

Which kind of endoscopic doctors should receive Endoscopic Submucosal Dissection (ESD) training—ESD training in the Nanjing Drum Tower Hospital of China

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BACKGROUND AND AIMS

Endoscopic submucosal dissection (ESD) is a new safe and effective technique of endoscopic technique with minimally invasive. This technique makes the en-bloc resection of larger lesions finished more safely and effectively, and provides complete specimen for pathological diagnosis so as to prevent recurrence. It is the first choice for the management of premalignant lesions and early gastric cancer. The elevated risk of complications and technical complexity of endoscopic submucosal dissection has limited its implementation in our medical system. With propels in endoscopic hardware and strategies, endoscopic mucosal resection (EMR) and endoscopic submucosal dissection (ESD) have become built up medicines for the protected and compelling expulsion of mucosal sores of the throat, stomach, duodenum and colon. The compelling resection of these sores takes into account the endoscopic fix and additionally complete organizing of gastrointestinal, mucosal, neoplastic injuries in these individual organs. EMR and ESD are currently routinely performed at numerous huge volume referral clinical focuses, for example, Penn State Health Milton S. Hershey Medical Center and have changed the administration of these injuries all through the gastrointestinal tract by permitting powerful resection without the requirement for significant medical procedure. Signs for EMR and ESD include: Mucosal injuries of the throat (harmful or possibly malignant) including knobs or masses inside Barrett's Esophagus and short portion Barrett's Esophagus with dysplasia.

Gastric mucosal injuries. Duodenal injuries, including ampullary sores requiring ERCP helped ampullectomy.

Adenomatous colon and rectal injuries which are not amendable to sheltered or finish expulsion during a screening a colonoscopy. Restricted gastric and rectal carcinoid tumors. In profoundly chose cases, submucosal tumors might be resected by EMR or ESD with great outcomes

How to improve the level of ESD training effectively, that more endoscopists could master this technique and benefit to more patients, becomes the attention focus of the endoscopists. Firstly, how to choose the appropriate doctor to receive ESD training aroused the focus of more and more endoscopists. Therefore, our study aimed to

investigate the prerequisites for those endoscopic doctors who was be suitably chosen to attend the ESD training. These methods are profoundly successful and should bring about endoscopic fix in amiable and appropriately organized injuries. Fix can be normal in a high level of dangerous injuries in the upper GI tract which have a phase of T1a and less (malignant tissue doesn't attack through the muscularis mucosa). The standards for endoscopic corrective treatment of colon and rectal sores has as of late been proposed to be extended to incorporate injuries with restricted submucosal attack without certain high hazard features.* However, any malignancy with further developed or high hazard highlights ought to be overseen in a multidisciplinary design related to careful and clinical pro, radiologists, and pathologists just like the case at Milton S. Hershey Medical Center. Further developed injuries ought to be compelling arranged, and ought to get thought of increasingly forceful medicines, for example, significant medical procedure. The advantages of EMR and ESD exceed the dangers when acted in a high volume community with a suitable group including talented interventional endoscopists who have the right hardware and method volume, for example, Milton S. Hershey Medical Center. Be that as it may, difficulties can happen and ought to be disclosed to the patient while thinking about these alternatives. Intricacies incorporate draining which happens in 5-10% of cases.** Sixty-five percent of these draining scenes will happen inside 24 hours of EMR, and patients might be saved for that timeframe for perception at Milton S. Hershey Medical Center. Puncturing has been known to happen in roughly 1% of EMR systems and around 2-5% of cases for ESD. The assessed paces of injury repeat after EMR is evaluated at 1 to 11%, and is felt to be less in ESD.

METHODS

Our study was enrolled in 41 fellows from various cities of China who attended ESD training in the endoscopic center, the affiliated Drum Tower Hospital of Nanjing University, Medical School. The general information was collected in the forms including name, age, gender, the individual performed gastroscopy cases, the individual performed colonoscopy cases, the use of Narrow band image (NBI)

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technique, the use of magnifying endoscopy (ME), and uses of Endoscopic Mucosal Resection (EMR), Endoscopic Ultrasound (EUS), Endoscopic Retrograde Cholangiopancreatography (ERCP), etc. Then each fellow must finish four animal model experiments *in vitro* (pig esophagus or pig stomach). And the average performance time was then calculated including cutting time and dissection time. And the average area of specimen was then recorded by measuring the length and width of specimen. Finally, the performance speed was acquired by dividing the performance time (min) and the average area (cm²).

RESULTS

Among the 41 ESD fellows, the male fellows were 26 doctors and the female covered 15 doctors. And the average age was 36.07 ± 4.44 year old ranging from 27 to 53 years old. The performing method was single and not double. According to linear regression analysis, the individual gastroscopy cases (N>5000), the individual colonoscopy cases (N>3000), the detected early cancer cases in upper GI tract (N>30), the detected early cancer cases in lower GI tract (N>10),

and the uses of ME and EMR technique were statistically correlated with the performance speed of ESD fellows ($P < 0.05$). Carrying out NBI, ERCP and EUS techniques before training was not statistically correlated with the performance speed of ESD fellows ($P > 0.05$).

CONCLUSION

The individual gastroscopy cases, the individual colonoscopy cases, the detected early cancer cases in upper GI tract, the detected early cancer cases in lower GI tract, and the use of ME as well as EMR technique were statistically correlated with the performance speed of ESD fellows ($P < 0.05$). The uses of NBI, EUS and ERCP technique were not statistically correlated with the performance speed of ESD fellows ($P > 0.05$). Therefore, this study provided the enough theoretical basis for us to select the appropriate ESD fellow in the future.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.
