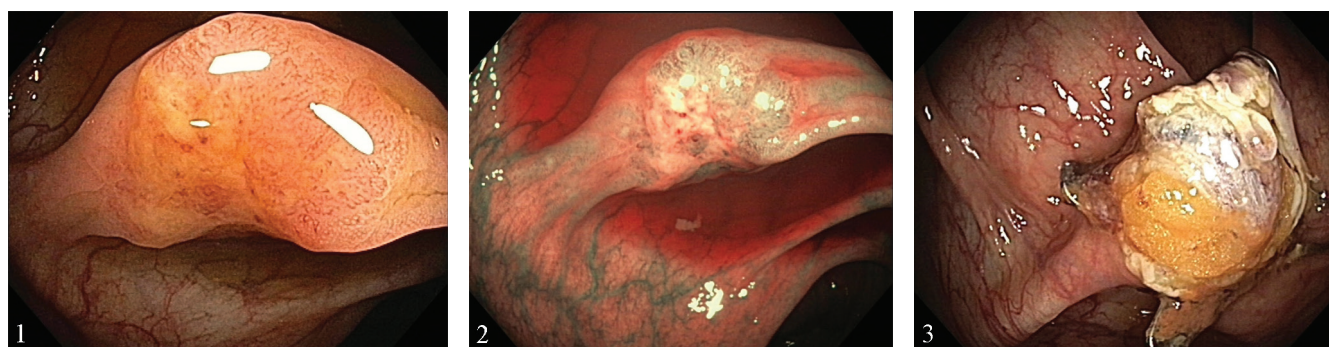


Device-assisted Full Thickness R0 Resection of BRAF (V600E)-Mutated T3 Colorectal Cancer in the Ascending Colon

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A 69-year-old male patient with advanced lower sigmoid cancer was referred for endoscopic evaluation and potential resection of another small non-lifting lesion in the ascending colon after office-based surveillance colonoscopy. Histopathology at this stage indicated high-grade adenoma. The estimated 15-mm lesion close to the ileocecal valve exhibited central retraction and a scarred appearance (Fig. 1). In addition, surface and vessel pattern proved amorphous and/or absent in the center, which was substantiated by narrow-band imaging, classified as NICE3 (Narrow Band Imaging (NBI) International Colorectal Endoscopic classification), suggestive of, at least, deep submucosal invasive cancer (Fig. 2). Notwithstanding these untoward findings and under the premise that device-assisted full-thickness resection (FTRD, Ovesco Endoscopy, Tübingen, Germany) was considered technically achievable, we proceeded with FTRD as per standard procedure. Macroscopic full thickness resection was successfully accomplished, as indicated by ample visible fat within the clip (Fig. 3). To our surprise, final pathology indicated

R0 resection of a T3, L0, V0, G2-3 microsatellite-stable colorectal cancer harboring a BRAF V600E mutation, which may by itself, in part, account for the presumed discrepancy of small size vs. advanced T status.

Recent data suggest that the impact of endoscopically appreciable submucosal infiltration depth as an independent risk factor for lymph node metastasis declines, such that advanced diagnostic endoscopic resections with therapeutic potential to allow for adequate patient stratification, may [1].

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Conflicts of interest: None to declare.

REFERENCES

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