

New 2021 Guidelines for Endoscopic Removal of Colorectal Lesions¹



Who wrote it?

US Multi Society Task Force on Colorectal Cancer. 9 gastroenterology specialists who represent:

- American College of Gastroenterology
- American Gastroenterological Association
- American Society for Gastrointestinal Endoscopy

Objective:

- To provide recommendations to optimize the complete and safe endoscopic removal techniques for colorectal lesions, based on available literature

Methods:

- Guidance statements were developed by a consensus process through email correspondence and multiple teleconferences
- The final manuscripts were reviewed and approved by the governing boards of the 3 participating societies

We recommend the use of tattoo, using sterile carbon particle suspension, to demarcate any lesion that may require localization at future endoscopic or surgical procedures¹

Documenting Lesion Marking

Documentation of the details of the tattoo injection (ie, material, volume, position relative to the lesions) in the colonoscopy report, as well as photo documentation of the tattoo in relation to the colorectal lesion is recommended.

The Bleb Technique

To ensure the tattoo injection is created safely within the submucosa, it is safest to first create a submucosal bleb using saline and then once the submucosal plane is confirmed, exchange the tattoo injection and inject a volume of at least 0.75-1.0ml at each site.

1. Kaltenbach, Tonya; Anderson, Joseph C; Burke, Carol A; Dominitz, Jason A; Gupta, Samir; Lieberman, David; Robertson, Douglas J; Shaikat, Aasma; Syngal, Sapna; Rex, Douglas K, The American Journal of Gastroenterology: March 2020 - Volume 115 - Issue 3 - p 435-464

Guide to Endoscopic Tattooing:

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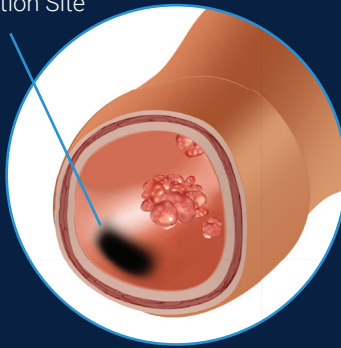
We suggest endoscopists and surgeons establish a standard location of tattoo injection relative to the colorectal lesion site¹ of interest at their institution

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Marking for EMR/ESD¹

Spot® Ex Injection Site

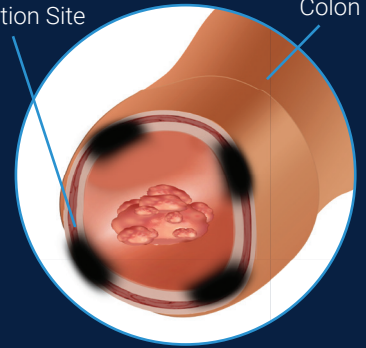


If the lesion is being marked for future endoscopic resection place the tattoo on the same side of the bowel, 3cm distal.

Marking for Surgical Resection²

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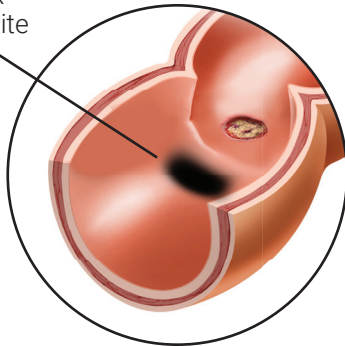
Colon



If the lesion is being marked for surgical resection, mark the lesion on the distal side and place the tattoos 2-3 cm from the lesion in 3-4 quadrants circumferentially.

Marking for Surveillance of difficult to detect or large polyps³

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After lesion removal, place one injection adjacent (next to site) to the resection defect. Location should be noted on the endoscopy report.

Surveillance: Post Colonic Lesion Removal site⁴

- Intensive follow up in patients after piecemeal EMR (lesion ≥ 20 mm) with the first surveillance colonoscopy at 6 months, and the intervals to the next colonoscopy at 1 year and then 3 years
- There is a very high prevalence of synchronous disease in patients with lesions ≥ 20 mm
- To assess for local recurrence, careful examination of the post-mucosectomy scar site using enhanced imaging is recommended
- Local neoplastic recurrence after endoscopic resection of large colorectal lesion has been reported in several longitudinal outcomes studies to be approximately 16%
- In surveillance cases with suspected local recurrence, we suggest endoscopic resection therapy with repeat EMR, snare or avulsion method performed at 6-12 months until there's no local recurrence. After no sign of recurrence, follow ups are performed at 1-year and then 3-year intervals

1. Kaltenbach et al. Endoscopic Removal of Colorectal Lesions – Recommendations by the US Multi Society Task Force on Colorectal Cancer. Feb 2020
2. Rex, D. Endoscopic Tattooing Demonstration. How to Tattoo a Flat Colorectal Cancer. 2017. https://www.youtube.com/watch?v=VTkXGKGf_mE
3. Rex, D. Endoscopic Tattooing Demonstration. How to Tattoo a Tumor for Later Resection. 2017. https://www.youtube.com/watch?v=xL2sDqfN_E
4. Endoscopic Tattooing Demonstration: How to Tattoo a Site Post-Resection with Dr. Rex. Youtube, ASGE, <https://youtu.be/HaQKhfxlaK0>



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