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Summary

UEG Online Courses x UEG Podcast: Impact of polyp detection in colonoscopy

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Podcast Episode

Endoscopy

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A 2025 expert roundtable examines persistent challenges in colonoscopy quality, including histopathology mismatches with optical diagnosis, the paradox of improved polyp detection shortening surveillance intervals, barriers to implementing AI-assisted characterisation, and the critical role of bowel preparation and documentation in patient outcomes.

KEY POINTS

- Speakers report frequent mismatches between endoscopic optical diagnosis and histopathology reports, including cases where resected polyps are reported as absent, adenomas classified as hyperplastic, and serrated lesions misidentified, with literature citing up to 15 percent discordance.
- A paradox was discussed: higher-quality endoscopy using devices like Endocuff, virtual chromoendoscopy, and AI increases polyp detection, making it easier to reach the five-adenoma threshold that triggers three-year rather than ten-year surveillance intervals, despite better examination quality.
- Computer-aided detection improves adenoma detection rate by an overall 20 percent, but computer-aided characterisation does not yet meet sensitivity thresholds for resect-and-discard or leave-in-situ strategies, and one abstract presented at ESGE showed no de-skilling from AI use.
- Bowel preparation quality underpins all downstream quality metrics; speakers emphasised that five minutes of direct patient instruction by a physician or trained nurse, combined with low-volume preparations and personalised approaches for patients with constipation or comorbidities, significantly improves outcomes.

– Five minutes spent documenting significant lesions with high-quality photos and videos enables expert centres to assess urgency and schedule appropriate procedures without additional appointments, avoiding biopsies that carry high sampling error and do not exclude deeper cancer.

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