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Summary

SAFETY AND EFFICACY OF EXTENDED SURVEILLANCE INTERVALS FOLLOWING COLORECTAL ESD: AN INTERNATIONAL MULTICENTER STUDY

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Colorectal | Digestive Oncology | Endoscopy | Histopathology

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Delayed surveillance colonoscopy at 3 years after R0 colorectal ESD for benign lesions appears safe, with metachronous advanced adenoma rates comparable to early surveillance (6.1% vs 8.9%, p=0.25).

KEY POINTS

- In 778 patients with surveillance data after colorectal ESD, the rate of advanced adenoma at first surveillance colonoscopy was low and not significantly different between early (<12 months) and late (>24 months) groups (3.9% vs 6.7%, p=0.167).
- Overall metachronous advanced adenoma rate was 6.5%, with no significant difference between early and late surveillance strategies (6.1% vs 8.9%, p=0.25).
- No colorectal cancers occurred in the late-only surveillance group; all four detected cancers were in the early surveillance group.
- Recurrence on the ESD scar was rare (1.5% overall) and no late recurrences occurred after a normal first surveillance colonoscopy.
- The only significant predictor of metachronous advanced neoplasia was the number of synchronous lesions at index colonoscopy (OR 1.16, 95% CI 1.07–1.27, p<0.01), suggesting multiplicity could guide risk stratification.
- The study cohort had high-quality resection outcomes with 95.8% en bloc and 83.3% R0 resection rates among 1,097 patients undergoing colorectal ESD between 2013 and 2021.

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