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

Gepubliceerd: 30-11-2017 Laatst bijgewerkt: 18-08-2022

Ethische beoordeling Positief advies

Status Anders

Type aandoening -

Onderzoekstype Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON26338

Bron

Nationaal Trial Register

Verkorte titel

N/A

Aandoening

Colorectal polyps Colorectal adenomas Serrated polyps Colonoscopy

Colorectale poliepen Colorectale adenomen Serrated poliepen Coloscopie

Ondersteuning

Primaire sponsor: AMC

Overige ondersteuning: N/A

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Onderzoeksopzet

Analysis date: 01-01-2018

Onderzoeksproduct en/of interventie

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

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Colonoscopies performed in patients known with hereditary CRC syndrome, hereditary polyposis syndromes or inflammatory bowel disease (IBD) were excluded. All colonoscopies

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performed in fecal immunochemical test (FIT)-positive patients were excluded from the analyses as well.

Onderzoeksopzet

Opzet

Type: Observationeel onderzoek, zonder invasieve metingen

Onderzoeksmodel: Anders

Toewijzing: N.v.t. / één studie arm

Blindering: Open / niet geblindeerd

Controle: N.v.t. / onbekend

Deelname

Nederland

Status: Anders

(Verwachte) startdatum: 01-01-2011

Aantal proefpersonen: 8000

Type: Onbekend

Ethische beoordeling

Positief advies

Datum: 30-11-2017

Soort: Eerste indiening

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 NL6655 NTR-old NTR6889 Ander register : N/A

Resultaten