

Should right-sided lesions be surveilled differently than left-sided?

Paulina Wieszczy

Department of Gastroenterology, Hepatology and Clinical Oncology
Centre of Postgraduate Medical Education
Warsaw, Poland



Disclosure

- No conflict of interests



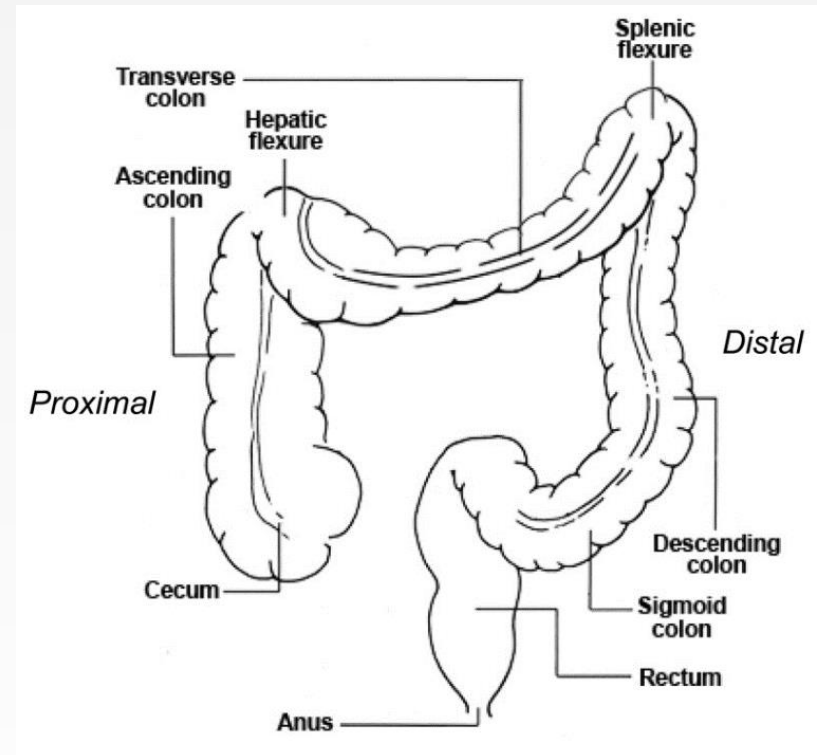
Cspy & distal/proximal CRC death

- Nishihara, NEJM 2013
 - observational study
 - 88,902 subjects
 - 474 CRC deaths
- Dist CRC, HR (95%CI)
0.24 (0.18-0.32)
- Prox CRC, HR (95%CI)
0.73 (0.57-0.92)
- Baxter, An Int Med 2009
 - case-control study
 - 10,292 cases (CRC death)
 - 51,460 controls
- Dist CRC, OR (95%CI)
0.39 (0.34-0.45)
- Prox CRC, OR (95%CI)
1.07 (0.94-1.21)



Cspy & distal/proximal CRC death

- Quality
 - Worse bowel prep
 - Incomplete cspy
- Surveillance
 - Different histology and molecular features
 - More difficult to remove



Brenner, JNCI 2010
Heresbach, Endoscopy 2008
Azzoni, Int J Colorectal Dis 2007
Sugai, J Mol Diagn 2006
Soetikno, JAMA 2008



Risk of advanced neoplasia

- Matrinez, Gastroenterology 2009
 - 8 prospective high-quality studies
 - 9,167 subjects
 - median age 62 yrs
 - 4 yrs of follow-up
 - 1,082 (11.8%) advanced adenomas
 - 58 (0.6%) CRCs



Risk of advanced neoplasia

- Age ≥ 60 yrs
- Male sex
- Previous polyp
- Multiple adenoma
- Size ≥ 10 mm
- Villous/tubulo-villous histology
- Proximal location

OR = 1.68

95% CI 1.43-1.98



Risk of CRC

- Atkin, Lancet 2017
 - 11,944 intermediate-risk subjects
 - 1-2 adenomas ≥ 10 mm
 - 3-4 adenomas < 10 mm
 - median age 67 yrs
 - 7.9 yrs of follow-up
 - 210 (1.8%) CRCs
 - 58% had surveillance



Risk of CRC

- Surveillance colonoscopy
- Age ≥ 65 yrs
- Size ≥ 10 mm
- Tubular/tubulo-villous histology
- High-grade dysplasia
- Poor bowel prep
- Incomplete exam
- Proximal location

