



**Universiteit  
Leiden**  
The Netherlands

## **Advancing patient-centered care in the management of large rectal adenomas and T1 colorectal cancer**

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### **Citation**

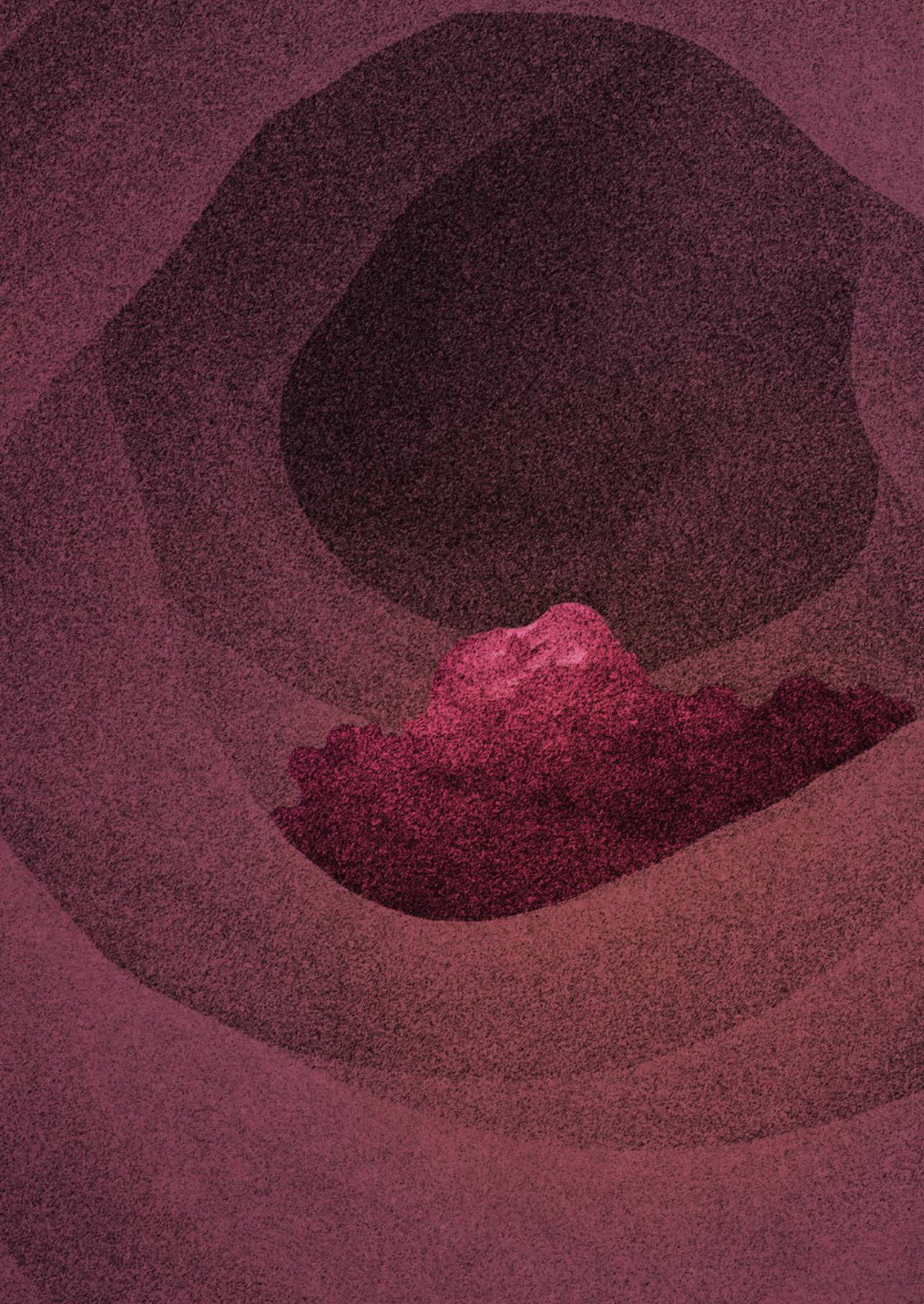
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# CHAPTER 2

