



VIII CONGRESSO NAZIONALE GISCoR

WORKSHOP SCREENING CCR REGIONE LAZIO

GISCoR
Gruppo
Italiano
Screening
ColoRectale

ROMA, 3 E 4 OTTOBRE 2013
Auditorium Antonianum, Viale Manzoni 1

GESTIONE DELLE LESIONI “BORDER-LINE” TRA ENDOSCOPIA E CHIRURGIA

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Gastroenterologia ed Endoscopia Digestiva
Ospedale S. Giuseppe, ASL Roma H, Albano

from Screening to Surgery

- valutare gli esiti dei pazienti inviati a chirurgia nel progetto di screening del cancro del colon-retto nel Lazio

Lazio CRC Screening Software Flaws

- **Advanced & superficial lesions**
 - Definitions overlap
 - type 0-II (Flat) lesion definition is not included
- **Definition of the risk of LN metastasis**
 - Pathologic features are not included

Lazio Trisocietario Endoscopy Quality

N. polyps 110(48.4%)	N.	%
Paris Classification	65	59
Pit pattern sec Kudo	8	4

Lazio CRC Screening

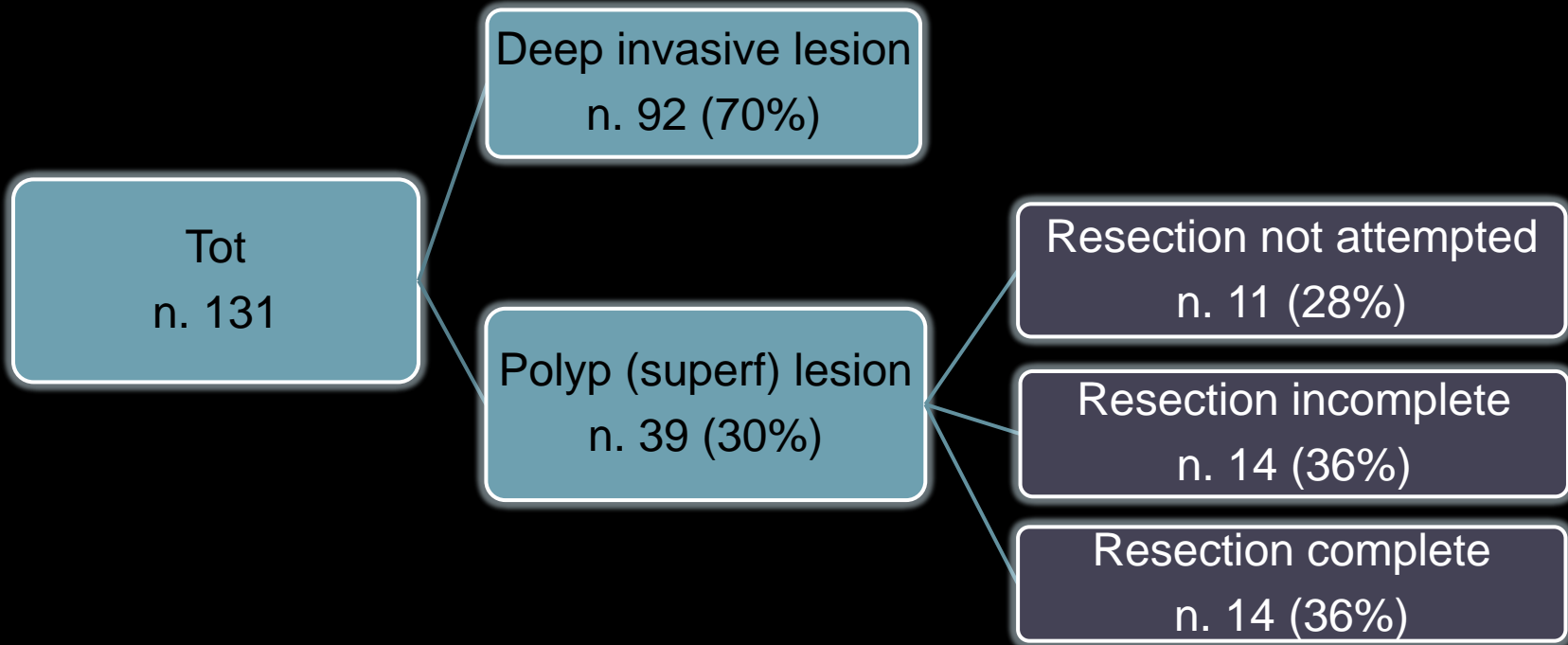
pts to surgery

- Study Period 2011-2012
- N. centers 5 (Roma A,B,E,H,Latina)
- Patients n. 152 (Drop-outs: 21, 14%)

	pts to CS n. 3167	pts to Surgery n. 131 (4%)
Roma A	476	20 (4%)
Roma B	629	19 (3%)
Roma E	174	2 (1%)
Roma H	976	43 (4%)
LATINA	912	48 (5%)

