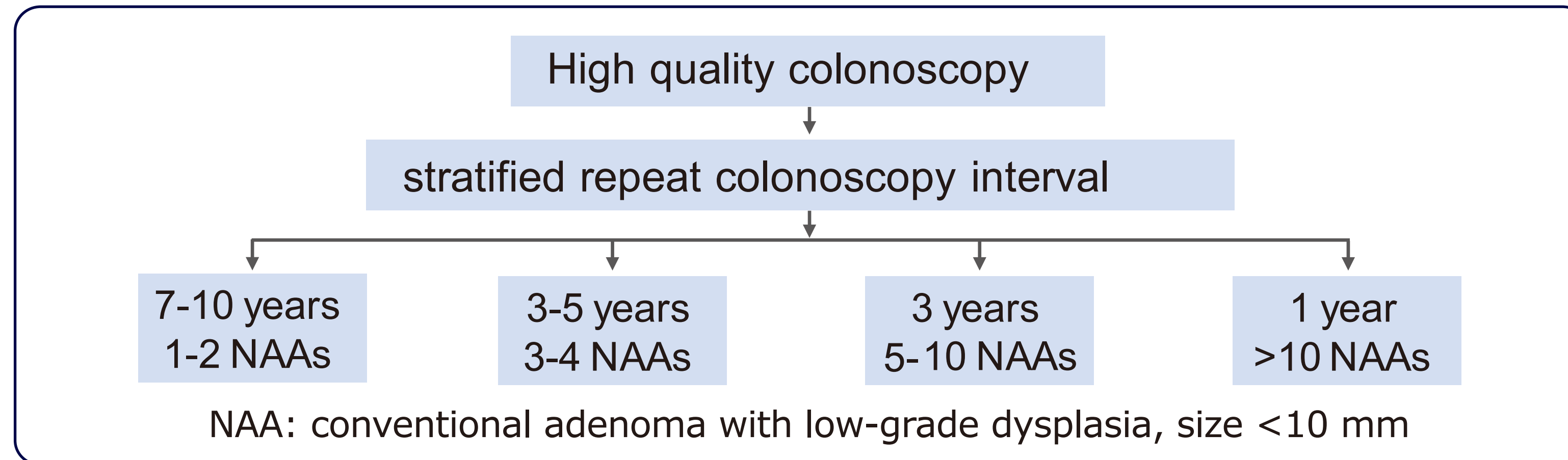


The Predictive Value of Small vs. Diminutive Nonadvanced Adenomas (NAAs) for Metachronous Advanced Colorectal Neoplasia: A Multicenter Observational Study

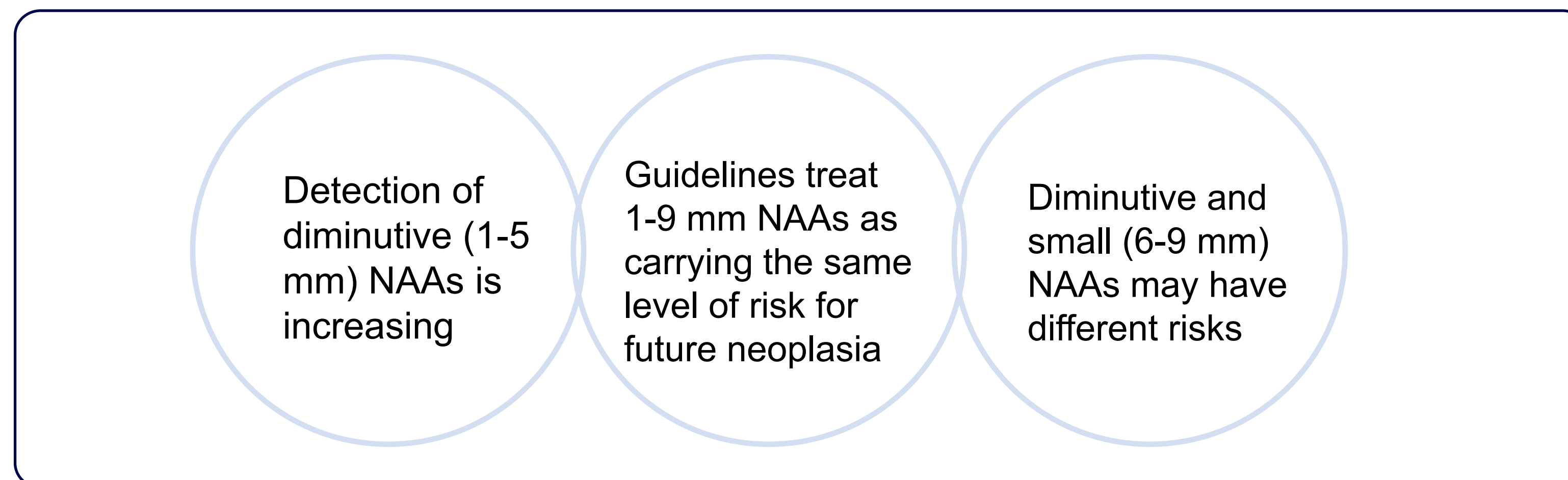
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► Background: USMSTF 2020 Consensus



