

SATCC

Annual Report

2022

Research Unit of Surgery
OUH Svendborg Hospital

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Preface

The SATC Center, Department of Surgery, OUH

The SATC Center (SATCC) is embedded in the Unit for Neoplastic Colorectal Research, Department of Surgery, Odense University Hospital, Svendborg. The center is dedicated to research, development, teaching and clinical excellence. The SATC Center has developed in the areas described by its foundation i.e. development of a “National Reference Centre” for advanced adenomas and early colorectal cancer (in Danish: Store Adenomer og Tidlige Cancere i Colon og Rectum” – SATC).

The Covid 19 pandemic caused globally cancellations and reduced activity in the areas of congresses, symposias and courses in the previous two years. This was also the case in SATC Center. Although the reduced on site activity did accelerate other solutions i.e. on-line meetings and on-line symposias, the total educational activity suffered dramatically. In 2022 things almost reached normal, pre-covid levels, at least at the end of the year. In SATCC 3 courses and 1 symposium took place in the autumn.

The SATC Center on April 1. , gained the official inauguration of our new professor Anastasios Koulaouzidis. This event included a brilliant inaugural seminar. In 2022 Anastasios had an introduction period including Danish language lectures. Although, already from the onset December 2021 immediately busy in project planning and participating in ongoing SATCC projects , including Camera capsule technology research and additionally supporting PhD students and SATCC courses. Anastasios has a long record of excellent scientific papers, especially from a decade working in Edinburgh and has an extended international network. Being an expert and certified teacher in colonoscopy he will contribute to develop and improve levels among endoscopists, not only in department A, OUH, but in the whole region of Southern Denmark. Anastasios will contribute to bringing SATCC even higher in activity and quality and to consolidate our leading Scandinavian position.

The area of scientific trails, research and cooperative research projects reaching centers outside SATCC, went back to normal – well, even higher- levels than ever. Total numbers of released scientific papers and publications kept on rising as well as the quality, measured by citation Index.

In 2022 we continued the series of courses for trans-regional improvement of colonoscopy skills involving the five centers in The Region of Southern Denmark. This SATC Center commitment, was originally requested by the Regional board for the surgical speciality which consists of Health care politicians and local leaders of the surgical departments. The first educational “Train the trainer” course was successfully completed in 2021. Two courses for novices/less experienced endocopists and for specialists took place in 2022. The effect on colonoscopy quality will be monitored regionally from January 2023.

Fellowships were announced as in 2021 and for 2 periods fellows visited our department for advanced minimally invasive treatment of colorectal neoplasias. The key focus is in performing and interpretation of transrectal ultrasonography (TRUS) and polyp characterization using different types of narrow band light, and other diagnostic tools. Next- how to choose the best treatment from the large variety of existing methods. Fellowships in clinical application of EMR, Endoscopic Submucosal Dissection (ESD) and in TRUS, supplement the specific field and aims for an equal, high standard of care in all hospitals in

the region. Evaluation from attendees were extremely positive. In general, fellowships will be announced in broader scale of subjects in 2023.

The SATCC has engaged in a formalized collaboration with institutions in Malmø and Lund and mutual fellowship visits were planned to further refine the ESD technique and also to lead development of new invasive endoscopic procedures. The first fellowship took place in February in Malmø/Lund. Two Endoscopy specialists from our center and two specialist nurses visited Malmø and Prof. Henrik Thorlasius for two days. The aim and focus was improving our technique in the specific minimal invasive resection of large polyps using ESD (Endoscopic Submucosal Dissection). The visit accelerated our skills in this method. Later on in 2022 we had the pleasure of introducing Prof. Thorlasius as a speaker at our specialist course in colonoscopy.

