

How to remove BE cancer: Is there room for surgery?

A.H. Hölscher



**UNIKLINIK
KÖLN**

Klinik und Poliklinik
für Allgemein-, Viszeral-
und Tumorchirurgie

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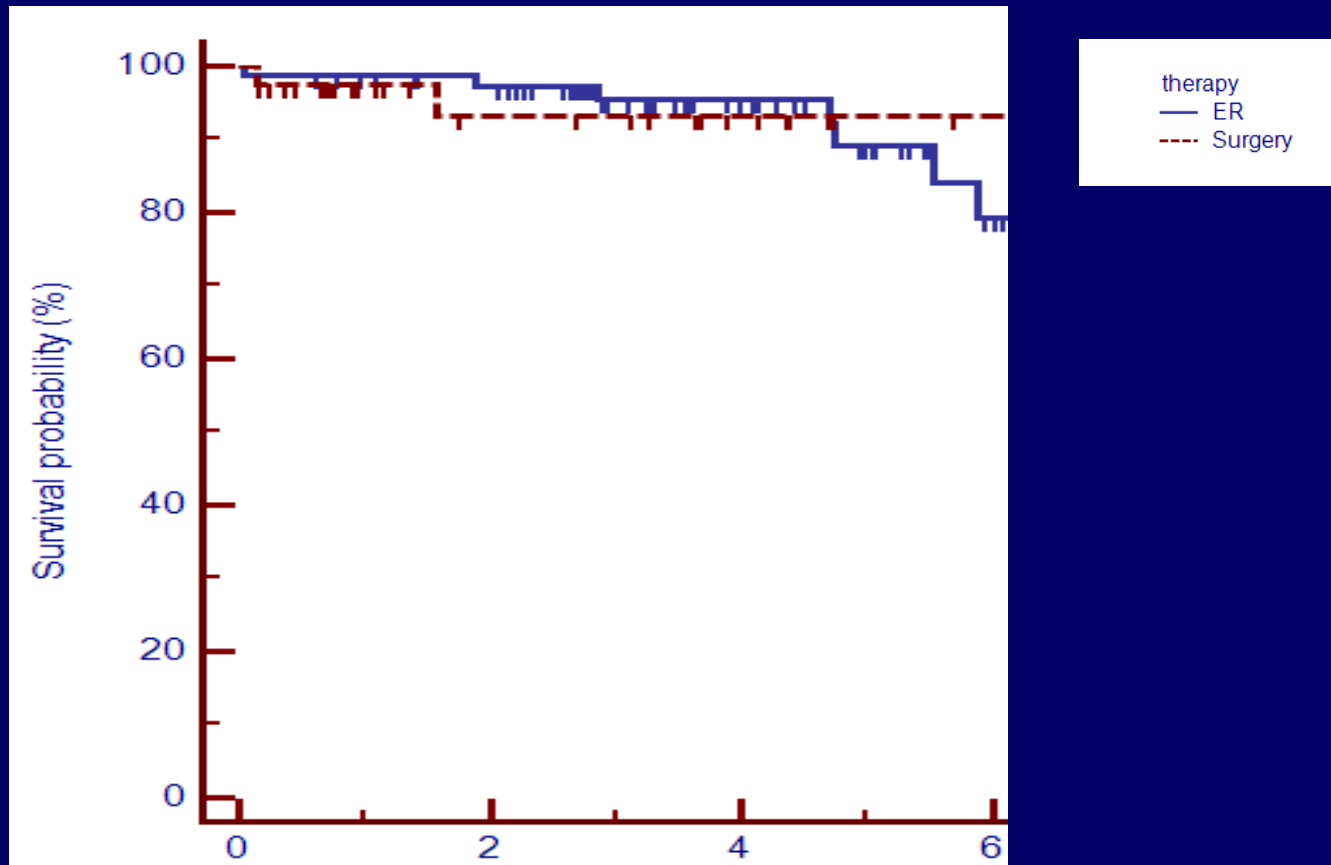
Centrum für
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LN- Metastases:

