

Background

The "resect-and-discard" strategy has been drawing attention as allowing diminutive and small colorectal tumors, the majority of which tend to be benign, to be resected and discarded without pathologic assessment, as long as they can be endoscopically diagnosed as adenomas with confidence, thus saving the cost of such assessment. However, endoscopic evaluation of these lesions may be associated with the risk of submucosal invasive cancers of the colon being missed inadvertently.

Aim

To clarify the clinicopathological features of diminutive carcinomas of the colon measuring ≤ 5 mm in size and to evaluate the validity of the "resect-and-discard" strategy for these lesions.

Methods

A total of 4,934 neoplastic lesions ≤ 5 mm in size which were endoscopically resected between July 2003 and March 2015 and whose histological diagnoses became available were included for analysis. In this analysis, in addition to adenocarcinoma, high-grade dysplasia was handled as consistent with the definition of diminutive carcinoma.

Results

- 1) Of all neoplastic lesions examined, malignant lesions accounted for 0.4% (22/4,934), with the histological diagnoses obtained being well differentiated adenocarcinoma (n = 2), one of which contained a depressed-type lesion measuring 1 mm, moderately differentiated adenocarcinoma (n = 1), high-grade dysplasia (n = 19), and low-grade dysplasia (n = 4,912)
- 2) A majority of the diminutive adenomas were found in the right colon, with 54.5% (12/22) of the diminutive carcinomas found in the transverse colon. (Fig.1)
- 3) In terms of gross appearance, depressed-type lesions (IIa + IIc or IIc) were common and accounted for 45.5% (10/22) of the diminutive carcinomas, while depressed-type lesions accounted for 3.3% (162/4,912) of the low-grade dysplasia. (Fig.2)
- 4) 68.5% (3,367/4,912) of the diminutive adenomas and 63.6% (14/22) of the diminutive carcinomas were subjected to magnifying observation.
- 5) The treatments implemented included endoscopic mucosal resection (EMR) in 50% (11/22) of the diminutive carcinomas and hot biopsy forceps polypectomy (HBP) in 77.2% (3,791/4,922) of the diminutive adenomas. (Fig.3)

