

Livestream-Webinar

FTRD® - Endoscopic Full-Thickness Resection Closing the gap between endoscopy and surgery

Friday, April 23rd, 2021 - 4:00-5:00 pm (CET) Host and moderation: A. Schmidt, Freiburg

4:00-4:05	Welcome and introduction
4:05-4:20	Results of the German colonic FTRD® registry FTRD® now part of clinical routine B. Meier, Ludwigsburg
4:20-4:35	Results of the Dutch FTRD® registry How FTRD® closes the gap between endoscopy and surgery B. Bastiaansen, Amsterdam
4:35-4:50	Hybrid-FTRD® — New options, new horizons G. Haber, New York
4:50-5:00	Discussion

FTRD[®]

Endoscopic Full Thickness Resection

Closing the gap between endoscopy and surgery

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 %¹ 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 1178 cases from 65 centers of the German colonic FTRD® registry of 80.0 %² substantiates the efficacy of FTRD® in clinical routine.

- 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.





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