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Summary

PREDICTIVE FACTORS FOR NON CURATIVE RESECTION FOLLOWING GASTRIC ENDOSCOPIC SUBMUCOSAL DISSECTION

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A retrospective cohort study of 974 gastric endoscopic submucosal dissections identified six independent predictors of non-curative resection, which occurred in 11.9% of cases.

KEY POINTS

- Among 974 gastric epithelial lesions treated by ESD between 2005 and 2024, non-curative resection occurred in 116 cases (11.9%), with en bloc resection achieved in 96.9% and R0 resection in 92.5%.
- Six independent predictive factors for non-curative resection were identified: location in the superior third of the stomach (adjusted OR 2.275), lesion size greater than 20mm (aOR 4.212), depressed or ulcerated morphology (aOR 2.394), sessile or pedunculated morphology (aOR 4.186), high-grade dysplasia on prior biopsy (aOR 4.372), and carcinoma on prior biopsy (aOR 12.484).
- Non-curative resection was defined using high-risk resection criteria from European Society of Gastrointestinal Endoscopy guidelines, and the study excluded incomplete ESD procedures.
- The authors conclude that lesion location, size, morphology, and previous biopsy results may assist in decision-making regarding treatment allocation for gastric superficial lesions.

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