Comentario al artículo:
"ASGE guideline: the role of endoscopy in the diagnosis, stating, and management of colorectal cancer"

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This is one of a series of statements discussing the utilization of GI endoscopy in common clinical situations. The Standards of Practice Committee of the American Society for Gastrointestinal Endoscopy prepared this text. In preparing this guideline, a MEDLINE literature search was performed and additional references were obtained from the bibliographies of the identified articles and from recommendations of expert consultants. When little or no data exist from well designed prospective trials, emphasis is given to results from large series and reports from recognized experts.

Guidelines for appropriate utilization of endoscopy are based on a critical review of the available data and expert consensus. Further controlled clinical studies are needed to clarify aspects of this statement, and revision may be necessary as new data appear: Clinical consideration may justify a course of action at variance to these recommendations.

Colorectal cancer (CRC) is the 4th most commonly diagnosed cancer and the second leading cause of cancer related death in the United States. It has been estimated that in 2003 approximately 147,500 cases of CRC were diagnosed and over 57,000 men and women died from this malignancy. During the past decade, great emphasis has been placed on the use of colonoscopy for the early detection and the removal of adenomatous polyps to reduce the incidence and the mortality of CRC. Once CRC has developed, colonoscopy also has an important role in the diagnosis and subsequent disease management. This guideline represents a summary of recommendations on the role of endoscopy in the diagnosis, the stating, and the treatment of CRC. Recommendations for CRC screening and surveillance are discussed in a previous documental by the American Society for Gastrointestinal Endoscopy.

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En resumen, los autores concluyen los siguientes puntos con recomendaciones basadas en evidencia: (A) ensayos prospectivos controlados, (B) estudios observacionales, (C) opinión de expertos.

- La colonoscopia es esencial en el diagnostico del cáncer colorrectal (B).
- Biopsias múltiples deben ser obtenidas de toda lesión sospechosa y las lesiones polipoides deben ser removidas (A).
- El ultrasonido endoscópico es seguro en la estadificación locorregional preoperatoria del cáncer rectal y es de gran utilidad en guiar la terapia (A).

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- La obstrucción colónica maligna puede ser tratada endoscópicamente de manera efectiva para paliación o como fuente para cirugía con la colocación de *stents* metálicos expandibles o con terapia con láser (B).
- Los factores histopatológicos desfavorables de pólipos colónicos malignos asociados con un alto riesgo de metástasis a ganglios linfáticos o de recurrencia local después de resección endoscópica incluyen los siguientes: histopatología pobremente diferenciada, invasión linfática o vascular, cáncer en el margen de resección, y resección incompleta (B).
- Los pólipos pediculados malignos confinados a la submucosa pueden ser considerados adecuadamente tratados por resección endoscópica si se removieron completamente y si no hay evidencia de características histológicas desfavorables (B).
- Los pólipos sesiles malignos confinados a la submucosa y sin evidencia de factores histológicos desfavorables tienen un pequeño incremento de riesgo de mestástasis a ganglios linfáticos y de recurrencia local, comparados con pólipos pediculados similares luego de resección endoscópica. La resección endoscópica de estos pólipos sesiles puede ser adecuada si la resección fue completa y en bloque; sin embargo, la resección quirúrgica debe ser considerada para asegurar el tratamiento definitivo (B).
- La displasia de alto grado puede ser tratada adecuadamente con resección endoscópica (B).

