

# North Carolina Society of Gastroenterology 2024 Annual Meeting



## Panel Discussion

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Joint Providership

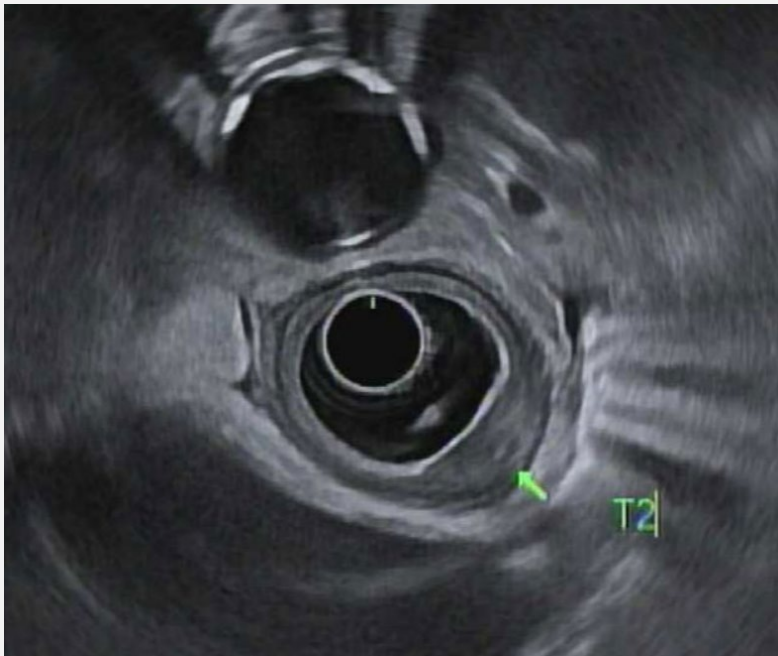


American Society for  
Gastrointestinal Endoscopy

# CASE I

- 87yo male with hx of melanoma, renal cell CA s/p nephrectomy, DM and hypothyroidism
- Found to have hypermetabolic lesion GE jxn mass on PET scan in 2021 (for melanoma)
- EGD/EUS confirmed adeno CA at GE jxn – treated with Chemo RT (while undergoing nivolumab therapy for melanoma). No surgery
- Found to have recurrence of GE jxn adeno CA in Aug 2023. No surgery
- Multidisciplinary discussion to proceed with cryotherapy

# CASE I



Nov 2023

# CASE I



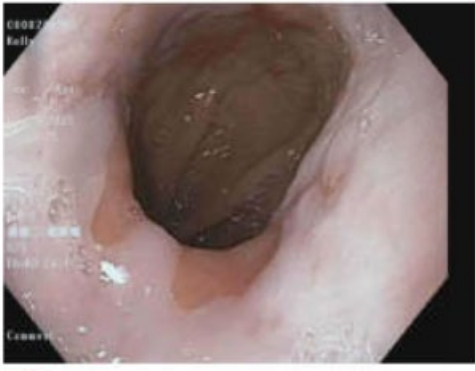
- Cryo done in early Nov 2023, Dec 2023 and Feb 2024
- Discussion
  - Efficacy in cancer
  - How many treatments?
  - Balloon vs. spray cryo ?

## CASE 2

- 67 yo male with Barrett's with HGD referred for RFA (Sept 2019). No nodules, focal lesion per outside EGD
- PMH – HTN, hyperlipidemia
- EGD 10/19 – C2 M4 Barrett's, s/p RFA (Barxx 90 catheter)
- EGD 12/19 – C0 M1 Barrett's, s/p RFA
- EGD 7/20 – irregular Z-line, island of Barrett's, s/p RFA

## CASE 2

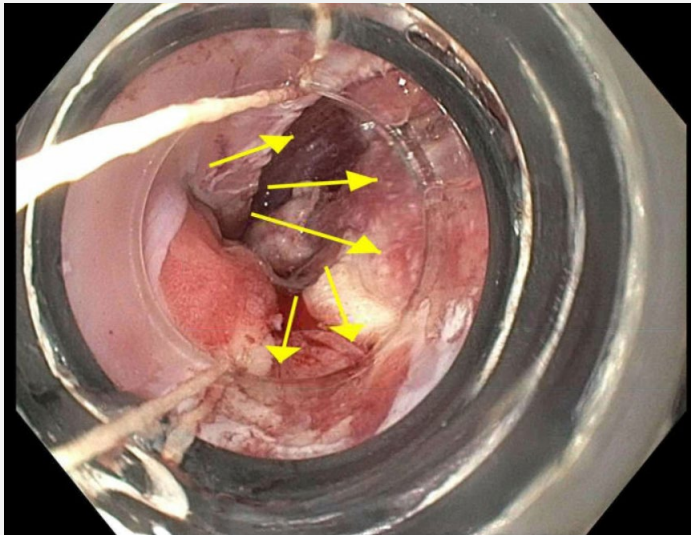
- Jan 2021



- “at least intramucosal cancer arising in Barrett’s”
- No nodule, focal lesion
- ? management

