankreatitis

Lancet

Indomethacin with or without prophylactic pancreatic stent placement to prevent pancreatitis after ERCP: a randomised non-inferiority trial

*B Joseph Elmunzer, Lydia D Foster, Jose Serrano, Gregory A Coté, Steven A Edmundowicz, Sachin Wani, Raj Shah, Ji Young Bang, Shyam Varadarajulu, Vikesh K Singh, Mouen Khashab, Richard S Kwon, James M Scheiman, Field F Willingham, Steven A Keilin, Georgios I Papachristou, Amitabh Chak, Adam Slivka, Daniel Mullady, Vladimir Kushnir, James Buxbaum, Rajesh Keswani, Timothy B Gardner, Nauzer Forbes, Amit Rastogi, Andrew Ross, Joanna Law, Patrick Yachimski, Yen-I Chen, Alan Barkun, Zachary L Smith, Bret Petersen, Andrew Y Wang, John R Saltzman, Rebecca L Spitzer, Collins Ordiah, Cathie Spino, Valerie Durkalski-Mauldin, on behalf of the SVI Study Group**

RCT
N=1950
High risk

PEP 14.9% vs 11.3%

Ausschluß von 2.5% vs. 20.3%

Am J Gastroenterol

Randomized Trial of Prophylactic Antibiotics for Endoscopic Retrograde Cholangiopancreatography in Patients With Biliary Obstruction

Galam Leem, MD, PhD^{1,2}, Min Je Sung, MD³, Ji Hoon Park, MD⁴, So Jeong Kim, MD⁵, Jung Hyun Jo, MD, PhD^{1,2}, Hee Seung Lee, MD, PhD^{1,2}, Nam Su Ku, MD, PhD⁶, Jeong Youp Park, MD, PhD^{1,2}, Seungmin Bang, MD, PhD^{1,2}, Seung Woo Park, MD, PhD^{1,2}, Si Young Song, MD, PhD^{1,2} and Moon Jae Chung, MD, PhD^{1,2}

RCT
N=378
Cefoxitin

Infektionen 9.8% vs 2.8%

Cholangitis 6.4% vs 1.7%

Annals of Internal Medicine

ORIGINAL RESEARCH

Endoscopic Ultrasound-Guided Rendezvous Technique Versus Precut Sphincterotomy as Salvage Technique in Patients With Benign Biliary Disease and Difficult Biliary Cannulation

A Randomized Controlled Trial

Arup Choudhury, MD, DM^{*}; Jayanta Samanta, MD, DM^{*}; Gaurav Muktesh, MD, DM; Jahnvi Dhar, MD, DM;
Antriksh Kumar, MD, DM; Jimil Shah, MD, DM; Marco Spadaccini, MD; Pankaj Gupta, MD; Alessandro Fugazza, MD;
Vikas Gupta, MS, MCh; Thakur Deen Yadav, MS; Rakesh Kochhar, MD, DM; Cesare Hassan, MD; Alessandro Repici, MD; and
Antonio Facciorusso, MD, PhD

RCT

N=100

5 Kontakte mit Papille, 5 Minuten

Erfolgsrate 92% vs 90%

Komplikationen 12% vs 10%

Lancet Gastroenterol Hepatol

Endoscopic ultrasonography-guided gastroenterostomy versus uncovered duodenal metal stenting for unresectable malignant gastric outlet obstruction (DRA-GOO): a multicentre randomised controlled trial

Anthony Yuen Bun Teoh, Sundeep Lakhtakia, Ilaria Tarantino, Manuel Perez-Miranda, Rastislav Kunda, Fauze Maluf-Filho, Vinay Dhir, Jahangeer Basha, Shannon Melissa Chan, Dario Ligresti, Mark Tsz Wah Ma, Carlos de la Serna-Higuera, Hon Chi Yip, Enders Kwok Wai Ng, Philip Wai Yan Chiu, Takao Itoi

RCT
N=97

20 mm LAMS, 22 mm Stents (unbeschichtet)	
Reintervention 6 Monate	4% vs 29%
Komplikationen	23% vs 24%

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Ösophagus(früh)karzinome: Risikoprofil

