NARROW-BAND IMAGING FOR REAL-TIME HISTOLOGY PREDICTION OF ADVANCED COLORECTAL NEOPLASIA – A PROSPECTIVE STUDY

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A prospective study comparing NICE and JNET narrow-band imaging classifications for predicting colorectal lesion histology found NICE achieved higher diagnostic accuracy (93.8% vs 77.4%) but both showed low positive predictive value for high-grade dysplasia and early invasive carcinoma.

KEY POINTS

- In 257 colorectal lesions ≥10 mm from 211 patients, the NICE classification correctly classified 93.8% of lesions compared to 77.4% with the JNET classification.
- NICE 1 and NICE 2 categories had high positive predictive values (95.9% and 97.0% respectively), while NICE 3 showed low PPV of 22.0%.
- JNET classification showed PPV of 95.9% for JNET 1, 83.0% for JNET 2A, 52.2% for JNET 2B, and 22.5% for JNET 3.
- Both classifications demonstrated low predictive value for high-grade adenomas, intramucosal carcinomas, and T1sm1 carcinomas, suggesting additional investigation with magnifying chromoendoscopy may be needed before deciding on endoscopic therapy for these lesions.
- Clinicians using NBI for real-time characterization of advanced colorectal neoplasia in community practice would benefit from this comparative data on classification performance.

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