Title

When Good Is Not Good Enough: Superiority of Excellent Over Good Bowel Preparation for Proximal Serrated Polyp Detection in a FIT-Based Screening Cohort.

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Background and Aim

The Proximal Serrated Polyp Detection Rate (PSDR) is an emerging quality indicator linked to post-colonoscopy colorectal cancer risk, but the benefit of bowel cleanliness on its detection remains unclear. We evaluate the impact of excellent (Boston Bowel Preparation Scale [BBPS] 8–9) versus good (BBPS 6–7) preparation on serrated (PSDR and sessile serrated lesion detection rate [SSLDR]) and adenoma-related (adenoma detection rate [ADR] and adenoma per colonoscopy [APC]) quality indicators in a FIT-positive screening cohort.

Methods

This retrospective single-center study of 1069 patients (age 50–69) undergoing screening colonoscopy after a positive FIT compared PSDR, SSLDR, ADR, and APC between excellent and good preparation groups using univariate and multivariate regression analyses.

Results

Excellent preparation showed a significantly higher PSDR (13.7% vs. 7.9%; OR 1.84, 95%CI 1.22–2.80, p=0.004) and SSLDR (7.6% vs. 4.0%; OR 2.00, 95%CI 1.14-3.52, p=0.016) than good cleansing. A linear relationship was observed, BBPS 9 outperforming BBPS 8. No significant difference was found for ADR (50.4% vs. 47.9%; OR 1.10, 95%CI 0.87-1.41, p=0.424) and APC (MD=0.103; 95% CI, -0.071-0.277, p=0.247).

Conclusion

Aiming for an excellent rather than a good bowel preparation is a critical strategy to maximize the detection rate of serrated pathway lesions and potentially reduce the incidence and mortality for interval colorectal cancer (CRC). This benefit does not extend to adenoma detection, underscoring the importance of PSDR and SSLDR as distinct and complementary quality indicators.

Bibliography

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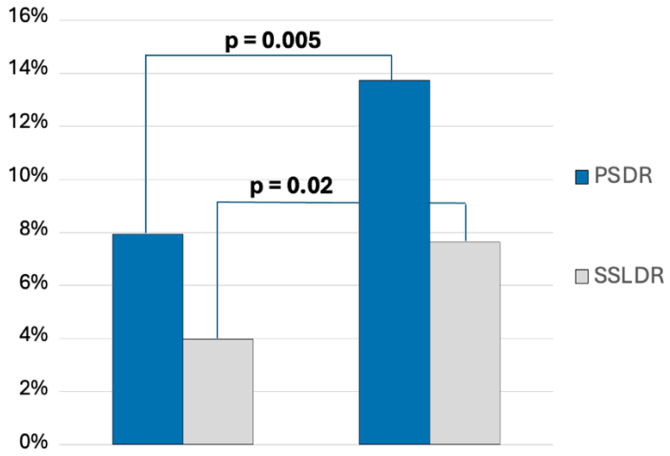
Figure 1



Impact of bowel preparation quality on PSDR and SSLDR
Legend: PSDR, Proximal Serrated Polyp Detection Rate; SSLDR, Sessile Serrated Lesion Detection Rate