## CASE 2

EMR OF 2/3  
CIRCUMFERENCE

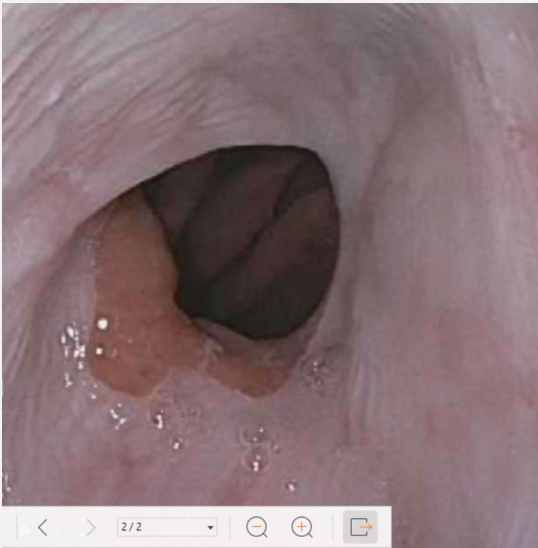


PATH

- “12-7” – Intramucosal CA. margins negative for dysplasia
- “7-12” – cardia and GE junction mucosa with inflammation, no cancer or dysplasia

## CASE 2

JUNE 21



PATH

- 4 quadrant biopsies separately (12-3, 3-6, 6-9, and 9-12)
- All quadrants – no metaplasia, dysplasia or cancer



## CASE 2

- Subsequent EGDs in 10/21, 4/22 and 3/23 – no metaplasia or cancer

# ERGONOMICS QUESTIONS

- Industry solutions
  - Are companies making scopes better designed for female endoscopists?
  - Newer/lighter material endoscopes?
  - Disposable ERCP scope – lighter scope, perhaps less injury?
  - Any data looking at doing colonoscopies while sitting?

## CASE 3

- 82 yo male with dementia, AS s/p AVR admitted for chest pain, abnormal stress test. Found to be anemic (Hgb 7.5, baseline 11-12) and GI consulted for w/u
- Cardiology w/u – Echo – no wall motion abnormality, EF 45%, medical mgmt. Cleared for endoscopic w/u
- No prior EGD, Colonoscopy in 2019 – diverticulosis and 6 mm polyp

## CASE 3

- Colonoscopy – poor prep
- EGD – Barrett’s with superficially ulcerated area

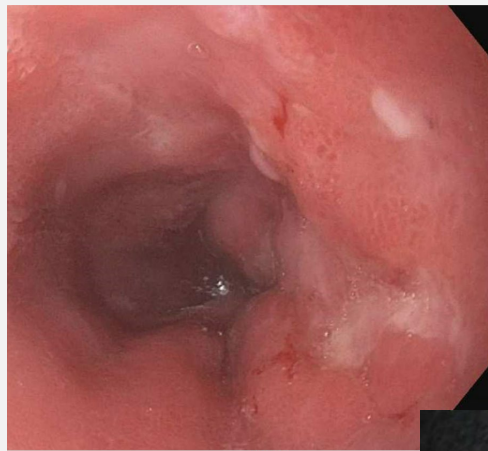


### PATH

- Esophageal biopsy:
  - - Superficial fragments of at least intramucosal adenocarcinoma arising in a background of Barrett's esophagus

## CASE 3

EUS



© Note(s)



- uT1b
- Very poorly defined borders
- Chest/abd/pelvis CT
  - No mets, no lung nodes
  - Small liver cysts

