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Summary

THE PRESENCE OF SCARRING SIGNIFICANTLY IMPACTS BLINK DECISION MAKING IN LARGE NON-PEDUNCULATED COLORECTAL POLYPS BUT DOES NOT INTERFERE WITH CANCER DETECTION

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Colorectal

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An online survey of 191 endoscopists from 21 countries found that the presence of 2 or more Blink features reliably discriminates large non-pedunculated colorectal polyps with cancer from non-cancer even when endoscopic resection scars are present.

KEY POINTS

- The study tested 20 polyp images (7 with cancer, 3 with scars) evaluated by 191 participants, 67.5% inexperienced, before and after a 2-minute educational video on 6 Blink features: fold deformation, extra redness, depression, chicken skin mucosa, ulceration, and spontaneous bleeding.
- Scarred polyps showed median 1.0 Blink features versus 3.0 for deep submucosal invasive cancer, with the threshold of 2 or more features reliably identifying cancer but not scars.
- Fold deformation appeared in 44.6% of scarred polyps, similar to deep cancer (44.6%) but higher than non-cancer (22.5%), while other Blink features were uncommon in scars.
- Depression, chicken skin mucosa, and spontaneous bleeding were significantly less common in scarred polyps (12.3%, 7.6%, 1.8%) than in deeply invasive polyps (45.9%, 19.6%, 40.5%).
- This work addresses concerns that endoscopic resection scars might reduce the accuracy of the Blink Impression system for non-expert endoscopists evaluating large colorectal polyps.

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