

大腸鋸歯状病変の内視鏡診断・治療の標準化に 向けた取り組み：内視鏡学会附置研究会中間報告

Toward the Standardization of Diagnosis and Treatment of Serrated Lesions

Interim Report of the JGES Affiliated Research Committee

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Overview of this Research Committee

大腸鋸歯状病変の内視鏡診断・治療の標準化に向けた研究会とは



This committee was established in Nov 2023 with the following aims, based on epidemiological data and clinical evidence:

1. To create an environment that facilitates academic research and discussion about serrated lesions.
2. To update the JNET classification (Type 1) to correspond with serrated lesions.
3. To form Japanese expert opinions regarding diagnosis, therapeutic strategies, and post-treatment surveillance for serrated lesions.

Committee Progress

To achieve our Goals.

1. After the 1st meeting, 10 Clinical Questions (CQs) were developed, and working groups were organized.
2. Working group conducted a Systematic Review (SR) and drafted Statements.
3. In the 2nd meeting, 22 core members voted to identify current expert opinion as First-Round Voting.
4. Results were analyzed using the Modified Delphi Method, followed by a questionnaire survey.
5. Working groups will revise the Statements based on feedback. At the 3rd meeting, final voting will be conducted, and the expert consensus will be published.



Meeting	Date	Venue	Associated Meeting
1st	June 1, 2024	Tokyo	107th JGES
2nd	May 11, 2025	Sapporo	109th JGES
3rd	May 10, 2026	Yokohama	111th JGES

Systematic Review Working Group

CQ	Working Group SR members	Affiliations
1	樺 映志 関口 正宇 稻澤 淳	順天堂大学 消化器内科学講座 国立がん研究センター中央病院 内視鏡科・検診センター
2	南出 竜典 山階 武	東京大学医学研究所 先端医療研究センター 先端消化器内視鏡学分野 関西医科大学総合医療センター 消化器肝臓内科
3	奥村 大志 張 萌琳	昭和医科大学横浜市北部病院 消化器センター 東京医科大学病院 内視鏡センター
4-1	吉井 新二 岩館 峰雄	札幌医科大学医学部 内科学講座 消化器内科学分野 佐野病院 消化器センター
4-2	坂本 琢 小川II 悠史	筑波大学 医学医療系 消化器内科 昭和医科大学横浜市北部病院 消化器センター
5	米田 賴晃 鈴木 桂悟	近畿大学 医学部 消化器内科 がん研究明治病院 下部消化管内科
6	重田 浩平	静岡県立静岡がんセンター 内視鏡科・昭和医科大学東江豊洲病院 消化器センター
7	田中 義人	谷口消化器内視鏡クリニック 近鉄八尾院
8	田中 寛人 西川 雄祐	群馬大学大学院医学系研究科 消化器・肝臓内科学 東邦大学 医療センター・大森病院 消化器内科
9	門松 雄一朗 水口 康彦	順天堂大学 人体病理病態講座 国立がん研究センター中央病院 内視鏡科



Secretariat: 杉村 直毅・平田 大善・岩館 峰雄・藤田 幹夫・佐野 瓦

Clinical Questions (CQs) on Diagnosis and Treatment of Serrated Lesions

- 1 Is the prevalence of serrated lesions in Japan lower than in the world?
- 2 Is the image enhanced endoscopy useful to detect serrated lesions?
- 3 Is a computer-aided polyp detection system useful to detect serrated lesions?
- 4-1 Is the JNET classification useful for differential diagnosis between HP/SSL and adenomatous lesions?
- 4-2 Is the revision of the JNET classification needed?
- 5 Is differential diagnosis between SSL and HP possible endoscopically?
- 6 Is differential diagnosis between SSD and SSL possible endoscopically?
- 7 Are sessile serrated lesions larger than 6 mm recommended for resection?
- 8 Is surveillance colonoscopy recommended after resection of SL?
- 9 Is HP/SSL a precursor to colorectal cancer?

Draft Statements on Diagnosis and Treatment of Serrated Lesions

CQ		Evidence	Recommendation
1	The prevalence of serrated lesions in Japan is not definitively lower than the world rate.	II-2	B
2	NBI is useful for detecting serrated lesions in image-enhanced endoscopy.	I	A
3	A computer-aided detection system is not yet certain to assist in detecting serrated lesions.	I	C
4-1	The JNET classification is useful in differentiating between HP/SSL and adenomatous lesions, especially when used by trained endoscopists.	II-1	A
4-2	Minor revisions are needed for the JNET type 1.	II-1	A
5	The endoscopic differential diagnosis between SSL and HP is challenging.	II-1	B
6	Accurate differential diagnosis of SSD from SSL endoscopically is challenging.	II-2	C
7	Sessile serrated lesions of 6mm or larger are recommended for resection.	II-2	B
8	Surveillance colonoscopy is recommended following the resection of high-risk serrated lesions.	II-2	B
9	HP/SSL is precursor to colorectal cancer, to some extent.	III	B

These statements are provisional drafts based on the systematic review and not the final version.

