

**National Institute for Health and Clinical Excellence**

**840/1 – Endoscopic submucosal dissection (ESD) of oesophageal dysplasia and neoplasia  
Consultation Comments table**

**IPAC date: Thursday 15<sup>th</sup> July 2010**

<b>Com . no.</b>	<b>Consultee name and organisation</b>	<b>Sec. no.</b>	<b>Comments</b>	<b>Response</b>
				Please respond to all comments
1	Consultee 1 Specialist Adviser	1	Performing ESD for HGD or early neoplasia in the oesophagus and gastro-oesophageal junction requires high skill levels. Whether it is squamous cancer or adenocarcinoma, the condition is rare in the UK. Hence it should be performed in UGI cancer centres by trained endoscopists after registering with the local NHS trust clinical governance committees. I would suggest they register this in a national registry so that UK safety & outcomes data can be collected prospectively.	Thank you for your comments. Section 1.3 of the guidance states that clinicians wishing to undertake ESD for oesophageal squamous carcinoma or squamous dysplasia should inform the clinical governance lead in their trust. Section 1.5 of the guidance states that “The procedure is technically challenging and should be carried out only by clinicians with specific training in the technique.” Section 2.5.1 of the guidance has been added to acknowledge that this procedure may be suitable for a register.

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2	Consultee 2 Registrar, Specialist Society	1	The Royal College of Physicians (RCP) is grateful for the opportunity to comment. We would like to endorse the response submitted by [CONSULTEE 1] who is a Fellow of the RCP and member of the BSG. These comments are reprinted below. Performing ESD for HGD or early neoplasia in the oesophagus and gastro-esophageal junction requires high skill levels. Whether it is squamous cancer or adenocarcinoma, the condition is rare in the UK. Hence it should be performed in UGI cancer centres by trained endoscopists after registering with the local NHS trust clinical governance committees. We would suggest they register this in a national registry so that UK safety and outcomes data can be collected prospectively.	Please respond to all comments  Thank you for your comments. Section 2.5.1 of the guidance has been added to acknowledge that this procedure may be suitable for a register.

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