Low risk darf endoskopisch behandelt werden

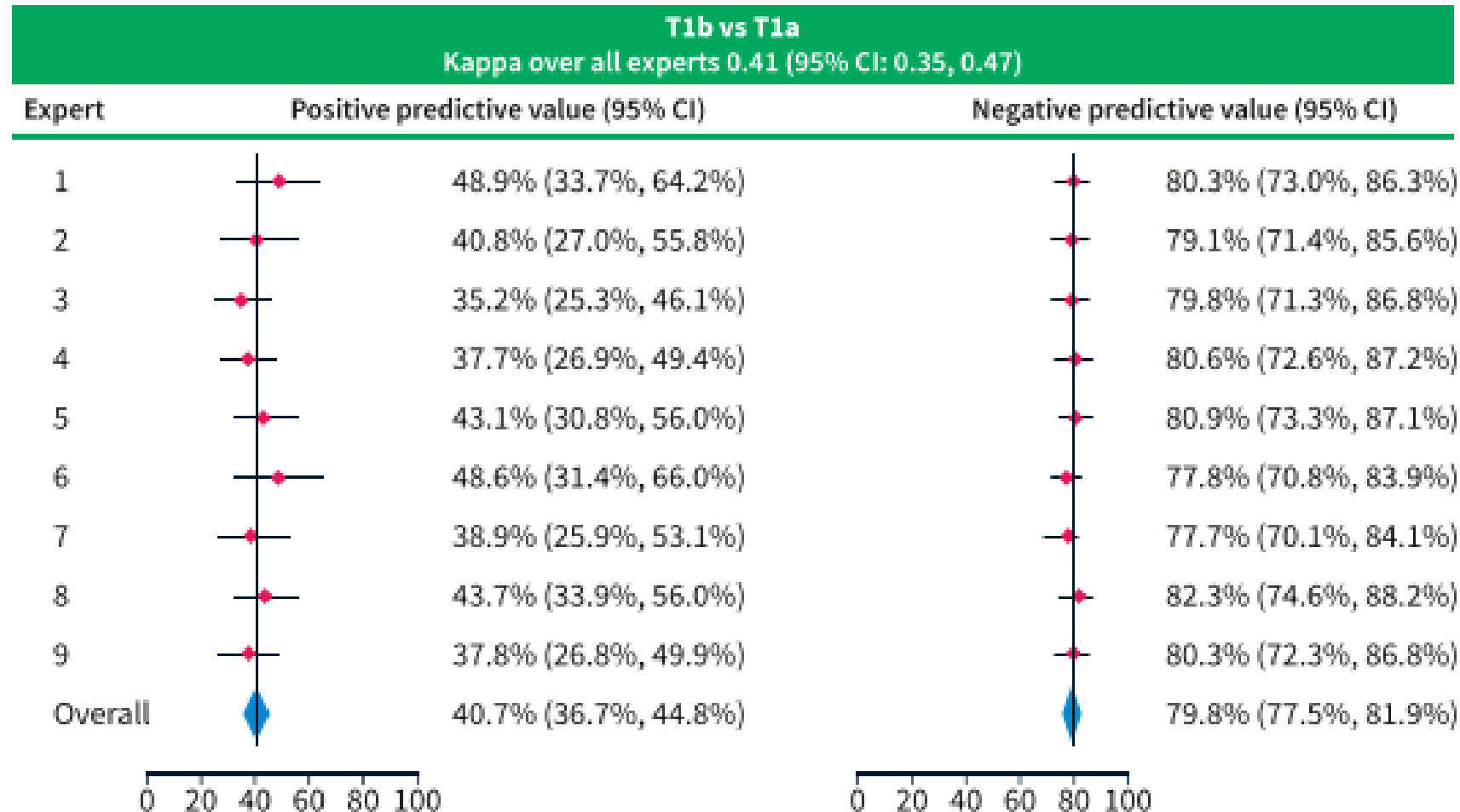
T1a/b-sm1 G1/2 L0V0 (R0)

High risk muß **operiert** werden

Warum ?

Wegen (LK)Metastasen

Ösophagus(früh)karzinome: Diagnostik



Ösophagus(früh)karzinome: Risikoprofil

Low risk darf endoskopisch behandelt werden
T1a/b-sm1 G1/2 L0V0 (R0)

High risk muß **operiert** werden

Warum ?
Wegen (LK)Metastasen

Dis Esophagus

Risk of lymph node metastasis in T1 esophageal adenocarcinoma: a meta-analysis

Chu Luan Nguyen,^{1,2} David Tovmassian,^{1,2} Anna Isaacs,^{1,2} Gregory L. Falk^{1,2,3}

¹Department of Upper Gastrointestinal Surgery, Concord Repatriation General Hospital, Concord, NSW, Australia, ²Department of Surgery, The University of Sydney, Camperdown, NSW, Australia, and ³Sydney Heartburn Clinic, Lindfield, NSW, Australia

Ösophagus(früh)karzinome: Game change

**Alles was komplett zu entfernen ist,
darf endoskopisch behandelt werden (R0)
Rest egal**

High risk wird zusätzlich behandelt

Warum ?

Wegen (LK)Metastasen

- 1. Kriterien waren falsch (neues high risk)**
- 2. Was passiert, wenn man nichts macht ?**
- 3. Was kann man zusätzlich tun bei high risk ?**
 - A) Risikominderung (Chemo/Immun/Strahlen)**
 - B) Risikostratifizierung und gezielte Behandlung**

Ösophagus(früh)karzinome: Risikoprofil

pT1b-AEG-Karzinome n=230, retrospektive Analyse, NL

	LVI-, % (95%CI)	LVI+, % (95%CI)	Tumor size
sm1	5.9 (2.3–11.2)	15.7 (6.0–29.3)	<20 mm
sm2	7.3 (2.6–13.8)	19.3 (6.3–36.8)	
sm3	14.1 (7.9–21.9)	34.7 (19.7–50.8)	
sm1	16.1 (6.2–29.2)	38.8 (17.0–61.4)	≥20 mm
sm2	19.4 (8.6–32.2)	45.6 (20.8–67.9)	
sm3	35.2 (25.8–44.7)	70.1 (60.5–78.7)	

