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innovation in scope

FTRD[®]

Endoscopic Full Thickness Resection

Closing the gap
between endoscopy and surgery

Focus topic
Early colorectal cancer

- High quality tissue specimen for comprehensive histopathology
- Supporting exact risk stratification
- Reducing the need for surgery
- Curative endoscopic resection possible

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FTRD[®]
SYSTEM

Decisive clinical difference in endoluminal surgery

EFTR with FTRD® as a diagnostic and therapeutic intervention in colorectal T1 cancers

With an overall R0 resection rate of 88.2 %¹ of T1 colorectal cancer (CRC) (211 of 346 procedures), the Dutch colorectal EFTR registry underlines the efficacy of FTRD® in this group of lesions (R0 resection rate primary resections 77.9 %, secondary treatment 93.0 %). After resection of the scar for previously incompletely resected T1 CRCs (R1/Rx), only scar tissue was found at histology in 81.8 %, residual carcinoma in 7.7 %.

Finding only scar tissue and no residual cancer in 81.8 % at histopathology, it can be concluded that EFTR can confirm local radicality by enabling a transmural scar excision or serve as a potentially curative completion treatment where there is residual cancer.

EFTR allows exact risk stratification and represents a valuable option for local endoscopic treatment

Kuellmer et al investigated a total of 156 lesions and substantiate the findings above with an R0 resection rate of 87.5 %² in the subgroup of repeat resections of malignant polyps (56/64) (group 2: non-lifting lesions, n=92). Risk status was initially unclear in all patients and definitive discrimination between high-risk and low-risk lesions by histology examination of the EFTR specimen could be clarified in 99.4 % in both subgroups (final classification as low-risk after follow-up 84.1 %).

These results underline the benefit of FTRD® to support the decision for the optimal individual treatment strategy. As a primarily diagnostic procedure for tissue acquisition, it allows for exact histologic risk stratification in patients with untreated lesions suspicious of T1 carcinoma and avoid surgery for low-risk lesions. For patients with high-risk lesions unfit for surgery, it can even be a valuable option for local endoscopic treatment.

FTRD® can change traditional treatment paradigms and reduce the need for surgery^{1,2}

FTRD® demands less procedural skill and time than ESD and provides high quality pathological specimens optimizing histological assessment. It enables safe and radical endoscopic resection of deep submucosal invasive cancer and offers an alternative to radical surgery in lesions considered incurable with current resection techniques¹.

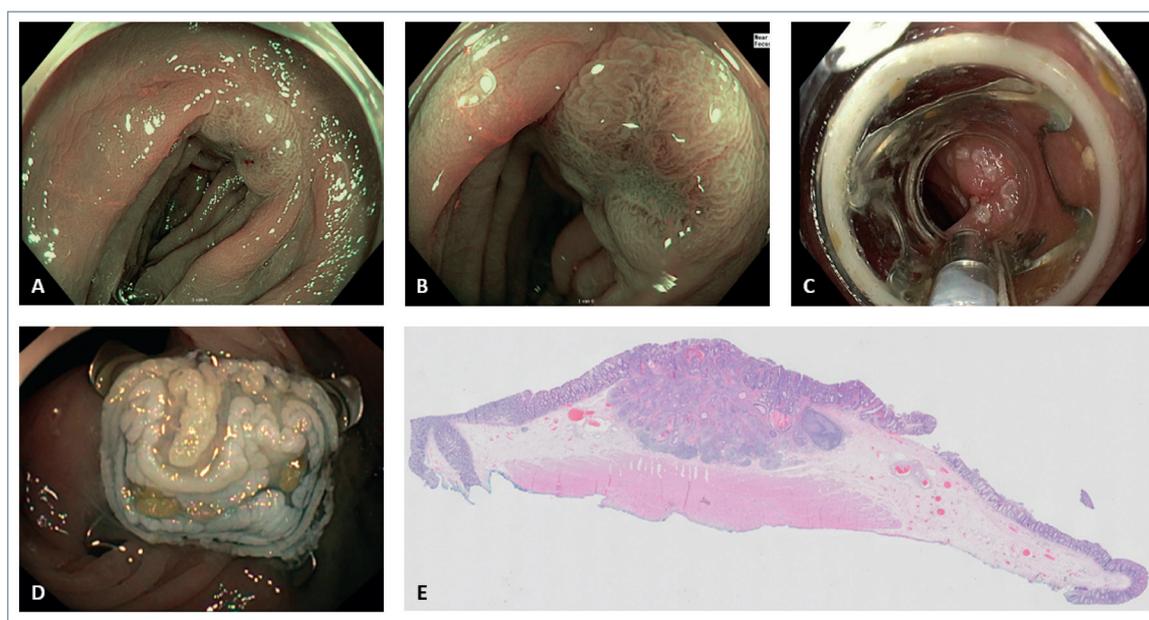


Fig. Completion endoscopic full-thickness resection after a previous incomplete resection of a low risk T1 colorectal cancer. a – d Endoscopic images showing: a, b narrow-band imaging of the target lesion; c the mounted full-thickness resection device on the marked lesion; d the full-thickness resection site with the over-the-scope clip. e Histopathological appearance showing a R0 resection of a moderately differentiated adenocarcinoma with deep submucosal invasion (SM3), without lymphovascular invasion or tumor budding. Source for Fig. e: Lianne Koens.

Source: Zwager et al [2020], Endoscopy

¹ Zwager LW, Bastiaansen BAJ, Bronzwaer MES, van der Spek BW, Heine GDN et al. Endoscopic full-thickness resection (eFTR) of colorectal lesions: results from the Dutch colorectal eFTR registry. Endoscopy. 2020 Nov;52(11):1014-1023.

² Kuellmer A, Mueller J, Caca K, Aepli P, Albers D et al. Endoscopic full-thickness resection for early colorectal cancer. Gastrointest Endosc. 2019 Jan 14. pii: S0016-5107(19)30013-6.