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Summary

EFFECT OF DIFFERENT QUALITIES OF BOWEL PREPARATION ON ADENOMA DETECTION RATE, DETECTION OF ADVANCED ADENOMAS AND SERRATED ADENOMAS: 10-YEAR RESULTS FROM A LARGE COLORECTAL CANCER SCREENING COHORT IN AUSTRIA

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Colorectal

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Analysis of 375,352 colonoscopies from the Austrian screening program shows that adequate bowel preparation achieves the recommended ADR ≥25% standard, while poor preparation yields unexpectedly low cecal intubation rates but does not appear to reduce advanced adenoma detection.

KEY POINTS

- Among 375,352 colonoscopies categorized by Aronchik Scale, adequate preparations (excellent, good, fair) achieved ADR of 26.9%, 27.2%, and 27.2% respectively, meeting the international standard of ≥25%.
- Poor bowel preparation resulted in a cecal intubation rate of only 57.3%, substantially lower than the ≥90% rates seen in both adequate and insufficient preparations, with extensive fecal contamination cited in 93.2% of incomplete cases.
- Advanced adenoma detection rates were not inferior in inadequate bowel preparation groups (7.3% in poor, 4% in insufficient) compared to adequate preparations (3.1-3.3%), suggesting advanced adenomas may be detected despite suboptimal preparation.
- Mean overall detection rates across all preparations were ADR 23.8%, SSADR 8.5%, and AADR 4.2% in this large real-world screening cohort from 2012-2022.

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