Barrett’s Esophagus/T1 Esophageal Cancer:
Minimally Invasive Options

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The incidence of esophageal cancer (EC) has increased dramatically in the Western population in the last 2 decades. The reason for this dramatic increase is not entirely clear, but gastroesophageal reflux disease, obesity and Barrett’s esophagus have been identified as risk factors. The annual rate of malignant transformation in Barrett’s is approximately 0.5 percent. High Grade dysplasia in Barrett’s esophagus is premalignant condition which can progress to invasive adenocarcinoma. The treatment options for HGD ranges from surveillance endoscopy with biopsies, to mucosal ablation techniques such as photodynamic therapy, to esophagectomy. The incidence of adenocarcinoma in the esophagectomy specimen performed for BE with high grade dysplasia (HGD) is reported to be higher than 40%, surgical resection (esophagectomy) is the standard treatment. Photodynamic Therapy (PDT), Endoscopic mucosal resection (EMR) and Radiofrequency ablation (RFA) are newer emerging modalities of therapy for the treatment of high grade dysplasia and early cancer, and are particularly applicable in high risk patients.
T1 esophageal cancers comprise of both intramucosal and submucosal cancers (T1a and T1b). The rate of lymph node metastases in T1a cancers is 7% and 27% in T1b cancers. It is important to note that even with complete resection of the T1 (including intramucosal) tumors, by endoscopic methods, a subset of patients will fail endoscopic treatment. Minimally invasive esophagectomy is another less invasive option compared to open esophagectomy, which has the potential to achieve complete resection in these patients, and we offer this as a curative option in our patients.

In this talk, we will discuss
a) Minimally Invasive esophagectomy
b) Photodynamic therapy (PDT) for the treatment of High Grade Dysplasia and T1 cancer.
c) Endoscopic Mucosal resection (with PDT) for the treatment and diagnosis of early esophageal cancer
d) Radiofrequency ablation in Barretts esophagus

References


