

Background

- Histopathology is currently the gold standard for diagnosis of small colonic polyps.
- Image-enhancing endoscopy with optical diagnosis is now endorsed by a number of gastroenterology societies.
- Optical diagnosis offers potential for a resect and discard strategy with significant time and cost savings.



Figure 1 An adenoma examined under white light and narrow band imaging (NBI) to perform optical diagnosis.

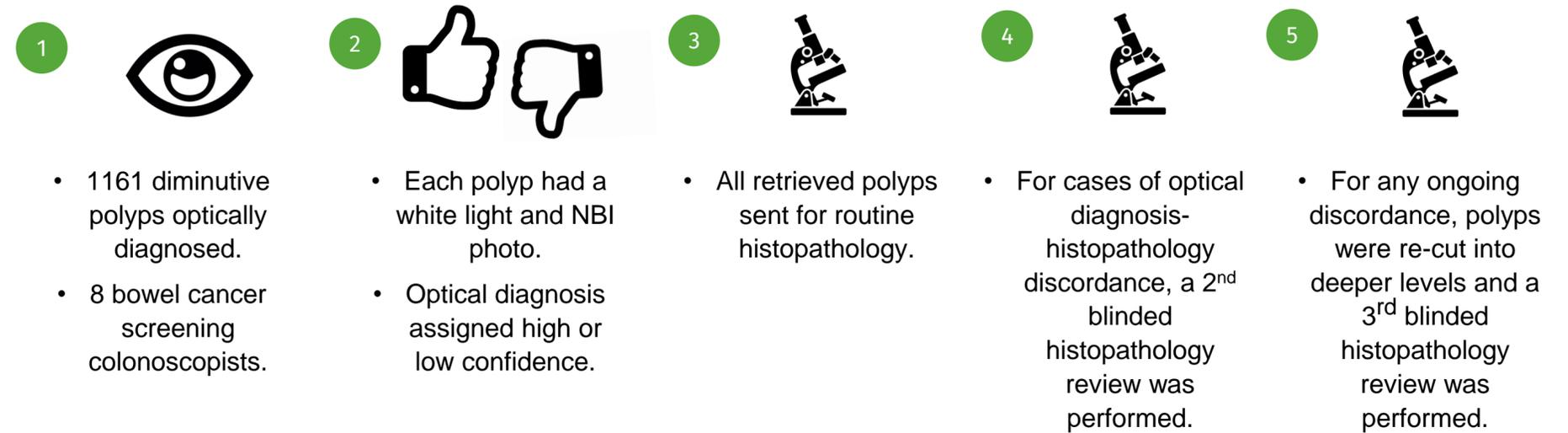
Aims

- 1 Assess correlation of histopathology reporting with high confidence diminutive polyp optical diagnosis.
- 2 Assess impact of performing additional tissue section re-cuts, where there is discordance.

Methodology

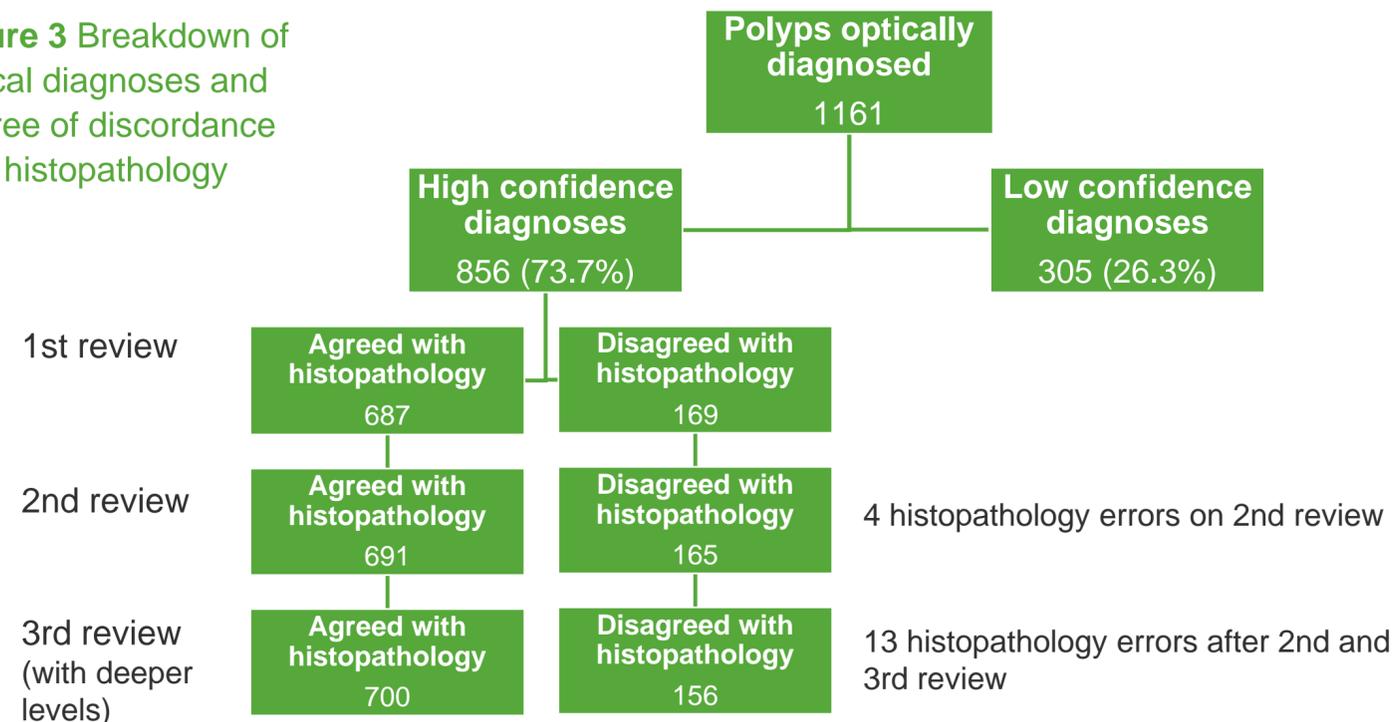
- Prospective study running over 20 months (Feb 20 - Oct 21) at a London bowel cancer screening centre.
- Part of the ongoing DISCARD3 study assessing implementation of optical diagnosis with a resect and discard strategy.
- Cases of discordance between high confidence optical diagnosis and histopathology in early phase of study were re-reviewed.

Figure 2 Study methodology overview



Results

Figure 3 Breakdown of optical diagnoses and degree of discordance with histopathology



Conclusions

- There is a small but significant discrepancy between high confidence optical diagnosis and histopathology reporting of diminutive polyps.
- Although the majority of discrepancy is due to optical diagnosis error, 7.7% is related to histopathology.
- We now routinely perform additional deeper levels for all polyps in the bowel cancer screening programme.