

ENVIRONMENTAL FOOTPRINT OF DIAGNOSTIC ENDOSCOPIC DISSECTION VERSUS FIRST LINE SURGERY FOR COLORECTAL LESIONS HARBORING FOCAL DEEP INVASIVE PATTERN: A PROSPECTIVE STUDY

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A prospective multicenter study comparing diagnostic endoscopic dissection versus systematic surgery for colorectal lesions with focal deep invasive patterns found that the dissection-first strategy avoided approximately 40% of surgeries while maintaining similar carbon footprint and lower cost per patient.

KEY POINTS

- Among 82 patients with focal deep invasive pattern lesions under 20 mm treated with diagnostic dissection, 45% were classified as low risk and 6% as intermediate risk, avoiding 37 to 42 surgeries.
- The diagnostic dissection strategy achieved 95% en bloc resection and 96% R0 resection rates with a mean hospital stay of 0.98 days compared to 3.5 days for colorectal surgery.
- Environmental impact was 234 kg CO₂e and 6400 euros per patient for the dissection-first strategy versus 240 kg CO₂e and 8900 euros for systematic upfront surgery.
- This material is relevant for gastroenterologists, colorectal surgeons, and healthcare administrators evaluating treatment pathways for early colorectal cancer and considering environmental sustainability in clinical decision-making.

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