First-Round Voting Results

(2nd Committee Meeting, May 2025)

Q 3 参加 1 接続 0 回答 0 < 3 > 音量 1 人気投票 星 音楽 ハート メッセージ フォルダ 削除

Statement 1.
The prevalence of serrated lesions in Japan is not definitively lower than the world rate.

A 0% 1. 賛成で、異論はない。= accept completely

B 0% 2. 賛成だが、やや異論がある。= accept with some reservation



1. accept completely
2. accept with some reservation
3. accept with major reservation
4. reject with reservation
5. reject completely

Consensus achieved: $\geq 80\%$ agreement (scores 1-2)

→ Minor revision and explanatory document drafting.

No consensus: Additional questionnaire survey
Discussion and Major revision → final voting at next session.

Example of First-Round Voting

CQ1: Is the prevalence of serrated lesions in Japan lower than in the world?

Draft Statement 1.

The prevalence of serrated lesions in Japan is not definitively lower than the world rate.

This statement is a provisional draft based on the systematic review and is not the final version.

① accept completely	② accept with some reservation	③ accept with major reservation	④ reject with reservation	⑤ reject completely	<u>Agreement</u>	<u>Consensus</u>
8	13	0	1	0	95. 5%	

First-Round Results (2nd Meeting)

Draft Statements	Agreement	Consensus
1 The prevalence of serrated lesions in Japan is not definitively lower than the world rate.	95.5%	<input checked="" type="checkbox"/>
2 NBI is useful for detecting serrated lesions in image-enhanced endoscopy.	90.9%	<input checked="" type="checkbox"/>
3 A computer-aided detection system is not yet certain to assist in detecting serrated lesions.	95.5%	<input checked="" type="checkbox"/>
4-1 The JNET classification is useful in differentiating between HP/SSL and adenomatous lesions, especially when used by trained endoscopists.	95.5%	<input checked="" type="checkbox"/>
4-2 Minor revisions are needed for the JNET type 1.	100%	<input checked="" type="checkbox"/>
5 The endoscopic differential diagnosis between SSL and HP is challenging.	54.5%	Revise!
6 Accurate differential diagnosis of SSLD from SSL endoscopically is challenging.	81.8%	<input checked="" type="checkbox"/>
7 Sessile serrated lesions of 6mm or larger are recommended for resection.	77.2%	Revise!
8 Surveillance colonoscopy is recommended following the resection of high-risk serrated lesions.	95.5%	<input checked="" type="checkbox"/>
9 HP/SSL is precursor to colorectal cancer, to some extent.	4.5%	Reject!

Issues from the First-Round Results

Draft Statements	Agreement	Consensus
1 The prevalence of serrated lesions in Japan is not definitively lower than the world rate.	95.5%	<input checked="" type="checkbox"/>
2 NBI is useful for detecting serrated lesions in image-enhanced endoscopy.	90.9%	<input checked="" type="checkbox"/>
3 A computer-aided detection system is not yet certain to assist in detecting serrated lesions.	95.5%	<input checked="" type="checkbox"/>
4-1 The JNET classification is useful in differentiating between HP/SSL and adenomatous lesions, especially when used by trained endoscopists.	95.5%	<input checked="" type="checkbox"/>
4-2 Minor revisions are needed for the JNET type 1.	100%	<input checked="" type="checkbox"/>
6 Accurate differential diagnosis of SSLD from SSL endoscopically is challenging.	81.8%	<input checked="" type="checkbox"/>
8 Surveillance colonoscopy is recommended following the resection of high-risk serrated lesions.	95.5%	<input checked="" type="checkbox"/>

Consensus achieved: $\geq 80\%$ agreement (scores 1-2)
→ Minor revision and explanatory document drafting.

Key Issues from the First-Round Results

Clinical Questions

5 Is differential diagnosis between SSL and HP possible endoscopically?

7 Are sessile serrated lesions larger than 6 mm recommended for resection?

9 Is HP/SSL a precursor to colorectal cancer?

CQ	Draft Statements	Agreement	① accept completely	② accept with some reservation	③ accept with major reservation	④ reject with reservation	⑤ reject completely
5	The endoscopic differential diagnosis between SSL and HP is challenging.	54.5%	4	8	8	1	1
7	Sessile serrated lesions of 6mm or larger are recommended for resection.	77.2%	9	8	2	2	1
9	HP/SSL is precursor to colorectal cancer, to some extent.	4.5%	1	0	2	13	6

No consensus: Additional questionnaire survey

Discussion and Major revision → final voting at next session.

The 3rd Committee Meeting – Overview / Schedule

Timeline of the Committee Activities

June 2024 – April 2025	Preparation of draft statements
May 2025	1st Round: 2nd Committee Meeting
Now	Feedback on voting results and Revision of draft statements
May 10, 2026	2nd Round: 3rd Committee Meeting (Yokohama)
Later	Confirmation of consensus and Publication

At the 3rd meeting, these **unresolved statements** will be re-discussed, followed by **the final round of voting**.

We look forward to your participation and active discussion.

