

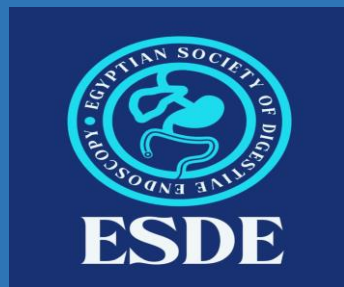
# ENDO RESECTION OF COLORECTAL CANCER IS THERE A ROLE

## Dr. Ahmad Madkour MD

Associate Professor of Gastroenterology, Helwan University.  
Berenson Scholarship in Advanced endoscopy, BIDMC, Harvard  
Medical School.

Member of WEO Committee for SMII

General secretary of ESDE ,AESGE



What is cancer

Intra epithelial

Intra mucosal

Submucosal cancer

# Case 1

1970/07/03  
11:28:58PM

\*1/100 ⊕  
Lv+4 AUTO ⊕

HT NR

SE

f

⊞ \*

2.8

9.2

FR: F/T

MM: FICE

9.3 RC:

EG-600WR

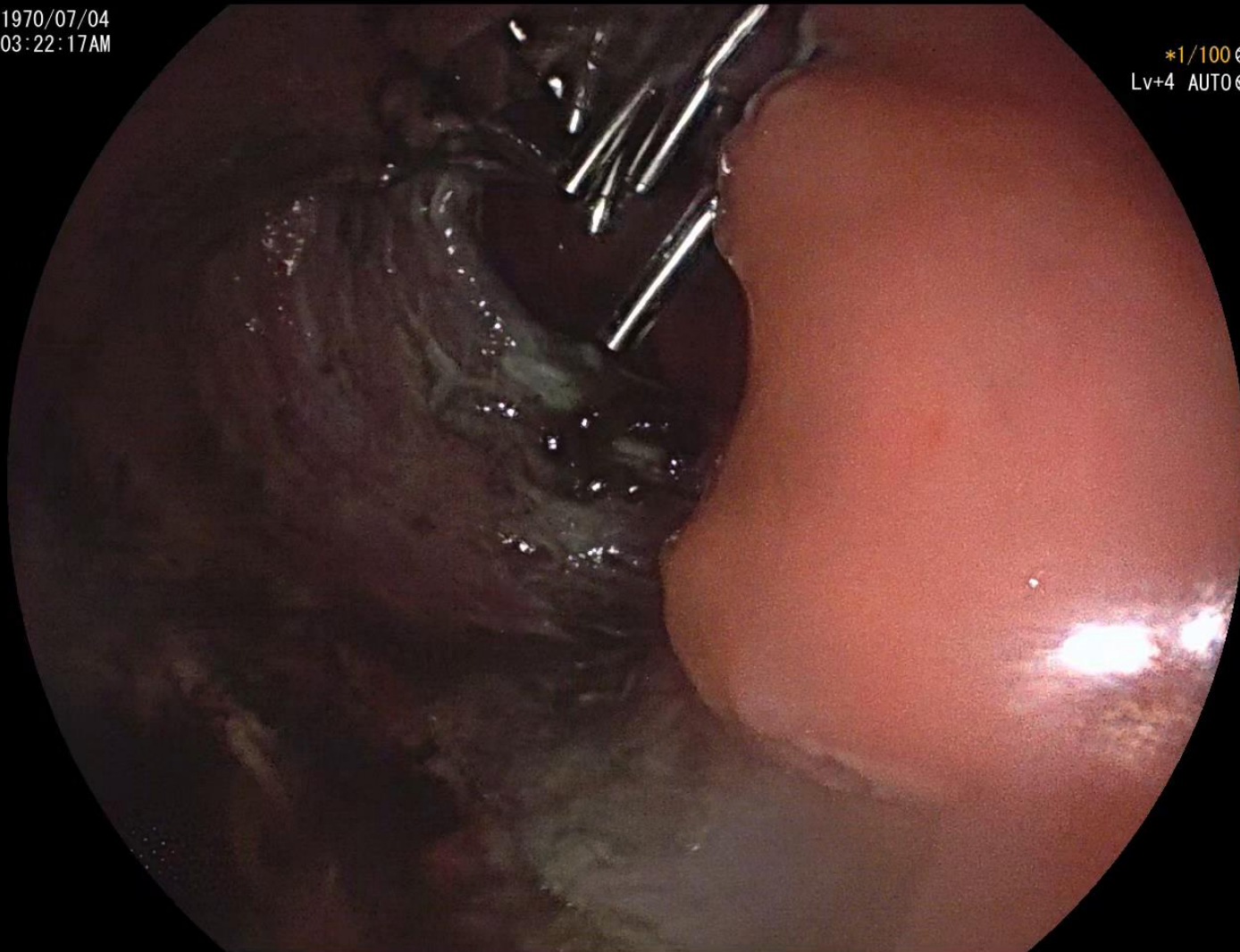
1G391K706

BL-7000

CSH

1970/07/04  
03:22:17AM

\*1/100  
Lv+4 AUTO



HT NR

SE

f

\*  
12

2.8

9.2

9.3

FR: F/T

MM: FICE

RC:

EG-600WR

1G391K706

BL-7000

CSH







CONCLUSION: Rectal LST; ESD:

INVASIVE MODERATELY DIFFERENTIATED ADENOCARCINOMA, GRADE 2, ON TOP  
OF UNCLASSIFIED SERRATED LESION WITH HIGH GRADE DYSPLASIA  
(pT1sm<600u)

LOW SCORE TUMOR BUDDING (BD1)

NEGATIVE FOR LYMPHOVASCULAR SPACE INVASION & PERINEURAL INVASION

FREE LATERAL AND DEEP MARGINS (COMPLETELY EXCISED)

## Case 2



42 years old female  
with change bowel  
habits

Colonoscopy  
showed sigmoid  
colon LST with  
dominant nodule

15/05/2023 08:55:26

Patient ID

Patient Name

Patient name (add. info)