► Study Hypothesis



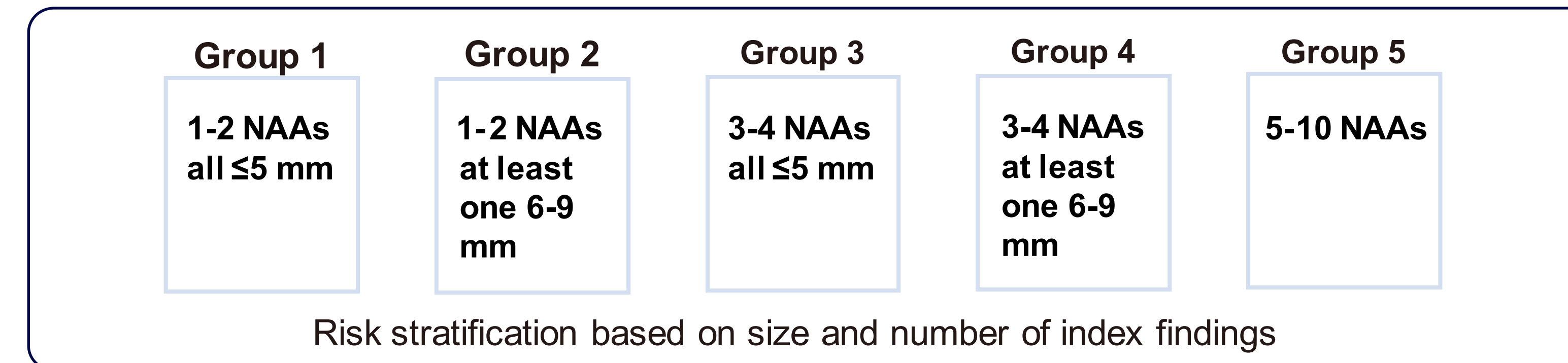
► Study Aims and Design

- To evaluate the risk of metachronous advanced colorectal neoplasia (ACRN) between small and diminutive NAAs
- A retrospective analysis
- 6 endoscopists from 4 hospitals performed index colonoscopies
- Index colonoscopy enrolled: July 2011 - June 2019
- Colonoscopy data were obtained via administrative claims
- Demographic and pathology data were accessed via chart review

► Study Cohort

Inclusion	Exclusion
Index colonoscopy removal of ≥1 NAAs and had follow-up study at least 1 year apart	<ul style="list-style-type: none">- Age <40 years at index exam- Familial genetic syndromes- Colorectal surgery- IBD- Personal history of CRC- AA or >10 NAAs at index exam- Failed colonoscopy- Incomplete polypectomy- Poor preparation

