

# DOWNLOAD PDF FOLLOW-UP AFTER ENDOSCOPIC MUCOSAL RESECTION MIHAI CIOCIRLAN AND THIERRY PONCHON

## Chapter 1 : Endoscopic Mucosal Resection - PDF Free Download

*Ciocirlan, M. and Ponchon, T. () Follow-Up after Endoscopic Mucosal Resection, in Endoscopic Mucosal Resection (eds M. Conio, P. D. Siersema, A. Repici and T.*

Long lasting elevation is a key factor during endoscopic submucosal dissection ESD and can be obtained by water jet injection of saline solution or by viscous macromolecular solutions. In a previous animal study, we assessed the Nestis Enki II system to combine jet injection and viscous solutions. In the present work, we used this combination in humans in different sites of the digestive tract. We retrospectively report all of the consecutive ESD procedures performed with jet injection of viscous solutions in four centers. Information was collected about the lesion, the procedure, the histological result, and the outcomes for the patient. In total, 45 resections were completed by six operators: Lesions were located in the esophagus 10 , the stomach 11 , the duodenum 1 , the colon 1 and the rectum . Average maximal lesion diameter was 4. ESD could be conducted while the endoscope was retroflexed at its maximum in 26 cases. Four adverse events were observed: The R0 resection rate was . The catheter was obstructed in six occurrences of bleeding. Endoscopic submucosal dissection using high pressure injection of viscous macromolecular solutions is safe and effective in different parts of the digestive tract. It does not impede working with the endoscope in the maximal retroflexed position. Nonetheless, it carries a high perforation rate and may be a lengthy procedure with numerous changes of devices for elevation and dissection. Use of a water jet with a bifunctional injection and cutting catheter saves time with a significant reduction in perforation risk 3 4. In addition, injection of macromolecular solutions such as a glycerol mixture or hyaluronic acid induces long lasting elevation to perform ESD in a stable situation 5. Water jet injection of macromolecular solutions theoretically combines the advantages of both water jet and macromolecules but, so far, available systems have not been able to inject viscous solutions. The Nestis water jet allows pulsed injection of macromolecules, even with the endoscope retroflexed. This system has shown its ability to inject hyaluronate, glycerol mixture, or hydroxyethyl starch HES in pig stomach 6. In pig colon, it has demonstrated its superiority versus conventional ESD needle and knife in terms of safety issues 3. In isolated pig stomach, ESD using hyaluronate was quicker than saline when both were injected by the water jet. We now report retrospectively the first clinical cases using macromolecular jet injection in different sites of the digestive tract in four expert centers in France and Belgium between January and January . The pressure in the chamber is obtained with medical nitrogen and can be set by the operator between 2 and 25 bars using a touchscreen. A flexible tube is connected to the plastic bag in the chamber. This tube passes through an electric clamp controlled by a foot pedal before exiting the pressure chamber and is connected to the cutting knife with a standard luer-lock connection Fig. This system allows a pulsed injection that theoretically can improve mucosal elevation by pulsing thanks to a hammer effect. In contrast with other water jets available, the Nestis system is able to inject macromolecular viscous solutions through a very soft catheter Fig. Suction is thus preserved during the procedure even on endoscopes with standard working channels and its flexibility allows working in a retroflexed position with smooth movements. The pressure used during the whole study was 12 bars since this level was demonstrated to be effective to obtain good elevation without any perforation during earlier studies on living animals 6. The injection is controlled by the operator using a foot pedal and can be precisely chosen by the physician. The activation and termination of the injection occur immediately after the action on the pedal so the control of the mucosal cushion is precisely determined by the operator himself and avoids misunderstandings with the assistant. The system also allows a precise volume to be injected, controlled by the operator on the screen of the machine, but usually all of the operators prefer to control the mucosal cushion using the foot pedal exactly as we do, whereas the assistant usually injects with the needle.

## DOWNLOAD PDF FOLLOW-UP AFTER ENDOSCOPIC MUCOSAL RESECTION MIHAI CIOCIRLAN AND THIERRY PONCHON

### Chapter 2 : - NLM Catalog Result

*The endoscopic resection of duodenal adenomas has traditionally been considered a high-risk procedure as the duodenal anatomy presents several challenges to the endoscopist (Fig. 3).*

