



WEO

The voice of world
endoscopy

Update on WEO consensus statement on Complex Polypectomy

Yutaka Saito, MD, PhD, FJGES, FASGE



Rationale

There is a lack of international consensus on the evaluation, resection, and follow-up of large non-pedunculated colorectal polyps

There is highly variable practice worldwide (Western vs Eastern)

We sought to achieve an international consensus

Steering Committee

Daniel von
Renteln

Yutaka
Saito

Douglas K
Rex

Roupen
Djinbachian

Han-Mo
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Fukami

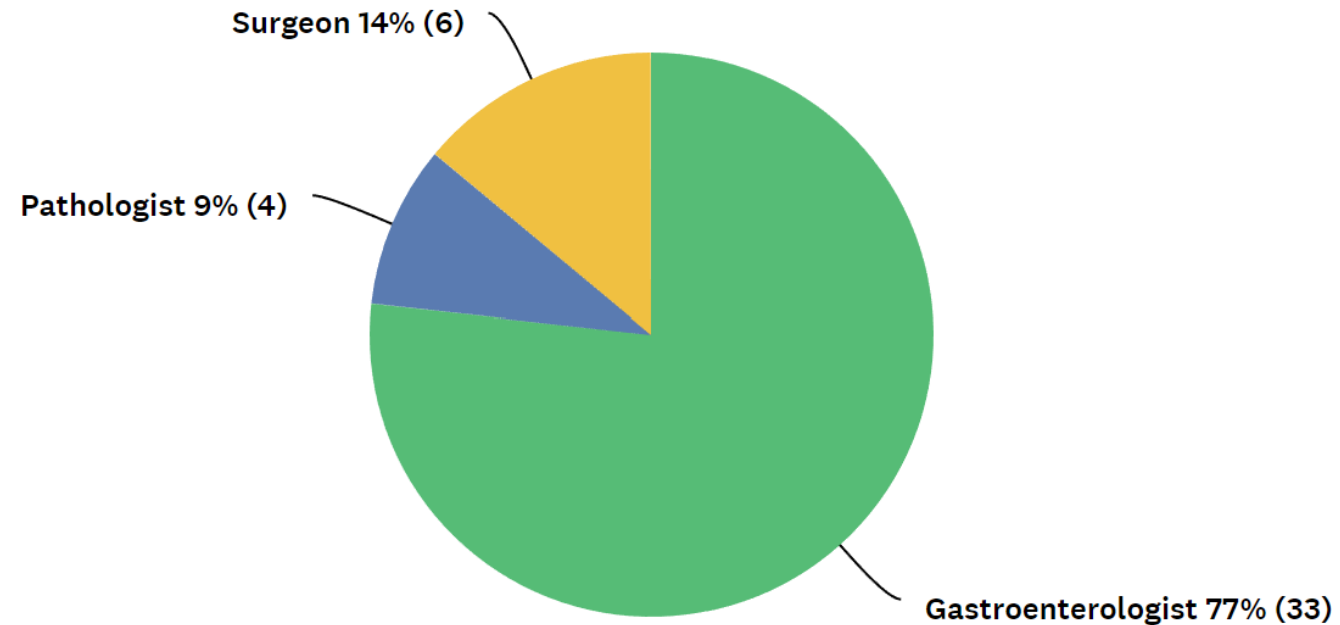
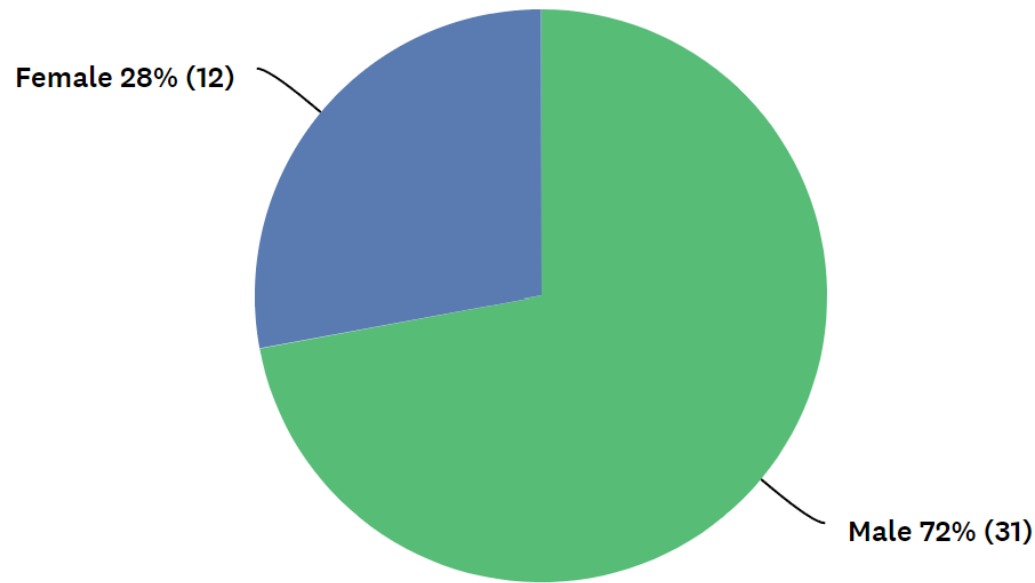


