

FTRD[®] neo System

Peak performance in clip application

FTRD[®] combines resection and secure closure via the proven OTSC[®] technology in a single step. Since its introduction in 2014, numerous studies have demonstrated the potential of FTRD[®] for minimally invasive full-thickness resection. In recent years, additional indications and areas of application have emerged – including T1 carcinomas, the Hybrid-FTRD[®] technique for the resection of larger lesions, and use in the upper GI tract. The available clinical data are transferable to the FTRD[®] neo System, as the clinically relevant product features have remained unchanged.



FTRD[®] in the colon and rectum

FTRD[®] is a well-established procedure with a strong evidence base, supported by various meta-analyses.

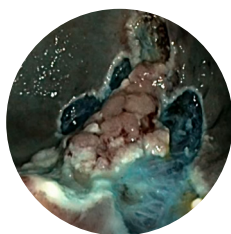
- » R0 resection rate between 77.8%¹ and 81.8%²
- » Technical success rate between 87.1%² and 90%¹
- » Rate of complications requiring surgery between 1%¹ and 2.5%²



EFTR in T1 carcinomas

FTRD[®] offers a minimally invasive alternative to surgical resection in T1 carcinomas. The current evidence suggests that FTRD[®] could become a standard treatment for early-stage carcinomas due to its high success rate.

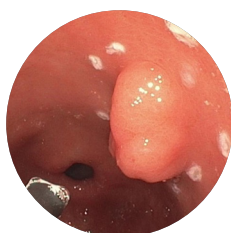
- » High R0 resection rate between 71.8%³ and 85.6%⁴
- » Risk stratification of tumors possible in 99.3% of cases^{3,4}
- » Initial long-term analyses promising: low recurrence rate after 39.5 months⁵



Hybrid-FTRD[®]

Hybrid-FTRD[®], the combination of EMR (or ESD) and FTRD[®], also enables the resection of larger lesions, thereby expanding the spectrum of complex lesions amenable to endoscopic resection.

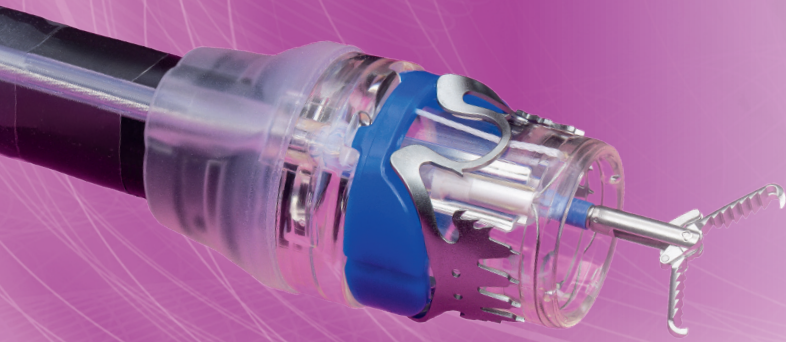
- » Median lesion size in studies between 36.5 mm⁶ and 39 mm⁷, with resections up to 70 mm⁷
- » Macroscopically complete resection rate between 81%⁷ and 97.3%⁶
- » Technical success rate of 97%, complication rate of 2%, and recurrence rate of 6%⁸



FTRD[®] in the stomach and duodenum

FTRD[®] is increasingly emerging as an alternative to surgical intervention in the duodenum as well – supported by promising initial studies, particularly in duodenal NETs. In the stomach, the technique offers particular diagnostic value.

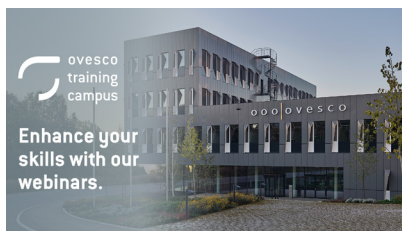
- » R0 resection rate in the duodenum between 75%⁹ and 83.9%¹⁰
- » R0 resection rate in the stomach of 76%; in all cases, a precise diagnosis of the findings was possible¹¹
- » Technical success rate of 88.2%, residual and/or recurrence rate of 6.1%¹²



Conclusion

FTRD®neo achieves high R0 resection rates and clinical success rates as an alternative to surgical intervention. The evidence base for the colon is solid – promising results are emerging for new indications such as T1 carcinomas and duodenal NETs. With the hybrid technique for larger lesions and its application in the upper GI tract, FTRD®neo is expanding its scope and establishing itself as a valuable tool in modern interventional endoscopy.

