eP965 A novel colonoscope with a 230-degree extra-wide field of view optics (EFOV): results from a prospective, first-in-human trial

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Aims A novel colonoscope with 230-degree, partially retrograde EFOV optics was previously evaluated in a model-based trial, demonstrating a significantly higher polyp detection rate with favourable performance and usability ratings compared to a standard colonoscope (170 ° field of view)[1]. We report here on the first human trial assessing the utility and safety of the EFOV colonoscope in a selected group of patients [1].

Methods This bicentric, prospective, single-arm cohort trial included consecutive patients scheduled for colorectal cancer screening (CRCS), evaluation of a positive fecal immunochemistry test (FIT), or polyp surveillance. All procedures were performed with the novel EFOV colonoscope (EC38-i20cWF, PENTAX Medical) by three endoscopists. The primary endpoint was the cecal intubation rate. Secondary endpoints included intubation rate of the terminal ileum, procedure time, detection rates of polyps (PDR), adenomas (ADR), sessile serrated lesions (SDR), success of interventions, adverse events and endoscopists' subjective evaluation of endoscope handling based on a 5-point Likert rating scale. Answer options ranged from unacceptable (1) to excellent (5).

Results From August to November 2024, a total of 64 patients, mean age 63.1 ± 9.4 years, 36 male (56 %) were enrolled. Indications were CRCS (n = 48), positive FIT (n = 0) or polyp surveillance (n = 16). EFOV colonoscopy could be completed in all cases. The median Boston Bowel Prep Score was 9 (range, 6-9). The cecum was reached in all patients. The terminal ileum could be intubated in 97 % (62/64) of cases. Mean cecal intubation and withdrawal times were 5.8 ± 3.5 min. and 8.4 ± 3.0 min., respectively. Eighty-four polyps were detected in 43 of 64 patients (PDR = 67 %). Taking histology into account, the ADR and SDR were 43 % (27/63) and 17 % (11/63), resp, with data from 1 patient still pending. All polyps were endoscopically removed using techniques according to current ESGE guidelines. No adverse events were registered during the study period. The subjective endoscopists' evaluation showed a mean rating score of 4.6 ± 0.14 for 11 different questions.

Conclusions This first human trial shows that the novel colonoscope with extra-wide field of view optics can be used effectively and safely in daily clinical practice. The extra field of view promises improved detection of hidden polyps compared to standard colonoscopy. Randomized trials are needed to confirm these benefits and assess the full potential of this instrument in a variety of patient groups and clinical situations.

Conflicts of Interest This study was supported by PENTAX Europe GmbH, Hamburg, Germany

References

[1] Neuhaus H, Nowak T, Schmidt A. A novel colonoscope with an extra-wide field of view increases polyp detection rate compared with standard colonoscope: Prospective model-based trial. Endosc Int Open 2024; 12 (10): E1230–E1236. doi:10.1055/a-2422-9502

eP966 Prophylactic use of Purastat in colon endoscopic resection: a prospective study of clinical and economic benefits

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Aims Delayed bleeding (DB) is the most common complication after endoscopic resection of large colonic polyps (≥ 20 mm). The aim of our study is to evaluate the clinical and cost effectiveness of prophylactic use of purastat for prevention of DB after EMR and ESD.

Methods It is a prospective, multicentre cohort study. Patients undergoing endoscopic resection of polyps > 20mm were prospectively recruited if located in right colon or patients were on anti-thrombotic agents. Purastat was prophylactically applied in all patients and were followed up for DB and all treatment were recorded. The DB rate was compared to the estimated risks and economic impact was calculated based on the national healthcare costs.

Results EMR group was composed of 191 patients. The mean polyp size was 44.0 ± 19.6 mm; 72 were medium-risk (GSEED-RE2 4-6) and 13 were high-risk (score 7-9) for DB. One episode of DB was reported. The expected bleed rate in this cohort was 7.59 (6.65-8.53). The relative risk (RR) was 0.118 (0.02- 0.86; P = 0.03) resulting in a significant reduction of DB by 88.2 % (p = 0.02). The overall costs of the prophylactic use of Purastat was 32967.01£. The cost of the management of the episode of DB was estimated at 3642.17£. On subgroup analysis, if Purastat use was restricted to the high-risk EMR cohort it can result in a cost saving of £5464.67 for a cohort of 13 patients. If used in the medium-high risk group then it would results in an excess costs of 57.19£ per patient but with a reduction in DB from 7.59 % to 1.18 %. ESD group was composed of 102 patients. The mean size was 47.9 ± 19.6mm. Among all the ESD patients, 47 were medium-risk (Limoge score 3-5) and 17 were high-risk(score:6-8). Two DB were reported in the entire cohort, one in the low and one in the medium-risk group with an expected risk of DB of 2.04 (1.84-2.25) and 6.63 (6.07-7.20), respectively in these two groups. The RR of DB after Purastat in the full cohort of ESD patients was 0.28 (0.07 – 1.11; P = 0.07), resulting in a significant reduction of DB by 72.0 %. In the medium-high risk group the observed DB was 1.56 (0.08-9.54) while the expected was 9.87 (8.35-11.40), with a reduction of DB by 84.4 %. The overall costs in the ESD group of Purastat was 37100.00£. The costs for the treatment of the DB were respectively 3558.54 and 3642.17£. For high-risk group, the use of Purastat is cost effective and results in an economic saving equal to 7960.16£ for a cohort of 17 patients. In the medium-high risk its use results in an excess costs of 30.20£ per patient but with a reduction of DB from 9.87 % to 1.56 %.

Conclusions The prophylactic use of purastat in selected patients is a safe and effective strategy, resulting in significant benefits in terms of DB reduction and economic savings.

Conflicts of Interest Authors do not have any conflict of interest to disclose.

eP967V Checkpoint Inhibitor-Induced Gastritis: Endoscopic Insights for an Accurate Diagnosis

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Abstract Text 50-year-old woman with postprandial vomiting and epigastric pain. Diagnosed 7 years before with vaginal invasive papillary squamous cell carcinoma, unresponsive to chemoradiotherapy and brachytherapy. Pembrolizumab, was initiated as third-line monotherapy, nine months before. Upper gastrointestinal endoscopy revealed diffuse congestive mucosa and deep circumferential ulceration of the antrum and duodenal bulb, causing lumen narrowing. Pembrolizumab was interrupted and prednisolone, pantoprazol and sucralfate were started [1].

Sixteen weeks post-treatment endoscopy revealed a remarkable improvement. This case illustrates the endoscopic features of severe gastritis induced by PD-1 inhibitors, a rare adverse effect of a commonly prescribed oncological treatment. It highlights the endoscopic diagnosis and its prompt resolution with corticotherapy and acid supression.