National Institute for Health and Clinical Excellence

767/1 – Endoscopic submucosal dissection (ESD) of gastric lesions
Consultation Comments table

IPAC date: Thursday 15th July 2010

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response Please respond to all comments
1	Consultee 1 NHS Professional	**1**	It is very difficult to determine the standard for training needed as all undertaking this are largely self trained and there is no formal criteria for self selection as currently occurs. It would be helpful if all undertaking this or planning to, were to take part in a multiple site(Institutional) audit to pool data for Quality Assurance before standards are finally determined.	Thank you for your comment. Section 1.4 states that the Joint Advisory Group on Gastrointestinal Endoscopy intend to set up training standards for the procedure.
2	Consultee 1 NHS Professional	**2.1**	Indications are as above, the extension of this technique to malignant lesions(1.1and 2.1.1) would seem inappropriate until more data is available	Thank you for your comment. The Committee considered the consultee's comment but decided not to change the guidance.
3	Consultee 1 NHS Professional	**2.2**	Perforation rates and complications following it must be compared before this can be judged safe	Thank you for your comment. The Committee were aware of the perforation rates and complications after this procedure when making their recommendations.
4	Consultee 1 NHS Professional	**2.3**	I would be concerned at those whose resection margins are deemed inadequate or incomplete. In view of the high rates of positive margins/ Complete resection. Is there evidence that recurrence and long term survival are comparable, study of the reported studies above seem to suggest otherwise? Is it safe oncologically?	Thank you for your comment. The Committee considered the consultee's comment but decided not to change the guidance.

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5	Consultee 1 NHS Professional	**2.4**	2.4.3 should it be tumour "seeding" not feeding? Is this theoretical? What is the evidence?	Thank you for your comment. The overview and guidance will be changed.
6	Consultee 2 Private Sector Professional	**2.4**	If perforation occurs it may be that the tumour has penetrated deeper into the gastric wall than suspected. Any emergency surgery for perforation or haemorrhage should be done by a gastric cancer specialist to acheive adequate tumour clearence and nodal resection	Thank you for your comment. The Committee considered this comment but decided not to change the guidance.
7	Consultee 3 Specialist Society	**general**	The most obvious concern relates to the fact that we do not see enough suitable cases in the UK currently for adequate exposure and development of the necessary skills for these techniques. Even with OG centralisation, it is unlikely that a single centre would be exposed to enough cases. I note that most series report the procedure is performed under IV sedation. When I was in Japan, that sedation was IV Propofol. When I have considered performing this technique I have thought GA would be the most suitable state I would like the patient in. If a centre is looking to develop this service, it is mandatory that all patients are discussed at a Specialist MDT prior to resection. That MDT should also have clear lines of communication regarding management of bleeding and perforation both of which can, of course occur immediately or after discharge home.	Thank you for your comment. The guidance will not be changed.

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8	Consultee 3 Specialist Society	**General cont**	I think an important issue with EMR and ESD is Histopathology. One of the reasons I have become interested in these techniques is that they provide very useful histological information that aids decision making for me as a clinician and is useful information for the patient. This relies on Pathologists being experienced in the interpretation of what they see (depth of invasion, differentiation, lymphovascular invasion) as this information may then make it clear the patient should go on to surgical treatment. The guidance focuses on the technical aspects of these procedures but Specialist pathology input is vital for interpretation.	Thank you for your comment. Histopathological assessment of specimens is beyond the remit of this guidance. The guidance will not be changed.