DETERMINANTS OF NEOPLASIA YIELD AT THE FIRST SURVEILLANCE COLONOSCOPY: THE IMPACT OF ENDOSCOPIST'S ADR

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UEG Week Barcelona 2026 | Presentation

Colorectal | Endoscopy | Digestive Oncology

October 20, 2026

Higher adenoma detection rate of the endoscopist performing index colonoscopy after positive FIT is independently associated with lower advanced adenoma detection at 3-year surveillance, with a protective plateau at ADR ≥45%.

KEY POINTS

- Among 6,909 high-risk patients (median age 65, 63% male) undergoing first surveillance colonoscopy after FIT-positive index exam, 13.5% were detected with advanced adenomas and 0.4% with colorectal cancer.
- Advanced adenoma risk at surveillance decreased progressively as index endoscopist ADR increased, with statistically significant reductions starting at ADR 45-49.9% (OR 0.73, 95% CI 0.55-0.96) and reaching OR 0.65 (95% CI 0.47-0.89) for ADR ≥55%, compared to ADR ≤39.9%.
- Independent risk factors for advanced adenoma at surveillance included male sex (OR 1.63), age 65-70 years (OR 1.18), proximal polyp location at index exam (OR 2.08), and suboptimal bowel preparation at index exam (OR 1.29).
- The findings suggest that a substantial proportion of advanced adenomas detected at surveillance may represent lesions missed during the index colonoscopy by endoscopists with lower ADR.
- The authors conclude that endoscopist ADR should be regularly monitored and might be considered among criteria for defining surveillance intervals following high-risk adenoma detection in FIT-positive screenees.

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