Since the beginning, seven years ago, the center has developed in every aspect. After 2018, SATCC activities are described as:

Teaching and
Education

Clinical
Excellence

Research

All three branches have individually expanded rapidly and includes the establishment of the AICE consortium, the CICA excellence center and the extended research and method development in the field of camera capsule technology, among several other fields of “prevention, early recognition and minimally invasive treatment of colorectal neoplasias”. As a consequence, the differentiation has become increasingly difficult internally, between the original branches in The SATCC and new branches. All the mentioned areas of activities primarily are hosted in the House of Research in Svendborg. But all activity fundamentally concerns early prevention, early diagnostics and minimally invasive treatment of colorectal neoplasias. So, in some ways, the SATCC has developed into an umbrella- or central organization.

SATCC Education & Learning

Teaching and Education:

The primary purpose of the teaching center is to achieve a uniform and high-level standard for treatment of advanced adenomas and early colorectal cancer in the Region of Southern Denmark. Consistent application of the state-of-the-art treatment principles throughout the region will reduce the number of major surgical procedures significantly. Achieving the full clinical gain of recent years' breakthroughs requires intensive efforts to make the guidelines generally known and to increase the number of endoscopists trained in Advanced Endoscopic Techniques This is a prerequisite for spreading the principles and competences regionally on a voluntary basis. Furthermore, it is important to establish an evidence based expansion of the indications for organ-preserving treatment

Courses 2022:

1. Masterclass Course in transanal and transrectal Ultrasonography (TRUS) 8.-9. sept
2. Principles in Endoscopic removal of large polyps and early cancer. Course for assisting or nurses performing colonoscopy.
3. Colonoscopy
 - 1 A Colonoscopy for novices (50-100 procedures) 21.November
 - 1 B Colonoscopy for experienced (250-1500) 21.November
 - 2 For specialists (more than 1500) 27.-28. September
 - 3 TKT (Train the Trainer) expert course for educational purpose

Former courses concerning EMR and similar methods of polyp resection are now embedded in courses mentioned above.

Masterclass Course in Transanal and Transrectal Ultrasonography (TRUS) 8.-9.sept

The 2 day course has been an annual event since 2014 except in 2020 (Covid19). For each year the numbers of attendees has gone up, due to the common interest in minimally invasive surgery procedures and due to the fact, that SATCC TRUS course probably is the only one of its kind in Europe. The main target group is of course employees at the regional hospitals in Southern Denmark. But along with these, a rising number of out-regional gastroenterologists and surgeons applies and join the course. In 2022 the scale was even wider with 30 participants from Scandinavia, England and Romania. The international contribution increases the value of the course as well as level of discussions. In 2023 we expect to have the endorsement of the ESGE society and thereby reaching out to a large target group of specialists in Europe.

First day of TRUS course was theoretical. Ultrasonography was highlighted, both technical, historical and different procedures. Abscesses, fistulas and anal defects i.e. mainly benign disorders were starting topics. Then rectal findings especially polyps and early cancers were the main topics. Studies comparing TRUS and MR results was of course debated. Discussions continued at the evening dinner and finished off a very nice day one.

Second day was mainly focused on the live sessions. 10 patients with different disorders had Transrectal Ultrasonography in a live video transmission to the audience seated in the auditorium. 5 different experts from OUH Svendborg, Copenhagen, Vejle and England performed excellent procedures. Discussion followed and all participant expressed their contentment for the course in general.

Region of Southern Denmark's training program for doctors performing colonoscopies.

A standardized training program has been established for doctors who perform colonoscopy. This is to ensure that colonoscopy is carried out with a high uniform quality, not only colonoscopy in connection with screening, but for all patients who are offered colonoscopy in the Region of Southern Denmark.

The training program covers 3 areas:

- The basic training in colonoscopy
 - From introductory doctor, through the course of the main education until completed specialization.
- Skills training
 - Increase competence of specialist doctors who perform colonoscopy.
- "Train the Trainer"
 - Train expert colonoscopists as instructors in colonoscopy training and skill development to maintain and increase quality in the daily clinic in the endoscopy units.

The basic training in colonoscopy - course 1A – one day course.

Younger doctors (introduction/early specialization course) who have been offered training in colonoscopy. It is expected that they have started gastroscopy and thereby have experience of working in an endoscopy unit. Colonoscopy (supervised) experience level of < 50 procedures.

