

QUALYFAP STUDY: PRELIMINARY FINDINGS ON THE IMPACT OF ENDOSCOPIC SURVEILLANCE QUALITY ON ADVANCED NEOPLASIA AFTER PROPHYLACTIC (PROCTO)COLECTOMY IN PATIENTS WITH FAMILIAL ADENOMATOUS POLYPOSIS

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Poster

Colorectal

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A retrospective study of 61 FAP patients who underwent prophylactic colectomy found that advanced neoplasia development was associated with lower-quality endoscopic surveillance, with non-use of high-definition endoscopes as the only independent risk factor.

KEY POINTS

- Among 61 FAP patients after prophylactic surgery, 11.5% developed advanced neoplasia in the rectal remnant or reservoir, including three cancers and four advanced adenomas.
- Patients with advanced neoplasia had significantly lower-quality surveillance procedures: high-definition endoscope use 42.9% versus 94.4%, retroflexion 14.2% versus 68.5%, adequate bowel preparation 42.8% versus 87%, and dedicated program use 28.5% versus 79.6%.
- Non-use of high-definition endoscopes was the only independent variable associated with advanced neoplasia in multivariable analysis.
- The authors conclude that these findings highlight the need to establish specific quality indicators for endoscopic surveillance in this high-risk population.
- The study has been expanded to a European multicenter phase currently recruiting patients.

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