Cáncer de Esófago: papel del gastroenterólogo

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Universidad Nacional de Colombia
Hospital Universitario Nacional de Colombia

Cáncer de Esófago

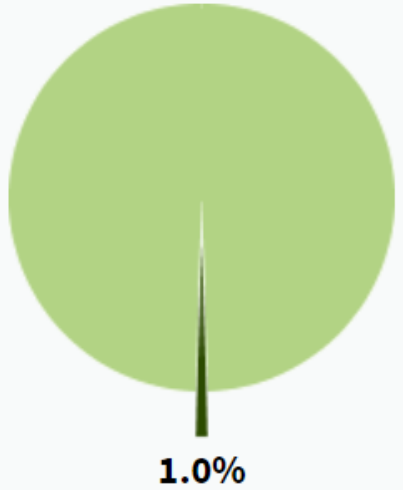
6ª causa de muerte por cáncer
>500 casos nuevos 2018
Riesgo durante la vida 0.5%

Yuan M, Front Oncol 2021,11:Art 628706
SEER 2021

Cáncer esófago Vs Otros cánceres

	Common Types of Cancer	Estimated New Cases 2020	Estimated Deaths 2020
1.	Breast Cancer (Female)	276,480	42,170
2.	Lung and Bronchus Cancer	228,820	135,720
3.	Prostate Cancer	191,930	33,330
4.	Colorectal Cancer	147,950	53,200
5.	Melanoma of the Skin	100,350	6,850
6.	Bladder Cancer	81,400	17,980
7.	Non-Hodgkin Lymphoma	77,240	19,940
8.	Kidney and Renal Pelvis Cancer	73,750	14,830
9.	Uterine Cancer	65,620	12,590
10.	Leukemia	60,530	23,100
	-	-	-
18.	**Esophageal Cancer**	**18,440**	**16,170**

Esophageal cancer represents 1.0% of all new cancer cases in the U.S.



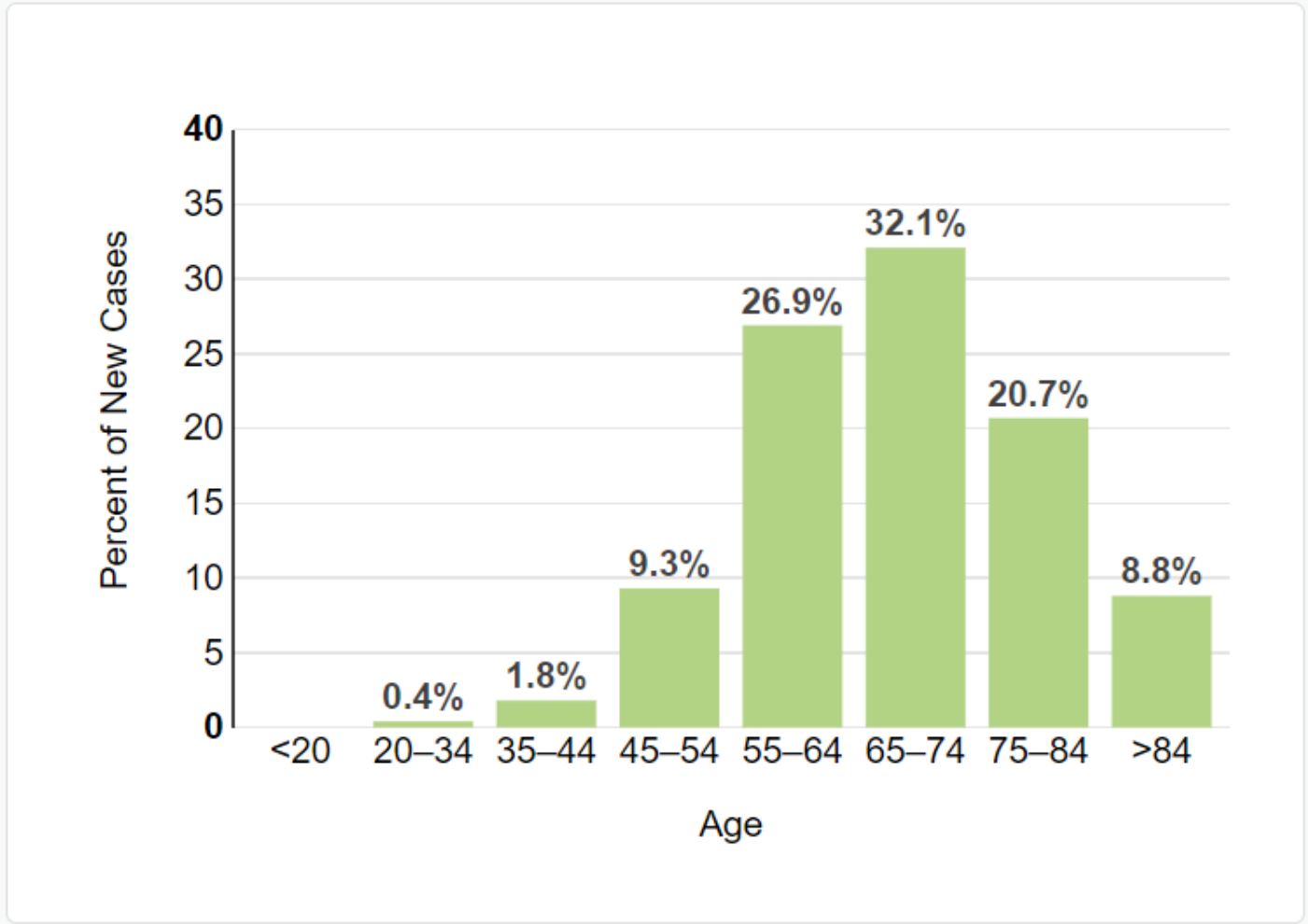
www.SEER.cancer.gov
Abril 11, 2021

5-Year
Relative Survival

19.9%

www.SEER.cancer.gov
Abril 11, 2021

Percent of New Cases by Age Group: Esophageal Cancer



Esophageal cancer is most frequently diagnosed among people aged 65–74.

Median Age At Diagnosis
68

www.SEER.cancer.gov
Abril 11, 2021

SEER 21 2013–2017, All Races, Both Sexes

Cáncer Esófago

Escamo Celular Mundial

Adeno Carcinoma Europa, USA

64% Adeno

31% Escamo

5% Otros

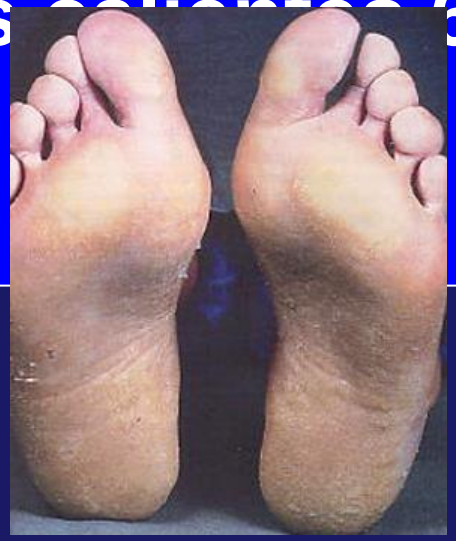
www.SEER.cancer.gov

2018

Cáncer de esófago-Factores de riesgo

Escamo celular

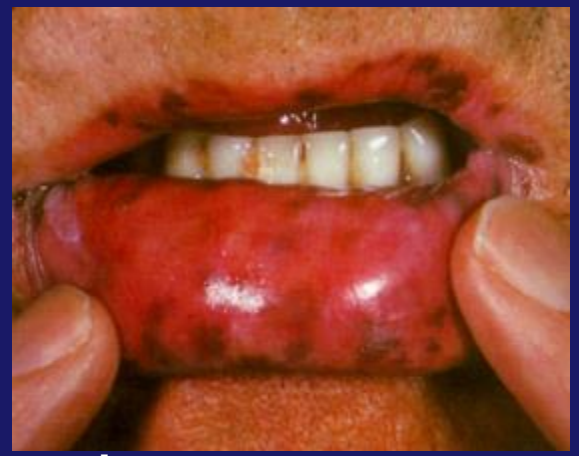
Tabaquismo
Alcohol
Papiloma humano virus ?
Quemadura cáusticos
Alimentos calientes 60-64º
Acalasia
Tilosis

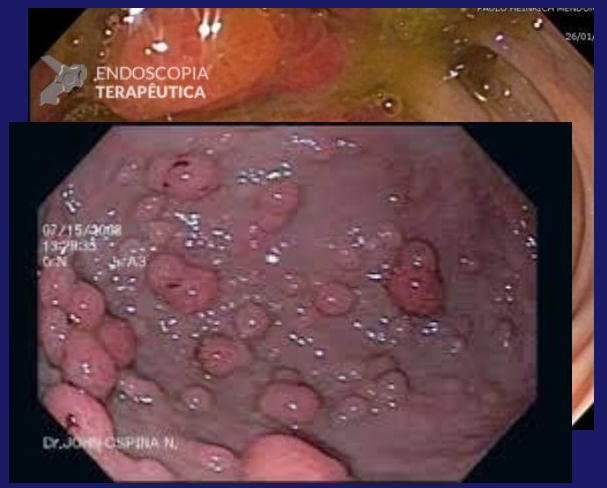


Tylosis
Autosòmica
Dominante

Adenocarcinoma

Obesidad
Reflujo gastroesofágico
Esófago de Barrett (10%)





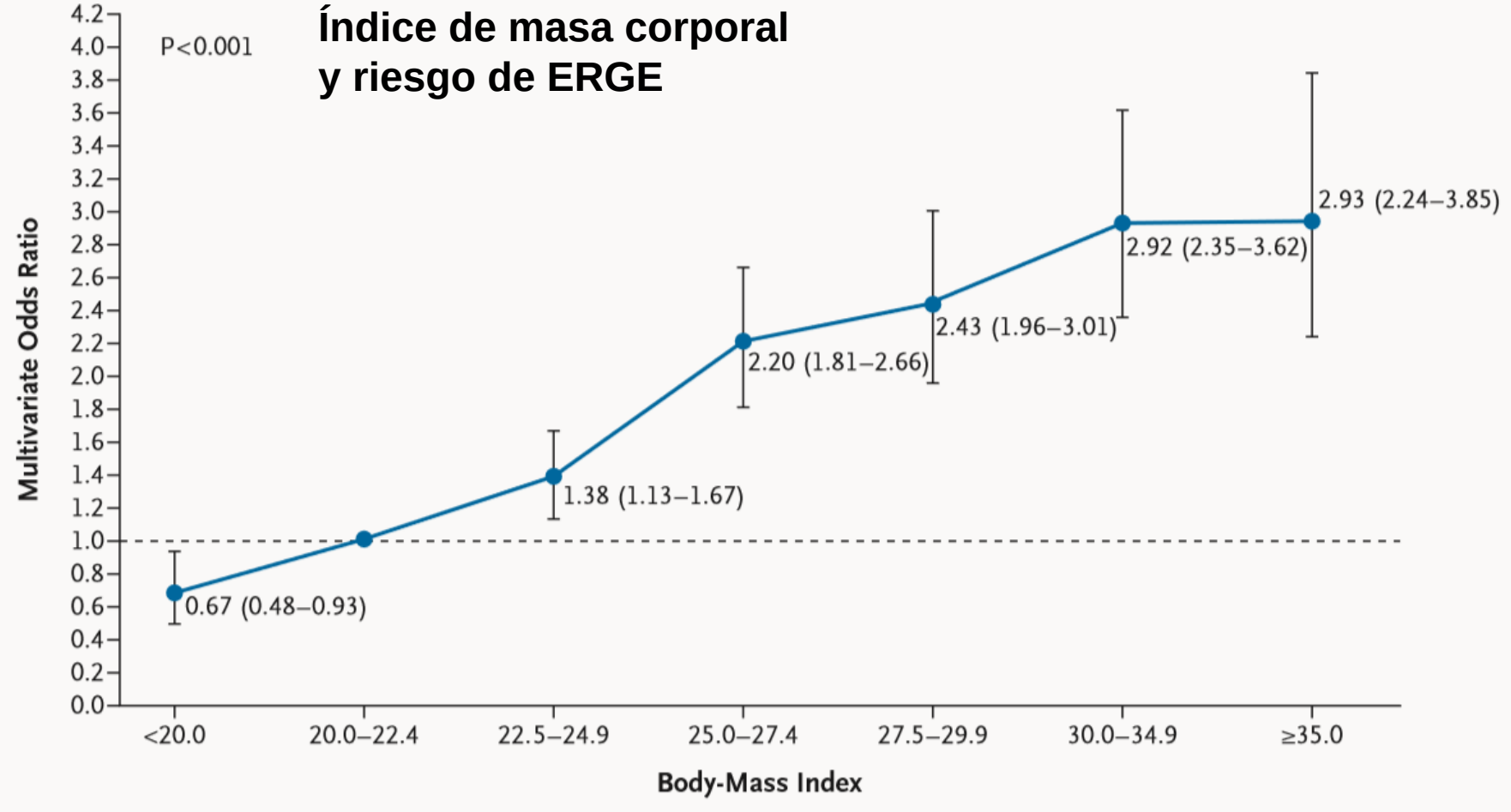
Peuts Jeghers
Autosòmica dominante

Gibson MK, Up To date 2021
Díaz LI, Ann Transl Med 2020;8:1106

Body-Mass Index and Symptoms of Gastroesophageal Reflux in Women

Brian C. Jacobson, M.D., M.P.H., Samuel C. Somers, M.D.,

Índice de masa corporal y riesgo de ERGE

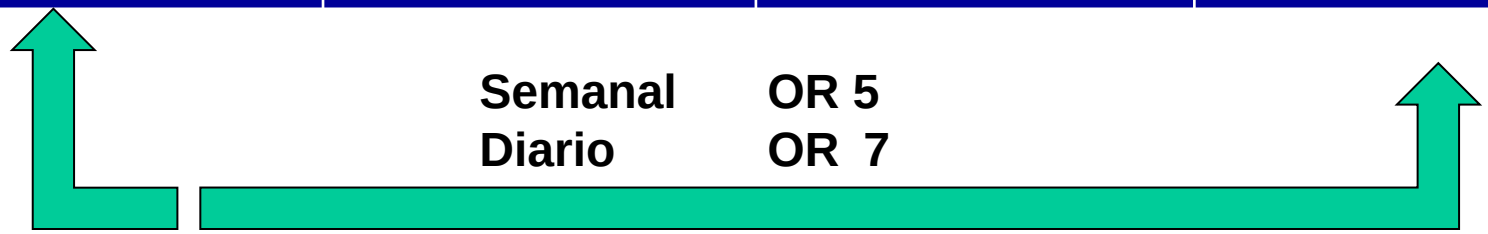


Jacobson BC, N Engl J Med 2006;354:2340-8.