Expert Voting Group

The gender is 28% female, and we have a surgeon and a pathologist as members.

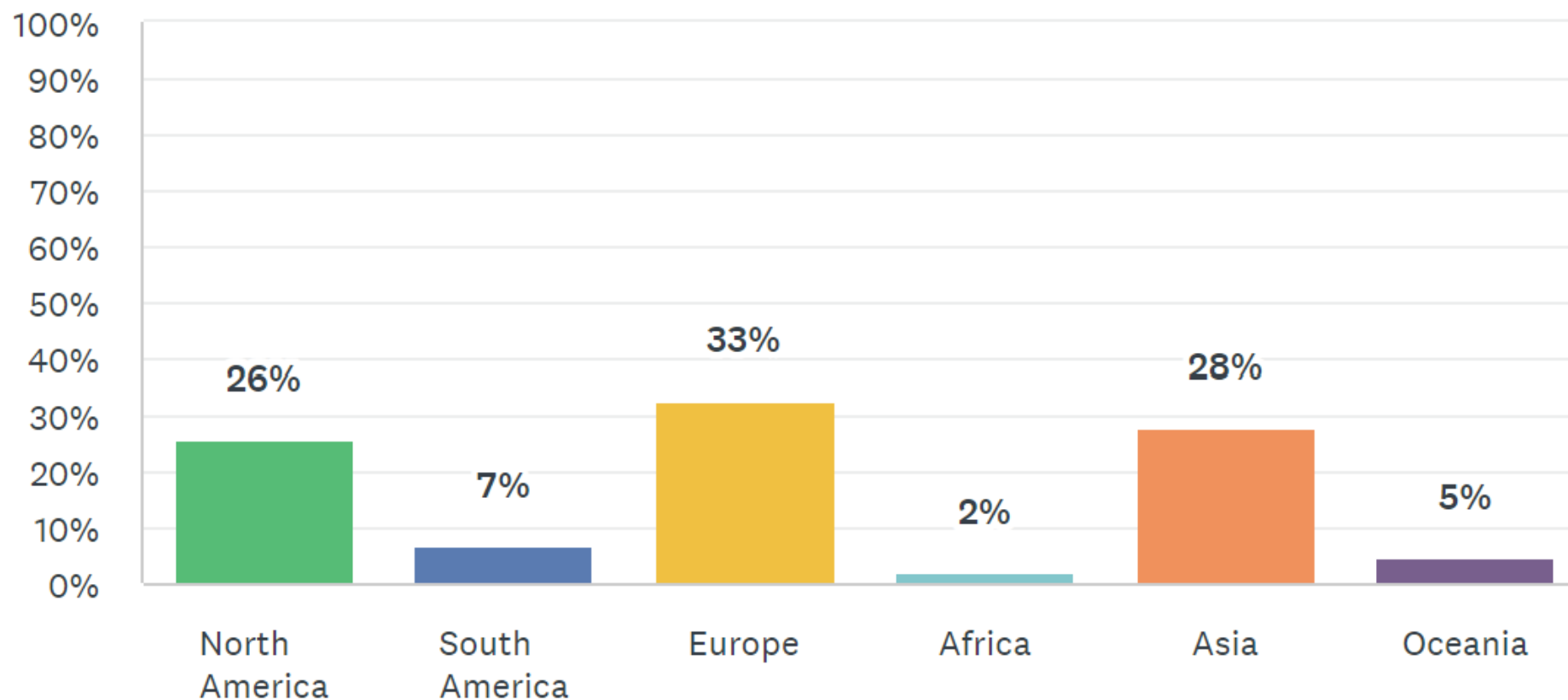
Our members are not limited to ESD specialists, but include DRs who specialize in EMR, DRs who specialize in whole-layer resection, etc.