Course content:

The course consists of 6 sessions. The sessions are flexible in relation to time and duration. Can be paused and resumed depending on the time and duration of the live demonstrations.

Live demonstration of diagnostic colonoscopy with demonstration of basic colonoscopy technique.

Session topics:

Basic knowledge of colonoscopy, a quick guide to better colonoscopy technique, techniques for better detection of colo-rectal neoplasia, electronic imaging, description of findings, resection of colo-rectal neoplasia ≤ 20 mm.

The basic training in colonoscopy - course 1B - one day course.

Doctors in the late phase of specialization course (>150-200 procedures).

Course content:

The course consists of 5 sessions starting with interactive teaching with Q&A's related to basic necessary knowledge about colonoscopy (brush-up of course 1A)

Session topics:

Focus on colonoscopy technique, description of findings - review of cases - suggestions for treatment/therapy/follow-up, resection of colo-rectal neoplasia ≤ 20 mm, resection of colo-rectal neoplasia > 20 mm, final Q&A's for the teachers

Colonoscopy course 2 - two days course.

Skills training - increasing the competence of specialists who perform colonoscopy.

Specialist doctors who carry out colonoscopy, including who carry out or are to carry out bowel cancer screening colonoscopy.

Course content:

The course covers the various topics broadly and in depth. There is a focus on Q&A's from the participants, as well as time to exchange experiences.

Session topics:

Quality and coding, endoscopy equipment, the EndoConf System, polyps in the colon and rectum (morphology, optical diagnosis), colonoscopy - how (tips and tricks, the difficult colonoscopy), tips and tricks for intubation, resection of colo-rectal neoplasia (AK- treatment, resection techniques, management of complications).

"Train the Trainer" course:

Train expert colonoscopists as instructors in colonoscopy training and skills development. Specialist doctors who carry out colonoscopies who want to supervise the training of doctors who perform colonoscopies.

Give teachers (trainers) competences for specifically targeted training of doctors who perform colonoscopy, with the aim of generally increasing the quality of colonoscopy in Region of Southern Denmark.

The teaching:

Is based on an interactive dialogue between course participants and instructors. The various topics are reviewed using structured questions with subsequent dialogue, so that the students' knowledge and experience are included.

The course room must accommodate the opportunity to train practical aspects of the colonoscopy training. Access to an endoscopy equipment and colonoscopes, training with a scope on a simulation model ("rubber intestine").

Topics day 1:

Setting goals and carrying out critical reflection, endoscopy teaching skills, assessments during colonoscopy, practical aspects of colonoscopy training, optimization of the learning environment, concluding the basic rules of the training and setting learning goals.

Hands-on training day 2:

2 hands-on endoscopy rooms with transmission of video (room) + sound (one-way) to the classroom. Students are divided into 3 pairs, each student has hands-on (endoscopist) twice, and each student has the role of trainer twice. One instructor per pair (observer during hands-on). After 20 minutes, the procedure is taken over by a local endoscopist.

After each procedure, feedback in the classroom.

Symposia:

In October 2022 we hosted the 3rd International, Multidisciplinary meeting & workshop. The SATCC and the Maersk McKinney Moeller Institute for Robotics and Artificial Intelligence joined forces and hosted an international Symposium on medical and technological aspects of camera capsule technology. Foreign speakers attended and discussed data and visions with the national ones and contributed to the future developments and focus areas of camera capsule technology.

Gastroenterologists, surgeons and others with interest in advanced GI diagnostics and early intervention did meet engineers dedicated to camera capsule technology – hardware and software. Future clinical demands and technical inventions and developments were discussed. Focus was on robotic hardware and especially artificial intelligence in picture analysis as well as clinical aspects of colorectal cancer diagnostics, inflammatory bowel disease and other intestinal conditions. A couple of days with knowledge sharing and a lot of networking.



This year, 2022, we were unable to present courses for nurses. Due to the covid close-down the two years before and partly close-down in the beginning of 2022, several courses had to wait. The onset of the new courses also applied for both creating new course materials and organization. In 2023 two courses for endoscopy nurses will take place.

