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Summary

ONCOLOGICAL OUTCOMES AFTER PERFORATION DURING ENDOSCOPIC SUBMUCOSAL DISSECTION FOR T1 COLORECTAL CANCER: A MULTICENTER PROPENSITY SCORE-MATCHED STUDY

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UEG Week Barcelona 2026 | Presentation

Primary Care | Oesophagus | Hepatobiliary | Endoscopy | Digestive Oncology | Colorectal

October 18, 2026

Intraprocedural perforation during endoscopic submucosal dissection for T1 colorectal cancer was not associated with increased oncological recurrence or cancer-specific mortality at 36 months in a large international multicenter cohort.

KEY POINTS

- Among 852 T1 colorectal adenocarcinoma patients treated with ESD, 95 (11.2%) experienced intraprocedural perforation, with all but one managed endoscopically.
- After propensity score matching (91 perforation vs 348 no perforation), the 36-month cumulative incidence of oncological recurrence was 3.7% versus 7.0% (subdistribution hazard ratio 0.63, 95% CI 0.19-2.15, P=0.46), with no local recurrence after perforation.
- The 36-month cumulative incidence of colorectal cancer-specific death was similarly low at 1.3% versus 0.8% (subdistribution hazard ratio 1.34, 95% CI 0.14-12.95, P=0.798).
- In a separately matched surgical cohort (53 vs 199 patients), perforation was not associated with increased lymph node metastasis (6.8% vs 9.1%, P=0.59) or 36-month recurrence (4.3% vs 5.3%).
- Among 38 patients with perforation selected for organ preservation, 36-month recurrence was 2.8% and no colorectal cancer-related deaths occurred.
- Perforation alone should not be considered an indication for completion surgery; management should remain guided by established histopathological risk factors, resection status, and patient characteristics.

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