- 43 experts



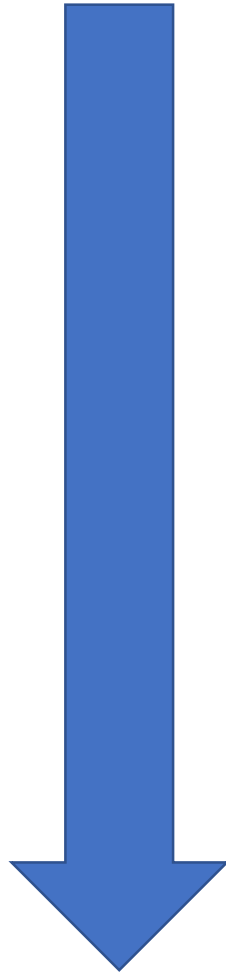
Expert Voting Group

Taking into account regional characteristics





The Flow of This Study



Initial meeting at WEO EWG meeting UEGW 2022

Creation of steering committee

Creation of statements and literature search

Choosing of expert voters and invitation

Round 1 voting (51 proposed statements)

Round 2 voting (46 proposed statements, 39 accepted)

Round 3 voting (5 proposed statements, ongoing)

Training



Training in image enhanced endoscopy and optical evaluation of polyp morphology and histology is required (Consensus agreement: 97%).



Endoscopists trained in advanced tissue resection with adequate caseload to safely and effectively perform the selected technique (98%).



Endoscopists should monitor and audit their EMR and ESD performance (R0, curative resection, recurrence) and safety (perforation, and bleeding rates) to ensure that competency is maintained (100%).

Pre-resection Evaluation

High-definition endoscopes (Consensus agreement: 97%)

Either virtual chromoendoscopy, dye-based, or both (83%)

Paris classification should be described and recorded (95%)

LST classification for non-serrated should be described and recorded (90%)

No specific optical classification reached consensus but one should be used (round 3, currently 100%)