## E-learning poliepectomie - Bevolkingsonderzoek Nederland

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*Access via: <http://leeromgeving-bevolingsonderzoekdarmkanker.nl>*

## About this course

To be able to perform colonoscopies as part of the national screening program in the Netherlands (i.e., Bevolkingsonderzoek Nederland), endoscopists must meet specific requirements and complete a certification process. This process includes recording quality indicators of 100 subsequently performed colonoscopies, practical observations and assessments, as well as theoretical training and exams. In support of this, several e-learning modules are available. These e-learning modules are updated in case of significant changes in the literature or guidelines. Our e-learning is one of four mandatory courses for endoscopists. It covers the most important aspects of polypectomy, including polyp assessment, resection techniques for various types of polyps, managing recurrence, and addressing complications. The content is fully based on the in 2021 revised national guideline for polypectomy.

The course is in Dutch and consists of eight chapters, featuring text, original images, endoscopic images, and concise videos with step-by-step instructions. In addition to questions during the course with immediate feedback, the module includes a final test. This test comprises of 10 multiple-choice questions with a pass mark of 80%. For this test 30 multiple-choice questions were provided by the authors. The estimated time required to complete the course is 90 minutes.

This course was developed in 2022 by Alexandra Langers, Jurjen Boonstra and Nik Dekkers in collaboration with Bevolkingsonderzoek Nederland. The content of the e-learning was reviewed by gastroenterologists associated with Bevolkingsonderzoek Nederland (Marc de Bièvre, Annkatrinen Depla, Evelien Dekker) as well as gastroenterologists not affiliated with Bevolkingsonderzoek Nederland (Frank Wolters, Claudia Verveer)

## Chapters

1. Beoordeling poliep
2. Randvoorwaarden poliepectomie
3. Behandeling Kleine niet-gesteelde poliepen (<10 mm)
4. Behandeling niet-gesteelde poliepen zonder verdenking invasie
5. Niet-gesteelde poliepen met verdenking op submucosale invasie
6. Behandeling gesteelde poliepen
7. Behandeling lokaal recidief
8. Complicaties
9. Toets

**Disclosure of conflict**

The authors involved in the development of this course have no potential conflicts of interest to report

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**Release date**

June 2023

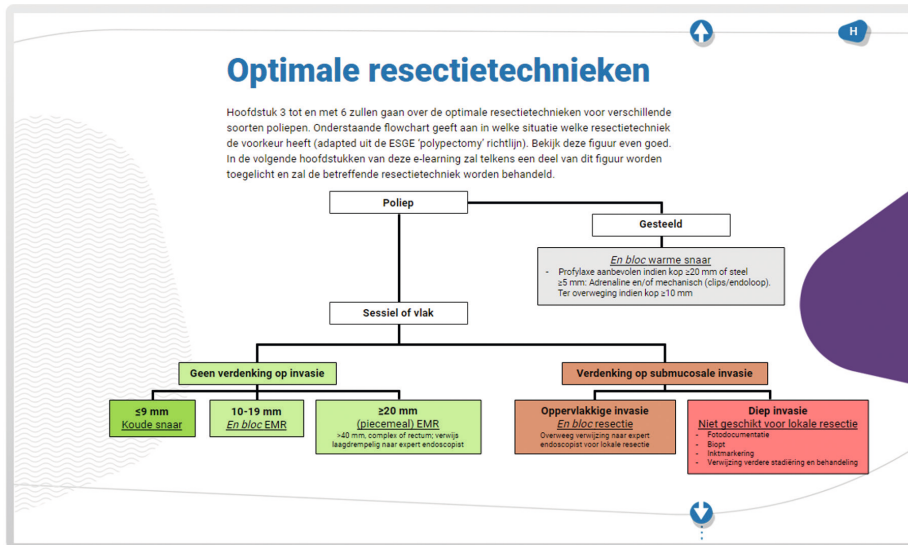
**Funding**

The development of this course was made possible through a grant awarded by Stichting Kwaliteitsgelden Medisch Specialisten (SKMS), enabling its availability to all gastroenterologists in the Netherlands.

