

(21229) - ENDOSCOPIC FULL-THICKNESS RESECTION OF COLORECTAL LESIONS: RESULTS OF THE LARGEST PORTUGUESE COHORT

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Introduction: Endoscopic full-thickness resection (EFTR) is a novel endoscopic technique for resecting GI lesions not amenable to standard endoscopic therapy.

Aim: to evaluate the efficacy and safety of EFTR for treating colorectal lesions in the biggest Portuguese registry.

Methods: Consecutive patients undergoing colorectal EFTR with a dedicated full-thickness resection device (FTRD) in our center were prospectively included. Primary outcomes were technical success (macroscopic complete *en bloc* resection), R0 and curative resection rates, procedure-associated adverse events, and recurrence rates. Secondary outcomes were baseline patient and procedure characteristics, including colorectal lesion type, size, location, and oncological outcomes.

Results: Between November 2020 and October 2023, 48 patients with colorectal lesions were referred to EFTR. Indications were primary resection of suspected T1 carcinoma (n = 32, 66.7%); peri-diverticular/peri-appendiceal location (n = 11, 23%, one of which was also a subepithelial lesion); recurrent adenomas (n=5, 10.4%). Patients were, on average, 68 years old (± 11.3 years), and 75% (n=36) were men. Median lesion size was 14.8mm ($\pm 4,5$ mm), most lesions were IIa or IIa+c (Paris Classification), and 41% (n=20) were proximal to the hepatic flexure. A hybrid EFTR with EMR (endoscopic mucosal resection) technique was used in 3 patients. Technical success was achieved in 44 procedures (91.7%), of which 38 (86.3%) were R0 resections. The lesion could not be reached or retracted into the cap in the remaining four. The average specimen size was 31mm (± 6.9 mm). Concerning histologically confirmed invasive adenocarcinoma (n = 27), the curative resection rate was 41% (n = 11).

Of those with a non-curative resection (n=16), 11 patients (69%) underwent oncologic surgery, of which 6 (55%) had no residual cancer in the surgical specimen. The remaining patients were either deemed unfit for surgery (n=2) or are on the waiting list (n=3). During follow-up for local recurrence (n=11), two patients were subsequently referred for surgery after 6 and 18 months, respectively. The immediate perforation rate was 8.3% (n=4), three of which were due to kit malfunction, with one requiring surgery. Delayed hemorrhage was seen in 4,5% (n=2) of patients, and appendicitis occurred in one patient (11% of peri-appendiceal procedures).

Discussion/Conclusion: Our results are overall in line with the largest international series. EFTR proved an effective and relatively safe *en-bloc* resection technique for complex colorectal lesions, reducing surgical overtreatment of benign and malignant lesions. Surgery would have led to overtreatment in 64% (n=28). Concerning invasive lesions, we achieved a curative rate of 41% and, interestingly, there was a high rate of surgical specimens without residual cancer (55%) on those with a non-curative resection, implying that there might be still room for further improvement on curative resection criteria. In summary, EFTR is an effective and relatively safe *en-bloc* resection technique for complex colorectal lesions, reducing surgical overtreatment of benign and malignant lesions.

Palavras-chave : Endoscopic full-thickness resection, Colon benign pathology, Colon malignant pathology