

Sigmoidoscopia di screening Ca colon-retto

Variazioni fra operatori nella diagnosi
di adenomi: esperienza S.C.O.R.E.

Colonscopia

- Possibilita' di “non diagnosticare” polipi durante endoscopia flessibile del colon.
- Studi fatti ripetendo a breve termine II° colonscopia da operatore differente.
- Rex et. Al. Gastroenterology 1997: 20% “miss rate” piccoli adenomi quasi inevitabile, indipendente dalla strumentazione, anche fra operatori esperti.

Sigmoidoscopia di screening

- Se e' possibile non diagnosticare adenomi del colon nella routine endoscopica, quale puo' essere l'impatto in un'attivita' endoscopica di screening volta a prevenire la crescita futura di piccole lesioni adenomatose ?

Sigmoidoscopia di screening

- Bretthauer et al. Scand J Gastroenterol 2003.
- 8822 sigmoidoscopie.
- 8 operatori, 5 > 1.000 prec. colonscopie, 3 quasi inesperti.
- Polyp detection rate: 36.4-65.5%.
- ADR (adenoma detection rate): 12.7-21.2%
- ADR adenomi avanzati: 2.9-5.0%

Sigmoidoscopia di screening

- Variabili associate alla ADR: tempo di esecuzione, sesso (M), operatore.
- Operatori inesperti (3) vs. operatori esperti (5):
 - polipi: 59.5 vs. 47.7%
 - adenomi: 19.6 vs. 15.9%
 - adenomi avanzati: 5.0 vs. 3.6%.

Sigmoidoscopia di screening

- Atkin et al. Gastroenterology 2004.
- 38.601 sigmoidoscopie
- 13 operatori, tutti > 1.000 prec. colonscopie
- Polyp detection rate: 15.6-41.9%
- ADR: 8.6-15.9%.
- Polipi > 1 cm.: 1.5-3.3%

