Vu HT, Sayuk GS, Hollander TG, Clebanoff J, Edmundowicz SA, Gyawali CP, Thyssen EP, Weinstock LB, Early DS. Resect and Discard Approach to Colon Polyps: Real-World Applicability Among Academic and Community Gastroenterologists.

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BACKGROUND: "Resect and discard" (RD) is a new paradigm for management of diminutive polyps.

AIM: To compare concordance of surveillance interval recommendations and diagnostic performance between RD and standard of care in a hospital outpatient department with both academic and community gastroenterologists.

METHODS: Prospective, observational study conducted at a single outpatient endoscopy center over 12 months. Patients with diminutive polyps on screening or surveillance colonoscopy were included. Histology predictions for all diminutive polyps (≤5 mm) were made based on endoscopic imaging. Concordance of recommended surveillance intervals and diagnostic performance of histology predictions were compared to histopathological review.

RESULTS: A total of 606 diminutive polyps were found in 315 patients (mean age 62.4 years, 49 % female). Histological prediction was made in 95.7 % of polyps (97.4 % of patients), with high confidence in 74.3 %. The concordance for surveillance intervals was 82.1 % compared to histopathological review and was similar between community and academic gastroenterologists (80.2 vs. 76.3 %, $p = 0.38$). Overall, sensitivity, specificity, and accuracy of histological predictions made with high confidence were 0.81, 0.36, and 77.1 %. Predictions made with narrow-band imaging (NBI) had lower accuracy (73.9 % with NBI vs. 82.5 % with high-definition white light (HWDL) only, $p = 0.017$) as well as lower prediction confidence (score of 7.6 with NBI vs. 8.6 with HDWL only, $p < 0.001$).

CONCLUSIONS: Our surveillance interval concordance was below the 90 % threshold deemed acceptable by the ASGE Preservation and Incorporation of Valuable Endoscopic Innovations statement. Diagnostic performance using optical imaging to predict histology was equal between community and academic endoscopists.