SURVEILLANCE AFTER POSITIVE COLONOSCOPY BASED ON ADENOMA CHARACTERISTICS

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Background and Aims: Patients with adenomatous polyps are at increased risk for developing colorectal cancer, which can be estimated based on the number, size and histology of the polyps. However, less is known about the contribution of these factors when combined together. The aim of this study was to better characterize the risk of advanced adenoma and cancer in patients with positive baseline colonoscopy.

Methods: In this retrospective cohort study patients who were found to have polyps at baseline colonoscopy were included (N= 1165). Patients with former colon resection, inflammatory bowel disease and inherited syndromes were excluded. Based on the characteristics of the polyps, patients were categorized into six groups: 1-2 non-advanced adenomas (NAA`s), ≥ 3 NAA`s, advanced tubular adenoma, small tubulovillous adenoma (TVA), large TVA and multiple advanced adenomas. Findings at surveillance colonoscopy were documented in each group.

Results: The combined incidence at surveillance colonoscopy of advanced adenoma, ≥ 3 NAA`s, and colorectal cancer, was higher in the baseline large TVA group (29.2%) than the small TVA (13.5%, p 0.0001) and 1-2 NAA`s (16.8%, p 0.0001) groups. This risk was significantly higher in the multiple advanced adenoma group (44.1%, p- 0.007 compared with large TVA group). The incidence of colorectal cancer, however, was non-significantly different between the groups.

Conclusions: The size of the polyp and the number of advanced lesions are more important than its histology for predicting the risk for high-risk metachronous lesions at follow-up. Adjustment of clinical recommendation for polyp surveillance should be considered.