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Summary

A SIMPLIFIED, STEPWISE OPTICAL ALGORITHM FOR IDENTIFYING SUBMUCOSAL INVASIVE CANCER IN LARGE NON-PEDUNCULATED COLORECTAL POLYPS: A PROSPECTIVE MULTICENTRE STUDY

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Radiology & Imaging | Oesophagus | Immunology | Endoscopy | Digestive Oncology | Colorectal

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A three-step algorithm using white-light gross impression, demarcated areas, and vascular pattern identified submucosal invasive cancer in large colorectal polyps with 91.8% sensitivity and 95.3% sensitivity for deeply invasive cancer across assessors ranging from medical students to experts.

KEY POINTS

- The algorithm achieved 95.3% sensitivity (95% CI 85.1–100) and 98.5% negative predictive value (95% CI 95.3–100) for deeply invasive cancer (pT1b or greater) in 256 large non-pedunculated colorectal polyps assessed live by 32 observers.
- Overall sensitivity for any submucosal invasive cancer was 91.8% (95% CI 79.8–99.3), with specificity of 62.1% (95% CI 51.4–71.4) at the assessment level.
- The algorithm requires neither magnification nor specialist terminology and uses three sequential steps: Blink (at least two of six white-light gross features), presence of a demarcated area (abrupt change in surface or vascular pattern), and vascular regularity within that area.
- Sensitivity remained similar across all experience levels (difference 3.6 percentage points, 95% CI −11.0 to 21.3), while experts achieved higher specificity than non-experts (73.3% vs 56.8%; difference 16.5 percentage points, 95% CI 0.4–33.0).
- Inter-observer agreement was substantial (Krippendorff's α 0.65), and the algorithm is intended as a triage tool to identify lesions requiring expert assessment and resection planning, not as a standalone treatment rule.

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