Central Adiposity Is Associated With Increased Risk of Esophageal Inflammation, Metaplasia, and Adenocarcinoma: A Systematic Review and Meta-analysis

SIDDHARTH SINGH,* ANAMAY N. SHARMA,* MOHAMMAD HASSAN MURAD,‡ NAVTEJ S. BUTTAR,* HASHEM B. EL-SERAG,§ DAVID A. KATZKA,* and PRASAD G. IYER*

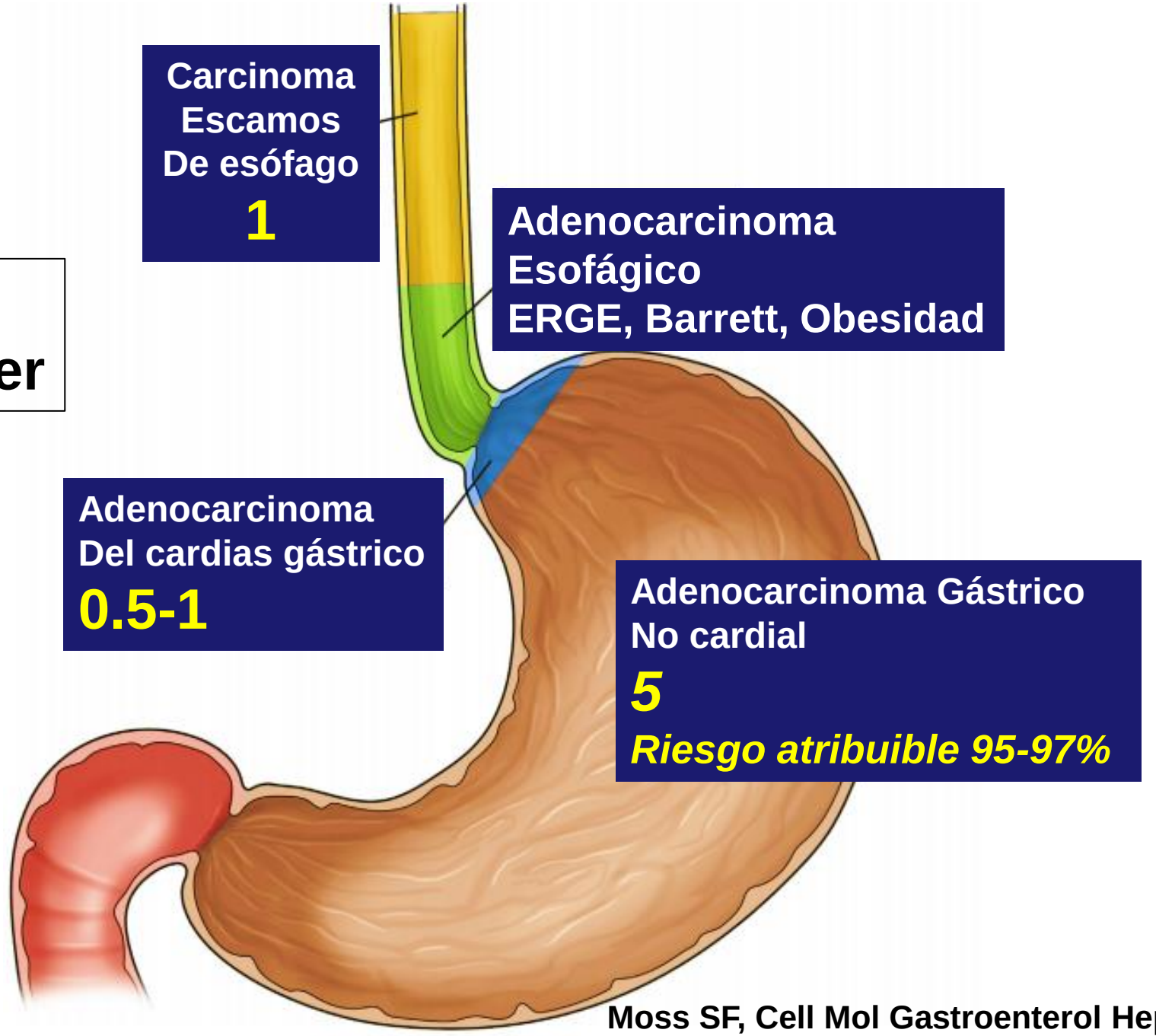
	Síntomas	Esofagitis	Barrett	Adeno Ca
OR	1.73	1.87 (1.5-2.3)	1.98 (1.5-2.5)	2.51 (1.5-4.0)



40% no tienen síntomas ERGE

Clin Gastroenterol Hepatol 2013;11:1399–1412
Rustgi AK, NEJM 2014;371:2499

H.*pylori* y Riesgo de cáncer



Moss SF, Cell Mol Gastroenterol Hepatol 2017;3:183-91
Ptryssyn P, Dig Dis 2020;38:280-5

Esophageal cancer		
Risk factor	Squamous cell carcinoma	Adenocarcinoma
Geography	Asia and Southeast African	North America, Western Europe
Sex	Male > Female	Male > Female
Race	Black > Caucasian	Caucasian > Black
Socioeconomic status	Low, rural	High, industrialized, urban
Obesity	↓	↑↑
Alcohol	↑↑↑	–
Tobacco	↑↑↑	↑ OR 2
GERD/Barrett's Esophagus	–	↑↑↑
Diet		
Low fruits/vegetables	↑	↑
Hot beverages/foods	↑	–

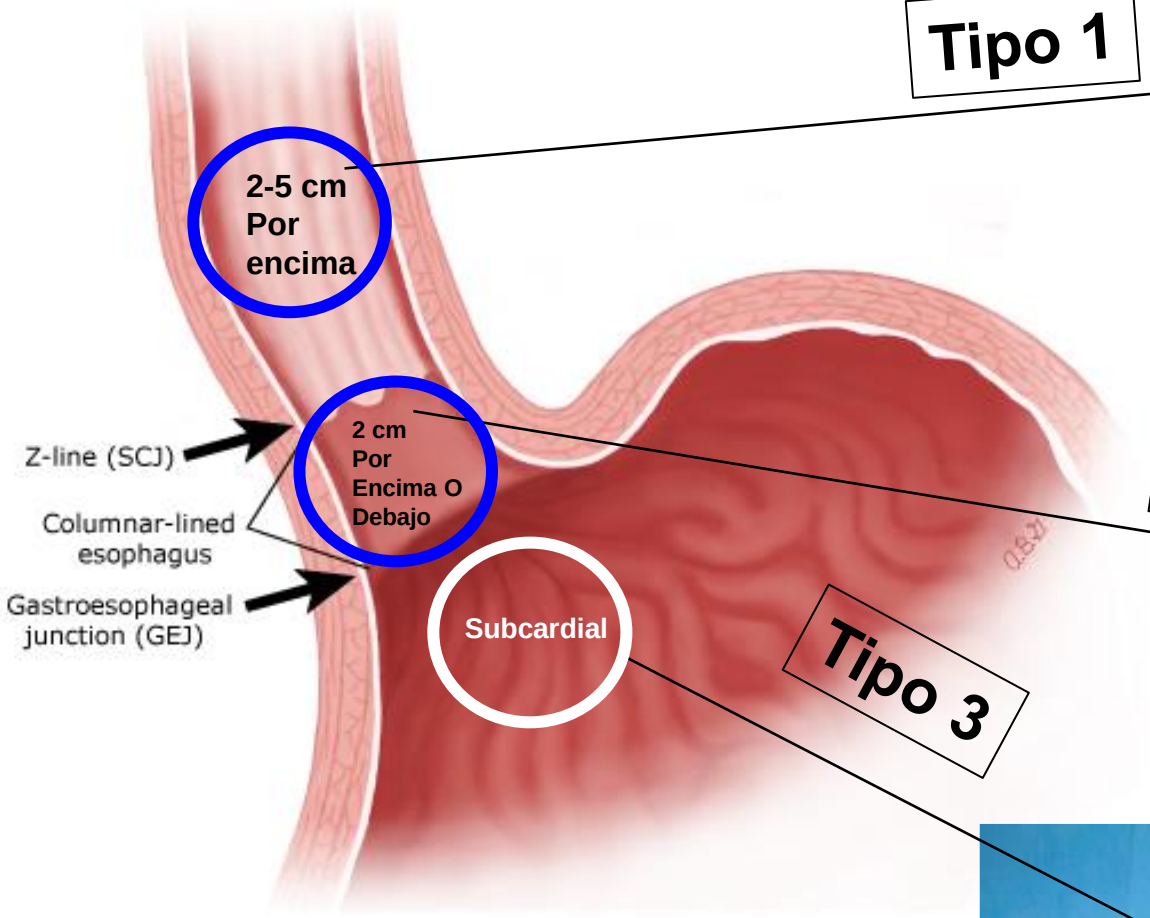
Uhlenhopp DJ, Clin J Gastroenterol 2020;13:1010-21

Table 1. Risk factors for EC

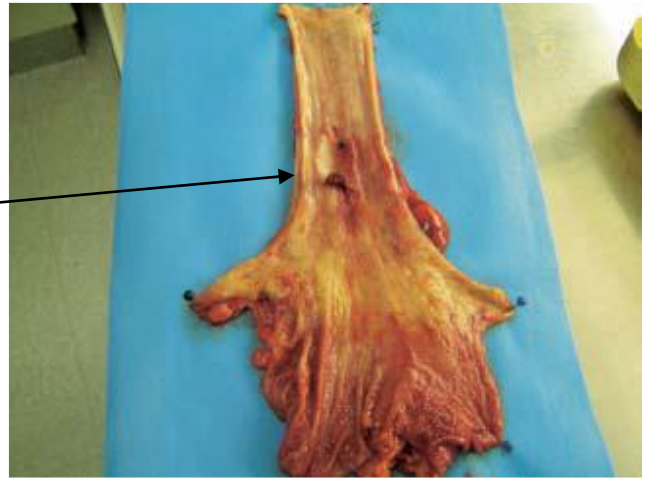
ESCC	Risk of ESCC	EAC	Risk of EAC
Smoking	High	BE[10]	High
Caustic ingestion[11]	High	GERD severe, symptomatic[10]	High
Tylosis (AD)[12–14]	High	Family history EAC[10,14]	Intermediate–high
Achalasia	High	Obesity[14,15]	Intermediate–high (not adjusted for GERD/BE)
Fanconi anemia (AR)[12–14,16,17]	High	Smoking	Low–intermediate
Smoking + alcohol[14]	High		
Plummer-Vinson syndrome	Intermediate–high	Smoking + alcohol former	Intermediate
Scleroderma[14]	Intermediate–high		
Alcohol[14]	Intermediate		

Di Siena M, South Med J 2021;114:161-8

Siewert 1987



Tipo 1



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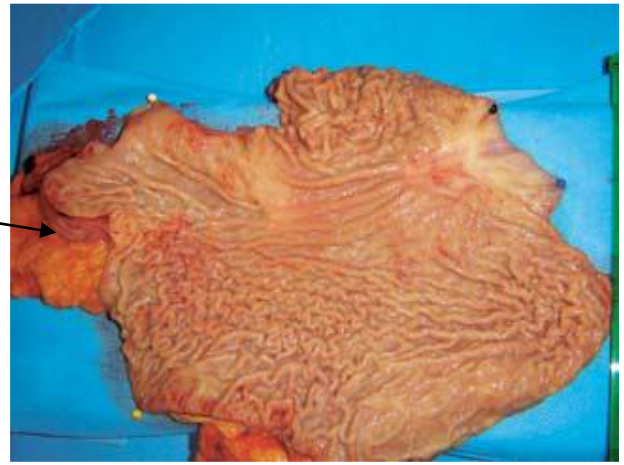
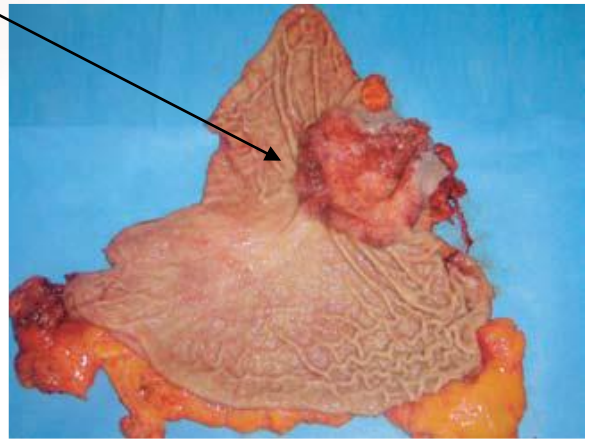


Tipo 3



Up To Date 2021

Pilco J, Rev Gastroenterol Perú 2006;26:194-9

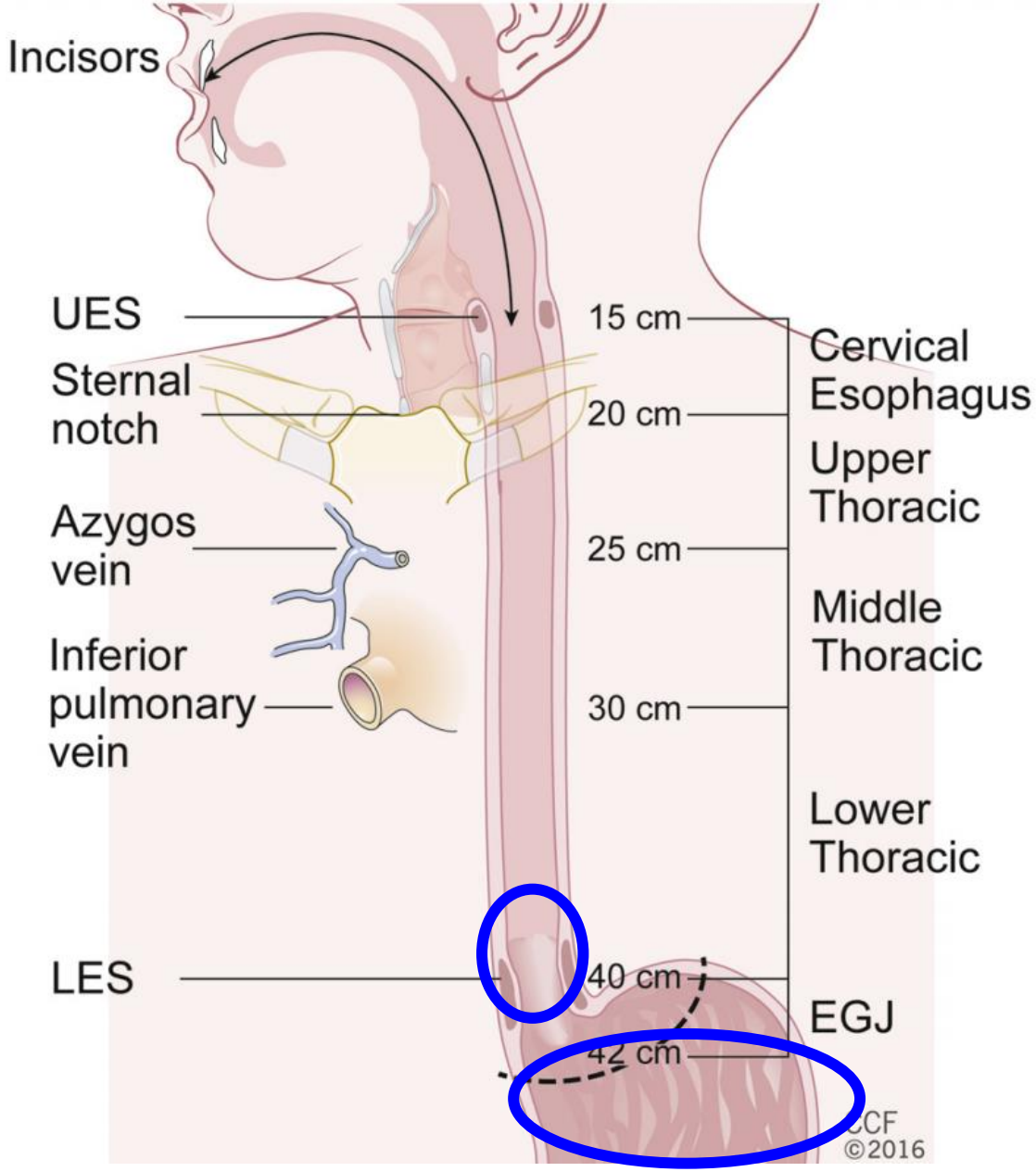
Cancer of the Esophagus and Esophagogastric Junction: An Eighth Edition Staging Primer

