Figure 4. High-Grade Dysplasia

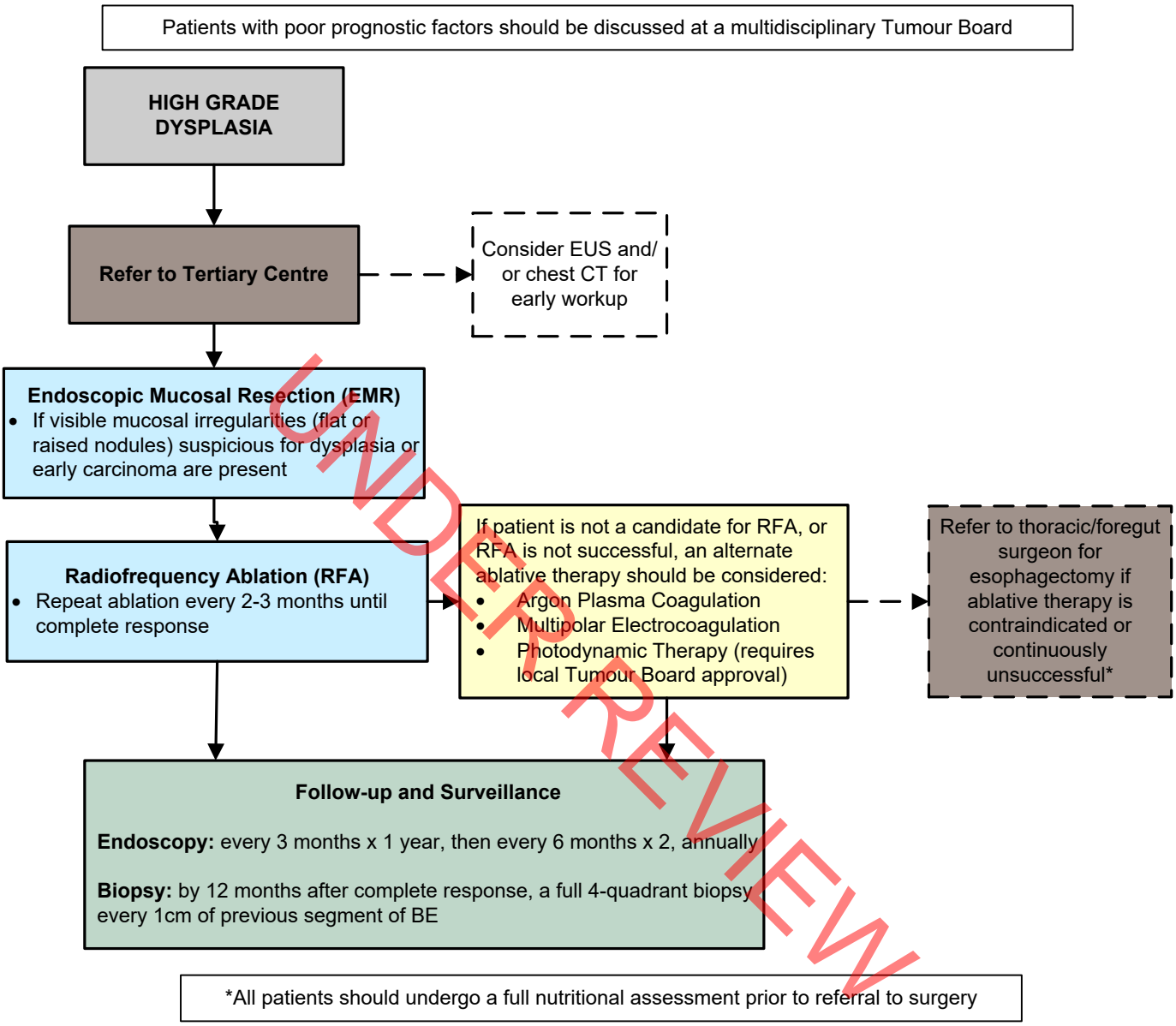