Historical Background of IEE-JNET

2011 ~

2015

2020 ~

JNET Classification Confirmed

JNET 1st Scale

Make 1st
Consensus by
young expert
working group

1st Web Trial



1st Consensus
meeting by all
Japan NBI Expert

Sensitivity/
Specificity
Necessity
Delphi method

2nd Consensus
meeting by all
NBI Expert

Validation
Study

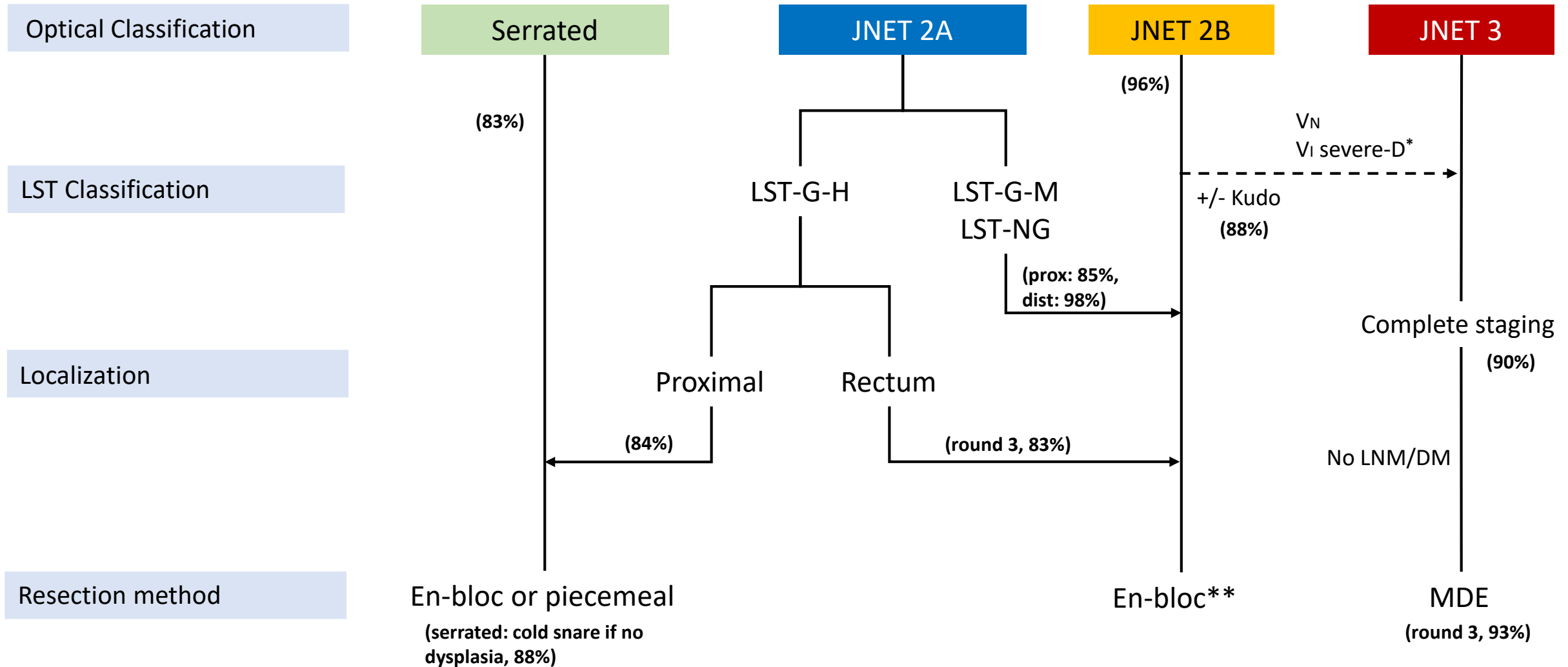
Collaboration
between JGES
& ESGE

IEE-JNET
*International Evaluation of
Endoscopy classification-JNET*

1st collaboration study between JGES & ESGE

Resection Method

There is agreement that En-bloc ER is necessary for JNET 2B. On the other hand, there was a tumor location-specific discussion on JNET 2A.

















*Kudo pit pattern VI severe with demarcated area; **ESD if EMR is difficult (100%), submucosal fibrosis (88%), chronic inflammation (90%);





