



RESEARCH REVIEW

2025 JULY

Dear FITE members, interventional endoscopy colleagues and fellows,

FITE – the Foundation for Interventional & Therapeutic Endoscopy – founded in 2022 is an organization committed to the education of interventional endoscopists and the promotion of the field through creation of resources, standards, and opportunities which benefit interventional endoscopist and their patients. FITE is committed to its members who are interventional endoscopists, providing them with a sense of community regardless of practice setting.

Our mission statement: To advance healthcare outcomes by enhancing the field of interventional and therapeutic endoscopy to provide cost effective, safe, and minimally invasive procedures.

We are excited to work with the founding group of interventional endoscopists below who have come together around the vision of creating a research review to allow for an accessible and efficient manner for the members of FITE to digest the large volume of literature relevant to interventional endoscopy.

The goal of the FITE Research Review:

1. Create a convenient way for FITE members to stay up to date on meaningful interventional endoscopy literature by efficient review of the top impactful articles,
2. Grade the articles in a standardized manner to quantify the quality of the published literature to understand its value in enhancing the progress of the field,
3. Allow for the busy interventional endoscopists to have a rapid overview of which publications may benefit their practice and care for patients.

We hope that our members and readers will find the research review to be a useful tool in their career and enjoy reading its publication each month.

Lastly, we wholeheartedly thank our FITE Research Review editors for their efforts to support our community.

Sincerely,

The FITE Executive Committee



COMPARISON OF ENDOSCOPIC AND SURGICAL GASTROJEJUNOSTOMY IN PATIENTS WITH MALIGNANT GASTRIC OUTLET OBSTRUCTION: A NATIONAL COHORT ANALYSIS (2016-2020)

Vibhu Chittajallu • GIE - July

Reference: Pinnam, B. S. M., Ojemolon, P. E., Mohammed, A., Dahiya, D. S., Chandan, S., Gopakumar, H., Ali, H., Gangwani, M. K., Agrawal, R., Mba, B., Mutneja, H., Gandhi, S., Hasan, M. K., & Inamdar, S. (2025). Comparison of endoscopic and surgical gastrojejunostomy in patients with malignant gastric outlet obstruction: a national cohort analysis (2016-2020). *Gastrointestinal endoscopy*, 102(2), 205–213.e1. <https://doi.org/10.1016/j.gie.2025.01.025>

Summary:

This national cohort study compared endoscopic gastrojejunostomy (EGJ) and surgical gastrojejunostomy (SGJ) for malignant gastric outlet obstruction (MGOO), evaluating safety, outcomes, and trends using U.S. inpatient data (2016–2020).

Study Design:

- Retrospective analysis of 20,930 adult inpatient MGOO cases (4,345 EGJ, 16,585 SGJ) from the National Inpatient Sample.
- Outcomes: in-hospital mortality, complications, length of stay (LOS), and cost.

Key Findings:

- No difference in mortality (0.62% overall; $P = .106$).
- EGJ had lower odds of respiratory failure (aOR 0.68), transfusion (aOR 0.63), and peritonitis (aOR 0.55).
- Shorter LOS (9.9 vs 12.6 days) and lower hospital charges (~\$16,500 less) with EGJ.
- Utilization of EGJ increased from 17% (2016) to 24% (2020).

Implications for Practice:

EGJ is a safe, less invasive alternative to SGJ for MGOO with fewer complications, shorter stays, and lower costs. Increasing adoption supports its use as a first-line option in appropriate candidates.

Quality of Evidence:

- Moderate. Large sample and adjusted analysis, but retrospective design with coding limitations and no long-term outcomes.



LUMEN-APPOSING STENTS WITH OR WITHOUT PIGTAIL IN ENDOSONOGRAPHY-GUIDED BILIARY DRAINAGE FOR MALIGNANT DISTAL BILIARY OBSTRUCTION (BAMPI STUDY)

Frances Dang • July 2025

Reference: Sumalla-Garcia A, Aparicio-Tormo JR, Pedraza-Sanz R, Sanchiz-Soler V et al. Lumen-Apposing Stents with or without Pigtail in Endosonography-Guided Biliary Drainage for Malignant Distal Biliary Obstruction, Clinical Gastroenterology and Hepatology (2025), Epub ahead of print, doi: <https://doi.org/10.1016/j.cgh.2025.05.025>.

Summary:

This is a multicenter RCT shows that placing a coaxial double pigtail stent (DPS) within a LAMS reduces the risk of stent dysfunction, shortens hospitalization for patients with malignant distal biliary obstruction.