HR = 1.76
95% CI 1.30-2.38

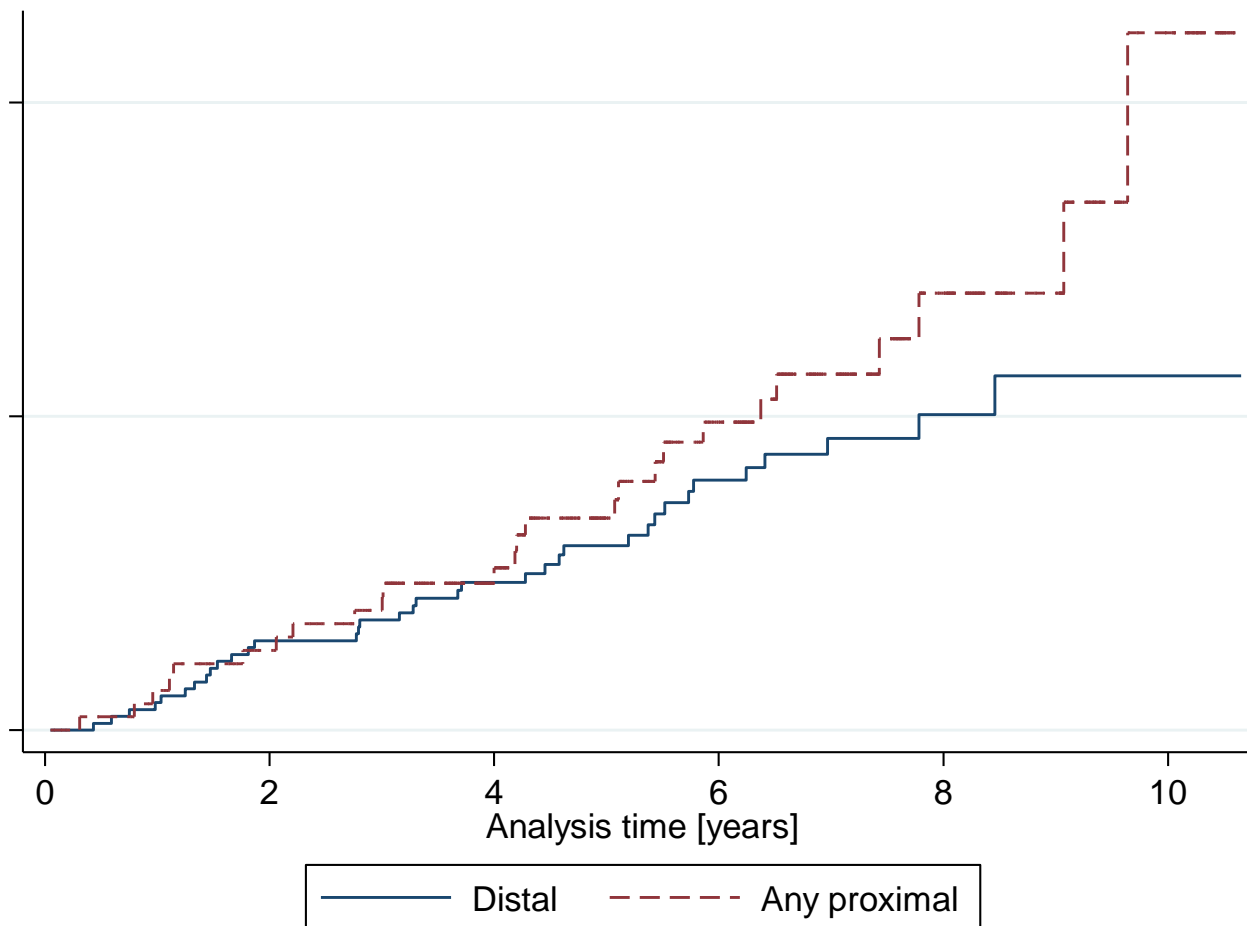


Risk of CRC

- Polish Colonoscopy Screening Program
 - 13,968 high-risk subjects
 - ≥ 3 adenomas or ≥ 10 mm in size or HGD or villous/tubulo-villous
 - median age 57 yrs
 - 6.5 yrs of follow-up
 - 62 (0.4%) CRCs
 - ~30% had surveillance



Risk of CRC



HR* = 1.31

95%CI 0.79-2.17

*Age, sex and FH adjusted



Risk of CRC

- Cottet, GUT 2011
 - 5,779 subjects
 - mean age 61 yrs
 - 7.7 yrs of follow-up
 - 87 (1.5%) CRCs
 - 58% had surveillance



Risk of CRC

- Adenoma location, SIR (95% CI)
 - Proximal only **1.26 (0.25-3.67)**
 - Distal only **2.08 (1.33-3.09)**
 - Rectum only 2.85 (1.56-4.78)
 - Multiple locations 2.58 (1.33-4.50)



Risk of CRC death

- Loberg, NEJM 2014
 - 40,826 subjects
 - median age ~65 yrs
 - 7.7 yrs of follow-up
 - 1,273 (1.8%) CRC deaths



Risk of CRC death

- Adenoma location, SMR (95% CI)
 - Distal 0.99 (0.87-1.14)
 - Proximal **0.87 (0.66-1.15)**
 - Multiple or unknown 0.95 (0.80-1.14)



Risk of CRC death

- Emilsson, Scand J Gastro 2017
 - 90,864 subjects
 - median age 68 yrs
 - 7.2 yrs of follow-up
 - 731 (0.8%) CRC deaths



Risk of CRC death

- Adenoma location, SMR (95% CI)
 - Colon 1.01 (0.91-1.11)
 - Rectum **1.25 (1.13-1.39)**
 - Both colon and rectum 1.31 (1.03-1.66)



Conclusion

- Advanced neoplasia
 - 1 study: increased risk
- CRC
 - 1 study: increased risk
 - 1 study: no effect
 - 1 study: inversed effect
- CRC death
 - 2 studies: no effect



Conclusion

- Advanced neoplasia
 - 1 study: increased risk
- CRC
 - 1 study: increased risk (67 yrs, 58% surveillance)
 - 1 study: no effect (57 yrs, ~30% surveillance)
 - 1 study: decreased risk (61 yrs, 58% surveillance)
- CRC death
 - 2 studies: no effect



Conclusion

- Advanced neoplasia
 - 1 study: increased risk
- CRC
 - 1 study: increased risk (67 yrs, 58% surveillance)
 - 1 study: no effect (57 yrs, ~30% surveillance)
 - 1 study: decreased risk (61 yrs, 58% surveillance)
- CRC death
 - 2 studies: no effect (definition?)



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