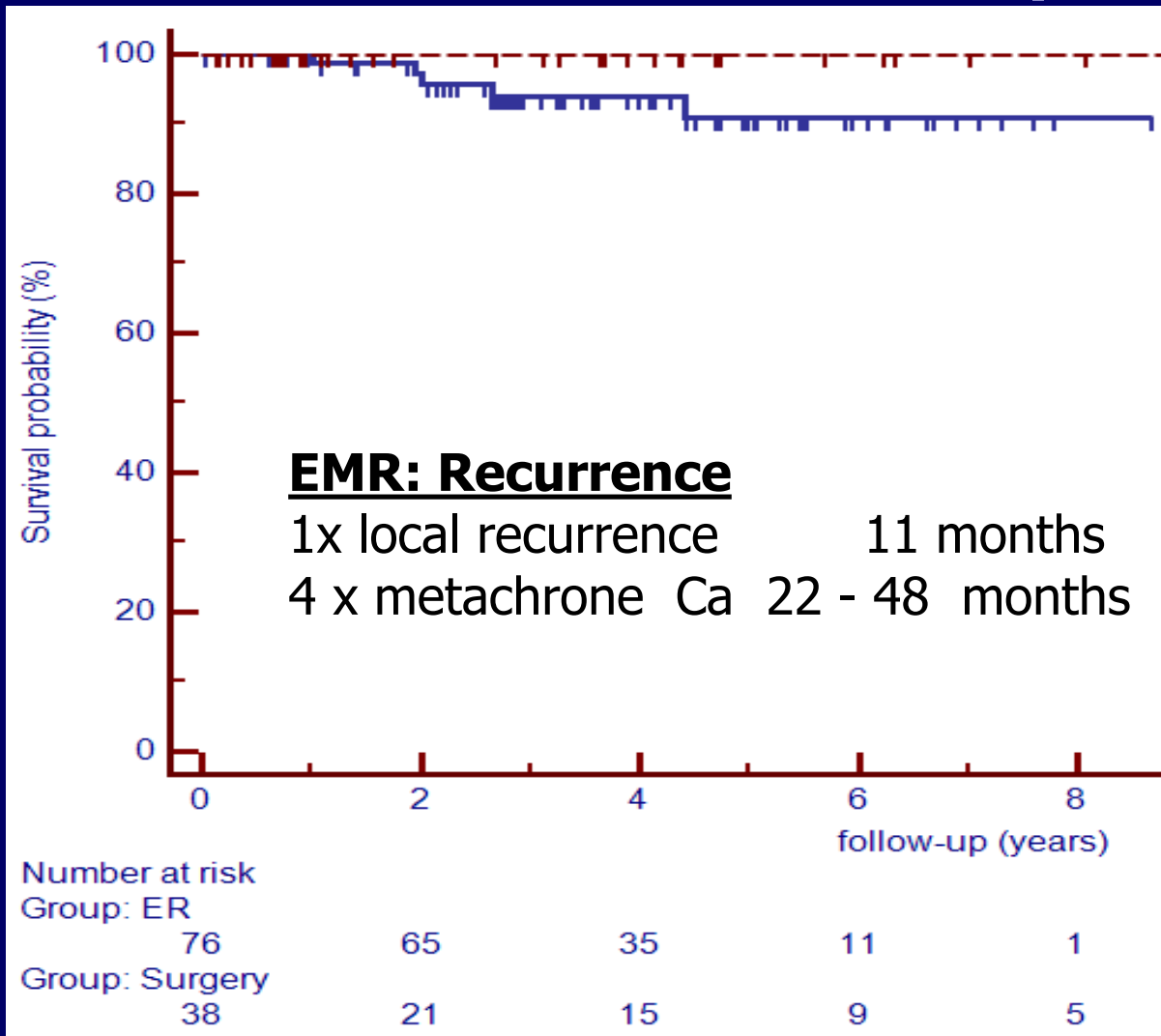
Adenoca. esophagus: pT1a

	n	n LNM	% LNM
Hagen 2001	16	0	0%
Rice 2001	53	2	4%
Stein 2003	27	0	0%
Liu 2005	53	2	4%
Westerterp 2005	54	1	2%
Oh 2006	23	1	4%
Ancona 2008	15	0	0%
Cen 2008	48	2	4%
Sepesi 2010	25	0	0%
Bogoevski 2011	25	0	0%
Leers 2011	75	1	1%
Griffin 2011	54	0	0%
Hölscher 2011	55	0	0%
Estrella 2012	99	1	1%
Total	622	10	1.6%

