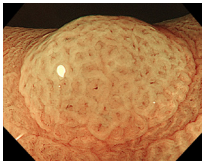
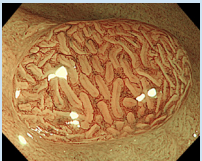
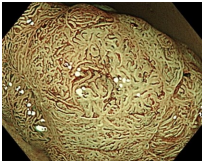
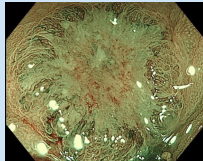
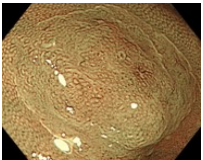
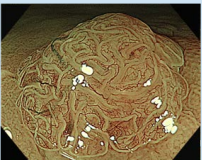
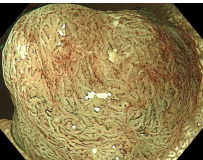
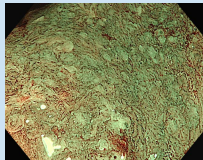
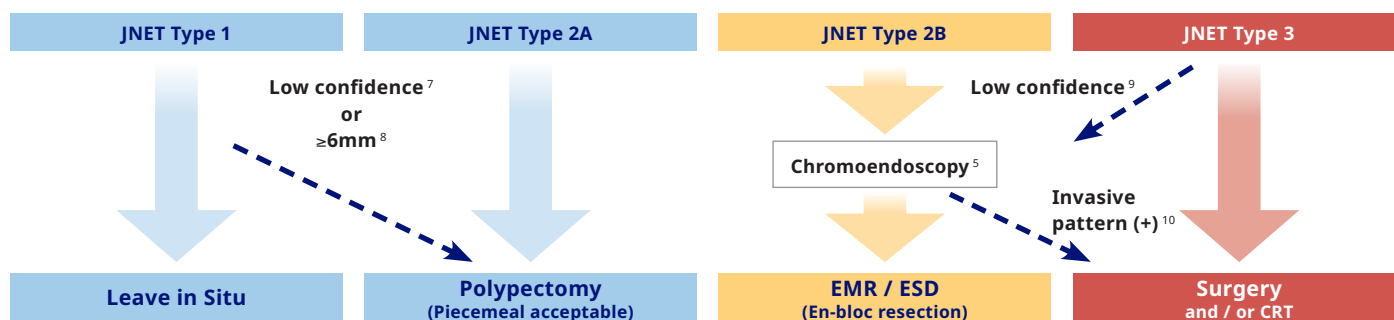


JNET Classification

TYPE	TYPE 1	TYPE 2A	TYPE 2B	TYPE 3
Vessel Pattern	Invisible¹	- 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 spots - Similar to surrounding normal mucosa	Regular (tubular/branched/papillary)	Irregular or obscure	Amorphous areas
Most Likely Histology	Hyperplastic polyp/ Sessile serrated lesion²	Low grade intramucosal neoplasia	High grade intramucosal neoplasia/Shallow submucosal invasive cancer⁴	Deep submucosal invasive cancer
Endoscopic Images				
	Hyperplastic polyp	Tubular adenoma	Intramucosal adenocarcinoma	Deep submucosal invasive cancer
				
	Sessile serrated lesion	Tubulovillous adenoma	Shallow submucosal invasive cancer	Deep submucosal invasive cancer

Treatment Strategy of Colorectal Lesions using JNET Classification⁶

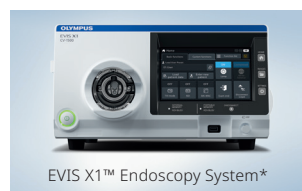


Invasive Pattern and its Diagnostic Criteria

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 (+).



The gastrointestinal tract poses challenges in keeping an endoscopic image stable and in focus. Extended Depth of Field (EDOF™ technology) allows the CF-EZ1500DL/I scope to provide precise observations through continuous broad focus. At the same time, the use of Dual Focus allows for high magnification. Sharp endoscopic images of EZ1500/EDOF endoscopes support accurate results in detection, diagnosis and treatment.

* EVIS X1™ Endoscopy System OLYMPUS CV-1500,
** Colonovideoscope OLYMPUS CF-EZ1500D Series,

Commentary

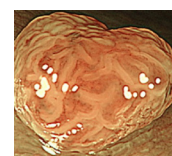
- If visible, the caliber is similar to surrounding normal mucosa.
- The original article stated Sessile serrated polyp. We modified to sessile serrated lesion in consideration of the 2019 revision of the WHO criteria.
- Micro-vessels are often distributed in a punctate pattern and well-ordered reticular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

References

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- Utsumi T, et al. Dig Endosc. 30: 45-50. 2018.
- Hirata D, et al. Digestion. 104: 262-269. 2023.
- Iwatate M et al. Dig Endosc. 30: 642-651. 2018.
- Matsuda T et al. Am J Gastroenterol 103: 2700-2706, 2008.



Clinical Paper related JNET Classification –
<https://link.springer.com/article/10.1007/s00464-021-08863-7>



Disclaimer: This educational poster provides information on the JNET classification system. While the JNET classification may support clinical decision-making, it is the sole responsibility of each healthcare professional to determine the appropriate classification system to use in their practice. All interpretation, application, and diagnostic conclusions derived from any classification system must be made by qualified medical professionals, in accordance with their clinical expertise, institutional protocols, and applicable medical guidelines.

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