Webinars



Tips & Tricks



- 1 Wannhoff A, Meier B, Caca K. Metaanalyse zur endoskopischen Vollwandresektion im Kolon. Z Gastroenterol. Published online 2021, September 29.
- 2 Nabi Z, Samanta J, Dhar J, Mohan BP, Facciorusso A, Reddy DN. Device-assisted endoscopic full-thickness resection in colorectum: Systematic review and meta-analysis. Dig Endosc. 2024;36(2):116–28.
- 3 Kuellmer A, Mueller J, Caca K, Aeppli P, Albers D, Schumacher B, Glitsch A, Schäfer C, Wallstabe I, Hofmann C, Erhardt A, Meier B, Bettinger D, Thimme R, Schmidt AR. Endoscopic full-thickness resection for early colorectal cancer. Gastrointest Endosc. 2019;89(6):1180-1189.e1.
- 4 Zwager LW, Bastiaansen BAJ, van der Spek BW, Heine DN, Schreuder RM, Perk LE, Weusten BLAM, Boonstra JJ, van der Sluis H, Wolters HJ, Bekkering FC, Rietdijk ST, Schwartz MP, Nagengast WB, Hove WR ten, Terhaar Sive Droste JS, Rando Munoz FJ, Vlugg MS, Beaumont H, Houben MHMG, Seerden TCJ, Wijkerslooth TR de, Gielisse EAR, Hazewinkel Y, Ridder R de, Straathof J-WA, van der Vlugt M, Koens L, Fockens P, Dekker E. Endoscopic full-thickness resection of T1 colorectal cancers: a retrospective analysis from a multicenter Dutch eFTR registry. Endoscopy. Published online 2021, September 06.
- 5 Albers et.al., Dutch eFTR Study Group. Medium-term oncological outcomes following endoscopic full-thickness resection for T1 colorectal cancer: results from the Dutch prospective eFTR registry. Abstract Session "Advanced endoscopy for early CRC: The final answer?" OP034. UEG Week 2023 (October 14-17), Copenhagen, Denmark.
- 6 Meier B, Elsayed I, Seitz N, Wannhoff A, Caca K. Efficacy and safety of combined EMR and endoscopic full-thickness resection (hybrid EFTR) for large nonlifting colorectal adenomas. Gastrointest Endosc. 2023 Sep;98(3):405-411.
- 7 Mahadev S, Vareedayah AA, Yuen S, Yuen W, Koller KA, Haber GB. Outcomes of a hybrid technique using EMR and endoscopic full-thickness resection for polyps not amenable to standard techniques (with video). Gastrointest Endosc. 2021;94(2):358-367.e1.
- 8 Fakhoury B, Abdul Razak I, Morin R, Krishnan S, Mahmood S. Combined endoscopic mucosal resection and full-thickness resection for large colorectal polyps: a systematic review and meta-analysis. Scand J Gastroenterol. 2024;59(7):798–807.
- 9 Nabi Z, Pradevi I, Basha J, Reddy DN, Darishetty S. Exposed versus non-exposed endoscopic full thickness resection for duodenal sub-epithelial lesions: A tertiary care center experience. Endoscopy. 2023;55(S 02):eP586.
- 10 Wannhoff et. al.: Endoscopic full-thickness resection of duodenal neuroendocrine tumors using the Full-Thickness-Resection Device (FTRD): Results from a large, retrospective, multicenter study. ESGE Days 2024 (25-27 April), Berlin, Germany.
- 11 Meier, B, Schmidt A, Glaser N, Meining A, Walter B, Wannhoff A, Riecken B, Caca K. Endoscopic full-thickness resection of gastric subepithelial tumors with the gFTRD-sytem: a prospective pilot study (RESET trial). Surg Endosc 2019.
- 12 Bomman S, Klair JS, Canakis A, Muthusamy AK, Nagra N, Chandra S, Shanmugam M, Perisetti A, Aggarwal A, Gavini HK, Krishnamoorthi R. Safety and Efficacy of Endoscopic Full Thickness Resection of Upper Gastrointestinal Lesions Using a Full Thickness Resection Device: A Systematic Review and Meta-analysis. J Clin Gastroenterol. 2024;58(1):46–52.

More information
on FTRD®neo