Thomas W. Rice, MD,[a,*] Hemant Ishwaran, PhD,[b] Mark K. Ferguson, MD,[c] Eugene H. Blackstone, MD,[a] Peter Goldstraw, MD[d]

[a]*Cleveland Clinic, Cleveland, Ohio*
[b]*University of Miami, Miami, Florida*
[c]*The University of Chicago, Chicago, Illinois*
[d]*National Heart and Lung Institute, Imperial College, London, United Kingdom*

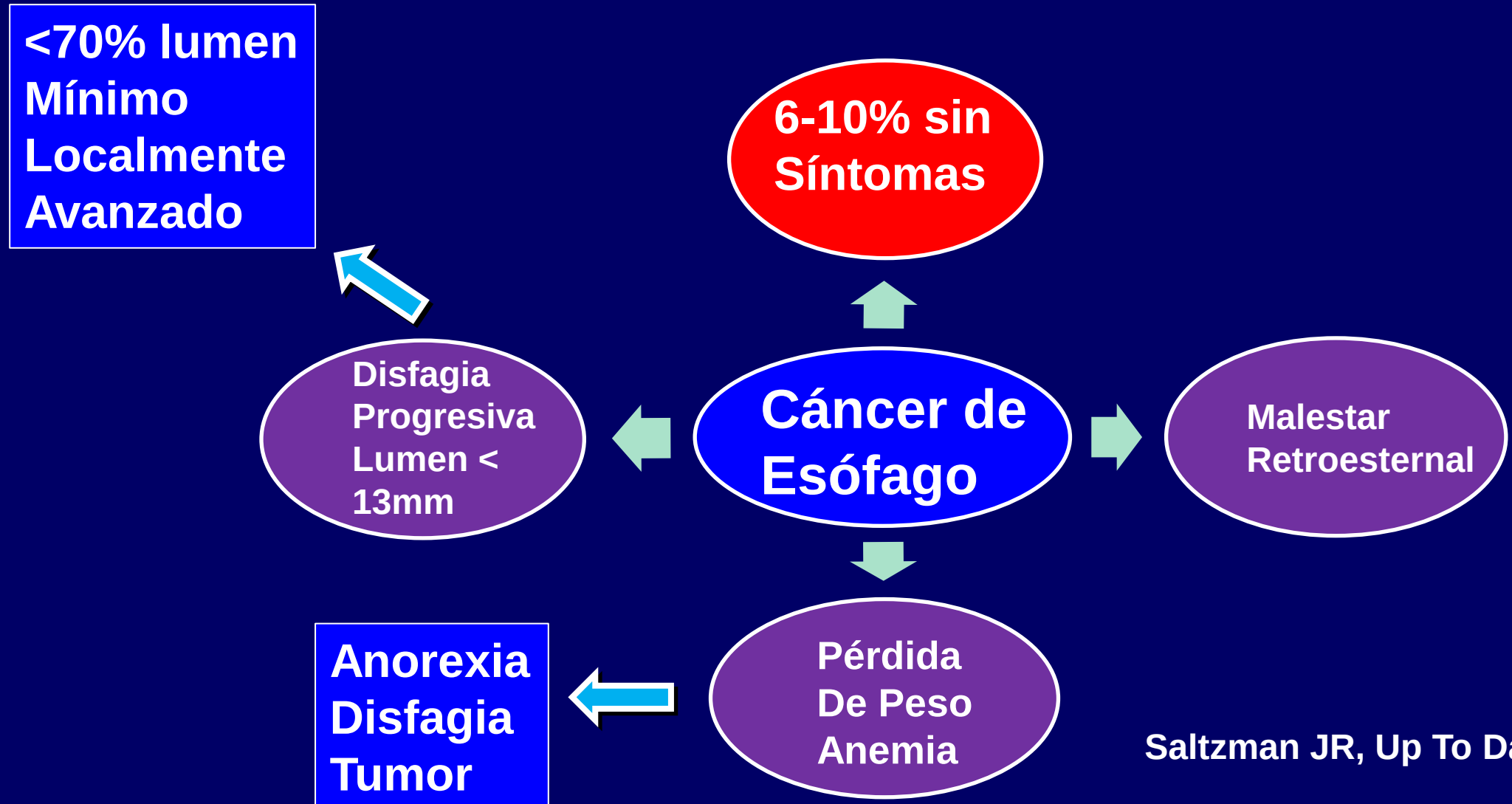
Esófago:
Epicentro 2 cm más proximales al estómago, Afectan unión esófago- gástrica

Estómago:
Epicentro 2-5 cm proximales del estómago, no cruzan unión esófago- gástrica