Referencias

1. Jemal A Murray T, Samuels A, Ghafoor A, Ward MJ. Cancer statistics, 2003. CA Cancer J Clin 2003; 53: 5-26.
2. Eisen GM, Chutkan R, Goldstein JL, Petersen BT, Ryan ME, Sherman S, et al. American Society for Gastrointestinal Endoscopy. Guidelines for colorectal cancer screening and surveillance. Gastrointest endosc 2000; 51: 777-82.
3. Rex Dk, Bond JH, Winawer S, Levin TR, Burt RW, Johnson DA, et al. Quality in the technical performance of colonoscopy and the continuous quality improvement process for colonoscopy; recommendations of the U.S. multi-society task force on colorectal cancer. Am J Gastroenterol 2002; 97: 1296-1308.
4. Mortense NJ, Eltringham WK, Mountford RA, Liver JV. Direct vision brush cytology with colonoscopy: an aid to the accurate diagnosis of colonic strictures. Br J Surg 1984; 71: 903-2.
5. Jeevanandam V, Treat MR, Forde KA. A comparison of direct brush cytology and biopsy in the diagnosis of colorectal cancer. Gastrointest Endosc 1987; 33: 370-1.
6. Marshall JB, Diaz-Arias AA, Berthel JS, King PD, Butt JH. Prospective evaluation of optimal number of biopsy specimens and brush cytology in the diagnosis of cancer of the colorectum. Am J Gastroenterol 1993; 88: 1352-3.
7. Binmoeller KF, Bohnacker S, Seifert H, Thonke F, Valdeyar H, Soehendra N. Endoscopic snare excision of giant colorectal polyps. Gastrointest Endosc 1996; 43: 183-8.
8. Tanaka S, Haruma K , Oka S, Takahashi R, Kunihiro M, Kitadai Y, et al. Clinicopathologic features and endoscopic treatment of superficially spreading colorectal neoplasms larger than 20 mm. Gastrointest Endosc 2001; 54: 62-6.
9. Kanamori T, Itoh M, Yokoyama Y, Tsuchida K. Injection-incision assisted snare resection of large sessile colorectal polyps. Gastrointest Endosc 1996; 43: 183-95.
10. Nelson DB, Block KP, Bosco JJ, Burdick JS, Curtis WD, Faigel DO, et al. Technology status evaluation report: endoscopic mucisal resection. Gastrointest Endosc 2000; 52: 860-3.
11. Uno Y, Manukat A. The non-lifting sign of invasive colon cancer. Gastrointest Endosc 1994; 40: 485-9.
12. Carr-Locke DL, Al-Kawas FH, Branch MS, Byrne WJ, Edumundowicz SA, Jamidar PA, et al. Technology status evaluation report: endoscopic tissue staining and tattooing. Gastrointest Endosc1996; 43: 652-7.
13. Nelson DB, Block KP, Bosco JJ, Burdick JS, Curtis WD, Faigel DO, et al. High-resolution and high-magnification endoscopy: September 2000. Gastrointest Endosc 2000; 52: 864-6.
14. Konishi K, Kaneko K, Kurahashi T, Yamamoto T, Kushima M, Kanda A, et al. A comparison of magnifying and non magnifying colonoscopy for diagnosis of colorectal polyps: a prospective study. Gastrointest Endosc 2003; 57: 48-53.
15. Saitoh Y, Obara T, Watari J, Nomura M, Taruishi M Orii Y, et al. Invasion depth diagnosis of depressed type early colorectal cancers by combined use of videoendoscopy and chromoendoscopy. Gastrointest Endosc 1998; 48: 362-70.
16. Hizawa K, Suekane H, Aoyagi K, Matsumoto T, Nakamura S, Masatoshi F. Use of endosonographic evaluation of colorectal tumor depth in determining the appropriateness of endoscopic mucosal resection. Am J Gastroenterol 1996; 91: 768-71.

