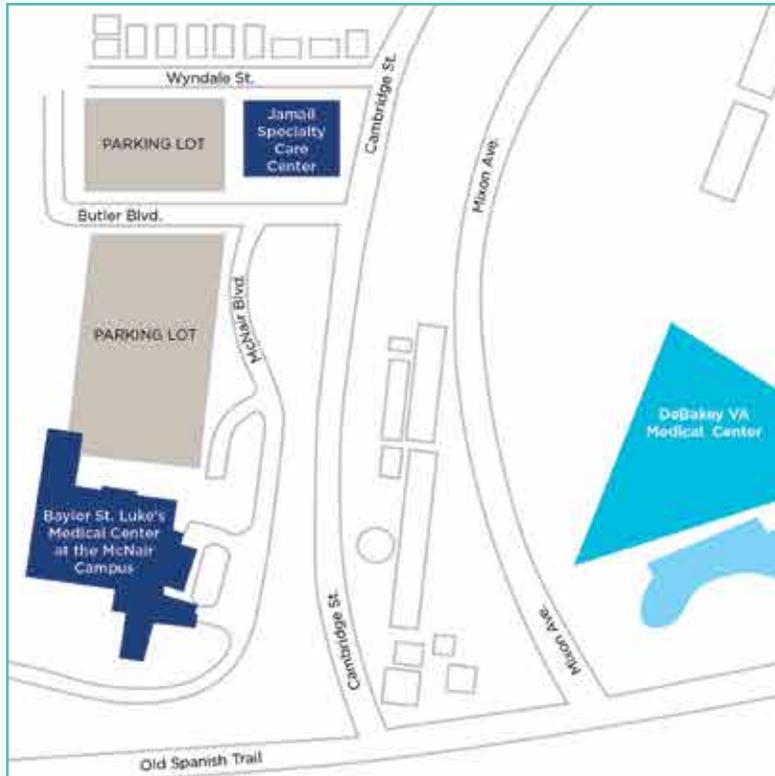


Baylor  
College of  
Medicine

MARGARET M. & ALBERT B. ALKEK  
DEPARTMENT OF  
MEDICINE



# Give Your Patient with Cancer Another Chance at a Cure

CONSIDER ENDOSCOPIC  
SUBMUCOSAL DISSECTION (ESD)

Baylor  
College of  
Medicine

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## CENTER FOR ADVANCED ENDOSCOPY

BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER  
MCNAIR CAMPUS  
7200 CAMBRIDGE ST., SUITE 10C  
HOUSTON, TX 77030

## SECTION OF GASTROENTEROLOGY

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**Endoscopic Submucosal Dissection (ESD)** is an advanced endoscopic procedure that allows for complete removal of early tumors and cancers of the esophagus, stomach and rectum. In 2015, trained specialists at Baylor College of Medicine started offering this procedure with remarkable success.

### CASE PRESENTATION

A 75-year-old patient with a long h/o of gastrointestinal reflux disease was found to have 3 cm esophageal mass on endoscopic examination. Biopsy showed invasive adenocarcinoma. Endoscopic ultrasound showed that the lesion was confined to the mucosa. The patient was referred to Baylor College of Medicine and the Dan L Duncan Comprehensive Cancer Center for possible esophagectomy. The Cancer Center's multi-disciplinary team identified the patient as a perfect candidate for Endoscopic Submucosa Dissection (ESD). ESD is a non-surgical technique performed by specially trained gastroenterologists that utilizes endoscopy to dissect superficial mucosal tumors in the esophagus (but also in the stomach and colon). This technique leaves normal tissue intact under the resected tumor. This less invasive technique results in complete removal of the tumor without the need for surgery. This patient underwent ESD with removal of 6 cm segment involving two third of the circumference of the esophagus which included the tumor and the surrounding dysplastic Barrett's esophagus. Pathology showed well-differentiated invasive adenocarcinoma extending to the muscularis mucosa. The peripheral and deep margins of the specimen were free of tumor. There was no lymphovascular or perineural invasion. Follow up endoscopy in three months showed no residual tumor.

### WHY CONSIDER ESD

1. **En-Bloc resection of the tumor regardless of the size**
2. **Higher cure rate**
3. **Allows resection when Endoscopic Mucosal resection (EMR) is not feasible**
4. **Avoids surgery**

The Baylor College of Medicine Dan L Duncan Comprehensive Cancer Center's Esophageal and GI Cancer Program accepts the following types of lesions for evaluation of possible ESD:

1. **Early esophageal cancers (adenocarcinoma, squamous cell carcinoma)**
2. **High grade dysplastic esophageal lesions within Barrett's esophagus**
3. **Early gastric (stomach) cancers**
4. **Early rectal cancers**
5. **Large colorectal polyps**
6. **Rectal and gastric carcinoid tumors**



### TO REFER A PATIENT

Fax patient information to 713.798.8489

Email at [baylorgi@bcm.edu](mailto:baylorgi@bcm.edu)

For questions, please speak with the Advanced Endoscopy Program Coordinator: 713.798.0947

For peer to peer consultation, contact Dr. Mohamed Othman, Director, Advanced GI Endoscopy Program: 713.798.0947