**Accreditation**

This course has been accredited by the Dutch Society of Gastroenterology (NVMDL). Participants who complete the course are eligible to receive 1.5 accreditation points.

## Stills from the course



Overview figure including preferred management of various sorts of polyps based on gross morphology, size, and suspicion of (submucosal) invasion

## 1.4 Morfologische kenmerken

Beoordeling van de morfologische kenmerken van een poliep is belangrijk omdat deze helpt om de kans op maligniteit in te schatten en daarmee de keuze voor resectietechniek beïnvloedt. *Klik en bekijk onderstaande kenmerken:*

- Locatie
- Omvang
- Vorm (Paris classificatie)
- **Oppervlakte patroon (granulariteit)**
- Makkelijk bloedend slijmvlies

Aanwezigheid van verdachte macroscopische kenmerken is extra reden voor aandachtige beoordeling van het pit- en vaatpatroon.

Hoger risico in granulaire poliepen met grote nodule of non-granulaire poliepen.<sup>2,3</sup>

Als er maligniteit in een granulaire poliep aanwezig is, bevindt deze zich in 84% van de gevallen onder de grote nodule.<sup>5</sup>

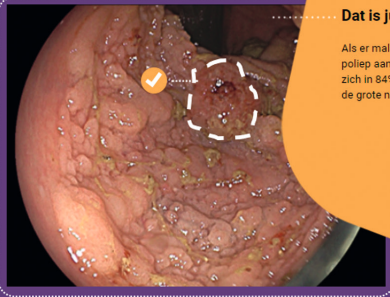
Homogeen granulaair
Grote nodule
Non-granulaair

Discussing the association of various morphological features with the presence of submucosal invasion.

?

VRAAG

Welk gebied van deze poliep is het meest verdacht voor maligniteit op basis van de morfologie?  
Klik op het meest verdachte gebied.



**Dat is juist!**

Als er maligniteit in een granulaire poliep aanwezig is, bevindt deze zich in 84% van de gevallen onder de grote nodule.

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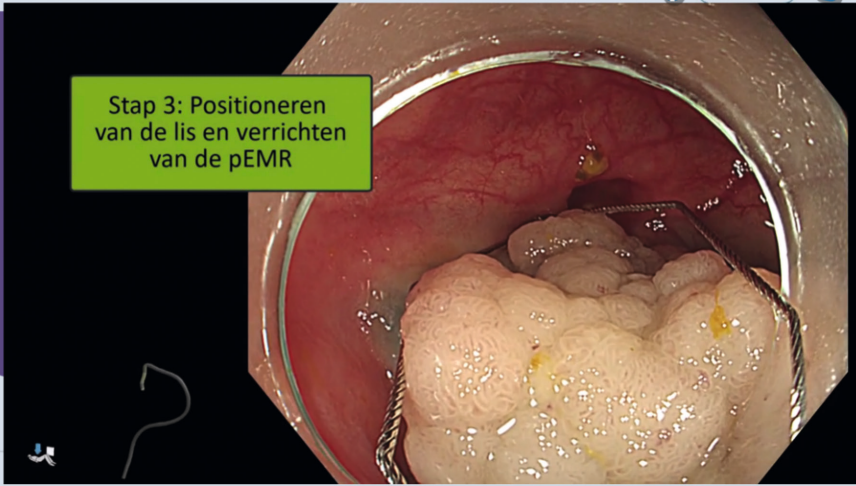
2

*Example of a question that appears throughout the course. In this question, participants were asked to click on the area of the polyp that is most suspect for submucosal invasion based on morphological features. After clicking, feedback is directly provided in the orange colored shape.*

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Stap 3: Positioneren van de lis en verrichten van de pEMR



01:16 / 04:17

*Still from the video showing the execution of a piecemeal endoscopic mucosal resection (pEMR) with step-by-step instructions.*