Cold Snare Polypectomy Versus Cold Forceps Polypectomy for Diminutive and Small Colorectal Polyps: A Randomized Controlled Trial

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Background: This study was performed to compare the complete resection rates of cold snare polypectomy (CSP) and cold forceps polypectomy (CFP) for removal of colorectal adenomatous polyps ≥7 mm.

Methods: A total of 145 polyps were randomized to receive either CSP or CFP. After the initial polypectomy, additional endoscopic mucosal resection was performed at the polypectomy site to assess the presence of residual neoplastic tissues.

Results: Among 145 polyps, 125 (86.2%) were adenomatous polyps. The overall complete resection rate for adenomatous polyps was significantly higher in the CSP group compared to the CFP group (55/57, 96.5% vs. 55/88, 64.4%; P=0.028). The complete resection rate for polyps sized 5–7 mm was significantly higher in the CSP group compared to the CFP group (27/29, 93.1% vs. 25/34, 73.5%; P=0.041) while the complete resection rates for polyps ≥4 mm were not different between the groups (28/28, 100% vs. 30/31, 96.8%; P=0.338).

Conclusions: CSP should be recommended primarily for resection of adenomatous polyps ≥7 mm. CSP is superior to CFP for complete resection of adenomatous polyps sized 5–7 mm.

Increased Incidence of Colorectal Advanced Neoplasm in Kidney Transplant Recipients

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Background: Although the frequency of kidney transplantation (TPL) is rising, there are no consensus for its colonoscopic surveillance due to the lack of epidemiological data about incidence of colorectal polyp and neoplasm after TPL. The aim of this study was to investigate whether incidence of colorectal neoplasm increases in kidney transplant recipients compared to general population.

Methods: A total of 677 patients who underwent kidney TPL in Seoul National University Hospital from 1996 to 2008 and age- and gender-matched 900 healthy controls were enrolled. We retrospectively reviewed electronic medical records about patient’s demographic, clinical characteristics, use of immunosuppressive agents, colonoscopy findings, and histology of colon polyp. Cox regression analysis was performed to evaluate risk factors affecting development of advanced neoplasm in TPL patients.

Results: Of patients who underwent TPL, Two hundred forty eight patients were identified as receiving post-transplant colonoscopy. Overall adenomatous polyp was founded in 23.4% of TPL patients compared to 21.8% of healthy controls (P=0.589). There was a significant difference in incidence of advanced neoplasm between two groups (P=0.003). Incidence of advanced neoplasm was higher in transplant patient aged 50 and over (P=0.009). Advanced neoplasm according to the lesion location did not significantly differ in transplant patients (P=0.557). In multivariate analysis, age was only associated with an increased risk of developing advanced neoplasm in TPL patients (adjusted odds ratio [aOR], 1.068; 95% confidence interval [CI], 1.007 to 1.134; P=0.029).

Conclusions: Incidence of overall colorectal adenoma was similar between two groups. However, development of advanced adenoma and colon cancer was significantly higher in kidney TPL patients. Authors suggest that kidney TPL patients aged 50 and over should be performed colonoscopy surveillance more strictly following currently recommended interval for general population.

Patients with Low Rectal Tumors Undergoing Curative Resection Have Higher Rates of Pulmonary Metastases Regardless of Chemoradiotherapy Status

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Background: Precise understanding of recurrence patterns permits efficient surveillance and effective treatment strategies. The aim of this study was to evaluate recurrence patterns after treatment of rectal cancers, specifically with respect to tumor location and chemoradiotherapy (CRT).

Methods: A single-institution, retrospective cohort of 2,086 consecutive rectal cancer patients was enrolled between January, 2000 and December, 2007. All the patients underwent curative operations (RO). Tumor location was classified into lower (=5cm), middle (=5cm – = 8cm), and upper (> 8cm) groups based on the distance of the inferior tumor border from the anal verge; the patients were also classified according to whether they received preoperative/postoperative CRT.

Results: The lung was the most common recurrence site in the lower group (lower vs. middle/ upper; 14.6% vs. 8.9%/ 8.0%, P=0.001/ 0.001). Recurrence patterns were not associated with receipt of preoperative/postoperative CRT. Additionally, RT and CRT did not reduce the rate of pulmonary recurrence (no RT/preoperative CRT/postoperative CRT, 37.5/37.9/42.6%; P = 0.13). In a multivariate analysis, preoperative level of serum carcinoembryonic antigen, abdominoperineal resection, advanced T category, N category, and circumferential resection margin were identified as independent risk factors for pulmonary recurrence in all groups. Otherwise, low rectal cancer was associated with unrespectable pulmonary recurrence (RR = 2.19, 95% CI = 1.023-3.072; P = 0.04).

Conclusions: Neither RT nor CRT affects the pattern and rate of recurrence. Tumor location specifically affects recurrence in rectal cancer patients, such that the lower group is a risk factor for unrespectable pulmonary recurrences.