Study Design:

- Multicenter randomized control study involving 7 Spanish tertiary hospitals.
- Patients with malignant distal biliary obstruction secondary to resectable, locally advanced or unresectable cancers plus an indication for biliary drainage were included.
- 123 patients with MDBO assessed for eligibility, 91 patients were randomized 1:1 to either LAMS (n=47) or LAMS-DPS group (n=44).
- Primary endpoint: rate of recurrent biliary obstruction (RBO) at follow-up
- Secondary endpoint: technical and clinical success, safety, time to recurrent biliary obstruction, re-interventions, hospitalization

Key Findings:

Outcome	LAMS Alone	LAMS-DPS	CI, p-value
Recurrent biliary obstruction (RBO)	30% (14/47)	9% (4/44)	[95%CI 0.09–0.78];p=0.02)
Median Hospital Stay	9 days	5 days	[95%CI 0, 9]; p=0.016)
Technical Success	85%	84%	NS
Clinical Success	81%	77%	NS
Procedure Time	21 min	32 min	p = 0.02
Adverse Events	19%	27%	NS
Biliary Reintervention	26% (12/47)	11% (5/44)	NS

- Kaplan-Meier analysis showed longer time to RBO in LAMS-DPS group (hazard ratio 0.21[95%CI 0.07-0.63];log-rank p=0.002)
- A total of 6 fatal events occurred with related mortality and survival rate similar between two groups. In LAMS alone group, there was one fatality related to late bleeding. In the LAMS-DPS group, 5 fatalities were related to sepsis (1), cholecystitis (2) intraprocedural CBD perforation (1) and obstructive cholangitis (1).

Implications for Practice:

In patients with malignant distal biliary obstruction being managed with EUS-guided biliary drainage using LAMS, addition of a DPS may improve outcomes by reducing stent related complications. This may be particularly relevant in high risk palliative patients although some there may be some safety signals that warrants further investigation.

Quality of Evidence:

Strong given multicenter, randomized control design with clear and clinically relevant primary endpoint that was adjudicated by an independent committee. Limitations include heterogenous patient mix of various cancer stages (i.e. resectable to palliative) and study underpowered for secondary outcomes (reintervention rates, survival, mortality differences etc).



CLINICAL OUTCOMES OF ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) FOR RESIDUAL NEOPLASIA AFTER INCOMPLETE RESECTION OF LARGE NON-PEDUNCULATED COLORECTAL POLYPS (LNPCPS): A LARGE MULTICENTER PROPENSITY MATCH STUDY

Avni Jain • GEI - July

Reference: Robalino Gonzaga E, Zhang Y, Mohammed AS, Bani Fawwaz BA, Farooq A, Khan NI, King WW, Jawaaid SA, Othman MO, Khalaf MA, Friedland S, Joseph A, Hwang JH, Aadam AA, Solinski MA, Bechara R, Marhaba J, D'Souza LS, Saeed A, Andrawes SA, Tomizawa Y, Khan A, Sharma N, Dang F, Samarasena JB, Nagao S, Nishimura M, Cyrus P, Tobias Z, Chandan S, Abbasi A, Pathak S, Cosgrove N, Deepanshu J, Mustafa AM, Kadkhodayan K, Hayat M, Hasan MK, Aihara H, Draganov PV, Yang D, Clinical Outcomes of Endoscopic Submucosal Dissection for Residual Neoplasia After Incomplete Resection of Large Non-Pedunculated Colorectal Polyps: A Large Multicenter Propensity Match Study, *Gastrointestinal Endoscopy* (2025), doi: <https://doi.org/10.1016/j.gie.2025.07.026>.

SUMMARY:

This multicenter study evaluated ESD for treatment of residual neoplasia following failed initial endoscopic resection (ER) of LNPCPs. The findings were that ESD can be performed safely and effectively as a salvage therapy after initial failed ER.

STUDY DESIGN:

- Multicenter propensity-score (PS) match study
- January 2021 - September 2024
- 545 patients were PS matched (361 treatment naive, 184 prior failed ER) from 11 center in North America out of a total 1447 undergoing colorectal ESD
- Failed ER included any colorectal lesion in which ER was attempted but complete resection could not be achieved based on endoscopic assessment
- Primary outcomes included: resection outcomes (en-bloc and curative resection rates).
- Secondary outcomes included: rate of recurrence and adverse events

KEY FINDINGS:

