

# Diagnostic and therapeutic implications of endoscopic resection in EUS-staged T2 esophageal adenocarcinoma

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON26531

### Source

Nationaal Trial Register

### Brief title

DECREASE

### Health condition

Esophageal Adenocarcinoma (EAC), Esophagectomy, Slokdarmkanker, Endoscopic Ultrasound

## Sponsors and support

**Primary sponsor:** Erasmus Medical Center Rotterdam

**Source(s) of monetary or material Support:** Erasmus Medical Center Rotterdam

## Intervention

## Outcome measures

### Primary outcome

To prospectively evaluate the value of an endoscopic reassessment of patients with an initial diagnosis of a cT2 EAC by an experienced therapeutic endoscopist, followed by ER of the lesion if deemed possible. Expressed as the number of lesions that are downstaged to a T1

lesion after reassessment and endoscopic resection.

## **Secondary outcome**

To prospectively evaluate the number of lesions that are within currently accepted criteria for endoscopic resection

# **Study description**

## **Background summary**

The current study will prospectively evaluate the value of an endoscopic reassessment of patients with an initial diagnosis of a cT2 esophageal adenocarcinoma by an experienced therapeutic endoscopist, followed by endoscopic resection of the lesion if deemed possible. Expressed as the number of lesions that are downstaged to a T1 lesion after reassessment and endoscopic resection.

## **Study objective**

An endoscopic reassessment by an expert therapeutic endoscopist in patients with a cT2N0M0 esophageal adenocarcinoma, will result in a significant proportion of patients downstaged to a pT1 lesion, thereby avoiding unnecessary esophagectomy if a curative endoscopic resection can be achieved.

## **Study design**

Time frame: approximately 1 year

## **Intervention**

To study the resectability of an esophageal adenocarcinoma, patients will undergo an endoscopic re-assessment by high resolution endoscopy. This is a standard procedure; no new interventions will be used.

# **Contacts**

## **Public**

Gastroenterology and Hepatology department  
P.O. Box 2040

Steffi van de Ven

Rotterdam 3000 CA  
The Netherlands  
**Scientific**  
Gastroenterology and Hepatology department  
P.O. Box 2040

Steffi van de Ven

Rotterdam 3000 CA  
The Netherlands

## Eligibility criteria

### Inclusion criteria

Patients aged > 18 years, with a biopsy proven esophageal adenocarcinoma, staged as a cT2N0M0 lesion.

### Exclusion criteria

- Presence of metastasize disease
- Presence of (cytology proven) lymph node metastasis
- Presence of a stenosis, inhibiting the passage of a gastroscope
- Presence of esophageal varices (inhibiting endoscopic resection)
- Known or suspected esophageal perforation
- Anti-coagulant therapy (apart from aspirin or NSAID) that cannot be discontinued prior to ER, or uncorrectable hemostatic disorders.

## Study design

### Design

Study type: Observational non invasive

Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

## Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-05-2018
Enrollment:	40
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	18-07-2018
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL7181
NTR-old	NTR7371
Other	: MEC-2018-1061

## Study results