Overall survival of patients with mucosal AC of the esophagus (pT1a)



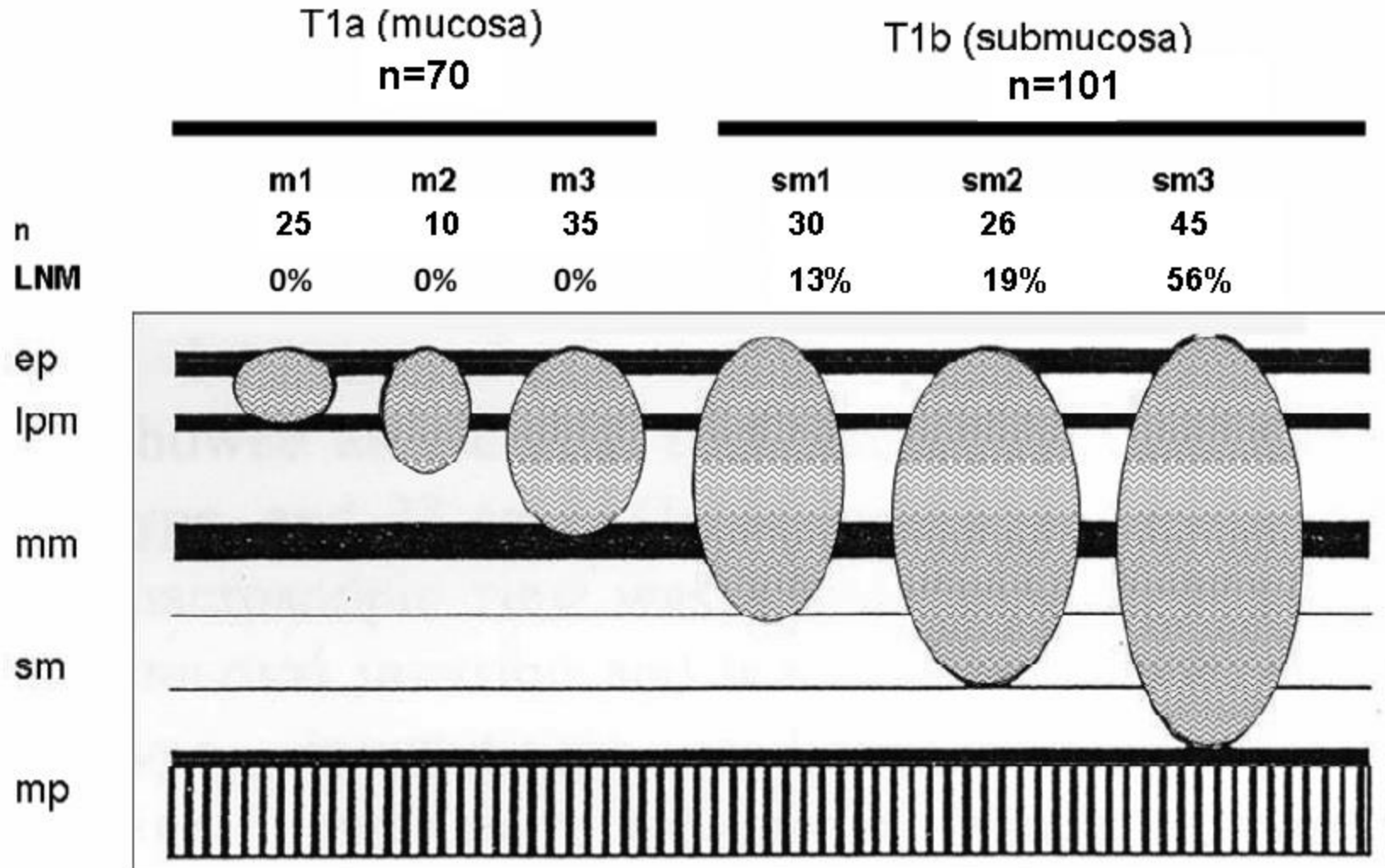
Recurrence free survival of patients with mucosal AC of the esophagus (pT1a)



