

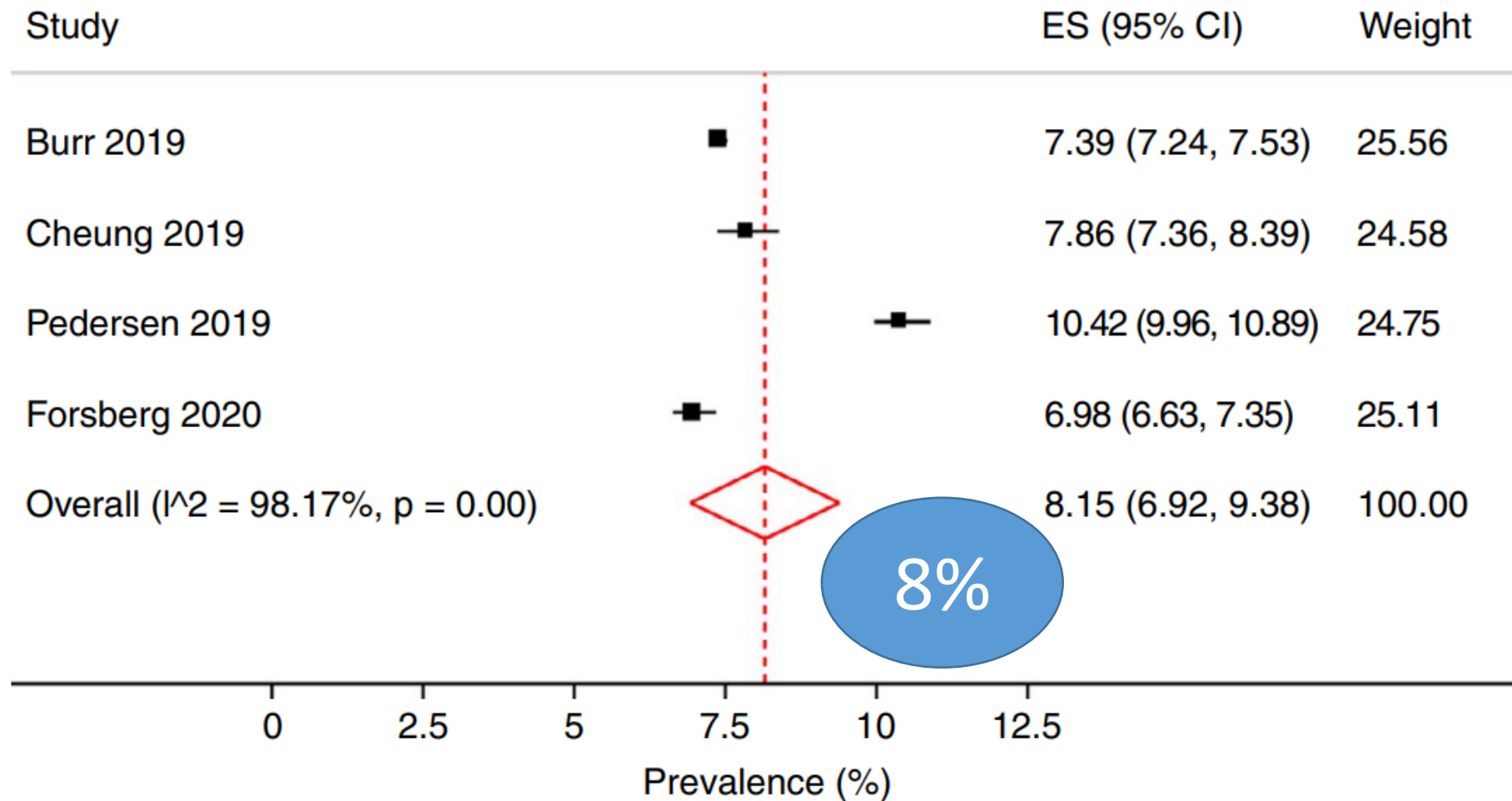
Implementation of the PSPDR alongside the ADR: a dire necessity or superfluous hassle?

