

(21049) - PREDICTORS OF ENDOSCOPIC CURE FOR MALIGNANT COLORECTAL POLYPS

João Carlos Gonçalves^{1,2,3}; Ana Isabel Ferreira^{1,2,3}; Mariana Souto^{1,2,3};
Sofia Xavier^{1,2,3}; Pedro Boal Carvalho^{1,2,3}; Joana Magalhães^{1,2,3}; José
Cotter^{1,2,3}

1 - Gastroenterology Department, Hospital da Senhora da Oliveira, Guimarães, Portugal; 2 - Life and Health Sciences Research Institute (ICVS), School of Medicine, University of Minho, Braga, Portugal; 3 - ICVS/3B's - PT Government Associate Laboratory, Braga/Guimarães, Portugal

Background and Aim: Malignant colorectal polyps present a unique challenge due to their potential for metastasis. While complete endoscopic resection often achieves cure, comprehensive data on the characteristics influencing it remain limited. This study aimed to elucidate the key predictors associated with achieving endoscopic cure for malignant polyps.

Methods: We retrospectively evaluated 3736 endoscopic polyp resection procedures. Patient clinical records were accessed for demographic and clinical information, complemented by analysis of pathology reports. A difficult polyp location was defined by criteria such as "cap"-assisted procedure, growth over a fold or on a previous scar, peri- appendicular position, or proximity to the anal canal. Signs of submucosal invasion encompassed "non-lifting" sign, depressed lesions, or ulceration. Cure was defined by the pathologist analysis comprising negative margins (>1mm) and favorable histological prognosis factors.

Results: Ninety patients were enrolled in the study, comprising 56% males, with a median age of 66 years. A total of 94 malignant polyps were resected with a global cure rate of 35.1%. Paris classification 0-Ip polyps accounted for 39.4% and exhibited a significant association with endoscopic cure ($p=0.008$, OR 3.24, 95% CI 1.3-7.9) compared to non 0-Ip polyps (0-Is, 0-Is+Ip, any 0-II). Most 0-Ip polyps were localized in the left colon (86.5%), and 51.4% were resected with cure.

Interestingly, stalk characteristics ($p=0.802$) and polyp size ($p=0.940$) did not demonstrate a significant impact on the likelihood of cure. In contrast, 47.4% of the non 0-Ip polyps were located in the rectum, 35.1% in the left colon and the remaining 17.5% in the right colon. The cure rate for non 0-Ip polyps was 24.6%. A difficult location ($p=0.027$, OR 0.69; 95% CI 0.57-0.84) and signs of

submucosal invasion ($p=0.049$, OR 0.7; 95% CI 0.58-0.84) were linked to endoscopic resection without achieving cure. Additionally, our analysis revealed that non-*Ip* polyps lacking endoscopic cure were larger than those successfully treated ($27.7\pm 13.9\text{mm}$ vs. $19.1\pm 7.8\text{mm}$, $p=0.031$).

Conclusion: Our analysis underscores endoscopic resection viability for potentially malignant pediculated polyps, irrespective of size or stalk type. However, sessile/flat polyps present challenges, particularly when large, in difficult locations or with endoscopic signs of submucosal invasion. In these scenarios, en bloc removal using advanced techniques might contribute for endoscopic cure.

Palavras-chave : Malignant polyps, Endoscopic cure