



# Implementation of new British Society of Gastroenterology (BSG) 2020 post-polypectomy surveillance guideline is associated with cost savings and capacity improvements.



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## INTRODUCTION

Patients with low-risk adenomas (LRAs) are not at increased risk of colorectal cancer compared to patients with no adenomas nor the unexamined general population. In line with this, recently published BSG post-polypectomy surveillance guidelines recommending patient with LRAs participate in Bowel Cancer Screening programmes when eligible rather than colonoscopic surveillance. Furthermore, no surveillance is recommended in patients over 75 years or with <50% 5-year survival.

## AIMS

- Assess diagnostic yield of post-polypectomy surveillance colonoscopies at our unit.
- Impact of implementation of updated guidelines with regards to cost and capacity.

## METHODS

Retrospective study analysing endoscopy database records from Jan 1<sup>st</sup>, 2018 to Jan 1<sup>st</sup>, 2020. Life expectancy was estimated as <10 years (yrs) where Charlson comorbidity Index (CCI) was  $\geq 3$ . Need for repeat/surveillance colonoscopy requirement rates was calculated by application of 2010 and 2020 BSG guideline. Cost savings were calculated using the NHS 2018/2019 tariff for diagnostic colonoscopy and an estimate of histology costs (assuming 30% adenoma detection rate (ADR)).

## BASELINE CHARACTERISTICS

1561 procedures were analyzed, accounting for 1495 patients. Caecal intubation, adequate bowel preparation rate and PDR were 98.1%, 86% and 60.5%, respectively.

Of patients under colonoscopic surveillance, 10.8% were over age of 75 years and 21.3% had a limited life expectancy (CCI  $\geq 3$ ) at time of colonoscopy.

The endoscopic findings are demonstrated in *Table 1* with a single T1 cancer identified. The need for follow-up colonoscopy was reduced from 66% to 33.9% with a cost saving of 119,182 euro.

## RESULTS

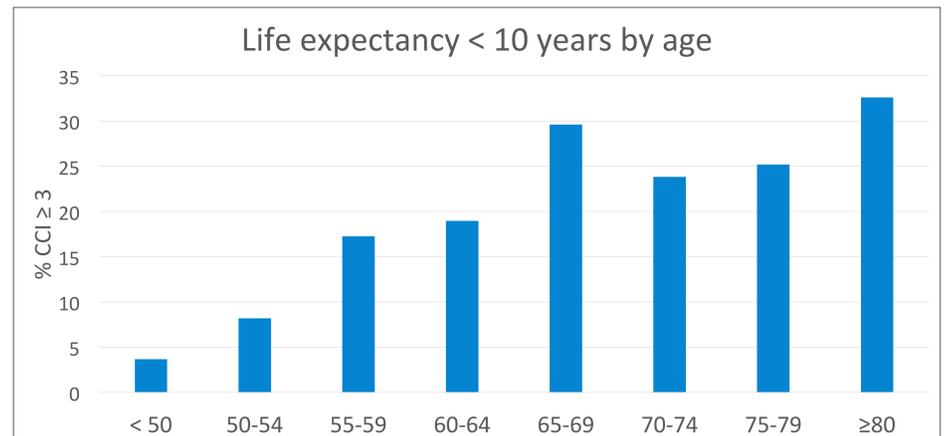


Figure 1. Relationship between age and comorbidity in a cohort of patients undergoing colonoscopy for polyp surveillance.

Endoscopic Findings of completed scopes (n=1332)	N,%
Polyp detection Rate	806 (60.5)
Cancer/LNPCP detection rate	10 (0.8)
$\geq 5$ polyps	107 (8.0)
Tubular adenoma with high grade dysplasia	15 (1.1)
Sessile Serrated Lesion with dysplasia	10 (0.8)
Adenoma > 10mm	127 (9.5)

Table 1. Endoscopic outcomes of completed scopes.

Model	BSG guideline 2010	BSG guideline 2020; 5 year colonoscopy offered to patients <60 years
<b>Exclusions</b>		
Incomplete scope	229	229
Exclusions (> 75 years or CCI $\geq 3$ or hereditary CRC)	N/A	431
Total exclusions	229 (14.7%)	660 (42.3%)
<b>Follow-up needed</b>		
Site check 3-6 months	N/A	4
1 year	136	0
3 years	205	96
5 years	465	71
Total follow-up scopes needed	1035 (66.3%)	529 (33.9%)
Annual cost savings (EUR)	0	119,182

Table 2. Total exclusions and follow-up needed comparing BSG 2010 and 2020 guideline

## CONCLUSION

Implementation of the new BSG guideline generates cost savings and additional capacity, at no additional cost. This is particularly helpful where endoscopy unit capacity has been effected by COVID-19 pandemic