

MULTICENTER, RANDOMIZED NON-INFERIORITY TRIAL COMPARING TRANSANAL MINIMAL INVASIVE SURGERY (TAMIS) AND ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) FOR RESECTION OF NON-PEDUNCULATED RECTAL LESIONS (TRIASSIC STUDY)

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Presentation

Colorectal

Endoscopy

Surgery

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In a multicenter randomized trial of 198 patients with large rectal lesions, ESD was non-inferior and superior to TAMIS for local recurrence at 12 months, with 0% versus 6.4% recurrence rates.

KEY POINTS

- ESD showed 0% local recurrence at 12 months compared to 6.4% (6/98) with TAMIS, all benign, with a risk difference of 6.4% (95% CI: -11.8 to -1.5) confirming both non-inferiority and superiority.
- R0 resection rates were significantly higher with ESD at 83% versus 71% for TAMIS ($p = 0.047$).
- Overall complication rates were similar between groups ($p = 0.33$) with comparable safety profiles.
- Average initial procedure cost was significantly lower for ESD at €2,628 versus €3,365 for TAMIS ($p < 0.001$), though total 12-month costs were similar at €7,134 versus €7,216 ($p = 0.934$).
- Colorectal functional outcomes at 12 months were similar and comparable to baseline in both groups, with quality-adjusted life years of 0.90 for ESD and 0.91 for TAMIS ($p = 0.356$).
- Mean procedure time was 108.7 minutes for ESD versus 78.1 minutes for TAMIS in lesions with mean size 42.0 mm, treating 156 benign and 41 malignant lesions.

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