→ G3 kein unabhängiger Risikofaktor für LKM

Ösophagus(früh)karzinome: Risikoprofil

G3 und LKM bei **T1a**, ESD und F-up, n=40

25 ohne weiteres Risiko	1 LKM
15 mit Risikofaktoren	3 LKK

Ösophagus(früh)karzinome: Risikoprofil

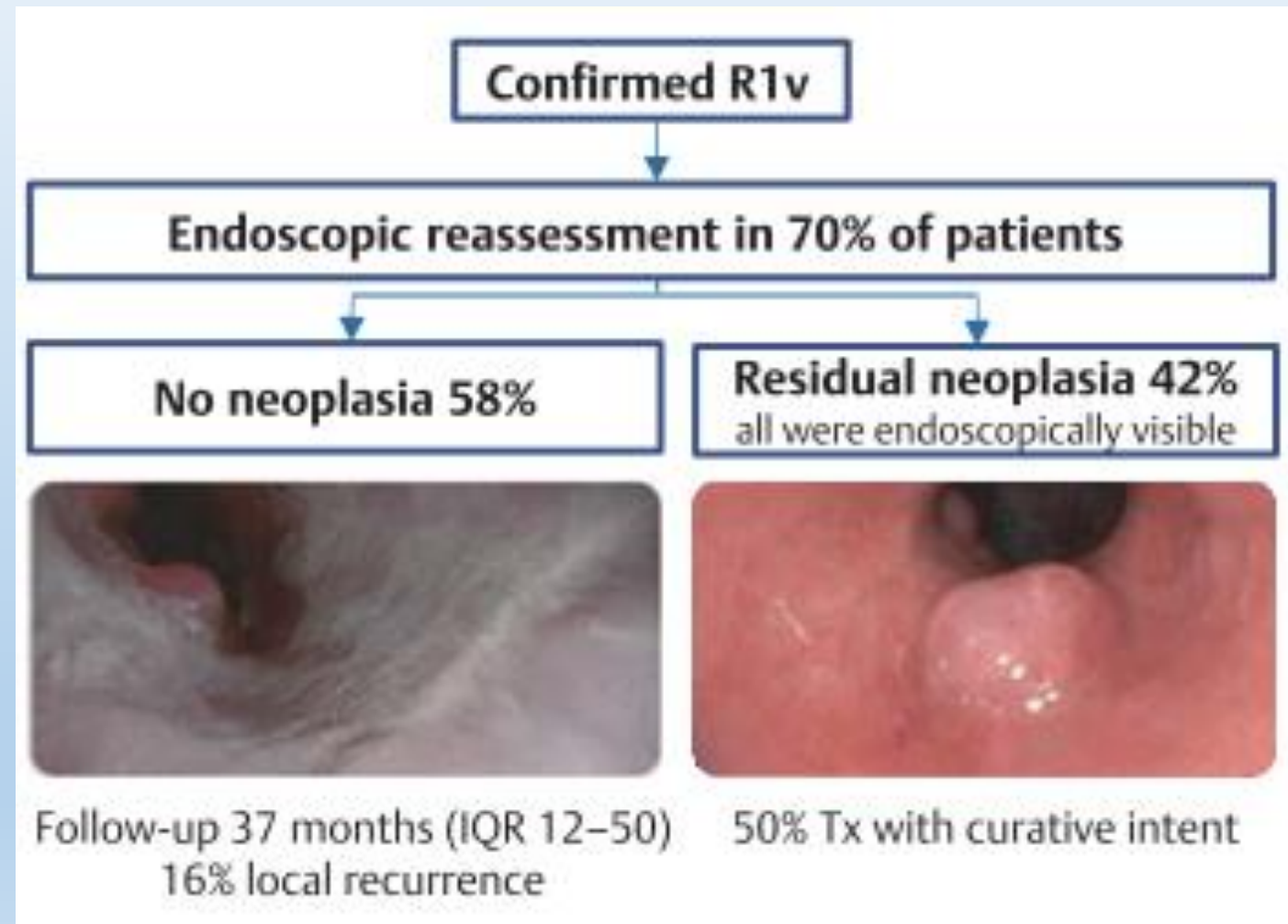
SCC ?

