Q8 Please list the endoscopic features of an LSL that would cause a competent ER practitioner to opt for surgery or ESD, over an attempt with EMR.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Non-granular rectal lesions (particularly 0-Is) not amenable to en bloc resection -Any lesion with Kudo V pit pattern, Sano III microvascular pattern, NICE III, a c-component or non-lifting -Peri-appendiceal lesions deeply invading the orifice or fully encompassing it -ICV lesions into the ileum or involving both lips of the valve	1/13/2018 5:41 AM
2	Type IIc lesion with absent pit pattern , NICE II non lifting sign	12/7/2017 5:35 PM
3	- Non granular morphology - Dominant nodules - Size is a grey area though contributory to overall decision making - If low rectal - distance from the dentate line - Encroachment into the appendix lumen/ IC valve into Terminal ileum (again selected cases may be feasible with ER) - Recurrence/ scarred polyp - Poor access	12/3/2017 9:25 PM
4	* Depressed lesion/Kudo V, NICE 3, JNET Type 3, friability, ulceration	11/18/2017 9:10 PM
5	Kudo V Ulceration +/-Non-lifting +/-PAris IIa/c, esp non-granular	11/14/2017 5:47 AM
6	1. Ulcerated flat lesions 2. NICE III / Kudo Vi/Vn 3. Paris Is / IIa+Is non-granular lesions	11/8/2017 2:55 PM
7	As recently described, the factors include: - Paris class -0-IIc (areas of depression) - Kudo pit pattern V (not routinely used and described by all endoscopists) - Non granular surface morphology (not routinely used as the sole factor to determine candidacy for EMR vs ESD) - Large size and location (again not the sole determinant for making this decision)	11/5/2017 1:45 PM
8	1. Non Granular lesion 2. Paris Is+IIa lesion 3. Depressed lesion 4. MS IIIb, Kudo's Vi/n lesion where an EN BLOC resection is not possible with EMR.	11/5/2017 2:36 AM
9	- Excavated lesion (Paris IIc) - Non granular pseudodepressed and /or > 30-40mm and/or Kudo V or NICE 3 or JNET 2B and/or rectal location - Granular mixed with nodule > 10mm and/or size > 40mm and/or Kudo V, NICE 3 or JNET 2B and/or rectal location - Sessile lesion nongranular > 20mm and/or Kudo V, NICE 3 or JNET 2B	11/3/2017 1:34 PM
10	Vn pit pattern, NICE type 3, non-lifting in previously unbiopsied lesion, significant wall deformity This is a highly personal decision based on current level of ESD skill/comfort. Personally I would perform ESD for all rectal LSL >3cm and in selected cases in the colon where access and position are stable. ESD also for any suspected very early cancer - Vi pit pattern.	11/3/2017 11:53 AM
11	Central depression in any lesion with suspicion of Kudo V (or IIIs). Very bulky lesion in distal colon without extensive Paris 0-IIa component. Flat or depressed (0-IIb and -IIc) lesions. Non-granular lesions.	11/1/2017 11:14 AM
12	Macroscopic features of tethering, ulceration, fixed and hard, loss of contour of folds. Loss of pit pattern (V) or vascular attenuation or disruption (NICE III)	10/31/2017 10:29 PM