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**Endoscopic papillectomy versus surgical ampullectomy for adenomas and early cancers of the papilla: a retrospective Pancreas2000/European Pancreatic Club analysis**

*Hollenbach M, Heise C, Abou-Ali E, et al. Endoscopic papillectomy versus surgical ampullectomy for adenomas and early cancers of the papilla: a retrospective Pancreas2000/European Pancreatic Club analysis. Gut 2025; 74(3):397-409. doi: 10.1136/gutjnl-2022-327996.*

Ampullary lesions, are a rare disease with a potential for malignant transformation and should be completely resected. Resection can be either endoscopic papillectomy (EP) or transduodenal surgical ampullectomy (TSA), while pancreaticoduodenectomy (PDD) is reserved for more advanced lesions. Evidence is limited with mostly single-centre series comparing EP and surgical procedures.

Hollenbach *et al.,* used the database of the ESAP study (Endoscopic Papillectomy vs. Surgical Ampullectomy vs. Pancreaticoduodenectomy for ampullary neoplasm). Cases were analysed after propensity-score matching (nearest-neighbour-method). A minimum follow-up of 12 months or until death after the first intervention with clinical, endoscopic and/or cross-sectional imaging after resection was required. Primary outcomes were rates of complete resection (R0) and complications.

24.2% of EP and 14.8% of TSA patients had histology other than adenoma or adenocarcinoma while advanced cancers were recorded in 10.9% of EP and 36.6% of TSA patients. There was a higher rate of more advanced cases and higher R0 resection rates in the TSA groups (90.5% vs. 73.1%; p<0.01), with additional ablation in the EP group in 14.4%. Severe adverse event (AE) rates were 3.2% (TSA) vs. 1.9% (EP). Recurrence after histological R0 resection was 16% (EP) vs. 3.2% (TSA; p=0.01), and additional therapy for R1 resection was applied in 67% of the 159 cases. Propensity-score-based matching identified 62 pairs of EP/TSA patients. The initial R0 rate was 72.6% (EP) compared with 90.3% (TSA, p=0.02) with recurrences found in 8% (EP) vs. 3.2% (TSA; p=0.07); reinterventions were more frequent in the EP group. Overall survival was comparable; however, the study was designed to analyse survival.

Both EP and TSA showed high rates of poor indications (non-neoplastic disease) or advanced cancer with EP requiring multiple retreatments. Hollenbach *et al.,* concluded in selected patients, that EP could be considered first, when R0 resection appears feasible. Case selection and step-up approaches should be studied further.