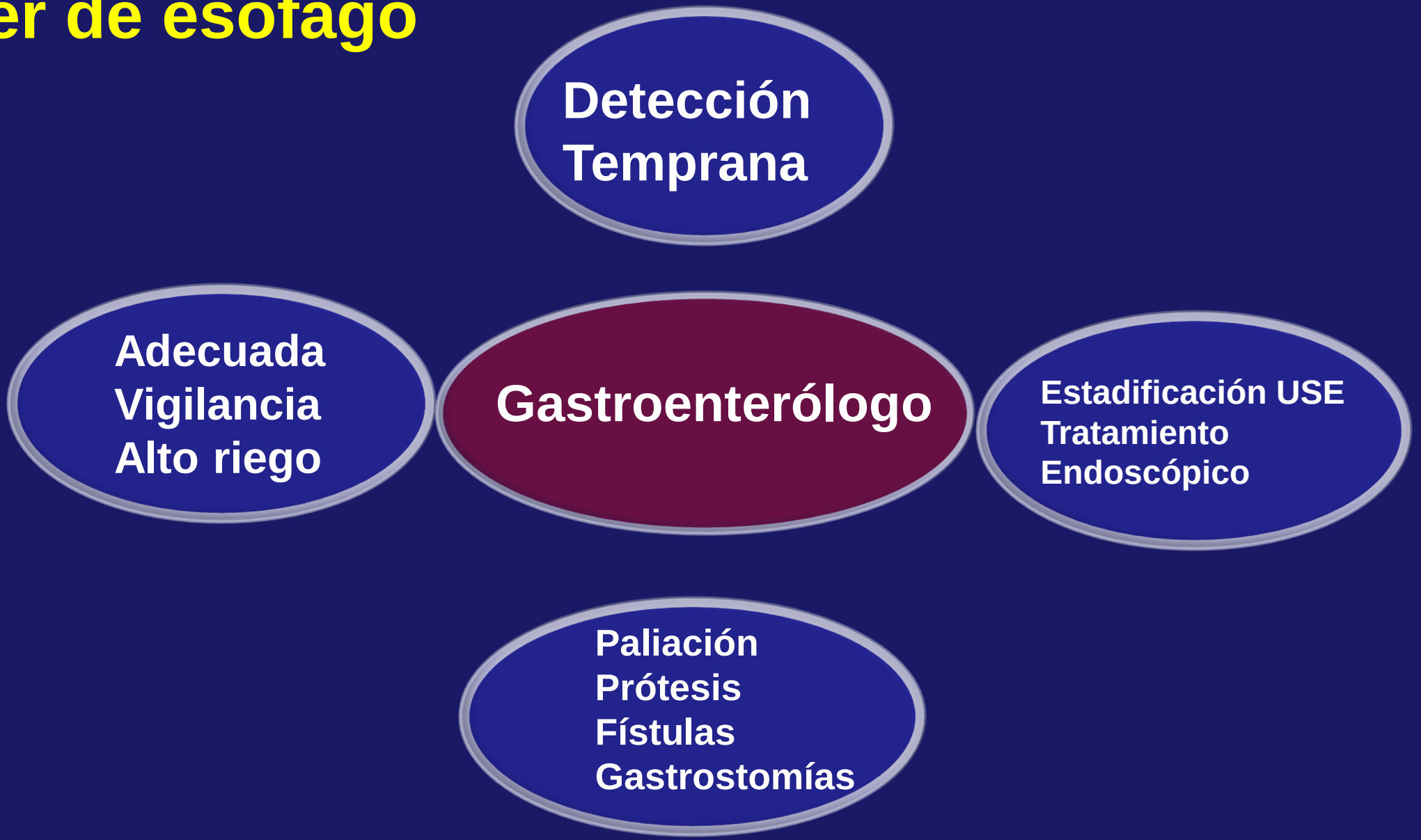
Rice TW, J Thor Oncol 2017;12:36-42

Manifestaciones clínicas



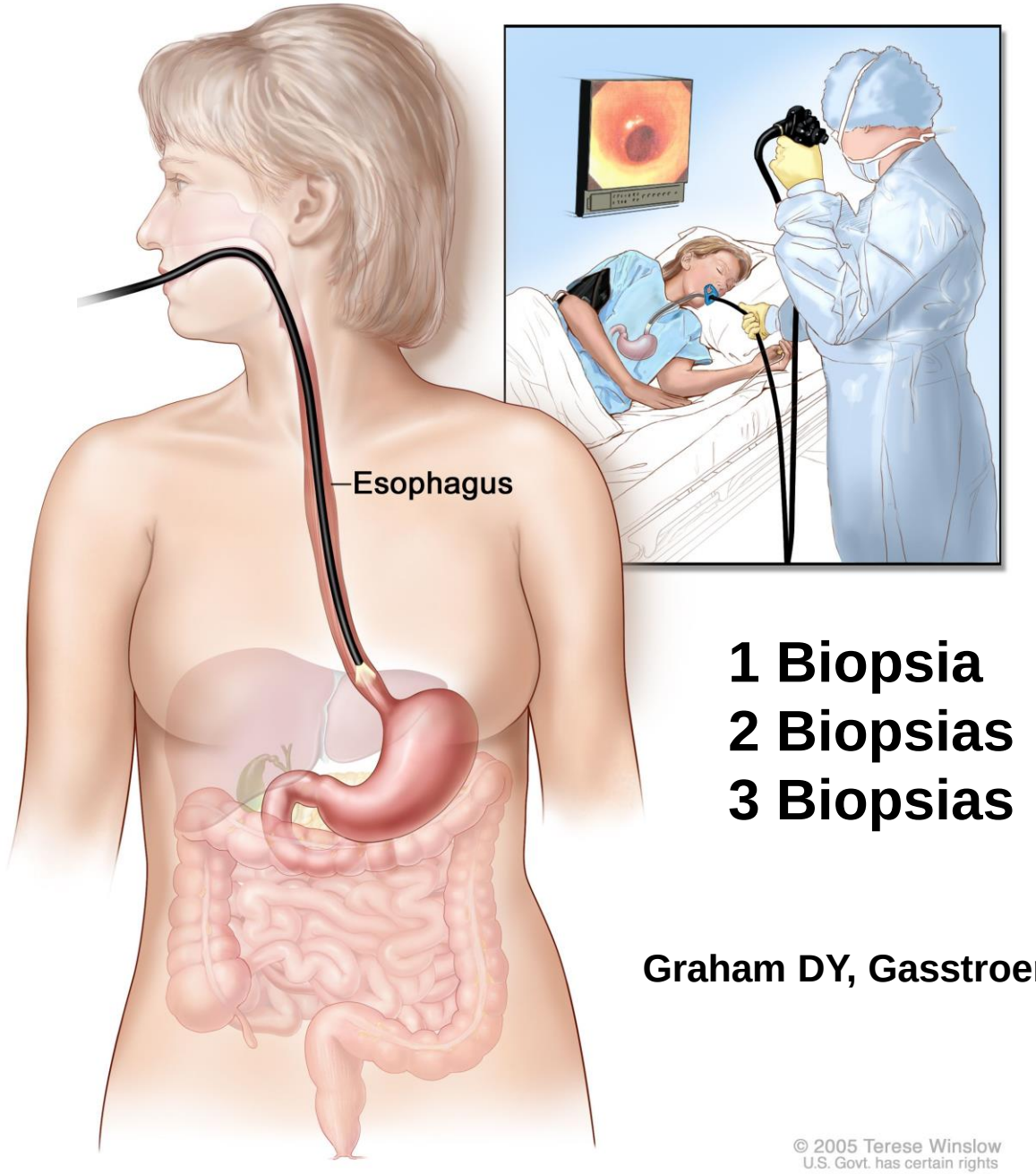
Saltzman JR, Up To Date 2021

Cáncer de esófago



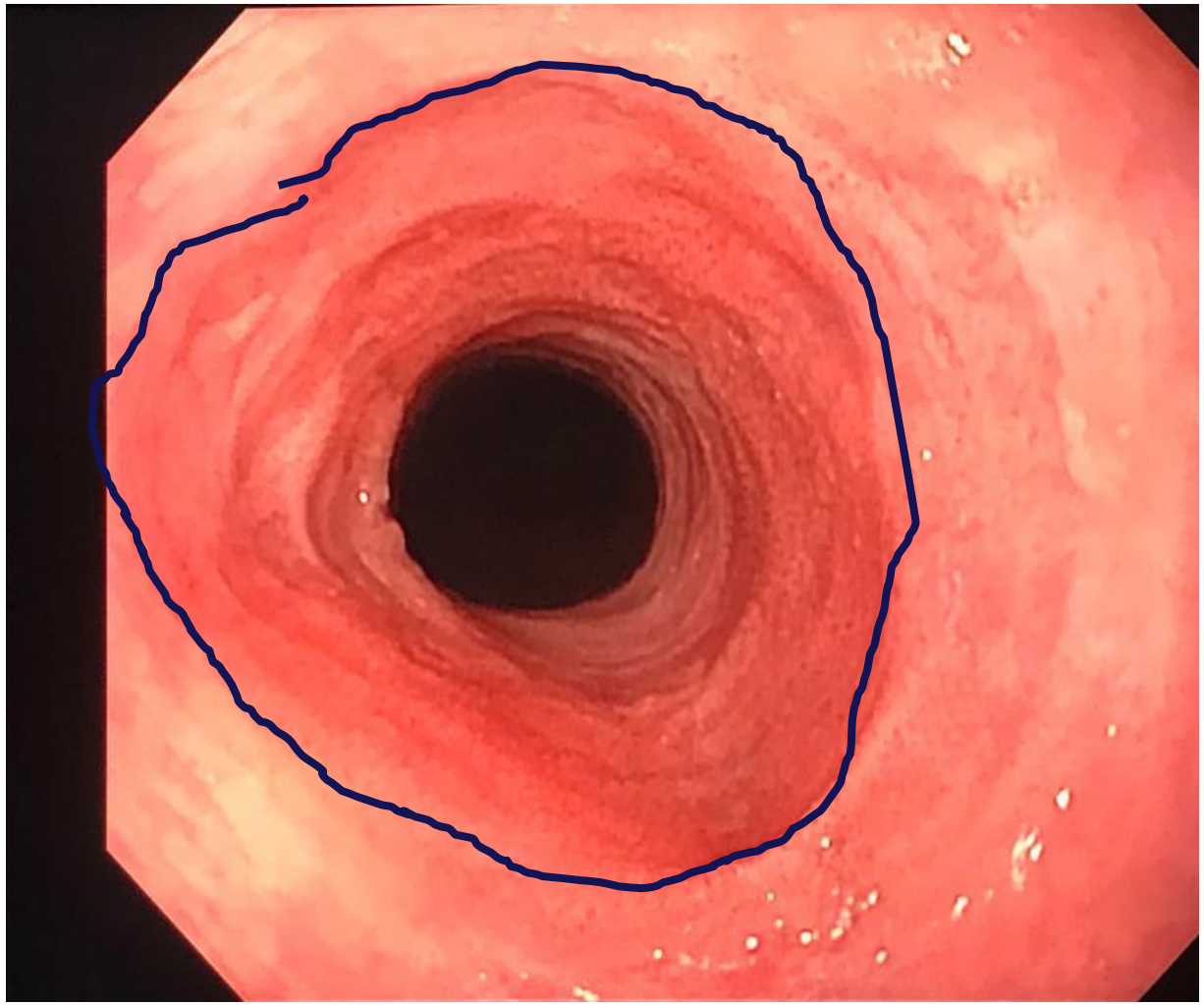
Díaz LI, Ann Transl Med 2020;8:1106

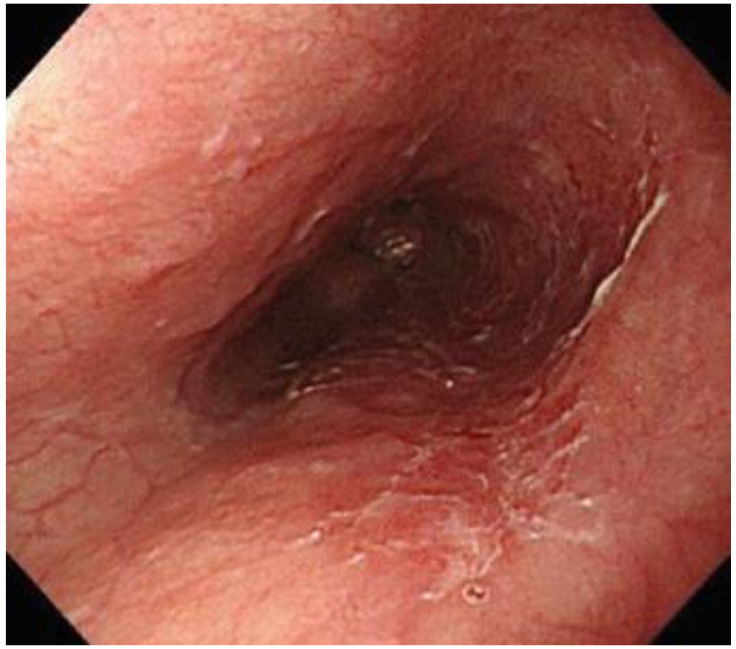
Endoscopia Digestiva alta

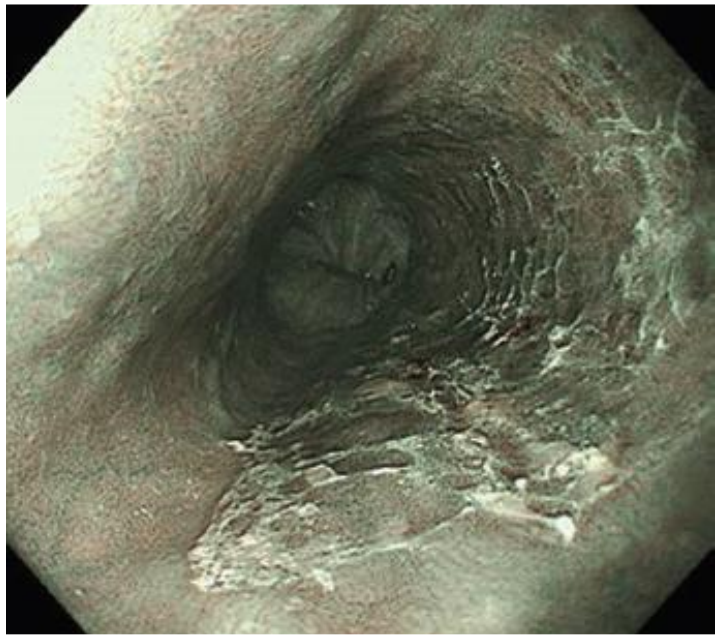


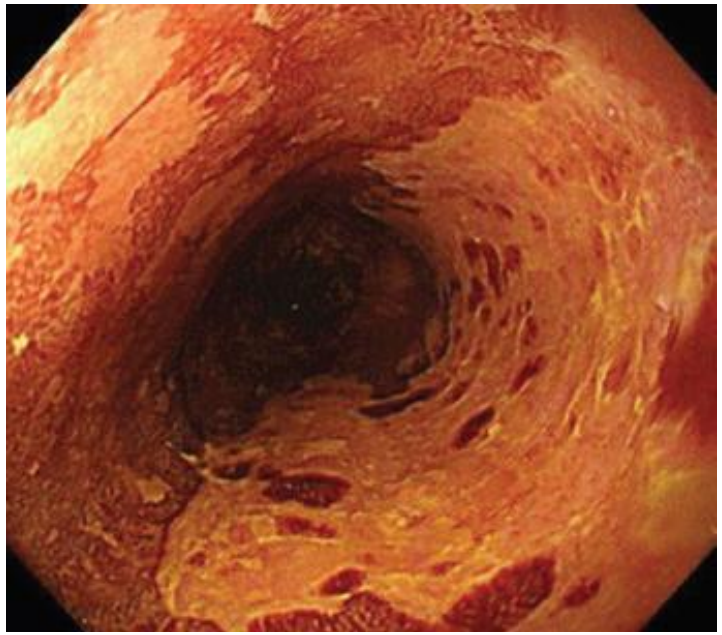
1 Biopsia 93%
2 Biopsias 95%
3 Biopsias 98%

Graham DY, Gasstroenter*ol*ogy 1982;82:228-34

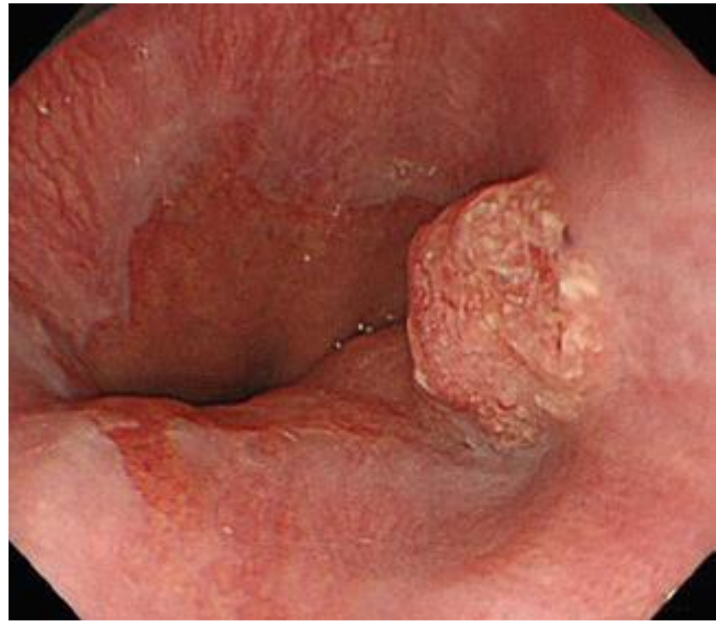


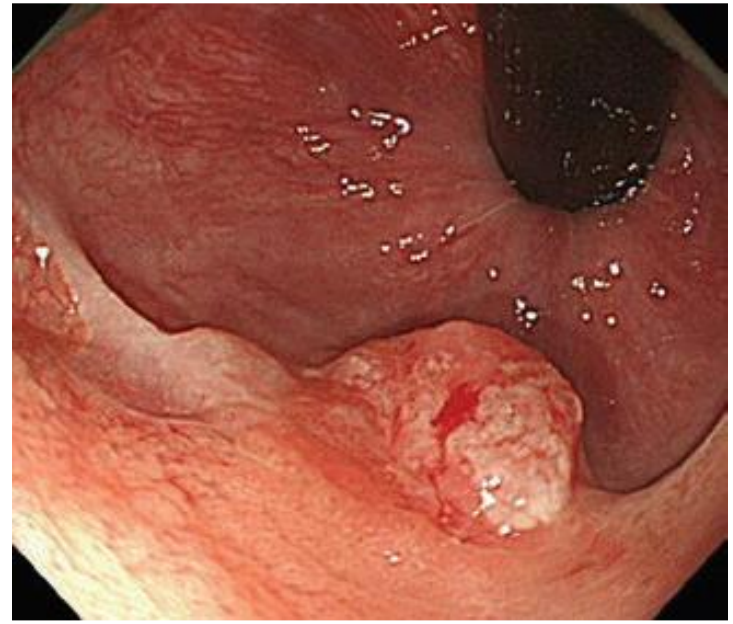


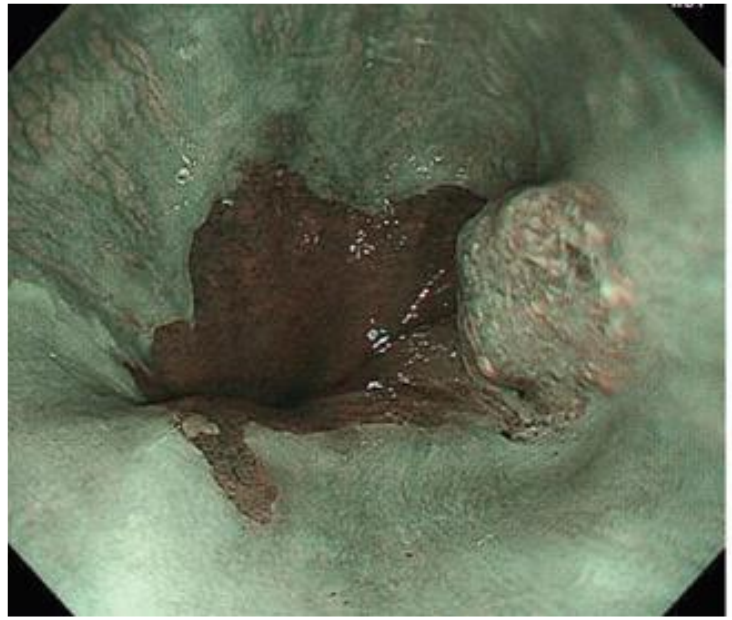


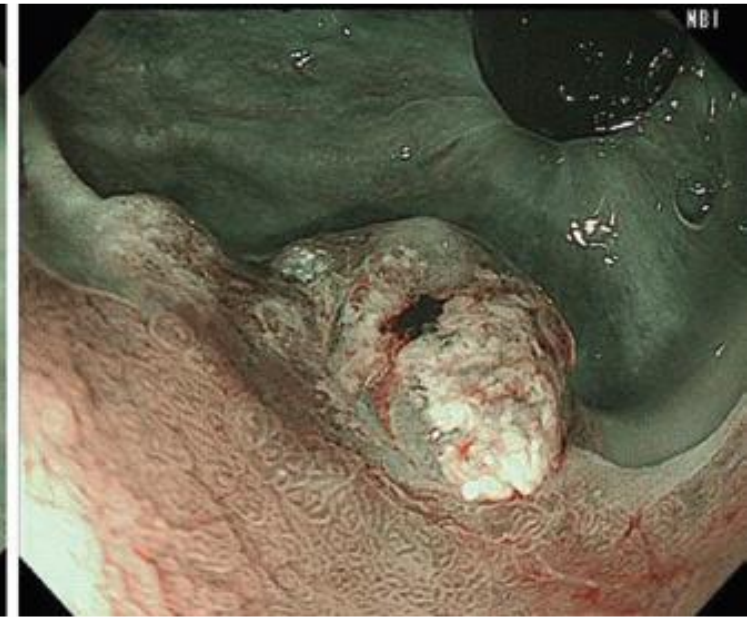


Fujisaki J(ed.), *Endoscopic Treatment Strategy for Upper GI Tract Neoplasms*, Springer Nature Singapore Pte Ltd. 2020

