

- Title** Treatment of superficial colon cancer by endoscopic submucosal dissection
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Aim

The aim of this report was to compare the efficacy and safety of the endoscopic submucosal dissection (ESD) technique to mucosectomy and surgery (colectomy), in patients with superficial colon cancer presenting a low risk of node involvement, in order to assess the appropriateness of its public funding.

Results

Thirty-nine publications were analysed to assess the efficacy, safety and practice requirements for colonic ESD. No studies comparing the technical, clinical and oncological efficacy of colonic ESD to mucosectomy or colectomy were identified in the literature.

Fifteen studies were analysed to assess safety, including one controlled randomised study, one prospective case series and 13 retrospective case series. Data analysis showed that rates of colonic ESD complications are non-negligible (3.6-12.9%), even in the hands of expert endoscopists (Asian, generally Japanese), or under their supervision. Perforations during the ESD procedure are generally treated endoscopically. Delayed perforation after ESD may occur in 1.5% of cases, requiring emergency surgery.

The learning curve for colonic ESD is long. The risks incurred by patients during the initial phase of the learning curve are very high (up to 18% perforations and 20% switches to surgery), while the potential clinical benefit is unknown. Adverse event rates tend to decrease after 120 to 180 procedures, though they remain relatively high for the colon (particularly in the right colon).

The stakeholders have stated that ESD should be performed by trained and experienced operators in reference centres (level 3 interventional endoscopy centre) or expert centres (centres with initial and continuous training facilities using isolated organs and animal models, along with practical assessments).

Conclusions

HAS considers that this new technique should only be proposed in the context of biomedical research.

Methods

The assessment of ESD was based on the critical review of clinical data identified by a bibliographic search performed between January 2007 and March 2017, followed by monitoring up to December 2018.

The results of this analysis were supplemented in December 2018 by the consultation of stakeholders (healthcare professionals, as well as that of patients' associations)

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