



WEO

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endoscopy

# Polyp size and risk for PCCRC mortality and metachronous advanced neoplasia

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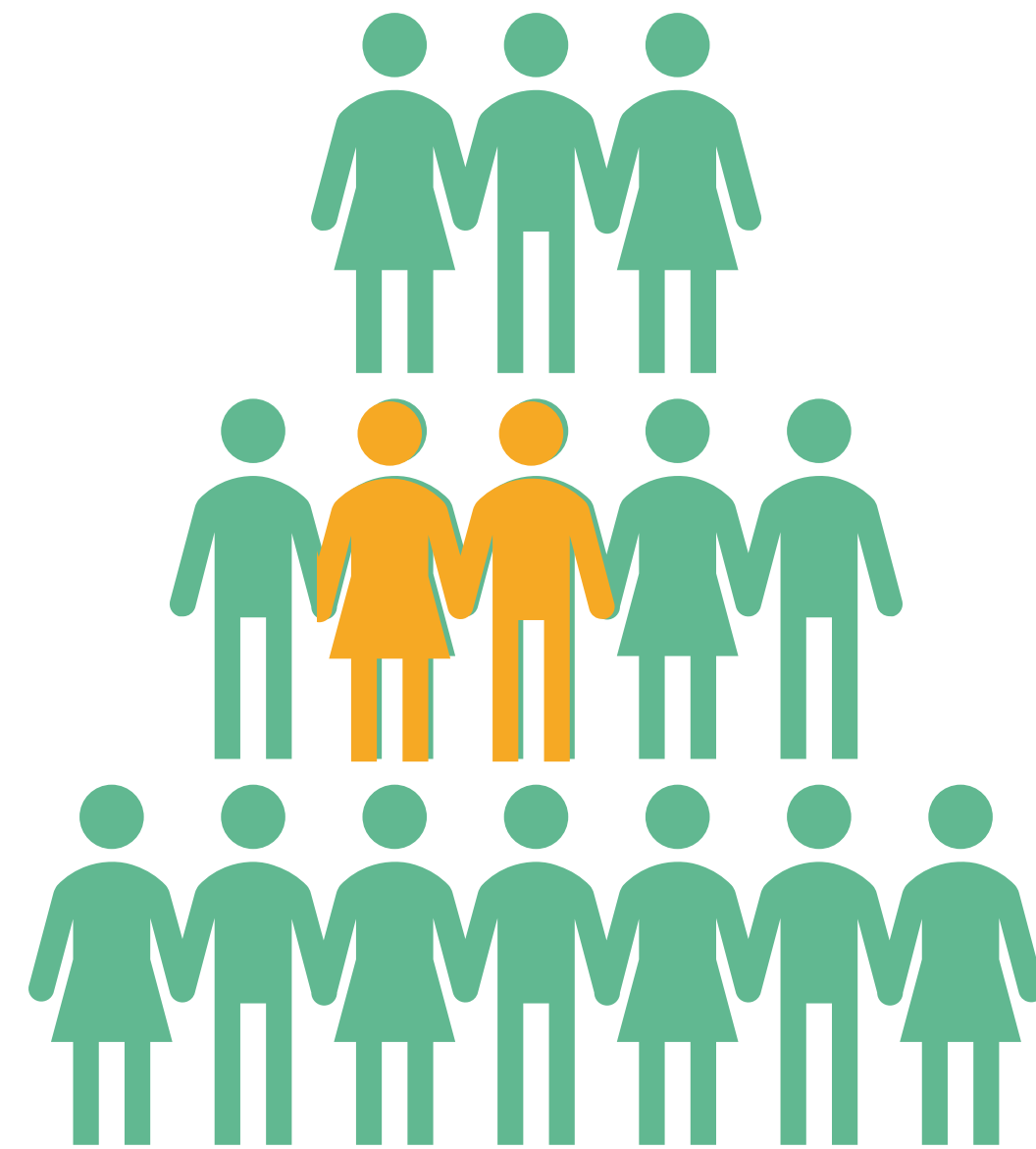
# Background



# Surveillance after colorectal polypectomy

...Where are we in 2024?

# ...Choose one



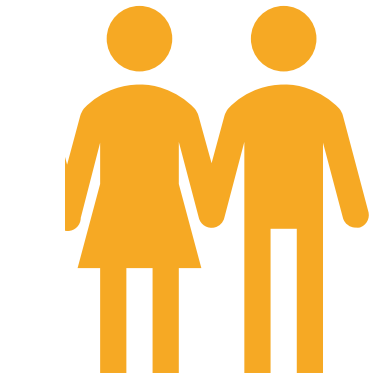
Size  $\geq 10$  mm

Adenomas:  
HGD  
SP: Dysplasia

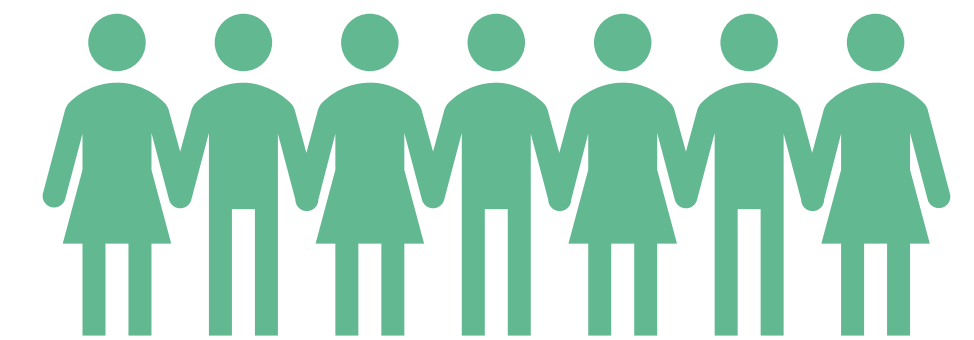
$\geq 5$  Adenomas/  
premalignant  
polyps



