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

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

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

<table>
<thead>
<tr>
<th>Interval type</th>
<th>Non-interval type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>type A</td>
</tr>
<tr>
<td>Detected <strong>prior</strong> to recommended surveillance timepoint</td>
<td>Detected <strong>at</strong> recommended surveillance timepoint</td>
</tr>
<tr>
<td>Examples</td>
<td>Patient with 2 adenomas (2mm, 4mm) is advised to return in 5 years. Four years later develops anaemia; colonoscopy reveals CRC</td>
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<tr>
<td>Implications</td>
<td>Was the recommended interval too long?</td>
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Figure 1. Proposed algorithm for aetiology attribution of PCCRC cases

- Interval from previous procedure >4 years?
  - No
    - Advanced Adenoma seen in same bowel segment?
      - Yes: Likely new CRC
      - No
        - Was lesion resected?
          - Yes: Likely incomplete resection of previously identified lesion
          - No: Detected lesion, not resected
    - Caecum intubated & prep good?
      - Yes: Possible missed lesion, prior examination adequate
      - No: Possible missed lesion, prior examination negative but inadequate
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. **PCCRC-3y rate** = PCCRC/(detected+PCCRC) %
The Natural History of Right-Sided Lesions

Jasper L.A. Vleugels

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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?

Paulina Wieszczy

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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