DOB

Age

Sex

0

A5

1

NBI

Comment

GIF-EZ1500

2203104

2.8

9.9/9.6

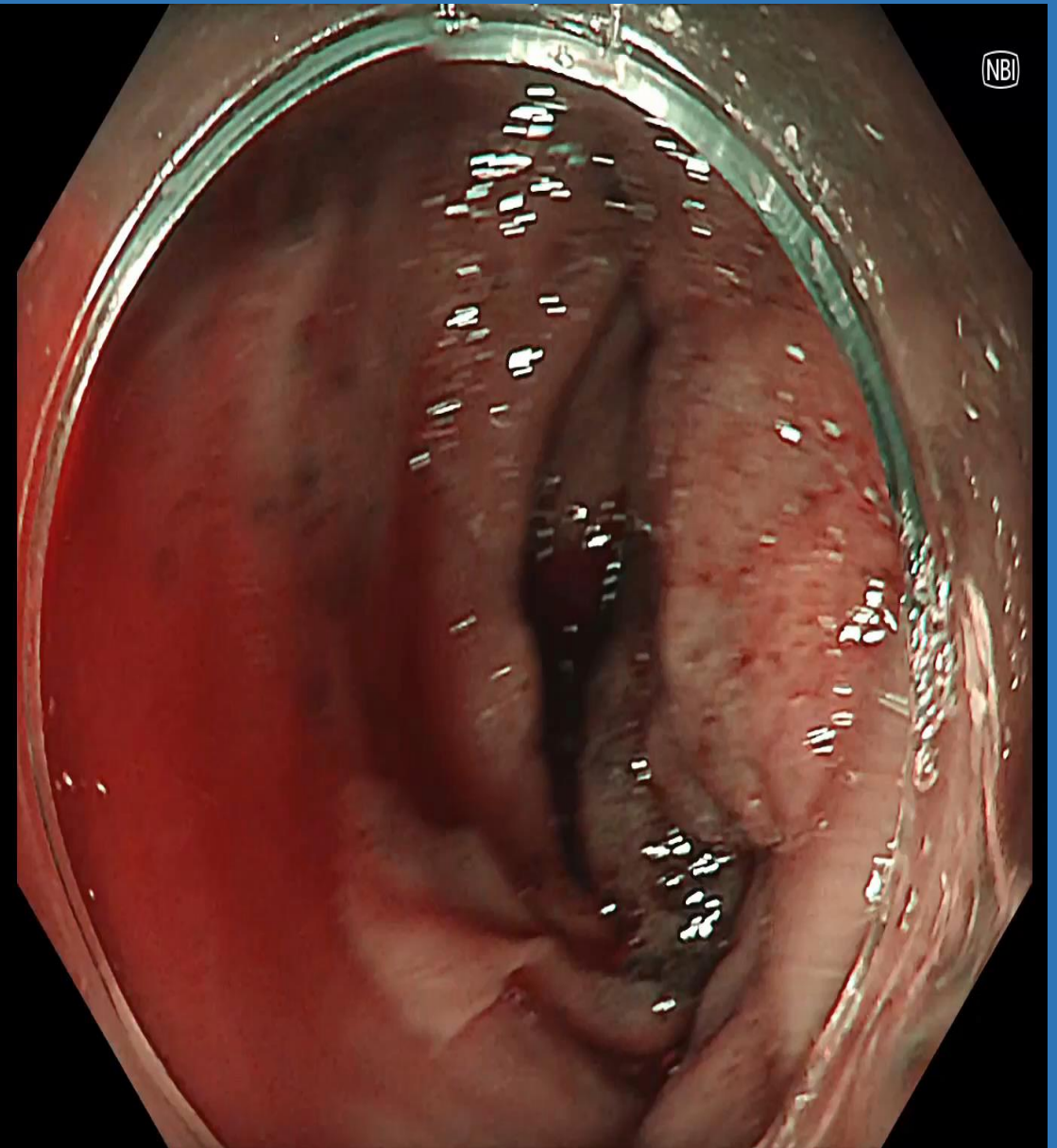
1 Release 1

2 TXI mode

3 NBI


4 MyCV Mode


5 RDI





15/05/2023 08:55:49

 Patient ID

 Patient Name

 Patient name (add. info)

