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Summary

WATER-ASSISTED VERSUS STANDARD ESD FOR LARGE NONPEDUNCULATED COLORECTAL POLYPS: A RANDOMIZED CONTROLLED TRIAL (THE WAVE-ESD STUDY)

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Primary Care | Oesophagus | Hepatobiliary | Endoscopy | Digestive Oncology | Colorectal

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In a randomized controlled trial of 122 patients with large colorectal lesions at a Western expert center, underwater ESD achieved significantly higher rates of R0 resection without clinically relevant adverse events compared to conventional CO2-insufflation ESD (84.1% vs 67.8%, risk ratio 1.24).

KEY POINTS

- The primary composite endpoint of R0 resection without predefined clinically relevant procedure-related adverse events (delayed bleeding, perforation, or post-ESD electrocoagulation syndrome) was achieved in 84.1% with underwater ESD versus 67.8% with conventional ESD (risk ratio 1.24, 95% CI 1.01–1.53), with findings consistent across intention-to-treat, per-protocol, and as-treated analyses.
- Underwater ESD significantly reduced predefined clinically relevant procedure-related adverse events to 7.9% versus 22.0% with conventional ESD (risk ratio 0.36, 95% CI 0.14–0.95) and decreased intraprocedural bleeding to 1.6% versus 13.6% (risk ratio 0.12, 95% CI 0.01–0.92).
- Median procedural time was shorter with underwater ESD at 40 minutes versus 65 minutes with conventional ESD ($p<0.001$), and dissection speed was faster at 28 mm^2/min versus 20 mm^2/min ($p<0.001$).
- En bloc, R0, and curative resection rates did not differ significantly between the two techniques, indicating preserved resection quality with underwater ESD.
- The study involved six experienced endoscopists performing procedures on lesions with median size approximately 35 mm, with about one third located in the rectum.

– Single-center design and comparison against conventional ESD without systematic traction or pocket creation methods limit generalizability; the authors note that multicenter confirmation and comparison with optimized conventional strategies are needed.

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