

**Relevance of endoscopic ultrasound in the management of esophagus cancer therapy**

**M. Assef<sup>1</sup>, L. Rossini<sup>2</sup>, L. Rossini<sup>1</sup>, O. Araki<sup>2</sup>, F. Nakao<sup>1</sup>, J. Silva<sup>1</sup>, W. Duenas<sup>1</sup>, D. Gagliardi<sup>1</sup>, V. Fabricio<sup>1</sup>**

<sup>1</sup>Santa Casa de São Paulo, São Paulo, Brazil

**Introduction:** The objective of this case series study by retrospective analysis was to determine the relevance of endoscopic ultrasound (EUS) in therapeutic decision esophageal cancer.

**Material and Methods:** Using medical records of the Department of Endoscopy of Santa Casa de São Paulo, we have collected data from 16 patients, in 4 years, diagnosed of esophageal cancer, and presented in the form of clinical cases to a specialist surgeon in esophageal cancer and a clinical oncologist, for therapeutic evaluation before and after the outcome of EUS.

**Results:** Both of them choose non-resective and not curative methods (68.8% by surgeon *vs.* 87.5% oncologist) before EUS. The best treatment by the surgeon was chemotherapy and palliative radiotherapy associated (25%) and palliative endoscopic prostheses (25%), and by the oncologist, neoadjuvant chemotherapy and radiotherapy associated (56.2%). After EUS, the resective surgical treatment was the both choice in only 6.2% of cases, and the rest of 93.8%, non-resective. The surgeon choice was chemotherapy and palliative radiotherapy associated (44%), and oncologist choice was neoadjuvant chemotherapy and radiotherapy associated (44%). Analysis by the Chi-square method, comparing respective versus non-resective treatment, surgeon versus oncologist, with and without the EUS, obtained values of  $P = 0.39$  and  $P = 0.46$ , respectively. The comparison between healing and non-healing treatment had the same  $P$  value. Regarding the change in behavior (resective *vs.* non-resective), there was a change of approach by the surgeon in 25% of cases ( $P = 0.17$ ) and the oncologist moved conduct in 6.25% of cases. Comparing the changing of behavior among experts, the  $P$  value was 0.33. Despite evidence of behavior change after the EUS, the statistical point of view, the  $P$  value had no significant relevance. The main factor involved is probably due to a reduced number of sample cases. However, this is a pilot study, and is needed other with a larger number of cases.

**Conclusion:** The data obtained allow us to conclude that EUS proved to be an important test for the change in staging and therapeutic management of esophageal cancer.

**Status of the presenting author:** Chief resident

**The authors declare:** No significant relationship.