

## Risk of advanced colorectal neoplasm according to the number of adenoma in previous colonoscopy

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**Background:** There is controversy about the follow-up period of colonoscopy according to the number of adenoma at index colonoscopy. The aim of this study is to determine the appropriate interval time of surveillance study according to the number of adenoma at index colonoscopy by comparing the cumulative incidence of advanced adenoma or overall adenoma during follow-up period. **Methods:** We reviewed retrospectively the health records of 982 patients who underwent colonoscopic polypectomy from 2011 to 2012 and follow-up colonoscopy after 2.5 or more years from index colonoscopy. The patients were grouped into 1-2 adenomas, 3-4 adenomas, 5-9 adenomas. We compared the cumulative incidence of advanced adenoma or overall adenoma during study period. **Results:** After median follow-up of 47.6 months, 77 (7.8%) patients developed advanced adenoma and 662 (67.4%) patients developed adenoma at follow-up study. Compared with the cumulative incidences of advanced adenoma and overall adenoma, those of 3-year are 0.8% and 1.1% in 1-2 adenomas group, 1.9% and 15.5% in 3-4 adenomas group, 3.7% and 25.5% in 5-9 adenomas group. And those of 5-year are 7.3% and 61.9% in 1-2 adenomas groups, 9.7% and 70.0% in 3-4 adenomas group, 17.5% and 77.0% in 5-9 adenomas group. **Conclusions:** The cumulative incidence of advanced adenomas does not show meaningful difference after 3 years from index colonoscopy. So it is considered to have 3-year follow-up period rather than 1-year in patients with 3-9 adenomas at index colonoscopy.

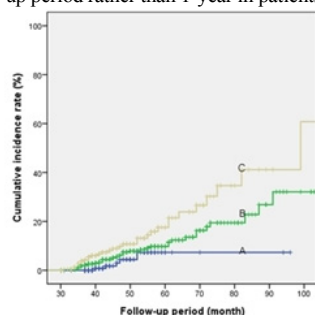


Figure 1. Cumulative incidence of advanced adenoma according to the number

of adenoma at index colonoscopy: (A) 1-2 adenoma group, (B) 3-4 adenoma group,

(C) 5-9 adenoma group.

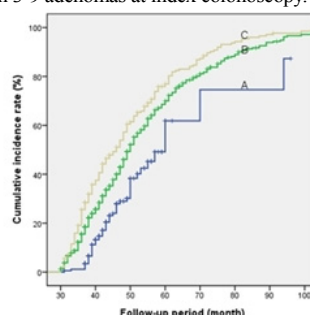


Figure 2. Cumulative incidence of overall adenoma according to the number

of adenoma at index colonoscopy: (A) 1-2 adenoma group, (B) 3-4 adenoma group,

(C) 5-9 adenoma group.

## Risk Factors of Invasion in Early Gastric Cancer Resected by Endoscopic Submucosal Dissection

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**Background:** Knowing the exact depth of the lesion before submucosal dissection (ESD) remains a question and can only be confirmed by final pathologic report following ESD. And patients with submucosal or lymphovascular (SM/LV) invasion may need additional surgery including lymph node dissection because SM/LV invasion have relevant to higher risk for lymph node metastasis. The purpose of the study is to investigate the risk factors for SM/LV invasion in EGC. **Methods:** We retrospectively reviewed clinical and pathological datas in patients underwent ESD from Jan 2010 to May 2014 and presenting EGC of 2.0 cm or smaller in size, a differentiated-type adenocarcinoma, and without ulceration. **Results:** Among 425 lesions consecutively resected by ESD, 323 lesions in 302 patients were included in this study. Submucosal and lymphovascular invasions were detected in 42 lesions. Multivariate analysis revealed that histology of moderate-differentiated (odds ratio (OR) 4.231; 95% CI 1.925-9.013;  $p=0.000$ ), location of upper and middle third (U/M) of stomach (OR 3.200, 95% CI 1.511-7.001;  $p=0.007$ ) were significant risk factors for SM/LV invasions. **Conclusions:** Histology of moderate-differentiated adenocarcinoma, and location of U/M were identified as independent risk factors of SM/LV invasion in EGC meeting absolute criteria for ESD.