\* If  $\geq 2$  premalignant polyps

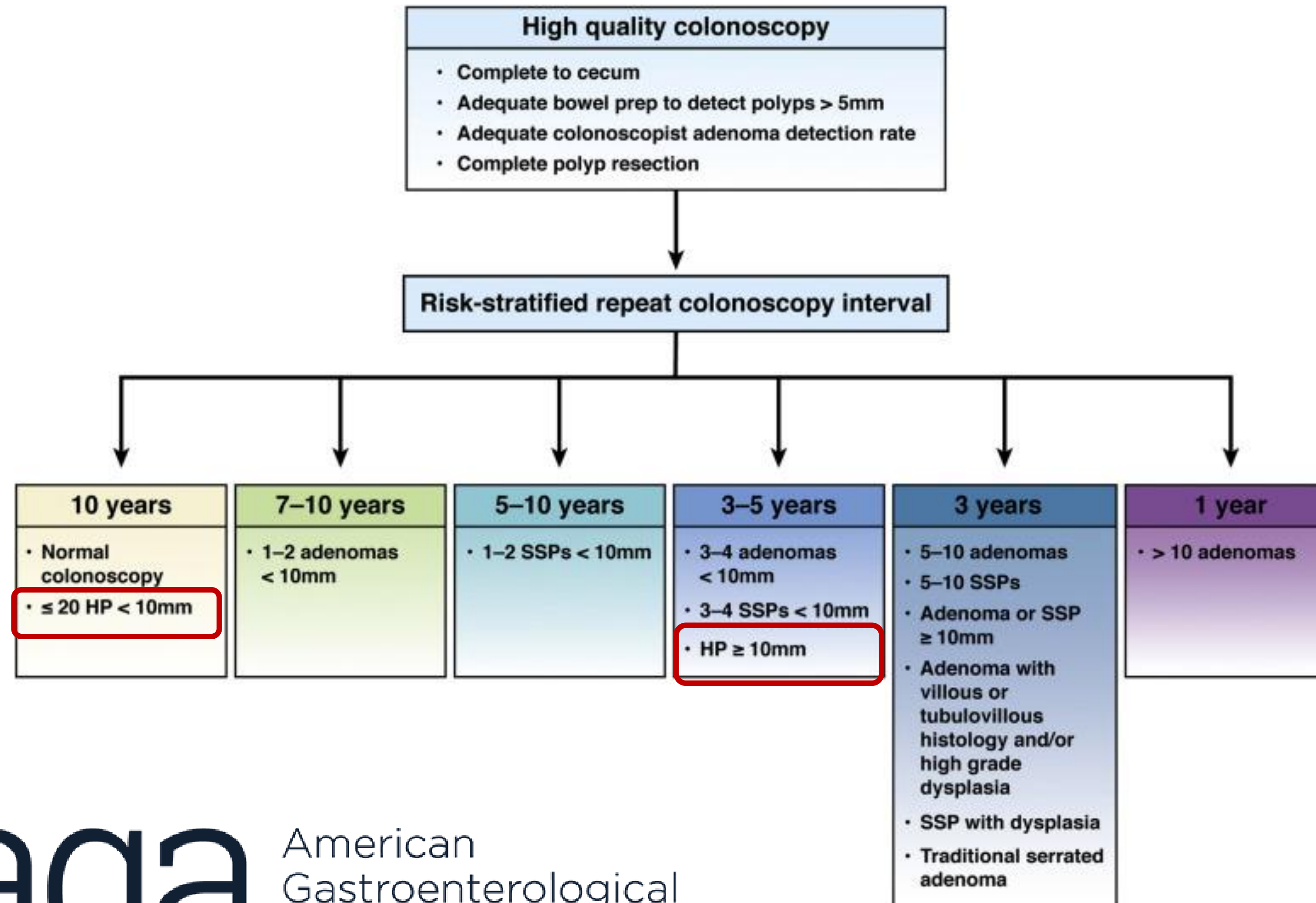


Surveillance –  
3y

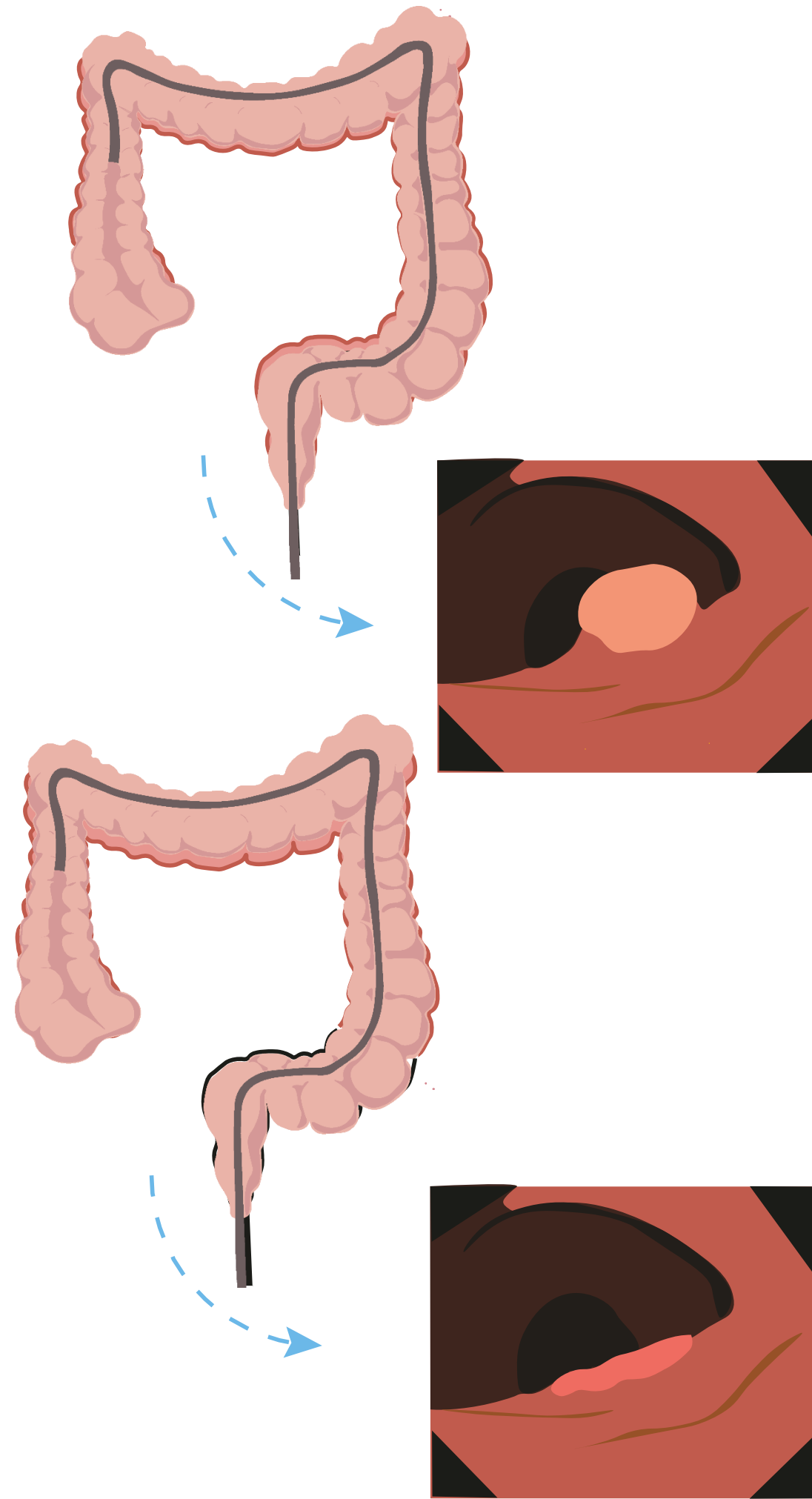


Screening





# Histology



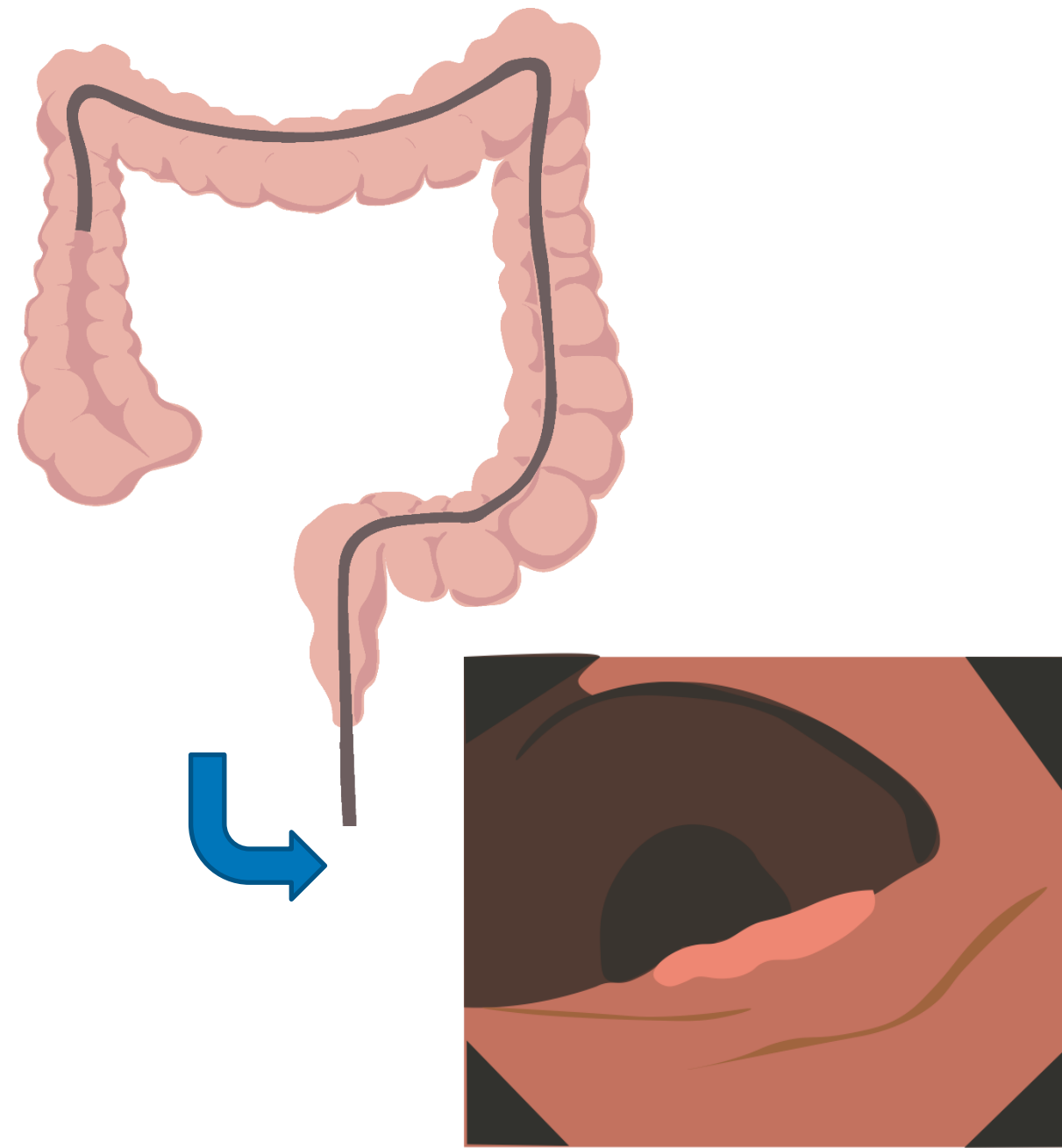
Conventional adenomas

