gutflix
GI learning, personalised

Summary

# IMPACT OF USING THE ESGE GUIDELINE RISK-PROFILES FOR SURVEILLANCE AS OUTCOME PARAMETER IN A FIT-BASED COLORECTAL CANCER SCREENING PROGRAM

Sybrand De Boer

UEG Week Vienna 2024 | Presentation

Colorectal | Digestive Oncology | Endoscopy

October 15, 2024

**Applying the 2020 ESGE risk-profile surveillance guideline to FIT-based colorectal cancer screening in the Netherlands would reduce total surveillance colonoscopies by 18.9% but double the number requiring 3-year surveillance.**

## KEY POINTS

- In 218,109 persons with positive FIT (≥47 µg Hb/g feces) undergoing colonoscopy 2019-2022, the new guideline reduced overall surveillance from 51.2% to 32.3% of the screened population.
- The 3-year surveillance interval increased from 16.0% (35,004 persons) to 32.3% (70,146 persons), while the 5-year interval was eliminated and return-to-screening increased from 44.1% to 63.2%.
- The new guideline defines high-risk profile as high-risk adenoma (≥10mm or high-grade dysplasia), high-risk serrated polyp (≥10mm or any dysplasia), or ≥5 adenomas, all triggering 3-year surveillance.
- The positive predictive value for detecting CRC, high-risk adenoma, or high-risk serrated polyps was 34.4%, an increase of 1.7% ($p<0.05$) compared to the prior advanced neoplasia definition.
- Of note, 34,451 persons previously assigned 5-year surveillance and 723 previously discharged to screening now require 3-year surveillance under the risk-profile approach.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/12a5a514-9111-11ef-9291-0242ac140004

**AI-generated summary**

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.