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Summary

NEOPLASIA DETECTION RATES IN IBD SURVEILLANCE

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A nationwide Swedish registry study of 3,386 IBD surveillance colonoscopies found an overall neoplasia detection rate of 8.8%, meeting the current ESGE minimum threshold of 8%, but with substantial variation among endoscopists ranging from 0.8% to 21.8%.

KEY POINTS

- Overall neoplasia detection rate was 8.8% (95% CI 7.9-9.8%) and cancer detection rate was 0.15% (95% CI 0.05-0.34%) across 3,386 IBD surveillance colonoscopies performed by 40 endoscopists who each performed at least 50 procedures.
- Endoscopist-specific neoplasia detection rates ranged from 0.8% to 21.8%, with the highest-performing quintile achieving 15.8% (95% CI 13.0-19.1%) and the lowest quintile achieving 4.9% (95% CI 2.8-8.3%).
- Among 22 endoscopists performing both screening and IBD surveillance, adenoma detection rate and neoplasia detection rate showed moderate-to-strong correlation (R^2 = 0.59), with each 10 percentage-point increase in ADR corresponding to a 3.7 percentage-point increase in NDR (95% CI 2.3-5.2).
- However, among endoscopists with neoplasia detection rate below 8%, adenoma detection rate ranged widely from 32% to 58%, suggesting that adequate ADR does not guarantee adequate neoplasia detection in IBD surveillance.
- The authors conclude that the current ESGE minimum threshold of 8% appears reasonable but higher detection rates are achievable, and dedicated training in IBD surveillance neoplasia detection may be required.
- Procedural quality was high with 95% adequate bowel preparation and 97% ileocecal intubation, though random biopsies and nonpolypoid lesions were not captured in the registry.

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