

Flat colonic neoplasms: a population-based study

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1. Flat adenomas are common findings in patients at average- or at high-risk for CRC; 2. Flat adenomas are characterized by a different molecular profile as compared to polypoid lesions; these molecular features are associated with an increased...

Ethische beoordeling Positief advies

Status Werving gestart

Type aandoening -

Onderzoekstype Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON23392

Bron

NTR

Aandoening

Colorectaal carcinoom, Darmpoliepen, Poliepen, Adenomen, Vlak, Non-polypoid, Laterally Spreading Tumors, Serrated lesions

Ondersteuning

Primaire sponsor: Maastricht University Medical Center (MUMC+), Department of Gastroenterology and Hepatology

Overige ondersteuning: Maastricht University Medical Center (MUMC+), Department of Gastroenterology and Hepatology

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. Prevalence of flat colorectal lesions in a Dutch population, especially the prevalence of Laterally Spreading Tumors;

2. Clinical characteristics (e.g. location of lesions, percentage of high-grade dysplasia or early cancer);

3. Molecular characteristics (epigenetic: methylation status and genetic) of flat vs. polypoid colorectal lesions;

4. Prevalence of flat advanced colorectal cancers vs. polypoid advanced colorectal cancers: clinical features of these lesions (e.g. tumor stage);

5. Relation between serrated and adenomatous polyps.

Toelichting onderzoek

Achtergrond van het onderzoek

The cross-sectional study, initiated in 2008 at the Department of Gastroenterology of the MUMC+, will be prolonged. The focus will be the histopathological and molecular profile of flat adenomas, serrated adenomas and laterally spreading tumors. A cross-sectional cohort of all colonic neoplasms found during routine colonoscopies in an average population, guarantees maximum efficiency in using the present available data and diminishes the need for new patient cohorts in the future.

Doele van het onderzoek

1. Flat adenomas are common findings in patients at average- or at high-risk for CRC;
2. Flat adenomas are characterized by a different molecular profile as compared to polypoid lesions; these molecular features are associated with an increased risk for progression to CRC;
3. Laterally spreading tumors have a distinct molecular profile compared to large sessile neoplasms;
4. Laterally spreading tumors of the non-granular subtype exhibit a more distinct molecular profile than their granular counterparts;
5. Serrated LSTs will have a distinct molecular profile from adenomatous LSTs.

Onderzoeksopzet

Analysis will be performed after each colonoscopy.

Onderzoeksproduct en/of interventie

1. Clinical data registration;

2. Molecular analysis of polypoid vs. flat colorectal lesions.

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Patients referred for routine colonoscopy with or without positive family history for colorectal cancer.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Patients with a history of inflammatory bowel disease, polyposis syndrome and proved mutations (APC, MUTYH, MMR) are excluded from analysis.

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Factorieel
Toewijzing:	Niet-gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-02-2008
Aantal proefpersonen:	25000
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	09-10-2014
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register ID

NTR-new NL4415

NTR-old NTR4844

Ander register METC - Maastricht University Medical Center : MEC 14-4-046

Resultaten

Samenvatting resultaten

- Rondagh EJ, Mascllee AA, Bouwens MW et al. Endoscopic red flags for the detection of high-risk serrated polyps: an observational study. *Endoscopy* 2011; 43: 1052-1058

- Rondagh EJ, Sanduleanu S, le Clercq CM et al. Diverticulosis and colorectal polyps at younger age: a possible link? *Eur J Gastroenterol Hepatol* 2011; 23: 1050-1055

- Rondagh EJ, Bouwens MW, Riedl RG et al. Endoscopic appearance of proximal colorectal neoplasms and potential implications for colonoscopy in cancer prevention. *Gastrointest Endosc* 2012; 75: 1218-1225

- Rondagh EJ, Mascllee AA, van der Valk ME et al. Nonpolypoid colorectal neoplasms: gender differences in prevalence and malignant potential. *Scand J Gastroenterol* 2012; 47: 80-88

- Bouwens MW, Riedl RG, Bosman FT et al. Large proximal serrated polyps: natural history and colorectal cancer risk in a retrospective series. *J Clin Gastroenterol* 2013; 47: 734-735

- Bouwens MW, Winkens B, Rondagh EJ et al. Simple clinical risk score identifies patients with serrated polyps in routine practice. *Cancer Prev Res (Phila)* 2013; 6: 855-863