He was Co-Editor-in-Chief of the journal Endoscopy. His main focus is on digestive endoscopy, esophageal carcinoma, colorectal cancer screening and biliopancreatic diseases. Baron received his Medical degree at the University of Florida in Gainesville in Baron is nationally and internationally recognized for his skills in advanced therapeutic endoscopy. He received his medical training at the Carol Davila University of Medicine. He was trained and worked in Lyon, France for several years and has a formal training in endoscopic ultrasound from Marseille University. His main interests include endoscopic mucosal resection, endoscopic mucosal dissection and endoscopic ultrasound. He trained in London, with a research fellowship at St. His research interests include quality in endoscopy, serrated polyps, endoscopy in IBD, and advanced endoscopic imaging and therapy. He received his Medical degree at University of Belgrade, Serbia in His main interests include quality in endoscopy, advanced endoscopic therapy, IBD, celiac and reflux disease. His research fields are digestive endoscopy and digestive disease. He is also an associate professor at the Grant Medical College, Mumbai. After completing his surgical training in , he was trained in the University hospital of Hamburg as an interventional GI Endoscopist and has since then devoted his career to advanced GI endoscopy. He has been an award winner of the first world cup of Endoscopy held in Chicago in Recently, he has started the Indian College of Endoscopy for training young endoscopists from India and abroad. Moon is involved in the clinical research of pancreaticobiliary endoscopy and has published extensively in high ranked journals. Moon is also actively involved in the development of metal stents, and endoscopic accessories. Moon has been invited to many international endoscopic symposiums in the world. He has received several awards, locally and internationally. He received his medical training at the Sapporo Medical University. As a member of the Japan Gastroenterological Endoscopy Science and the Japanese Society of Internal Medicine, he has a clear focus on gastroenterology. Olano is a professor of gastroentology with a specialization in video-capsule endoscopy and enteroscopy. She completed her GI endoscopy training at the Gastroenterology Clinic and associated public hospitals in Montevideo. After an internship at the Gastroenterology, Hepatology and infectious diseases department at the Otto-von-Guericke University of Magdeburg, Germany in she returned to the university of Montevideo. Her major areas of interest include small bowel diseases, capsule endoscopy, enteroscopy and medical education. She is currently in charge of the national program supporting students to achieve a Diploma in Endoscopy. As part of her position she is involved in postgraduate training in Gastroenterology. His main research interests are in field of colorectal cancer including screening, adenoma detection and prediction, quality indexes in colonoscopy and palliative stenting. His other main endoscopic interest is therapeutic ERCP with a special interest in metallic stent clinical application. His extra-endoscopy medical interest is telemedicine. He has a keen interest in Endoscopic research focusing mainly on Advanced Endoscopic Imaging Techniques and Endoscopic Treatment of premalignant and malignant lesions in the gastrointestinal tract. His current research interests are 1 application of new endoscopic imaging and therapeutic technique to management of gastrointestinal cancers and 2 establishment of efficient training of advanced endoscopic procedures.

# DOWNLOAD PDF FOLLOW-UP AFTER ENDOSCOPIC MUCOSAL RESECTION MIHAI CIOCIRLAN AND THIERRY PONCHON

## Chapter 3 : Endoscopic Mucosal Resection : Massimo Conio :

*Endoscopic mucosal resection is a new endotherapy technique that can avoid the need for open surgery in the treatment of many superficial gastrointestinal cancers. In this practical 'how-to' manual, experts in the field provide specific, technical guidance on all aspects of endoscopic mucosal.*

Endoscopic submucosal dissection for early gastric cancer: The answer is probably yes, but slowly, and only in high-volume centers. The expanded criteria were considered to be investigational until the results of the JCOG trial were recently published [ 2 ]. A total of early gastric cancer lesions matching the expanded criteria were curatively treated by ESD in 29 Japanese centers between June and October. The rate of curative resection was. There were no deaths due to gastric cancer in the curative resection group, and the 5-year overall survival was. In this issue of Endoscopy, Probst et al. After ESD, the majority of the lesions met the expanded criteria. The authors compared their results favorably with the previous Japanese ESD series in terms of efficacy and safety. As Western authors are comparing their work on ESD with their Eastern colleagues, one cannot help but wonder about the conditions that have led to ESD being developed and performed mainly in the East. The most important factor may be the high number of lesions available for treatment in the East. The incidence of gastric cancer is higher in Asia, there are implemented screening programs for gastric cancer [ 5 ] and endoscopists may systematically take a longer time to examine the gastric mucosa. Remarkably, the inclusion rate of expanded criteria lesions per center was quite similar. The Japanese trial included more patients in a shorter time only because there were 29 centers. Comparatively, Western reports of ESD for early gastric cancer include either large national single centers e. Barret in France [ 8 ]. So, a high number of available early gastric cancers in the East has led to the development of many centers conducting a high volume of ESD procedures, while in the West, the limited availability of lesions has led to very few high-volume centers eventually approaching the Eastern inclusion rates and some very low-volume centers. Another limiting factor for ESD development in the West is the unfavorable shape of the learning curve. The learning process takes time, as the Probst team noted: This is why many Western experts in ESD train in Japan for a certain period of time before implementing the procedure at home [ 6 ] [ 8 ]. It is important to note that in the JCOG trial, participating experts were required to have an experience of at least ESD procedures. When the availability of the lesions is high, the number of treated patients in the West increases. Since then, it has spread in the Western world, and the number of Western patients with achalasia treated by POEM in the past 7 years has largely surpassed the number of Western patients with early gastric cancer treated by ESD in the past 18 years. Other potential causes for ESD development in the East are: Are we finally reaching the East in ESD?

