

THE INFLUENCE OF PROCEDURAL VOLUME ON THE OUTCOME OF ENDOSCOPIC SUBMUCOSAL DISSECTION FOR GASTRIC NEOPLASM: A NATIONWIDE POPULATION-BASED STUDY USING ADMINISTRATIVE DATA

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Poster

Oesophagus

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Higher hospital procedural volume for gastric endoscopic submucosal dissection is associated with lower rates of bleeding, perforation, and pneumonia in a Korean nationwide database study of 89,780 patients.

KEY POINTS

- Very high-, high-, and low-volume hospitals showed significantly lower composite adverse event rates compared to very low-volume hospitals, with odds ratios of 0.627, 0.542, and 0.697 respectively.
- Among 95,411 gastric ESD procedures for cancer or adenoma between 2011 and 2017, there were 5,098 bleeding events, 601 perforations, and 712 pneumonia cases.
- The volume-outcome relationship was evident for bleeding, perforation, and pneumonia but not for additional resection within 180 days.
- The authors recommend systematic nationwide monitoring of gastric ESD outcomes to ensure procedural quality and patient safety.

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