Fig.1 Site distribution in Diminutive neoplastic lesion - Carcinoma vs Adenoma -



Fig.2 Macroscopic type in Diminutive neoplastic lesion - Carcinoma vs Adenoma -

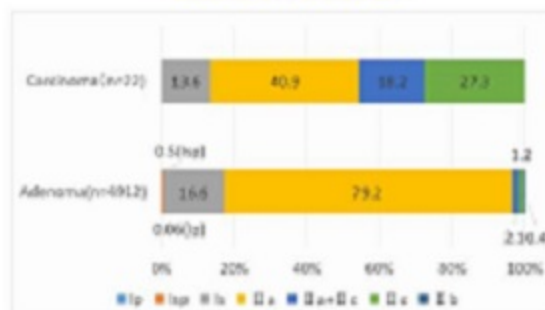
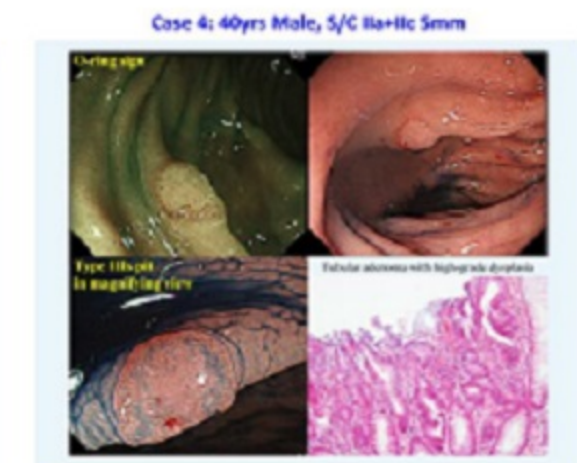
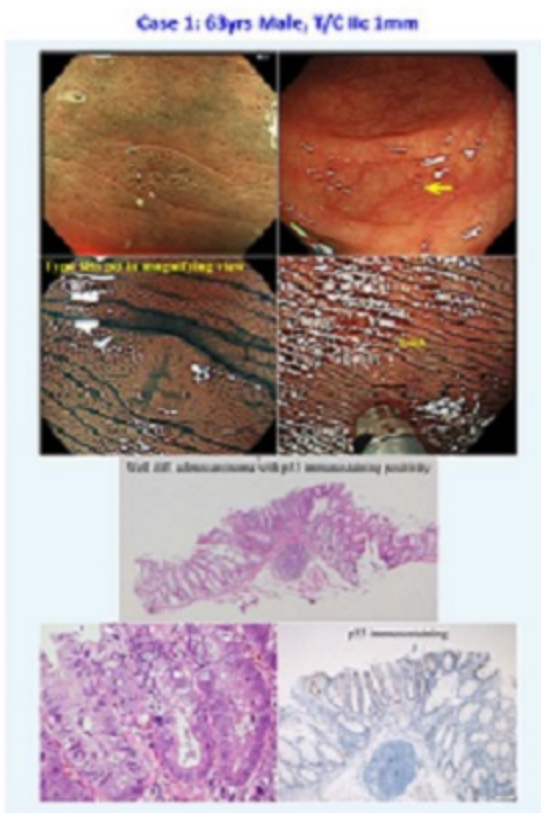
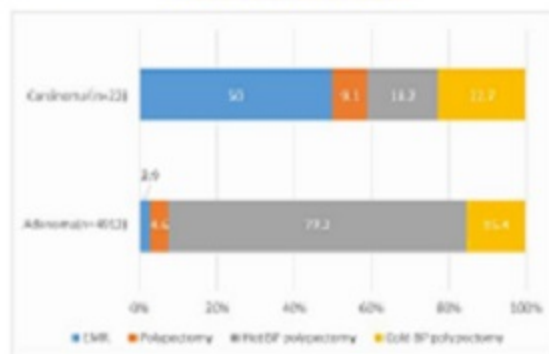


Fig.3 Endoscopic treatment in Diminutive neoplastic lesion - Carcinoma vs Adenoma -



Conclusions

Diminutive carcinomas were commonly found in the transverse colon as well as in depressed-type lesions, suggesting that diminutive lesions need to be examined for presence of depressed-type lesions using dye spraying and magnifying endoscopy, and all depressed-type lesions need to be completely resected, without resorting to the "resect-and-discard" strategy.

There are no potential conflicts of interests related to this presentation.

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VALIDITY OF THE "RESECT-AND-DISCARD" STRATEGY FOR DIMINUTIVE COLORECTAL CARCINOMAS

Takahiro Fujii, Japan; T. Fujimori

Utility of the "Resect-and-Discard" Strategy for Diminutive Colorectal Carcinomas

Shinjiro Imai, MD, PhD
Yoshiko Imai, MD, PhD
Takashi Higuchi, MD, PhD
Yoshiko Imai, MD, PhD
Takashi Higuchi, MD, PhD

Background
Diminutive colorectal carcinomas (CCs) are defined as colorectal polyps with a diameter of 5 mm or less. The "resect-and-discard" strategy is a common approach for the management of diminutive CCs. However, the utility of this strategy remains controversial. This study aimed to evaluate the utility of the "resect-and-discard" strategy for diminutive CCs.

Methods
A retrospective analysis of 100 diminutive CCs was conducted. The patients were divided into two groups: the "resect-and-discard" group (n=50) and the "resect-and-examine" group (n=50). The "resect-and-examine" group underwent complete resection and histological examination of the resected specimens. The "resect-and-discard" group underwent complete resection, but the resected specimens were discarded without histological examination.

Results
The mean age of the patients was 65.5 years. The majority of the patients were male (60%). The most common site of the CCs was the sigmoid colon (40%). The most common histological type was adenocarcinoma (90%). The mean size of the CCs was 4.5 mm. The "resect-and-discard" group had a significantly higher rate of advanced lesions (adenocarcinoma, adenoma with high-grade dysplasia, and adenoma with low-grade dysplasia) compared to the "resect-and-examine" group (p<0.05).



