



QUALITY IN ENDOSCOPY

ESGE / ESDO SYMPOSIUM

**COLONOSCOPY &
COLONIC NEOPLASMS**

Prague, Czech Republic April 17-18, 2015

Great Debate 3

Diminutive polyps – Don't remove

Session No.: 4

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NORWAY



DIMINUTIVE

Small, Tiny

Intimacy, Affection

Small children vs. adult language

Roman Empire Romulus Augustus:

diminished to Romulus Augustulus (little Augustus) to emphasise contrast between grandness of the name and political insignificance of its bearer

Czech: endings such as -ka, -ko, -ek, -ík, -inka, -enka, -ečka, -ička, -ul-, -unka, -íček, -ínek

What is a Czech diminutive polyp?

What is a Diminutive polyp?

Diminutive polyp = insignificant polyp

The word suggests: Insignificant in size (<5mm)

What we really mean: Insignificant with regard to malignancy

Malignancy right now?

Malignant potential in future?

Recurrence and then malignant potential?

Marker for bowel risk of cancer

Now

Future

The two types of diminutive polyps

Adenomas

Can grow to cancer

May indicate field effect

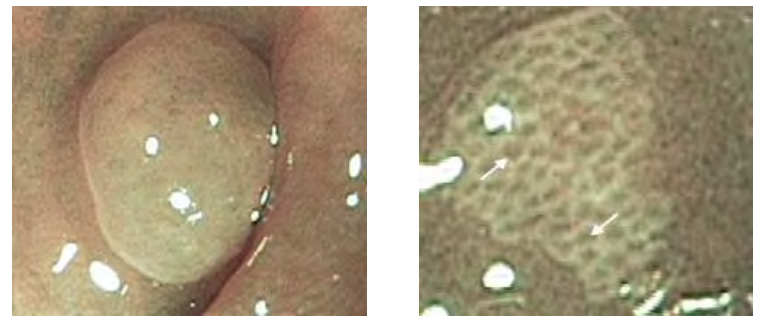


Z.H. Hussain, H. Pohl. Gastroenterol Clin North Am 2013

Hyperplastic polyps

Cannot grow to cancer

Does not indicate field effect



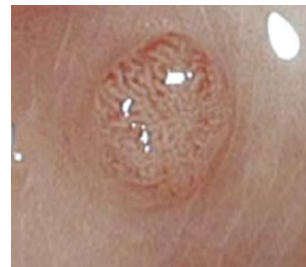
D. Hewitt et al. Gastroenterology 2012

Strategies for the two types

1. You would like to know what you are dealing with
2. You need to understand the risk

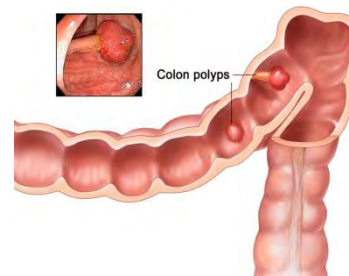
1. For this polyp

1. For now
2. For the future



2. For this colon

1. For now
2. For the future



Strategies for the two types

2. The risk for the two types



Small adenomas

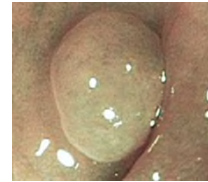
Now

Advanced features: <5%

Cancer: <0.05%

Future

Don't know, but...



Small HPs

Now

None

Future

None

Strategies for the two types

1. What are we dealing with?

Histology (first take it out)

Optical diagnosis

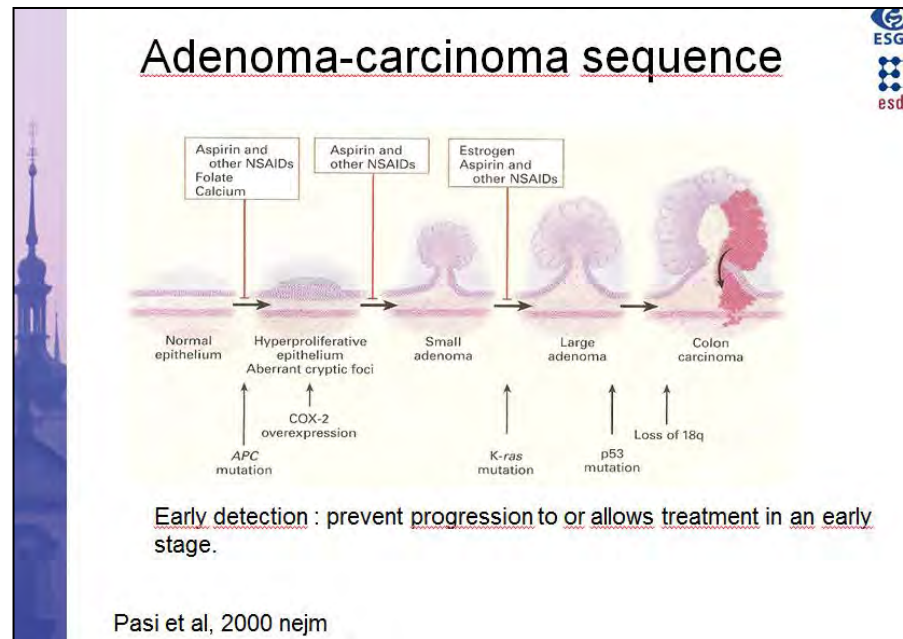
1. Distinguish between adenomas and HPs
2. Distinguish between advanced and non-advanced

The former: ok

The latter: not ok

What are we dealing with?