Employees of the Region of Southern Denmark are exempted from all course fees.

EndoConf

EndoConf is a real-time audio-video-link system between the endoscopy room and the receiving part - the specialist endoscopist, who is on call receives EndoConf calls on a mobile tablet. The system was invented by the SATC Center and developed in collaboration with the IT department at OUH. The system offers a solution, which means higher confidence in strategy planning of the treatment of pathologic findings. Furthermore online guiding is a new tool for bed side teaching: Removal of polyps with difficult position or large size calls for lifting before removal. The EndoConf system is now routinely used, since the summer 2019. In average there is one live EndoConference every day. Technical aspects are solved and live contact to the expert endoscopist is established within 3 minutes.

The EndoConf system is planned to be installed in Odense, Department A, "Vestfløjen" in 2023. Furthermore, technical assistance is still missing before the process of implementation proceeds at the endoscopy units in Esbjerg and in Aabenraa.

SATCC Research

Differentiation between SATCC research and other research activities conducted in the Surgical Research Center Svendborg is increasingly difficult. The topic in all our official centers and major projects such as CICA and AICE is prevention, diagnostics and early intervention in colorectal cancer. We have previously defined SATCC research as research funded by the SATCC grant, but the external funding of our unit has increased significantly. The AICE project was granted 45 mio. dkk in 2022 to support development of next generation diagnostics using colon camera capsules and artificial intelligence for large bowel visualization. We have therefore redefined SATCC to include all research in the area of advanced adenomas and early cancers.

Primary prevention and screening have become an important part of this.

In late 2022 we were granted 5 mio. dkk to conduct a major multinational trial on the possible preventive effect of the polyacetylenes from carrots (Falcarinol and Falcarindiol) on the recurrence rate of cancer precursors after polyp resection. The polyacetylenes have been behaving as an efficient COX inhibitor like aspirin in biochemical, human cell line studies, genetic and animal studies conducted during the last 20 years – just without any known side effects and therefore well suited for primary prevention.

The efficiency and costs of individual elements of the screening program are being investigated and means to reduce social inequalities have led to two ph. d's of which one was successfully defended in May 2023 and another one will be early 2024.

More than 24 scientific papers have been published in the last two years within this area. The SATCC acts as principal investigator site and as a collaboration hub in a number of trials with a focus on early rectal cancer and significant polyps of the colon and rectum. The SATCC acts as a national catalyst in a growing area of early detection and organ preserving treatments of the colon and rectum.

Besides CCE other tracks are pursued to fulfill this purpose.

The Falcox study is including the last patients in mid-23 to analyze inflammatory and genetic changes in human polyps after oral intake of carrot juice.

“DETECT” is a study testing the applicability of Dual Energy CT for stage assessment of rectal cancer. Dual energy CT is an advanced radiomic tool aiding the clinicians in tissue differentiation based on unique quantitative measurements. We are testing its accuracy in assessing lymph nodes and tumour regression grade after chemoradiation therapy for rectal cancer to establish a potential route of deferral from major surgery to local excision or an active surveillance based on complete tumour disappearance after chemoradiotherapy.

SATCC is a collaborator of the international watch and wait database, contributing to the very valuable data obtained for rectal cancer patients with a complete disappearance of their rectal cancer after chemoradiotherapy, the so-called “watch and wait” programme.

SATCC is the holder of the GAIA database holding more than one Terrabyte information on 3000 patients who underwent camera capsule endoscopy. It is by far the world’s largest database of pictures and videos and is the backbone for developing artificial intelligence in detection and characterization of colonic pathologies.

VORATES is a trial investigating the role of postoperative chemoradiotherapy for locally resected rectal cancers. Evidence is building towards a general ethos of rectal preservation instead of major resections for early rectal cancers. VORATES is randomizing patients between postoperative chemoradiation and active surveillance of locally excised rectal cancer.

