Endoscopic Resection of Superficial Bowel Neoplasia: The unmet Needs in the Egyptian Practice

Thank you in advance for participating in this survey that will take 10-12 minutes

Please note that this survey focuses Only Egyptian Practitioners dealing with Gastroenterology cases

Please fill this form only once

Demographic:

- Age
- Sex
- Your governorate

Practice:

- What best describe your career: Gastroenterologist- General Medicine- Surgery
- Years of practice: Less than 5 years - 5-10 -10-15 – More than 15 years
- What best describe your classification: Resident- Specialist- Consultant- Others (specify)
- Your main Hospital of practice: University, General, Central, Teaching institution, Private

Knowledge:

- What is superficial bowel neoplasia? It is cancerous process of the bowel that is:
  - Limited to the mucosa and submucosa- invade the muscularis propria- Involve the whole bowel wall - - I do not know
- Superficial bowel neoplasia can be diagnosed with?:
  -White light endoscopy- dye chromoendoscopy- virtual chromoendoscopy- magnification endoscopy- All are applicable - - I do not know
- What is the best option for treatment of bowel cancer in general?
  - Endoscopic resection- surgery- chemotherapy- it depends- - I do not know
- What is the best treatment of superficial bowel neoplasia?
  - Endoscopic resection- surgery- chemotherapy- it depends - - I do not know
- Polypectomy means?
  - Excision of mucosal polyps with snare
  - Endoscopic mucosal resection
  - Endoscopic submucosal dissection
  - I do not know
- What EMR stands for?
Excision of mucosal polyps with snare
Endoscopic mucosal resection
Endoscopic submucosal dissection
I do not know

What ESD stands for?
Excision of mucosal polyps with snare
Endoscopic mucosal resection
Endoscopic submucosal dissection
I do not know

The best endoscopic treatment option for pedunculated polyps is:
Snare polypectmy
EMR
ESD
Not indicated for endoscopic treatment

The best endoscopic treatment option for non-pedunculated lesions ≤ 15 mm in diameter is:
Snare polypectmy
EMR
ESD
Not indicated for endoscopic treatment

The best endoscopic treatment option for non-pedunculated lesions ≥ 20 mm in diameter is:
Snare polypectmy
EMR
ESD
Not indicated for endoscopic treatment

Endoscopic resection is suitable treatment of?
- Barrett’s high dysplasia
- Superficial bowel cancer
- Polyps
- All are applicable
- I do not know

Attitude

How frequent you refer your patients for endoscopic screening of superficial bowel cancer in high risk group? (% of the high risk patients you see)
0%
25%
50%
75%
100%

How convinced you are with endoscopic treatment of superficial bowel cancer?
- Not convinced at all
- Convinced
- I do not know

How frequent you refer a patient with endoscopic features of superficial bowel cancer for endoscopic resection? (% of the patients you see)
0%
25%
50%
75%
100%
- **How frequent you refer a patient with endoscopic features of superficial bowel cancer for surgical management? (% of the patients you see)**
  0%
  25%
  50%
  75%
  100%
- **In your institution do you have a panel to discuss the treatment options of superficial bowel neoplasia**
  - Yes
  - No
- **In your opinion, what are the limitations to do endoscopic management of superficial bowel neoplasia in a routine bases (choose all apply):**
  Unavailable trained endoscopists
  Unavailable proper endoscopes, equipments and accessories.
  Lack of cases
  Lack of referral system from other surrounding centers
  High cost of the procedure