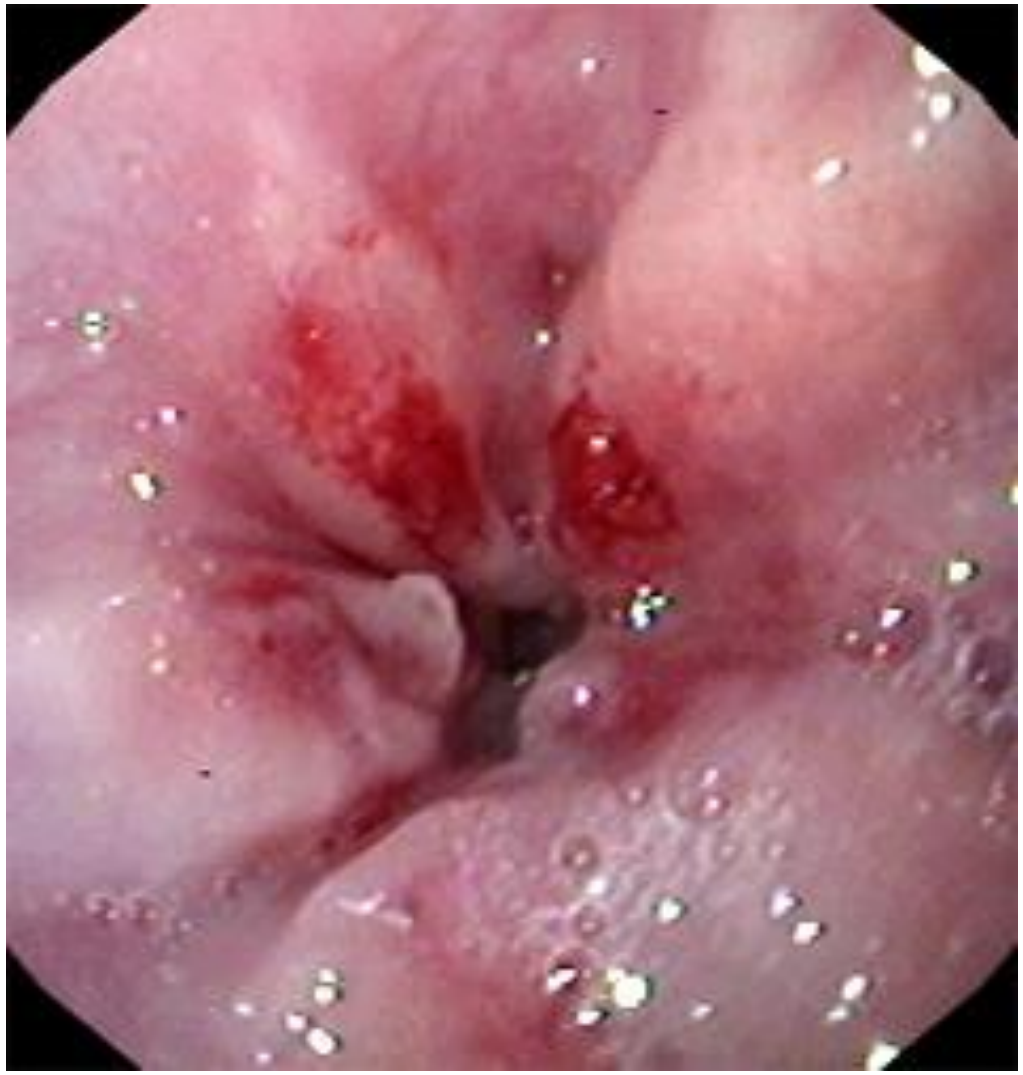




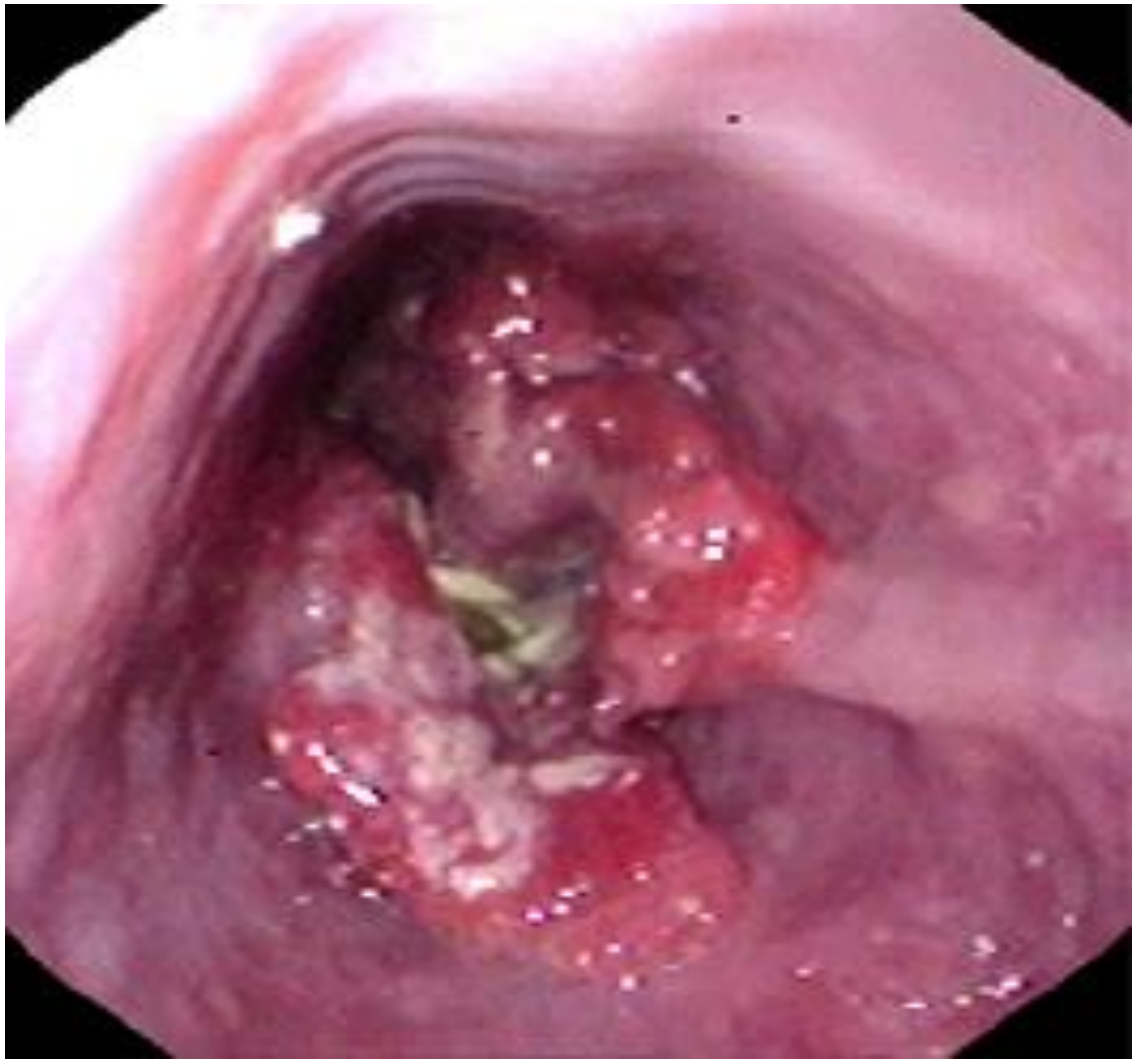


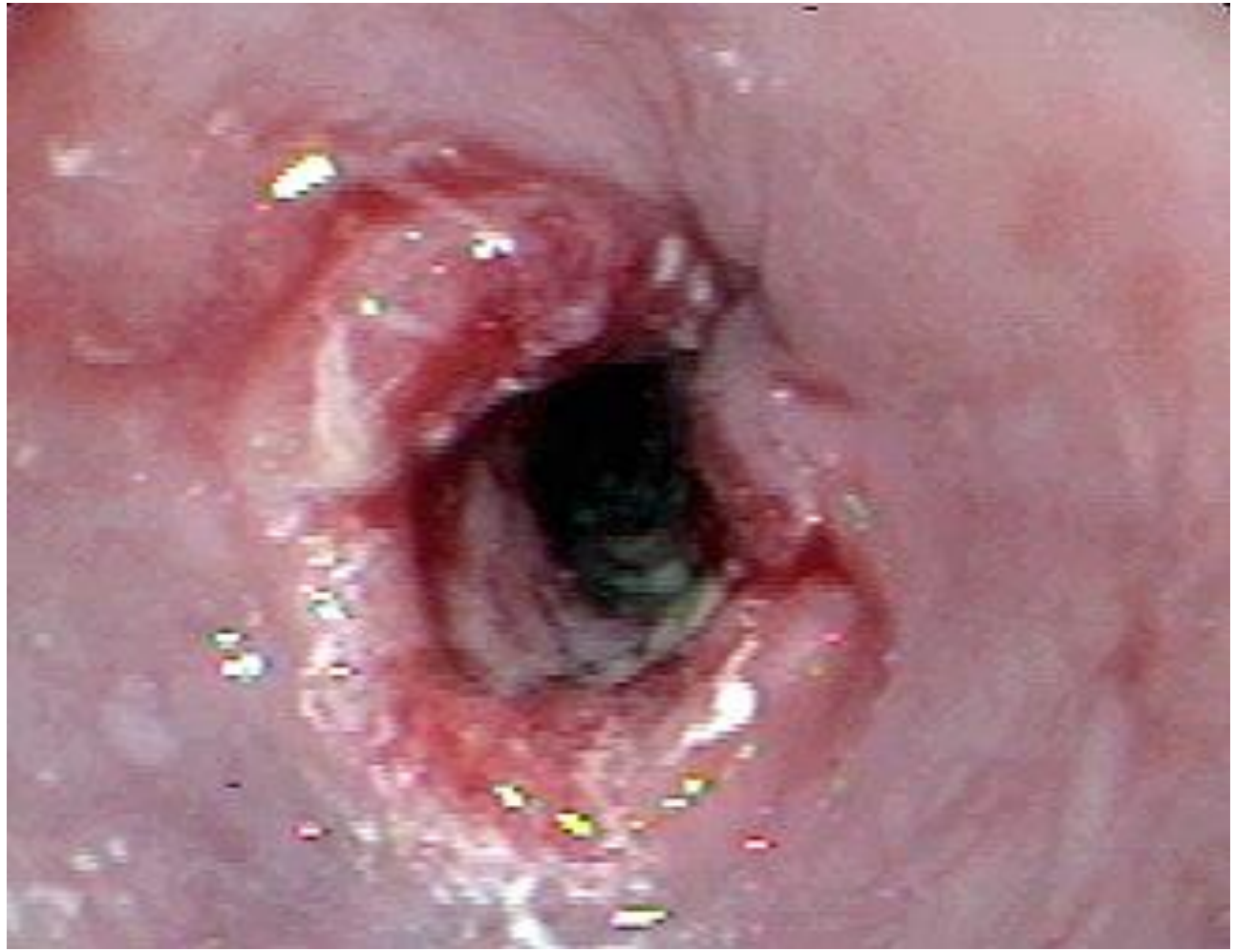

NBI

Estenosis



Masa ulcerada





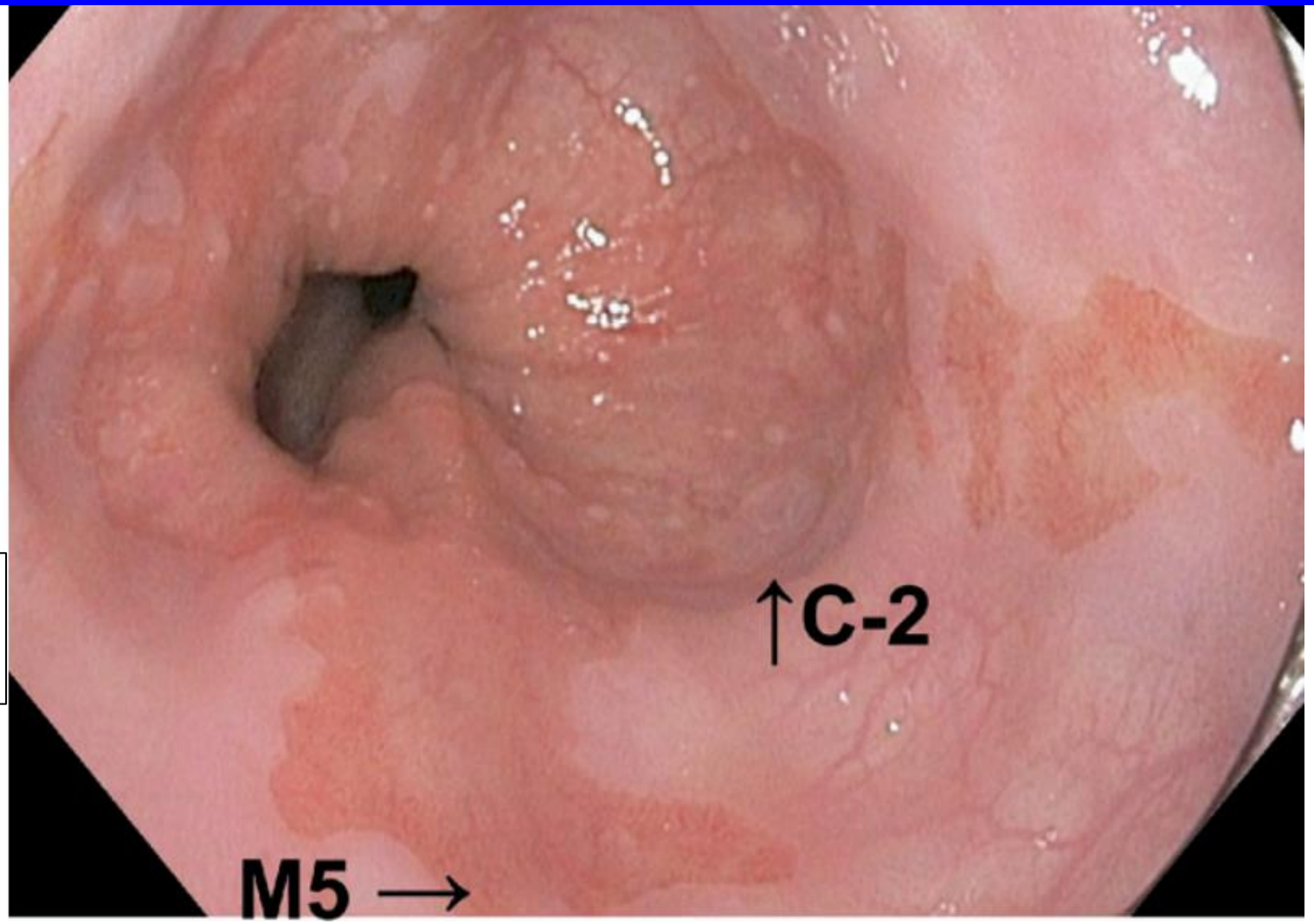
Esófago de Barrett

Mejor herramienta disponible para evaluar la longitud endoscópica del esófago Barrett

