

Ten commandments of the colon

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Podcast Episode

Endoscopy

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Professor Cesare Hassan discusses quality measurement in colonoscopy, emphasizing that awareness of performance metrics is the single most important quality indicator and that systematic measurement by departments is essential for improvement.

KEY POINTS

- The most important quality indicator is awareness that performance should be measured; endoscopists cannot know if they are good without measurement, yet most do not know their own adenoma detection rate.
- Hospitals and departments should implement systems to measure quality rather than expecting individual endoscopists to self-monitor, and screening programs should provide feedback on metrics like adenoma detection rate.
- Not all endoscopists should be forced to do screening colonoscopy; low performers who do not improve after training should be invited to focus on other areas like ESD or IBD where they may excel.
- AI will likely dominate human detection in the long term because machines can evolve through upgraded training datasets, though humans currently miss one in three polyps and one in three visible Barrett's lesions.
- Optimal colonoscopy requires three main components: high-level bowel preparation (Boston score of three), dedicated screening sessions with high-definition technology, and significant endoscopist focus and dedication.

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