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Summary

DETECTION OF DYSPLASTIC LESIONS IN PATIENTS WITH IBD IS CORRELATED WITH ENDOSCOPISTS' ADENOMA DETECTION RATE IN PATIENTS WITHOUT IBD: DEVELOPMENT OF QUALITY INDICATORS FOR IBD ENDOSCOPY

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IBD

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In a multi-center study of 21 endoscopists performing surveillance colonoscopy, adenoma detection rate in non-IBD patients correlated significantly with dysplasia detection rate and dysplastic lesions per colonoscopy in IBD patients.

KEY POINTS

- Endoscopists' adenoma detection rate (ADR) in non-IBD colonoscopies correlated with dysplasia detection rate (DDR) in IBD colonoscopies (Pearson r = 0.44, p = 0.047) and with dysplastic lesions per colonoscopy (DPC) (r = 0.51, p = 0.018).
- Among 17 endoscopists with ADR ≥35%, 76% achieved DDR ≥8%, 35% achieved DDR ≥12%, and 53% achieved DPC ≥0.15.
- The study included 3207 non-IBD colonoscopies and 902 IBD surveillance colonoscopies (515 ulcerative colitis, 387 Crohn's disease) across 11 tertiary IBD centers, with no cancers detected in IBD surveillance procedures.
- Sessile serrated lesion detection rate and SSL per colonoscopy were strongly correlated in both IBD and non-IBD populations.
- The authors note that further studies are required to assess whether these indicators correlate with post-colonoscopy colorectal cancer in IBD patients.

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