



A U.S. perspective on endoscopic resection of neoplastic lesions of the gastrointestinal tract

In the United States, the most common indication for colonoscopy is colorectal cancer screening, and for esophagogastroduodenoscopy (EGD) the evaluation of upper gastrointestinal tract symptoms. EGD exams can also identify and survey neoplastic changes of the esophagus and stomach at risk for malignant transformation. Endoscopists in Japan introduced advanced techniques to excise mucosal neoplasms while leaving the gastrointestinal tract intact, averting surgical resection. Endoscopic mucosal resection (EMR) can usually successfully achieve *en-bloc* removal of neoplasms up to 2 cm, and piecemeal therapy of lesions >2 cm. Endoscopic submucosal dissection (ESD) involves *en-bloc* resection of mucosal lesions, including those larger than 2 cm. ESD provides the advantage of confirming complete resection (R0) and histopathologic assessment of early invasive cancers to determine risk of lymph node metastases. EMR and ESD are effective minimally invasive, organ-sparing procedures with excellent outcomes and lower morbidity, recovery time, and cost compared to surgical resection of the gastrointestinal tract.

Endoscopic resection techniques have been readily adopted in the United States. Our series is authored by expert American endoscopists who resect gastrointestinal tract neoplasms. Proper identification and classification of neoplasms in the gastrointestinal tract is essential to determine ideal management. We have included expert reviews on identification and surveillance of mucosal lesions of the esophagus, stomach, and colon. We share expert articles on endoscopic therapy for neoplasms of the upper gastrointestinal tract and colon. We are very grateful for the contributions of our authors and hope their expertise will help guide the care of the patients you serve.

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