

CLINICOPATHOLOGICAL FEATURES ASSOCIATED WITH SUBMUCOSAL INVASIVE CANCER (SMIC) IN LARGE NON-PEDUNCULATED COLORECTAL POLYPS: DEFINING THE RISK IN MORPHOLOGICAL SUBTYPES OF LNPCP

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Presentation

Colorectal

Digestive Oncology

Endoscopy

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In 1641 large non-pedunculated colorectal polyps treated by endoscopic resection at a UK tertiary centre, submucosal invasive cancer risk was determined by morphological subtype (LST NG pseudodepressed 51.6%, LST NG flat-elevated 17.3%, LST G nodular mixed 13.4%) and occurred at similar rates to eastern series, with no association to polyp size, age, or sex.

KEY POINTS

- LST NG pseudodepressed type carried the highest risk of submucosal invasive cancer at 51.6%, followed by LST NG flat-elevated at 17.3%, LST G nodular mixed at 13.4%, Is at 12.9%, and LST granular homogenous at 2.8%.
- Submucosal invasive cancer incidence did not differ significantly across polyp size groups: 20-30mm 9.8%, 31-40mm 12.3%, 41-60mm 11.4%, >60mm 12.2% (p=0.59).
- Rectal and left colon location were associated with higher submucosal invasive cancer rates (15.3% and 14.9% respectively) compared to right colon (5.7%, p<0.001).
- In right colon polyps, LST NG pseudodepressed still carried 50.0% submucosal invasive cancer risk despite lower overall right colon rates, justifying en bloc resection for high-risk morphologies.
- Age and sex showed no association with submucosal invasive cancer (p=0.35 and p=0.12 respectively).
- The 57% en bloc resection rate and similarity to eastern series submucosal invasive cancer rates suggest comparable tumour biology between western and eastern populations.

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