Conclusion
Advanced lesions were commonly found in the transverse colon as well as in the sigmoid colon, suggesting that diminutive lesions need to be examined for advanced lesions with the spraying and magnifying endoscopy, and all advanced lesions need to be completely resected, without resorting to the "resect-and-discard" strategy.

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Validity of the "Resect-and-Discard" Strategy for Diminutive Colorectal Carcinomas

Takahiro Fujii¹, Takahiro Fujimori²

¹TF Clinic, Tokyo, Japan; ²Shinko Hospital, Kobe, Japan

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P27 - Endoscopy and
Endoscopy, Intervention

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Background: The "Resect-and-Discard" strategy has been drawing attention as allowing diminutive and small colorectal tumors, the majority of which tend to be benign, to be treated with endoscopic resection. However, this strategy is still controversial, as long as this can be endoscopically diagnosed as adenomas with confidence. Thus, using the cost of such assessment, resection, and surveillance, these lesions may be associated with the risk of subsequent invasive cancers of the colon being missed inadvertently.

Objective: To evaluate the endoscopic and histopathological features of diminutive adenomas of the colon measuring ≤ 3mm in size and to evaluate the validity of the "Resect-and-Discard" strategy.

Methods: A total of 100 diminutive adenomas (≤ 3mm in size) which were endoscopically resected between July 2012 and March 2013 and whose histological features were confirmed by a pathologist. In this analysis, in addition to adenocarcinomas, high-grade dysplasia was regarded as consistent with the definition of diminutive adenomas.

Results: In total, 100 diminutive adenomas were resected, with 26 (26%) being adenocarcinomas, 54 (54%) being adenomas, and 20 (20%) being high-grade dysplasia. The adenocarcinomas were found in the right colon, with 14.3% (2/14) of the diminutive adenomas found in the transverse colon. Of the 26 adenocarcinomas, 10 (38.5%) were tubular adenomas, 10 (38.5%) were tubular villous adenomas, and 6 (23.1%) were villous adenomas. The histological features of the adenocarcinomas were as follows: well-differentiated adenocarcinoma (n=12), moderately-differentiated adenocarcinoma (n=11), high-grade dysplasia (n=3), and tubular adenoma (n=2).

Conclusions: The "Resect-and-Discard" strategy is still controversial, as long as this can be endoscopically diagnosed as adenomas with confidence. Thus, using the cost of such assessment, resection, and surveillance, these lesions may be associated with the risk of subsequent invasive cancers of the colon being missed inadvertently.

Figure 1: Endoscopic view of a diminutive adenoma (3mm in size).

Figure 2: Histological features of a diminutive adenoma (3mm in size).

Figure 3: Endoscopic view of a diminutive adenoma (3mm in size).

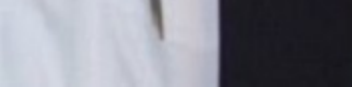
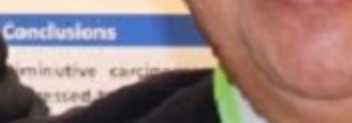
Figure 4: Histological features of a diminutive adenoma (3mm in size).

Figure 5: Endoscopic view of a diminutive adenoma (3mm in size).

Figure 6: Histological features of a diminutive adenoma (3mm in size).

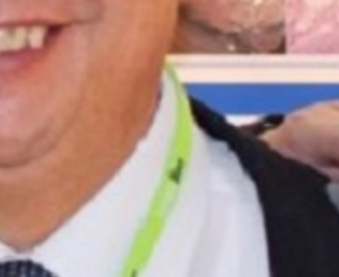
Figure 7: Endoscopic view of a diminutive adenoma (3mm in size).

