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Summary

ADVANCED NEOPLASIA AT COLONOSCOPY IN THE YEAR IN INDIVIDUALS WITH HIGH RISK INJURIES IN SUCCESSIVE ROUNDS OF THE POPULATION SCREENING PROGRAM

Cristina Alvarez Urturi

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Colorectal

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In a retrospective analysis of 143 individuals with high-risk colorectal lesions (≥20mm or ≥10 adenomas) from a Barcelona screening program, surveillance colonoscopy at one year detected advanced neoplasia in 16.1%, with multiplicity as the main associated factor.

KEY POINTS

- Among 143 individuals undergoing one-year surveillance colonoscopy, 37.8% had normal findings, 46.2% had non-advanced lesions, 15.4% had advanced lesions, and 0.7% had colorectal cancer.
- Advanced neoplasia prevalence at one year was 16.1% overall, with significantly higher rates in the multiplicity group compared to the large lesion group (23.1% vs 6.7%, $p<0.05$).
- Advanced neoplasia was associated with baseline multiplicity but not with age, sex, screening round, or baseline faecal hemoglobin.
- In individuals with lesions ≥20mm resected in fragments who had a normal 4-6 month review colonoscopy, no advanced neoplasia was detected at one year.
- The authors suggest that prolonged surveillance intervals could be considered for individuals with lesions ≥20mm who have a normal follow-up colonoscopy.

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