**n=230,
retrospektive Analyse
China**

Wang et al.
World J Gastroenterol 2023

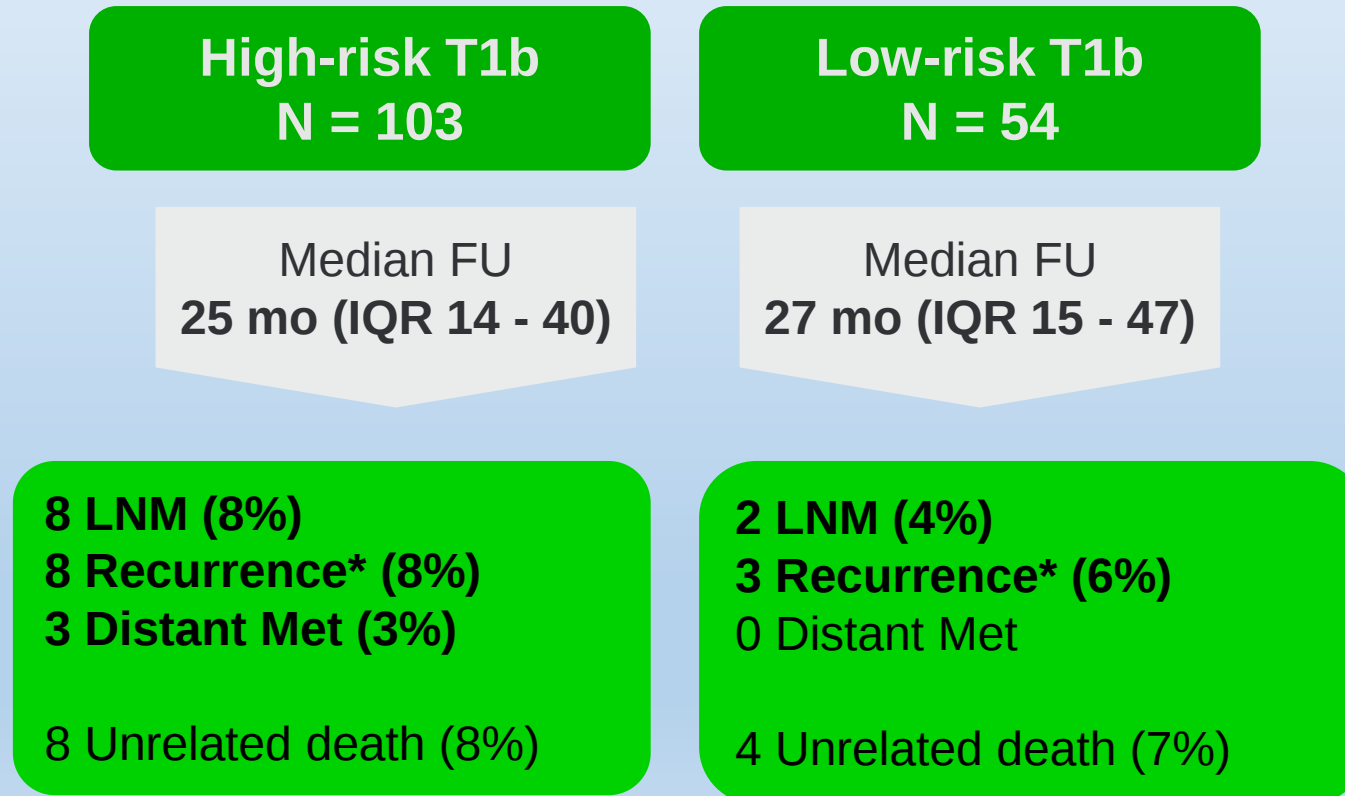
	LVI-	LVI+	Tumor size
G1/2			
T1a	0	<5%	< 3 cm
T1bsm1	<5%	12%	
T1b>sm1	12%	15%	
G1/2			
T1a	<5%	12%	> 3 cm
T1bsm1	12%	15%	
T1b>sm1	15%	55%	
G3			
T1a	<3%	7%	< 3 cm
T1bsm1	7%	12%	
T1b>sm1	12%	60%	
G3			
T1a	7%	12%	> 3 cm
T1bsm1	12%	40%	
T1b>sm1	40%	> 80%	

Wie schlimm ist R1 ?



*N=110, Van Tilburg et al.
Endoscopy 2022*

PREFER STUDY: Uneventful follow-up in vast majority



Ösophagus(früh)karzinome T1b: Outcomes

Gastrointest Endosc

Endoscopic submucosal dissection with versus without traction for pathologically staged T1B esophageal cancer: a multicenter retrospective study 

Abel Joseph, MD,¹ Kornpong Vantasiri, MD,² Peter V. Draganov, MD,³ William King, MD,³ Fauze Maluf-Filho, MD, PhD,^{4,5,6} Mohammad Al-Haddad, MD,⁷ Hashem Albunni, MD,⁷ Norio Fukami, MD,⁸ Sonmoon Mohapatra, MD,⁸ Hiroyuki Aihara, MD, PhD,⁹ Neil R. Sharma, MD,¹⁰ Amitabh Chak, MD,¹¹ Dennis Yang, MD,¹² Rituraj Singh, MD,¹⁰ Sunguk Jang, MD,¹³ Suneel Kamath, MD,¹⁴ Siva Raja, MD, PhD,¹⁵ Sudish Murthy, MD, PhD,¹⁵ Qijun Yang, MS,¹⁶ Prasad Iyer, MD,² Amit Bhatt, MD¹¹

Cleveland, Ohio; Rochester, Minnesota; Gainesville, Orlando, Florida; Indianapolis, Indiana; Scottsdale, Arizona; Boston, Massachusetts, USA; São Paulo, Lago Sul, Brazil

Gastrointest Endosc

Predictors for lymph node metastasis and survival of patients with T1b esophageal adenocarcinoma treated with surgery and endoscopic therapy: an analysis of the Surveillance, Epidemiology, and End Results database

Sonmoon Mohapatra, MD,^{1,*} Sarah S. Al Ghamdi, MBBS,^{2,*} Paris Charilaou, MD,³ Chawin Lopimpisuth, MD,⁴ Amit Das,⁵ Saowanee Ngamruengphong, MD, FASGE, FJGES⁴

Scottsdale, Arizona; New York, New York; Baltimore, Maryland; Hanover, New Hampshire, USA; Jeddah, Saudi Arabia

Surg Endosc

Endoscopic submucosal dissection (ESD) outcomes in T1B esophageal cancer: a retrospective study

Michael Youssef¹  · Christina Hanna² · Douglas Motomura³ · Robert Bechara⁴

J Cancer Res Clin Oncol

Endoscopic submucosal dissection versus surgery for T1b esophageal carcinoma: a single-center retrospective study