- Adenoma to carcinoma sequence

Serrated Polyps

- Serrated pathway

# Histology



## Serrated Polyps

- Serrated pathway

Hyperplastic  
Polyps

Sessile  
Serrated  
Lesions

Traditional  
serrated  
adenomas

High pathologist  
interobserver variability



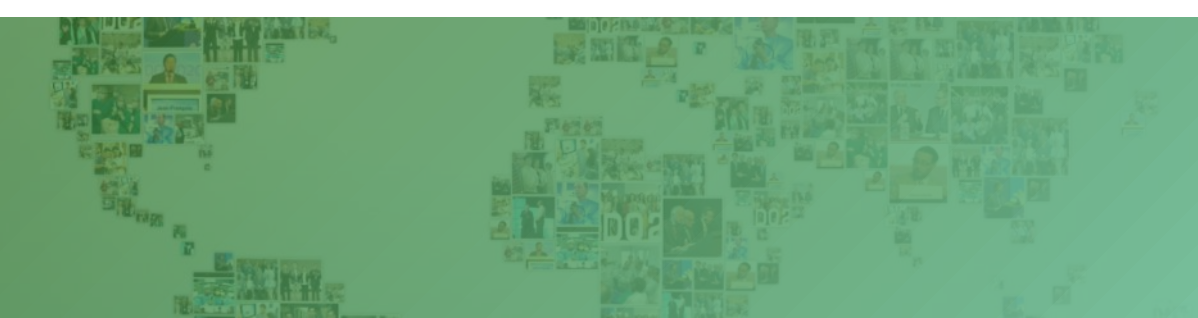
Association of HP, SSL/TSA and conventional adenomas with PCCRC death

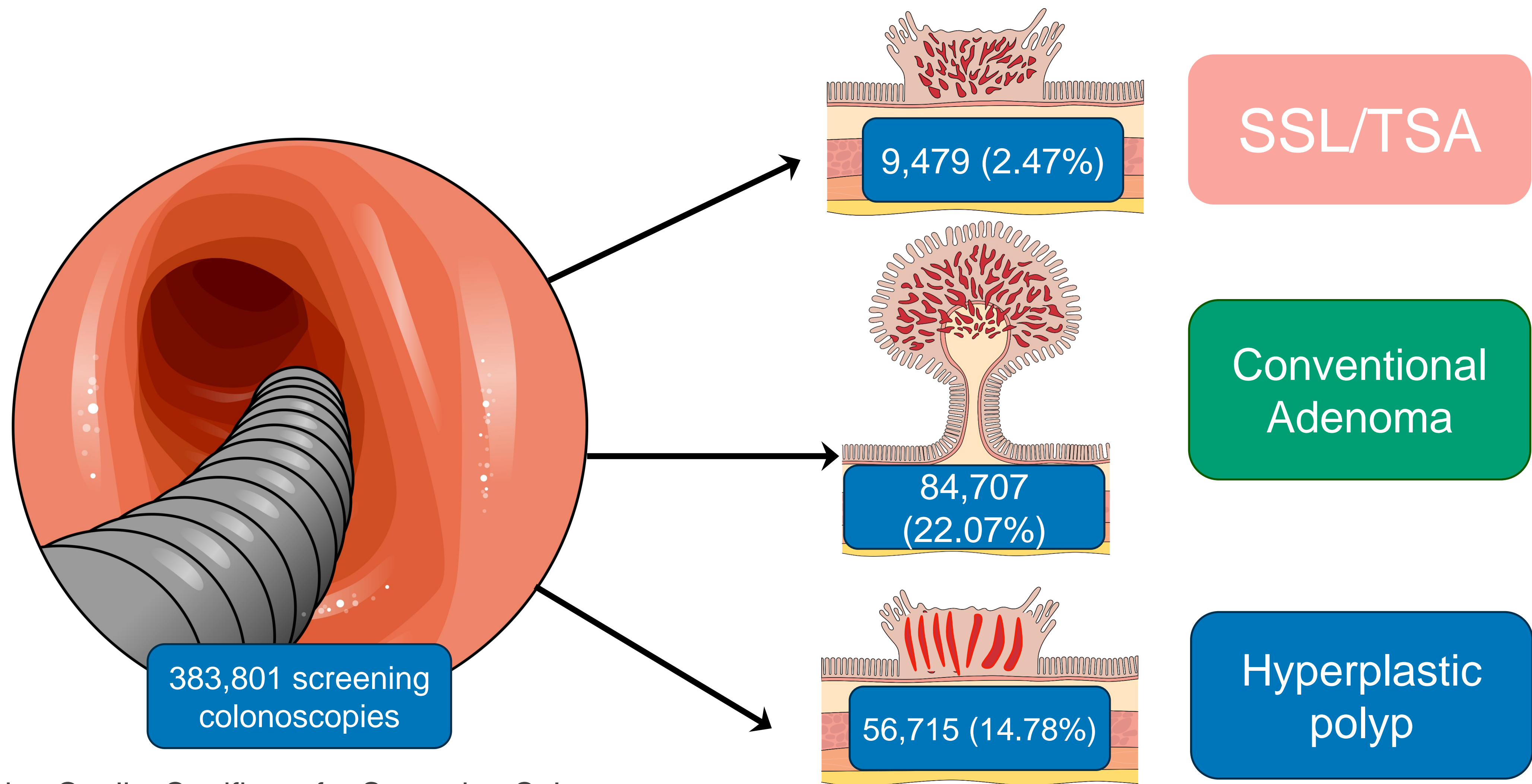
Association of HP, SSL/TSA and conventional adenomas with metachronous advanced neoplasia

