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Summary

DIAGNOSTIC PERFORMANCE OF JAPAN NBI EXPERT TEAM (JNET) CLASSIFICATION AND CONECCT CLASSIFICATION FOR LARGE COLORECTAL LATERALLY SPREADING LESIONS TREATED BY ENDOSCOPIC SUBMUCOSAL DISSECTION: A LARGE WESTERN COHORT STUDY

Jérémie Jacques

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Colorectal

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A prospective study of 972 large colorectal lesions found that the JNET classification has low diagnostic accuracy for predicting submucosal invasive cancer risk, while the CONECCT classification showed higher sensitivity with lower false negative rates.

KEY POINTS

- In 972 lesions over 20 mm removed by en-bloc ESD, 11.3% contained submucosal invasive cancer with median lesion size of 57 mm
- JNET 2B had 31% false negative rate for predicting submucosal invasive cancer and 33% for superficial submucosal invasive cancer, compared to 3% and 6% respectively for CONECCT IIC
- CONECCT IIC demonstrated significantly higher sensitivity than JNET 2B for predicting high-grade dysplasia to superficial submucosal invasive cancer (87% vs 46%, $p<0.001$) and isolated superficial cancer (97% vs 67%, $p<0.0001$)
- For selective ESD and piecemeal EMR strategy based on submucosal cancer risk, CONECCT classification is preferred over JNET to prevent under-treatment of submucosal invasive cancer
- This study is relevant for endoscopists managing large laterally spreading colorectal lesions and selecting optimal resection techniques

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