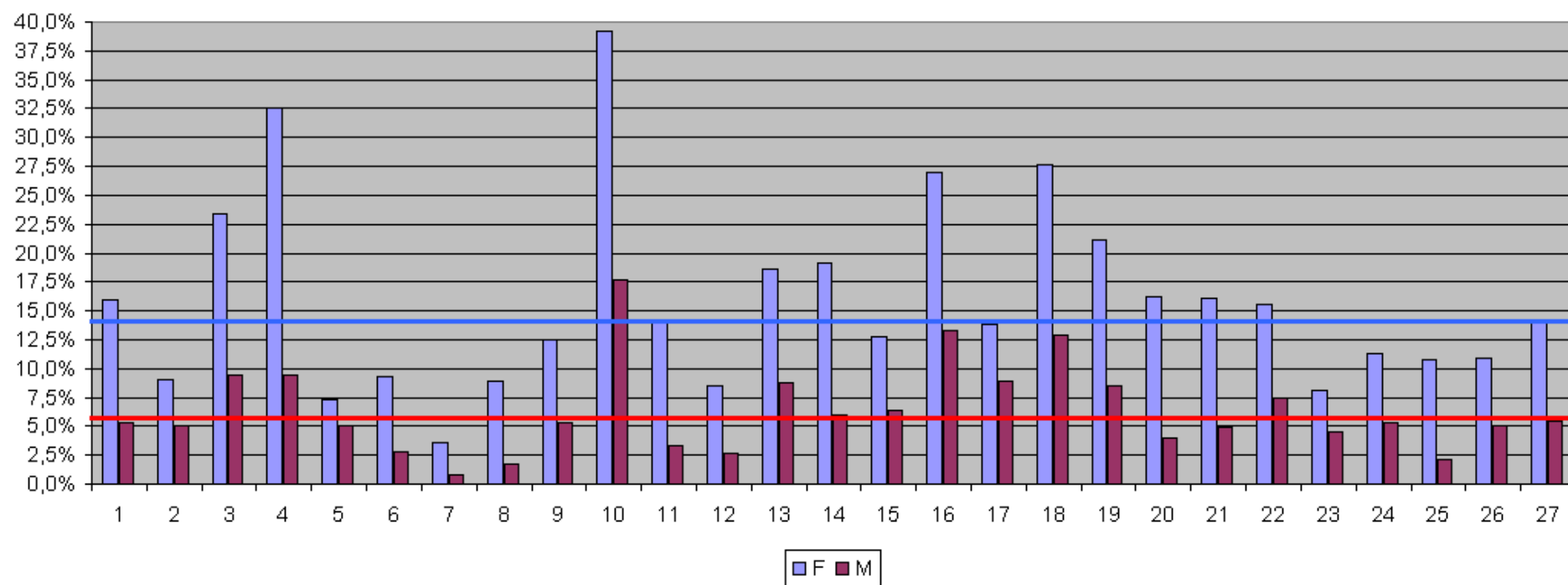
Sigmoidoscopia di screening

- L'unica variabile associata alla ADR e' l'operatore in se'.
- Durante le prime 1.200 sigmoidoscopie aumento dell'ADR in ogni operatore (soprattutto le prime 400), in seguito declino e stabilizzazione.

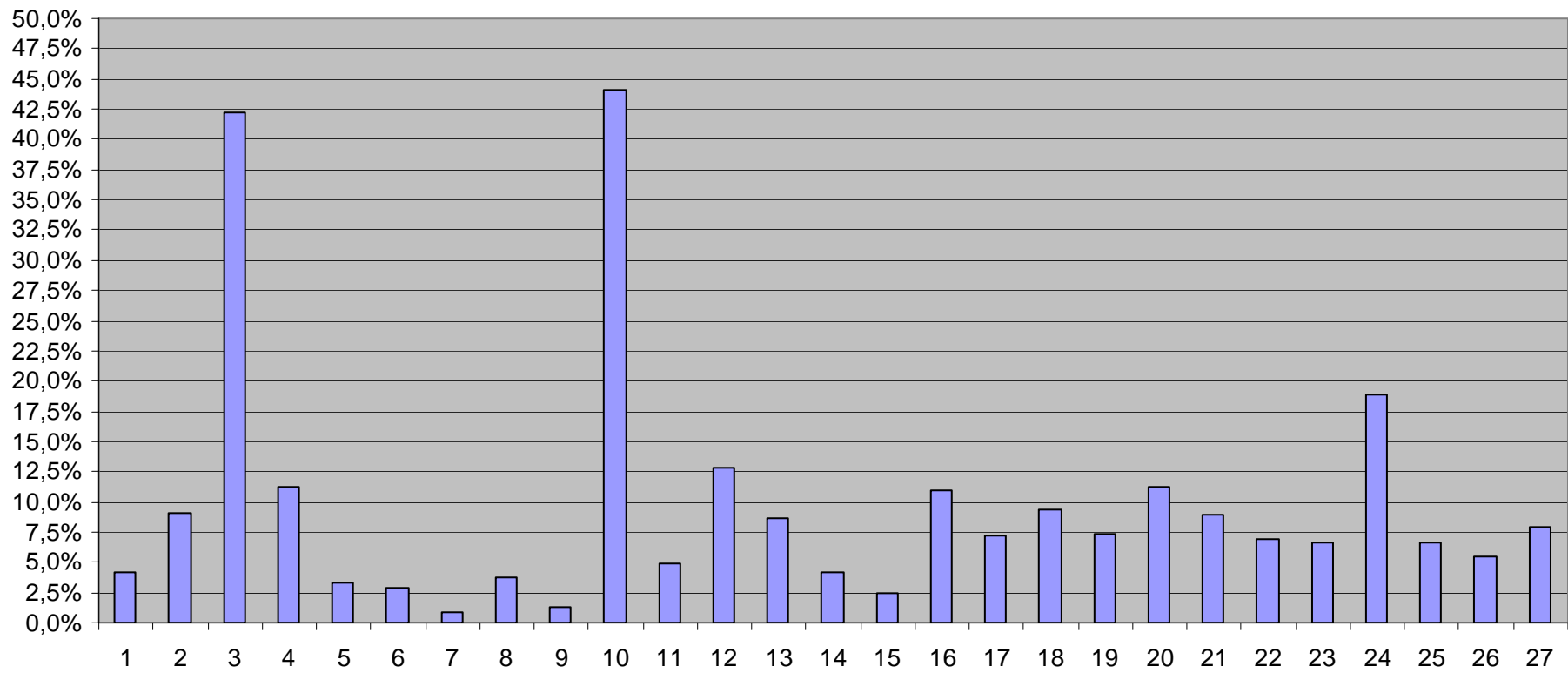
Sigmoidoscopie S.C.O.R.E.