17. Ginsberg GG, Barkun AN, Bosco JJ, Burdick JS, Isenberg GA, Nakao NL, et al. Technology status evaluation report: endoscopic tattooing. Gastrointest Endosc 2002; 55: 811-4.
18. Kim SH, Milson JW, Church JM, Ludwig KA, García-Ruiz A, Okuda J, et al. Perioperative tumor localization fro laparoscopic colorectal surgery. Surg Endosc 1997; 11
19. Montosi M, Opocher E, Santambrogio R, Bianchi P, Faranda C, Arcidacono P, et al. Original technique for small colorectal tumor localization during laparoscopic surgery. Dis Colon Rectum 1999; 42: 819-22.
20. Greene FL, Page DL, Fleming ID, Fritz AG, Balch CM, Haller DG, et al. AJCC cancer staging handbook. 6th ed. Philadelphia: Lippincott Raven; 2002.
21. National Institute of health consensus conference. Adjuvant therapy for patients with colon and rectal cancer. JAMA 1990; 264: 1444-50.
22. Pahlman L, Glimelius B. Pre or postoperative radiotherapy in rectal trial. Ann surg 1990; 211: 187-95.
23. Fryhholm GJ, Glimelius B, Pahlman L. Preoperative or postoperative irradiation in adenocarcinoma of the rectum:final treatment results of a randomized trial and an evaluation of late secondary effects. Dis Colon Rectum 1993; 36: 564-72.
24. Medical Research Council Rectal Cancer Working Paty. Randomised trial of surgery alone versus radiotherapy followed by surgery for potentially operable locally advanced rectal cancer. Lancet 1996; 348: 1605-10.
25. Kapiteijn E, Marijnen CA, Nagtegaal ID, Putter H, Steup WH, Winggers T, et al. Preoperative radiotherapy combined with total mesorectal excision for respectable rectal cancer. N Engl J Med 2001; 345: 638-46.
26. Camma C, Giunta M, Fiorica F, Pagliaro L, Craxi A, Cottone M. Preoperative radioterapy for resectable rectal cancer: a meta-analysis. JAMA 2000; 248: 1008-15.
27. Improved survival with preoperative radiotherapy in respectable rectal cancer. Swedish Rectal Cancer Trial. N Engl J Med 1997; 336: 980-7.
28. Lee P, Oyama K, Homer L, Sullivan E. Effects of endorectal ultracarcinomas. Am J Surg 1999; 177: 388-9.
29. Harewood GC, Wiersema MJ, Nelson H, Maccarty RL, Olson JE , Clain JE, et al. A prospective, blinded assessment of the impact of the preoperative staging on the management of rectal cancer. Gastroenterology 2002; 123: 24-32.
30. Wiersema MJ, Harewood GC. Endoscopic ultrasound for re4ctal cancer. Gastroenterol Clinics N Am 2002; 31: 1093-105.
31. Beynon J, Mortesen NJ, Foy DM, Channer JL, Virjee J, Goddard P. Preoperative assessment of local invasion in rectal cancer: digital examination, endoluminal sonography or computed tomography. Br J Surg 1986; 73: 1015-7.
32. Rifkin MD, Ehrich SM, Marks G. Stating of rectal carcinoma: prospective comparison of endorectal US and CT. Radiology 1989; 170: 319-22.
33. Herzog U, von Flue M, Tondelli P, Schuppisser JP. How accurate is endorectal ultrasound in the preoperative staging of rectal cancer? Dis Colon Rectum 1993; 36: 127-34.
34. Osti MF, Padovan FS, Pirolli C, Sbarbati S, Tombolini V, Meli C, et al. Comparison between transrectal ultrasonography and computer tomography with rectal inflation of gas in preoperative staging of lower rectal cancer. Eur Radiol 1997; 7: 26-30.
35. Zagoria RJ, Schlarb CA, Ott DJ, Bechtold RE, Wolfman NT, Scharling ES, et al. Assessment of rectal tumor infiltration utilizing endorectal MR imaging and comparison with endoscopic rectal sonography. J Surg Oncol 1997; 64: 312-7.
36. Gualdi GF, Casciani E, Guadalaxara A, d'Orta C, Polettini E, Pappalardo G. Local staging of rectal cancer with transrectal ultrasound and endorectal magnetic resonance imaging: comparison with histologic findings. Dis colon Rectum 2000; 43: 338-45.
37. Meyenberger C, Huch Boni RA, Bertschinger P, Zala GF, Klotz HP, Krestin GP. Endoscopic ultrasound and endorectal magnetic resonance imaging: a prospective study for preoperative staging and follow-up of rectal cancer. Endoscopy 1995: 27: 469-79.
38. Harewood GC, Wiersema MJ. Cost-effectiveness of endoscopic ultrasonography in the evaluation of proximal rectal cancer. Am J Gastroentero 2002; 97: 874-82.
39. Nielsen MB, Qvitzau S, Pedersen JF. Detection of pericolonic lymphnodes in patients with colorectal cancer: an in vitro and in vivo study of the efficacy of endosonography. AJR Am J Roentgenol 1993; 161: 57-60.
40. Spinelli P, Schiavo M, Meroni E, Di Felice G, Andreola S, Gallino G, et al. Results of EUS in detecting perirectal lymph node metastases of rectal cancer: the pathologist makes the difference. Gastrointest Endosc 1999; 49: 754-8.
41. Hunerbein M, Totkas S, Ghadimi B, Schlag P. Preoperative evaluation of colorectal neoplasms by colonoscopic miniprobe ultrasonography. Ann Surg 2000; 232: 46-50.
42. Nielson MB, Pederson JF, Christiansen J, Rectal endosonography in the evaluation of stenotic rectal tumors. Dis Colon Rectum 1993; 36: 275-9.

