Virtual Chromoendoscopy vs. White Light Endoscopy: FICE, NICE or Plain White?

The Diminutive Polyp

Pradeep Bhandari
Charles Kahi

Moderator: Alessandro Repici
Diminutive Polyps

- Account for the large majority of polyps seen and removed at colonoscopy
- Studies in high level adenoma detectors show an adenoma prevalence of nearly 50% on first screening examinations
- Prevalence of advanced histological features in colon polyps ≤5 mm is very low (0.5%)
- **Current standard of care:** all resected polyps are sent for histopathologic evaluation → *Enormous associated costs (disposable accessories, histopathology)*

Resect & Discard

- Optical diagnosis of polyp histology can be made with sufficient accuracy (90%-95%) without negatively affecting surveillance colonoscopy recommendations.
- Forgoing pathology examination of these polyps would lower cost of screening and surveillance colonoscopy by $33 million to $1 billion in the United States annually.
- ASGE, ESGE and UK NICE have endorsed optical diagnosis for diminutive polyps under the premises that it is performed by adequately trained, accredited, and audited endoscopists, and that a polyp diagnosis is made with high confidence.

Debate Questions

• What are the challenges and complexities of real-time (RT) optical assessment and follow-up management?
• Has the optical assessment been validated for SSA/P?
• Should we adopt a location-based strategy?\(^1,2\)
• Need for different classifications and validation (\textit{NICE} vs. \textit{iSCAN} vs. \textit{FICE})?
• Is RT optical assessment necessary for a R&D strategy?\(^2\)
• Pros and cons of a R&D strategy?
• Is R&D ready for prime time in clinical practice?
• What are the latest image enhancement techniques?

\(^1\text{Repici A, et al, Gastrointest Endosc 2013;78:106-14.}\)