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Summary

HYBRID ENDOSCOPIC FULL THICKNESS RESECTION WITH ENDOSCOPIC MUCOSAL RESECTION FOR LARGE COLONIC LESIONS WITH SUSPECTED FOCAL T1 CARCINOMA: AN INTERNATIONAL, MULTICENTRE COHORT STUDY

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Colorectal

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A retrospective multicenter study of 59 patients found that hybrid EMR-eFTR for large colonic lateral spreading tumours with suspected submucosal invasion achieved 86% technical success and 73% R0 resection with no locoregional recurrence during 24-month median surveillance follow-up.

KEY POINTS

- Technical success was achieved in 51 of 59 cases (86%), with overall R0 resection in 43 of 59 patients (73%); adverse events occurred in 8 patients (14%), including 2 perforations requiring surgery and 1 delayed bleeding event
- Histopathology identified adenocarcinomas in 50 of 59 patients (85%), including 37 pT1 cancers (63%) and 13 pT2 or higher cancers (22%); among pT1 cancers, 65% were sm2-3 invasion and 51% were low-risk
- Following hybrid EMR-eFTR, 37 patients (63%) were managed with surveillance only and experienced no locoregional recurrence during median 24-month follow-up, though one high-risk T1 patient developed liver metastases at 41 months
- Vertical margin involvement accounted for 40% of incompletely resected pT1 cancers; the authors suggest improving visual delineation of malignant components may improve R0 rates and recommend prospective studies to evaluate long-term oncological safety

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