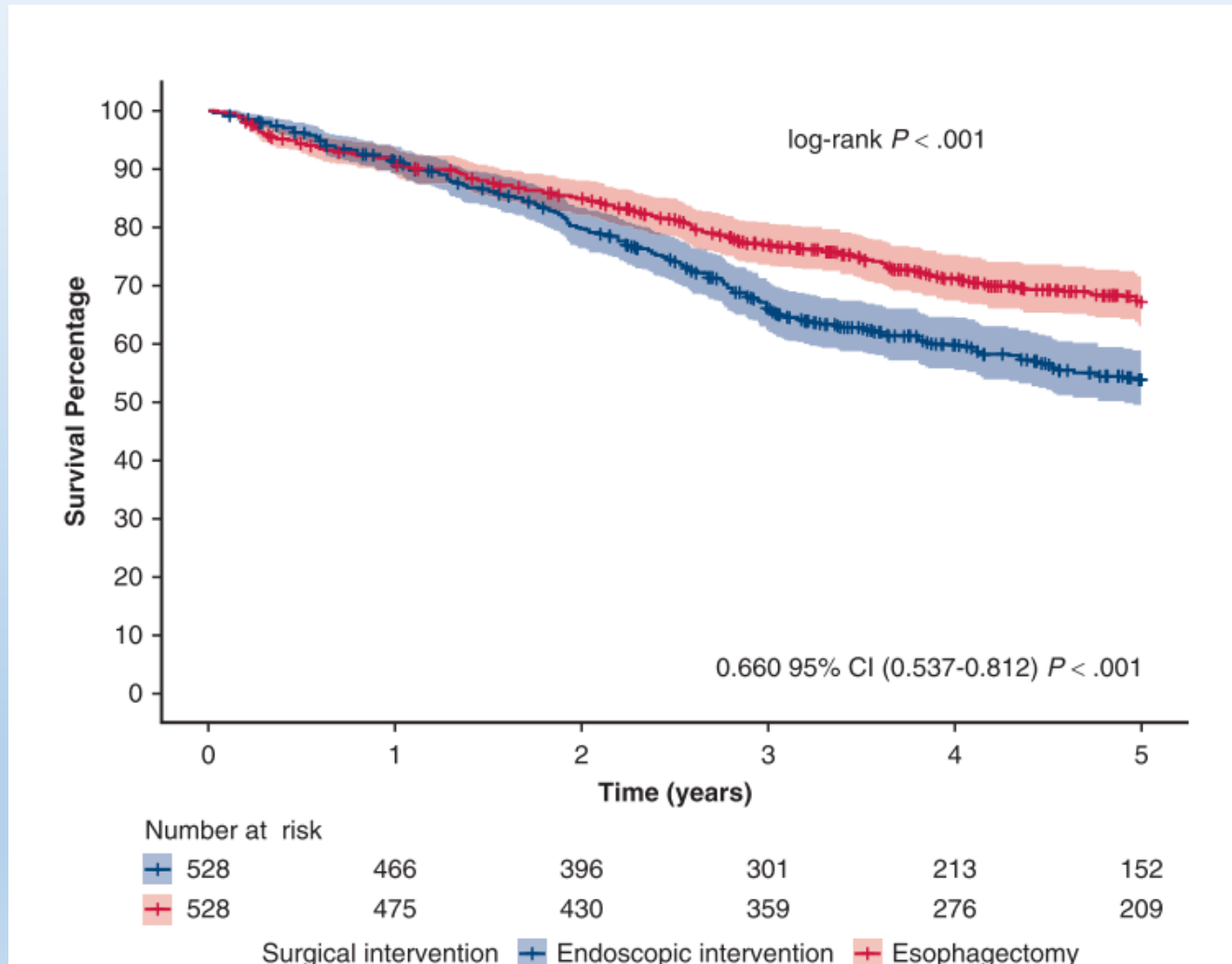
Ting Zhang¹ · Hanying Wang¹ · Tian Jin¹ · Zeyu Wu¹ · Xiuqing Li² · Qide Zhang¹

J Thoracic & Cardiovasc Surg

Surgical and endoscopic management of clinical T1b esophageal cancer

Oluwaseun F. Ayoade, MD, MSHA,^a Maureen E. Canavan, PhD, MPH,^{a,b} Will P. De Santis,^a Peter L. Zhan, MD,^a and Daniel J. Boffa, MD, MBA^a

Ösophagus(früh)karzinome: Outcomes



Ayoade et al.
J Thorac Cardiovasc Surg 2024

Adjuvante Therapie für **alle** high risk (Chemo/Radio)