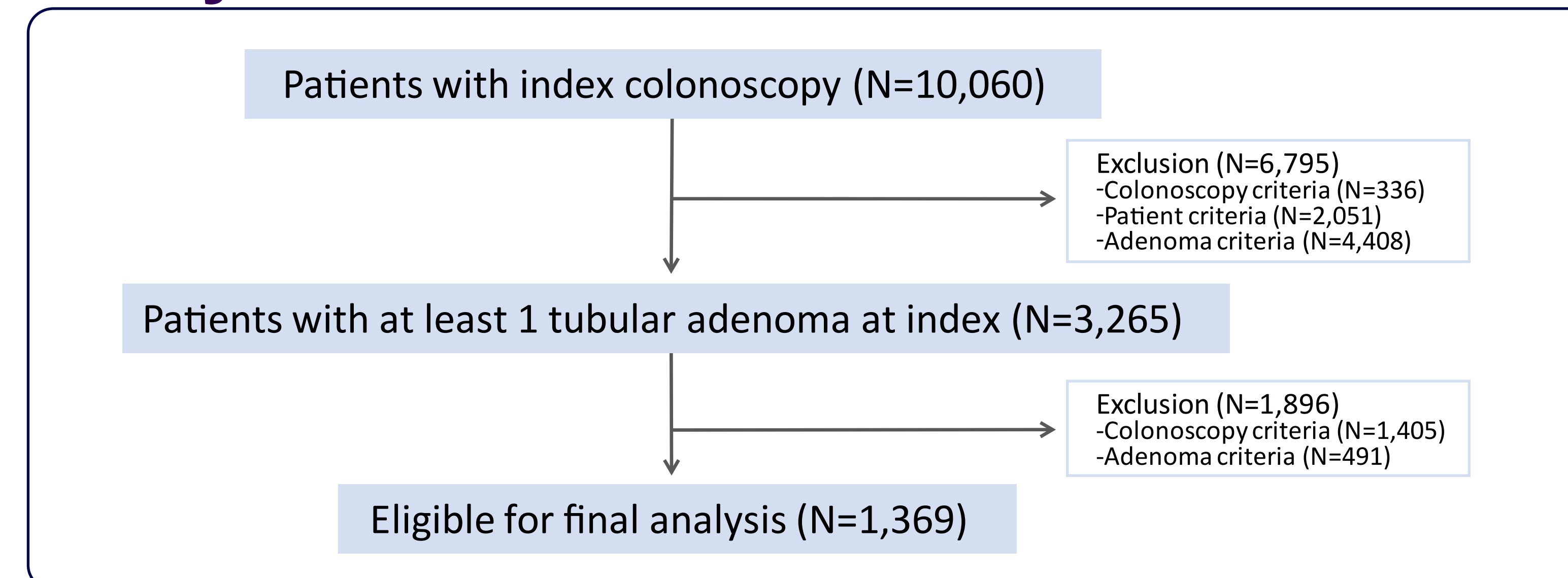
► Exposure Variables



► Potential Confounders of Study Outcomes

- Age
- Gender
- Body mass index
- Family history of CRC in first-degree relatives
- Smoking habit
- Bowel preparation
- Indication of colonoscopy
- Presence of clinically significant serrated polyps (CSSP)
- Time to follow-up

