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Summary

CLINICAL AND LONG-TERM ONCOLOGICAL OUTCOMES OF GASTRODUODENAL NEUROENDOCRINE NEOPLASMS AFTER ENDOSCOPIC RESECTION – A MULTINATIONAL WESTERN STUDY

Bernardo Sousa-Pinto

UEG Week Berlin 2025 | Presentation

Endoscopy | Oesophagus

October 6, 2025

Multinational study of 445 gastroduodenal neuroendocrine neoplasms treated with endoscopic resection found low recurrence and tumor-related mortality despite a 56.4% non-curative resection rate.

KEY POINTS

- In 445 patients (304 gastric, 141 duodenal NENs) followed for a median 37 months, overall residual disease rate was 16.2%, local recurrence 13.2%, and distant recurrence 1.8%, with only one NEN-related death.
- Non-curative endoscopic resection occurred in 56.4% of cases (50.3% gastric, 69.5% duodenal, p<0.001), but 40% of patients undergoing surgery for non-curative resection had no NEN in the surgical specimen.
- For type 1 and type 2 gastric NENs, non-curative resection significantly increased residual disease (26.8% vs 9.7%, p=0.005), local recurrence (25.0% vs 9.7%, p=0.005), and distant recurrence (7.1% vs 0%, p=0.014).
- Gastric NENs achieved higher R0 resection rates than duodenal NENs (59.8% vs 42.6%, p<0.001), with ESD (32.6%) and conventional EMR (26.5%) the most common techniques.
- Among 28 patients (6.3%) requiring surgery during follow-up, parietal residual lesion was identified in 60.7% of surgical specimens, with similar rates between gastric and duodenal groups (p=0.700).

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