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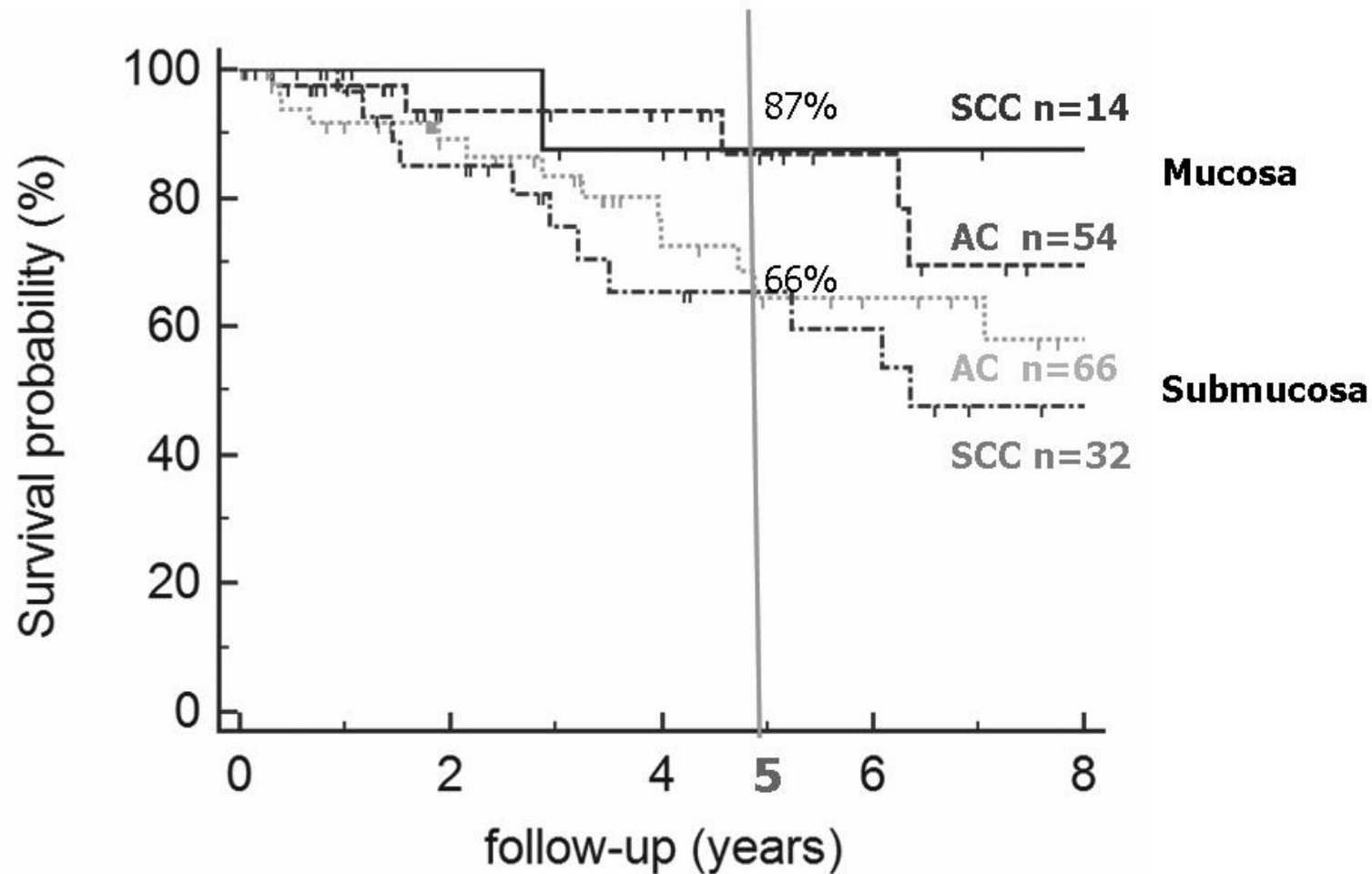
Fig. 1



