

RISK OF POST-COLONOSCOPY COLORECTAL CANCER IN INDIVIDUALS WITH ≥ 10 MM POLYPS WITHOUT OTHER HIGH-RISK FEATURES IS LOW AND COMPARABLE TO INDIVIDUALS WITH NO POLYPS

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Poster

Colorectal

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A Dutch screening program study found that individuals with polyps ≥ 10 mm as the sole high-risk feature had comparable five-year post-colonoscopy colorectal cancer risk to those without polyps, suggesting potential for extended surveillance intervals.

KEY POINTS

- Among 21,522 individuals with polyps ≥ 10 mm without other high-risk features and 68,688 without polyps, five-year PCCRC incidence was 3.07 versus 5.02 per 10,000 person-years respectively, with a hazard ratio of 0.67 (95% CI 0.42-1.07).
- PCCRC incidence in individuals with ≥ 10 mm polyps varied substantially by endoscopist adenoma detection rate, ranging from 0.93 per 10,000 person-years with high-ADR endoscopists to 5.78 with low-ADR endoscopists (HR 5.85, 95% CI 1.28-26.55).
- Extending surveillance intervals from three to five years for this group would affect 79% of all high-risk polyp cases (or 46% if limited to 10-20mm polyps), potentially reducing colonoscopy burden.
- This analysis used data from Dutch fecal immunochemical test-based screening colonoscopies performed 2014-2020, comparing outcomes for individuals initially advised five-year versus ten-year follow-up.

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