 DOB

 Age

 Sex


 0

 A5

 1



 Comment

 GIF-EZ1500

 2203104

 2.8

 9.9/9.6

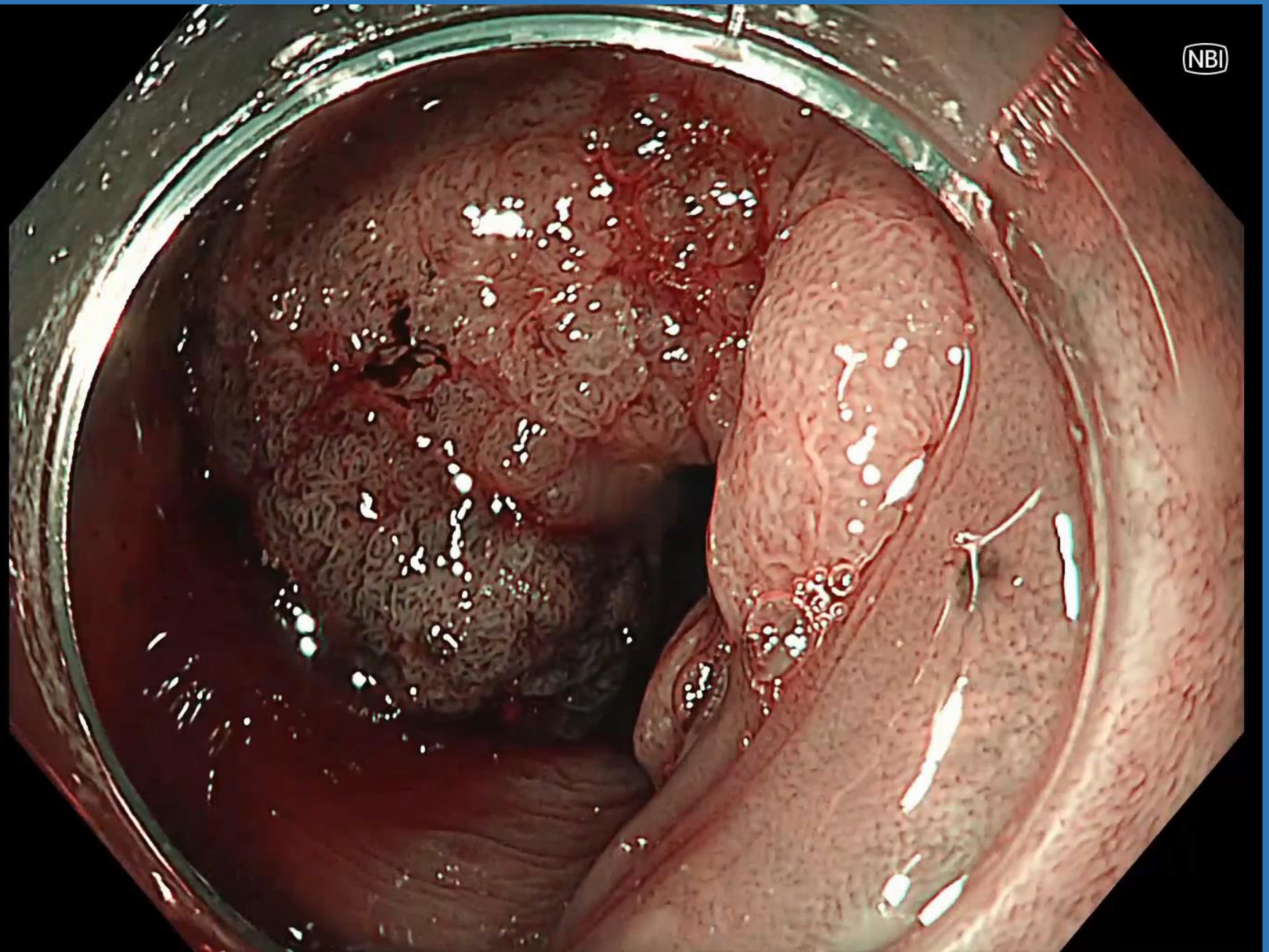
① Release 1

② TXI mode

③ NBI

④ MyCV Mode

⑤ RDI



NBI



Perineural invasion is absent.

No necrosis.

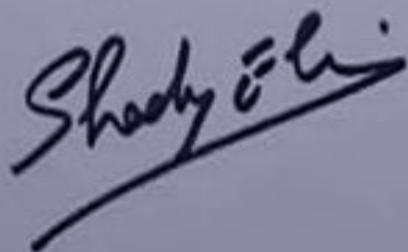
**Diagnosis :**

Rectal LST, Referred blocks (Biopsy), INFILTRATING ADENOCARCINOMA, GRADE II  
ON TOP OF TUBULOVILLOUS ADENOMA WITH HIGH GRADE DYSPLASIA, FREE  
SURGICAL MARGIN AT SIDE AND DEPTH OF RESECTION.

- TUMOR STAGE: pT1.

