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Summary

HIGH-RISK POLYPS AT SCREENING COLONOSCOPY ARE ASSOCIATED WITH UPPER GASTROINTESTINAL CANCER MORTALITY

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Colorectal

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Retrospective analysis of 331,284 colorectal cancer screening colonoscopies found that participants with small polyps without high-grade dysplasia have lower upper gastrointestinal cancer mortality than those with large or highly dysplastic polyps or the general population.

KEY POINTS

- Participants with polyps smaller than 10mm and no high-grade dysplasia experienced significantly fewer deaths from upper gastrointestinal cancer than the general population (SMR 0.71, 95% CI 0.61-0.83, p<0.001), while those with high-risk polyps had mortality similar to the population (SMR 0.90, 95% CI 0.60-1.29).
- Participants with polyps 10mm or larger or with high-grade dysplasia had higher hazards for upper GI cancer death (HR 1.70, 95% CI 1.07-1.66) compared to those with negative colonoscopy.
- The study included 331,284 screening colonoscopies with median follow-up of 5.04 years; 4.4% had polyps 10mm or larger or with high-grade dysplasia and 7.7% had advanced adenomas.
- The authors conclude that additional upper GI screening efforts might not be useful in participants with small polyps and no high-grade dysplasia, but suggest future studies should evaluate integrated gastroscopy screening in those with large or highly dysplastic polyps.

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