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Summary

DETERMINING THE MAXIMUM SUBMUCOSAL INVASION DISTANCE THAT PREDICTS R0 ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) IN COLORECTAL T1 CANCER

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Colorectal

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A study of 143 colorectal T1 cancer lesions treated with ESD found that submucosal invasion depth less than 1,625 mm predicts R0 resection with 95.4% accuracy regardless of macroscopic type.

KEY POINTS

- Submucosal invasion distance correlated significantly with R0 resection rates: 94.7% for SM less than 1,500 mm, 100% for SM between 1,000-1,500 mm, but only 45.5% for SM of 2,000 mm or more.
- Mean SM invasion distances increased significantly with cancerous fibrosis severity: Type C-1 measured 801.2 ± 956.1 mm, Type C-2 measured 1,745 ± 891.6 mm, and Type C-3 measured 3,063.5 ± 2,008.4 mm ($p<0.01$).
- ROC analysis identified 1,625 mm as the optimal SM invasion cutoff for predicting R0 resection (Youden Index 0.636, R0 rate 95.4%).
- Perioperative endoscopy demonstrated 83.9% sensitivity and 93.9% specificity for diagnosing cancerous fibrosis, with 92.3% diagnostic precision.
- The study suggests this SM invasion threshold may help guide endoscopic treatment decisions for colorectal T1 cancer patients undergoing ESD.

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