



FOR IMMEDIATE RELEASE
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Endoscopic Therapy May Offer an Alternative to Surgery for Patients with Barrett's Esophagus, Early Stage Esophageal Cancer

Orlando, FL, October 6, 2008 – Endoscopic therapy is emerging as an alternative to surgery in patients with esophageal cancer given the low likelihood of spread to the lymph nodes. New research presented at the American College of Gastroenterology's 73rd Annual Scientific Meeting in Orlando evaluated the long-term efficacy of endoscopic mucosal resection, or EMR, in the treatment of patients with early stage esophageal cancer or Barrett's esophagus. Two separate studies suggest EMR is an effective treatment alternative to surgery and generally yields positive long-term results.

Dr. Ganapathy Prasad and colleagues from the Mayo Clinic in Rochester, MN reviewed the medical records of 135 esophageal cancer patients treated endoscopically (without surgery) at their clinic between 1995 and 2007. Minimally invasive techniques, such as EMR and photodynamic therapy were used to treat these patients.

After a 3.5-year follow-up, researchers found that endoscopic therapy was successful in 90 percent of esophageal cancer patients. Fourteen percent of patients had recurrent cancers, which appeared after a mean of 16 months. All of these recurrent cancers were early cancers and were treated endoscopically. Patients with recurrent cancers had longer Barrett's esophagus segments and needed more treatments to achieve remission. Overall, 83 percent of patients treated for esophageal cancer were alive at the 5-year mark.

According to lead investigator Dr. Prasad, "The results of this study show that early cancers of the esophagus can be treated endoscopically without surgery. Recurrences are uncommon and can be treated endoscopically as well, if patients are followed carefully."

CBE-EMR Effective Approach for the Management of Barrett's Esophagus

New research on an endoscopic procedure known as Complete Barrett's Esophagus Endoscopic Mucosal Resection (CBE-EMR) reveals this approach may hold promise as a minimally invasive technique offering an effective treatment alternative to surgical removal of the esophagus for Barrett's esophagus.

In a retrospective study of a prospectively collected database conducted at the University of Chicago, Dr. Jennifer Chennat and her colleagues, under the direction of Dr. Irving Waxman, examined medical records of 48 patients who underwent CBE-EMR for the treatment of Barrett's esophagus with high-grade dysplasia or intramucosal carcinoma from August 2003 to May 2008.

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Patients received careful endoscopic examination using high definition endoscopy with narrow band imaging. Endoscopic ultrasound was used prior to CBE-EMR to detect any invasive esophageal cancer or abnormal lymph nodes.

Patients continued to take proton pump inhibitors twice daily to decrease gastric acid production and reflux into the esophagus. After the CBE-EMR was completed, patients underwent an endoscopy every six months with biopsies taken every 1 cm throughout the entire length of the prior resected BE area, and also from 1 cm above the prior resection margin.

“Mucosal biopsies provide smaller pieces of tissue, while endoscopic mucosal resection provides more comprehensive tissue analysis. You’re seeing not just the trees, but also the entire forest,” explained Dr. Chennat.

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 10,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients.

The ACG is committed to providing accurate, unbiased and up-to-date health information. Visit the ACG Web site www.acg.gi.org to access educational resources for patients and their families spanning the broad range of digestive diseases and conditions - both common and not-so-common. Organized by disease, state and organ system, these educational materials, developed by ACG physician experts, are offered for the information and benefit of patients and the public.

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