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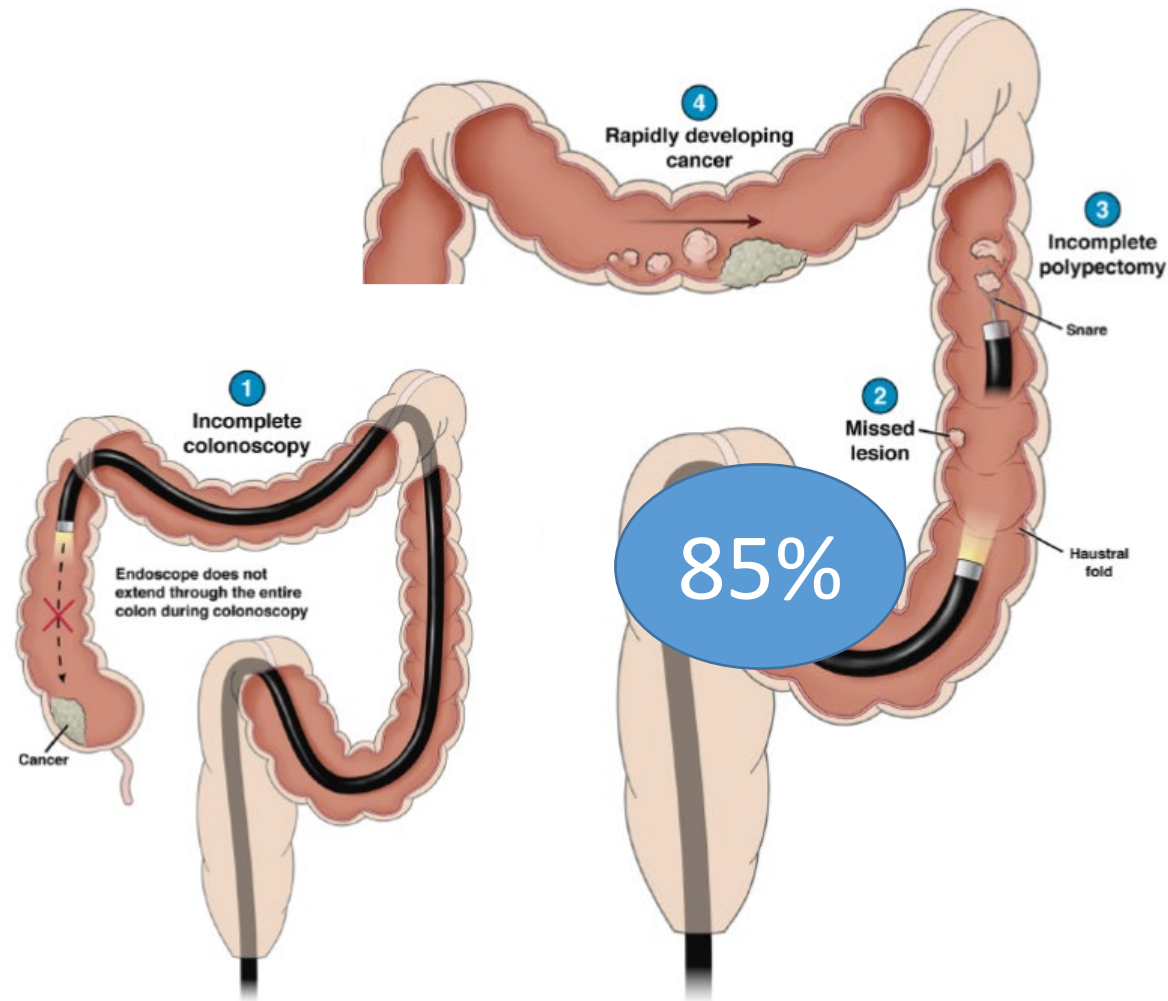


