



RESEARCH REVIEW

2025 JUNE

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



MARGIN THERMAL ABLATION ELIMINATES SIZE AS A RISK FACTOR FOR RECURRENCE AFTER PIECEMEAL ENDOSCOPIC MUCOSAL RESECTION OF LARGE NON-PEDUNCULATED COLORECTAL POLYPS

Vibhu Chittajallu • Gut - May

Reference: Gauci, J. L., Mandarino, F. V., Kerrison, C., Whitfield, A. M., O'Sullivan, T., Gupta, S., Lam, B., Peranathan, V., Cronin, O., Lee, E. Y., Williams, S. J., Burgess, N., & Bourke, M. J. (2025). Margin thermal ablation eliminates size as a risk factor for recurrence after piecemeal endoscopic mucosal resection of large non-pedunculated colorectal polyps. *Gut*, 74(5), 752–760. <https://doi.org/10.1136/gutjnl-2024-333563>

Summary:

Pre-cutting endoscopic mucosal resection (EMR-P) is a modified EMR technique, which involves making a circumferential mucosal incision, including free margins, and placing a snare within the mucosal groove to ensure proper capture before proceeding with resection. This is a prospective randomized control trial looking at the safety and efficacy of EMR-P using a snare tip versus an ESD knife for resection of non-pedunculated colorectal polyps (15–25 mm). Both techniques demonstrate high en-bloc resection rates, no recurrence and low adverse events.

Study Design:

- This single-center prospective trial enrolled consecutive patients referred for management of large non-pedunculated colorectal polyps (LNPCPs) measuring ≥ 20 mm.
- Over a 14-year period ending in July 2023, 1,872 sporadic colorectal polyps ≥ 20 mm in size were resected via endoscopic mucosal resection (EMR) in 1,872 patients, with a median lesion size of 35 mm (IQR 25–45 mm).
- Surveillance colonoscopy was performed in 1,349 of these patients at a median interval of 6 months (IQR 4–8 months).

Key Findings:

- Recurrence rates during the pre-MTA, MTA-adoption, and standardised-MTA phases were 13.5% (42/310), 12.6% (72/560), and 2.1% (10/479), respectively ($p \leq 0.001$).
- In the standardised-MTA phase, recurrence rates remained uniformly low across all polyp size groups: 1.5% (3/205) for 20–39 mm, 1.6% (3/190) for 40–59 mm, and 1.4% (1/73) for ≥ 60 mm polyps ($p = 1.00$).

Implications for Practice:

Endoscopic submucosal dissection (ESD) has been suggested as an alternative to endoscopic mucosal resection (EMR), owing to its lower recurrence rates reported in some studies. Nevertheless, ESD is linked to higher rates of complications, greater costs, and significant opportunity costs. In this study, it is shown that margin thermal ablation can achieve consistently low recurrence or residual adenoma rates—below 2%—across all lesion sizes, including those measuring ≥ 60 mm.

Quality of Evidence:

- Single center prospective study. Concern for generalizability due to single center nature with expert endoscopists.



COMPARING PRECUTTING ENDOSCOPIC MUCOSAL RESECTION USING SNARE-TIP AND ESD KNIFE FOR LARGE NONPEDUNCULATED COLORECTAL POLYPS: A RANDOMIZED CONTROLLED TRIAL

Frances Dang • American Journal of Gastroenterology (May)

Reference: Oh CK, Cho YW, Cho YS. Comparing precutting endoscopic mucosal resection using snare-tip and ESD knife for large nonpedunculated colorectal polyps: a randomized controlled trial. Am J Gastroenterol. 2025 May 14. doi: 10.14309/ajg.0000000000003540. Epub ahead of print. PMID: 40367489.

Summary:

Pre-cutting endoscopic mucosal resection (EMR-P) is a modified EMR technique, which involves making a circumferential mucosal incision, including free margins, and placing a snare within the mucosal groove to ensure proper capture before proceeding with resection. This is a prospective randomized control trial looking at the safety and efficacy of EMR-P using a snare tip versus an ESD knife for resection of non-pedunculated colorectal polyps (15-25 mm). Both techniques demonstrate high en-bloc resection rates, no recurrence and low adverse events.

Study Design:

- Prospective, non-inferiority, multicenter randomized control trial
- Primary endpoint: en-bloc resection rate
- Secondary endpoints: R0 resection rate, procedure time, adverse events, local recurrence at 12 months
- Mucosal incision performed with tip of 25 mm snare or DualKnife

Key Findings:

- A total of 164 patients were enrolled between June 2021 and Jan 2023. 58 excluded with a total of 106 patients randomized to either EMR-P with snare tip (n=53) or EMR-P with ESD knife (n=53)
- High rate of en-bloc resection (98.1%) in both groups; snare tip group showed non-inferiority in en-bloc resection compared to ESD knife group
- R0 resection in snare tip group not significantly different from ESD knife group (88.7% vs 92.5%, $p = 0.663$).
- Total procedure time was 8.9 min (IQR= 7.5-10.3) and 9.3 min (IQR=7.2-10.9) in the snare-tip vs ESD knife groups respectively ($p=0.550$)
- Local recurrence rate was 0% in both groups
- Each group had one case of delayed bleeding, both managed successfully with clipping. Post-polypectomy syndrome occurred in 3 cases with EMR-P snare tip and 2 cases with EMR-P with ESD knife. There was no perforation in either group.