Publications from SATCC 2022:

[Annotation Tools in Gastrointestinal Polyp Annotation.](#)

Selnes O, Bjørsum-Meyer T, Histace A, Baatrup G, Koulaouzidis A. *Diagnostics (Basel)*. 2022 Sep 26;12(10):2324. doi: 10.3390/diagnostics12102324. PMID: 36292013 **Free PMC article**. Review.

[The optimal use of colon capsule endoscopes in clinical practice.](#)

Bjørsum-Meyer T, Koulaouzidis A, Baatrup G. *Ther Adv Chronic Dis*. 2022 Nov 21;13:20406223221137501. doi: 10.1177/20406223221137501. eCollection 2022. PMID: 36440063 **Free PMC article**. Review.

[What holds back colon capsule endoscopy from being the main diagnostic test for the large bowel in cancer screening?](#)

Bjørsum-Meyer T, Spada C, Watson A, Eliakim R, Baatrup G, Toth E, Koulaouzidis A. *Gastrointest Endosc*. 2022 Jan;95(1):168-170. doi: 10.1016/j.gie.2021.09.007. Epub 2021 Sep 14. PMID: 34534495 No abstract available.

[Edge artificial intelligence wireless video capsule endoscopy.](#)

Sahafi A, Wang Y, Rasmussen CLM, Bollen P, Baatrup G, Blanes-Vidal V, Herp J, Nadimi ES. *Sci Rep*. 2022 Aug 12;12(1):13723. doi: 10.1038/s41598-022-17502-7. PMID: 35962014 **Free PMC article.**

[Comment on "Artificial intelligence in gastroenterology: A state-of-the-art review".](#)

Bjørsum-Meyer T, Koulaouzidis A, Baatrup G. *World J Gastroenterol*. 2022 Apr 28;28(16):1722-1724. doi: 10.3748/wjg.v28.i16.1722. Epub 2022 Jan 28. PMID: 35581959 **Free PMC article.**

[Cause of Death, Mortality and Occult Blood in Colorectal Cancer Screening.](#)

Kaalby L, Al-Najami I, Deding U, Berg-Beckhoff G, Steele RJC, Kobaek-Larsen M, Shaukat A, Rasmussen M, Baatrup G. *Cancers (Basel)*. 2022 Jan 4;14(1):246. doi: 10.3390/cancers14010246. PMID: 35008412 **Free PMC article.**

[The Effectiveness of a Very Low-Volume Compared to High-Volume Laxative in Colon Capsule Endoscopy.](#)

Schelde-Olesen B, Nemeth A, Johansson GW, Deding U, Bjørsum-Meyer T, Thorlacius H, Baatrup G, Koulaouzidis A, Toth E. *Diagnostics (Basel)*. 2022 Dec 21;13(1):18. doi: 10.3390/diagnostics13010018. PMID: 36611310 **Free PMC article.**

[Inter/Intra-Observer Agreement in Video-Capsule Endoscopy: Are We Getting It All Wrong? A Systematic Review and Meta-Analysis.](#)

Cortegoso Valdivia P, Deding U, Bjørsum-Meyer T, Baatrup G, Fernández-Urién I, Dray X, Boal-Carvalho P, Ellul P, Toth E, Rondonotti E, Kaalby L, Pennazio M, Koulaouzidis A; International Capsule endoscopy REsearch (I-CARE) Group. *Diagnostics (Basel)*. 2022 Oct 2;12(10):2400. doi: 10.3390/diagnostics12102400. PMID: 36292089 **Free PMC article.** Review.

[Using fecal immunochemical test values below conventional cut-off to individualize colorectal cancer screening.](#)

Plantener E, Deding U, Madsen JB, Kroijer R, Madsen JS, Baatrup G. *Endosc Int Open*. 2022 Apr 14;10(4):E413-E419. doi: 10.1055/a-1743-2651. eCollection 2022 Apr. PMID: 35528219 **Free PMC article.**

[Odds of Incomplete Colonoscopy in Colorectal Cancer Screening Based on Socioeconomic Status.](#)