*Prof. Dr. Shady Elia Anis*

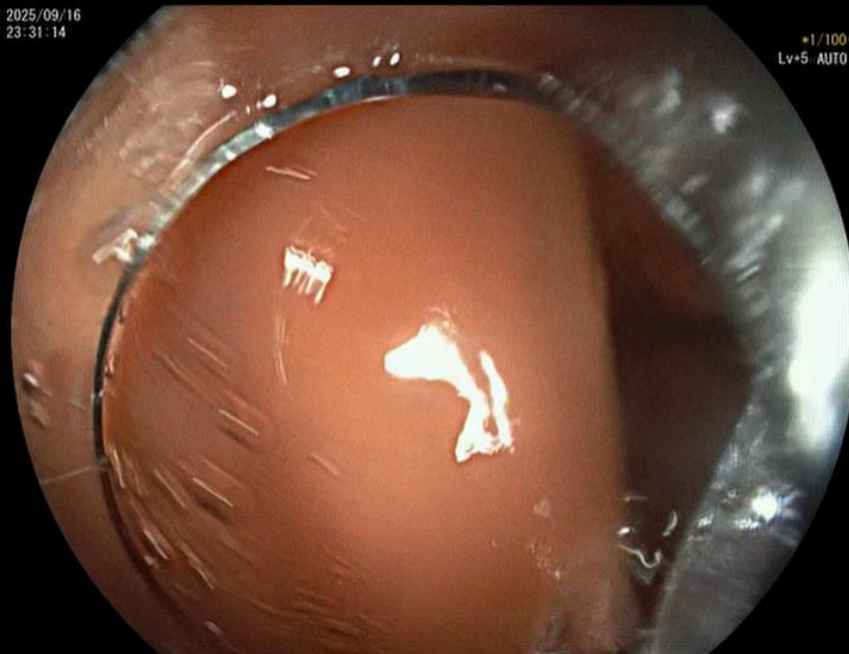
*Prof. Dr. Elia Anis Ishak*

A handwritten signature in black ink, reading "Shady Elia Anis", with a long horizontal flourish underneath.A handwritten signature in black ink, reading "Elia Anis Ishak", with a long horizontal flourish underneath.