Prognose Frühkarzinom Ösophagus

Histologie

Figure 3



Surgery after endoscopic resection

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Prognosis

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After endoscopic resection of cT1 esophageal ca indication for esophagectomy:

- incomplete resection of carcinoma basal or lateral
- infiltration of the submucosa with the risk of LNM
- risk for LNM in case of L1 V1 or undifferentiated ca
- development of recurrence.

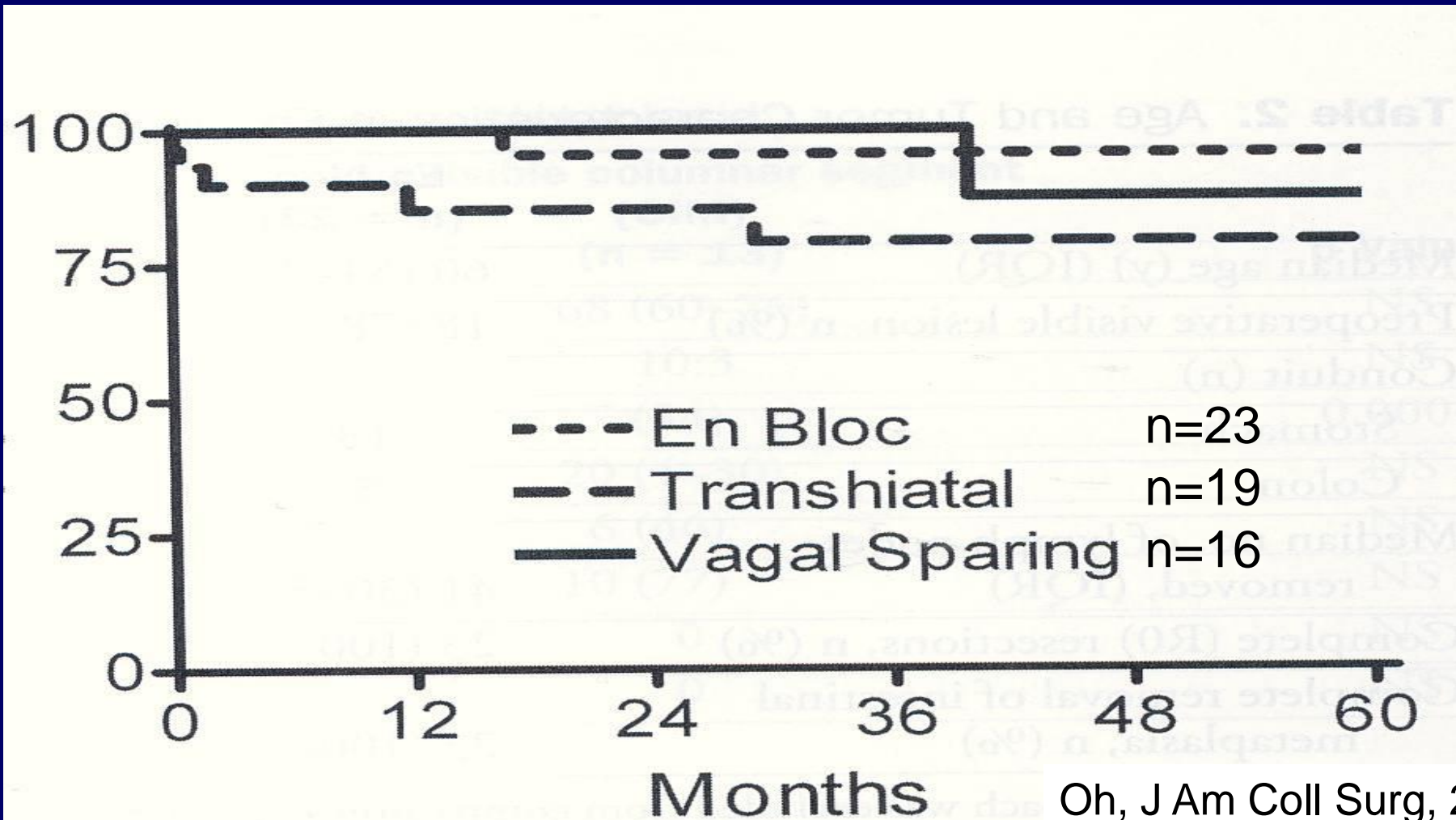
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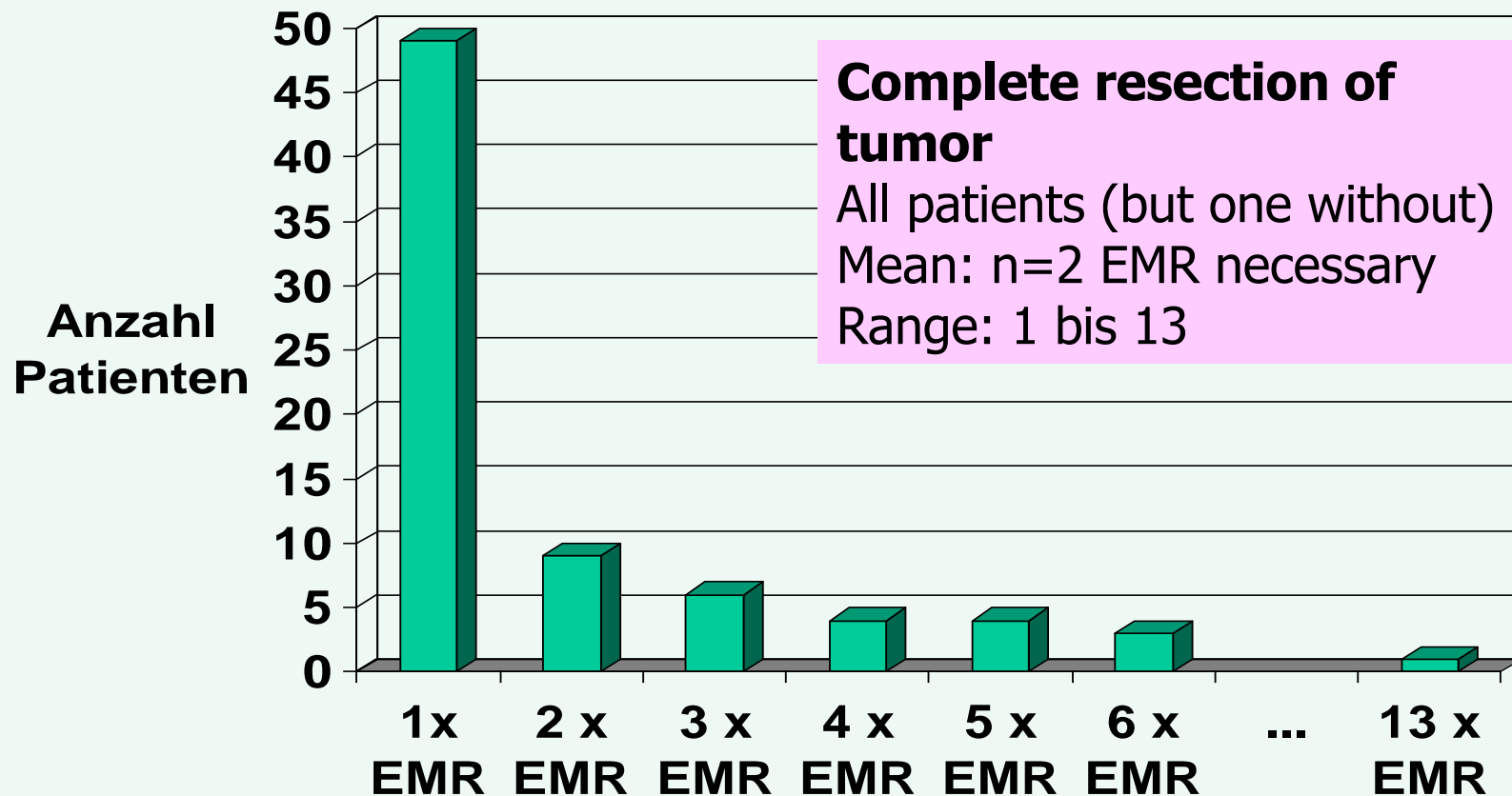
Prognosis of patients with pT1a Carcinoma of the GE-Junction



