Clinicopathological correlates of dysplastic change in sessile serrated lesions

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Introduction
• Serrated neoplasia pathway accounts for 15 – 30% of all colorectal cancer (CRC) cases and is an important contributor to interval CRCs.
• However, the clinical and demographic predictors of dysplastic sessile serrated lesions (SSLd) are not well characterized.

Methods
• Single-centre observational study
• Using prospectively collected endoscopy database, consecutive patients with sessile serrated lesions (SSL) diagnosed from February 2018 until January 2020 were identified.
• Clinical and demographic data was obtained from electronic health notes.

Results
• A total of 6,425 patients underwent 7,423 colonoscopies during the study period
• Of these, 1,047 (16.3%) patients were found to have sessile serrated lesion
• Median age of patients with SSL was 54 years (IQR 39-66) and 43.3% were male
• SSLd were present in 31 (3%) patients with SSL
• The average size of an SSLd was 14.71 mm (range 3-40 mm), with 41% of all SSLD < 10mm in size
• Majority of SSLd were found in proximal colon, with only 18.18% present in left colon
• In multivariate analysis, increasing age (OR 1.07, 95CI 1.04-1.10), higher number of SSL (OR 1.12, 95%CI 1.03 – 1.21, p<0.01) and larger size of SSL (OR 1.10, 95%CI 1.06-1.14, p<0.01) were found to be significantly associated with presence of dysplasia

Multivariate analysis: Demographic and histological predictors of dysplasia in SSL

<table>
<thead>
<tr>
<th>Variables</th>
<th>OR (95% CI)</th>
<th>p value</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.07 (1.04-1.10)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sex</td>
<td>1.89 (0.80-4.46)</td>
<td>0.14</td>
</tr>
<tr>
<td>No. of SSL</td>
<td>1.12 (1.03-1.21)</td>
<td>0.008</td>
</tr>
<tr>
<td>Size of largest SSL</td>
<td>1.10 (1.06-1.14)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>No. of TA</td>
<td>1.01 (0.89-1.15)</td>
<td>0.85</td>
</tr>
<tr>
<td>Size of largest TA</td>
<td>1.00 (0.93-1.06)</td>
<td>0.90</td>
</tr>
</tbody>
</table>

Conclusion
• The overall SSL detection rate was 16.3% and 3% of SSL were noted to have cytological dysplasia.
• Patient age, number and size of SSL were associated with risk of developing dysplasia in SSL.