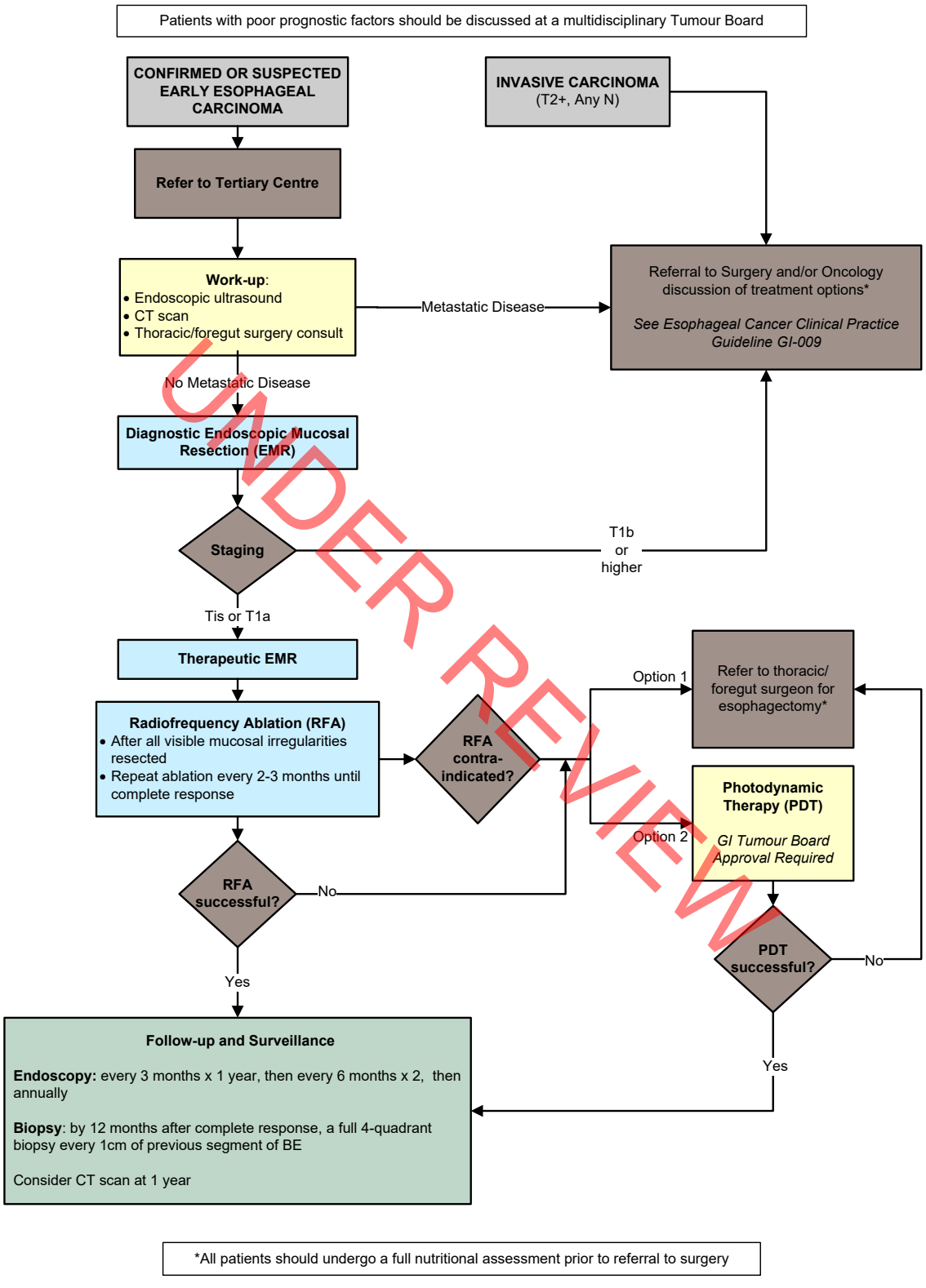