Implications for Practice:

This RCT supports snare-tip EMR-P as a safe, effective and lower cost alternative to EMR-P with ESD knife for non-pedunculated polyps. Given its lower cost, shorter learning curve and safety profile, EMR-P with snare tip should be considered, especially in settings where efficiency and accessibility are important.

Quality of Evidence:

Overall high given prospective randomized control trial design but findings may not be as generalizable as only one specific snare and ESD knife brand used.



IDENTIFICATION OF RISK FACTORS ASSOCIATED WITH POST-ERCP PANCREATITIS IN PATIENTS WITH EASY CANNULATION: A PROSPECTIVE MULTICENTER OBSERVATIONAL STUDY

Avni Jain • Gastrointestinal Endoscopy/May 2025

Reference: Lee KJ, Cho E, Park DH et al. Identification of risk factors associated with post-ERCP pancreatitis in patients with easy cannulation: a prospective multicenter observational study (with videos). GIE 2025. 101:5;988-996.

Summary:

This multicenter observational study was designed to investigate risk factors for post-ERCP pancreatitis (PEP) in patients where biliary cannulation was achieved easily (≤ 5 minutes, ≤ 5 attempts, and no pancreatic duct cannulation). 1930 were enrolled and 1061 (54.9%) underwent easy cannulation. The incidence of PEP was 3.0%. Independent risk factors for PEP in patients with easy cannulation were acute cholangitis and history of acute pancreatitis.

Study Design:

- Prospective, multicenter, observational study including 1,930 patients with native papillae who underwent ERCP from 3 referral university hospitals in South Korea between 2018 and 2023. The risk factors for PEP were assessed using univariate and multivariate logistic regression analyses.

Key Findings:

- Of 1,930 patients, 54.9% were classified as easy cannulation
- Incidence of PEP in patients with easy cannulation was 3.0%, 0.3% of which were severe. Incidence of PEP in patients with difficult cannulation was 8.4%.
- Independent risk factors for PEP in easy cannulation were history of acute pancreatitis [OR 5.30, 95% CI, 1.49-14.72] and acute cholangitis on admission [OR 2.60, 95% CI, 1.25-5.78].
- 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:

- These findings underscore the importance of meticulous management with prophylactic measures to prevent PEP even in patients with easy cannulation.
- Further patient risk factors that increase the risk of PEP have been identified including history of acute pancreatitis and acute cholangitis, therefore perhaps a more liberal approach to pancreatic duct stent placement, IV fluids, and rectal NSAIDs should be applied in these cases (of note, NSAID prophylaxis was not used due to unavailability).

Quality of Evidence:

- Although this was a large, well-designed prospective study, the observational, non-randomized design is considered low quality using the GRADE framework.
- Generalizability may be limited in settings where PEP prophylaxis with NSAIDs are standard



ENDOSCOPIC GLUE INJECTION VS GLUE PLUS BRTO OR TIPSS FOR PREVENTING GASTRIC VARICEAL BLEEDING: A RANDOMIZED CONTROLLED TRIAL

Grace Kim • CGH – May

Reference: Biswas S, Vaishnav M, Gamanagatti S, Swaroop S, Arora U, Aggarwal A, Elhence A, Gunjan D, Kedia S, Mahapatra SJ, Mishra AK, Shalimar. Endoscopic Glue Injection vs Glue Plus BRTO or TIPSS for Preventing Gastric Variceal Bleeding: A Randomized Controlled Trial. Clin Gastroenterol Hepatol. 2025 May;23(6):954-964.e10. doi: 10.1016/j.cgh.2024.06.023. Epub 2024 Jul 4. PMID: 38969074.

Summary:

This study is a randomized controlled study comparing endoscopic injection of cyanoacrylate glue versus glue + IR intervention (TIPS/BRTO) in patients with gastric variceal bleed. This study showed that endoscopic intervention-only arm had higher rates of rebleeding at 1 year as well as bleeding-related mortality.

