

# Cap assisted endoscopic mucosal resection for rectal neuroendocrine tumors: an effective option

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## **BACKGROUND**

The incidence of rectal neuroendocrine tumors (r-NETs) is increasing, and most small r-NETs can be treated endoscopically.

- The optimal resection technique is unknown.
- According to some studies, cap assisted EMR (EMR-C) is an effective and safe alternative for endoscopic resection of r-NETs.

## **AIM**

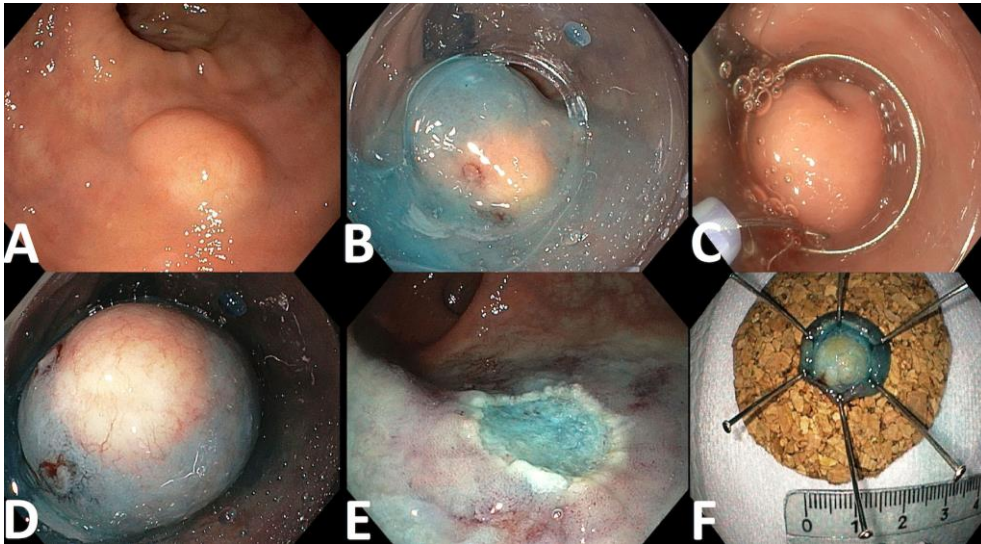
To evaluate the efficacy and safety of EMR-C for r-NETs  $\leq 10$ mm without *muscularis propria* invasion or lymphovascular infiltration

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## METHODS

**Study Design:** single centre, prospective cohort study

**Technique:**



- A:** r-NET. **B:** Submucosal injection.
- C:** Crescent snare suction on the adjacent rectal wall and fitted along the inner rim of the transparent cap.
- D:** r-NET snared with a snare-fitted cap while suctioning it.
- E:** The post-resection defect.
- F:** The resected specimen fixed and measured.

## RESULTS (N=13)



54%

<b>Size:</b> median (minimum-maximum)	<b>6 (3.7-10) mm</b>
<b>Recurrent r-NET:</b> n(%)	<b>2 (15.4%)</b>
<b>Procedure complications:</b> n (%)	
Bleeding	<b>1(7.6%)</b>
<b>Procedure time:</b> median (minimum-maximum)	<b>5 (3-10) min</b>

<b>Ki 67</b> <3%	11 (84.6%)
<b>Grade 1</b>	10 (76.9%)
<b>Lymphovascular invasion</b>	0(0%)
<b>Complete resection (R0)</b>	12 (92%)

Follow-up time: **6 (6-36) mo**

<b>Recurrence:</b> n (%)	<b>0 (0%)</b>
<b>Complete en bloc resection:</b> n (%)	<b>13 (100%)</b>

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## CONCLUSION

- EMR-C is a fast, safe, and effective option for r-NETs measuring <10 mm without risk factors.
- Owing to its safety and simplicity, EMR-C might be favoured over ESD, and other device assisted EMR for small r-NETs.
- Prospective comparative trials and cost-efficacy studies are needed to better define the role com EMR-C for r-NETs

## Treatment Algorithm