Skau B, Deding U, Kaalby L, Baatrup G, Kobaek-Larsen M, Al-Najami I. *Diagnostics (Basel)*. 2022 Jan 12;12(1):171. doi: 10.3390/diagnostics12010171. PMID: 35054338 **Free PMC article.**

[Quantification of the anti-neoplastic polyacetylene falcarinol from carrots in human serum by LC-MS/MS.](#)

Jakobsen U, Kobæk-Larsen M, Kjølner KD, Antonsen S, Baatrup G, Trelle MB. *J Chromatogr B Analyt Technol Biomed Life Sci*. 2022 Nov 1;1210:123440. doi: 10.1016/j.jchromb.2022.123440. Epub 2022 Sep 6. PMID: 36088746 **Free article.**

[Risk of post-colonoscopy colorectal cancer following screening colonoscopy with low-risk or no adenomas: a population-based study. Response to Larsen et al.](#)

Clausen Nielsen J, Ploug M, Baatrup G, Kroijer R. *Colorectal Dis.* 2022 Jan;24(1):134-135. doi: 10.1111/codi.15966. Epub 2021 Nov 9. PMID: 34751486 No abstract available.

[The Effect of Prucalopride on the Completion Rate and Polyp Detection Rate of Colon Capsule Endoscopies.](#)

Deding U, Kaalby L, Baatrup G, Kobaek-Larsen M, Thygesen MK, Epstein O, Bjørsum-Meyer T. *Clin Epidemiol.* 2022 Apr 2;14:437-444. doi: 10.2147/CLEP.S353527. eCollection 2022. PMID: 35401015 **Free PMC article.**

[Endoscopic full-thickness resection \(eFTR\) in colon and rectum: indications and outcomes in the first 37 cases in a single center.](#)

Høgh A, Deding U, Bjørsum-Meyer T, Buch N, Baatrup G. *Surg Endosc.* 2022 Nov;36(11):8195-8201. doi: 10.1007/s00464-022-09263-1. Epub 2022 May 10. PMID: 35536486

[Key research questions for implementation of artificial intelligence in capsule endoscopy.](#)

Leenhardt R, Koulaouzidis A, Histace A, Baatrup G, Beg S, Bourreille A, de Lange T, Eliakim R, Iakovidis D, Dam Jensen M, Keuchel M, Margalit Yehuda R, McNamara D, Mascarenhas M, Spada C, Segui S, Smedsrud P, Toth E, Tontini GE, Klang E, Dray X, Kopylov U. *Therap Adv Gastroenterol.* 2022 Oct 31;15:17562848221132683. doi: 10.1177/17562848221132683. eCollection 2022. PMID: 36338789 **Free PMC article.**

[Robotic vs. TaTME Rectal Surgery \(ROTA STUDY\) Matched Cohort Trial for Mid to Low Rectal Cancer Surgery Evaluation Trial in the Hands of an Experienced Surgeon.](#)

Jootun R, Cuk P, Ellebæk M, Andersen PV, Salomon S, Baatrup G, Al-Najami I, Khan J. *Int J Surg Protoc.* 2022 Feb 18;26(1):7-13. doi: 10.29337/ijsp.163. eCollection 2022. PMID: 35280494 **Free PMC article.**

[Castor Oil in Bowel Preparation Regimens for Colon Capsule Endoscopy: A Systematic Review with Meta-Analysis.](#)

Deding U, Jensen SS, Schelde-Olesen B, Kaalby L, Bjørsum-Meyer T, Koulaouzidis A. *Diagnostics (Basel).* 2022 Nov 15;12(11):2795. doi: 10.3390/diagnostics12112795. PMID: 36428855 **Free PMC article.** Review.

[Real-life practice data on colon capsule endoscopy: We need them fast!](#)

Koulaouzidis A, Bjørsum T, Toth E. *Endosc Int Open.* 2022 Mar 14;10(3):E230-E231. doi: 10.1055/a-1728-9371. eCollection 2022 Mar. PMID: 35295244 **Free PMC article.** No abstract available.