## Case 3

2025/09/16  
23:31:14



1/100  
Lv+5 AUTO

HT NR

SE

SE

★

2.8

9.2  
9.3

S1: F/T  
S2: LM  
S3: IRIS  
S4: TRIG

EG-760R

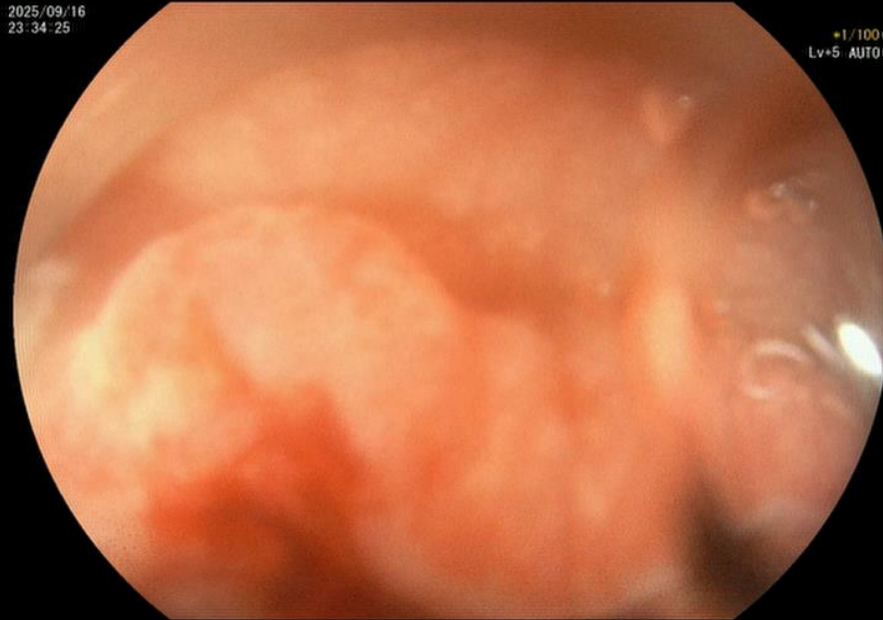
JG402K150

BL-7000

CSH

0

2025/09/16  
23:34:25



1/100  
Lv+5 AUTO

HT NR

SE

2.8

9.2

9.3

EG-760R

JG402K150

BL-7000

CSH

S1: F/T  
S2: LM  
S3: IRIS  
S4: TRIG



**POORLY DIFFERENTIATED ADENOCARCINOMA, ON TOP OF TUBULOVILLOUS  
ADENOMA WITH HIGH GRADE-DYSPLASIA (at least pT1sm2)**

**FOCALLY POSITIVE INKED DEEP MARGIN**

**NO ENCOUNTERED LYMPHOVASCULAR SPACE INVASION OR PERINEURAL INVASION**

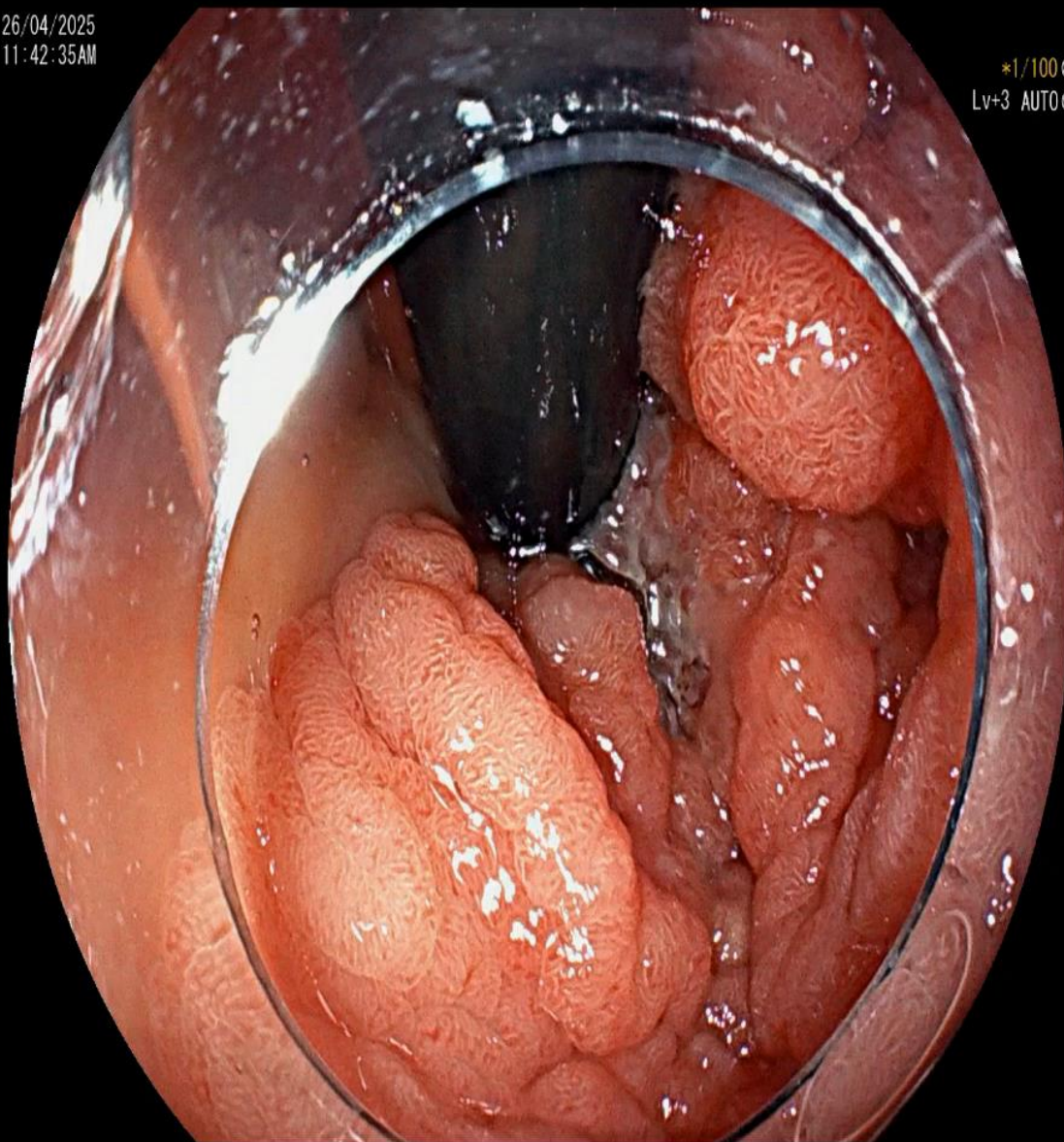
**LOW SCORE TUMOR BUDDING (BD1)**

**FREE LATERAL MARGINS**

## Case 4

26/04/2025  
11:42:35AM

\*1/100 ⊗  
Lv+3 AUTO ⊗



HT NR

SE

f

\*  
S1: F+T  
S2: LM  
S3: CAD  
S4: IRIS

2.8

9.2

9.3

EG-760R

1G402K419





26/04/2025  
04:20:11PM

\*1/100⊗  
Lv+3 AUTO⊗



