

# Minimally invasive treatment found effective for esophageal cancer

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Researchers have found that early stage cancers of the esophagus can be treated as effectively by less-invasive, organ-sparing endoscopic therapy as compared to more complex surgical removal of the esophagus, according to a Mayo Clinic study published in the September 2009 issue of *Gastroenterology*.

In 20 percent of esophageal cancer cases in the United States, the cancer is detected in the early stages," says Ganapathy Prasad, M.D., gastroenterologist and lead author on the study. "Traditionally, esophageal cancer patients undergo a complicated surgery to remove the esophagus. Our team compared surgery to the use of endoscopic therapy, where a scope is inserted in the esophagus and the cancer cells are shaved off. Our results showed the less-invasive therapy was just as effective as surgery for early-stage cancers."

In this study of 178 patients with early-stage esophageal adenocarcinoma, 132 (74 percent) were treated with endoscopic mucosal resection and 46 (26 percent) were treated surgically. The endoscopic mucosal resection patients underwent a procedure where a liquid is injected under the lesion and then an endoscope is used to shave off the lesions. The other patients underwent more traditional esophagectomy or removal of the esophagus.

In following these patients for nine years, both groups had a comparable overall mortality rate of approximately 20 percent. Cancer recurred in 12 percent of patients treated endoscopically, but recurrence could be re-

treated endoscopically.

Dr. Prasad explains that esophagectomy surgery patients are typically in the hospital for a week, and 30 to 50 percent of patients have complications post surgery. For example, patients whose esophagus has been removed face lifelong dietary restrictions. Endoscopic treatments, however, are performed in an outpatient care setting, and patients can eat full meals in a couple of days.

"If patients do choose to proceed to surgery, they should be advised to seek out a high-volume surgical center," says Kenneth Wang, M.D., gastroenterologist and senior researcher on the study. "Research has shown that high-volume hospitals, such as Mayo Clinic, have better survival rates and outcomes for patients."

The Mayo Clinic Barrett's Esophagus Unit offers a multidisciplinary approach to evaluate early symptoms, devise a surveillance schedule and perform all tests and medical and surgical treatments.

Esophageal cancer arising from Barrett's esophagus is increasing in frequency faster than any other cancer in the United States, and the tumor is lethal. Ninety percent of patients die within five years of diagnosis. About 10 percent of patients with chronic acid reflux develop the tissue changes characteristic of Barrett's esophagus, which can lead to cancer.

Dr. Wang says that future research in this area will examine genetic markers to help determine the best course of treatment for [esophageal cancer](#) patients. In addition, the Mayo research team hopes to study the use of endoscopic therapy for more advanced esophageal cancers.

Source: Mayo Clinic ([news](#) : [web](#))

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