Impact of an e-learning on the Proximal Serrated Polyp Detection Rate

No registrations found.

Ethical review	Not applicable
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON21633

Source NTR

Brief title TBA

Health condition

Colorectal serrated polyps

Sponsors and support

Primary sponsor: None

Source(s) of monetary or material Support: This work was funded by grants from the Dutch Cancer Society (KWF). KWF was not involved in design, collection, analysis and interpretation of our data.

Intervention

Outcome measures

Primary outcome

Improvement in proximal serrated polyp detection rate (PSPDR)

Secondary outcome

1 - Impact of an e-learning on the Proximal Serrated Polyp Detection Rate 5-05-2025

1) Improvement in detectionrate of other polyp subtypes (eg, adenomas, advanced adenomas, hyperplastic polyps).

2) Association between endoscopist characteristics & PSPDR improvement

Study description

Background summary

Historically, colorectal cancer (CRC) was thought to exclusively derive from conventional adenomas. However, we now think that in addition to conventional adenomas, serrated polyps also significantly contribute to the occurrence of CRC. Indeed, an estimated 15-30% of all CRC seems to derive through the so-called serrated neoplasia pathway.1-3 Serrated polyps can be subdivided into three distinct subgroups, namely hyperplastic polyps (HP), sessile serrated lesion (SSL) and traditional serrated adenoma (TSA). HPs are considered benign, but the latter two are thought to harbor significant malignant potential.2 Our current knowledge of the malignant potential of serrated polyps has caused a paradigm shift in clinical practice. Because suboptimal detection and resection of serrated polyps might increase the risk of post-colonoscopy CRC, there is consensus that all proximal serrated polyps and distal serrated polyps >5mm in size should be resected.4 However, because of their flat and subtle appearance, serrated polyps are thought to be often missed during colonoscopy, and there is considerable variability in the detection of serrated polyps between endoscopists.5 Like the adenoma detection rate (ADR), the detection rate of serrated polyps might therefore also be related with the occurrence of interval carcinoma, although this relation has never been shown. 6, 7

Educational interventions aiming to increase adenoma detection are effective8, but methods to improve serrated polyp detection have not yet been studied. In a recent study, Wallace and colleagues showed that a short training aiming to improve ADR improves the ADR of individual endoscopists8, 9, but leaves the serrated polyp detection rate unchanged (not yet published). Considering the potential benefit that increased serrated polyp detection might have on the effectivity of colonoscopy, educational interventions specifically designed to increase serrated polyp detection should be developed and studied. The current study aims to assess the effect of a brief one-time e-learning that focuses on improving the detection of clinically relevant serrated polyps.

Study objective

Endoscopists that received an online training module (December 2017) will increase their proximal serrated polyp detectionrate

Study design

Baseline measurement: January 1st 2017 until December 31st 2017 Post-training measurement: January 1st 2018 until June 1st 2019

Intervention

An online training module / e-learning

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Eligibility criteria

Inclusion criteria

• Colonoscopies/patients eligible for inclusion:

o Screening & surveillance colonoscopies performed by staff or fellows in average-risk individuals

o Colonoscopies by fellows under staff supervision are eligble for inclusion if the supervising staff member was present throughout the procedure.

• Colonoscopists are eligible for inclusion if they:

o Perform at least 20 colonoscopies per month in the ambulatory surgical center

o Are staff GI and Colorectal surgeons with privileges to perform colonoscopy at Mayo Clinic Florida

Exclusion criteria

- Colonoscopies/patients that will be excluded:
- o Patients with known IBD or hereditary polyposis
- o Patients with colectomy in their medical history
- o Poor bowel preperation and/or incomplete procedure
- o Colonoscopies with acute indication (e.g. GI-bleed)
- o Prior colonoscopy in the past 3 years.

o Colonoscopies performed by fellows under staff supervision but in the absence of the supervising staff member

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-01-2017
Enrollment:	20
Туре:	Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Not applicable Application type:

Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

4 - Impact of an e-learning on the Proximal Serrated Polyp Detection Rate 5-05-2025

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

NTR-new NL7874

Other METC AMC : W18_244 # 18.288 (decision: non-WMO; no formal ethical approval required).

Study results