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Summary

CAN TIP-IN ENDOSCOPIC MUCOSAL RESECTION BE PERFORMED EFFECTIVELY AND SAFELY BY TRAINEES FOR 15-25 MM COLORECTAL NONPEDUNCULATED NEOPLASMS?

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Colorectal

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Retrospective single-center study comparing Tip-in EMR outcomes for 15–25 mm colorectal neoplasms between trainees and experts found favorable results for trainees under supervision, with a learning curve of approximately 10 cases.

KEY POINTS

- Overall en bloc resection rates were similar between trainees and experts (83.0% versus 88.6%, P = .098), though independent en bloc resection without expert intervention was lower in trainees (77.4% versus 88.6%, P = .001)
- Adverse event rates did not differ significantly between groups (2.5% trainees versus 5.7% experts, P = .165), and residual lesion rates at surveillance were comparable (3.1% versus 3.5%, P = 1)
- Trainees required approximately 10 cases to achieve expert-level performance; those with ≤10 procedures had significantly lower independent en bloc resection rates (OR 3.6, P < .001) and longer procedure times (8.6 versus 5.8 minutes, P < .001)
- Risk factors for failure of independent en bloc resection included non-polypoid morphology (OR 3.4), positive non-lifting signs (OR 3.1), underlying semilunar fold (OR 3.6), and trainee experience ≤10 cases (OR 3.6)
- The study supports supervised Tip-in EMR training for 15–25 mm colorectal lesions, with close supervision recommended for the first 10 cases

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