Bennett C, Gastroenterology 2012; 143: 336

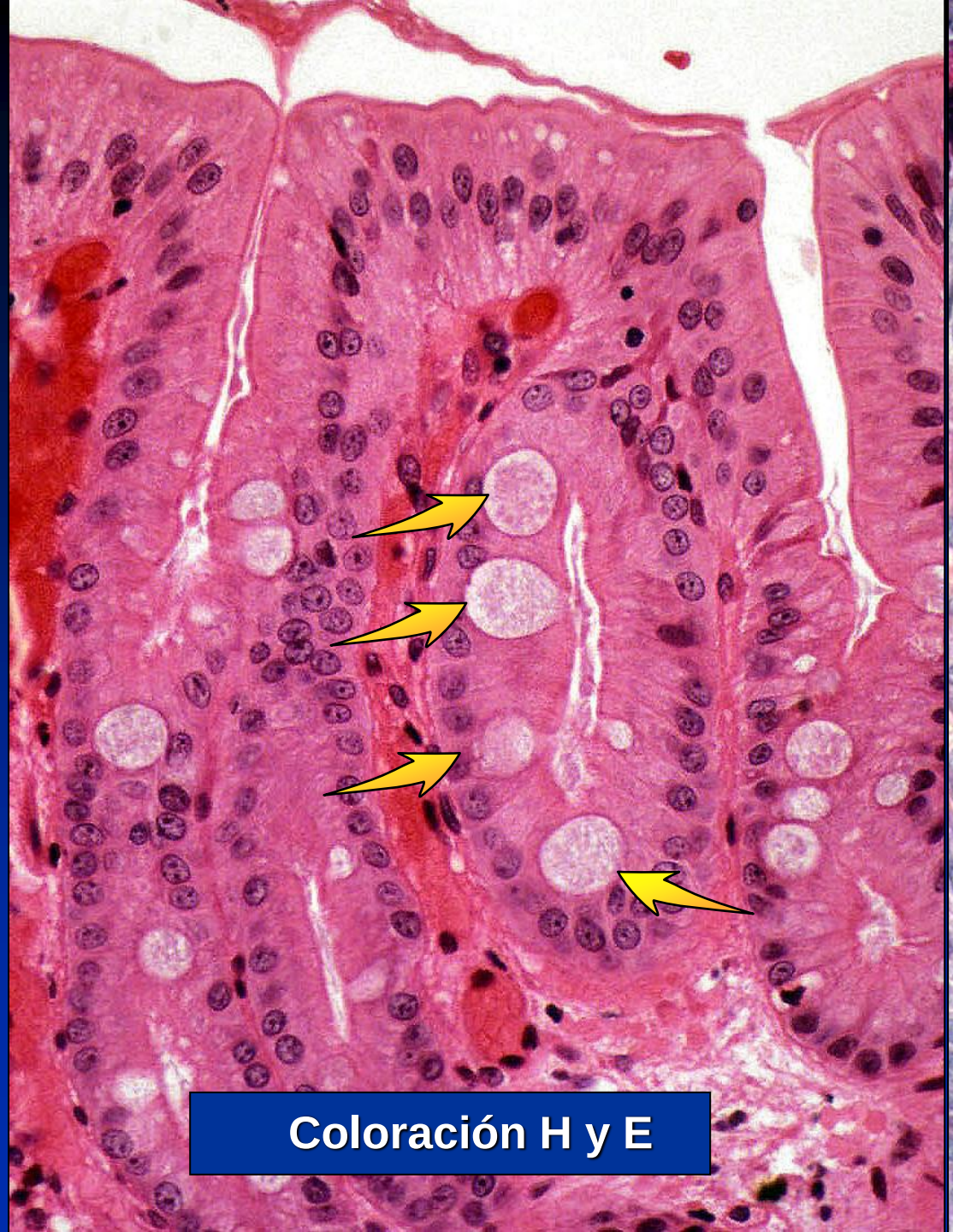
Clasificación De Praga

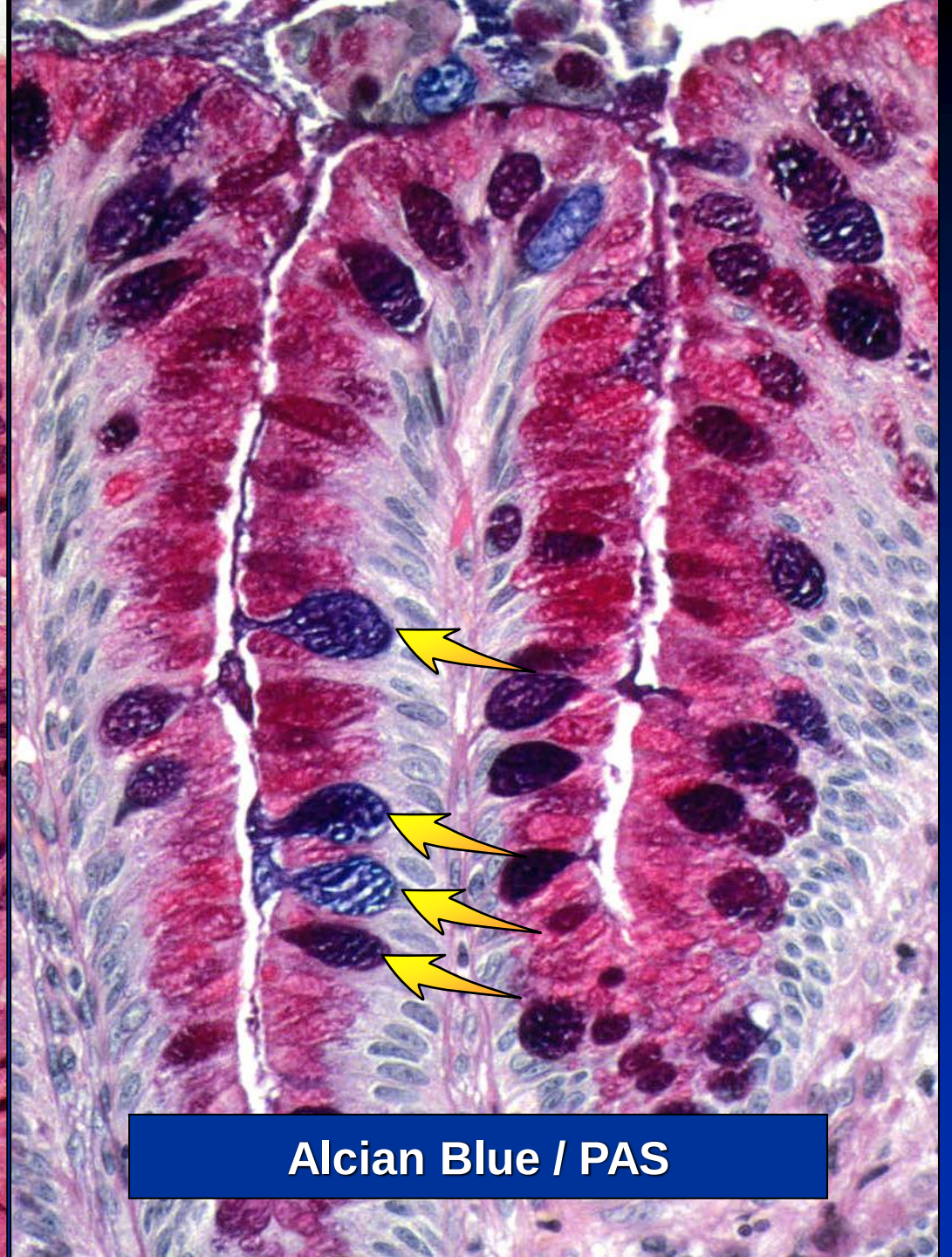
Todas las guías y Expertos



Durante Retirada

Sharma P, Gastroenterology 2006;131:1392-9


Coloración H y E


Alcian Blue / PAS

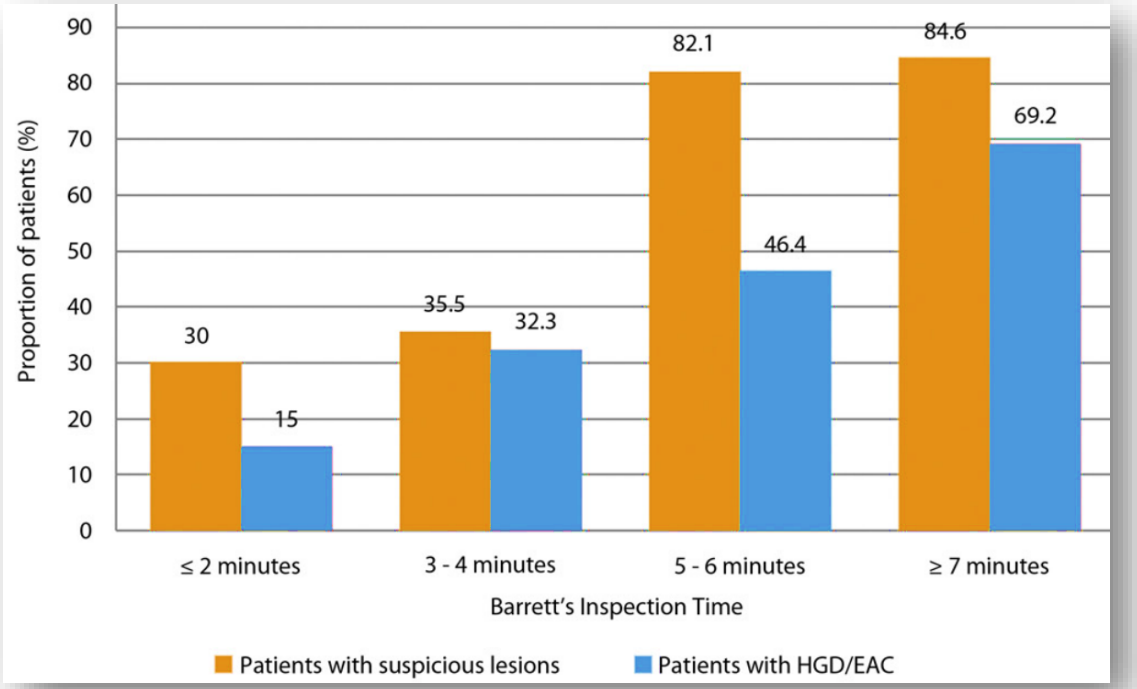
Longer inspection time is associated with increased detection of high-grade dysplasia and esophageal adenocarcinoma in Barrett's esophagus

CME

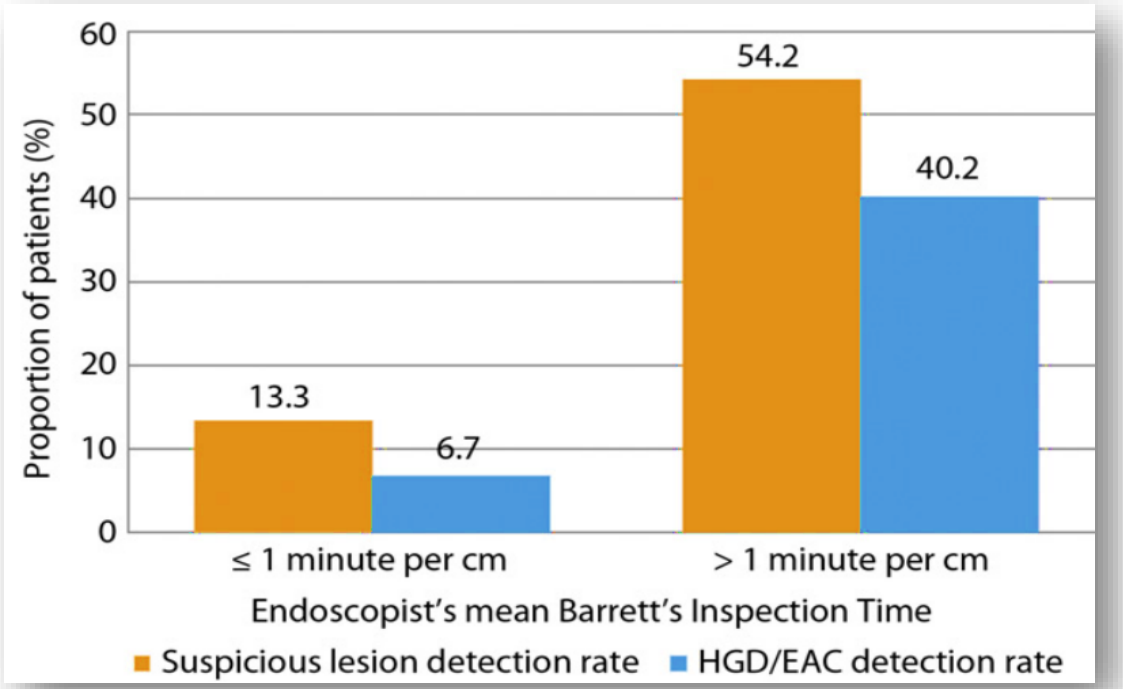
Neil Gupta, MD, MPH,[1,2] Srinivas Gaddam, MD, MPH,[1] Sachin B. Wani, MD,[1,2] Ajay Bansal, MD,[1,2] Amit Rastogi, MD,[1,2] Prateek Sharma, MD[1,2]

Gastrointest Endosc 2012;76:531-8.

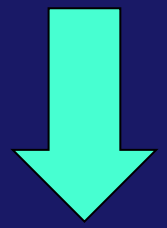
Más tiempo de observación del Barrett
Más lesiones sospechosas y más
Cáncer o displasia de alto grado



>1min por cada cm de Barrett
>Más lesiones sospechosas



Cáncer de esófago
Tratamiento



Varias modalidades

Cáncer de esófago: Tratamiento

Endoscopia: T1a/bN0

Cirugía: modalidad primara curativa

Laser

Electrocoagulación

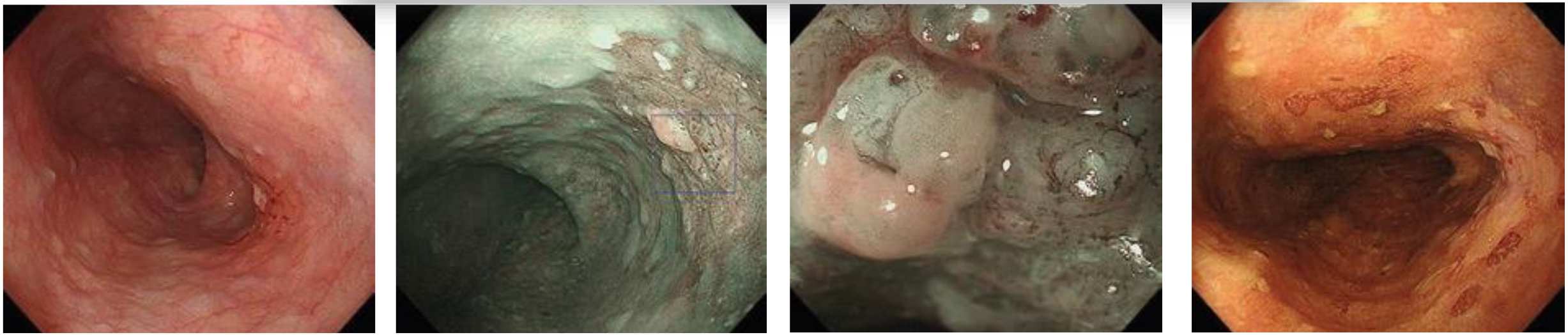
Quimioterapia

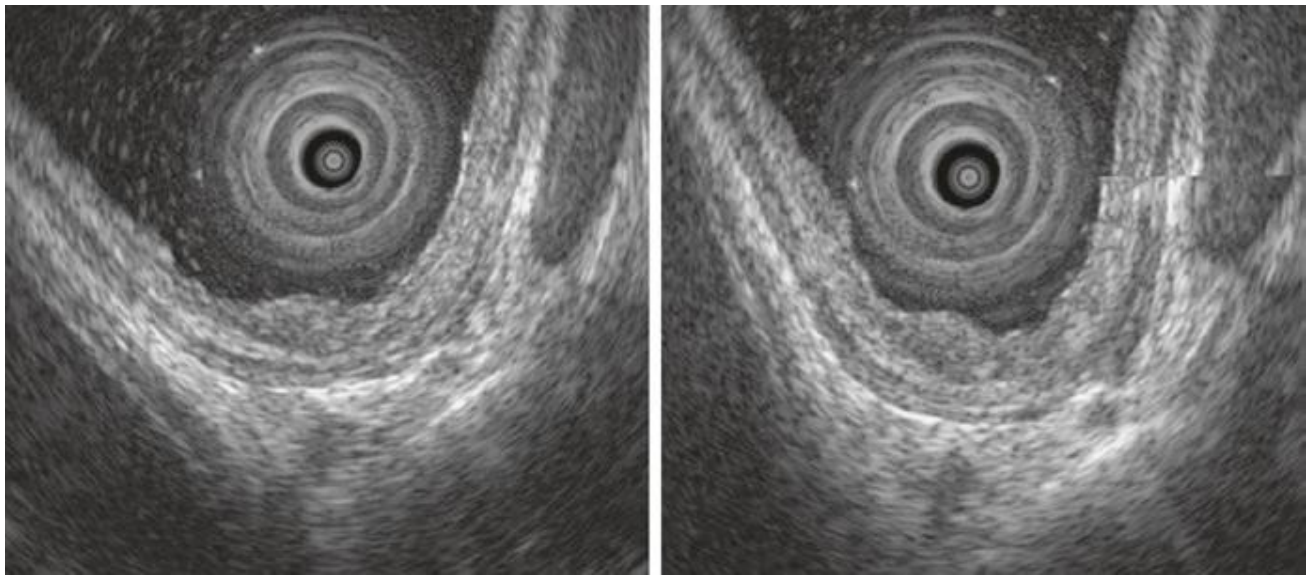
Radioterapia

Quimio-radioterapia

www.SEER.cancer.gov 2021
Saltzman JR, Up To Date 2021
Harada K, F1000 Res 2020;9:1189

