

TECHNICAL AND ONCOLOGICAL OUTCOMES OF ENDOSCOPICALLY RESECTED T1 COLORECTAL CANCER ACCORDING TO OPTICAL DIAGNOSIS CLASSIFICATION

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Poster

Colorectal

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A multicenter prospective study of 7495 colorectal ESDs demonstrates that pre-resection optical diagnosis using CONECCT classification predicts T1-CRC prevalence and oncologic outcomes, with curative resection rates declining from 90.7% in CONECCT IIA to 32.0% in CONECCT III lesions.

KEY POINTS

- T1-CRC prevalence increased significantly across CONECCT categories: 2.3% in IIA, 10.8% in IIC, and 49.6% in III lesions, corresponding to JNET and morphological features.
- Among T1-CRCs, curative resection rates were low overall at 23.6% and decreased with advancing classification (25.5% IIA, 26.5% IIC, 13.9% III; $p=0.002$), while en-bloc and R0 rates remained high at 96.7% and 74.9%.
- Median depth of submucosal invasion increased from 1426 μ m in CONECCT IIA to 2744 μ m in III ($p<0.001$), with deep SMIC occurring in 46.8%, 62.2%, and 77.1% respectively.
- Lympho-vascular invasion and tumor budding were most frequent in CONECCT III at 30.0% and 34.3% ($p=0.002$), and the number of high-risk prognostic factors increased with advancing classification ($p=0.049$).
- The authors conclude that optical diagnosis effectively stratifies oncologic risk and suggest considering intramuscular resection techniques for advanced lesions to balance treatment appropriateness.

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