

TREATING NEUROENDOCRINE TUMORS WITH ENDOSCOPIC ULTRASOUND-GUIDED RADIOFREQUENCY ABLATION: RESULTS FROM A MULTICENTER STUDY

Hussein Okasha

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Poster

Oesophagus

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A multicenter retrospective study of 45 patients demonstrates that endoscopic ultrasound-guided radiofrequency ablation achieved 75.6% complete ablation of neuroendocrine tumors with minimal complications, with outcomes varying by tumor grade, location, and technical parameters.

KEY POINTS

- Overall complete ablation rate was 75.6% across 45 patients from five countries treated with EUS-RFA using a standardized 19-gauge needle with 1 cm active-tip electrode.
- Higher-grade tumors (G2/G3) achieved 100% complete ablation compared to 80.8% for G1 tumors, and insulinomas showed 89.7% complete ablation versus 50% for non-functioning NETs.
- Pancreatic tail and neck lesions achieved 100% complete ablation compared to 58.8% for head lesions, indicating tumor location significantly influenced outcomes.
- Power settings of 35W, 40W, and 60W yielded 100% success, while 50W and 30W showed lower efficacy at 72.2% and 62.5% respectively; successful cases had longer mean ablation duration (16.36 seconds versus 4.50 seconds for failures).
- Complications were minimal, and the authors conclude EUS-RFA represents a safe minimally invasive option particularly for high surgical risk patients, with success contingent on tumor biology, anatomy, and procedural precision.

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