**CONCLUSION:** Anorectal LST; ESD:

**INVASIVE MUCINOUS ADENOCARCINOMA WITH MINOR SIGNET RING DIFFERENTIATION, ON TOP OF TUBULOVILLOUS ADENOMA WITH HIGH GRADE DYSPLASIA, INFILTRATING TILL THE MUSCLE PROPER (pT2)**

**FOCALLY POSITIVE DEEP MARGIN**

**POSITIVE LYMPHOVASCULAR SPACE INVASION**

**HIGH SCORE TUMOR BUDDING (Bd3) IN HOT TUMOR FOCI**

**NEGATIVE FOR PERINEURAL INVASION.**

**FREE LATERAL MARGINS**

## Case 5



55Female patient Lowe rectal cancer T2,N1,M0 Receive CR  
with Radiological down staging and still thick rectal  
segment

Repeated Biopsy from the segment ( Hyperplastic, Colitis)

1970/06/05  
11:20:35PM

A1+1/100  
0  
HNS

CSII



- Follow-up
- EUS Biopsy
- Resect the residual thickness
- Surgery

1970/06/06  
00:20:53AM

AI-1/100  
0  
HNS

CSII





**CONCLUSION:** Cancer rectum post chemoradiation; ESD of the residual lesion:

RECTAL MUCOSA, SUBMUCOSA AND MUSCLE PROPER WITH PROMINENT FIBROSIS (THERAPY EFFECT) AND OCCASIONAL SINGLE TUMOR CELLS IN THE MUCOSA

MODIFIED RYAN SCHEME FOR TUMOR REGRESSION SCORE 1 (NEAR COMPLETE PATHOLOGIC RESPONSE) ypTis.

