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Summary

SHORT-TERM OUTCOMES OF ENDOSCOPIC RESECTION FOR COLORECTAL NEUROENDOCRINE TUMORS: A JAPANESE MULTICENTER PROSPECTIVE C-NET STUDY

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Colorectal

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A Japanese multicenter prospective cohort study found that three endoscopic resection techniques achieved similarly high complete resection rates and low complication rates for colorectal neuroendocrine tumors smaller than 10 mm.

KEY POINTS

- Among 418 patients with 421 colorectal NETs treated endoscopically, en bloc resection was achieved in 100% and complete resection with tumor-free margins in 94.5% of lesions.
- For lesions smaller than 10 mm, R0 resection rates were comparable across techniques: 95.5% for endoscopic mucosal resection with ligation device, 94.8% for endoscopic submucosal dissection, and 94.3% for endoscopic mucosal resection using a cap.
- Treatment-related complications occurred in 3.8% of patients and all were managed conservatively without serious sequelae.
- The lower rectum was the most common tumor location (88.6%), lesions smaller than 10 mm comprised 87% of cases, and median hospitalization was 3 days for the 63.4% of patients requiring admission.
- No independent clinicopathological risk factors for incomplete resection were identified in this cohort.

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