Endoscopic management of colorectal tumor less than 10 mm in size: Current status and future perspectives in Japan from a questionnaire survey

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INTRODUCTION

Based on the results of the National Polyps Study, Western guidelines recommend endoscopic removal of all detected adenoma for reducing the incidence and mortality of colorectal cancers regardless of lesion size.1 In contrast, Japanese Polyp Guidelines (JPG) state a different opinion compared with Western guidelines2 and do not recommend removing diminutive adenoma, because such a lesion has a very low risk of becoming cancer. In addition, JPG states concerns about complications such as perforation and delayed bleeding related to polypectomy for such lesions.

Until now, endoscopic resection including polypectomy, endoscopic mucosal resection (EMR) and hot biopsy (HB) using an electric current were standard procedures. As an alternative procedure, cold polypectomy without an electric current has recently been introduced to remove small colorectal tumors, because this procedure is considered more effective, safer, and faster.3 However, further research is needed to investigate operator variation in polypectomy outcomes and to establish an evidence base for best practice.

At Endoscopy Forum in Japan (EFJ) 2017, which was held in Otaru, Hokkaido in August 2017, standardization of endoscopic management for colorectal tumors less than 10 mm in diameter was discussed based on a questionnaire survey completed by nine Japanese participants who specialize in gastrointestinal (GI) endoscopy especially in the colorectum. In this editorial, we focus on the current status and future perspectives of endoscopic management for colorectal tumors less than 10 mm in diameter as well as on the report from the lower GI session at EFJ 2017.

QUESTIONNAIRE SURVEY ON THE CURRENT STATUS OF ENDOCOSCOPIC MANAGEMENT OF COLORECTAL TUMORS <10 MM IN JAPAN

This questionnaire survey was carried out prior to the meeting. A total of nine Japanese participants responded to the questionnaires as follows.

Topic 1: Diagnostic strategy for diminutive (<5 mm) and small (<1 cm) polyps

Q1: What is your indication for image-enhanced endoscopy with magnification for diminutive or small colorectal lesions?

Q2: What is your indication for chromoendoscopy without magnification for diminutive or small lesions?

Q3: What is your indication for chromoendoscopy with magnification (pit pattern diagnosis) for diminutive or small lesions?

Topic 2: Therapeutic strategy for diminutive and small polyps

Q4: What do you usually use when removing diminutive polyps (<5 mm)?