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Summary

EVALUATING OPTICAL DIAGNOSIS IN SWEDEN'S COLORECTAL CANCER SCREENING

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In a Swedish nationwide colorectal cancer screening cohort of 3,807 polyps, optical diagnosis achieved high sensitivity (89-97%) but low specificity (61-76%) for diminutive and small adenomas, falling short of ESGE benchmarks for leave-in-situ and resect-and-discard strategies.

KEY POINTS

- For diminutive adenomas, optical diagnosis sensitivity was 89.0% (all locations) and 91.6% (rectosigmoid), with specificity of 64.0% and 69.6% respectively, below the ESGE thresholds of greater than 90% sensitivity and greater than 80% specificity for leave-in-situ.
- For small (5-9 mm) adenomas, sensitivity was 94.4% (all locations) and 97.1% (rectosigmoid), but specificity remained low at 76.1% and 61.2%, indicating ESGE benchmarks were not met.
- No small adenomas falsely classified as non-adenomas by optical diagnosis harboured high-grade dysplasia or cancer, suggesting potential safety for resection strategies beyond diminutive polyps.
- Endoscopists using optical diagnosis had significantly higher adenoma detection rates (67%) compared to non-users (50%), yet only 3 of 25 (12%) OD users met both sensitivity and specificity benchmarks for diminutive adenomas.
- No correlation was found between adenoma detection rate and optical diagnosis accuracy (R^2 = 0.01), highlighting the need for targeted training and performance monitoring when implementing optical diagnosis in screening programs.

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