Primary tumor locations of PCCRC deaths by different histologic types



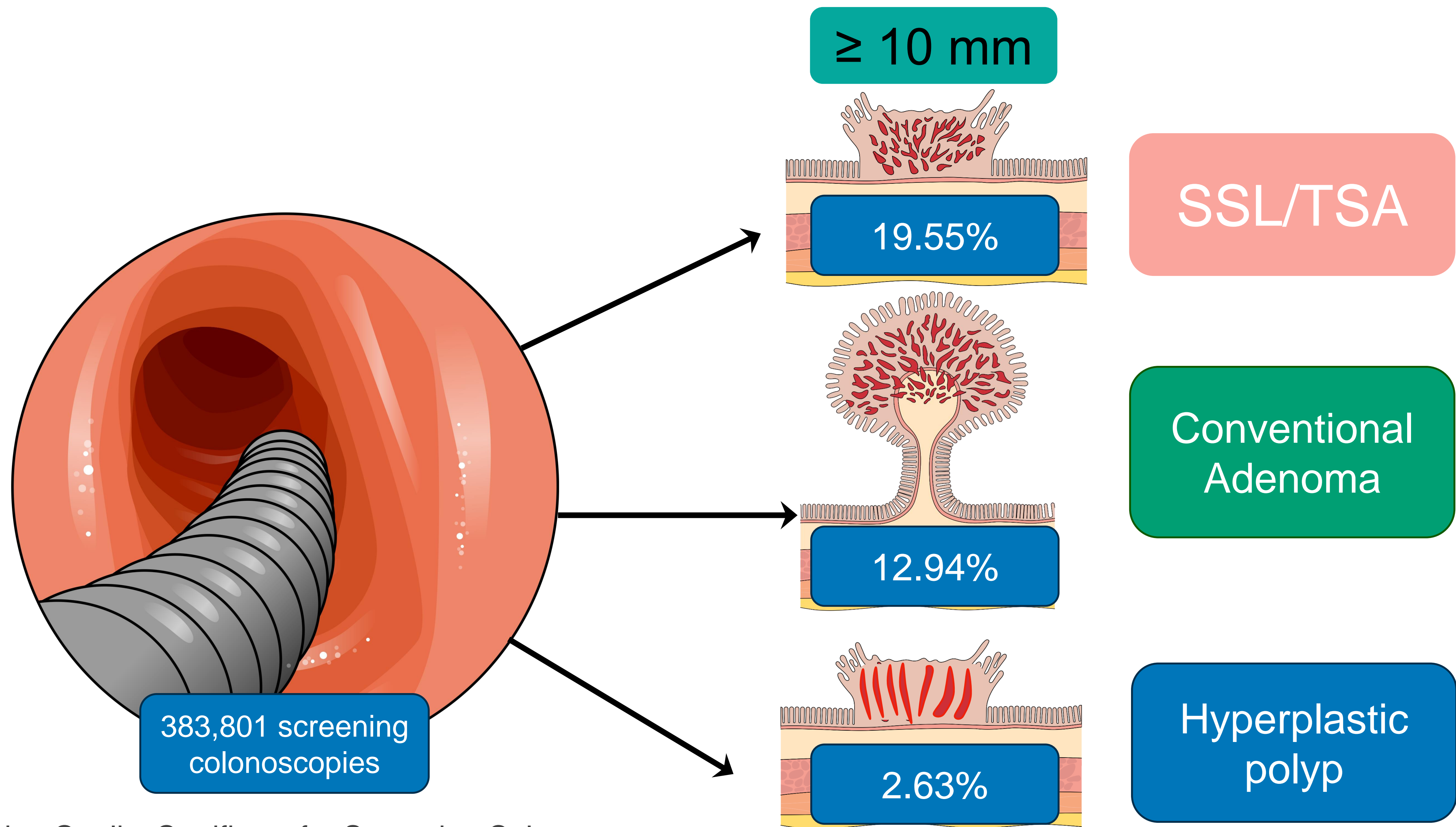
