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Summary

Post-resection surveillance in the colorectum

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UEG Week Barcelona 2026 | Presentation

Colorectal | Endoscopy

October 19, 2026

The speaker argues that post-polypectomy surveillance intervals can likely be extended and colonoscopy volume reduced if high-quality baseline examinations with complete polyp detection and resection are assured.

KEY POINTS

- The recently published EPOS study showed no difference in colorectal cancer incidence between 3-year and 5-year surveillance intervals for high-risk polyps, and serrated lesions carried similar risk to high-risk adenomas.
- In the Netherlands, surveillance colonoscopies now equal the number performed for positive screening results, yet approximately 10% of surveillance patients develop advanced neoplasia with very low cancer incidence and mortality.
- Post-colonoscopy colorectal cancers occur at rates up to 8% or higher, predominantly due to missed lesions and incomplete resections rather than rapidly developing new cancers, highlighting the critical importance of high-quality baseline colonoscopy.
- The speaker states that only 1 in 20 adenomas progress to cancer over an estimated 10 to 15 years, with many adenomas regressing, except for MSI cancers which progress faster.
- Endoscopist performance is at least as important as polyp characteristics in determining surveillance outcomes, according to studies presented by the speaker, yet current guidelines focus only on polyp risk rather than procedural quality.
- The ESG guideline revision is considering redefining high-risk categories, determining when to stop surveillance in older patients, and evaluating FIT as a more cost-efficient surveillance alternative that the speaker's group found does not increase patient risk.

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