# 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 <u>Only Egyptian Practitioners</u> dealing with Gastroenterology cases**

**Please fill this form <u>only once</u>**

**Demographic:**

- Age
- Sex
- Your governorate يكتب قائمة بالمحافظات

**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 knew
- **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 on formally 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 endosocpic resection techniques**
- Yes
- No
- **In your endoscopy unit the endosocpic 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**

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