

Checklist EMR endoscopists STAR study

Inclusion: Patients with LNPCP (≥ 20 mm)

STEP 1: INFORMING PATIENT ABOUT STUDY (BEFORE OR AFTER RESECTION LNPCP)

1. Informing the patient about the study
2. Providing the information package
3. Note patient data on website with personal code
 - a. <https://software.memic.maastrichtuniversity.nl/starlnpcp/>

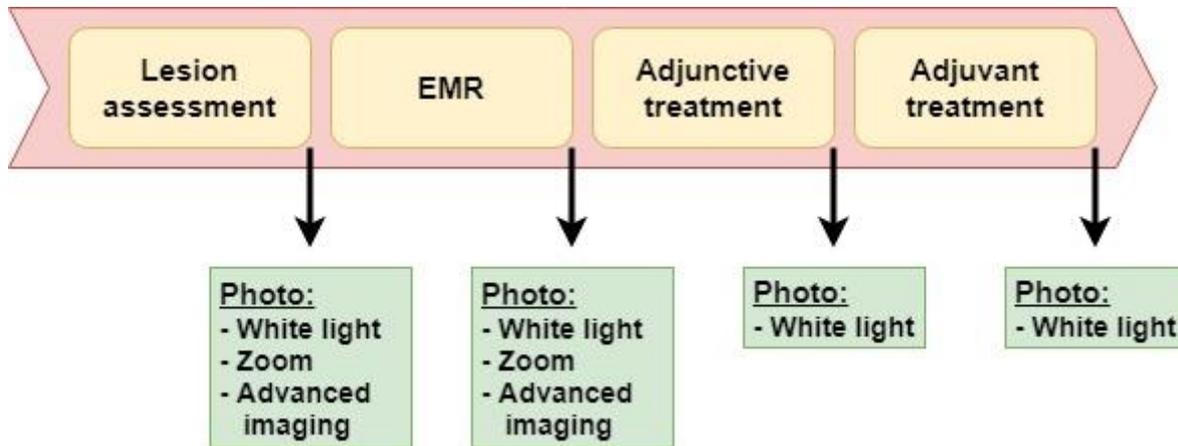
STEP 2: ASSESSMENT OF THE LESION

1. Optical description in endoscopy report

- a. Location (segment)
- b. Access → easy/difficult?
- c. Size (in millimeters)
- d. Morphological description according to Paris classification
- e. Granular or non-granular?
 - i. Granular
 1. Homogeneous granular
 2. Granular with dominant nodule
 3. Granular with non-granular, erythematous area
 - ii. Non-granular
- f. Well demarcated depression
- g. Spontaneous bleeding → yes/no?
- h. Advanced imaging
 - i. Vascular pattern according to JNET (type 1/2A/2B/3)
 - ii. Vascular pattern according to Hiroshima (type A/B/C1/C2/C3)
 - iii. Kudo pit pattern (I,II,III,IV,Vi,Vn)
- i. Optical diagnosis
 - i. Low-grade dysplasia
 - ii. High-grade dysplasia
 - iii. Superficial submucosal invasive carcinoma (T1)
 - iv. Deep invasive carcinoma (≥ 1 TSm3)
- j. Certainty of optical diagnosis > 90% (yes/no)
- k. Risk estimate T1 CRC (%)

2. Photodocumentation

- a. White light
- b. Zoom
- c. Zoom with advanced imaging modality (e.g. NBI, I-scan)



STEP 3: ENDOSCOPIC MUCOSAL RESECTION

1. EMR documentation in endoscopy report

- a. Lifting fluid → NaCl / Gelofusin/ Venofundin
- b. Dye → Methylene blue / Indigocarmine / none
- c. Adjuvant adrenalin in lifting fluid → yes/no?
- d. En-bloc or piecemeal?
- e. Number of pieces [n = ... / >10 fragments]
- f. Intraprocedural bleeding yes/no?
 - i. Number of intraprocedural bleedings
 - ii. Treatment intraprocedural bleeding
 1. Snare tip coagulation
 2. Tamponade
 3. Coagulation grasper
 4. Adrenalin injection
 5. Clipping
- g. Residual tissue after EMR yes/no?
 - i. In case of residual tissue, adjunctive treatment?
- h. Adjuvant treatment performed to prevent recurrence yes/no?
 - i. Borders → APC/STSC?
 - ii. Surface → APC/STSC?
- i. Intraprocedural bleeding + management

2. Tattoo 2 cm distal (to make sure the scar can be retrieved during surveillance colonoscopy)

3. Photo/videodocumentation

- a. Photodocumentation during the EMR procedure
 - i. Before adjunctive treatment
 - ii. Before adjuvant treatment
 - iii. After adjuvant treatment
- b. Recording first 5 EMRs (optional!)

STEP 4: AFTER INTERVENTION COLONOSCOPY

4. Schedule 6 month FU colonoscopy

STEP 5: SURVEILLANCE COLONOSCOPY AFTER 6 MONTHS

1. Endoscopy report

- a. Scar found, size?
- b. Recurrence yes/no?
- c. Unifocal or multifocal [n]
- d. Size of largest recurrence (in mm)
- e. In case of recurrence, describe treatment

2. Biopsy the scar

- a. Take a biopsy every 5 mm [e.g. in a scar of 18mm, 3 biopsies are taken]
- b. Present every biopsy in a separate PA jar

3. Photodocumentation

- a. Scar [white light, zoom and advanced imaging modality]