Lazio CRC Screening

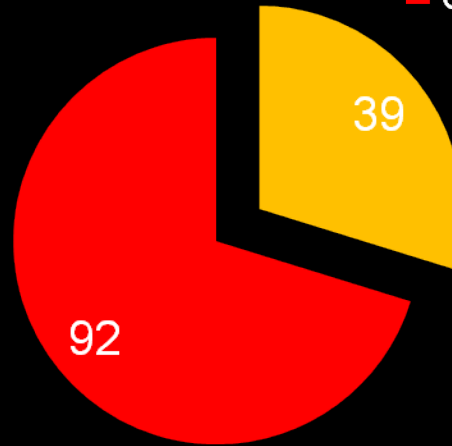
pts to surgery: indications



Lesions to Surgery

Features

■ polyp (superf. Cancer)
■ deep cancer

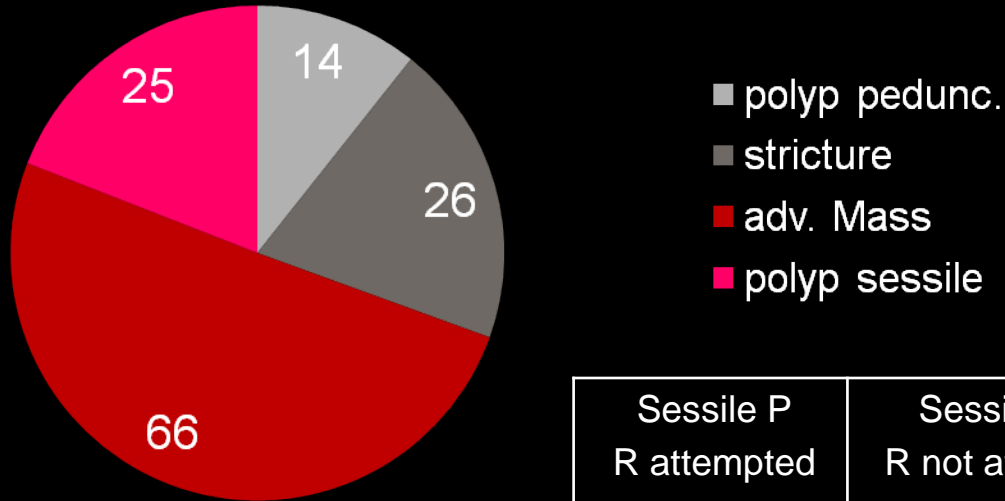


	Deep cancer n. 92
Morphology	
mass	66
stricture	26
Location (R/L/r)	29/41/22
Size (mm)	41 (10-100)
Cancer at biopsy	76 (83%)

	Polyp n. 39
Morphology	
sessile	25
pedunculated	14
Location (R/L/r)	10/23/5
Size (mm)	29 (7-70)
Cancer at biopsy	26 (67%)

Lesions to surgery (no endo R)

Endo Diagnosis: Mass vs. sessile Polyp



	Sessile P R attempted n.14	Sessile P R not attempt n. 11	Adv. Mass n. 66	P=
Location (R/L/r)	3 (21%) /9/2	6 (55%) /2/3	23 (35%) /25/18	n.s.
Size (mm)	33 (8-70)	36 (20-50)	38 (10-70)	n.s.
Cancer at biopsy	8 (57%)	4 (36%)	54 (82%)	0.004

Software flaws

Endoscopic DD: morphologic definitions

	sm-deep invasion (multivariate analysis)		
	Peduncolated	Sessile	Superficial
Size	1.5 (0.2-10)	1.9 (0.6-6)	-
Loss of lobulation	3.2 (0.5-21)	6.0 (1.8-20)	-
Excavation	2.5 (0.4-18)	1.5 (0.5-5)	-
Demarcated depression	-	0.2 (0.03-1.4)	1.9 (0.5-8)
Fullness	-	-	9.3 (2.1-40)
Pit pattern	4.6 (0.5-43)	52.7 (11-255)	210 (23-1908)

