Table C-57. Reported data: factors affecting ERUS for preoperative colorectal staging

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| **Study** | **Type of Cancer, Number of Patients** | **Reference Standard** | **Reported T Stage Data Factors** | **Reported N Stage Data Factors** | **Reported M Stage Factors** |
| Kim et al. 2004186 | Primary rectal, 63 | Histopathology | Water instillation during ERUS improves the depiction and local staging of the tumors. Only 67% of the tumors were clearly visible pre-water vs. 100% with water. The accuracy of staging pre-water was 57.1% vs. 85.7% with water. | Not reported | Not reported |
| Mo et al. 2002165 | Miniprobe group: 35 rectal, 26 colon; conventional group: 59 rectal, 14 colon | Histopathology | The miniprobe had an overall accuracy of 85%, with an accuracy of 100% for T1, 78% for T2, 90% in T3 and 40% in T4, vs. for conventional probe overall accuracy was 89%, with an accuracy of 83% for T1, 83% for T2, 93% for T3, and 71% for T4. | The miniprobe had a sensitivity of 56% and specificity of 75% for lymph node detection vs. for the conventional probe sensitivity was 77% and specificity was 76%. | Not reported |
| Hunerbein et al. 2000187 | Rectal cancer, 30 with conventional ERUS, 25 of these also with 3D ERUS | Histopathology | The accuracy of ERUS for predicting tumor invasion was 84% vs. 88% for 3D ERUS. Both modalities overstaged one patient (the same patient), and ERUS understaged 3 patients vs. 2 patients understaged by 3D ERUS. | This data was discrepant- what was reported in the text does not match what was reported in the abstract, and the data in the text doesn’t have the correct number of patients | Not reported |