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JCT > Vol.4 No.1A, January 2013

OPEN ACCESS

Endoscopic Staging and Treatment of Early Gastric Cancer

PDF (Size: 147KB) PP. 92-98 DOI: 10.4236/jct.2013.41A013

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ABSTRACT

Gastric cancer is the most common cancer worldwide and it is often diagnosed in an advanced stage. In countries where screening endoscopy is performed widely, early detection is possible. In fact, early gastric cancer incidence is increasing during the last years worldwide and screening could be a major factor in such increase. In the past, the standard treatment of gastric cancer was surgical resection; however, the endoscopic treatment has increased due to advances in the instruments available and clinician experience. In fact, endoscopic resection has become one of the greatest advances in EGC treatment. It is the standard treatment in most of the cases because early gastric cancer is associated with a low rate of lymph node metastasis and a high survival rate. Endoscopic Mucosal Resection and more recently Endoscopic Submucosal Dissection are the two main developed procedures. Endoscopic Submucosal Dissection achieves a higher rate of en-bloc resection, complete resection, curative resection and lower local recurrence compared with Endoscopic Mucosal Resection group. The disadvantages associated with Endoscopic Submucosal Dissection, such as higher perforation rates and longer procedure time, will probably improve as the endoscopists experience increases and new endoscopic tools are developed. The aim of this paper is to review the management of EGC with a special focus on endoscopic detection, staging, therapy, surveillance, and prevention.

KEYWORDS

Early Gastric Cancer; Endoscopic Mucosa Resection; Endoscopic Submucosal Dissection; Endoscopic

Cite this paper

A. Ferrández, S. Mostacero and A. Lanas, "Endoscopic Staging and Treatment of Early Gastric Cancer," *Journal of Cancer Therapy*, Vol. 4 No. 1A, 2013, pp. 92-98. doi: 10.4236/jct.2013.41A013.

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