

ESGE STUDY EUROSQUAM

ESOPHAGEAL SQUAMOUS CELL CARCINOMA DETECTION IN PATIENTS WITH A HISTORY OF ENT SQUAMOUS CELL CARCINOMA

Protocol

Aims

- 1- To evaluate the incidence of squamous cell carcinoma (SCC) in groups of patients at risk
- 2- To promote the use of chromoscopy for the detection of SCC

Population

Inclusion criteria

Patients with a history of ENT SCC

Plus :

- 1- No contraindication to upper digestive tract endoscopy
- 2- Health status OMS 1-2

Exclusion criteria

Contraindication to upper digestive tract endoscopy

OMS criteria > 3

Allergy to iodine derivatives

Study schedule

- 1- Selection of the centers participating to the study. Each center studies one or several groups at risk
- 2- In each center, systematic upper gastrointestinal endoscopy in patients belonging to the group selected by the center
- 3- In each center, one referring physician to
 - + ensure that the inclusion is systematically conducted
 - + ensure that case report forms are filled
 - + complete the data if necessary (staging, treatment)

Endoscopy schedule

Meticulous analysis of the esophagus : search for minimal abnormalities of relief or colour

Dying using Lugol 2% 2-10ml sprayed with a catheter spray

Interval of at least two minutes between Lugol spraying and endoscopic analysis

Biopsies on the Lugol negative areas : 2 biopsies on the areas less than 1cm in diameter and 4 biopsies at minimum for larger areas

NB 1: Lugol negative areas can be dysplasias, cancers, leukokeratosis, or intestinal metaplasia. Dysplastic and carcinomatous zones appear pale pink after 5 minutes whereas leukokeratosis stays yellow.

NB 2 : The case report must distinguish areas macroscopically abnormal or normal before dying.

Case report

The case report form is filled immediately after the procedure. The form is then completed when histological analysis has been performed. Data concerning the staging and the treatment of detected dysplasias or cancers are requested.