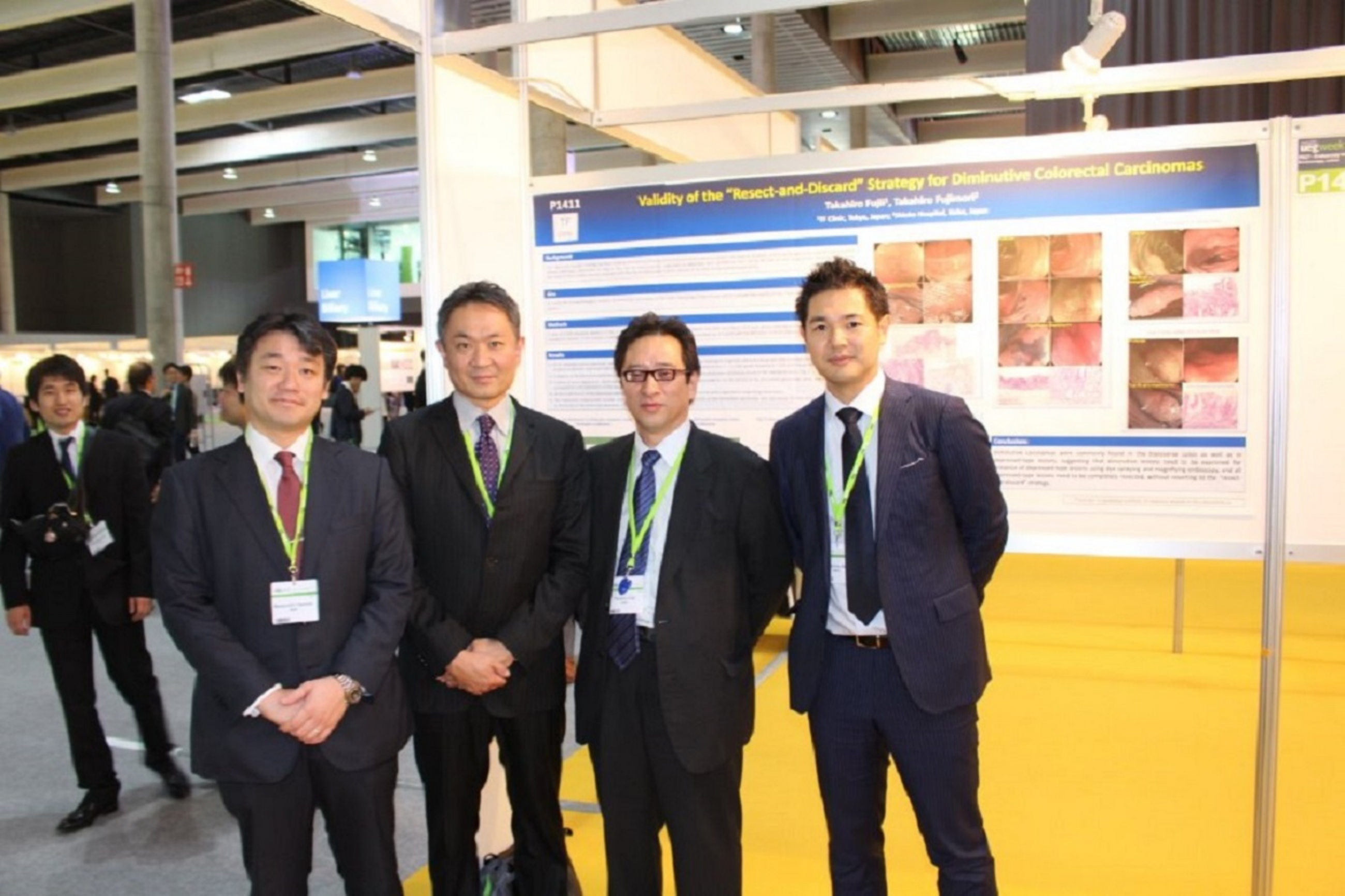
Figure 8: Histological features of a diminutive adenoma (3mm in size).



Conclusions

Diminutive carcinomas are missed by the "Resect-and-Discard" strategy.





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Validity of the "Resect-and-Discard" Strategy for Diminutive Colorectal Carcinomas

Takahiro Fujii¹, Takahiro Fujimori²
¹W Clinic, Tokyo, Japan; ²Meikai Hospital, Saitama, Japan

Background

Objective

Methods

Results



Conclusion

Diminutive colorectal carcinomas were commonly found in the distal colon as well as in proximal colon lesions, suggesting that minimally invasive resection should be considered for treatment of diminutive colorectal lesions using the resect-and-discard strategy, and all diminutive colorectal lesions need to be completely resected, without resorting to the "resect-and-discard" strategy.

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