No conflicts of interest

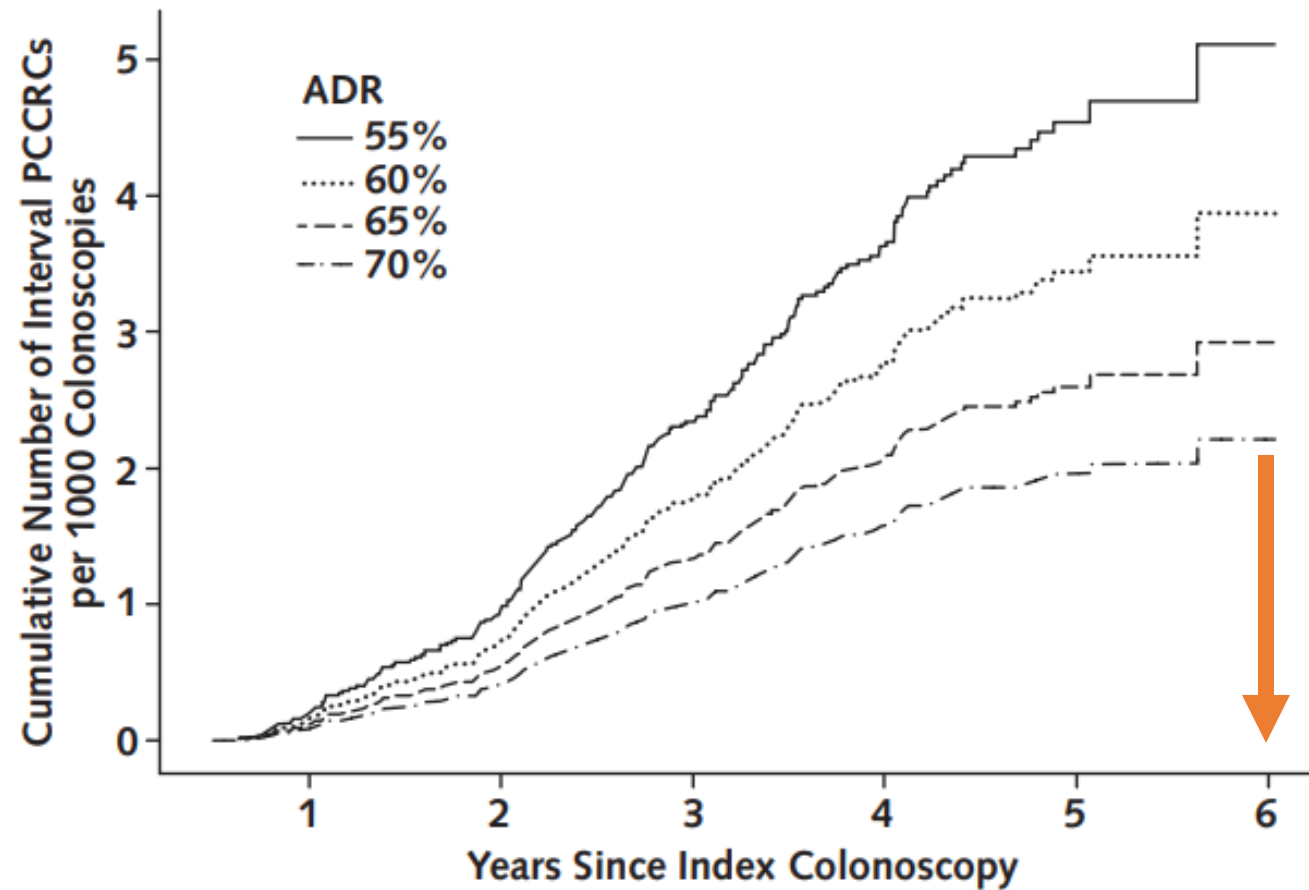
3-year PCCRC rate (WEO compliant methodology)



