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Summary

LONG-TERM CLINICAL AND COST-EFFECTIVENESS OUTCOMES OF ESD VERSUS PIECEMEAL EMR FOR LARGE COLORECTAL ADENOMAS: 36-MONTH RESULTS FROM THE RESECT-COLON RANDOMIZED TRIAL

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The RESECT-COLON trial's 36-month follow-up shows ESD and EMR achieve similar high cure rates (95.3% vs 91.3%, not significant) for large colonic adenomas ≥25 mm, but ESD significantly reduces costs (€3,628 vs €5,445, p<0.001) through fewer recurrences and repeat procedures.

KEY POINTS

- Curative resection without surgery at 36 months was achieved in 93.3% of patients overall, with no significant difference between ESD (95.3%) and EMR (91.3%), RR 1.04 [0.98–1.10]
- ESD significantly reduced early recurrence (0.6% vs 5.1%) and eliminated late recurrence, with no recurrence in any patient achieving R0 en bloc resection
- One patient treated by piecemeal EMR for intramucosal carcinoma developed metastatic invasive recurrence at 18 months and died, illustrating the oncological risk of incomplete initial resection
- Surgery rates during follow-up were low and similar between groups (4.6% ESD vs 6.8% EMR, not significant)
- ESD total costs at 36 months were significantly lower (€3,628 vs €5,445, p<0.001), driven by reduced surveillance and retreatment, with ESD remaining cost-effective across all four tested surveillance scenarios
- Quality of life remained comparable between groups over time with no significant treatment effect on utility scores

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