Am J Gastroenterol

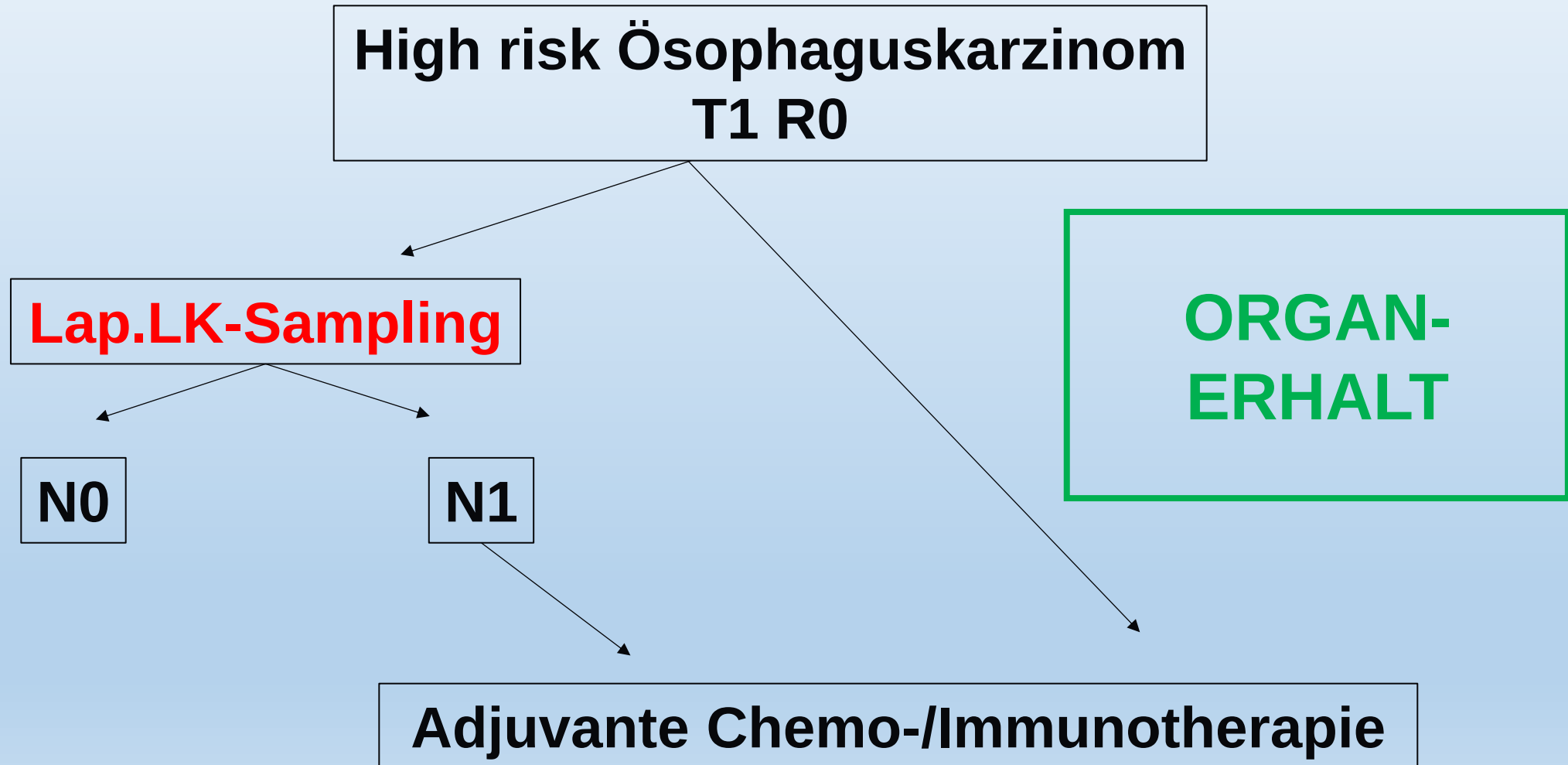
Radiotherapy Improves Survival of Patients With Lymphovascular Invasion in pT1b Esophageal Squamous Cell Cancer After Endoscopic Submucosal Dissection

Xu Yang, MD^{1,*}, Lina Zhao, MD^{2,*}, Anhui Shi, MD^{3,*}, Cong Chen, MD^{4,*}, Jianzhong Cao, MD⁵, Yaowen Zhang, MD⁶, Hui Zhu, MD⁷, Jun Wang, MD⁸, Wei Zhou, MD⁹, Xiangpan Li, MD¹⁰, Songliu Hu, MD¹¹, Yu Men, MD¹², Jianyang Wang, MD¹³, Liyan Xue, MD¹⁴, Yong Liu, MD¹⁵, Lizhou Dou, MD¹⁵, Yueming Zhang, MD¹⁵, Shuang Sun, MD¹³, Meng Yuan, MD¹³, Yongxing Bao, MD¹³, Zeliang Ma, MD¹³, Yunsong Liu, MD¹³, Wanting Zhang, MD¹³, Nan Bi, MD¹³, Guiqi Wang, MD¹⁵ and Zhouguang Hui, MD¹²

Retrospektiv
11 KH China
N=161

114 ohne Bestrahlung, 47 mit Bestrahlung – kein Unterschied
Bei LV+ 5 Jahres-ÜL 97.5% vs 59.5%

Ösophagus(früh)karzinome: Risikomanagement



Karzinome und meist gutartige Polypen
Karzinomdefinition ab sm-Infiltration
Organerhalt bereits länger ein Thema
Ebenso mäßige präprozedurale Einschätzung
Resektionstechniken transmural möglich
ABER: kein selektives LK-Sampling

Was machen wir mit Hochrisiko-Läsionen

Endoresektion in einem multimodalen Protokoll

Gastroenterology

Impact of Lesion Location on Recurrence After Resection of T1 Colorectal Cancer: Post Hoc Analysis of a Nationwide Multicenter Cohort Study

Minamide et al.