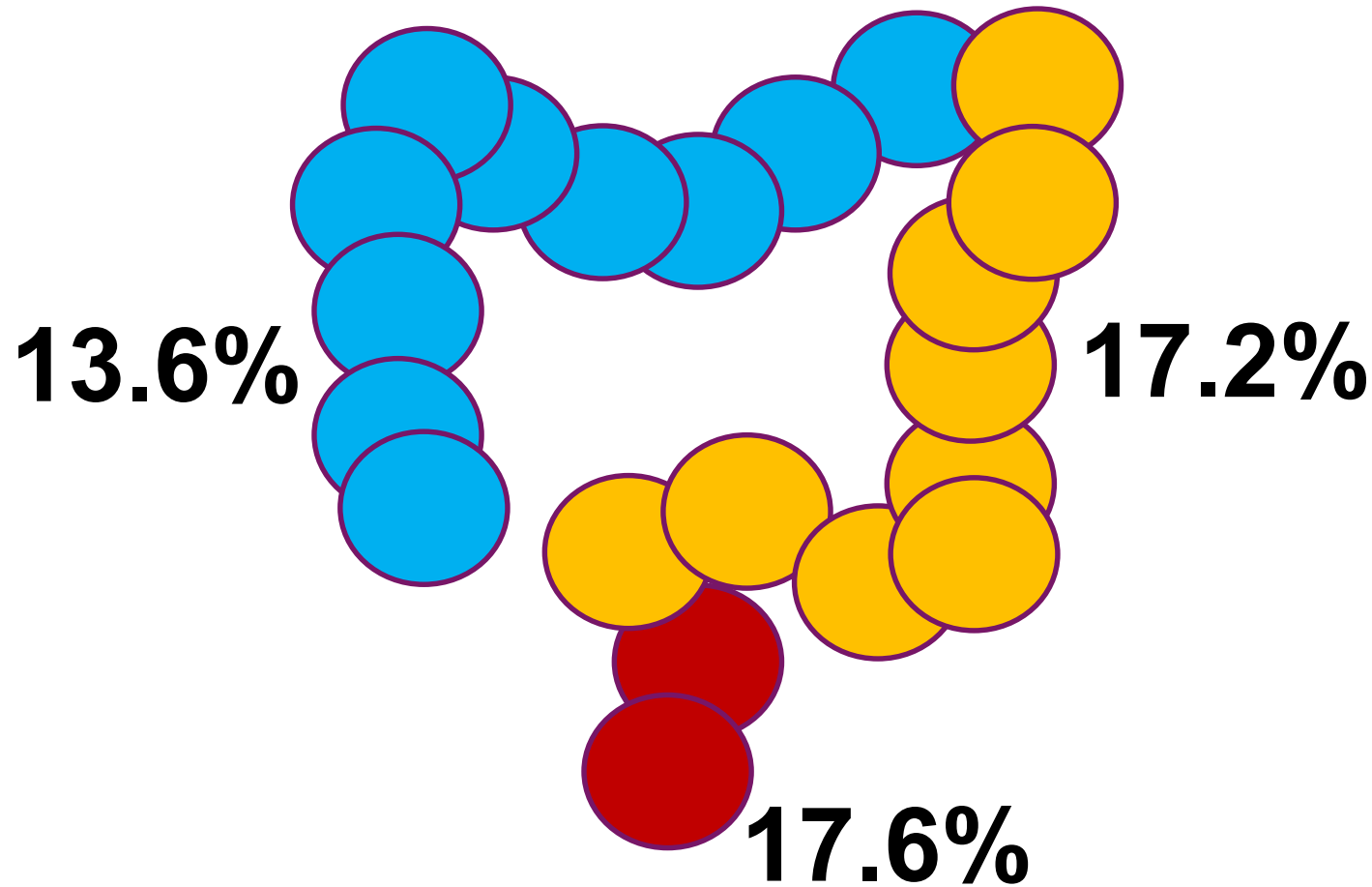
Original Article

Outcomes of endoscopic submucosal dissection for colorectal neoplasms: Prospective, multicenter, cohort trial

Nozomu Kobayashi,¹  Yoji Takeuchi,²  Ken Ohata,⁵ Masahiro Igarashi,⁶ Masayoshi Yamada,⁷  Shinya Kodashima,⁸  Kinichi Hotta,¹⁴  Keita Harada,¹⁵  Hiroaki Ikematsu,¹⁶  Toshio Uraoka,^{9,19}  Naoto Sakamoto,¹⁰ Hisashi Doyama,²¹  Takashi Abe,^{3,22} Atsushi Katagiri,¹¹ Shinichiro Hori,²³  Tomoki Michida,^{2,4} Takehito Yamaguchi,^{17,18} Masakatsu Fukuzawa,¹²  Shinsuke Kiriya,²⁰  Kazutoshi Fukase,^{24,25}  Yoshitaka Murakami,¹³ Hideki Ishikawa²⁶  and Yutaka Saito⁷ 



