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Summary

REQUIRED WITHDRAWAL TIMES TO MEET ADENOMA DETECTION TARGETS DURING COLONOSCOPY

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Colorectal

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A prospective study of 1,165 colonoscopies found that low-performing endoscopists (ADR ≤25%) required a mean corrected withdrawal time of approximately 11 minutes to achieve ADR ≥26% and 14 minutes to reach ADR ≥35%, compared to 4 minutes for high performers.

KEY POINTS

- Corrected withdrawal time (cWT), defined as withdrawal time minus intervention time, was measured in 1,165 elective colonoscopies performed by 17 endoscopists at Montreal University Hospital Center with real-time documentation by research assistants.
- Each additional minute of cWT increased ADR odds by 15.3% for low performers and 5.0% for high performers (P < .001), with similar improvements across advanced adenomas (10.1%), sessile serrated lesions (10.1%), and polyps (16.5%).
- Low performers had baseline mean ADR of 19.9% (95% CI: 14.7 to 26.3) compared to 41.5% (95% CI: 38.4 to 44.7) for high performers, with absolute gains per minute being greater in low performers and ADR increases exceeding 3% beyond 12 minutes of cWT.
- After adjusting for patient demographics, bowel preparation, indication, timing, CADe use, and endoscopist effect, each additional cWT minute remained significantly associated with increased detection odds across all lesion types (adenomas 6.5%, advanced adenomas 9.2%, SSLs 11.5%, polyps 14.9%).
- The authors suggest these findings support personalized cWT targets based on individual endoscopist performance rather than uniform withdrawal time recommendations.

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