43. Van Dam J, Rice TW, Catalano MF, Kirby T, Sivak MV. High-grade malignant stricture is predictive of esophageal tumor stage. Cancer 1993; 71: 2910-7.
44. Miyamoto S, Boku N, Fujii T, Ohtsu A, Matsumoto S, Tajiri H, et al. Macroscopic typing with wall stricture sing may reflect tumor behaviors of advanced colorectal cancers. J Gastroenterol 2001; 36: 158-65.
45. Napoleon B, Pujol B, Berger F, Valette PJ, Gerard JP, Souquet JC. Accuracy of endosonographic in the staging of rectal cancer treated by radiotherapy. Br J Surg 1991; 78: 785-8.
46. Gavioli M, Bagni A, Piccagli I, Fundaro S, Natalini G. Usefulness of endorectal ultrasound after preoperative radiotherapy in rectal cancer. Comparison between sonograpic and histopathologic changes. Dis Colon Rectum 2000; 43: 1075-83.
47. Lohnert MS, Doniec JM, Henne-Bruns D. Effectiveness of endoluminal sonography in the identification of occult local rectal cancer recurrences. Dis Colon Rectum 2000; 43: 483-91.
48. Rotondano G, Esposito P, Pellecchia L, Novi A, Romano G, Early detection of locally recurrent rectal cancer by endosonograpy. Br J Radiol 197; 70: 567-71.
49. Mascagni D, Corbellini L, Urciuoli P, DiMatte G. Endoluminal ultrasound for early detection of local recurrence of rectal cancer. Br J Surg 1989; 76: 1176-80.
50. Hunerbein M, Totkas S, Moesta KT, Ulmer C, Handke T, Schlang PM. The role of follow-up of patients with rectal rectal cancer. Surgery 2001; 129: 164-9.
51. Muller C, Kahler G, Scheele J. Endosonographic examination of gastrointestinal anastomoses with suspected locoregional recurrence. Surg Endosc 2000; 14: 45-50.
52. Ramírez JM, Mortesen NJ, Tekeuch N, Humphreys MM. Endoluminal ultrasonography in the follow-up of patients with rectal cancer. Br J Surg 1994; 81: 692-4.
53. Deans GT, Krukowski H, Irwing T. Malignant obstruction of the left colon. Br J Surg 1994; 81: 1270-6.
54. Baron TH, Harewood GC Technological review: enteral self-expandable stents. Gastrointest Endosc 2003; 58: 421-33.
55. Brunetaud JM, Maunoury V, Cochelard D. Lasers in rectosigmoid tumors. Semin Surg Oncol 1995; 11: 319-27.
56. Loizou LA. Grigg D, Boulos PB, Bown SG. Endoscopic laser in rectosigmoid tumors. Semin Surg Oncol 1990; 31: 812-6.
57. Gevers AM, Macken E, Hiele M, Rutgeerts P. Endoscopic laser therapy for palliation of patients with distal colorectal carcinoma: analysis of factors influencing long-term outcome. Gastrointest Endosc 2000; 51: 580-5.
58. Khot UP, Lang AW, Murali K, Parker MC. Systematic review of the efficacy and safety of colorectal stents. Br J Surg 2002; 89: 1096-102.
59. Saida Y, Sumiyama Y, Nagao J, Uramastsu M. Long-term prognosis of preoperative "bridge to surgery" expandable metallic stent insertion for obstructive colorectal cancer: comparison with emergency operation. Dis Colon Rectum 2003; 46: S44-9.
60. Binkert CA, Lederman H, Jost R, Saurenmann P, Decurtins M, Zollikofer CL. Acute colonic obstruction: clinical aspects and cost effectiveness of preoperative and palliative treatment with self-expanding metallic stents: a preliminary report. Radiology 1998; 206: 199-204.