



WEO Expert Working Groups Report

**Right-Sided Lesions and Interval
Cancers**



WEO consensus on PCCRC

(Iosif Beintaris, UK)

Natural history of right-sided lesions

(Jasper Vleugels, The Netherlands)

Optimal KPI for right-sided lesions

(James East, UK)

Should right-sided lesions be surveilled differently than left-sided?

(Paulina Wieszczy, Poland)



The WEO Consensus Statements on Post-Colonoscopy Colorectal Cancer

Matthew D Rutter, Iosif Beintaris, Roland Valori, Han Mo Chiu, Douglas Corley, Miriam Cuatrecasas, Evelien Dekker, Anna Forsberg, Jola Gore-Booth, Ulrike Haug, Michal F Kaminski, Takahisa Matsuda, Gerrit Meijer, Eva Morris, Andrew A Plumb, Linda Rabeneck, Douglas Robertson, Robert E Schoen, Harminder Singh, Jill Tinmouth, Graeme Young, Silvia Sanduleanu

The story so far...

Definition and taxonomy of interval colorectal cancers: a proposal for standardising nomenclature

S Sanduleanu,¹ C M C le Clercq,¹ E Dekker,² G A Meijer,³ L Rabeneck,⁴ M D Rutter,⁵ R Valori,⁶ G P Young,⁷ R E Schoen,⁸ On behalf of the Expert Working Group on '*Right-sided lesions and interval cancers*', Colorectal Cancer Screening Committee, World Endoscopy Organization

Sanduleanu S, et al. *Gut* 2014;**0**:1–11. doi:10.1136/gutjnl-2014-307992

Project aims

- To standardise PCCRC **terminology & definitions**
 - relationship between **PCCRC & interval cancer** terms
- To standardise categorisation of potential **explanations for PCCRC occurrence**
- To standardise definition for **PCCRC rate**