# DOWNLOAD PDF FOLLOW-UP AFTER ENDOSCOPIC MUCOSAL RESECTION MIHAI CIOCIRLAN AND THIERRY PONCHON

## Chapter 4 : Publications Authored by Vincent Lepilliez | PubFacts

11 *Follow-up after Endoscopic Mucosal Resection: Mihai Ciocirlan (Hôpital Edouard Herriot, Lyon) and Thierry Ponchon (Hôpital Edouard Herriot, Lyon).* 12 *Endoscopic Submucosal Dissection: Helmut Messmann (Clinic of Augsburg).*

Cardia AC Engel et al. From a public health viewpoint, the impact of a disease depends on the distribution of exposures in the population and on the strength of the association. In general, lifestyles associated with an increased risk of gastrointestinal tumors are those typical of a diet rich in fat and calories, alcohol, tobacco smoking, and with a low intake of vegetable, fruits, and fibers, and a sedentary lifestyle. Generally speaking, we can say that recommendations for improving lifestyle behavior and the quality of the diet, increasing physical activity, and cessation of smoking are consistent with general recommendations for reducing overall cancer risk. Oesophageal squamous cell cancer may develop within a background of accumulating DNA methylation in normal and dysplastic mucosa. *Gut* [Epub ahead of print]. Smoking, type of alcoholic beverage and squamous cell oesophageal cancer in northern Italy. *Int J Cancer* ; Dietary patterns and risk of squamous-cell carcinoma and adenocarcinoma of the esophagus and adenocarcinoma of the gastric cardia: *Nutr Cancer* ; The role of vegetable and fruit consumption in the aetiology of squamous cell carcinoma of the oesophagus: Fruit and vegetable consumption in the prevention of oesophageal and cardia cancers. *Eur J Cancer Prev* ; Nutrient intake and risk of subtypes of esophageal and gastric cancer. *Cancer Epidemiol Biomarkers Prev* ; Food groups and risk of squamous cell carcinoma of the oesophagus: *Br J Cancer* ; Trends in incidence rates of oesophagus and gastric cancer in Italy by subsite and histology, " *Eur J Gastroenterol Hepatol* ; *Cancer Causes Control* ; *Am J Gastroenterol* ; Incidence of dysplasia and adenocarcinoma: *Helicobacter pylori* infection and gastric atrophy: *J Natl Cancer Inst* ; Antioxidants and cancers of the esophagus and gastric cardia. Body mass, tobacco and alcohol and risk of esophageal, gastric cardia, and gastric non-cardia adenocarcinoma among men and women in a nested case-control study. A multiethnic population-based study of smoking, alcohol and body size and risk of adenocarcinomas of the stomach and esophagus United States. *Lancet Oncology* ; 7: Tobacco, alcohol, and socioeconomic status and adenocarcinoma of the esophagus and gastric cardia. Selective inhibition of cyclooxygenase-2 suppresses growth and induces apoptosis in human esophageal adenocarcinoma cells. *Cancer Res* ; *J Surg Oncol* ; Family history of gastric cancer: *Gastric Cancer* ; 9: Prevalence of chronic atrophic gastritis in different parts of the world. Prevalence of gastroduodenitis and *Helicobacter pylori* infection in a general population sample: *Dig Dis Sci* ; *Ann Surg* ; *Helicobacter pylori* infection and the risk of gastric carcinoma. *N Engl J Med* ; Opposing risks of gastric cardia and noncardia gastric adenocarcinomas associated with *Helicobacter pylori* seropositivity. Studies of Japanese migrants. Mortality from cancer and other diseases among Japanese in the United States. *J Epidemiol* ; Case-control study of diet and other risk factors for gastric cancer in Hawaii United States. Dietary patterns and risk of gastric cancer: *Gastric Cancer* ; 7: Henley J et al. Cigarette smoking, use of other tobacco products and stomach cancer mortality in US adults: The cancer Prevention Study II. Menstrual and reproductive factors and risk of gastric cancer: Menstrual and reproductive factors and gastric cancer risk in women. Estrogen and risk of gastric cancer: *Cancer Epidemiol Biomarkers Prev* ; 9: Risk factors for advanced colorectal adenomas: *Cancer Epidemiol Biomarkers Prev* ; 11 7: Alcohol and cigarette smoking and the risk of colorectal adenomas. Systematic review of epidemiological studies on meat, dairy products and egg consumption and risk of colorectal adenomas. *Eur J Cancer Prev* ; 9: Red meat consumption and risk of cancers of the proximal colon, distal colon and rectum: Nutrition, lifestyle and colorectal cancer incidence: Low-fat dietary pattern and risk of colorectal cancer: Food groups and risk of colorectal cancer in Italy. Magnesium intake and reduced risk of colon cancer in a prospective study of women. *Am J Epidemiol* ; Calcium and dairy food intakes are inversely associated with colorectal cancer risk in the Cohort of Swedish Men. *Am J Clin Nutr* ; Dietary and serum alpha-tocopherol, beta-carotene and retinol, and risk for colorectal