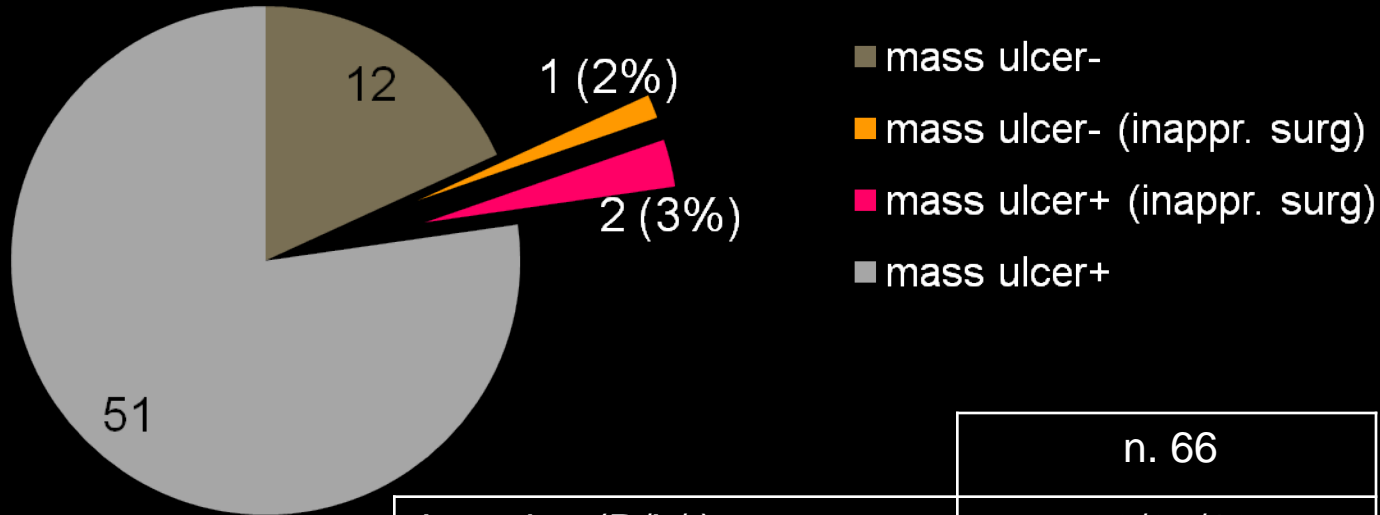
Ikehara H. J Gastro Hepatol 2010

	No-lifting sign	Endoscopic features
Sensibility	62	85
Specificity	98	99
PPV	80	88
NPP	96	98
Accuracy	95	97

Kobayashi N. Endoscopy 2007

Lesions to Surgery

Adv. Mass *(strictures excluded: invasive ca. in all cases)*



	n. 66
Location (R/L/r)	23/25/18
Size (mm)	38 (10-70)
No Cancer at Surgery	3 (5%)

