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Clinical outcomes of endoscopic resection for esophageal squamous cell carcinoma in a large Western cohort

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Further Information

Aims Studies on the efficacy and prognosis of superficial esophageal squamous cell carcinoma are rare in the Western World. Our aim was to analyse the results of endoscopic resection combined, if indicated in high risk endoscopic resections, with surgery or chemoradiotherapy (CRT).

Methods Retrospective review of a prospective endoscopic database, including demographic data, comorbidities, previous treatments, type and size of lesion, technique of resection, pathological assessment (horizontal and vertical margins, grade of differentiation, lymphovascular invasion), “adjuvant” treatment, relapse rate, treatment of relapses, and final outcome [1] [2] [3] [4].

Results 283 lesions (ESD 218, EMR 65) were resected in 208 patients, 64% males, with a history of alcohol in 75%, smoking in 71%, and ENT cancer in 25%. Lesions were located in the upper mid and lower esophagus in 22, 56, 22% of patients, respectively. Mean size of lesion was 25 mm (range: 3-100mm), and mean circumference of lesion 33% (range: 5-100%). Half of the interventions (139/283) had a previous treatment (ESD/EMR/CRT). 151 (53%) lesions were=<m2, 102 (36%) m3-sm1, 30 (10.6%) deeper. The resection was R0 (vertical) in 248 (88%) and R0 (horizontal for cancer) in 251 (89%). Lymphovascular invasion was observed in 32 (14%), G3 in 18 lesions (6.4%). R0 and curative resection rates were therefore 87.6% and 44.9%, respectively. Lesions at high risk for recurrence were calculated at 35% (99/283). However local recurrence was observed in only 19/208 patients (9.1%) and distant metastasis in 12/208 patients (5.7%), with a mean follow-up of 56 months (4.7y). Indeed adjuvant treatment was proposed after MDT to 103 patients and effectively achieved in 58 patients (18 surgery and 40 CRT or immunotherapy). Complications of endoscopic resection were as follows: 1 bleeding (0.3%), 13 perforations (4.6%), 73 strictures (25.8%), and mortality at 90days in 2 patients.

Conclusions Endoscopic resection for superficial esophageal squamous cell carcinoma seems a valid proposal in Western countries, with low rates of local recurrence (9.1%), and distant metastases (5.7%), when combined with surgery of CRT after multidisciplinary discussion, in the high risk resections.

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