

ROLE OF ENDOSCOPIC RESECTION MARGIN (R1) IN THE CLINICAL OUTCOME OF PATIENTS WITH NEUROENDOCRINE NEOPLASIA (NENS)

Emanuela Pilozzi

UEG Week Copenhagen 2023

Poster

Oesophagus

October 15, 2023

Retrospective multicentric study of 110 patients with gastric, duodenal, and rectal neuroendocrine neoplasms undergoing R1 endoscopic resection found a 9% local recurrence rate with no disease-related deaths during follow-up.

KEY POINTS

- Among 110 patients with NENs (45 gastric, 21 duodenal, 44 rectal; median tumor size 7 mm), deep resection margin was positive in 78 cases (71%), lateral margin in 32 cases (29%), and both margins in 11 patients (10%).
- During active surveillance of patients who did not undergo additional resection, local recurrence occurred in 10 cases (9%) and all were managed with endoscopic resection.
- No deaths due to disease and no extra-organ disease progression were observed during the observation period, with progression-free survival of 65 months and overall survival of 69 months.
- The authors conclude that R1 resection margin does not appear to affect clinical outcome in this preliminary analysis, though prospective assessment is needed.
- This material is most relevant for gastroenterologists managing small neuroendocrine neoplasms of the stomach, duodenum, and rectum after incomplete endoscopic resection.

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