Distinguish between advanced and non-advanced:
No (well, almost)



Bisschop says: Adenom carcinoma sequence is true (most cancers develop from adenomas)

Large adenomas have most potential for cancer; large adenomas were small adenomas; large adenomas were diminutive

Diminutive adenomas need removal (exception?)

Frequent colonoscopy

Strategies for the two types

Optical distinction between adenomas and HPs

Diminutive Adenomas

«Diagnose and discard»

Diminutive HPs

«Diagnose and leave behind"»



Epidemiology corner

What are we looking for?

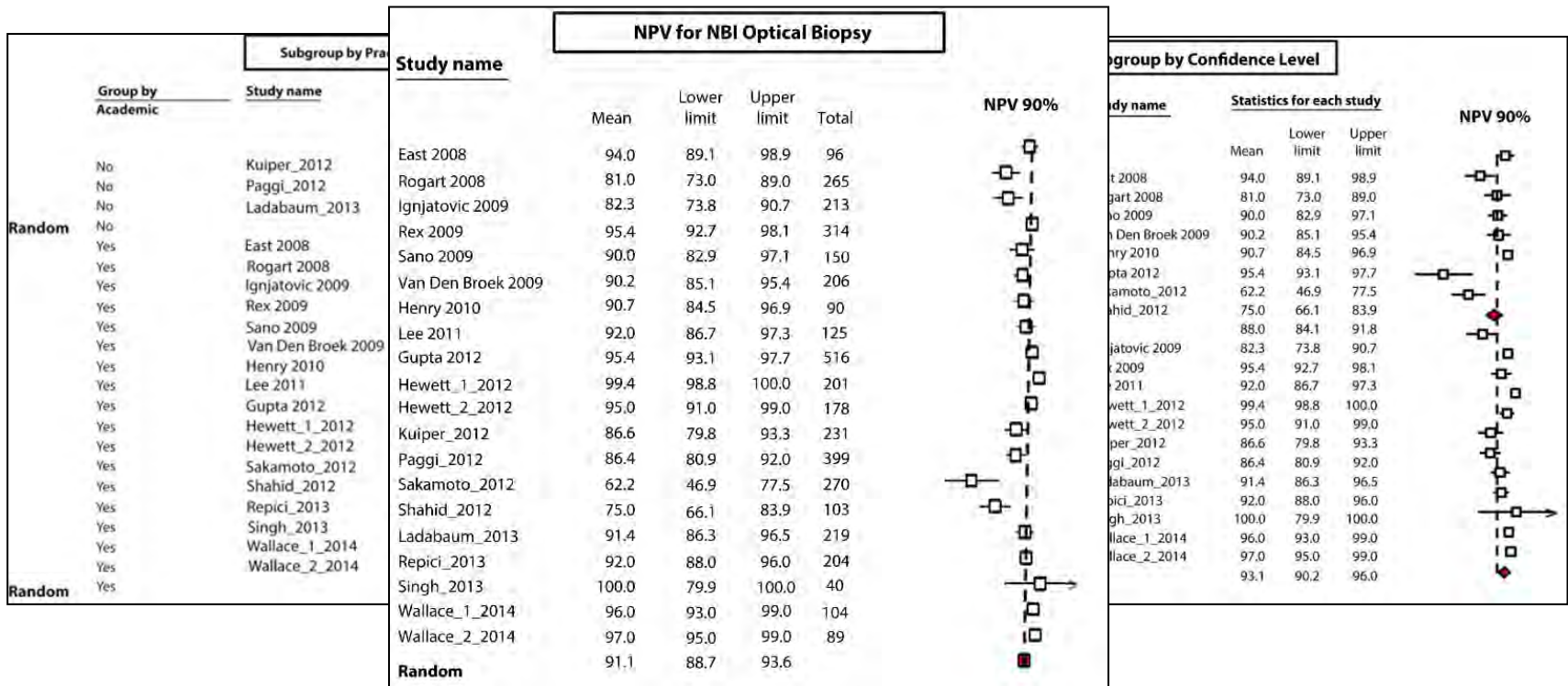
The «NPV»

(probability that those who test negative do not have the disease)

What is the correct threshold, and does it work?

ASGE: 90% NPV

DK Rex et al. GIE 2011 (PIVI; Preservation and Incorporation of Valuable Endoscopic Innovations)



Challenges

Confidence


Training, tools

Not confident? Resect and submit to pathology

Experience, environment

Yes, it's an issue

Training, Accreditation



*“A **“diagnose and discard”** strategy for diminutive adenomas and a **“diagnose and leave behind”** strategy for diminutive hyperplastic polyps may offer **risk and cost reduction without compromising effectiveness** but will require the ability to make both accurate **high confidence** in-vivo polyp assessment and agreement in setting post-polypectomy surveillance intervals.”*

Coe S, Wallace M. Minerva Gastroenterol Dietol 2011

Great Debate 3

