THE VALUE AND SAFETY OF REMOTELY TAUGHT ENDOSCOPIC PALLIATIVE STENTING FOR ESOPHAGEAL CANCER IN RURAL EAST AFRICA

Marnie Abeshouse MD[1], Joseph Okello Damoi MBChB[2], Callie Horn MD[1], Jerome Waye MD[1], Moses Binoga Bakaleke MD[2], Michael Marin MD[1], Linda Zhang MD[1],
[1]The Mount Sinai Hospital, Department of Surgery, [2]Kyabirwa Surgery Center

BACKGROUND

- Esophageal cancer is the 8th most common cancer worldwide
- There is a high prevalence of esophageal squamous cell carcinoma (ESCC) in East Africa.
- Access to diagnostic and therapeutic endoscopies is limited, and patients in Uganda often present with advanced disease.
- One barrier in access to care is the lack of endoscopists trained in advanced interventional techniques.

METHODS:

This study examined the novel concept of remotely training surgeons to endoscopically place self-expanding metal stents (SEMS)

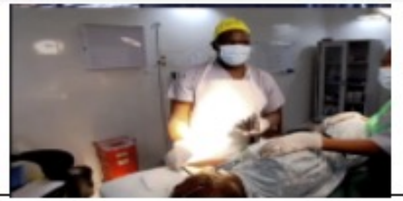
- *Where*: Kyabirwa Surgical Center in rural Eastern Uganda
- *When*: February 2020-June 2022
- *What:* retrospective case series of patients with obstructive esophageal cancer who underwent endoscopic SEMS placement
- *Why:* to address an endemic need for palliative stenting
- *How:* endoscopically naive surgeons attended a one-week in-person demonstration from expert endoscopists followed by continued Zoom tele proctoring of diagnostic and therapeutic endoscopies

CONCLUSION:

Prior to remote training for endoscopic stenting, few patients with advanced esophageal cancer in rural Uganda had available treatments. Patients died of dehydration from poor oral intake and/or aspiration from increased secretions.

This study demonstrates that endoscopic therapeutic procedures, such as SEMS placement, can be taught remotely to improve access to certain interventions. Though barriers to care such as fear and financial restraint exist, and ultimate mortality is high, stenting safely relieved most patients' dysphagia up until death while preventing malnutrition.





RESULTS:

333 patients underwent upper endoscopy

64 (19%) were diagnosed with esophageal cancer (>75% ESCC). 80% (N=51) had high grade obstructions where the endoscope could not transverse the tumor.

Palliative stenting was performed in 35% of patients (N=18)

65% (N=46) of patients were either lost to follow up, or financially/logistically objected to stenting

55% (N=10) of patients died of esophageal cancer an average of 114 days after stenting. At time of death, 8 patients (80%) tolerated liquid and solid food. Of those still alive and accounted for, 80% (N=4) denied any dysphagia an average of 88 days post-stenting.

** there were no perforations or procedural complications