

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

Gepubliceerd: 11-07-2019 Laatste bijgewerkt: 13-12-2022

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

Ethische beoordeling	Niet van toepassing
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON21633

Bron

Nationaal Trial Register

Verkorte titel

TBA

Aandoening

Colorectal serrated polyps

Ondersteuning

Primaire sponsor: None

Overige ondersteuning: 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.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Improvement in proximal serrated polyp detection rate (PSPDR)

Toelichting onderzoek

Achtergrond van het onderzoek

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 endoscopists^{8, 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.

Doel van het onderzoek

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

Onderzoeksopzet

Baseline measurement: January 1st 2017 until December 31st 2017

Post-training measurement: January 1st 2018 until June 1st 2019

Onderzoeksproduct en/of interventie

An online training module / e-learning

Contactpersonen

Publiek

Amsterdam UMC
Arne Bleijenberg

+31 20 5661922

Wetenschappelijk

Amsterdam UMC
Arne Bleijenberg

+31 20 5661922

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- 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 eligible 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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- 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 preparation 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

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	01-01-2017
Aantal proefpersonen:	20
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL7874
Ander register	METC AMC : W18_244 # 18.288 (decision: non-WMO; no formal ethical approval required).

Resultaten