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Summary

Novel endoscopy techniques beyond ESD vs. organ-preserving surgery

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This joint gastroenterology-surgery presentation reviews the selective use of advanced endoscopic techniques (ESD, endoscopic intramuscular dissection, full-thickness resection) and surgical alternatives (TAMIS, robotic transanal surgery) for colorectal polyps and early cancers, emphasizing multidisciplinary decision-making to preserve organs while maintaining oncologic safety.

KEY POINTS

- The speaker states that high-grade dysplasia on biopsy remains a benign adenoma and is not an indication for surgery.
- For ESD, meta-analysis outcomes reported by the speaker include over 90% en bloc resection, 83% R0 resection, 2% recurrence, and 5% perforation; a French randomized trial showed less recurrence with ESD than piecemeal EMR (the speaker stated 6% versus 5%, though this may reflect a transcription issue) but more adverse events including some urgent surgery for perforation.
- The speaker presented data from the Triassic trial (preprint, not peer-reviewed) comparing ESD and TAMIS for rectal lesions over 40 mm, reporting that ESD was non-inferior with the same adverse event rate, and a subgroup analysis showed no difference in physical recovery time but more pain in the TAMIS group.
- For suspected deep submucosal invasive colorectal cancer, the speaker described endoscopic intramuscular dissection (EID) in the rectum, citing Netherlands data with 94% en bloc resection, 82% R0 resection, and active surveillance avoiding surgery in approximately 95% of low- and intermediate-risk patients at three-year follow-up.

- The speaker reported that in a European cohort of non-curative ESD cases requiring surgery, 79% of specimens were T0N0, and stated that poorly differentiated component and lymphovascular invasion were the main risk factors for lymph node metastasis, while depth of submucosal invasion alone (per a Dutch meta-analysis) carried only 2.6% absolute risk and was not an independent predictor.
- The speaker recommends expert optical diagnosis using validated classifications at initial endoscopy, multidisciplinary team discussion for complex cases, and emphasized that oncological safety is more important than functional results, though functional outcomes including low anterior resection syndrome should not be neglected.

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