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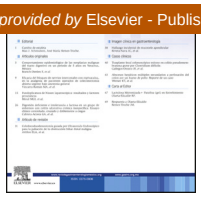

LETTERS TO THE EDITOR

Advanced colorectal neoplasia: The importance of adequate classification☆

Neoplasia avanzada colorrectal: importancia de una clasificación adecuada

We have read the article by Parra-Pérez et al.[1] with great interest, in which the factors associated with the development of advanced colorectal neoplasia were evaluated through a cross-sectional study design. The authors defined advanced neoplasia (AN) as those lesions larger than 10 mm with a villous content or with high-grade dysplasia or carcinoma, finding age (above 50 years) and male sex to be associated factors. The work contributes relevant and important information in relation to colorectal neoplasia. However, we would like to make a few observations.

The article indicates that the most advanced lesion found was used to classify the patients with AN. Nevertheless, the number of patients that presented 3 or more adenomas (regardless of their location, histology, or size) should have been specified, and of those, the number that presented with AN or cancer, because, as stated by Solakoğlu et al.,[2] the number of polyps is considered a risk factor for the development of colorectal neoplasia.

Likewise, we believe that serrated adenomas larger than 10 mm should be classified as AN. The National Comprehensive Cancer Network[3] describes the potential for these adenomas to become malignant as high (similar to high-grade dysplasia), which is why they are currently considered AN.

Finally, the extirpation of polyps smaller than 10 mm would have been recommendable, given that according to the British Society of Gastroenterology, all polyps found should be resected, regardless of their size or location.[4] We would also like to know the Adenoma Detection Rate (ADR)[5] of the endoscopists in order to have an indirect notion of their expertise.

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Conflict of interest

The authors declare that there is no conflict of interest.

References

1. Parra-Pérez V, Watanabe-Yamamoto J, Nago-Nago A, et al. Factores relacionados a neoplasia avanzada colorrectal en el Policlínico Peruano Japonés. Rev Gastroenterol Mex. 2015;80:239–47.
2. Solakoğlu T, Atalay R, Köseoğlu H, et al. Analysis of 2222 colorectal polyps in 896 patients: A tertiary referral hospital study. Turk J Gastroenterol. 2014;25:175–9.
3. National Comprehensive Cancer Network. Colorectal Cancer Screening [internet]. NCCN Clinical Practice Guidelines in Oncology. 2015 [accessed 20 Sep 2015]. Available from: http://www.nccn.org/professionals/physician_gls/PDF/colorectal_screening.pdf
4. Cairns S. Colonoscopic Polypectomy and Endoscopic Mucosal Resection: A Practical Guide [Internet]. British Society of Gastroenterology. 2008 [accessed 20 Sep 2015]. Available from: http://www.bsg.org.uk/images/stories/docs/sections/endo/polypectomy_08.pdf
5. Diamond SJ, Enestvedt BK, Jiang Z, et al. Adenoma detection rate increases with each decade of life after 50 years of age. Gastrointest Endosc. 2011;74:135–40.

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