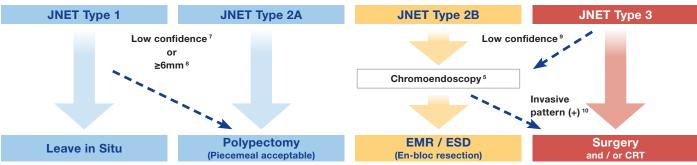


JNET Classification

TYPE	TYPE 1	TYPE 2A	TYPE 2B	TYPE 3
Vessel Pattern	Invisible ¹	 Regular caliber Regular distribution (meshed/spiral pattern)³ 	Variable caliber Irregular distribution	Loose vessel areas Interruption of thick vessel
Surface Pattern	Regular dark or white spotsSimilar to surrounding normal mucosa	Regular (tubular/branched/ papillary)	Irregular or obscure	Amorphous areas
Most Likely Histology	Hyperplastic polyp/ Sessile serrated lesion ²	Low grade intramucosal neoplasia	High grade intramucosal neoplasia/Shallow submucosal invasive cancer ⁴	Deep submucosal invasive cancer
Endoscopic Images	Hyperplastic polyp Sessile serrated lesion	Tubular adenoma Tubulovillous adenoma	Intranucosal adenocarcinoma Shallow submucosal invasive cancer	Deep submucosal invasive cancer Deep submucosal invasive cancer
Treatment Strategy of Colorectal Lesions using JNET Classification ⁶				
JNET Type 1 JNET Ty		/pe 2A Ji	NET Type 2B	JNET Type 3



Invasive Pattern and its Diagnostic Criteria

The maximum diameter of irregular and destroyed pits serves as an indicator of T1b cancer.

- Flat and Depressed Lesions: A diameter exceeding 3 mm suggests an invasion depth of more than sm 1000 micrometers.
- Protruding Lesions: A diameter exceeding 6 mm implies the same depth of invasion.

When these criteria are met, the lesion is classified as having an invasive pattern (+).



FVIS X1*



FDOF

The gastrointestinal tract poses challenges in keeping an endoscopic image stable and in focus. Extended Depth of Field (EDOF) technology implemented in EZ1500 endoscopes allows precise observations through continuous broad focus and seamless magnification.

At the same time, the established Dual Focus function provides high magnification.

Sharp endoscopic images of EZ1500/EDOF or XZ1200/Zoom endoscopes support accurate results in detection, diagnosis and treatment.

* EVIS X1 Video System Center OLYMPUS CV-1500, ** Colonovideoscope OLYMPUS CF-EZ1500D Series, *** Colonovideoscope CF-XZ1200L/I



CF-EZ1500**



CF-X71200**

- 1 If visible, the caliber in the lesion is similar to surrounding
- 2 The original article stated Sessile serrated polyp. We modified to sessile serrated lesion in consideration of the 2019 revision of the WHO criteria.
- 3 Micro-vessels are often distributed in a punctate pattern and well-ordered reticular or spiral vessels may not be observed in depressed lesions.
- 4 Deep submucosal invasive cancer may be included.
- 5 If acceptable, chromoendoscopy is recommended.

References

- 6 Sano Y, et al. Dig. Endosc. 28: 526-33. 2016.
- 7 Utsumi T, et al. Dig Endosc. 30: 45-50. 2018.
- 8 Hirata D, et al. Digestion. 104: 262-269. 2023.
- 9 Iwatate M et al. Dig Endosc. 30: 642-651. 2018. 10 Matsuda T et al. Am J Gastroenterol 103: 2700-2706, 2008.



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