Twitter Thread by Leandro Steinberg



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■ on Importance of correct indication of colonoscopic surveillance studies (English ■■■■)

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1/ The implementation of screening and surveillance programs can reduce the incidence and mortality of CRC https://t.co/P0SCUGxmne

2 / But for these to be effective and to guarantee protection against CCR, they must meet a series of conditions. One of them is the correct indication for endoscopic studies for both screening and surveillance.

3 / According to a recent meta-analysis, the minority of patients who undergo colonoscopies have a correct indication, with less than 50% adherence to the surveillance intervals proposed by scientific guidelines.
https://t.co/ysjo3zRhXb

4/ In a survey of different clinical scenarios on CRC surveillance carried out in 1432 physicians by Patel et al., Only 37% correctly answered the questions according to the recommendations (CPG9)
https://t.co/RYPlT6hKnA

5/ This revealed that the knowledge of gastroenterologists about CPG was poor. Although there are many reasons for lack of adherence, adequate knowledge of their recommendations is essential to achieve an acceptable level of adherence.

6/ Lack of adherence can manifest itself in the form of overindication as well as underindication, and both can undermine the effectiveness of a prevention program.

7/ Regarding overindication, a retrospective study of 1500 patients showed a shortening of the surveillance interval in almost 30% of the sample and up to 50% in those patients who had adenomas detected in the index colonoscopy

https://t.co/gwxKqC6euL

8/ Although colonoscopy is a safe study, it is not exempt from complications such as perforation (0.05%), bleeding (0.25%) and death (0.003%), and its overindication generates a net increase in these adverse events
https://t.co/07geSpoUA2

9/ Overuse then generates an increase in costs with marginal benefits ...
https://t.co/ZBT321p0T9

10/ ... and only contributes to the overload and subsequent fatigue of endoscopy units that must attend a higher percentage of patients under unnecessary surveillance.
https://t.co/rIo3OLKFvT

11/ Overindication can also generate a delay in screening, follow-up, or surveillance studies in patients with the correct indication, threatening the effectiveness of CRC prevention.

12/ In order to incorporate new individuals into the programs and perform colonoscopies in this naive population, unnecessary repetition of studies should be avoided, the overuse of the practice should be minimized ...

13/ ... and put more energy into also identifying people at increased risk of CRC who have not yet performed screening procedures.

4/ On the other hand, underindication also carries significant risks, since we can delay the control of patients at high risk of developing metachronous lesions and cancer

15/ A longitudinal cohort study showed that 76% of deaths from CRC were due to failures in the indication of screening and surveillance studies, and that patients with delays in surveillance studies …

16/ .... showed up to 7 times increase the risk of developing CRC
https://t.co/JI4yU3NTbl

17/ For all the aforementioned, the adequate indication for colonoscopic surveillance is considered a quality marker of endoscopy units and represents a key element in achieving an effective prevention program.
https://t.co/90wfYZYUns

That's all folks!