## Case 6

48 Male patient Low rectal cancer

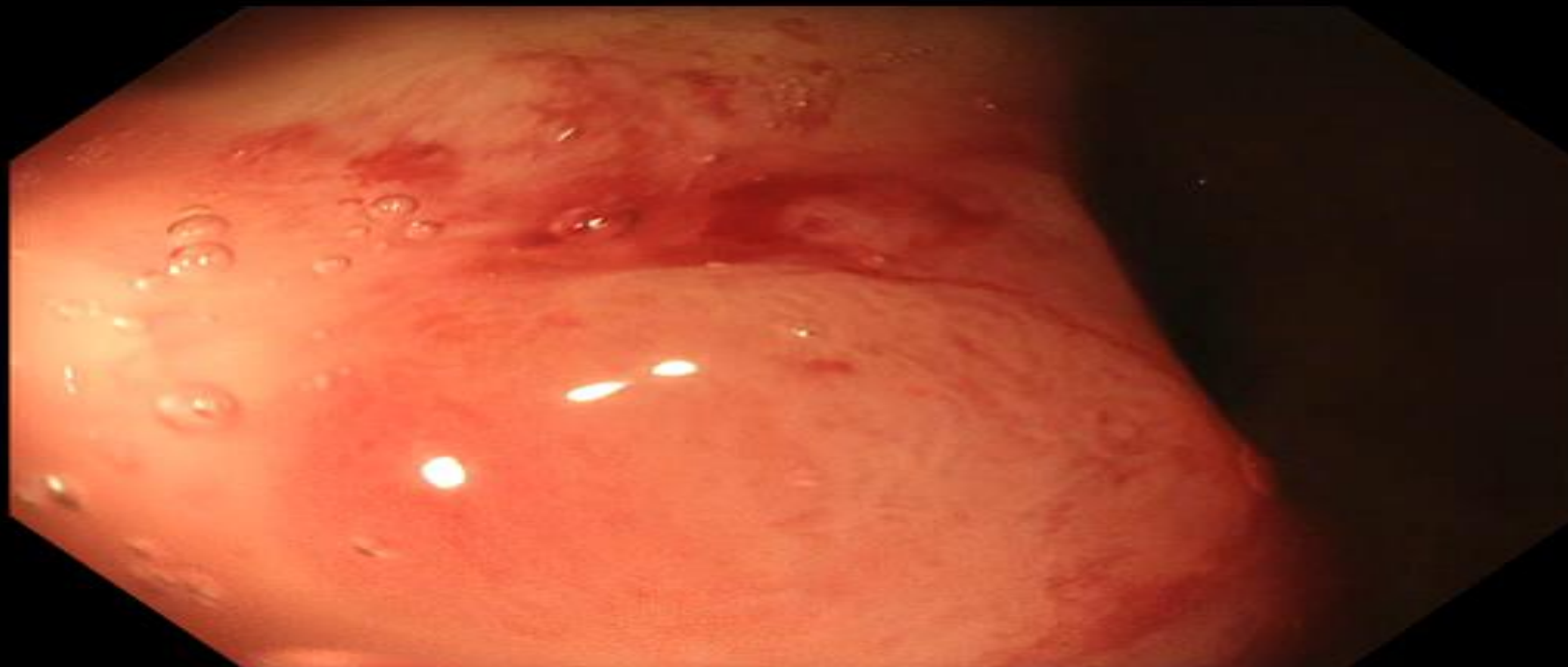
T2,N1,M0 Receive CR with Radiological down staging and  
still thick rectal segment

Repeated Biopsy from the segment ( Hyperplastic, Colitis)

17/08/2025 10:36:21  
Issuing temporary patient ID

13  
8092  
A3  
Signal strength icon

GIF-EZ1500  
2306356  
2.8  
9.9/9.6  
① Freeze  
② Iris mode  
③ NBI  
④ Release 1  
⑤ Focus





17/08/2025 12:46:35  
Issuing temporary patient ID

13  
8092  
A3  
Signal strength icon

GIF-EZ1500  
2306356  
2.8  
9.9/9.6  
① Freeze  
② Iris mode  
③ NBI  
④ Release 1  
⑤ Focus



**CONCLUSION:** Lower rectal Cancer residual lesion; ESD:

FOCAL RESIDUAL INVASIVE MODERATELY DIFFERENTIATED ADENOCARCINOMA, GRADE2, REACHING THE MUSCLE PROPER (ypT2) WITH THERAPY EFFECT / PARTIAL RESPONSE (RESIDUAL CANCER WITH EVIDENT TUMOR REGRESSION) MODIFIED RYAN SCHEME FOR TUMOR REGRESSION SCORE 2

NEGATIVE FOR LYMPHOVASCULAR SPACE INVASION. NEGATIVE FOR PERINEURAL INVASION. LOW SCORE TUMOR BUDDING (BD1)

FREE LATERAL MARGINS. FOCAL MALIGNANT GLANDS AT THE DEEP CAUTERY LINE

Endos resection after C-R for low rectal cancer have  
growing role

Either diagnostic or potentially therapeutic

Thank  
you