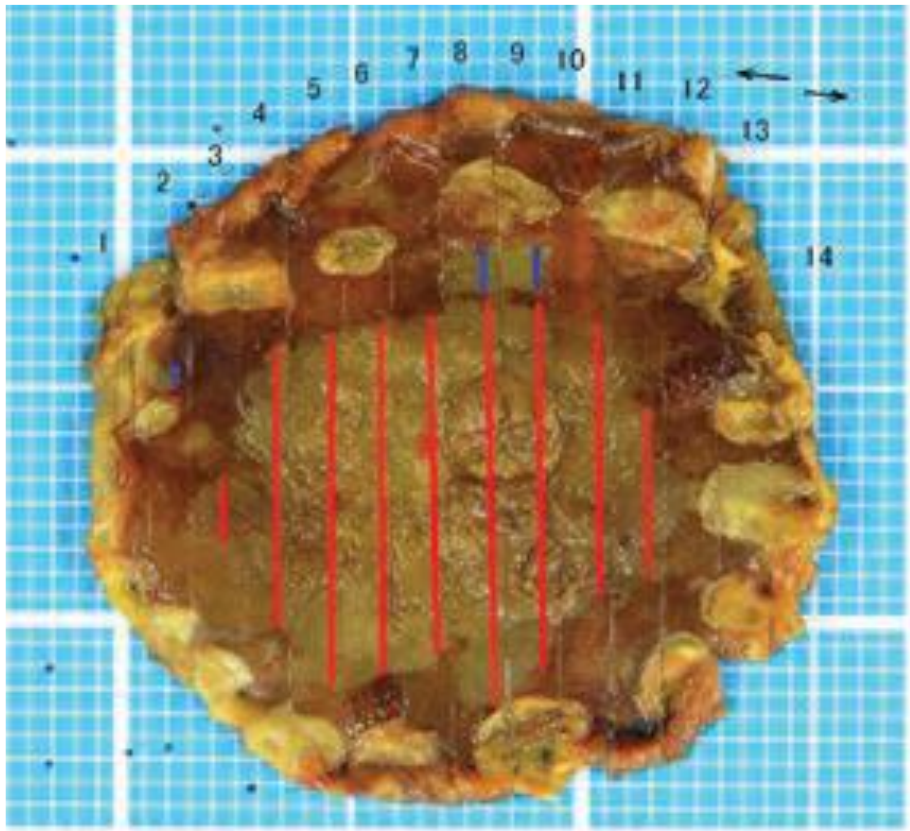
2.2 Endoscopic Resection with Additional Chemoradiotherapy for Esophageal Squamous Cell Carcinoma: ER + CRT Presentation (Figs. 2.6, 2.7, and 2.8)





Estadío 0
Endoscopia
Cirugia

Fujisaki J(ed.), *Endoscopic Treatment Strategy for Upper GI Tract Neoplasms*, Springer Nature Singapore Pte Ltd. 2020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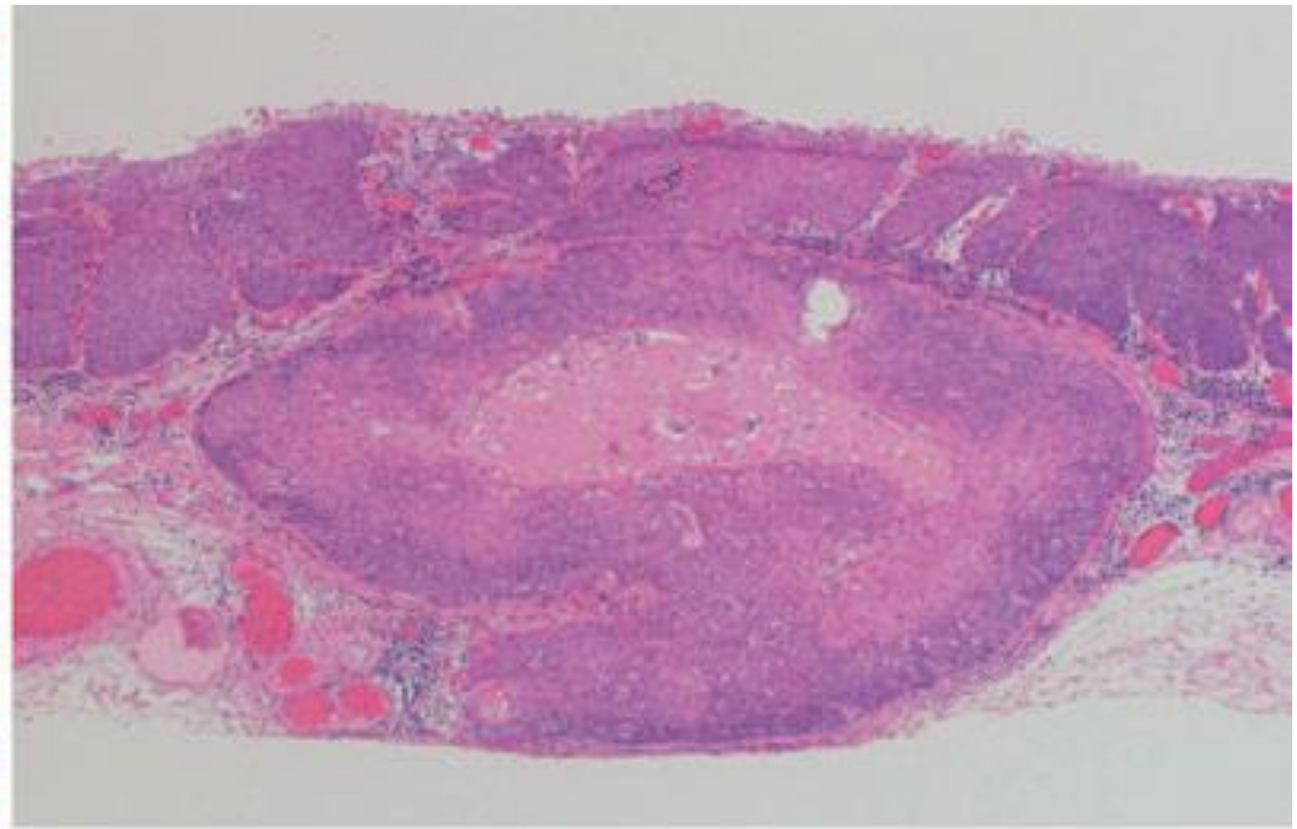
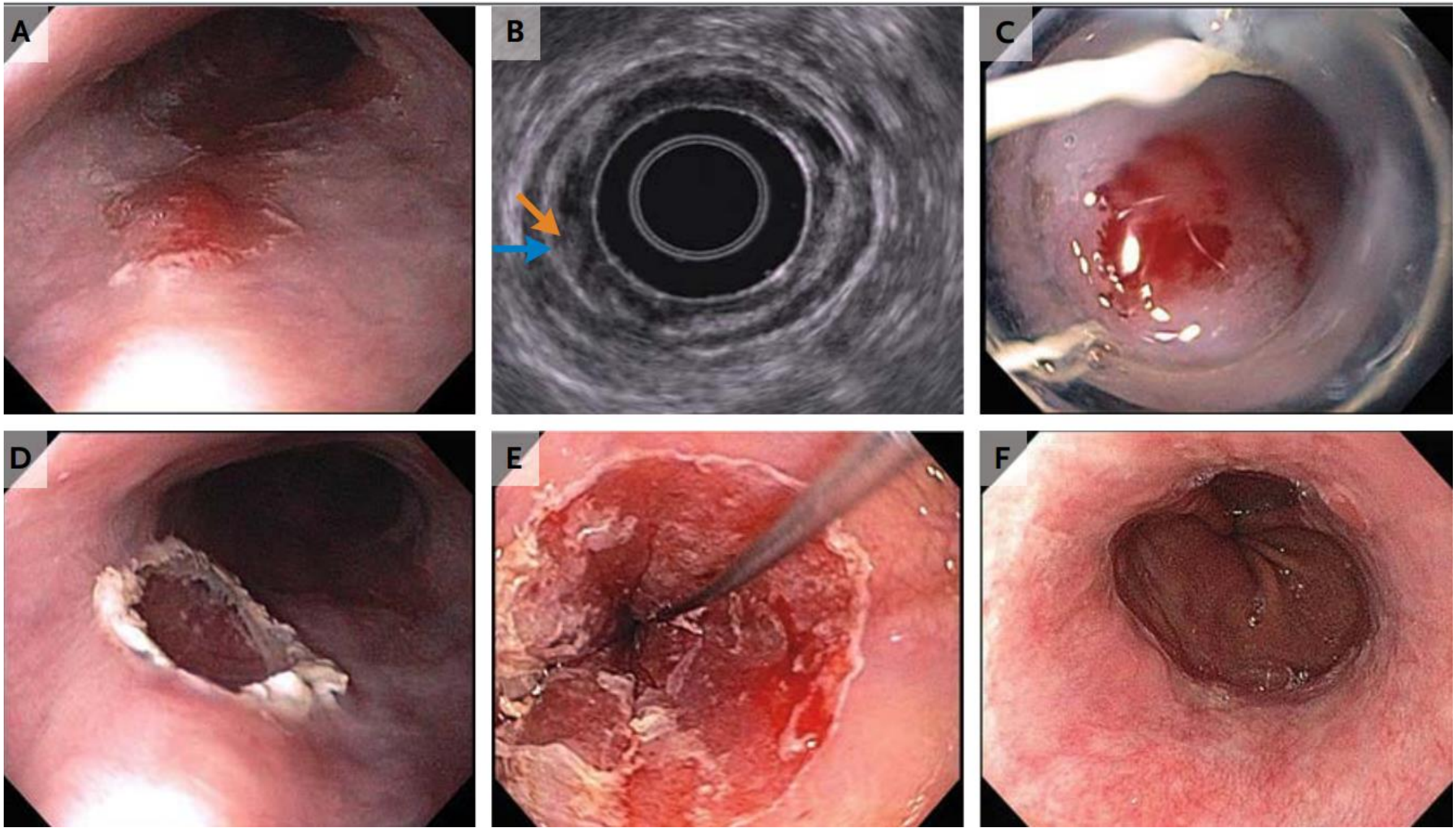
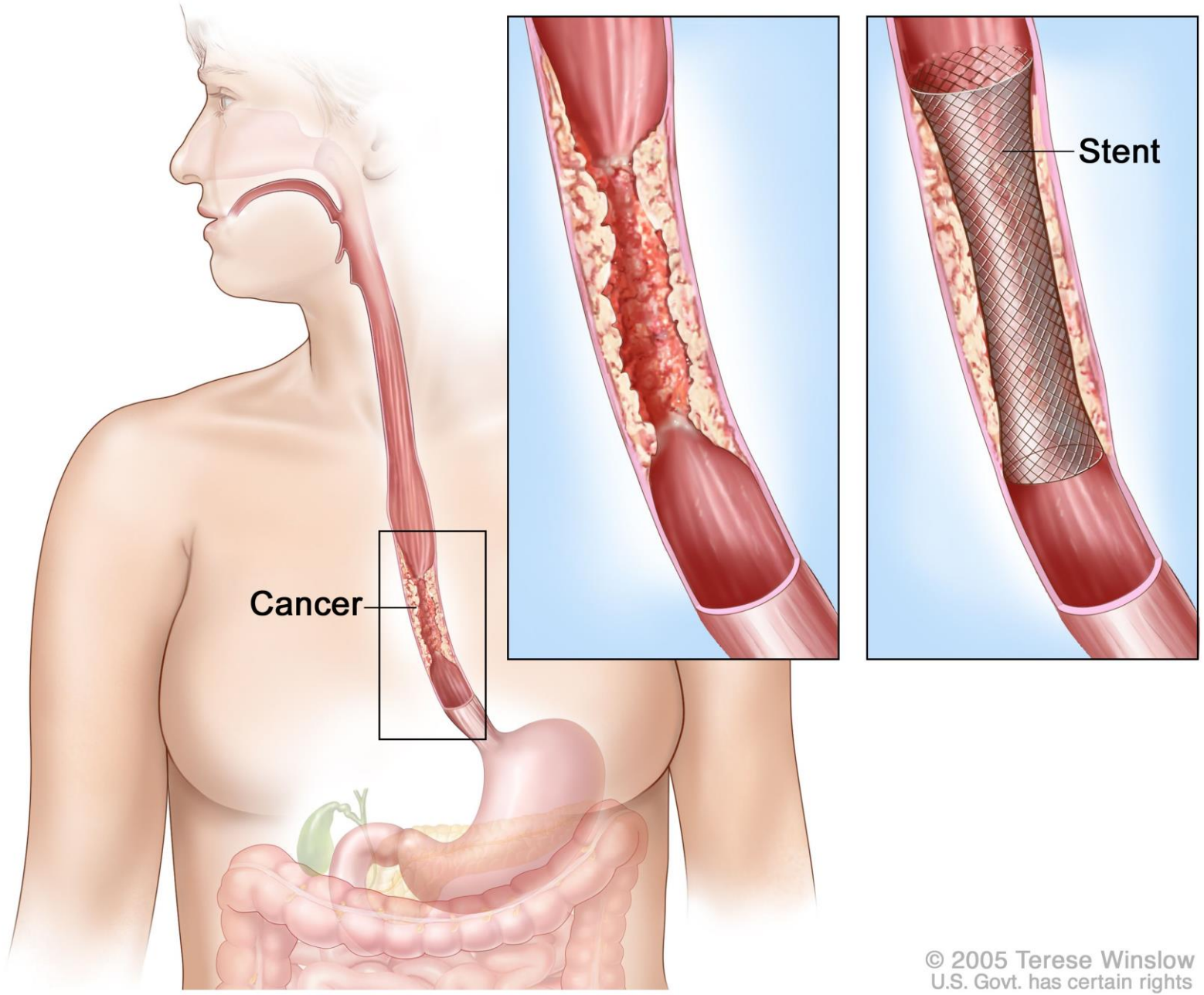


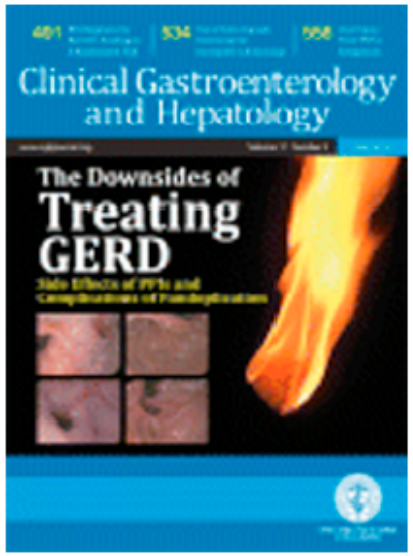


Rutsgi AK, N Engl J Med 2014;371:2499-509.