Study Design:

- Randomized controlled trial
- Secondary prophylaxis in patients with gastric varices
- Endoscopic injection of cyanoacrylate glue vs glue + IR (TIPS/BRTO)
- Endoscopic arm: glue injection at months 1, 3, 6, and 12
- Rebleed rate at 1 year

Key Findings:

- Higher rebleeding rates in the endoscopic arm (24.4% vs 2.2%, $p = 0.004$; absolute risk difference 22.2%)
- Higher mortality risk in endoscopic arm (17.8% vs 2.2%, $P = 0.030$, absolute risk difference 15.6%)
- Number needed to treat: 4.5

Implications for Practice:

- Endoscopic therapy of gastric varices alone is not sufficient; while endoscopic therapy should be considered in patients with acute gastric variceal bleed, it is prudent to ensure that the patients have follow-up plans for an IR procedure

Quality of Evidence: High; this is a randomized controlled trial



SURVEILLANCE OF PRIMARY SCLEROSING CHOLANGITIS – A COMPARISON OF SCHEDULED OR ON-DEMAND ERCP WITH ANNUAL MRI SURVEILLANCE: A MULTICENTER PROSPECTIVE STUDY

Sepideh Farzin Moghadam • *Endoscopy*, May 2025

Reference: Barner-Rasmussen N, Molinaro A, Mol B, Ponsioen C, Bergquist A, Kautiainen H, Färkkilä MA. *Endoscopy*. 2025 May;57(5):431-440. Doi: 10.1055/a-2511-3422. Epub 2025 Jan 28. PMID: 39875118.

Summary:

Three different surveillance strategies (scheduled ERCP, annual MRI/MRCP surveillance, and on-demand ERCP) were compared retrospectively in data of 1629 patients with primary sclerosing cholangitis (median follow-up 8–11 years). The cumulative incidence of the composite end point (hepatobiliary malignancy, liver transplantation, or liver-related death) was lowest in the group undergoing scheduled ERCP (14.1%) and highest in the on-demand ERCP cohort (35.0%).

Study Design:

- **Design:** Multicenter, prospective cohort study
- **Participants:** 1629 patients diagnosed with PSC post-1990.
- **Scheduled ERCP:** n = 1017 (Helsinki University Hospital (HUH) PSC registry in Finland)
- **MRI/MRCP:** n = 412 (10 Swedish hospitals.)
- **On-demand ERCP:** n = 201 (the Amsterdam University Medical Center)
- **Follow-up:** Median 8–11 years, Primary Endpoint: Composite of hepatobiliary malignancy, liver transplantation, or liver-related death.

Key Findings:

Scheduled ERCP was associated with the lowest incidence of the composite outcome (malignancy, transplantation, or liver-related death) at 14.1%, compared to 22.8% for MRI/MRCP and 35.0% for on-demand ERCP. The highest rate of cholangiocarcinoma occurred in the on-demand ERCP group, while the lowest was in the scheduled ERCP group, though not significantly different from MRI/MRCP. Many CCA cases were diagnosed in asymptomatic patients, highlighting detection challenges.

Liver transplantation rates were similar between scheduled ERCP and MRI/MRCP but higher in the on-demand ERCP group. Liver-related death rates were comparable across all groups.

In terms of fibrosis progression (Δ FIB-4), the scheduled ERCP group had the least progression, while the MRI/MRCP group had the most. Over time (1990–2023), adverse outcomes significantly declined in the scheduled ERCP group, but no improvement trend was observed in the MRI/MRCP group.

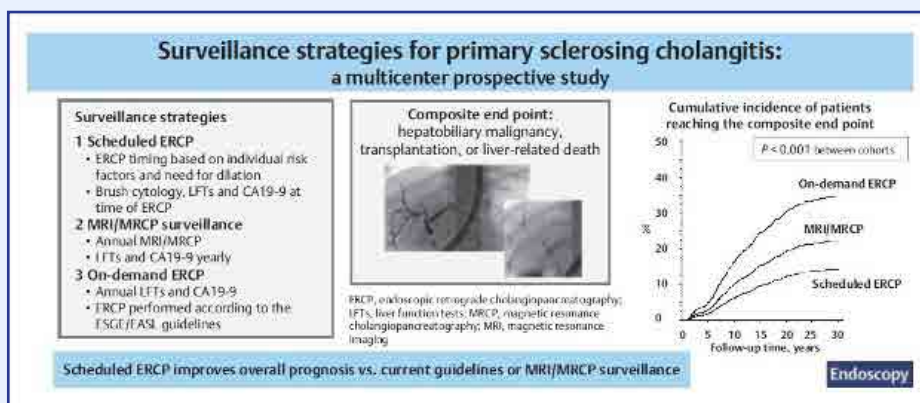
Implications for Practice:

This study suggests that scheduled ERCP with brush cytology and risk-based follow-up may offer better outcomes in PSC than current guideline-based surveillance with MRI/MRCP alone. It supports a more proactive approach, allowing for earlier detection of biliary dysplasia, slower fibrosis progression, and reduced risk of serious outcomes like CCA or transplantation.

These findings support reevaluating current surveillance strategies, particularly for high-risk PSC patients. Although ERCP carries procedural risks, its potential benefits may outweigh the harms when used selectively in expert hands. The study also emphasizes the need for better risk stratification tools to identify patients who may benefit most from early, targeted intervention.

Quality of Evidence:

This large multicenter study offers valuable real-world data on PSC surveillance. Despite its strengths, limitations include its non-randomized design, cohort variability, and lack of ERCP complication data. Overall, it provides moderate-quality evidence that warrants confirmation through randomized trials to establish the optimal surveillance approach in PSC.





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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