Polyp to surgery

Indications according to Endo intervention

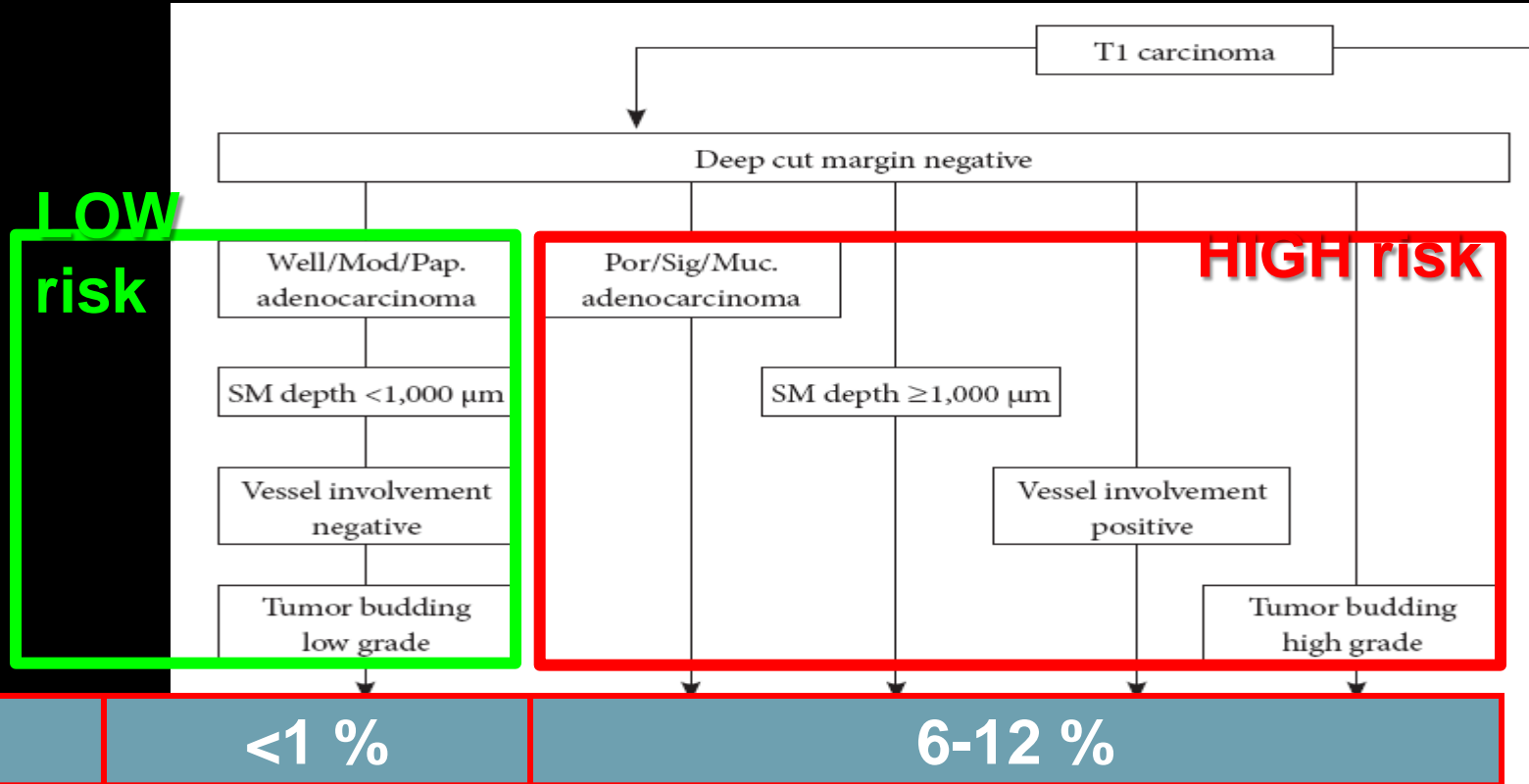
	Resection			
	No attempted (biopsy) n. 11	Incomplete n. 14	Complete (high risk LN+) n. 14	P=
Sessile	11 (100%)	13 (93%)	1 (7%)	<.0001
Size (mm)	40 (20-50)	30 (8-70)	19 (7-40)	.006
Localization (R/L/r)	6 (55%) /3/3	2 (14%) /10/2	2 (14%) /12/-	.007

Polyp to surgery

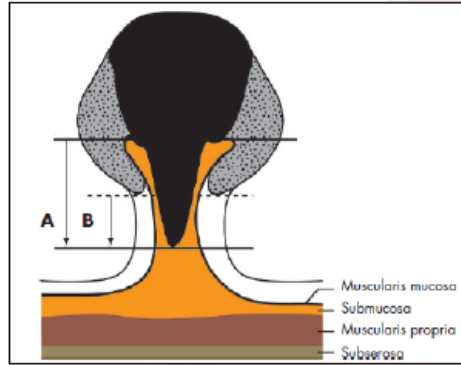
1) after complete Endo Resection due to invasive cancer

		n. 14
Sessile		1 (7%)
Size (mm)		19 (7-40)
Right colon		2 (14%)
Staging at surgery	N+	0

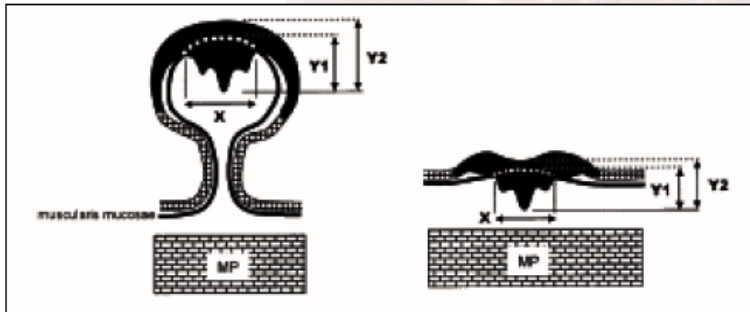
Pathologic analysis



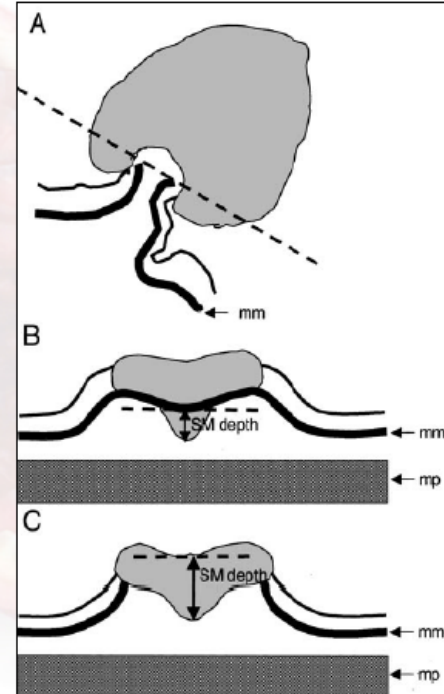
Pathology: microstaging



[Sohn et al, 2007]