R0 resezierte T1 KRK

Lokale Resektion	low risk	n=389
	high risk	n=355
Operation (TME)		n=2745

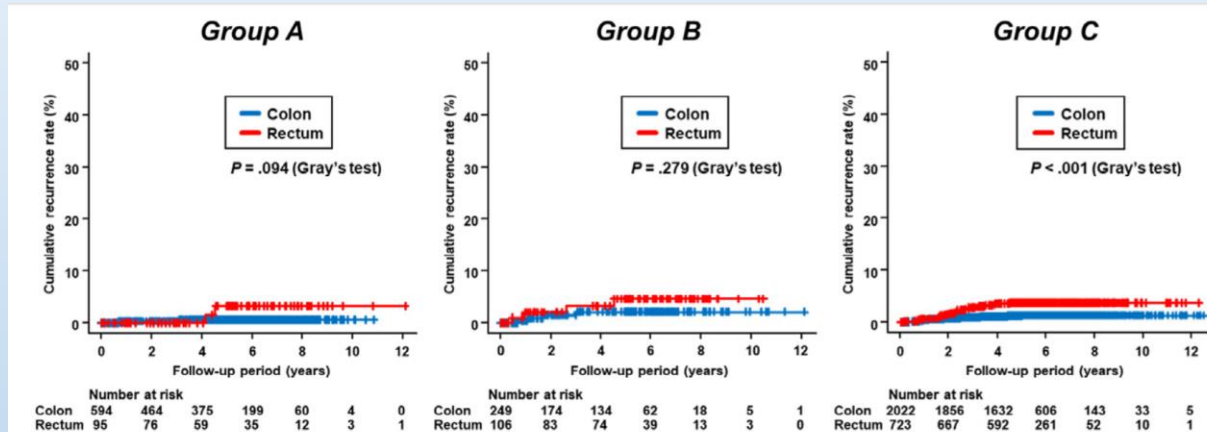
Frühkarzinome Colon und Rektum

Low Risk
endosk.

High Risk
endosk.

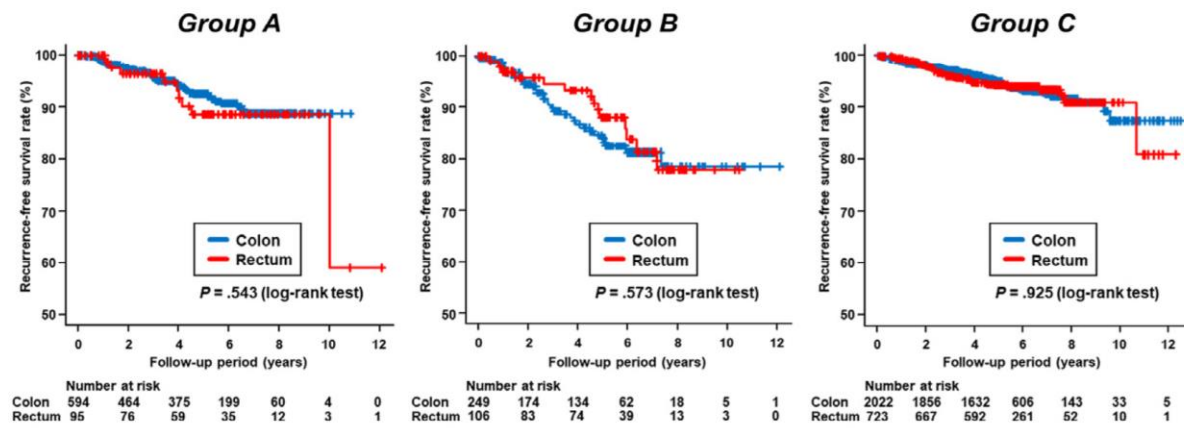
High Risk
chirurg.

Rezidiv



D

Rezidiv-freies
Überleben



Treatment Decision for Locally Resected T1 Colorectal Carcinoma—Verification of the Japanese Guideline Criteria for Additional Surgery Based on Long-Term Clinical Outcomes

Am J Gastroenterol

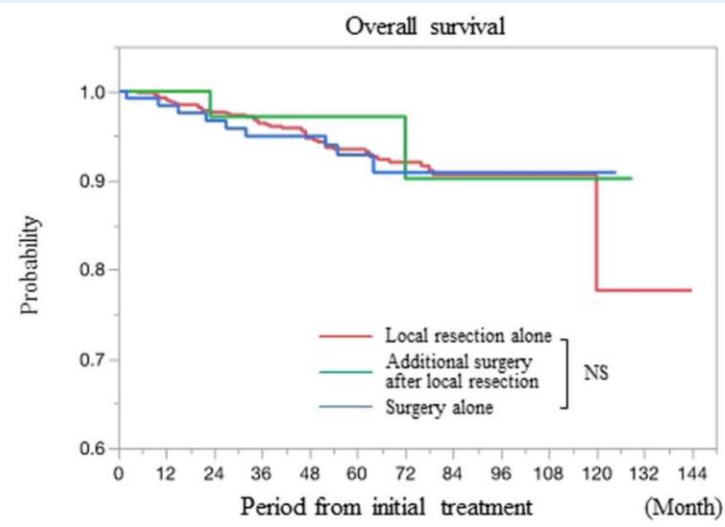
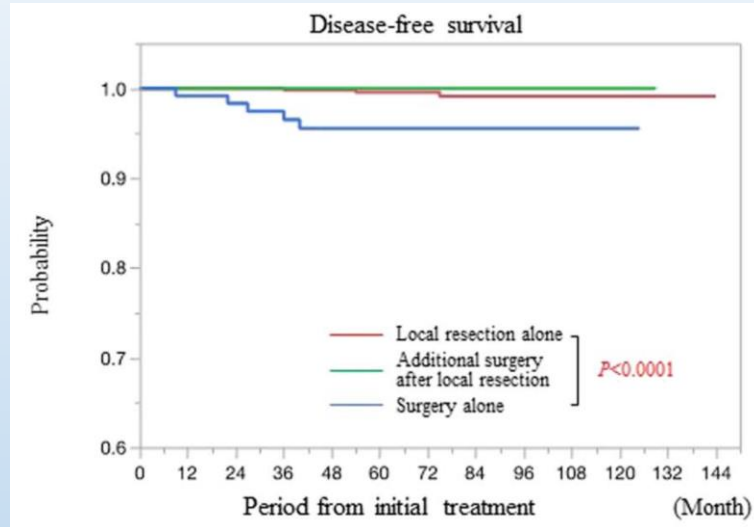
Shiro Oka, MD, PhD¹, Shinji Tanaka, MD, PhD¹, Yoshiki Kajiwara, MD, PhD², Shoichi Saito, MD, PhD³, Yosuke Fukunaga, MD, PhD⁴, Manabu Takamatsu, MD, PhD⁵, Hiroshi Kawachi, MD, PhD⁵, Kinich Hotta, MD⁶, Hiroaki Ikematsu, MD, PhD⁷, Motohiro Kojima, MD, PhD⁸, Yutaka Saito, MD, PhD⁹, Masayoshi Yamada, MD, PhD⁹, Yukihide Kanemitsu, MD, PhD¹⁰, Shigeki Sekine, MD, PhD¹¹, Shinji Nagata, MD, PhD¹², Kazutaka Yamada, MD, PhD¹³, Nozomu Kobayashi, MD, PhD¹⁴, Soichiro Ishihara, MD, PhD¹⁵, Yusuke Saitoh, MD, PhD¹⁶, Kenji Matsuda, MD, PhD¹⁷, Kazutomo Togashi, MD, PhD¹⁸, Koji Komori, MD, PhD¹⁹, Megumi Ishiguro, MD, PhD²⁰, Toshio Kuwai, MD, PhD²¹, Takashi Okuyama, MD, PhD²², Akihiro Ohuchi, MD, PhD²³, Shinobu Ohnuma, MD, PhD²⁴, Kazuhiro Sakamoto, MD, PhD²⁵, Tamotsu Sugai, MD, PhD²⁶, Kenji Katsumata, MD, PhD²⁷, Hiro-o Matsushita, MD, PhD²⁸, Hiro-o Yamano, MD, PhD²⁹, Hirotatsu Eda, MD, PhD³⁰, Toshio Uraoka, MD, PhD³¹, Naohiko Akimoto, MD, PhD³², Hirotoshi Kobayashi, MD, PhD³³, Kenichi Sugihara, MD, PhD³⁴ and Hideki Ueno, MD, PhD²

