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Summary

PREDICTORS OF ADENOMA DETECTION RATE IN PATIENTS UNDERGOING SPLIT PREPARATION WITH 1L AND 4L POLYETHYLENE GLYCOL SOLUTION: POST-HOC ANALYSIS OF A RANDOMISED CLINICAL TRIAL

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Colorectal

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Post-hoc analysis of a randomised trial (478 patients) found that bowel preparation type (1L PEG+ASC vs 4L PEG) did not affect polyp or adenoma detection rates, but compliance, withdrawal time, and colonoscopy timing were independent predictors of adenoma detection.

KEY POINTS

- No differences in polyp detection rate (34.1% vs 32.9%, P=0.787) or adenoma detection rate (25.5% vs 23.5%, P=0.632) were observed between 1L PEG+ASC and 4L PEG split preparations.
- In multivariable analysis, older age, shorter intubation time, higher withdrawal time, and 100% consumption of the first preparation dose were independently associated with adenoma detection rate.
- Cleansing success was independently associated with polyp detection rate but not with adenoma detection rate.
- In the screening/surveillance subgroup, longer preparation time and colonoscopy within 5 hours after preparation completion were independently associated with adenoma detection rate.
- This post-hoc analysis of the OVER trial (10 Italian centers, EudraCT 2018-004543-24) may be relevant to endoscopists and quality improvement teams focused on optimizing colonoscopy performance metrics.

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