

ENDOSCOPISTS AND ENDOSCOPIC ASSISTANTS' QUALIFICATIONS, BUT NOT THEIR BIOPSY RATES, IMPROVE GASTRIC PRECANCEROUS LESIONS DETECTION RATE

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Poster

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A study examining endoscopist biopsy rates and qualifications found that high or very high qualification levels of endoscopists and endoscopic assistants improve detection of gastric precancerous lesions, but biopsy rate alone does not.

KEY POINTS

- Compared with low-qualification endoscopists, those with moderate, high, and very high qualifications showed increased detection rates of gastric precancerous lesions by 13%, 20%, and 32% respectively.
- Endoscopist qualifications were positively correlated with detection rates in the cardia, angularis, and gastric body, but not in the antrum.
- Experience of endoscopic assistants was positively correlated with detection rates when working with endoscopists of low or moderate qualifications.
- Higher endoscopist biopsy rates were associated with increased odds of detecting positive lesions and correlated with detection of gastric precancerous conditions, though the conclusion stated biopsy rate alone does not improve detection.
- The study used multivariable logistic regression and correlation analyses to examine relationships among biopsy rates, endoscopist and assistant qualifications, and detection outcomes in gastroscopy quality control.

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