Comparison Between Endoscopic and Surgical Resection of Mucosal Esophageal Adenocarcinoma in Barrett's Esophagus At Two High-Volume Centers

Oliver Pech, MD, PhD, Elfriede Bollschweiler, MD, PhD, Hendrik Manner, MD, PhD, Jessica Leers, MD, Christian Ell, MD, PhD, and Arnulf H. Hölscher, MD, PhD

Results of Therapy Endoscopic resection



**Submucosal carcinoma
of the
esophagus**

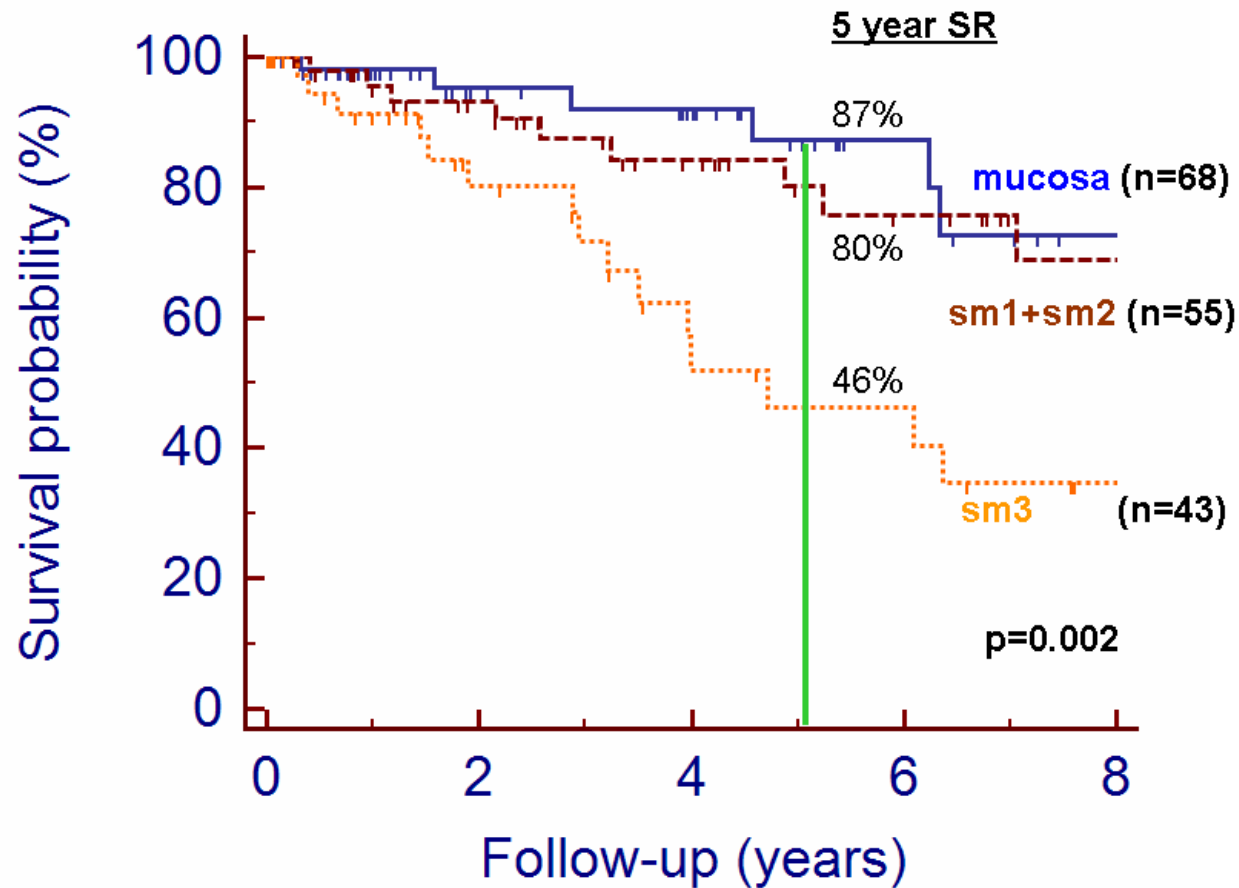
Prognostic Impact of Upper, Middle, and Lower Third Mucosal or Submucosal Infiltration in Early Esophageal Cancer