## DOWNLOAD PDF FOLLOW-UP AFTER ENDOSCOPIC MUCOSAL RESECTION MIHAI CIOCIRLAN AND THIERRY PONCHON

cancer in male smokers. Eur J Clin Nutr ; Alcohol intake and colorectal cancer: Ann Intern Med ; Alcohol intake and colorectal cancer risk: No excess risk of colorectal cancer among alcoholics followed for up to 25 years. An updated review of the epidemiological evidence that cigarette smoking increases risk of colorectal cancer. Associations between the age at diagnosis and location of colorectal cancer and the use of alcohol and tobacco: Arch Intern Med ; Cigarette smoking and colorectal cancer risk in Germany: Height and body mass index in relation to colorectal and gallbladder cancer in two million Norwegian men and women. Physical activity, obesity, and risk of colon and rectal cancer in a cohort of Swedish men. Eur J Cancer ; Glycemic index, glycemic load, and carbohydrate intake in relation to risk of distal colorectal adenoma in women. Incidence of colorectal cancer in relation to glycemic index and load in a cohort of women. Gastrointest Endosc ; Am J Med ; Hormone replacement therapy and cancer risk: Oral contraceptive use, reproductive factors, and colorectal cancer risk: Family history and environmental risk factors for colon cancer. Prospective study of risk factors for esophageal and gastric cancers in the Linxian general population trial cohort in China. Int J Cancer ; 3: Heredity and risk of cancer of the esophagus and gastric cardia. Family history and the risk of stomach and colorectal cancer. Familial risk for colorectal cancers are mainly due to heritable causes. Family history of cancer and risk of colorectal cancer in Italy. Dig Liver Dis [Epub ahead of print]. Population attributable risks of esophageal and gastric cancers. Population-attributable risk for colon cancer in Italy. Cigarette tar yield and risk of upper digestive tract cancers: Ann Oncol ; Cigarette smoking, alcohol consumption and subsequent gastric cancer risk by subsite and histologic type.

### Chapter 5 : Endoscopic Mucosal Resection : Alessandro Repici :

*Endoscopic mucosal resection is a new endotherapy technique that can avoid the need for open surgery in the treatment of many superficial gastrointestinal cancers.*

### Chapter 6 : Editorial Board

*Thierry Ponchon, MD 11 Follow-up after Endoscopic Mucosal Resection Mihai Ciocirlan and Thierry Ponchon 12 Endoscopic Submucosal Dissection*

### Chapter 7 : Endoscopic treatment of sporadic small duodenal and ampullary neuroendocrine tumors | Read

*Endoscopic mucosal resection is a new endotherapy technique that can avoid the need for open surgery in the treatment of many superficial gastrointestinal cancers. In this practical 'how-to' manual, experts in the field provide specific, technical guidance on all aspects of endoscopic mucosal resection relevant to therapeutic endoscopic practice.*

### Chapter 8 : Publications Authored by Mathieu Pioche | PubFacts

*11 Follow-up after Endoscopic Mucosal Resection Mihai Ciocirlan and Thierry Ponchon 12 Endoscopic Submucosal Dissection Helmut Messmann OH, USA Mihai.*

### Chapter 9 : Thieme E-Journals - Endoscopy / Abstract

*Endoscopic mucosal resection (EMR) is a new endoscopic method for the treatment of superficial neoplastic lesions of the digestive tract. The goal of this study is to assess the feasibility and.*