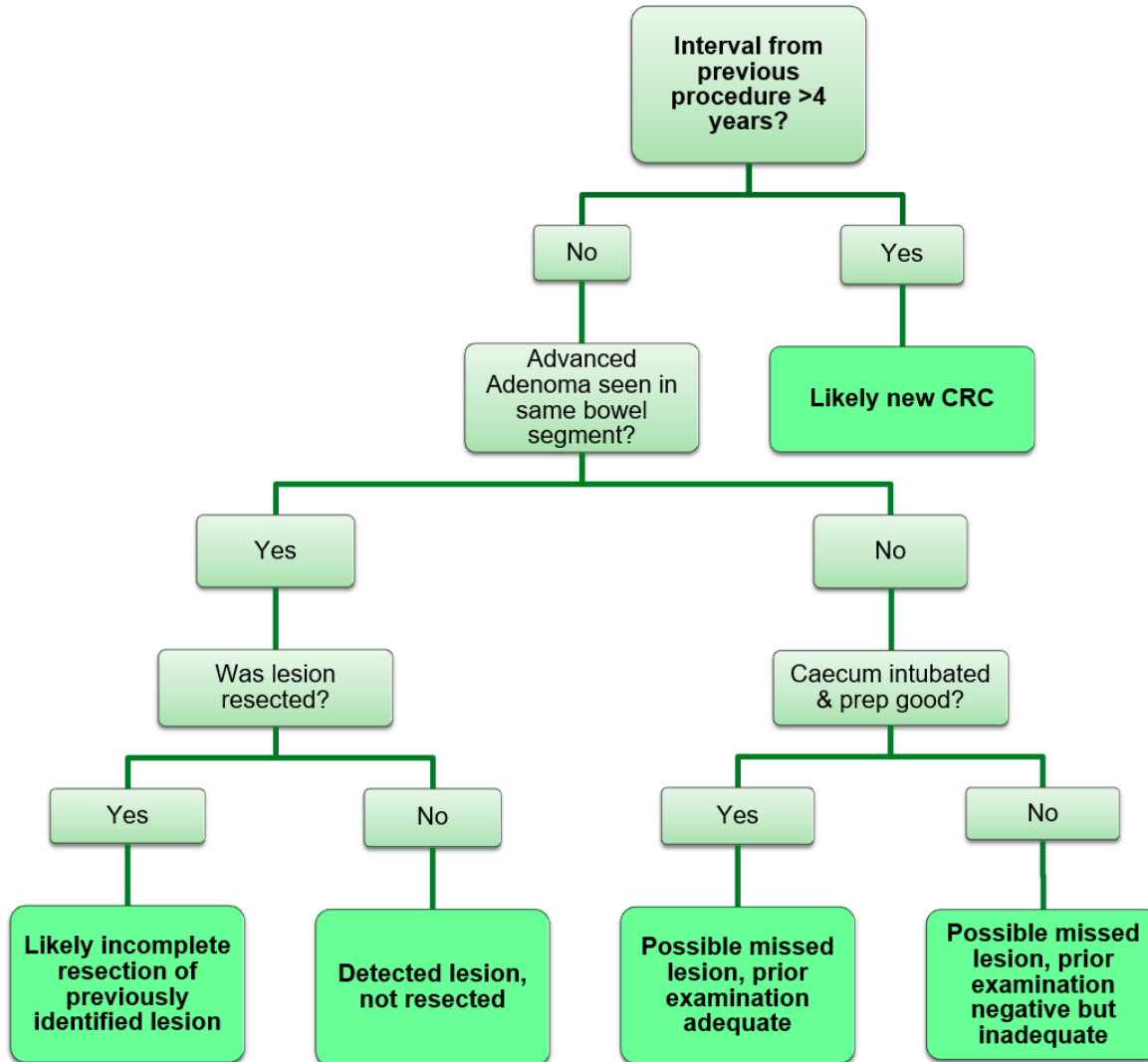
Statement 2

	Table 1. PCCRC subtypes			
	Interval type	Non-interval type		
		type A	type B	type C
	Detected prior to recommended surveillance timepoint	Detected at recommended surveillance timepoint	Detected after recommended surveillance timepoint	Where no surveillance timepoint had been recommended
Examples	Patient with 2 adenomas (2mm, 4mm) is advised to return in 5 years. Four years later develops anaemia; colonoscopy reveals CRC	Patient with a 15mm adenoma is advised to return for surveillance in 3 years. On surveillance, a CRC is found	Patient with 3 small adenomas is advised to return for surveillance in 3 years. Patient misses this, returns 4 years later with CRC	Patient with change in bowel habit – colonoscopy normal. No further investigation advised. 5 years later patient develops symptoms and a colonoscopy reveals CRC.
Implications	Was the recommended interval too long?	Was the recommended interval too long?	Importance of adherence to recommended surveillance	Would surveillance have actually been appropriate?



Statement 6 (cont.)

Figure 1. Proposed algorithm for aetiology attribution of PCCRC cases



Example of PCCRC-3y rate calculation for the year 2013

1. Total people with a colonoscopy in 2013
2. Identify those in (1) who were diagnosed with CRC at or within 3 years following their colonoscopy
3. Categorise into detected CRCs and PCCRCs:
 - a) CRCs within 6 months of colonoscopy are categorized as “detected CRCs”
 - b) Those without a CRC detected at colonoscopy but with a CRC diagnosed 6 to 36 months later are categorized as PCCRCs
4. $\text{PCCRC-3y rate} = \text{PCCRC} / (\text{detected} + \text{PCCRC}) \%$

The Natural History of Right-Sided Lesions

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What do we know?

- Colonoscopy is less protective for proximal CRCs
 - Proximal PCCRCs often have different biology
- Sessile serrated lesions are
 - Precancerous
 - Most often detected in the proximal colon
 - Controversy exists on the dwell time of SSLs
- Natural behavior of left- and right sided lesions seems different
 - Proximal adenomas seem to be more aggressive – possibly not??
 - Proximal serrated polyps seem to be more aggressive
 - HPs in distal colon are innocent
- Data on natural history of serrated lesions are scarce

Questions to be answered

- Why do proximal lesions behave more aggressively?
- What is the natural history of proximal serrated lesions?
- To what extent does this difference in natural history contribute to post-colonoscopy CRCs?



Should right-sided lesions be surveilled differently than left-sided?

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Conclusion

- Advanced neoplasia
 - 1 study: increased risk
- CRC
 - 1 study: increased risk (67 yrs, 58% surveillance)
 - 1 study: no effect (57 yrs, ~30% surveillance)
 - 1 study: decreased risk (61 yrs, 58% surveillance)
- CRC death
 - 2 studies: no effect (definition?)





Optimal KPI for right sided lesions

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Key Messages

- **Developing “good KPIs” for serrated lesions is challenging**
 - Definition of serrated?
 - Definition of proximal?
- **Serrated polyp detection rate?**
 - Whole colon KPIs vs right side?
 - Endoscopist reliant on good pathological interpretation...
- **Proximal polyp detection rate?**
 - Straightforward
 - Fits with optical Bx / non-optical strategies – controversial!
 - Correlates with outcomes
- **Need to deal with gaming (HPs rectum)**

Overall Conclusions

- More unknowns than knowns
 - Moving from “unknown unknowns” to “known unknowns”
- Stimulus for:
- More standardisation
 - More research

