Association of the proximal serrated polyp detection rate of endoscopists and the incidence of postcolonoscopy colorectal cancer

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON24241

Source
NTR

Brief title
TBA

Health condition

Colorectal cancer, colorectal serrated polyps

Sponsors and support

Primary sponsor: None
Source(s) of monetary or material Support: Amsterdam UMC

Intervention

Outcome measures

Primary outcome

association between PSPDR and PCCRC (interval type and detected at screening type)

Secondary outcome

association of PSPDR and PCCRC with other colonoscopy qualitiy indicators

Study description

Background summary

Colonoscopy is the best method for the detection and thus preventing colorectal cancer. Nevertheless, CRC also occurs in patients who have received a complete colonoscopy in which all detected polyps were removed followed by an interval adjusted surveillance colonoscopy. Such cases of CRC are referred to as post-colonoscopy CRCs (PCCRCs). In 2010, Kaminski et al showed the importance of the adenoma detection rate (ADR) as a quality parameter for colonoscopy to be strongly associated with the 5-year incidence of PCCRC. Over the last decades, however, there has been a great paradigm shift in the theories of the CRC development. It is now clear that not only conventional adenomas are precursor lesions of CRC but also serrated polyps (SPs) are accounting for up to 30% of the CRCs in total. Moreover, there are different findings that suggest that the serrated neoplasia pathway is represented in the development of PCCRC. That would suggest that endoscopist with a higher detection rate of SPs miss fewer SPs and have a lower risk of developing PCCRC.

Study objective

By increasing endoscopist's proximal serrated polyp detection rate (PSPDR) it will lower the incidence of postcolonoscopy colorectal carcinoma (PCCRC).

Study design

N/A

Intervention

N/A

Contacts

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Eligibility criteria

Inclusion criteria

All FIT-positive colonoscopies within the Dutch screening program for colorectal cancer.

Exclusion criteria

None

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	04-02-2020
Enrollment:	30000
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Plan description
N/A

Ethics review

Not applicable
Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

No registrations found.

In other registers

Register	ID
NTR-new	NL8350
Other	METC AMC : W20_021#20.046 (decision: non-WMO; no formal ethical approval required)

Study results

Summary results
N/A