# Results



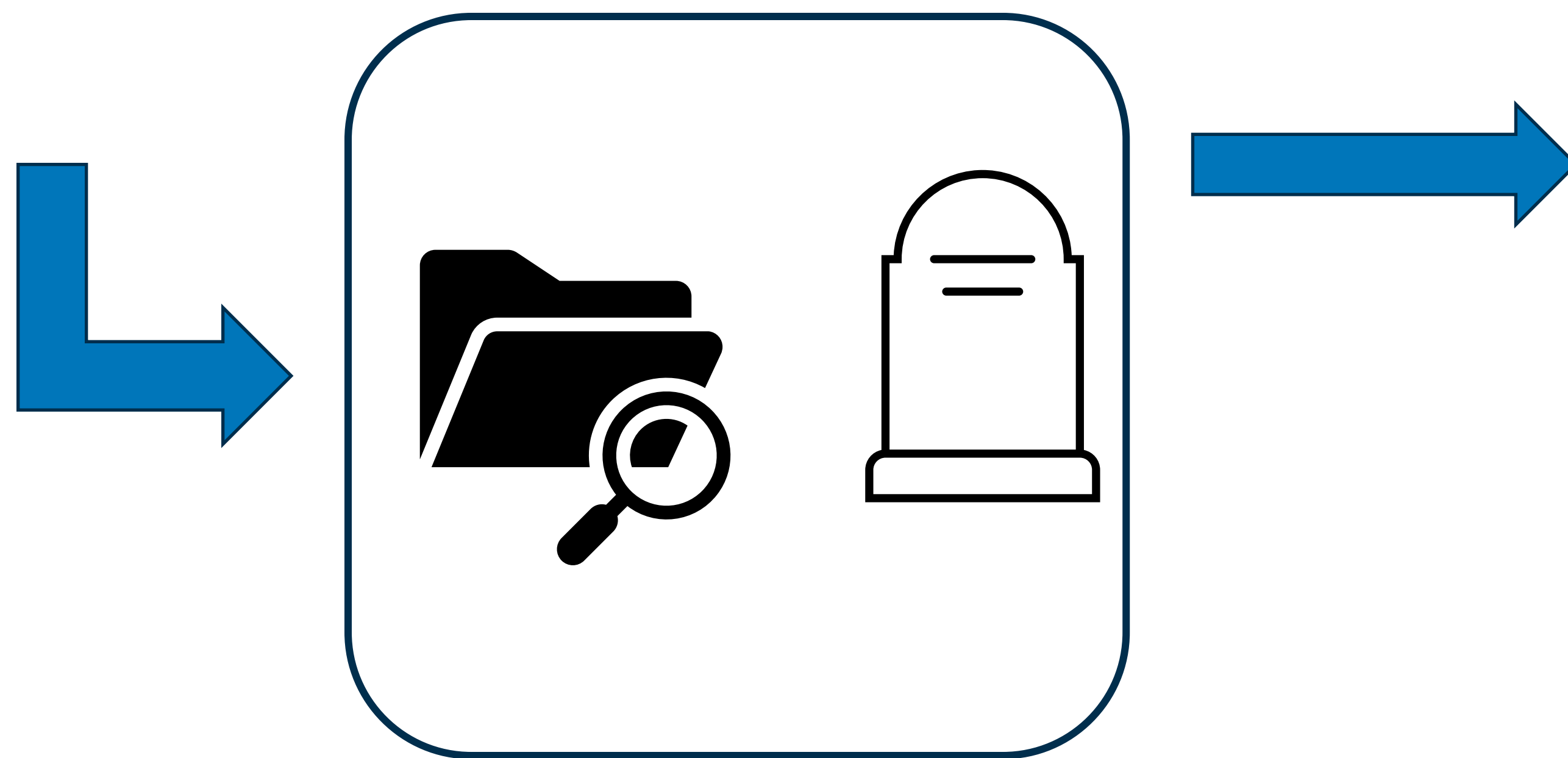
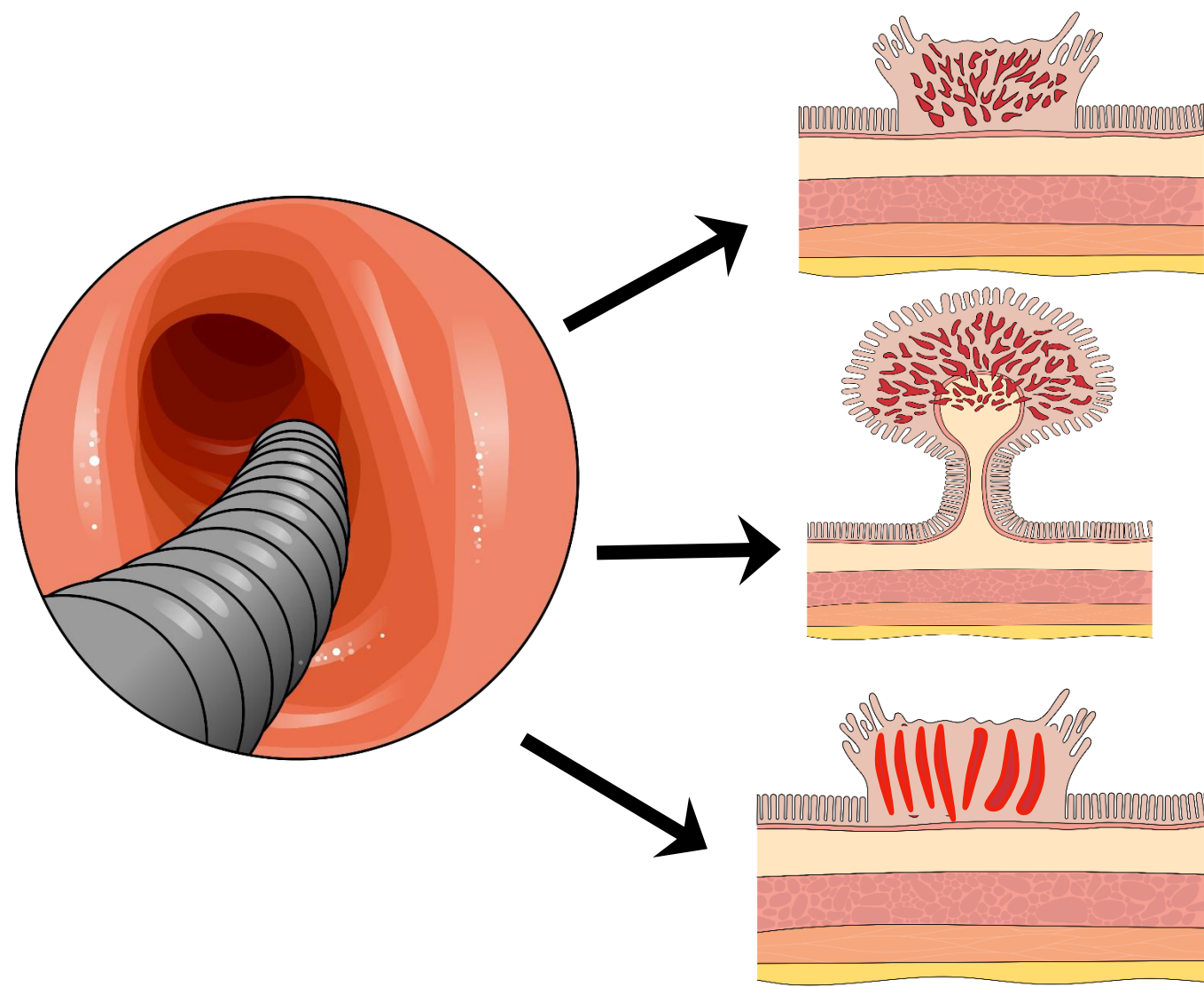


