Endoscopic management of colonic neoplasms

LSGE 2018

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No conflict of interest
What we know?

- 4th most common cancer and 2nd leading cause of cancer death
- Early colorectal cancer
- Screening colonoscopy and quality indicators
  - >50 vs >45, ADR>25%
- Endoscopic management
Early!!
Types of early?

- <1000 Micrometer (LN <1%)
- Lymphovascular invasion
- Tumor budding
- Poorly differentiated (MMR, MSI)
Flat lesions with ulcerations
Central depression
Deeper neoplasia

Endoscopy 2005
Options...

- Snare polypectomy
- EMR
- ESD
- Stenting
- EFTR
ESGE Guidelines

- ESD recommended for en bloc with high suspicion of limited submucosal invasion, especially for lesions more than 20mm

- SM invasion likely in:
  - Irregular surface pattern or a nongranular LST
  - Depressed or pseudodepressed morphology

EMR
when and why?

- Benign adenomas and lesions <20mm
  - En bloc ~80%
- Flat lesions, piecemeal and high rate of recurrence (>30%)
- UEMR, comparison:
  - Fewer recurrences and earlier curative resections
  - No significant difference in adverse events rate
    - Schenck RJ et al. Surg Endosc 2017
- LST with a uniformly granular surface
  - Low risk of invasion so piecemeal and Ip are ok
    - Imai K et al. Surg Endosc 2014
Colonic resections so far....

- Traction of the colon with a forceps or anchoring device followed by a snare resection (2 channel scope)

- Suction into a cap followed by snare polypectomy

- Suction vs traction:
  - Larger but more injury
  - Up to 2.5-3cm perforation successfully managed
ESD > EMR

- Low recurrence rates ~1.2%
- En bloc (90%)
  - Fuccio L et al. Gastrointest Endosc 2017
- R0 (84%)
  - Probst A et al. Endoscopy 2017
- Difficult to learn / long procedure time
- Hybrid methods
  - Moss A. et al. Endoscopy 2010
Endoscopic Full-thickness Resection

- Re-resection of T1 carcinoma
  - EMR: piecemeal / R status ??

- Curative treatment of early colorectal lesions (89.5%)
  - Accurate histologic diagnosis
  - R0 with muscularis propria (76.9%)

- Polyps in difficult localizations and difficult lesions
  - Nonlifting sign
  - Recurrent lesions
  - Deeper Submucosal infiltration
  - Neoplasms in the appendiceal orifice or close to diverticulum

- Deeper biopsies: Hirschsprung’s disease

2.2% urgent surgery

- Schmidt A. et al. World J Gastroenterol 2015
- Schmidt A. Et al. Gut 2017
Techniques... suture-first-cut-later

- **EFTR with subsequent suturing**
  - Dedicated suturing device, TTS catheter based and multi-tasking platforms

- **EFTR with prior suturing**
  - En bloc 100%, R0 90.3%

- **EFTR with flexible stapler device**
  - One step closure-and-cut
  - Big, left-sided colon only

- **EFTR after OTSC application / FTRD**
  - 83.3 % success, R0 75%, post-polypectomy syndrome ?

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Schmidt a et al. WJ G 2015
ConwayNE et al. gie 2014
Kantsevoy SV et al. gie2011
FTRD: Ovesco approved in Europe 2014
GERDX device
Future.....

- Smaller devices
- Prospective trials
  - WALL RESECT, FIRE and FROST studies
- Technical improvements
  - Resection-closure devices
  - Platforms
- Novel grading systems
  - Tumor budding and the depth multiplied by the width
    - Kwangil Y. et al WJ G 2017
THANK YOU