The proximal adenoma detection rate; a newly proposed colonoscopy quality indicator to be used in addition to the adenoma detection rate?

No registrations found.

Ethical review	Positive opinion
Status	Other
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON26338

Source
Nationaal Trial Register

Brief title
N/A

Health condition

Colorectal polyps
Colorectal adenomas
Serrated polyps
Colonoscopy

Colorectale poliepen
Colorectale adenomen
Serrated poliepen
Coloscopie

Sponsors and support

Primary sponsor: AMC
Source(s) of monetary or material Support: N/A

Intervention

Outcome measures

Primary outcome

The occurence of variances in the proximal ADR and the PSPDR among gastroenterologists and senior gastroenterology residents

Secondary outcome

The association between the proximal ADR and the PSPDR with the ADR.

Study description

Background summary

Colorectal cancer (CRC) is one of the most frequent causes of cancer related morbidity and mortality and arises from premalignant precursor lesions, such as adenomas and sessile serrated lesions (SSLs). Colonoscopy is the reference standard for the detection and resection of these premalignant colorectal polyps. However, colonoscopy is not fully protective for the development of post-colonoscopy CRCs (PCCRCs), as the majority of PCCRCs seem to arise from colonoscopy related factors, such as premalignant polyps being missed and incomplete polypectomies.

A significant proportion of PCCRCs seem to arise from proximal located premalignant polyps. Proximally located adenomas are frequently missed, as these adenomas commonly contain a flat morphology. The major cause of PCCRCs might be the proximally located serrated polyps (SPs) as their pale color combined with their flat appearance might result in even higher miss rates. As such, the proximal serrated polyp detection rate (PSPDR) has been proposed as a colonoscopy quality indicator.

The adenoma detection rate (ADR) is considered the most important colonoscopy quality indicator, as the ADR is inversely correlated with the occurrence of PCCRCs and CRC mortality in two landmark papers. Previous studies found moderate correlations between the ADR and PSPDR. It therefore seems amendable that endoscopists having a high ADR perform a thorough evaluation of the colon mucosa, leading to a higher detection of all polyps, including proximally located SPs. Howeve,r it remains unknown if endoscopists having a high ADR are also more likely to detect proximal adenomas, when missed these adenomas might be an important cause of PCCRCs as well.

Study design

Analysis date: 01-01-2018

Intervention

This is a cross-sectional study of data retrieved from a prospectively collected database of all colonoscopies performed in a single colonoscopy center according to the local daily practice. No formal interventions were perfromed for the sake of the study

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Eligibility criteria

Inclusion criteria

We only included the complete colonoscopies performed by endoscopists who performed at least 50 complete colonoscopies within the timeframe of the study.

Exclusion criteria

Colonoscopies performed in patients known with hereditary CRC syndrome, hereditary polyposis syndromes or inflammatory bowel disease (IBD) were excluded. All colonoscopies performed in fecal immunochemical test (FIT)-positive patients were excluded from the analyses as well.

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:	Other
Start date (anticipated):	01-01-2011
Enrollment:	8000
Type:	Unknown

Ethics review

Positive opinion

Date:	30-11-2017
Application type:	First submission

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	NL6655
NTR-old	NTR6889
Other	: N/A

Study results