Causes of PCCRC

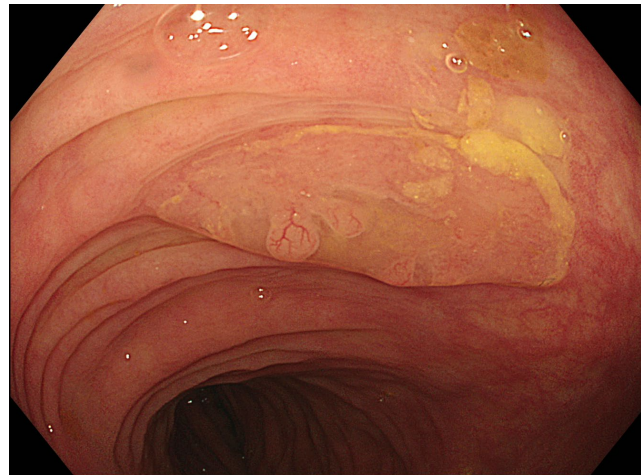


ADR and interval PCCRC within Dutch FIT-based screening

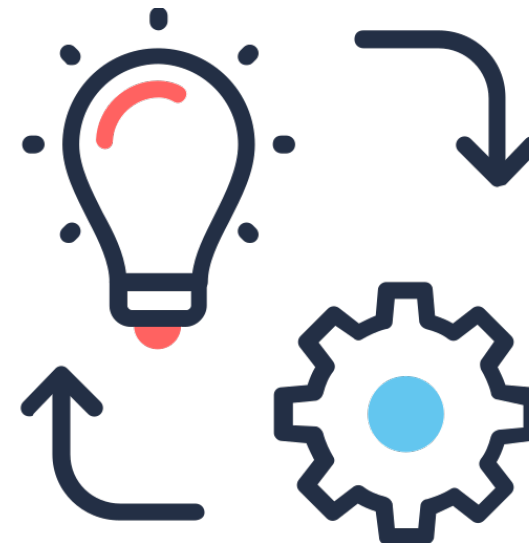


What about serrated polyps?

- 15-30% of CRCs arise from serrated polyps
- Serrated polyps easily missed during colonoscopy
- PCCRC and serrated polyps share clinical and molecular characteristics
- Improving serrated polyp detection rate might decrease PCCRC incidence



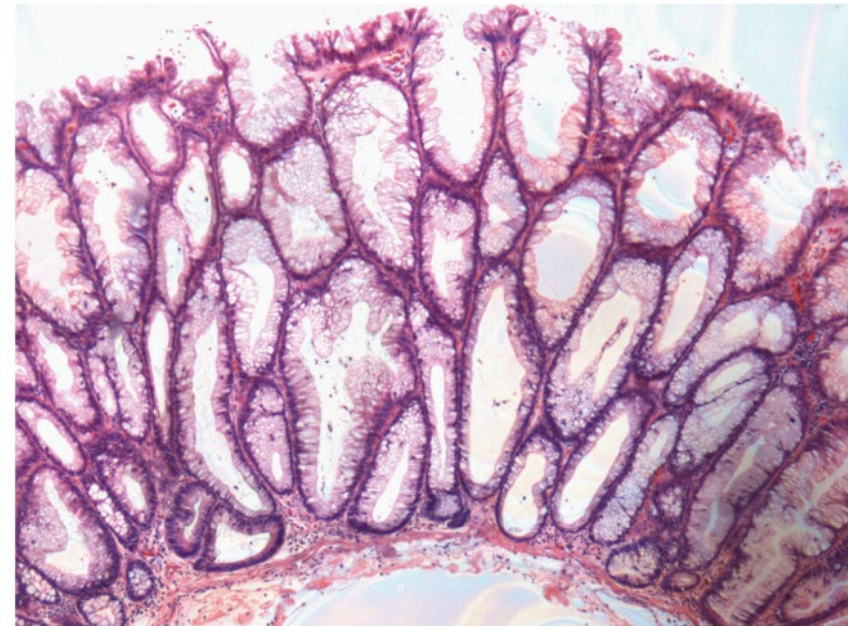
Requirements of a new quality indicator for endoscopists