Arnulf H. Hölscher, MD, Elfriede Bollschweiler, MD,* Wolfgang Schröder, MD,* Ralf Metzger, MD,*
Christian Gutschow, MD,* and Uta Drebber, MD†*

Prognose Frühkarzinom Ösophagus

Mucosa – sm1+sm2 – sm3

Figure 4



Transthoracic Esophagectomy After Endoscopic Mucosal Resection in Patients with Early Esophageal Carcinoma

W. Schröder · K. Wirths · C. Gutschow ·
 D. Vallböhmer · M. Bludau · B. Schumacher ·
 H. Neuhaus · A. H. Hölscher

No	Age	Histology	Localization/ size	EMR ^a	EMR pathology	EMR R status	IFS	Surgical pathology	Postop. course
1	65	SCC	Proximal, 1 cm	4	pT1sm-x G2 L0 V0	Rx	1, 2	pT1sm1 pN1 (6/36)	Normal
2	49	AC long Barrett	Distal, 2 cm	1(4)	pT1sm-x G1 L0 V0	R1 basal	1, 2	pT0 pN0 (0/29)	Normal
3	64	AC long Barrett	Distal, 1 cm	2(7)	pT1m2 G1 L0 V0	R0	3	pT1m1 pN0 (0/25)	Severe
4	76	AC long Barrett	Distal, 2 cm	2(12)	pT1 G2 L0 V0	Rx	3	pT1m3 pN0 (0/26)	Normal
5	79	AC long Barrett	Multifocal, middle/distal	2(13)	pT1sm3 G4 L0 V0	R1 basal	1, 2	pT1m3 pN0 (0/44)	Prolonged
6	56	SCC	Middle, 2 cm	2(5)	pT1m2 G1 L0 V0	R1 lateral (HGIN)	2	pT0 pN0 (0/25)	Normal
7	71	AC short	Distal, 2 cm	1	pT1sm-x	R1 lateral	1, 2	pT3 pN0 (0/31)	Normal
8	52	AC short Barrett	Distal, 1 cm	1(2)	pT1sm1 G2 L0 V0	Rx	1, 2	pT0 pN0 (0/20)	Normal
9	58	AC long Barrett	Multifocal, middle/distal	1(4)	pTx	Rx	3	pT1m2 pN0 (0/28)	Prolonged
10	66	AC long Barrett	Middle	1(4)	pT1sm1 G2 L0 V0	R2	1, 2	pT2 pN1 (4/35)	Normal
11	60	SCC	Proximal, 3 cm	1(2)	pT1m1 (HIN)	R0	2	pT0 pN0 (0/25)	Fatal
12	67	AC short Barrett	Distal, 2 cm	8	pT1sm-x G3 L0 V0	R1 basal/lateral	1, 2	pT1sm2 pN0 (0/24)	Normal
13	45	AC short Barrett	Distal 1.5 cm	1(2)	pTsm3 G1 L0 V0	R1 lateral	1, 2	pT0 pN0 (0/30)	Normal
14	65	AC long Barrett	Distal, 2 cm	2(9)	pT1sm1 G2 L1 V0	R1 lateral	1, 2	pT0 pN0 (0/43)	Normal
15	49	AC long Barrett	Distal, 2 cm	2(7)	pT1sm1 G2 L0 V0	R1 basal	1, 2	pT1m3 pN0 (0/29)	Normal
16	67	AC long Barrett	Multifocal, distal	3(6)	pT1sm3 G2 L0	R1 lateral/basal	1	pT3 pN1 (7/33)	Normal

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