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Summary

ORGAN PRESERVATION AFTER NON-CURATIVE R0 ENDOSCOPIC SUBMUCOSAL DISSECTION FOR HIGH-RISK T1 COLORECTAL CANCER: DETERMINANTS AND ONCOLOGICAL OUTCOMES

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UEG Week Barcelona 2026 | Presentation

Colorectal | Endoscopy | Digestive Oncology

October 20, 2026

In high-risk T1 colorectal cancer after R0 endoscopic submucosal dissection, organ preservation was achieved in 49.2% of patients and was not independently associated with worse oncological outcomes compared to completion surgery after adjustment for baseline differences.

KEY POINTS

- Recurrence occurred in 6.1% of patients overall; after inverse probability of treatment weighting adjustment, organ preservation showed no significant excess recurrence risk compared to surgery (subdistribution hazard ratio 1.28, 95% CI 0.49–3.38, p=0.61).
- Cancer-specific mortality was low and not significantly different between organ preservation and surgery groups (1.1% vs 2.5%; subdistribution hazard ratio 0.30, p=0.29) with median 30-month follow-up.
- Older age (OR 1.06 per year, p<0.001), severe comorbidity (OR 2.59, p=0.002), and rectal location were independently associated with organ preservation, while proximal and left-sided colon locations were associated with completion surgery.
- Recurrence patterns differed descriptively: in the organ preservation group 60% of recurrences were locoregional versus 40% metastatic, while in the surgery group 23% were locoregional versus 77% metastatic, though findings are limited by small event numbers.
- The study included 488 patients from 27 expert centres with T1 colorectal cancer resected en bloc by endoscopic submucosal dissection with R0 margins and at least one high-risk histological feature (deep submucosal invasion, lymphovascular invasion, high grade budding, or high grade tumor).

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