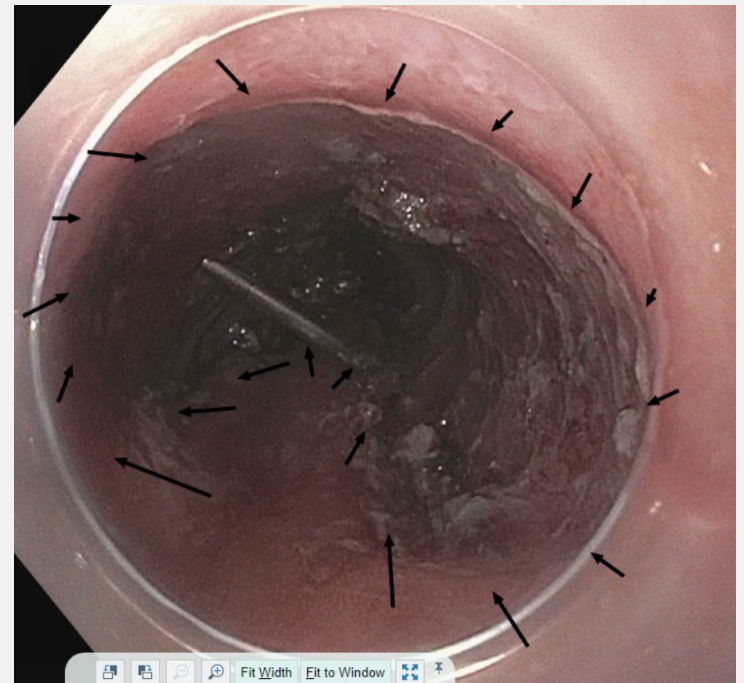
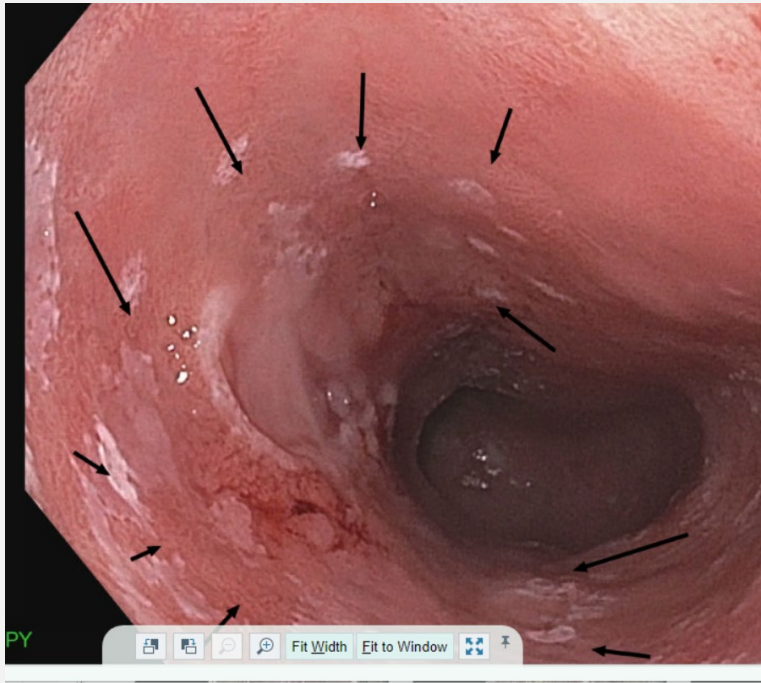
## CASE 3

### SURG ONC CONSULT

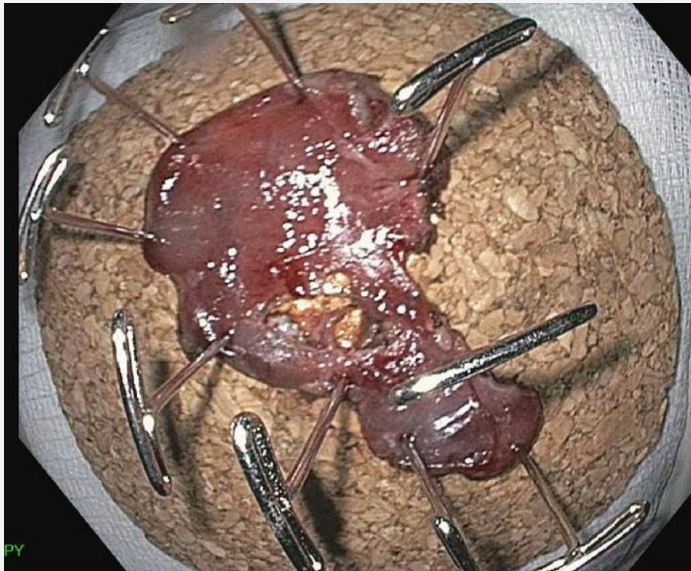
- Poor surgical candidate given age, co-morbidities.
- Can anything be done endoscopically??
- Panel

## CASE 3

- Referred back to me for endoscopic resection



## CASE 3



- Path
- **Esophagus, endoscopic mucosal resection:**
- **INVASIVE ADENOCARCINOMA WITH AREAS OF SIGNET RING CELL CHANGE.**
- **Background Barrett's esophagus with high-grade dysplasia.**
- **Margins are positive for invasive adenocarcinoma.**
- **Pathologic stage: At least pT1b.**



## CASE 3

- Oncology – most likely proceed with radiation
- Any role for any local endoscopic rx?
- Cryo?