

RESECTION DEPTH OF UNDERWATER ENDOSCOPIC MUCOSAL RESECTION COMPARED WITH CONVENTIONAL ENDOSCOPIC MUCOSAL RESECTION FOR INTERMEDIATE-SIZE COLORECTAL TUMORS: A MULTICENTER, RANDOMIZED, NONINFERIORITY TRIAL

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Presentation

Colorectal

Endoscopy

Surgery

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This multicenter randomized controlled trial demonstrated that underwater endoscopic mucosal resection (UEMR) achieves noninferior resection depth compared to conventional EMR (CEMR) for 10–20 mm colorectal tumors.

KEY POINTS

- In 217 patients randomized to UEMR (n=109) or CEMR (n=108), mean resection depth was 1688.9 μm for UEMR versus 1432.3 μm for CEMR (mean difference 256.6 μm , 95% CI -119.9 to 633.1 μm , $P=0.18$), meeting the prespecified noninferiority margin of 400 μm .
- UEMR achieved significantly deeper resection than CEMR in the cecum and ascending colon (1822.4 μm vs 1096.5 μm , $P=0.01$) and for superficial morphology lesions (1238.7 μm vs 731.6 μm , $P<0.01$).
- Adverse events were similar between groups with one intraoperative perforation (0.9%) in the CEMR group, one delayed bleeding (0.9%) in the UEMR group, and no EMR-related deaths.
- For nonexpert operators, UEMR tended to provide deeper resection than CEMR (1786.6 μm vs 1192.4 μm , $P=0.07$).
- The authors recommend UEMR as a potential gold standard for intermediate-size colorectal tumors, particularly for cecal, ascending colon, and superficial lesions, and for nonexpert operators.

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