► Study Flowchart



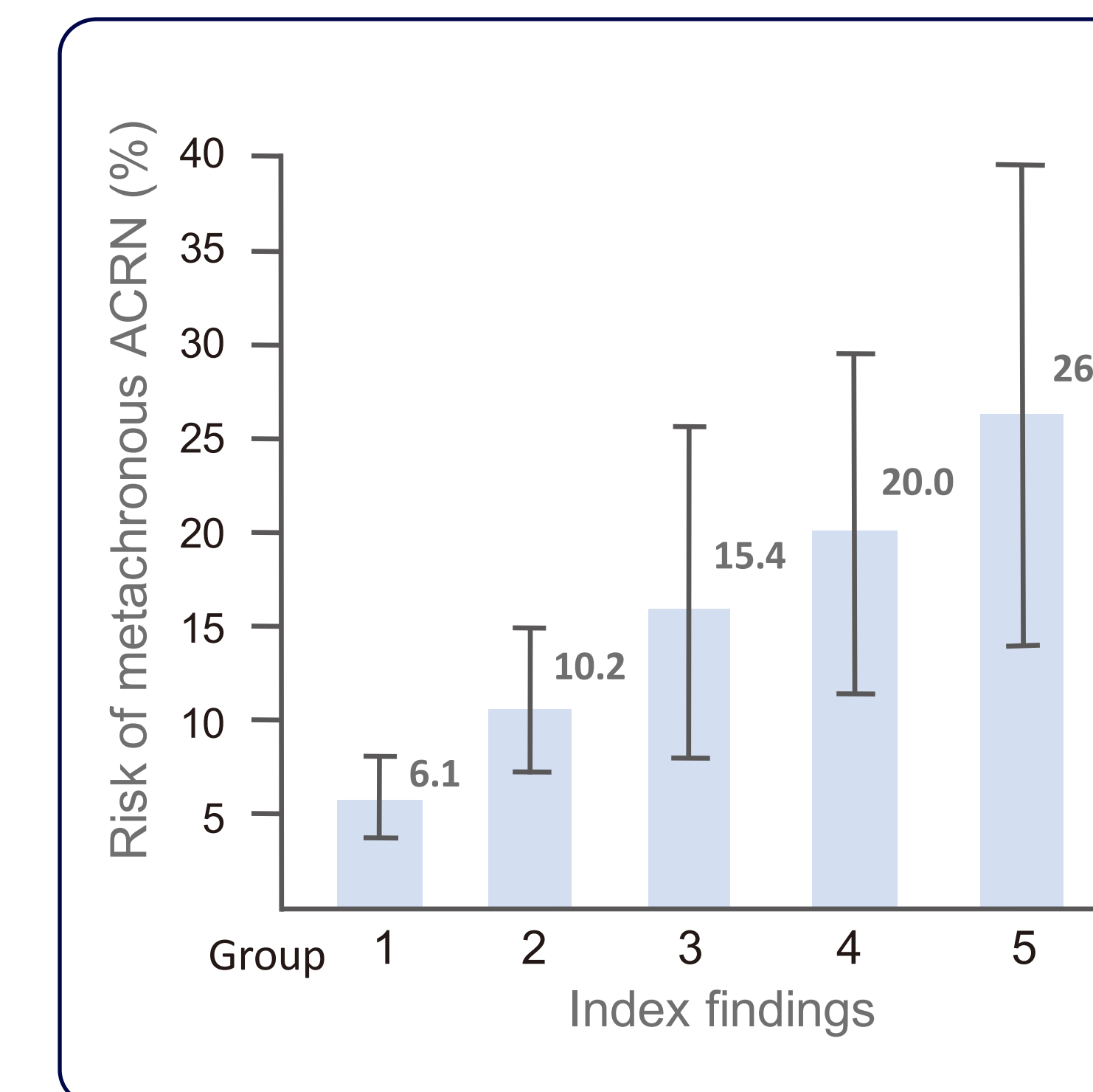
► Small NAA has a higher ACRN risk than diminutive NAA

	Total	Patients with diminutive NAAs only	Patients with at least 1 small NAAs	Pvalue
Patient number	1369	747	622	
Age (years), mean ± SD	56.2 ± 10.1	55.4 ± 9.7	57.2 ± 10.4	0.012
Male, n (%)	732 (53.5)	391 (52.3)	341 (54.8)	0.384
Screening indication, n (%)	1099 (80.3)	602 (80.6)	497 (79.9)	0.247
Months to surveillance, mean ± SD	37.5 ± 19.4	38.2 ± 18.9	36.7 ± 20.0	0.146
ACRN at follow-up, n (%)	130 (9.5)	54 (7.2)	76 (12.2)	0.002

