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FTRD®neo System

Peak performance in clip application

FTRD® combines resection and secure closure via the proven OTSC® technology in a single step. Since its introduction in 2014, numerous studies have demonstrated the potential of FTRD® for minimally invasive full-thickness resection. In recent years, additional indications and areas of application have emerged – including T1 carcinomas, the Hybrid-FTRD® technique for the resection of larger lesions, and use in the upper GI tract. The available clinical data are transferable to the FTRD®neo System, as the clinically relevant product features have remained unchanged.



FTRD® in the colon and rectum

FTRD® is a well-established procedure with a strong evidence base, supported by various meta-analyses.

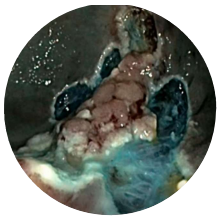
» R0 resection rate between 77.8%[1] and 81.8%[2]
» Technical success rate between 87.1%[2] and 90%[1]
» Rate of complications requiring surgery between 1%[1] and 2.5%[2]



EFTR in T1 carcinomas

FTRD® offers a minimally invasive alternative to surgical resection in T1 carcinomas. The current evidence suggests that FTRD® could become a standard treatment for early-stage carcinomas due to its high success rate.

» High R0 resection rate between 71.8%[3] and 85.6%[4]
» Risk stratification of tumors possible in 99.3% of cases[3,4]
» Initial long-term analyses promising: low recurrence rate after 39.5 months[5]



Hybrid-FTRD®

Hybrid-FTRD®, the combination of EMR (or ESD) and FTRD®, also enables the resection of larger lesions, thereby expanding the spectrum of complex lesions amenable to endoscopic resection.

» Median lesion size in studies between 36.5 mm[6] and 39 mm[7], with resections up to 70 mm[7]
» Macroscopically complete resection rate between 81%[7] and 97.3%[6]
» Technical success rate of 97%, complication rate of 2%, and recurrence rate of 6%[8]



FTRD® in the stomach and duodenum

FTRD® is increasingly emerging as an alternative to surgical intervention in the duodenum as well – supported by promising initial studies, particularly in duodenal NETs. In the stomach, the technique offers particular diagnostic value.

» R0 resection rate in the duodenum between 75%[9] and 83.9%[10]
» R0 resection rate in the stomach of 76%; in all cases, a precise diagnosis of the findings was possible[11]
» Technical success rate of 88.2%, residual and/or recurrence rate of 6.1%[12]



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Conclusion

FTRD®neo achieves high R0 resection rates and clinical success rates as an alternative to surgical intervention. The evidence base for the colon is solid – promising results are emerging for new indications such as T1 carcinomas and duodenal NETs. With the hybrid technique for larger lesions and its application in the upper GI tract, FTRD®neo is expanding its scope and establishing itself as a valuable tool in modern interventional endoscopy.

Webinars



Tips & Tricks



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More information on FTRD®neo

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