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innovation in scope

# FTRD<sup>®</sup>

Endoscopic Full Thickness Resection

Closing the gap

between endoscopy and surgery

- Enhancing the spectrum of resection techniques
- Improving histological diagnosis
- Avoiding unnecessary surgery
- Established procedure in clinical routine

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FTRD<sup>®</sup>

SYSTEM

# Decisive clinical difference in endoluminal surgery

## FTRD® removes non-lifting and other complex GI lesions that were subject to surgery before.

The multicentric Wall Resect trial with a technical success rate of 89.5 %<sup>1</sup> demonstrates that a variety of difficult to resect lesions, such as adenomas with non-lifting sign or subepithelial tumors, can be resected effectively. FTRD® thus enhances the spectrum of resection techniques and helps to avoid surgery.

## FTRD® achieves high rates of complete resection where superficial removal techniques have their limitations.

Full-thickness samples collected with FTRD® improve histological diagnosis. An R0 resection rate in 1,178 cases from 65 centers of the German colonic FTRD® registry of 80.0 %<sup>2</sup> substantiates the efficacy of FTRD® in clinical routine. The major strength of the German colonic FTRD® registry is the high number of patients included.

Strong support by German endoscopists was provided reflected by the high number of participating centers (n=65) and rapid collection of data (n=1,178 cases in only 4 years).

Among the participants were expert centers as well as mid-sized and smaller hospitals throughout Germany. Nevertheless, similar data on efficacy and safety could be demonstrated compared with data from tertiary referral centers as illustrated in the Wall Resect study (see table below).

These results show that FTRD® has gained broad acceptance in the endoscopic community and become an integral part of clinical routine. The German colonic FTRD® registry is by far the largest study of colorectal EFTR using FTRD® and confirms efficacy and safety for difficult-to-resect lesions in a real-world setting.

	Wall Resect	FTRD® registry
<b>Number of patients</b>	<b>181</b>	<b>1,178</b>
<b>Number of participating centers, type</b>	<b>9, referral</b>	<b>65, referral, mid-size, small</b>
<b>Max. diameter of lesion, mm [range]</b>	<b>15 [2-20]</b>	<b>15x15 [3x3-56x45<sup>1</sup>]</b>
<b>Median procedure time, min [range]</b>	<b>50 [3-190]</b>	<b>35 [2-203]</b>
<b>Technical success (macroscopically complete)</b>	<b>89.5 %</b> (162/181)	<b>88.2 %</b> (998/1,131 <sup>2</sup> )
<b>Full-thickness resection (histologically confirmed)</b>	<b>80.6 %</b> (146/181)	<b>89.9 %</b> (970/1,079 <sup>3</sup> )
<b>R0 resection (histologically confirmed)</b>	<b>76.9 %</b> (139/181)	<b>80.0 %</b> (823/1,029 <sup>4</sup> )
Difficult adenomas	77.7 %	77.2 %
Adenocarcinomas	72.4 %	82.8 %
Subepithelial tumors	87.0 %	97.1 %
R0 resection lesions ≤ 20 mm	81.2 %	77.6 %
R0 resection lesions > 20 mm	58.1 %	81.0 %
<b>Complications</b>	<b>9.9 %</b> (18/181)	<b>12.1 %</b> (142/1,178)
<b>Minor events*</b>	5.5 %	9.0 %
<b>Major events**</b>	4.4 %	3.1 %
<b>Surgery due to adverse events</b>	2.2 %	2.0 %

<sup>1</sup>Hybrid cases included <sup>2</sup>EFTR not performed (n=47) because of technical difficulties or complications.

<sup>3</sup> Histology available (n=1,086). Excluding: full-thickness-status not available (n=7).

<sup>4</sup> Histology available (n=1,086). Excluding: diagnostic EFTR (n=14), R-status not determinable because of combined EFTR/EMR (n=36), R-status not available (n=7)

\* complications that can be treated conservatively or endoscopically

\*\* complications requiring surgical therapy or renewed endoscopic treatment

1 Schmidt A, Beyna T, Schumacher B, Meining A, Richter-Schrag HJ, Messmann H, et al. Colonoscopic full-thickness resection using an over-the-scope device: a prospective multicentre study in various indications. Gut 2018 Jul;67(7):1280-1289.

2 Meier B, Stritzke B, Kuellmer A, et al. Efficacy and safety of endoscopic full-thickness resection in the colorectum: Results from the German colonic FTRD® registry. Am J Gastroenterol 2020; 115(12):1998-2006.