

Title:	Transanal endoscopic microsurgery
Agency:	Medical Services Advisory Committee (MSAC) Department of Health and Ageing GPO Box 9848 Canberra ACT 2601 Australia
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Aim

To assess the safety, effectiveness and cost-effectiveness of transanal endoscopic microsurgery (TEM) for removing rectal tumours.

Conclusions and results

Safety

Adenomas

In one RCT, no difference could be detected in the rate of early complications between TEM and direct local excision.

Carcinomas

As for adenomas, no difference could be detected in the rate of early complications between TEM and direct local excision in the RCT. In one non-randomised study there were significantly fewer complications with TEM compared to radical resection for patients with low risk carcinomas.

Effectiveness

Adenomas

In one RCT, patients treated with TEM showed significantly less local recurrence than those treated with direct local excision.

Carcinomas

No differences in survival or local recurrence rate between TEM and anterior resection could be detected in one RCT or one non-randomised study.

Cost-effectiveness and cost impact

For adenomas, TEM costs less and shows less recurrence than local excision or anterior resection. For carcinomas, TEM is also less costly, although a cost effectiveness analysis could not be done since TEM was not shown to be more effective than the alternatives. However purchase of more TEM units may not be warranted due to the small number of patients likely to be eligible for TEM in Australia.

Recommendation

MSAC recommended that on the strength of evidence pertaining to transanal endoscopic microsurgery, that public funding should be supported for this procedure.

The Minister for Health and Ageing accepted this recommendation on 8 August 2003.

Methods

MSAC conducted a systematic review of the literature pertaining to transanal endoscopic microsurgery, including randomised controlled trials, non-randomised comparative studies and case series of TEM. Separate analyses were done for adenomas and carcinomas.