[Ueno et al, 2004]



[Kitajima et al, 2004]

Pathol. Accuracy & Resection Technique



	ESD (n. 41)	ESD → EPMR (n. 14)	P=
T1 cancer	9 (22%)	3 (21%)	
sm-d	4	1	
sm-s	5	-	
indeterminate sm depth	-	2 (66%)	0.045

Polyp to surgery

2) due to failed Endo Resection

	n. 14
Sessile	13 (%)
Size (mm)	36 (8-70)
Right colon	2 (14%)
No Cancer at surgery	6 (43%)

Polyp to surgery

3) no resection attempted

	n. 11
Sessile	11 (100%)
Size (mm)	39 (20-50)
Right colon	6 (55%)
No Cancer at surgery	6 (55%)

NO-malignant Polyp to surgery

n. 12 (31%) /39

	Resection Not attempted	Resection Failed
	n. 6	n. 6
Sessile	6 (100%)	5 (83%)
Size (mm)	35 (30-40)	38 (10-70)
Right colon	5	1

Endo Resection: II-Look before Surgery

Lesions referred to Surgery
 Successful resected by Endoscopy

	Church. DCR 2003	Lipof DCR 2005	Voloyiannis DCR 2008	Buchner AM. GIE 2012	Friedland S. GIE 2013
	74% 43/58	32% 23/71	59% 101/172	82% 258/315	79% 30/38
Causes of failure					
Position	40%		43%		25%
Flat	20%		44%		
Size	7%				
Not curative endo	33%		9%		74%

Endo Resection: Experience relevance

- Expert >800 colon/yr
- Non expert <200 colon/yr

	Expert n. 100	Non expert n. 30	P=
Attempted Resection	80/86 (93%)	15/20 (75%)	0.03
Technique: EMR + saline inject	38 (48%)	2 (13%)	0.02
Complete Resection	61 (76%)	6 (40%)	0.01
Benign polyp to surgery	11/86 (13%)	10/20 (50%)	

Endo Resection: Technique relevance

	Moss A. Gastroenterology 2011 multicenter (7)	Nakajima T. Surg Endosc 2013 multicenter (18)	Iacopini F. Single center	
	EMR (n.514)	EMR (n.1029)	ESD (n.816)	
			ESD (n. 112)	
Size (mm)	36 (20–100)	26 (20–120)	39 (20–174)	33 (20-85)
En bloc (%)	4 resection/lesion	55	95	80
for size >30 mm	-	34	95	69
Recurrence (%)	27	n.a.	4	3
Procedure time (min)	25 ±22	18 ±23	96 ±69	-
Perforation (%)	1.3	0.8	2	6

Comparison of endoscopic submucosal dissection with laparoscopic-assisted colorectal surgery for early-stage colorectal cancer: a retrospective analysis

Authors

S. Kiriya^{1,2,3}, Y. Saito¹, S. Yamamoto⁴, R. Soetikno⁵, T. Matsuda¹, T. Nakajima¹, H. Kuwano³

- Retrospective
- 297 ESD
- 292 lap colectomy

	ESD	LAC	P value
Hospital stay, days, median (range)	4 (1–13)	13 (7–30)	<0.001
Oral intake, days, median (range)	2 (0–9)	5 (2–8)	NS
Bowel conservation rate, %	90.5	–	NA
3-year survival rate, %	99.2	99.5	NS
Stoma	0	13 Temporary 12 Permanent 1	NA
Complications, n (%)			NA
Perforation	14 ¹ (4.7)		
Post-ESD bleeding	5 (1.7)		
Wound infection		31 (10.6)	
Pelvic abscess		2 (0.7)	
Anastomosis leakage		3 (1.0)	
Anastomosis bleeding		1 (0.3)	
Ileus		3 (1.0)	

Patients to Surgery

Lazio Screening - «Preliminary» results

- ◎ Patients undergo surgery for
 - in 30% of cases for «polyps» that
 - in 30% of cases are benign, probably difficult
 - Sessile / Large (>30 mm) / in the Right colon

