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FAIR COLONOSCOPY PREP LEADS TO EARLY REPEAT COLONOSCOPY AND MISSED PRECANCEROUS POLYPS

DOWNERS GROVE, Ill. – September 25, 2013 – A new study reports that fair bowel preparation before colonoscopy leads to early repeat colonoscopy follow-up recommendations. In the study, 70 percent of patients received a recommendation for a repeat colonoscopy within five years. In those patients who underwent follow-up colonoscopy, the study found a 28 percent adenoma (precancerous polyp) miss rate. Fair bowel preparation implies that 80 percent to 90 percent of the mucosa is well seen. It is the first study to solely address the fair descriptor of bowel preparation that is used widely throughout endoscopy practice. The study appears in the September issue of *GIE: Gastrointestinal Endoscopy*, the monthly peer-reviewed scientific journal of the American Society for Gastrointestinal Endoscopy (ASGE).

Colonoscopy examines the lining of the lower intestinal tract called the colon or large intestine. When used as a colon cancer prevention method, colonoscopy can find potentially precancerous growths called polyps and remove them before they turn into cancer. Adequate bowel cleansing is crucial to the performance of quality colonoscopy. Retained stool in the colon limits the detection of adenomas during colonoscopy. If the cleansing is inadequate, then repeat colonoscopy is required. The 2012 *Guidelines for colonoscopy surveillance after screening and polypectomy: a consensus update by the US Multi-Society Task Force on Colorectal Cancer* now cite specific follow-up recommendations for poor bowel preparation and state that “in most cases the examination should be repeated within one year.”

Additionally, the new guidelines also give recommendations on bowel preparation that is graded as fair but adequate with the finding of small adenomas (<10 mm); follow-up at five years should be considered. However, if cleansing is suboptimal, endoscopists often recommend repeat colonoscopies at shorter intervals (3-5 years) regardless of the presence of polyps. Furthermore, prospective surveys of gastroenterologists also demonstrate that many gastroenterologists recommend follow-up colonoscopy sooner, specifically influenced by bowel preparation.

“Data on the impact of fair bowel preparation on endoscopists’ recommendations and the findings on repeat colonoscopy are lacking. Therefore, the aim of our study was to assess the impact of fair bowel preparation on interval colonoscopy recommendations and adenoma miss rates in follow-up colonoscopies performed within three years of the index colonoscopy in average-risk patients undergoing colon cancer screening,” said study lead author Stacy B. Menees, MD, MS, University of Michigan Health System, Ann Arbor, Michigan. “We found fair bowel preparation leads to deviation from national guidelines, with earlier repeat colonoscopy recommendations. In patients who returned for repeat colonoscopy, the adenoma miss rate was close to 30 percent.”

Methods

Between July 1, 2004 and June 31, 2006, a total of 16,251 colonoscopies were performed at the University of Michigan endoscopy units, of which 1,943 colonoscopies were performed for the sole indication of *average-risk or screening*. Of these, 619 outpatient colonoscopies (31.9 percent) had a fair bowel preparation quality and were included in this retrospective study. The mean age of the patients was 55.3 years and they were predominantly white (84.6 percent) and male (54 percent). The colonoscopies were performed by 35 gastroenterologists, with a mean of 11.2 years in clinical practice. Gastroenterology fellows participated in 49.9 percent of cases for the index colonoscopy and in 25.6 percent of cases for the follow-up colonoscopy. The main outcome measurements were endoscopists' interval recommendations for follow-up colonoscopy and adenoma miss rates.

Results

A repeat colonoscopy within five years was recommended in 70.4 percent of patients. The follow-up colonoscopy compliance rate within three years was 55.9 percent. Adenoma detection rates at index and follow-up colonoscopy were 20.5 percent and 28.2 percent, respectively. Of the 39 patients with follow-up colonoscopy within three years, the overall adenoma miss rate was 28 percent. Of the patients with an adenoma identified on follow-up colonoscopy, 13.6 percent had normal colonoscopy results on index examination. No colorectal cancers were identified on index or follow-up colonoscopy.

The researchers concluded that fair bowel preparation led to a deviation from national guidelines with early repeat colonoscopy follow-up recommendations in nearly 60 percent of average-risk patients with normal colonoscopy results. In patients who returned for repeat colonoscopy within three years, the overall adenoma miss rate was 28 percent. They note that further guidelines on timing for repeat colonoscopy for fair bowel preparation are needed.

In an accompanying editorial, Viju P. Deenadayalu, MD, The Oregon Clinic, Portland Gastroenterology Portland, Oregon, stated "These study results demonstrate the wide level of variation with regard to follow-up recommendations in patients who have undergone colonoscopy with a suboptimal bowel preparation. Specifically, fair bowel preparations led to repeat examinations at much earlier intervals in most patients. However, it must be noted that the data used in this study were collected from 2004 to 2006, before the development and widespread implementation of quality benchmark parameters for colonoscopy, many of which were developed to improve the detection of polyps and the effectiveness of the bowel preparation."

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About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.

About Endoscopy

Endoscopy is performed by specially-trained physicians called endoscopists using the most current technology to diagnose and treat diseases of the gastrointestinal tract. Using flexible, thin tubes called endoscopes, endoscopists are able to access the human digestive tract without incisions via natural orifices. Endoscopes are designed with high-intensity lighting and fitted with precision devices that allow viewing and treatment of the gastrointestinal system.