Figure 5. Early Esophageal Cancer or Invasive Carcinoma



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Appendix A: – EMR Specimen Handling ("Bread Loaf" Technique)

Images courtesy of Dr. R. McLean

Appendix B: Final Approval Checklist for Photodynamic Therapy

1. Terms of Reference

a. Board comprised of 3 members:
   - Provincial GI Tumour Team Leader, or delegate
   - AHS Medical Director of Pharmacy, or delegate
   - Senior gastroenterologist

b. Board to meet on a case-by-case basis.
c. Case material to be provided 1 week in advance of meeting by referring physician.
d. PDT checklist used by the Board to determine a patient's eligibility for photodynamic therapy.

2. Case Material

a. Letter from referring physician requesting PDT.
b. Report detailing previous therapies and outcomes.
c. Copy of current blood work (HCG level) if patient female.
d. Signed patient letter consenting to procedure and acknowledging risks and compliance necessary.

3. Criteria Checklist

	Criteria	Met (please check)
1.	Patient has confirmed dysplasia or intramucosal carcinoma	
	Patient's case has been reviewed by a duly constituted GI Tumour Board from the CCI or TBCC and the discussion and treatment recommendations in favour of PDT have been documented on the health record	
2.	Patient does NOT have porphyria	
3.	Patient NOT pregnant – confirmed with bloodwork	
4.	Patient able to comply with contraceptive use during therapy	
5.	Patient aware and agrees to compliance regarding 6 weeks of photosensitivity	
6.	Tertiary centre access arranged (accommodations for out-of-town patients)	
7.	Patient has failed other therapies – list of therapies provided	
8.	Patient is a poor operative candidate – letter from referring physician	
9.	Patient does NOT have: • a tracheoesophageal or bronchoesophogeal fistula • esophageal or gastric varices • a tumour eroding into a major blood vessel • no esophageal ulcers >1cm in diameter	
10.	Drug coverage for Photofrin is available or the patient will pay	

4. Final Approval

a. All criteria must be met and checked off.
b. No other reasonable options are considered appropriate
c. Submission of checklist with Board Member signatures must be submitted to: (AHS Provincial Medical Director of Pharmacy)
d. Patient to be contacted regarding final decision of Board by referring physician.

5. Signatures

_____ _____
Provincial GI Tumour Team Leader — Date

_____ _____
AHS Provincial Medical Director of Pharmacy — Date

Development and Revision History

This guideline was reviewed and endorsed by the Alberta Gastrointestinal Tumour Team. Members include surgical oncologists, radiation oncologists, medical oncologists, gastroenterologists, nurses, pathologists, and pharmacists. Evidence was selected and reviewed by a working group comprised of members from the Alberta Gastrointestinal Tumour Team and a methodologist from the Guideline Resource Unit. A detailed description of the methodology followed during the guideline development process can be found in the Guideline Resource Unit Handbook.

This guideline was originally developed in February 2013, and was revised in March 2014.

Levels of Evidence

I	Evidence from at least one large randomized, controlled trial of good methodological quality (low potential for bias) or meta-analyses of well-conducted randomized trials without heterogeneity
II	Small randomized trials or large randomized trials with a suspicion of bias (lower methodological quality) or meta-analyses of such trials or of trials with demonstrated heterogeneity
III	Prospective cohort studies
IV	Retrospective cohort studies or case-control studies
V	Studies without control group, case reports, expert opinion

Strength of Recommendations

A	Strong evidence for efficacy with a substantial clinical benefit; strongly recommended
B	Strong or moderate evidence for efficacy but with a limited clinical benefit; generally recommended
C	Insufficient evidence for efficacy or benefit does not outweigh the risk or the disadvantages (adverse events, costs, etc.); optional
D	Moderate evidence against efficacy or for adverse outcome; generally not recommended
E	Strong evidence against efficacy or for adverse outcome; never recommended

Maintenance

A formal review of the guideline will be conducted in 2021. If critical new evidence is brought forward before that time, however, the guideline working group members will revise and update the document accordingly.

Abbreviations

AGA, American Gastroenterological Association; APC, argon plasma coagulation; BE, Barrett's esophagus; CI, 95% confidence interval; CR-D, complete response – dysplasia; CR-IM, complete response – intestinal metaplasia; CT, computed tomography scan; EMR, endoscopic mucosal resection; ESEM, endoscopically suspected esophageal metaplasia; GERD, gastroesophageal reflux disease; GI, gastrointestinal; HTA, health technology assessment; ICER, incremental cost effective ratio; MPEC, multipolar electrocoagualation; PDT, photodynamic therapy; PET, positron emission tomography scan; PPI, proton pump inhibitor; RFA, radiofrequency ablation; RR, risk ratio.

Disclaimer

The recommendations contained in this guideline are a consensus of the Alberta Provincial Gastrointestinal Tumour Team and are a synthesis of currently accepted approaches to management, derived from a review of relevant scientific literature. Clinicians applying these guidelines should, in consultation with the patient, use independent medical judgment in the context of individual clinical circumstances to direct care.

Funding Source

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