SPECC | Significant Polyp & Early Colorectal Cancer

Key Messages from the SPECC faculty.

Definition, Recognition, Documentation, Strategic Planning and Treatment

Definition

1. A significant polyp is a large (20mm) sessile or flat colorectal lesion that is either difficult to access or remove safely, and completely endoscopically
2. Early colorectal cancer is general small (3cm) malignant colorectal lesion (T1 and possibly some T2) with a low risk of nodal involvement.

Recognition and Assessment- .

1. SPECC recognition at endoscopy requires good, thorough and rigorous assessment of the lesion, looking for high risk features. Large sessile polyps, or laterally spreading tumours with a dominant nodule or depressed areas indicate higher risk lesions
2. Staging with MRI and /or endorectal ultrasound scan for rectal SPECC to assess depth of invasion and lymph node involvement
3. Patients made aware that more information may be needed before definitive treatment
4. There are limitations in pathology reporting of SPECC

Documentation

1. Use photographs and video from endoscopy to help MDT discussion
2. Double histopathological reporting for uncertain cases
3. Use of the Royal College of Pathologist reporting proforma
4. Use consistent proforma reporting on MRI and CTC to inform the MDT
5. CNS provide patients with information on the treatment pathway and consequences

Strategic Planning

1. All early colorectal cancers referred to MDT discussion BEFORE any treatment
2. Significant polyps with ANY high risk features may benefit from MDT discussion
3. Development of loco-regional and supra-regional referral pathways are advisable. *Local where possible and regional where needed.*
4. Patients made aware of the risks and consequences of treatment and counselled accordingly

Treatment

1. First treatment offers the best outcome so defer treatment if there is any doubt
2. Remove low risk lesions endoscopically.
3. Any surgery requires discussion at MDT with expert endoscopist present
4. Any high risk features consider en bloc excision (endo or surgical)
5. Brachytherapy - patient selection is paramount: older co-morbid patients, patients who refuse surgery
6. Ensure appropriate follow up is put in place

Key papers

Management of the malignant colorectal polyp: ACPGBI position statement J. G. Williams et al

British Society of Gastroenterology/Association of Coloproctologists of Great Britain and Ireland Guidelines for the management of large non-pedunculated colorectal polyps Matthew D Rutter et al

NICE Guidelines on Brachytherapy for Early Rectal Cancer