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Summary

CENTRAL READING REVEALS HIGH INTER-RATER VARIABILITY IN BOSTON BOWEL PREPARATION SCALE SCORING: RESULTS FROM A PROSPECTIVE RANDOMISED TRIAL

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UEG Week Barcelona 2026 | Presentation

Colorectal | Endoscopy | Digestive Oncology

October 20, 2026

In a prospective study of 494 colonoscopy patients, BBPS scoring by endoscopists showed only 43.9% agreement with independent central readers (k=0.154), with endoscopists reporting significantly higher adequate (99.0% vs 86.4%, p<0.00001) and optimal (98.0% vs 64.6%, p<0.00001) bowel preparation rates.

KEY POINTS

- Endoscopist-scored adequate BBPS (>6) was 99.0% (489/494) and optimal BBPS (8-9) was 98.0% (484/494), but central reading reduced these to 86.4% (427/494) and 64.6% (319/494) respectively (p<0.00001 for both).
- Inter-observer agreement between endoscopists and central readers was only 43.9% (217/494), with inter-rater disagreement of 56.1% and weighted Cohen's kappa of 0.154 (95% CI 0.044-0.244).
- For right-sided BBPS 0-1, endoscopists identified 4 patients while central readers identified 6, with only 2 patients scored 0-1 by both groups.
- The study was a randomized 1:1 trial at UZ Leuven comparing standard bowel preparation to a lenient regimen allowing low-fiber dinner up to 2 hours before preparation.
- The authors conclude that BBPS, though widely used and validated, is prone to high inter-rater disagreement that may affect clinical trial outcomes and quality assessment, and suggest objective quantification by artificial intelligence may improve future practice and research.

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