SM Invasion rate did not Differ by Site





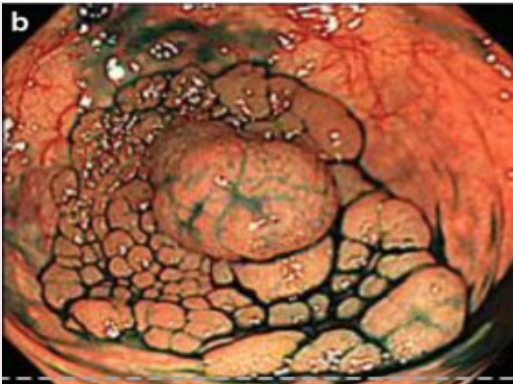
@DDWMEETING | #DDW2023

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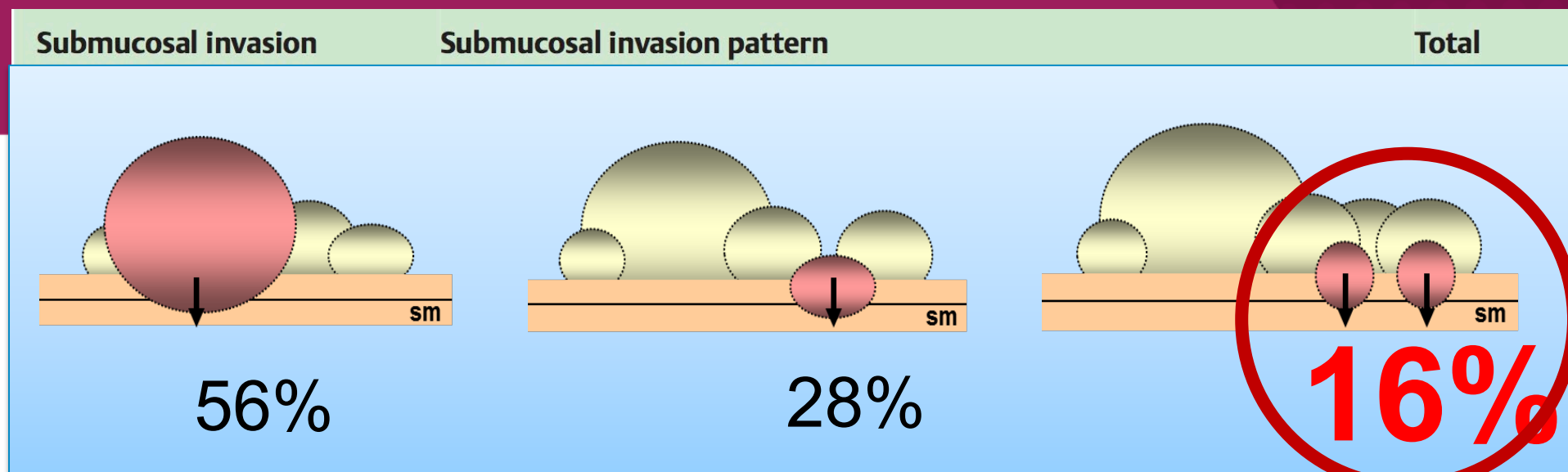
Endoscopy Division, National Cancer Center Hospital

 **DDW2023**
Digestive Disease Week®
MAY 6-9, 2023 | CHICAGO, IL
EXHIBIT DATES: MAY 7-9, 2023

	Pit	Depression	SMT-like /Large nodule
	Sens. 71% Spec. 98%	Sens. 92% Spec. 73%	Sens. 20% Spec. 96%
	Sens. 52% Spec. 98%	Sens. 32% Spec. 99%	Sens. 87% Spec. 26%