4667 T1 KRK

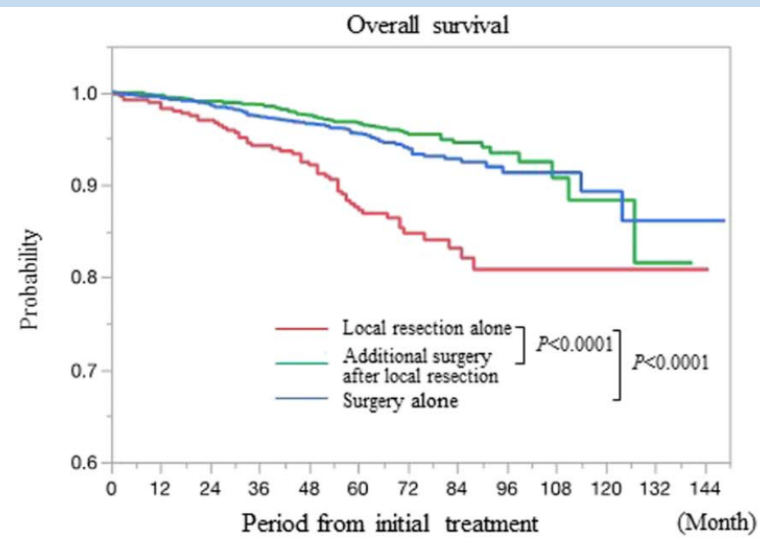
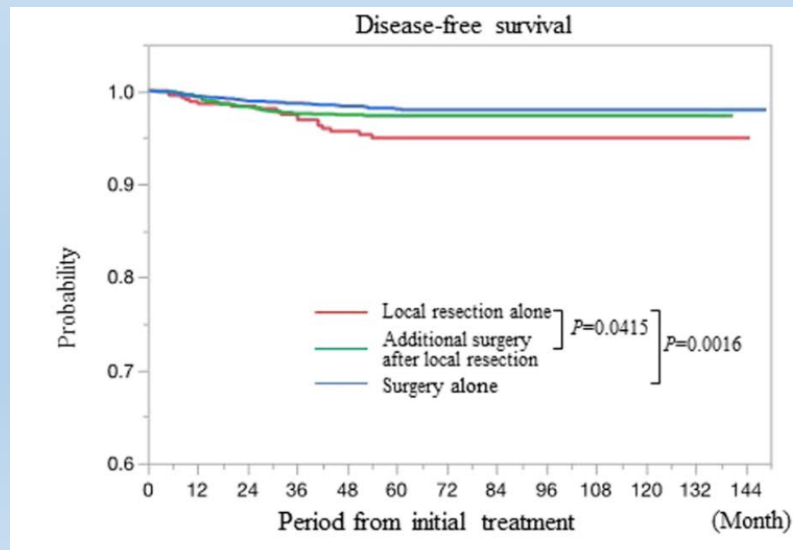
Lokale Resektion	n=1257
Lokale Resektion + OP	n=1512
Operation (TME)	n=1898

Frühkarzinome Colon und Rektum

Low
risk



High
risk



Bullet points

Onkologie: weniger/keine Strahlentherapie im Ösophagus, Immuntherapie arbeitet sich mühsam vor (?)

ÖGD zum Screening ? Eher nein

EUS-Therapie: GE und biliär als Reserve

Neues Konzept für Frühkarzinome: R0 zählt, dann multimodal

MEHR EVIDENZ