Proximal serrated polyp detection rate



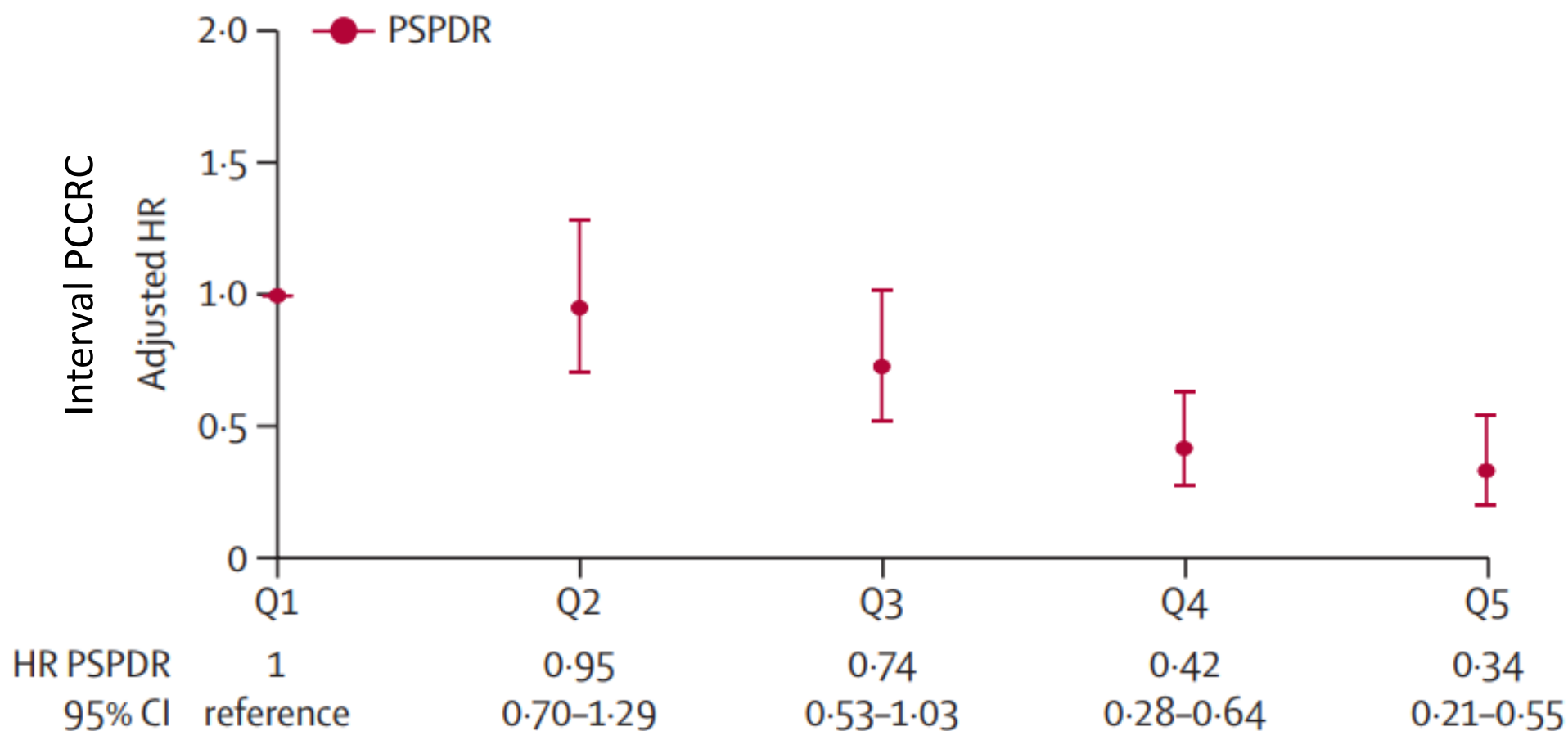
HP rectosigmoid

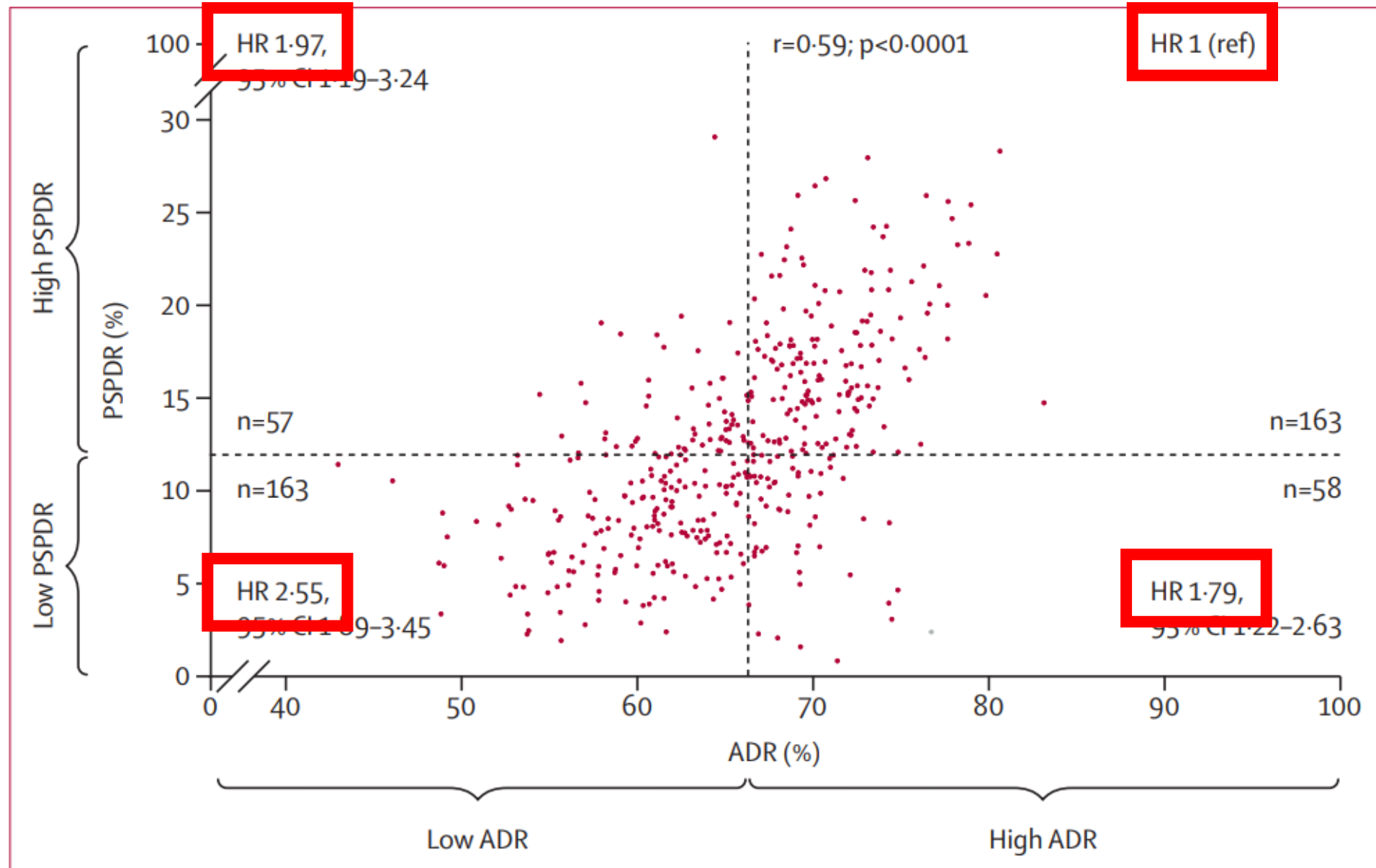


HP vs SSL



PSPDR and PCCRC incidence

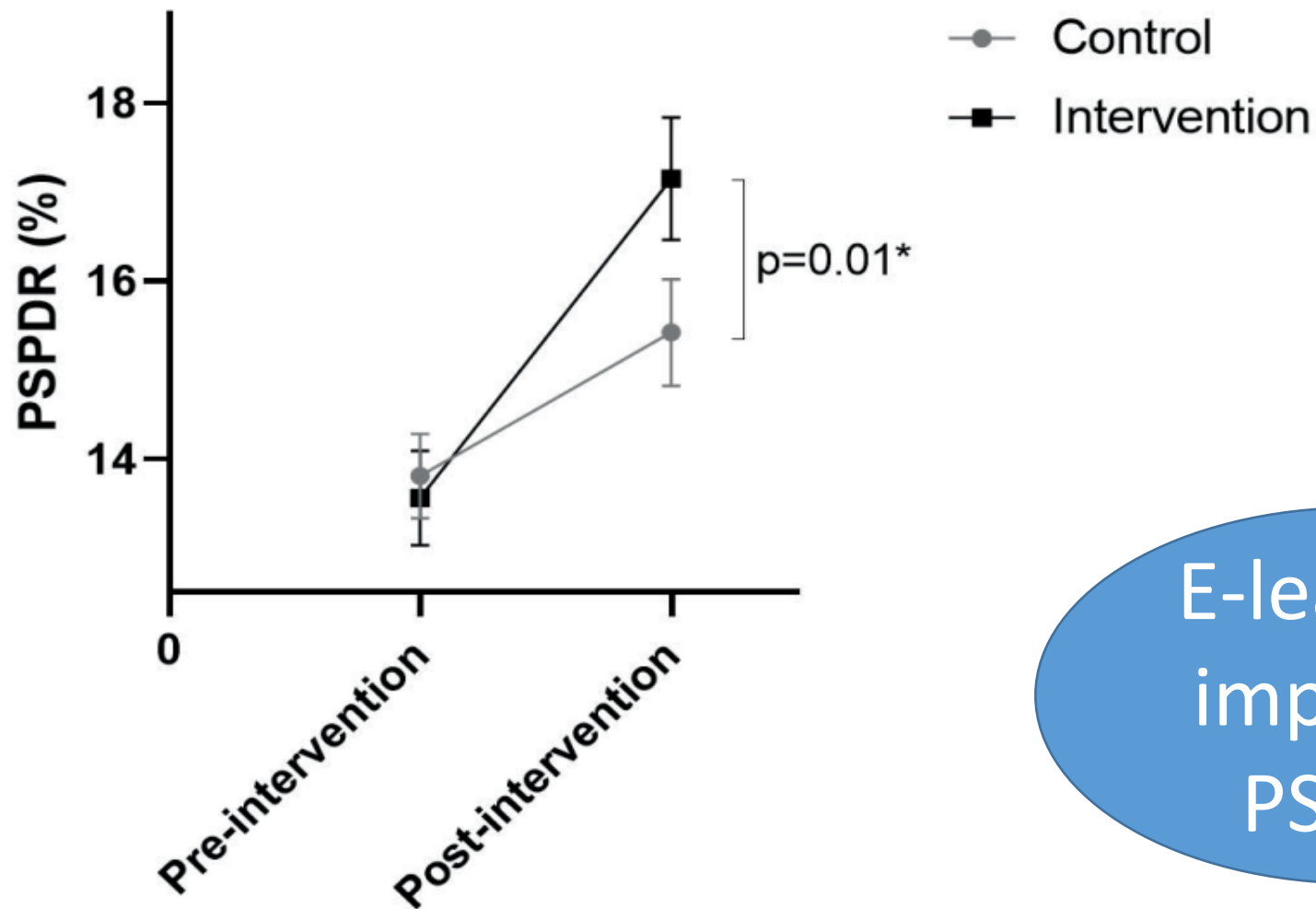




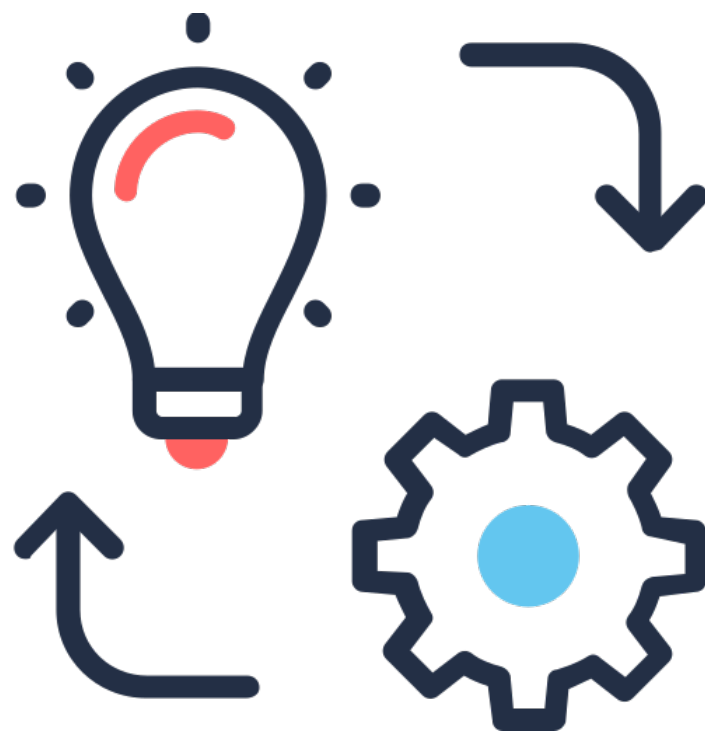
PSPDR and PCCRC mortality

► **Table 4** Association of adenoma detection rate and proximal serrated polyp detection rate at screening colonoscopy with post-colonoscopy colorectal cancer death. Model estimates are adjusted for age and sex.

Detection rate	HR (95 %CI)	P value
ADR	0.98 (0.96–0.99)	0.01
PSDR	0.97 (0.94–0.99)	0.02



E-learning
improves
PSPDR



Take home message

- PSPDR of added value to improve colonoscopy quality
- Adequate registration of serrated polyps a hurdle for implementation
- International collaboration needed to improve current standards