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Summary

Treating early colonic neoplasm (Complete Session)

UEG Week Barcelona 2026 | Presentation

October 19, 2026

Expert panel discussed endoscopic versus surgical management of early rectal and colonic neoplasia, emphasizing that recent trial data favor ESD over transanal surgery for rectal lesions and that the role of lymph node metastasis in T1 colorectal cancer management is being re-evaluated.

KEY POINTS

- The speaker stated that three 2026 trials from Spain, Netherlands, and France showed ESD achieved more en bloc resections with less cost and fewer adverse events compared to transanal surgery for rectal lesions, though one panelist noted methodological concerns about non-inferiority margins.
- The speaker reported new data from 500 patients showing that in multivariate analysis only rectal location predicted recurrence in T1 cancers, while lymphovascular invasion, poor differentiation, and deep submucosal invasion did not, challenging traditional surgical referral criteria.
- The Teaser trial comparing radiochemotherapy versus surgery for T1-T2 rectal cancers after local excision showed no difference in distant metastasis, disease-free survival, or overall survival at three years, but radiochemotherapy had fewer severe adverse events (26% versus 45%), as stated by the speaker.
- The speaker recommended against routine MRI for benign-appearing rectal lesions, citing a recent study showing 40% overstaging that can lead to unnecessary surgery.
- The panel emphasized that the rectum and colon are different organs with different recurrence patterns, stating that even R0 resections in the rectum carry greater than 10% recurrence risk versus very low rates in the colon.
- The speakers stated that in France and the Netherlands, deep submucosal invasion alone is no longer an indication for adjuvant surgery in middle or lower rectal T1 cancers, and a European randomized trial comparing radiochemotherapy versus surveillance for high-risk pT1 lesions is planned to open within three months.

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