[Carbon footprint from superfluous colonoscopies: potentialities to scale down the impact.](#)

Bjørsum-Meyer T, Toth E, Koulaouzidis A. *Gut.* 2022 Jan 7;gutjnl-2021-326587. doi: 10.1136/gutjnl-2021-326587. Online ahead of print. PMID: 34996826 No abstract available.

[Erratum: Real-life practice data on colon capsule endoscopy: We need them fast!](#)

Koulaouzidis A, Bjørsum-Meyer T, Toth E. *Endosc Int Open.* 2022 Mar 31;10(3):C3-CE3. doi: 10.1055/a-1811-3450. eCollection 2022 Mar. PMID: 35371909 **Free PMC article.**

[AID-U-Net: An Innovative Deep Convolutional Architecture for Semantic Segmentation of Biomedical Images.](#)

Tashk A, Herp J, Bjørsum-Meyer T, Koulaouzidis A, Nadimi ES. *Diagnostics* (Basel). 2022 Nov 25;12(12):2952. doi: 10.3390/diagnostics12122952. PMID: 36552959 **Free PMC article.**

[Colon capsule endoscopy following incomplete colonoscopy in routine clinical settings.](#)

Havshoi AV, **Deding U**, Jensen SS, Andersen PV, Kaalby L, Al-Najami I. *Surg Endosc.* 2023 Apr;37(4):2749-2755. doi: 10.1007/s00464-022-09783-w. Epub 2022 Dec 5. PMID: 36471059 Clinical Trial.

[Idiopathic asymptomatic pneumoperitoneum in a patient with ureteric calculus and Crohn's disease.](#)

Raabe GG, **Schelde-Olesen B**, Bjørsum-Meyer T. *J Surg Case Rep.* 2022 Mar 17;2022(3):rjac072. doi: 10.1093/jscr/rjac072. eCollection 2022 Mar. PMID: 35308259 **Free PMC article.**

[ROAD: A standardized method for endoscopic assessment of rectal tumours - A video vignette.](#)

Al-Najami I, Kristian Baelum J, Jones HJS, Perry W, Cunningham C. *Colorectal Dis.* 2022 Apr;24(4):539. doi: 10.1111/codi.16006. Epub 2021 Dec 8. PMID: 34837301 No abstract available.

SATCC Organisation

SATCC is located in the House of Research (Forskningens Hus), Department of Surgery, OUH Svendborg Hospital, Baagøes Allé 15, entrance 41, 5700 Svendborg, Denmark.

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Student Assistant Sebastian Eskemose

Student Assistant Lea Østergaard Hansen

Student Assistant Camilla Nielsen

External faculty members

External faculty members are employed by the SATCC in order to benefit from sparring and assistance on an international top level in advanced adenomas and early cancers. Together with the other employees in the SATCC, the advisors' primary task is to ensure the high professional quality in the provided courses, as well as to give presentations. The advisors are experts in their respective fields.

Senior Advisors:

Senior Consultant Søren Meisner

Professor Neil Borley, Cheltenham General Hospital, UK

Professor Deirdre McNamara, Trinity College, Dublin.

Advisors:

Radiologist Søren Rafaelsen, Vejle Hospital

Professor Ismail Gögenur, Zealand University Hospital.

Regional Working Group

A regional working group, consisting of specialist doctors from each of the specialist units in the region's hospitals, has been formed. The working group's task is to pave the way for regional prioritization and coordination of the center activities, including the preparation of education programmes/concepts.

Executive Consultant Claus Christian Vinther lead of the working group, which is assisted by the secretariat.

Advisory Board

The Advisory Board provides advice and sparring on visions, strategies, and professional matters within the core area. Members of the Advisory Board:

Claus Duedal Pedersen, Chief Consultant, Dept. of Clinical Development, OUH University Hospital, Svendborg Hospital.

Birger Endreseth, Trondheim, Surgical Clinic, St. Olav's Hospital, Norway.

Deidre McNamara, Associate Professor, Head of dept. Clinical Medicine, Tallaght Hospital, Trinity College Dublin.

Professor Regina Beets-Tan, Dept. of Radiology, the Netherlands Cancer Institute, Amsterdam.