- **Limitation of Pit pattern**
- **PPV is high (Specificity)**
- **NPV (Sensitivity) is 70% for LST-NG, 50% for LST-G!**

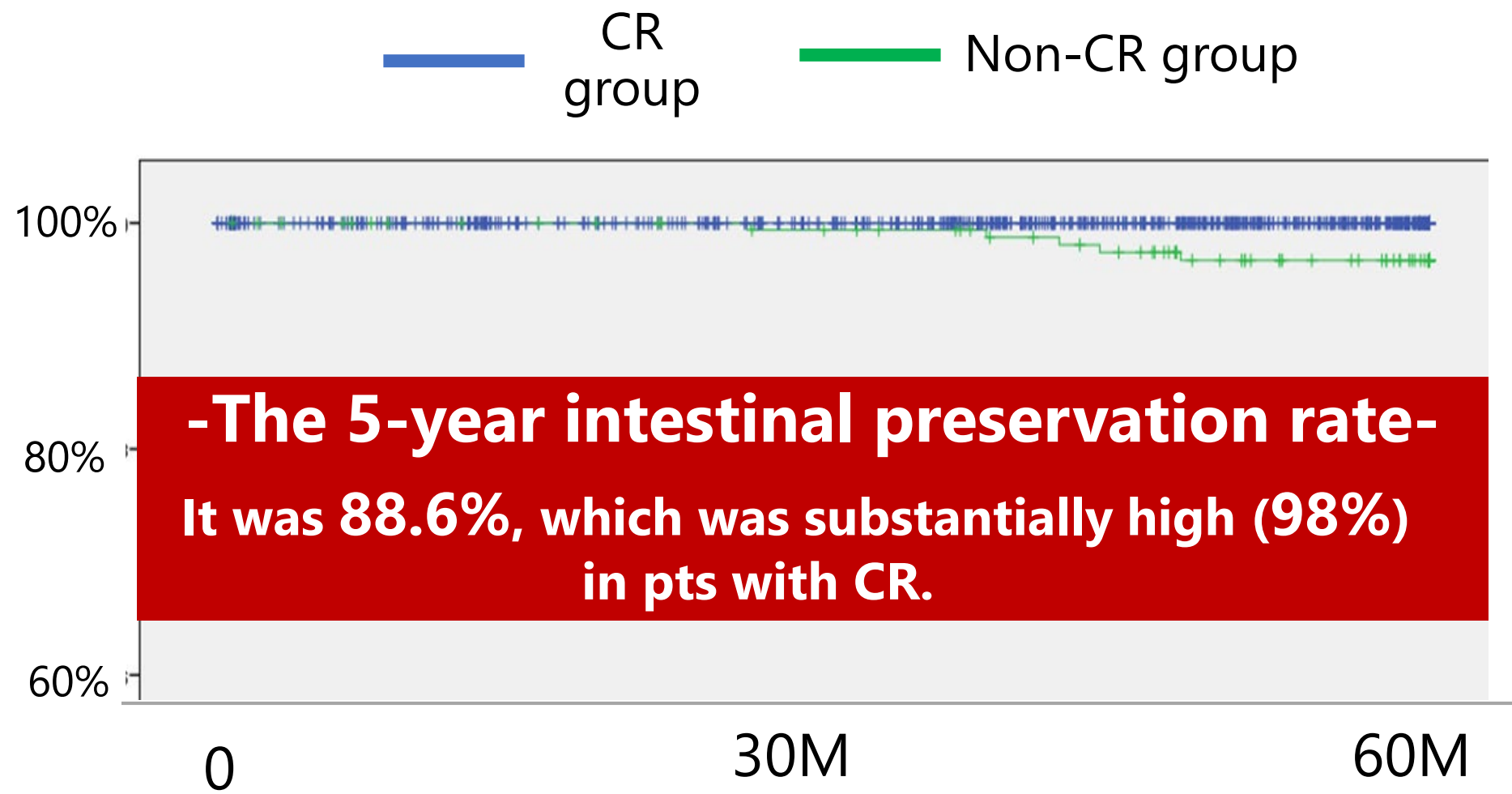
SM Invasion Pattern in 80 LST-G



LST-G	Large nodule	Depression	Multifocal
%	56%	28%	16%
pT1a	18%	9%	54%
pT1b	82%	91%	46%