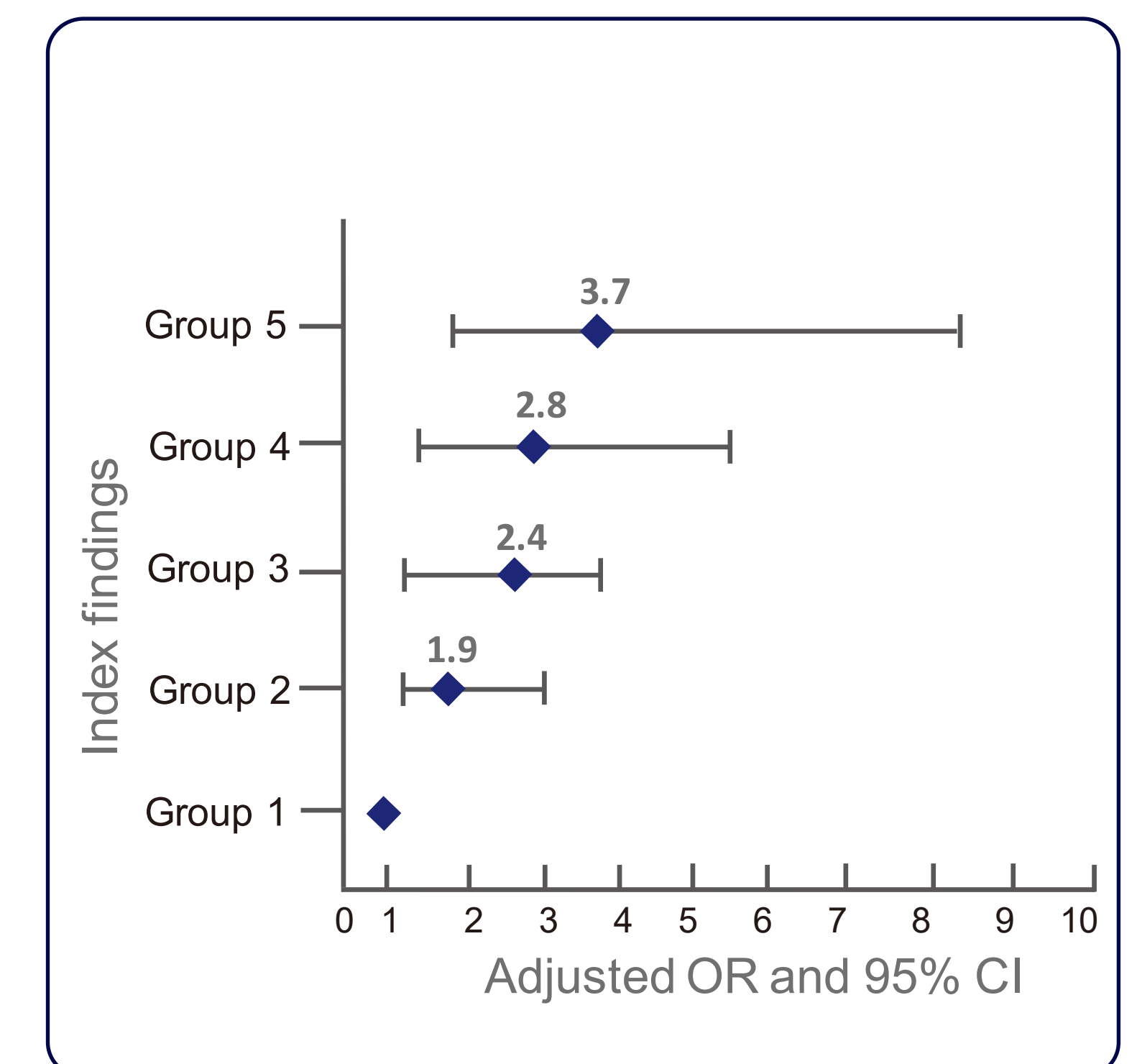
► Patient/Colonoscopy Data Stratified by Index NAAs

	Group 1	Group 2	Group 3	Group 4	Group 5
Number	655	529	78	65	42
Age, mean	55.3 ± 9.8	56.6 ± 10.6	56.4 ± 9.1	59.6 ± 9.0	60.2 ± 8.3
Male, n (%)	329 (50.2)	282 (53.3)	49 (62.8)	40 (61.5)	32 (76.2)
BMI, mean	24.7 ± 3.4	24.8 ± 3.4	25.6 ± 2.8	25.7 ± 3.6	27.3 ± 4.2
CRC family history, n (%)	68 (10.4)	26 (4.9)	10 (12.8)	15 (23.1)	3 (7.1)
Current smoker, n (%)	78 (11.9)	95 (18.0)	16 (20.5)	15 (23.1)	11 (26.2)
CSSP at index, n (%)	88 (13.4)	61 (11.5)	13 (16.7)	14 (21.5)	5 (11.9)
Months to follow, mean	38.6 ± 19.0	37.9 ± 20.3	35.8 ± 19.1	30.4 ± 17.2	28.5 ± 12.2

► Absolute Risk for Metachronous ACRN Stratified by Index NAAs



► Adjusted Odds Ratio for Metachronous ACRN Stratified by Index NAAs



► CONCLUSIONS

- IN PATIENTS WITH 1-10 NAAS, THOSE WITH ANY SMALL NAAS HAVE AN INCREASED RISK OF METACHRONOUS ACRN THAN THOSE WITH ALL DIMINUTIVE NAAS.
- FUTURE POSTPOLYPECTOMY GUIDELINES SHOULD CONSIDER FURTHER RISK STRATIFICATION BETWEEN SMALL AND DIMINUTIVE ADENOMAS.