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Summary

COLORECTAL CANCER MORTALITY AFTER THE DIAGNOSIS OF SERRATED POLYPS AND CONVENTIONAL ADENOMAS

Arno Asaturi

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Colorectal

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A retrospective cohort study of 321,964 Austrian screening colonoscopy participants found that polyp size ≥10 mm was associated with increased colorectal cancer mortality across all polyp subtypes, including hyperplastic polyps, sessile serrated lesions/traditional serrated adenomas, and conventional adenomas.

KEY POINTS

- Polyps ≥10 mm showed similar magnitude associations with CRC death across conventional adenomas (HR 3.69), SSL/TSA (HR 3.24), and hyperplastic polyps (HR 5.08) when adjusted for polyp location.
- Ten-year cumulative incidence of CRC death was 0.13% for participants with hyperplastic polyps, 0.16% for SSL/TSA, and 0.25% for conventional adenomas.
- Large polyps (≥10 mm) were uncommon in hyperplastic polyps (2.71%) compared to SSL/TSA (18.65%) and conventional adenomas (13.26%).
- CRC deaths after hyperplastic polyp detection were predominantly distal colon tumors (62.1%), while SSL/TSA-associated deaths were more often proximal tumors (42.9%).
- This study is relevant for clinicians managing patients with serrated polyps detected at screening colonoscopy, particularly regarding surveillance strategies based on polyp size and location.

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