Q7 In assessing an LSL for endoscopic resectability, please list the principles, classification systems or methods that a competent ER practitioner should be able to utilize to estimate the risk of submucosal invasion.

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	-Practioners must be familiar with the Paris classification, and the importance of careful surface topography and microvascular assessment. -Kudo, NICE, Sano -Practioners must undertand the importance of the location of the lesion within the bowel (right vs. left and particularly the rectum) in estimating the risk of SMI.	1/13/2018 5:41 AM
2	NBI or chromoendoscopy Kudo pit pattern NICE classification SANO classification Paris classification LST G/NG/mixed	12/7/2017 5:35 PM
3	- Presence of significant nodules - Non granular morphology - Implications of size and risk of malignancy - Surface pattern - Alternatives - Options in case of complications	12/3/2017 9:25 PM
4	* location * size * Paris / LST * pit-pattern/NICE/JNET * look for other specific characteristics including friability, depression, ulceration etc	11/18/2017 9:10 PM
5	PAris, Kudo, NICE classification systems, non-lifting sign Histology	11/14/2017 5:47 AM
6	ER practitioner should first look at a polyp's morphology, granularity and pit pattern as per Paris morphology and Kudo/NICE classification. This serves as a baseline for estimating risk of SMI that may result in the patient being referred directly for surgical management. In borderline cases, a decision needs to be made in respects to whether ESD should be considered for en bloc resection, or en bloc snare resection of concerning area. During the resection itself the practitioner should also be able to identify factors that may indicated SMI such as poor lift, central fibrosis, mucin extrusion, tethering or positive Jet Sign.	11/8/2017 2:55 PM
7	The competent ER practitioner should be familiar with the Paris classification and NBI classifications for polyp histology (NICE classification)	11/5/2017 1:45 PM
8	1. Paris Classification (and granularity) 2. Modified Sano's (MS) classification 3. Kudo's classification for MS type III lesions 4. Knowledge if the lesion had been tackled previous.	11/5/2017 2:36 AM
9	Paris classification Kudo and NICE classification and JNET classification Recognision of SSP and SSP-D Combination of location, size , paris classif (LST) and focal interrogation	11/3/2017 1:34 PM
10	Paris classification. LSL classification, NICE or BASIC classification, Kudo pit pattern assessment, should be competent in assessing size, site (in relation to IC valve, appendix, anus in particular, lifting characteristics, understanding of wall deformity and tactile palpation with snare catheter	11/3/2017 11:53 AM
11	Paris classification, Kudo classification, specific description of gross abnormal findings such as ulcers, spontaneous bleeding etc	11/1/2017 11:14 AM
12	Full description of polyp using Paris. Determination of surface pattern using both NBI and optical/contrast enhancement. I personally do not feel that Kudo or NICE are completely satisfactory for this purpose. Ability to macroscopically describe feature suggesting malignancy critical (e.g. ulceration, tethering of folds etc) but also the loss of regularity of either vessels (NBI) or pits (optical)	10/31/2017 10:29 PM