**Skills:**

- **Are you practicing endoscopy?**
  Yes
  No => end survey
- **Are you trained formally on endoscopic polypectomy**
  Yes
  No
- **Are you trained formally on EMR?**
  Yes
  No
- **Are you trained formally on ESD?**
  Yes
  No
- **Do you use Paris classification in reporting the lesions?**
  Yes
  No
- **Do you use Kudo classification in reporting the lesions?**
  Yes
- No
- Do you use classifications other than Paris and Kudo in reporting the lesions?
  - No
  - Yes (Please specify)
- Which of the following practices increase sub-mucosal fibrosis and hence affect the success of advanced endoscopic resection techniques:
  - Tattoo injection for marking immediately under or close by a lesion
  - Extensive biopsies
  - Partial snare polypectomy
  - All apply
- How many polyps you excised in the last one year?
  - Less than 10
  - 10-20
  - 20-30
  - 30-40
  - 40-50
  - more than 50
- How many EMRs you performed in the last one year?
  - 0
  - Less than 10
  - 10-20
  - 20-30
  - 30-40
  - 40-50
  - more than 50
- How many ESDs you performed in the last one year?
  - 0
  - Less than 10
  - 10-20
  - 20-30
  - 30-40
  - 40-50
  - more than 50
- How many complications from endoscopic resection techniques you had in the last one year (% from your total cases)?
  - 0%
  - 25%
  - 50%
  - 75%
  - 100%
- How competent is you in managing the complications of endoscopic resection techniques?
  - Competent
  - Non-competent
  - I am not sure

Infrastructures:
- How many independent endoscopists in your unit?
  - Less than 5
  - 5-10
  - More than 10
- How sufficient are the number of scopes in your unit to perform all endoscopy duties?
  - Sufficient
  - Not-Sufficient
  - I am not sure
- How many scopes with optical enhancement (NBI- i-SCAN- FICE) available in your unit (% of the total scopes in your unit)
  - 0%
  - 25%
  - 50%
  - 75%
  - 100%
- Dyes for chromoendoscopy are available in your unit
  - Yes
  - No
- Advanced Diathermy unit with different endoscopy modes is available in your unit
  - Yes
  - No
- APC is available in your unit
  - Yes
  - No
- Haemoclips are available in your unit
  - Yes
  - No
- The nursing staff in your endoscopy unit are knowledgeable and trained on endoscopic resection techniques
  - Yes
  - No
- In your endoscopy unit the endoscopic resection techniques are operated under anesthesiologist observation:
  - Yes
  - No
- How frequent are the complications you see in your institution following endoscopic resection techniques in the last year (% of the cases)?
  0%
  25%
  50%
  75%
  100%
  We do not perform advanced endoscopic resection
- The most common reported complications from endoscopic resection techniques in your unit
  Procedural bleeding
  Perforations,
  Delayed bleeding
  Sedation or anesthesia related
  We do not perform advanced endoscopic resection
- Your institution is ready for managing the complications of endoscopic resection techniques?
  - Yes
  - No
  - I am not sure
- Surgical backup team is usually ready to manage complications of your cases
  - Yes
  - No
- How many complicated cases following endoscopic resection treated under surgical repair in the last one year within your institution (% from complicated cases)
  0%
  25%
  50%
  75%
  100%
### Supplementary Table 1 Distribution of the responses according to the geographic region

<table>
<thead>
<tr>
<th>Region</th>
<th>Frequency (N)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cairo</td>
<td>73</td>
<td>8.8</td>
</tr>
<tr>
<td>Alexandria</td>
<td>12</td>
<td>1.4</td>
</tr>
<tr>
<td>Nile Delta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qlaubyia</td>
<td>12</td>
<td>1.4</td>
</tr>
<tr>
<td>Damietta</td>
<td>12</td>
<td>1.4</td>
</tr>
<tr>
<td>Kafr-Elshikh</td>
<td>130</td>
<td>15.6</td>
</tr>
<tr>
<td>Dakahlia</td>
<td>37</td>
<td>4.4</td>
</tr>
<tr>
<td>Menofyia</td>
<td>24</td>
<td>2.9</td>
</tr>
<tr>
<td>Gharbyia</td>
<td>37</td>
<td>4.4</td>
</tr>
<tr>
<td>Shrakyia</td>
<td>224</td>
<td>26.9</td>
</tr>
<tr>
<td>Upper Egypt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assuit</td>
<td>241</td>
<td>28.9</td>
</tr>
<tr>
<td>Qena</td>
<td>31</td>
<td>3.7</td>
</tr>
</tbody>
</table>