Cancer surveillance

The major presentation in the field of cancer surveillance was a working party report on Barrett's esophagus chaired by John Dent from Adelaide, and beautifully covering all aspects of the disease, including its premalignant potential and possibilities for management. The bottom line here is that nuclear aneuploidy measured by flow cytometry is emerging.
World Congress reports

as a marker for an increased risk of dysplasia and carcinoma, although how this information should be applied in patient management is less clear. Although the stated recommendation was that in a healthy patient resection is recommended for high grade dysplasia in the absence of demonstrated invasive carcinoma or high clinical suspicion, this is thankfully more muted in the publication. Given an operative mortality of 5 to 15% (often the higher figure) together with the morbidity of this operation, it is difficult to accept this recommendation on purely prophylactic grounds. The lack of data is a major problem, but many would take their chances waiting for either microinvasion on biopsy or high grade dysplasia and endoscopic abnormality, that might well indicate invasion, before proceeding to resection, so that at least the right patients are selected. This is an area where endoscopic ultrasound may become very useful for determining the presence of invasion into the lamina propria or submucosa, a stage at which resection is very likely to be curative; it is also an area where relatively unconventional modes of local destruction (laser, heat or phototheraphy) may emerge.

Robert H Riddell, MB, BS, MRCPath
Department of Anatomy and Pathology
McMaster University Medical Centre
Hamilton, Ontario