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**Predicting residual neoplasia after a non-curative gastric ESD**

*Morais R, Libanio D, Ribeiro M,*et al.[*Predicting residual neoplasia after a non-curative gastric ESD: validation and modification of the eCura system in the Western setting: the W-eCura score.*](https://gut.bmj.com/content/73/1/105)Gut*2024; 73: 105-17. doi: 10.1136/gutjnl-2023-330804*

Endoscopic submucosal dissection (ESD) is a primary treatment for early gastric neoplasms with low lymph node metastasis (LNM) risk, offering outcomes similar to gastrectomy with advantages in procedural time, risks, and quality of life. However, 15%-20% of ESDs are non-curative (NC), requiring decisions on recurrence risk, which may be lower than the surgical risk, allowing surveillance with disease-specific survival comparable to surgery.

This study aims to identify risk factors for LNM and residual disease, validate Japan's eCura system, and propose a modified version (W-eCura) for NC resections in the West. In a retrospective analysis across 19 international centres from 2007 to 2022, the study screened patients who underwent gastric ESD, focussing on outcomes, risk factors, and the predictive accuracy of scores.

Among 314 NC ESDs, 72% were high-risk resections (HRR), while 28% were local-risk resections. Among HRR patients undergoing surgery, 25% exhibited parietal disease, and 15% had LNM in the surgical specimen. eCura's LNM risk significantly varied across eCura groups (AUC-ROC (Area Under Receiver Operating Characteristic Curve: 0.900). The modified W-eCura score demonstrated higher accuracy in predicting LNM (AUC-ROC: 0.916). Positive vertical margin, lymphatic invasion, and younger age correlated with an increased risk of parietal residual lesions in the surgical specimen.

In conclusion, the article presents a comprehensive validation and modification of the eCura system in the Western setting, offering insights into predicting residual neoplasia and LNM after NC gastric ESD. The proposed W-eCura score and the modified eCura system provide valuable tools for risk stratification and decision-making in the subsequent surgical management of gastric HRR.