Austrian Quality Certificate for Screening Colonoscopy





Austrian Quality Certificate for Screening Colonoscopy



Post-colonoscopy colorectal  
cancer death

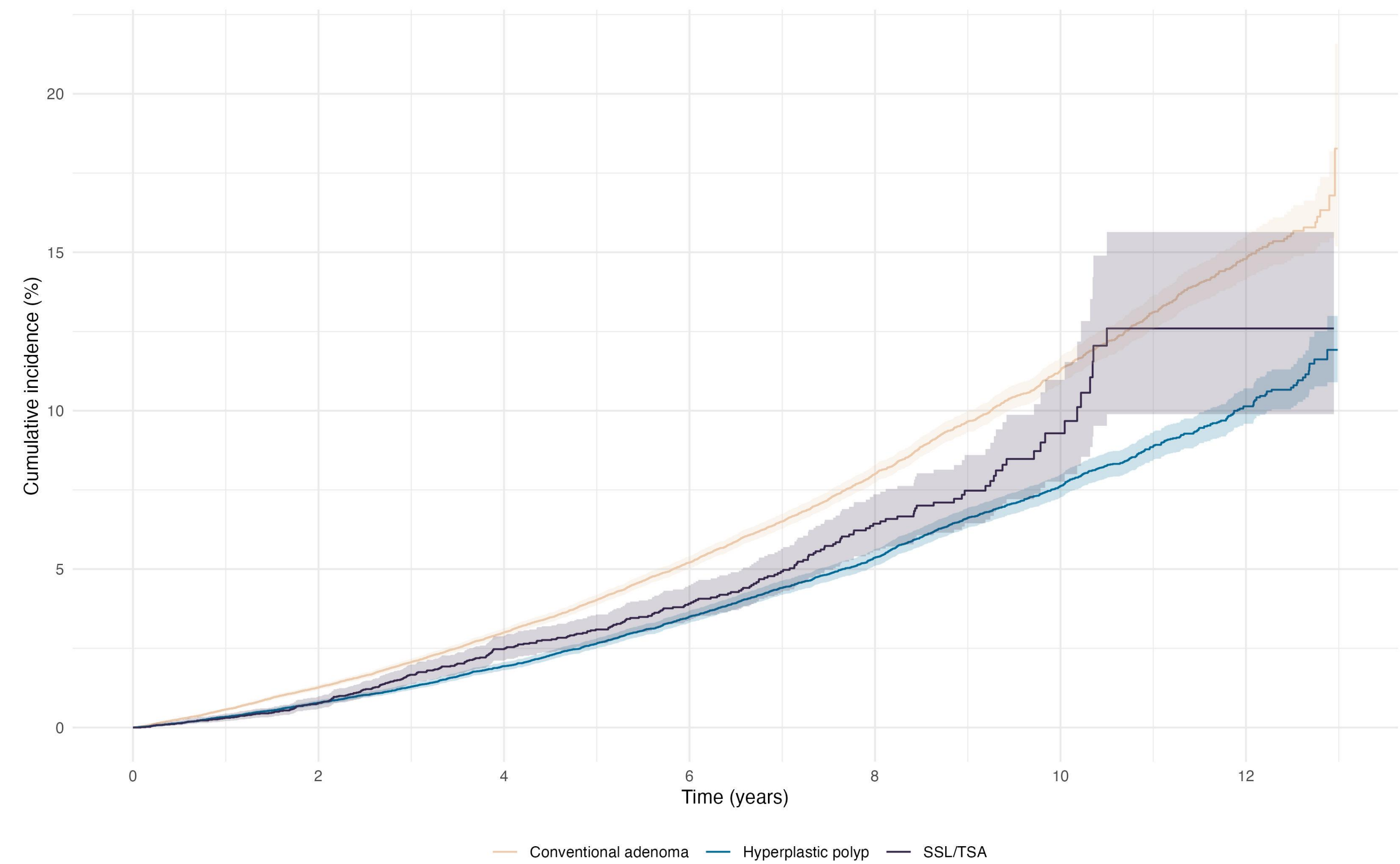
Metachronous advanced  
neoplasia (high-risk polyp,  
PCCRC, 12,182 colonoscopies)



# Does histology matter? – PCCRC mortality

Finding	HR	95% CI	p-value
Negative colonoscopy	Ref	—	
Hyperplastic polyp	0.86	0.61, 1.22	0.4
SSL/TSA	1.57	0.78, 3.18	0.2
Conventional adenoma	1.09	0.78, 1.52	0.6

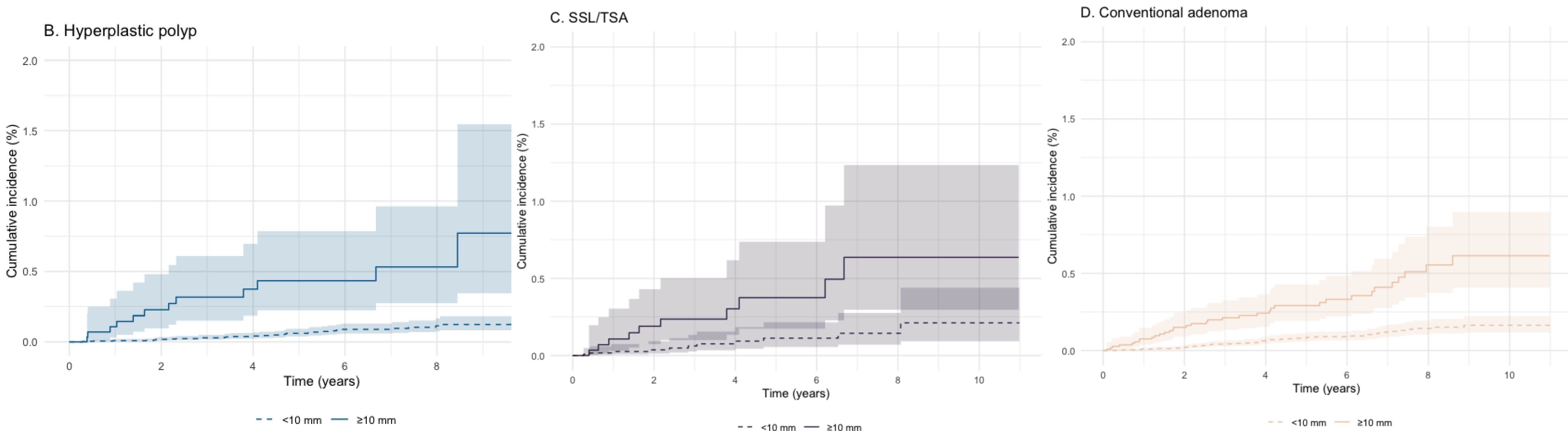
# Other cause mortality by polyp histology



