<table>
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<th>Poster Session (Sess#: 7020)</th>
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<td><strong>ENDOSCOPY: OUTCOMES STUDIES (COLON AND RECTUM)</strong></td>
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| **Sa1140** | Treatment Outcomes of Rectal Carcinoid Tumors  
Ming-Yao Su*, Cheng-Tang Chiu |
| **Sa1141** | The Impact of Type 2 Diabetes Control and Related Complications on Outcomes and Health Care Utilization in the Peri-Operative Period of Colorectal Cancer Surgery  
Hisham Hassan, Somashekar G. Krishna, Alice Hinton, Peter P. Stanich, Sameh El-Dika, Rohan Modi*, Darrell M. Gray |
| **Sa1142** | Clinical Outcomes of Endoscopic Submucosal Dissection for Colorectal Neoplasms: A Retrospective Multicenter Cohort Study  
Toshiro Kuwati*, Shintaro Tanaka, Kenjiro Shigita, Tetsuji Matsuda, Koichi Nakadoi, Akira Furudoi, Yuko Higasa, Masaki Kunishiro, Shiro Oka, Shinji Nagata, Kazuaki Chayama |
| **Sa1143** | Enhanced Instructions Improve the Quality of Bowel Preparation for Colonoscopy: A Meta-Analysis of Randomized Controlled Trials  
Xiaoyang Guo, Zhijing Yang, Hui Jia*, Yanglin Pan, Xuegang Guo |
| **Sa1144** | Factors Associated With Adenoma Detection: Analysis of the Japanese Randomized Controlled Trial  
| **Sa1145** | A Prospective, Multicenter Study of Palliative Colon Stenting for Malignant Colorectal Obstruction in Japan: Long-Term Efficacy and Safety in 200 Patients  
| **Sa1146** | Endoscopic Submucosal Dissection in Subtypes Of Lateral Spreading Tumors; Experience With 220 Cases In A Western Tertiary Reference Center  
Fatih Aslan*, Zehra Akpinar, Derye A. Yurtlu, Melekbucak, Nese Ekinici, Emrah Alper, Beikis Ursal |
| **Sa1147** | Development and Validation of an Algorithm to Complete Colonoscopy Using Standard Endoscopes in a Prospective Cohort of Patients With Prior Incomplete Colonoscopy  
Melinda Rogers*, Andrew J. Gawron, David Grande, Rajesh N. Keswani |
| **Sa1148** | Endocuff Increases Sessile Serrated Adenoma Detection Rates in the Right Colon  
Shawn Kaye*, Mohit Mittal, Katherine Kim, William E. Karmes |
| **Sa1149** | Burden of Diverticulosis and Diverticulitis (DD) on Emergency Department and Hospital Inpatient Utilization in the United States, 2005-2012  
Asim Shuja*, Wasseem Skef, Asad Rahman, Miguel Malespin |
| **Sa1150** | A Wavy Cap Realizes Higher Cecal Intubation Rate, Faster Insertion Time, and Rapid Learning Curve for Novice Endoscopists: A Prospective Comparative Trial  
Naoyo Toyoshima*, Sho-i Kudo, Yuichi Mori, Yuta Koyama, Shinji Katoaka, Tatsuya Sakurai, Yuji J. Kimura, Masashi Misawa, Toyoji Kudo, Takanori Hayashi, Kunihiko Wakamura, Hideyuki Miyachi, Fumio Ishida, Nobuo Ikawa |
| **Sa1151** | Long-term Outcomes of SM Deep Cancer Without Any Other Risk Factors of Lymph Node Metastasis  
Maomi Inagaki*, Hiroaki Ikematsu, Tomohiro Kado, Shozo Otera, Hiroyuki Morimoto, Yasuhiko Oono, Tomonori Yano, Kazuhiro Kaneko |
| **Sa1152** | Prognosis of Recurrence after Endoscopic Resection for T1 Colorectal Carcinomas: Results of a Multicenter Questionnaire Survey Conducted by Japanese Society for Cancer of the Colon and Rectum  
Shiro Oka*, Yosuke Satoh, Shintaro Tanaka, Yutaka Saito, Hiroaki Ikematsu, Masahiro Igarashi, Yoshiki Wada, Shin-i Kudo, Kiyoyori Kobayashi, Yuji Inoue, Toshiro Urao, Hiroyasu Iishi, Hiro-o Yamano, Osamu Tsuruta, Shinji Nagata, Kunihisa Koichi, Yuichiro Yaguchi, Yasushi Sano, Hiroshi Kashiwada, Takahiro Horimoto, Sholchi Saito, Hitoshi Ueno, Megumi Ishiguro, Hideki Ishikawa, Yoichi Ajisaka, Dr. Yasuo Ohkura, Takahiro Fujimori, Toshiaki Watanabe, Kenichi Sugihara |

**Notes**
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Sa1144
Endoscopic Submucosal Dissection In Subtypes Of Lateral Spreading Tumors; Experience With 230 Cases In A Western Tertiary Reference Center
Fathi Aslan*, Zehra Akpinar, Derya A. Yurtlu, Melek Kucuk, Nese Elcin, Emrah Alper, Bektas Ussal
*Gastroenterology, Katip Celebi University Ataer Training and Research Hospital, Izmir, Turkey; †Anestesiology and Reanimation, Katip Celebi University Ataer Training and Research Hospital, Izmir, Turkey; ‡Pathology, Katip Celebi University Ataer Training and Research Hospital, Izmir, Turkey
Background: Lateral Spreading Tumors which are endoscopically seen as granular (LST-G) or non granular (LST-NG) types can reveal different histopathological features. As endoscopic submucosal dissection (ESD) has gained a wider use in Far East countries and long term results have become available, we have learned more about how to manage such lesions. The objective of our study was to present our colorectal ESD results in LST-I and LST-II subtypes. Material and Methods: Between January 2012-August 2015, 628 patients with premalignant colorectal lesion were referred to our center with the purpose of ESD. Colorectal endoscopic mucosal resection (EMR) was performed to 26 patients and colorectal endoscopic submucosal dissection (ESD) to 260 patients. Data that had been recorded prospectively for the colorectal ESD was analyzed retrospectively. 222 patients with 250 lesions with the diagnosis of LST-I who had undergone ESD and whose endoscopic follow up had been done were included into the study. LSIs were divided into two groups as LST-G and LST-NG types. The ESD results of two groups were compared. Results: Hundred and ninety-nine patients were LST-G type and 40 lesions were LST-NG type. There was no statistical difference between the groups regarding age and gender. Overall en-bloc resection and complete resection rates were 90.9% and 88.7%, respectively. En-bloc resection and complete resection rates were higher in LST-G type lesions (p<0.001). Carcinoma and deep invasion (Sn2) was more common in LST-NG type of lesions (p=0.039). LST-NG lesions were more commonly located in the right colon whereas LST-G type lesions were more commonly in the left colon (p=0.015). LST-G type lesions were larger compared to LST-NG type and dissection speed was higher (p<0.001). During the procedure, perforation occurred in 7 (5%) patients and late bleeding occurred in 2 (0.9%) patients. Regarding complication rates there was no statistical difference between the groups. Conclusion: According to our results LST-G type lesions are smaller but have a more malignant course than granular type of lesions. Discriminating the lesion before the procedure may be helpful in deciding the treatment options. Colorectal ESD is an effective and minimal invasive treatment model in providing en-bloc resection, correct and definitive pathological diagnosis of the lesions and has a high rate of cure in selected cases.