- Technical outcomes:
 - o En bloc resection: 91.7% (naive) vs. 89.7% (prior ER) (p=0.43)
 - o Curative resection: ~79.5% in both groups
 - o Median ESD procedure time: 85 mins (naive) vs. 69 mins (prior ER) (p=0.0005) despite there being no difference in lesion size
 - o Submucosal fibrosis: 62.6% (naive) vs. 69.7% (prior ER)
 - o Elective closure success: 74.8% (naive) vs. 61.4% (prior ER) (p=0.0015)

Adverse events:

- o Perforation: 4.7% (naive) vs. 4.3% (prior ER) (p=1.00). Most perforation (92%) were managed endoscopically.
- o Delayed bleeding: 0.83% (naive) vs. 1.6% (prior ER) (p=0.40)

Recurrence:

- o Neoplasia recurrence: 3.6% (naive) vs. 5.8% (prior ER) (p=0.32)

- Traditional risk factors like young age, female sex, and endoscopic papillary balloon dilation were not associated with PEP in this study.

- Additionally, overall incidence of procedure-related adverse events, excluding PEP, was 2.9%.

IMPLICATIONS FOR PRACTICE:

- ESD is a viable salvage treatment option for residual neoplasia after failed ER or LNPCPs, and may serve as an organ-sparing alternative to surgical resection.
- Given the increased technical demands and slight increased risk, ESD should be performed at centers with significant expertise.

QUALITY OF EVIDENCE: Moderate; large multicenter study however retrospective study, surveillance data was only available in <50% of cases.



IMPROVEMENT IN OBESITY-RELATED COMORBIDITIES 5 YEARS AFTER ENDOSCOPIC SLEEVE GASTROPLASTY: A PROSPECTIVE COHORT STUDY

Grace Kim • GIE – July

Reference: Lahooti A, Westerveld D, Johnson K, Aneke-Nash C, Baig MU, Akagbosu C, Hanscom M, Buckholz A, Newberry C, Herr A, Schwartz R, Yeung M, Sampath K, Mahadev S, Kumar S, Carr-Locke D, Aronne L, Shukla A, Sharaiha RZ. Improvement in obesity-related comorbidities 5 years after endoscopic sleeve gastroplasty: a prospective cohort study. *Gastrointest Endosc*. 2025 Jul;102(1):26-36. doi: 10.1016/j.gie.2024.12.017. Epub 2024 Dec 16. PMID: 39694295

Summary:

This study follows a cohort of patients who have undergone endoscopic sleeve gastroplasty (ESG) up to 5 years and demonstrates that ESG significantly improves obesity-related comorbidities such as hypertension and diabetes / prediabetes.

Study Design:

- A prospective cohort study over 5 years
- August 2013 - June 2024
- 262 consecutive patients who underwent ESG (of the 404 consecutive patients enrolled)
- Primary outcomes: biomarkers including hemoglobin A1c, systolic blood pressure (SBP), lipid panel, and alanine aminotransferase (ALT)
- Secondary outcomes: total body weight loss + safety
- Patients who received antiobesity pharmacotherapy post procedurally were excluded from the study

Key Findings:

- At 5 years, there were significant reductions in:
 - o Hemoglobin A1c ($5.8\% \pm .92\% \rightarrow 5.63\% \pm .79\%$, $p < 0.001$)
 - o Systolic blood pressure (SBP; 129.3 ± 14.5 mm Hg $\rightarrow 125.2 \pm 17.3$ mm Hg, $p = 0.0071$)
 - o Alanine aminotransferase (ALT; 30.3 ± 17.3 U/L $\rightarrow 23.9 \pm 12.1$ U/L, $p = 0.0002$)
- At 5 years, for those who had elevated LDL cholesterol >100 , there was a significant reduction from 130.1 ± 25.4 mg/dL $\rightarrow 121.8 \pm 35.4$ mg/dL ($p = 0.038$).
- At 5 years, there were significant reduction in BMI ($37.5 \pm 5.8 \rightarrow 33.8 \pm 6.7$ kg/m², $p < 0.001$) with total body weight loss of 11.8% at 5 years

Implications for Practice:

- ESG is a feasible, relatively non-invasive intervention that can have lasting and durable positive effects on patients' obesity-related comorbidities.

Quality of Evidence: Moderate; a single centered, prospective study



CONTACT US

At FITE, we are continually striving to educate and empower. We welcome you to reach out with any feedback, questions, or concerns anytime via support@endofoundation.org.

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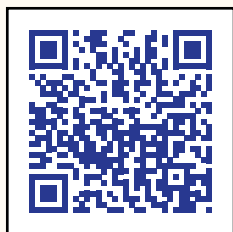
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