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Summary

Endoscopy

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UEG Week Berlin 2025 | Presentation

Digestive Oncology | Endoscopy | Hepatobiliary | Small Intestine & Nutrition

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Seven randomised and observational studies presented in 2025 challenge established endoscopic practices, showing surveillance may not benefit Barrett's oesophagus patients and that EUS-guided interventions outperform traditional approaches across multiple indications.

KEY POINTS

- A UK multi-center RCT of approximately 3400 Barrett's oesophagus patients followed for a median of 12 years found that surveillance endoscopy did not improve overall survival or cancer-specific survival compared to symptom-based endoscopy, and the speaker stated as-needed endoscopy may be a safe alternative for low-risk patients.
- An Italian multi-center RCT in 220 patients with malignant distal biliary obstruction and dilated common bile duct greater than 15mm reported that EUS-guided choledochoduodenostomy reduced post-procedural pancreatitis to 1.8% versus 7.3% with ERCP, with higher technical success and shorter procedure time.
- A Thailand single-center RCT in 80 high surgical risk acute cholecystitis patients found EUS-guided gallbladder drainage achieved 100% technical success versus 87% with ERCP transpapillary stenting, and one-year recurrent cholecystitis rates of 2.6% versus 17 to 19%.
- An international multi-center RCT of 74 patients with malignant gastric outlet obstruction reported that EUS-guided gastroenterostomy resulted in the composite primary endpoint in 10% of patients versus 53.8% with surgical gastrojejunostomy, with higher quality of life and lower cost in the EUS group.
- A Canadian single-center RCT in 58 patients found that EUS-guided portal pressure gradient measurement and liver biopsy achieved the primary endpoint of high quality biopsy plus consistent pressure measurement in 83% versus 41% with the transjugular approach, with shorter procedure time.

– A single-center retrospective study from the speaker's group in patients with Nash cirrhosis and portal hypertension reported that endoscopic gastric remodelling plus lifestyle modification resulted in zero hepatic decompensation events at median 18 months follow-up versus 33% with lifestyle modification alone, and the speaker stated these patients otherwise would have had no treatment options.

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