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Summary

INSTITUTIONAL ENDOSCOPIC MANAGEMENT INCORPORATING INTENSIVE DOWNSTAGING POLYPECTOMY IS ASSOCIATED WITH REDUCED DUODENAL DISEASE PROGRESSION IN FAMILIAL ADENOMATOUS POLYPOSIS

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UEG Week Barcelona 2026 | Presentation

Small Intestine & Nutrition | Endoscopy | Oesophagus

October 19, 2026

A multicenter retrospective study of 385 FAP patients found that institutional intensive downstaging polypectomy (IDP) strategy—resecting ≥20 duodenal lesions per session—was associated with significantly reduced Spigelman stage progression compared to non-IDP institutions.

KEY POINTS

- At 5 years, Spigelman stage progression occurred in 17.4% of patients at IDP institutions versus 42.2% at non-IDP institutions, with an adjusted hazard ratio of 0.38 (95% CI 0.26–0.58, p<0.001).
- Endoscopic treatment-related adverse events occurred in 12% of IDP patients versus 8% of non-IDP patients (p=0.231), comprising bleeding 7%, perforation 2%, and pancreatitis 2%, with no treatment-related deaths.
- The IDP group underwent substantially more lesion resection, with a median of 61 lesions removed per patient (IQR 11–226) versus 2 lesions (IQR 1–4) in the non-IDP group.
- Among patients with baseline Spigelman stage II and III, the area under the Spigelman stage curve was significantly smaller in the IDP group (p=0.002 and p<0.001, respectively).
- The study was retrospective and compared institutional strategies rather than individual treatment received, so unmeasured institutional differences may have influenced outcomes; prospective studies are needed to confirm whether proactive lesion reduction improves long-term cancer risk.

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