Comparison of Disease-free Specific Survival



Kaplan-Meier: $P < 0.001$

Pathology

- 7 statements

- **Highlights:**

1- Expert pathologist required (100%)

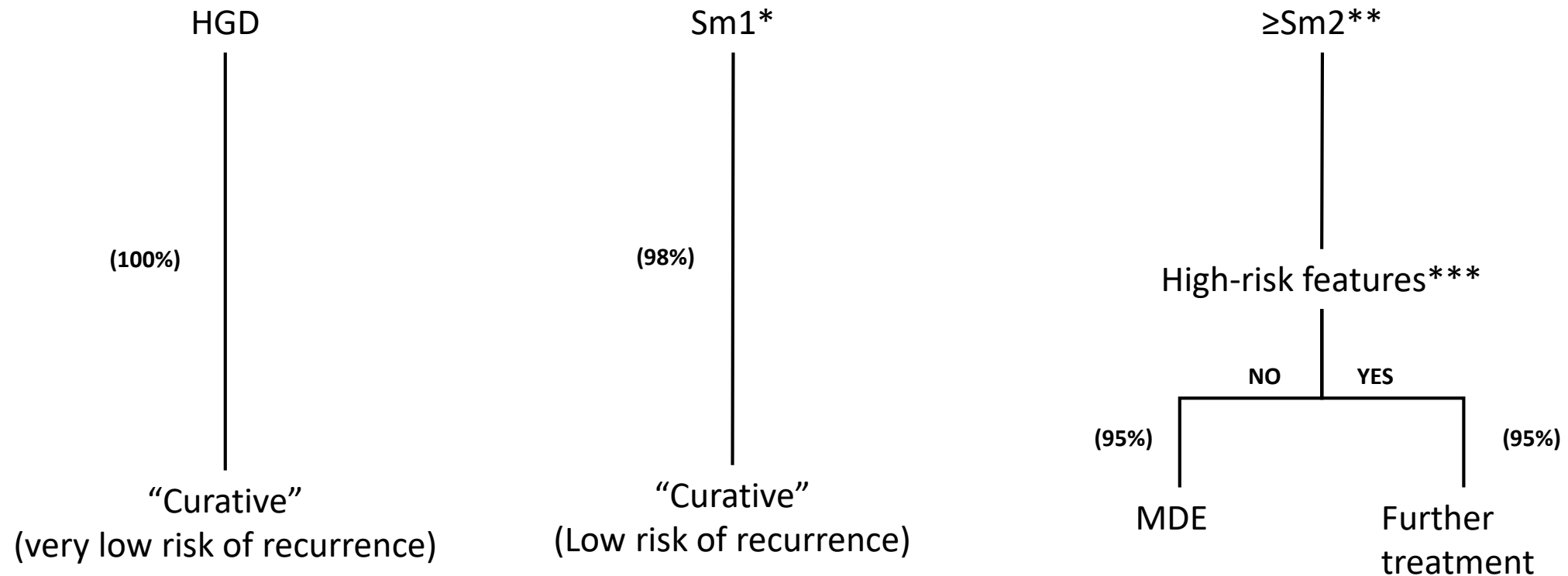
2- Second opinion if submucosal invasion (93%)

3- Desmin, antilymphatic vessel endothelial antibody (D2-40), and elastic fiber staining (such as Elastica van Gieson) can be helpful and considered for specimens with submucosal invasion (83%).

Situations where this might be considered can include high suspicion on H&E for example.

Post-resection

En-bloc R0 resection



*No high-risk features; **For T1 CRC; ***lymphovascular invasion, poor differentiation, or grade 2/3 tumour budding; MDE: Multidisciplinary evaluation

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S

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