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Abstract Discussion Forum **(0)**

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CONSENSUS ON DEFINITIONS AND CLASSIFICATIONS OF POST ENDOSCOPY UPPER GASTROINTESTINAL CANCERS (PEUGIC): WORLD ENDOSCOPY ORGANIZATION DELPHI STUDY

Society: ASGE
Track: Clinical Practice

Author(s) and Affiliation(s):
Nigel Trudgill[2], Prateek Sharma[3], Amar Srinivasa[2], Mario J. Dinis-Ribeiro[26], Fabian Emura[5], Cesare Hassan[7], Mitsuhiro Fujishiro[11], Asma A. Alkandari[4], Leo Alexandre[16], David Armstrong[10], Torsten Beyna[25], Pradeep Bhandari[21], Navtej S. Buttar[19], Shannon M. Chan[6], Alanna Ebigbo[22], Fernando Fluxa[12], Herbert Burgos[20], Rakesh Kalapala[24], Michal Kaminski[8], KhekYu Ho[13], Helmut Messmann[23], Maria Pellise[14], Matthew D. Rutter[17], Ala I. Sharara[15], Rajendra Shan[9], Asadur J. Tchekmedyian[18], Madhav Desai[1]
1. Department of Gastroenterology, Borland Groover Clinic,, Jacksonville, FL, United States. 2. Sandwell General Hospital, West Bromwich, England, United Kingdom. 3. Kansas City VA Medical Center, Kansas City, MO, United States. 4. Thanyan Alghanim Center for Gastroenterology and Hepatology, Alamiri Hospital,, Kuwait, Kuwait. 5. University of Miami Miller School of Medicine, Miami, FL, United States. 6. Prince of Wales Hospital, Hong Kong, Hong Kong. 7. Humanitas Clinical and Research Center, Rozzano, Italy. 8. Narodowy Instytut Onkologii im Marii Sklodowskiej-Curie - Panstwowy Instytut Badawczy Oddzial w Krakowie, Kraków, Lesser Poland Voivodeship, Poland. 9. Gastro-Intestinal Viral Oncology Group, Ingham Institute, Sydney, SA, Australia. 10. McMaster University Division of Gastroenterology, Hamilton, ON, Canada. 11. Department of Gastroenterology, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan. 12. Gastroenterología, Clínica Meds, Santiago, Chile. 13. National University of Singapore, Singapore, Singapore. 14. Department of Gastroenterology, Hospital Clínic de Barcelona, Institut d'Investigacions Biomèdiques August Pi i Sunyer, Barcelona, Spain. 15. American University of Beirut Medical Center, Beirut, Beirut Governorate, Lebanon. 16. Norwich Epidemiology Centre, Norwich Medical School, University of East Anglia, Norwich, United Kingdom. 17. North Tees and Hartlepool NHS Foundation Trust, Hartlepool, England, United Kingdom. 18. Hospital Pasteur, Ministerio de Salud Pública, Montevideo, Uruguay. 19. Mayo Foundation for Medical Education and Research, Rochester, MN, United States. 20. Gastroclinica WGO Training Center, San Jose, Costa Rica. 21. Queen Alexandra Hospital Gastroenterology Service, Portsmouth, England, United Kingdom. 22. Department of Gastroenterology, III. Medizinische Klinik, Universitätsklinikum Augsburg, Augsburg, Germany. 23. University Hospital of Augsburg, Augsburg, Germany. 24. Asian Institute of Gastroenterology, Hyderabad, Telangana, India. 25. Evangelisches Krankenhaus Dusseldorf, Düsseldorf, NRW, Germany. 26. Gastroenterology Department, Portuguese Oncology Institute of Porto, Porto, Portugal.

Background & aims: There has been several advances in the detection and resection of premalignant lesions of the upper gastrointestinal tract. However, benchmarks for key performance indicators are lacking. The majority of esophagogastroduodenoscopies (EGD) are diagnostic examinations and the focus should be on early detection of dysplastic or neoplastic lesions. When a diagnosis of upper gastrointestinal cancer follows an endoscopy that did not diagnose cancer it is termed post endoscopy upper gastrointestinal cancer (PEUGIC). There is lack of awareness, standardized definition, recognition and measurement for PEUGIC. It is vital for endoscopy providers to understand why PEUGIC occur so that interventions can be put in place to reduce their occurrence and improve endoscopy quality. We aimed to provide consensus-driven recommendations for uniform reporting and international adoption.
Methods: The World Endoscopy Organization Barrett's Esophagus Committee appointed experts to develop an evidence-based Delphi study. A working group of 7 members identified and formulated 19 statements, and 19 internationally recognized experts participated. We defined consensus as agreement by â‰¥80% of experts for each statement and used the Grading of Recommendations, Assessment, Development and Evaluations tool to assess the quality of evidence and the strength of recommendations.
Results: Experts achieved consensus on statements related to: definition of PEUGIC (cancers diagnosed 6-36 months after a negative EGD); subcategories based on site (esophageal, gastric and non-ampullary duodenal cancer); timing from prior negative EGD (interval and non-interval); qualitative review of PEUGIC cases (10 statements) and quantitative assessment of PEUGIC rates (6 statements regarding its use as a performance measure when quality data is available at the endoscopy service level with the use of unadjusted 3 year rates of the entire cohort). Qualitative review of PEUGIC outlined the following: formal process to identify PEUGIC; root cause analysis; use of most plausible term; common language for categorization; classification; separate analysis for surveillance PEUGIC; datasets for index exam; endoscopist related benchmarks; clinical and pathology services data requirements; defining as avoidable or unavoidable for quality improvement initiatives. Experts achieved strong agreement of â‰§80% for all statements in one round of voting.
Conclusions: We have developed evidence-based, consensus-driven statements on the definition, classification and measurement of PEUGIC. These recommendations we hope will facilitate global uniformity in the detection and analysis of PEUGIC.

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Madhav Desai

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