# Does size matter?

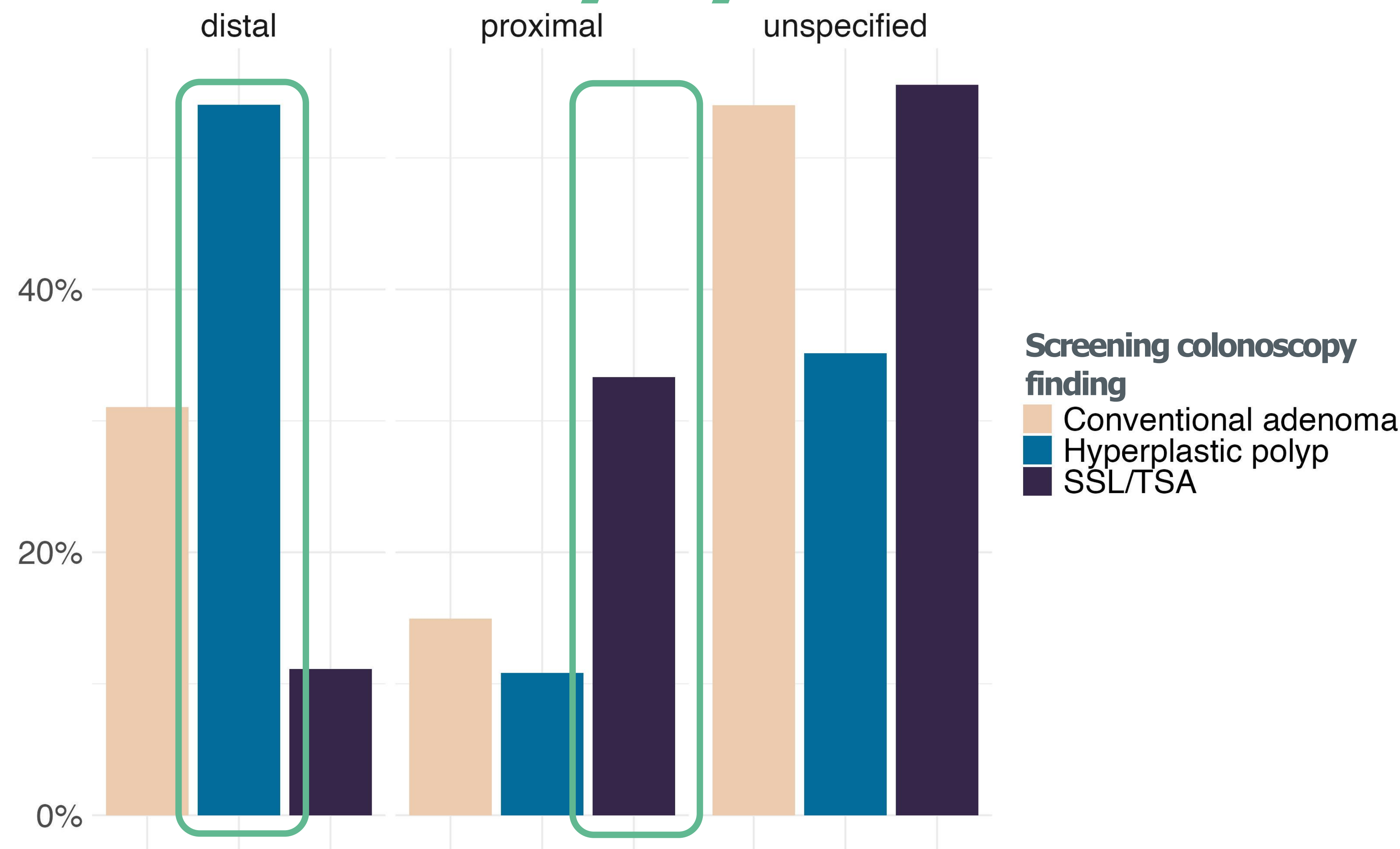
Characteristic	HR (PCCRC)	95% CI	p-value	OR (MAN)	95% CI	p-value
<i>Conventional adenomas</i>						
<10	—	—		—	—	
≥10	3.68	2.49, 5.44	<0.001	2.71	2.32 - 3.18	p<0.001
<i>SSL/TSA</i>						
<10	—	—		—	—	
≥10	2.55	1.13, 5.72	0.023	3.74	2.62 - 5.34	p<0.001
<i>Hyperplastic polyps</i>						
<10	—	—		—	—	
≥10	5.01	2.45, 10.2	<0.001	4.67	3.43 - 6.37	p<0.001

# Risk of PCCRC death by histologic subtype





# PCCRC mortality by tumor subsite



# Discussion

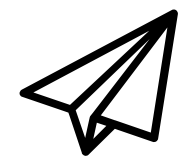
- Across conventional adenomas, HP and SSL/TSA, polyp size  $\geq 10\text{mm}$  was associated with PCCRC death and MAN
- Screening participants with SSL/TSA more frequently die of proximal PCCRC, while participants with HP tend to have distal tumors
- Future distinction of SSL from HP to stratify risk ?

# Thank you!



# WEO

World Endoscopy  
Organization



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