ESD VS EFTR IN SMALL PT1 LESIONS' RESECTION, A COST-EFFECTIVENESS ANALYSIS

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UEG Week Vienna 2024 | Poster

Colorectal

October 13, 2024

A retrospective study of 77 small gastrointestinal pT1 lesions found no significant differences in en bloc, R0, or curative resection rates between endoscopic submucosal dissection and endoscopic full-thickness resection, though EFTR was faster and ESD was less costly.

KEY POINTS

- En bloc resection rates were 87.5% for ESD versus 97% for EFTR, R0 resection rates were 75% versus 97%, and curative resection rates were 55% versus 67%, with no statistically significant differences between techniques (p>0.05 for all comparisons).
- Adverse event rates were similar between ESD and EFTR at 12% and 8% respectively, with no statistical difference.
- Mean procedural time was significantly shorter for EFTR at 48 minutes compared to 69.85 minutes for ESD (p=0.0002).
- Mean procedural cost per hospitalization day was lower for ESD at 2746 euros compared to 3458 euros for EFTR.
- The authors conclude ESD should remain the gold standard but suggest EFTR may be a valid alternative in less experienced settings due to easier and faster resection.

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