Esophageal Stent



Journal Pre-proof

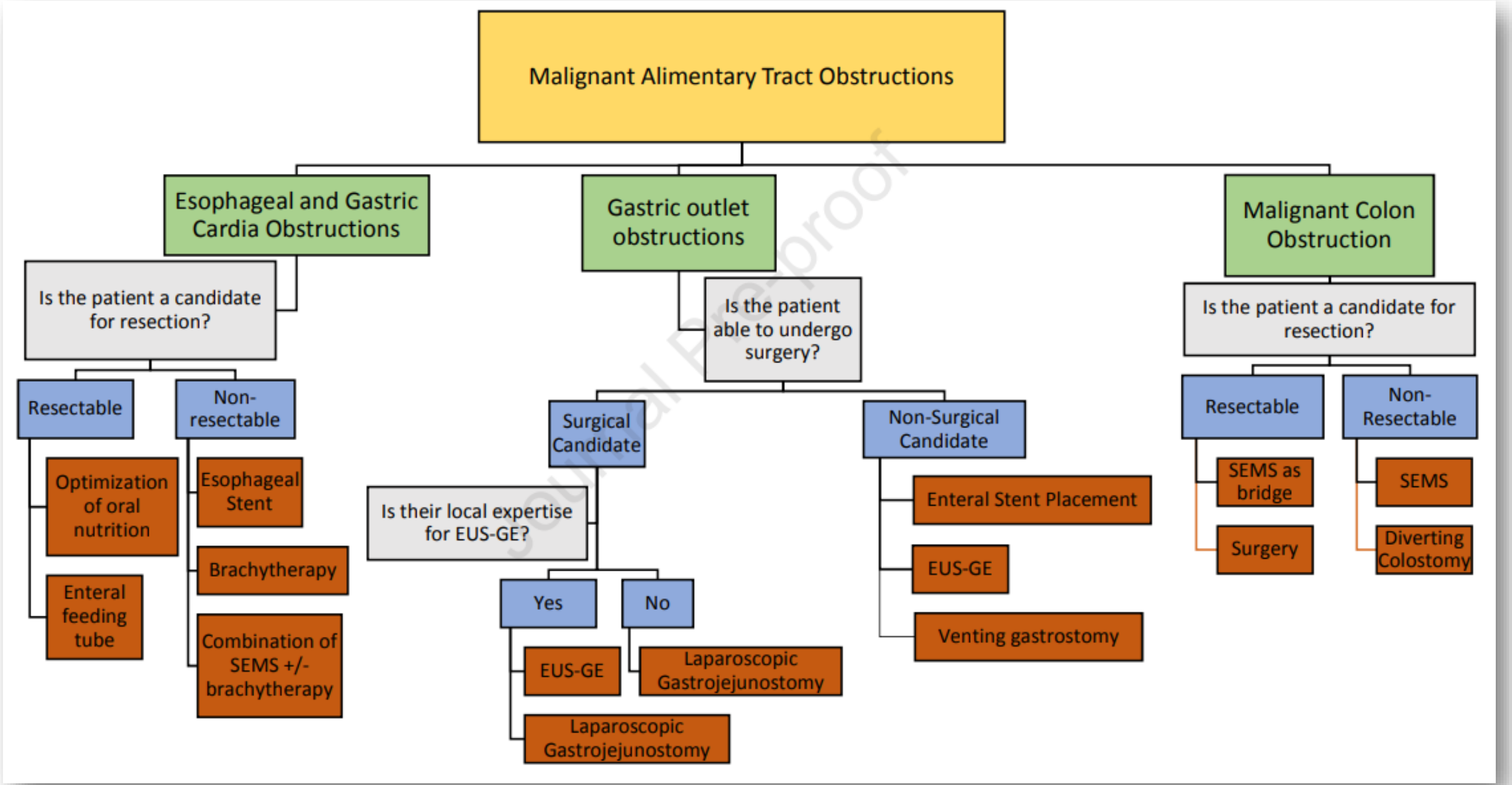


AGA Clinical Practice Update on The Optimal Management of the Malignant Alimentary Tract Obstruction: Expert Review

Osman Ahmed, MD, Jeffrey H. Lee, MD, MPH, Christopher C. Thompson, MD, Ashley Faulx, MD

PII: S1542-3565(21)00381-5
DOI: https://doi.org/10.1016/j.cgh.2021.03.046
Reference: YJCGH 57816

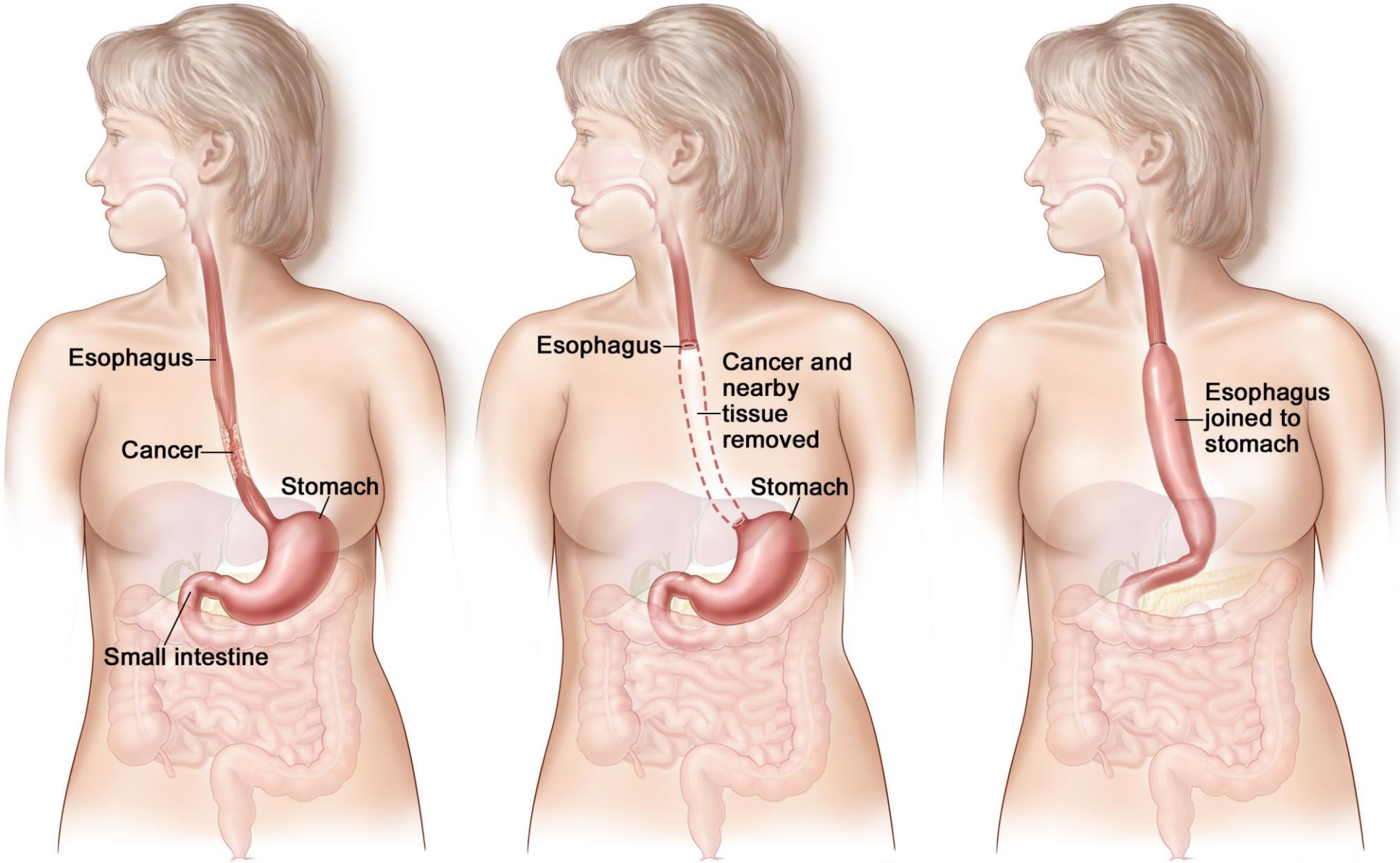
To appear in: *Clinical Gastroenterology and Hepatology*
Accepted Date: 30 March 2021



(SEMS: self-expanding metal stent)

Ahmed O, AGA. Clin Gastroenterol Hepatol Abril 10, 2021

Esofagectomia



Cáncer de esófago: Tratamiento

Endoscopia: T1a/bN0

Cirugía: modalidad primara curativa

Quimioterapia

Radioterapia

Quimio-radioterapia Neoadyuvante

www.SEER.cancer.gov 2021
Saltzman JR, Up To Date 2021
Harada K, F1000 Res 2020;9:1189

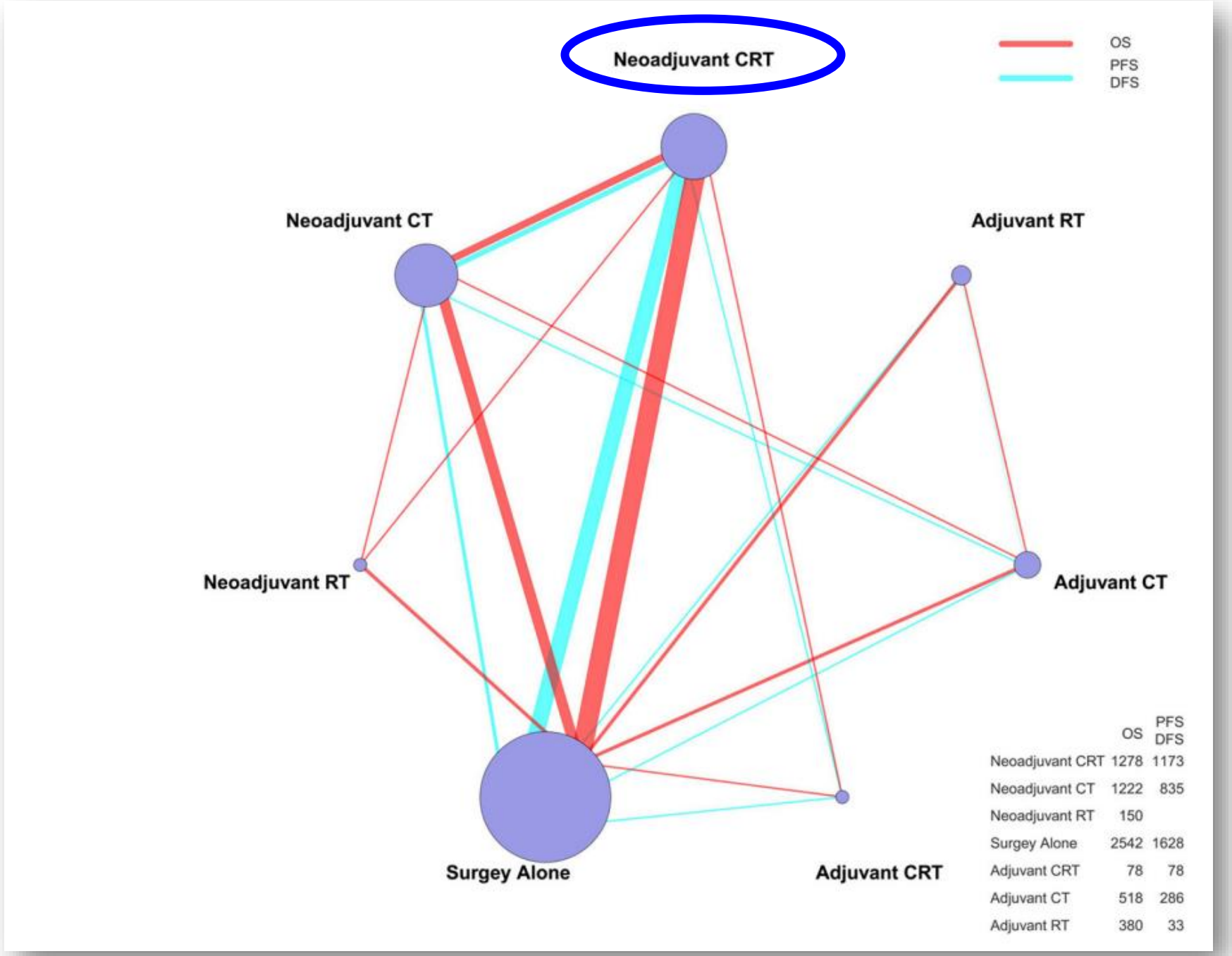
frontiers in Oncology

SYSTEMATIC REVIEW
published: 10 March 2021
doi: 10.3389/fonc.2021.628706

Check for updates

The Optimal Treatment for Resectable Esophageal Cancer: A Network Meta-Analysis of 6168 Patients

Meng Yuan[1†], *Yongxing Bao*[1†], *Zeliang Ma*[1†], *Yu Men*[2], *Yang Wang*[3] *and Zhouguang Hui*[1,2*]


Neoadjuvant CRT
OS
PFS
DFS
Neoadjuvant CT
Adjuvant RT
Neoadjuvant RT
Adjuvant CT
Surgey Alone
Adjuvant CRT
OS PFS DFS
Neoadjuvant CRT 1278 1173
Neoadjuvant CT 1222 835
Neoadjuvant RT 150
Surgey Alone 2542 1628
Adjuvant CRT 78 78
Adjuvant CT 518 286
Adjuvant RT 380 33

Sobrevida Global

Recurrencia Locoregional

A

Progression free survival/Disease free survival

Overall survival

NCRT-S	0.[illegible] (0.75, 1.07)	-	**0.71 (0.63, 0.80)**	0.96 (0.65, 1.40)	0.84 (0.63, 1.11)	0.82 (0.43, 1.54)
0.87 (0.75, 1.02)	NCT-S	-	**0.80 (0.68, 0.94)**	1.07 (0.71, 1.60)	0.93 (0.72, 1.22)	0.91 (0.47, 1.74)
0.88 (0.69, 1.16)	1.01 (0.79, 1.33)	NRT-S	-	-	-	-
0.76 (0.67, 0.85)	**0.87 (0.77, 0.98)**	0.86 (0.66, 1.08)	S	1.34 (0.92, 1.95)	1.17 (0.89, 1.54)	1.15 (0.61, 2.14)
1.04 (0.69, 1.54)	1.19 (0.79, 1.78)	1.18 (0.73, 1.84)	1.37 (0.92, 2.01)	S-ACRT	0.87 (0.55, 1.38)	0.86 (0.41, 1.77)
0.80 (0.63, 1.01)	0.92 (0.74, 1.15)	0.91 (0.65, 1.24)	1.06 (0.85, 1.31)	0.77 (0.49, 1.21)	S-ACT	0.98 (0.5, 1.94)
0.84 (0.64, 1.08)	0.96 (0.74, 1.24)	0.94 (0.66, 1.31)	1.10 (0.87, 1.39)	0.80 (0.51, 1.27)	1.04 (0.80, 1.36)	S-ART

B

Distant metastasis

Locoreginal recurrence

NCRT-S	**[illegible].63 (0.44, 0.97)**	0.73 (0.29, 1.81)	**0.67 (0.49, 0.93)**	0.84 (0.45, 1.65)	0.41 (0.18, 0.77)
0.68 (0.39, 1.22)	NCT-S	1.15 (0.45, 2.84)	1.06 (0.72, 1.48)	1.33 (0.64, 2.72)	0.65 (0.27, 1.23)
1.10 (0.29, 4.14)	1.61 (0.41, 6.02)	NRT-S	0.92 (0.39, 2.16)	1.16 (0.40, 3.51)	0.56 (0.17, 1.50)
0.48 (0.30, 0.77)	0.70 (0.41, 1.17)	0.44 (0.13, 1.50)	S	1.26 (0.66, 2.52)	0.62 (0.28, 1.06)
1.07 (0.34, 3.29)	1.55 (0.45, 5.20)	0.97 (0.18, 5.24)	2.22 (0.71, 7.00)	S-ACRT	0.49 (0.17, 1.09)
0.89 (0.30, 2.35)	1.30 (0.42, 3.48)	0.82 (0.16, 3.49)	1.86 (0.70, 4.40)	0.84 (0.18, 3.40)	S-ART

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EDITORIALS

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Adjuvant Nivolumab in Resected Esophageal or Gastroesophageal Junction Cancer

R.J. Kelly, J.A. Ajani, J. Kuzdzal, T. Zander, E. Van Cutsem, G. Piessen, G. Mendez, J. Feliciano, S. Motoyama, A. Lièvre, H. Uronis, E. Elimova, C. Grootscholten, K. Geboes, S. Zafar, S. Snow, A.H. Ko, K. Feeney, M. Schenker, P. Kocon, J. Zhang, L. Zhu, M. Lei, P. Singh, K. Kondo, J.M. Cleary, and M. Moehler, for the CheckMate 577 Investigators*

Adjuvant Nivolumab in Esop — A New Standard c

David H. Ilson, M.D., Ph

New Engl J Med 2021 Apr 1;384(13):1269-1271.

Muchas gracias!