- Sigmoidoscopie in 5 centri di Torino.
- 13.763 sigmoidoscopie (7095 M, 6.668 F) 2000-2006.
- 26 operatori (tutti > 1.000 prec. Colonscopie): 120-1400 sigmoidoscopie per medico.
- Protocollo S.C.O.R.E.: sigmoidoscopia dopo clistere evacuativo, sino a superare il giunto sigma-colon, asportazione subito polipi < 1 cm., invio in colonscopia per polipi > cm.

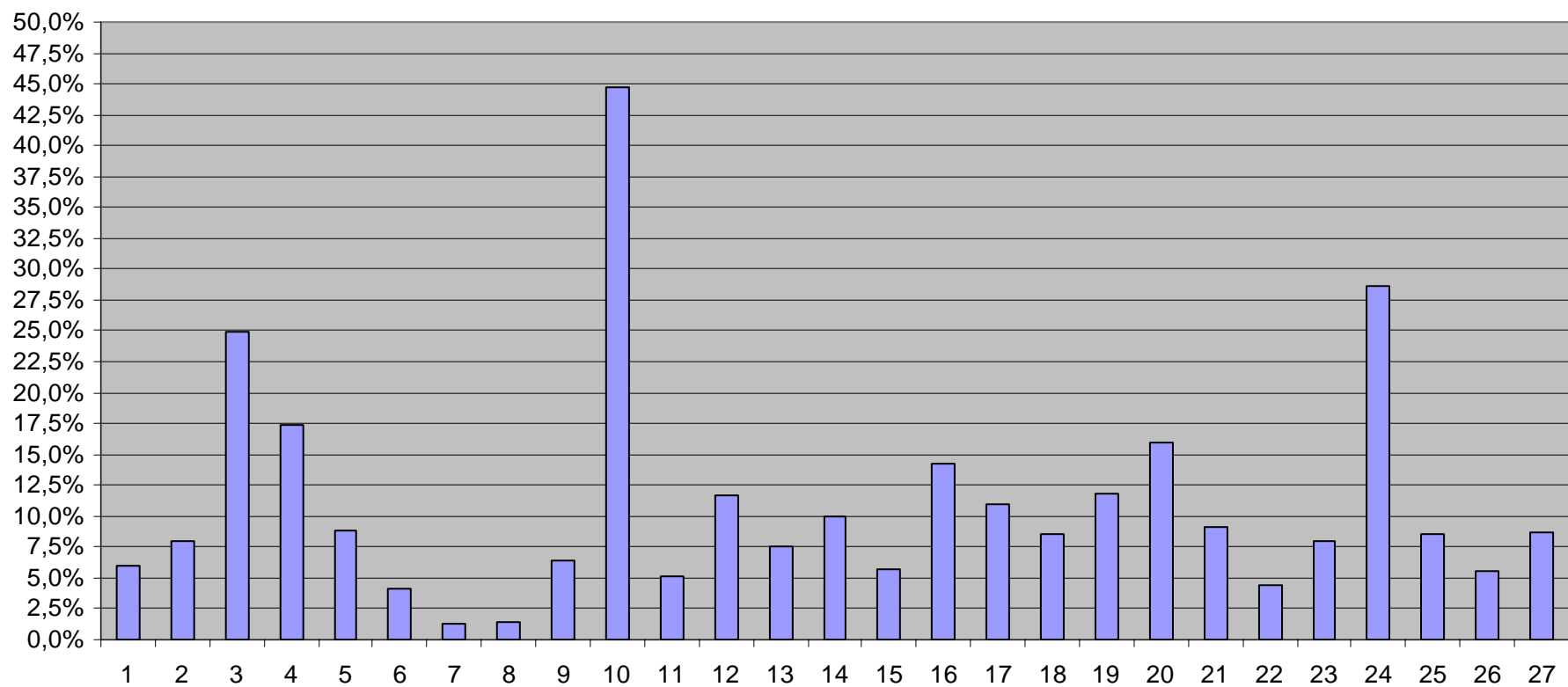
Pazienti con dolore intenso



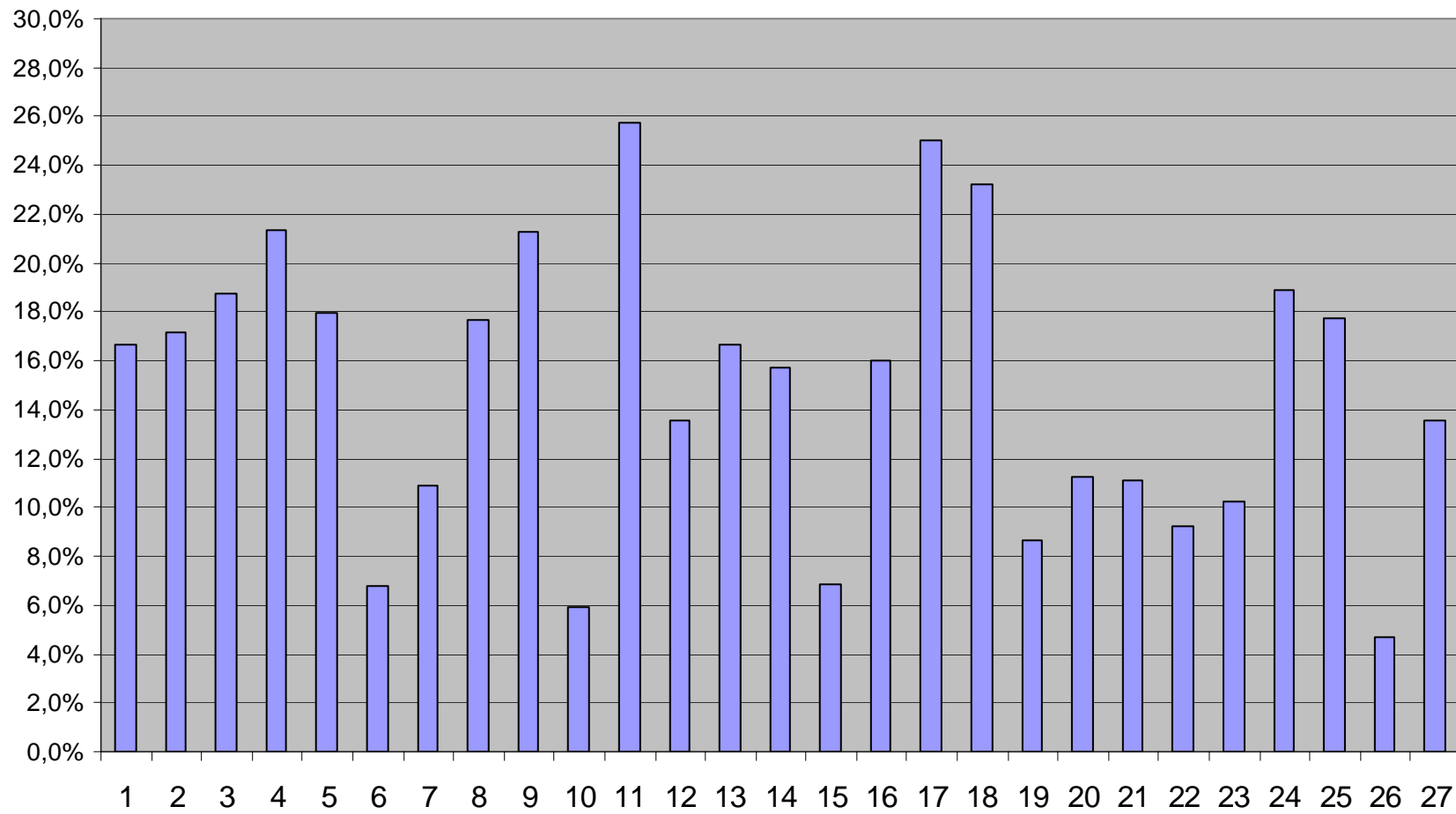
> 10 minuti - donne



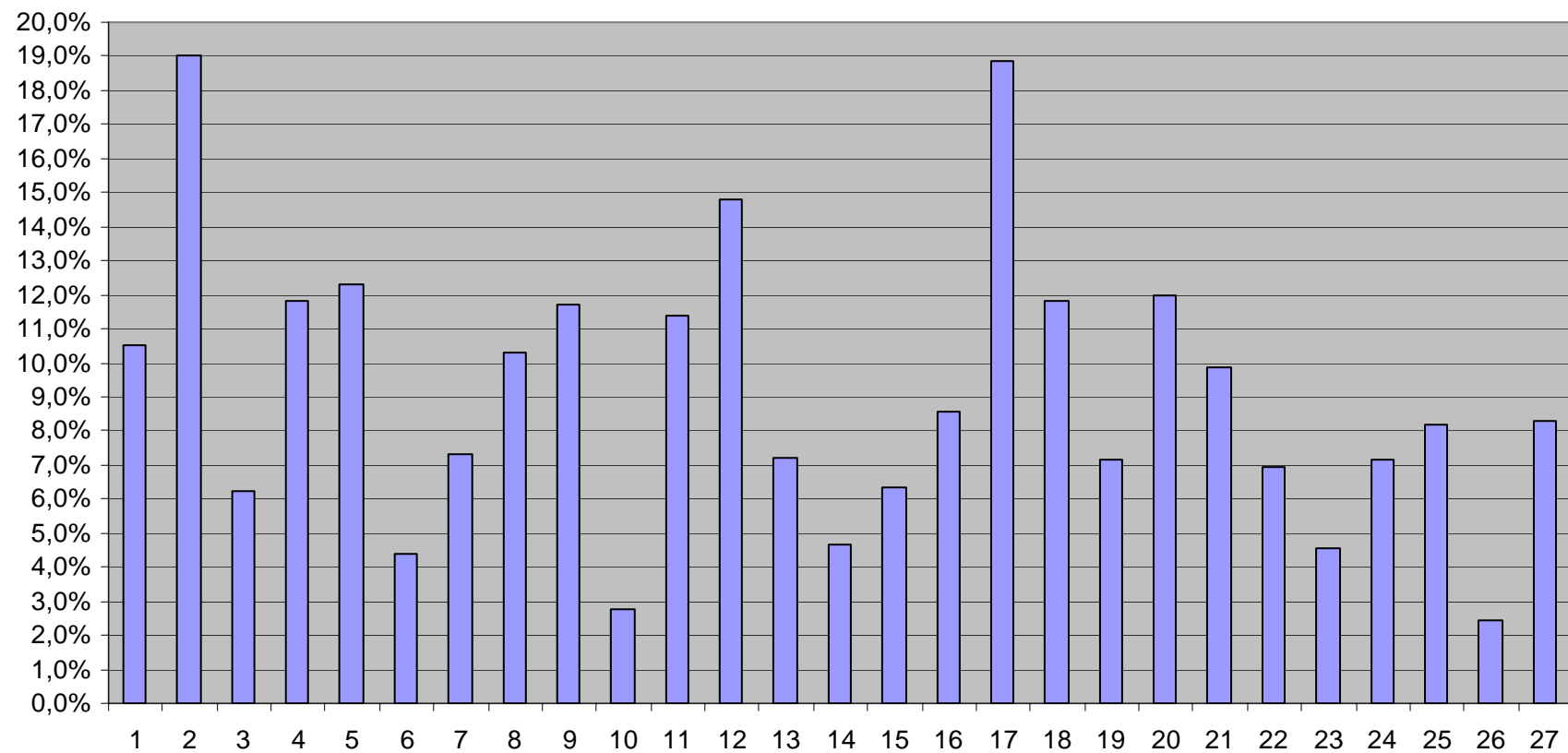
> 10 minuti - uomini



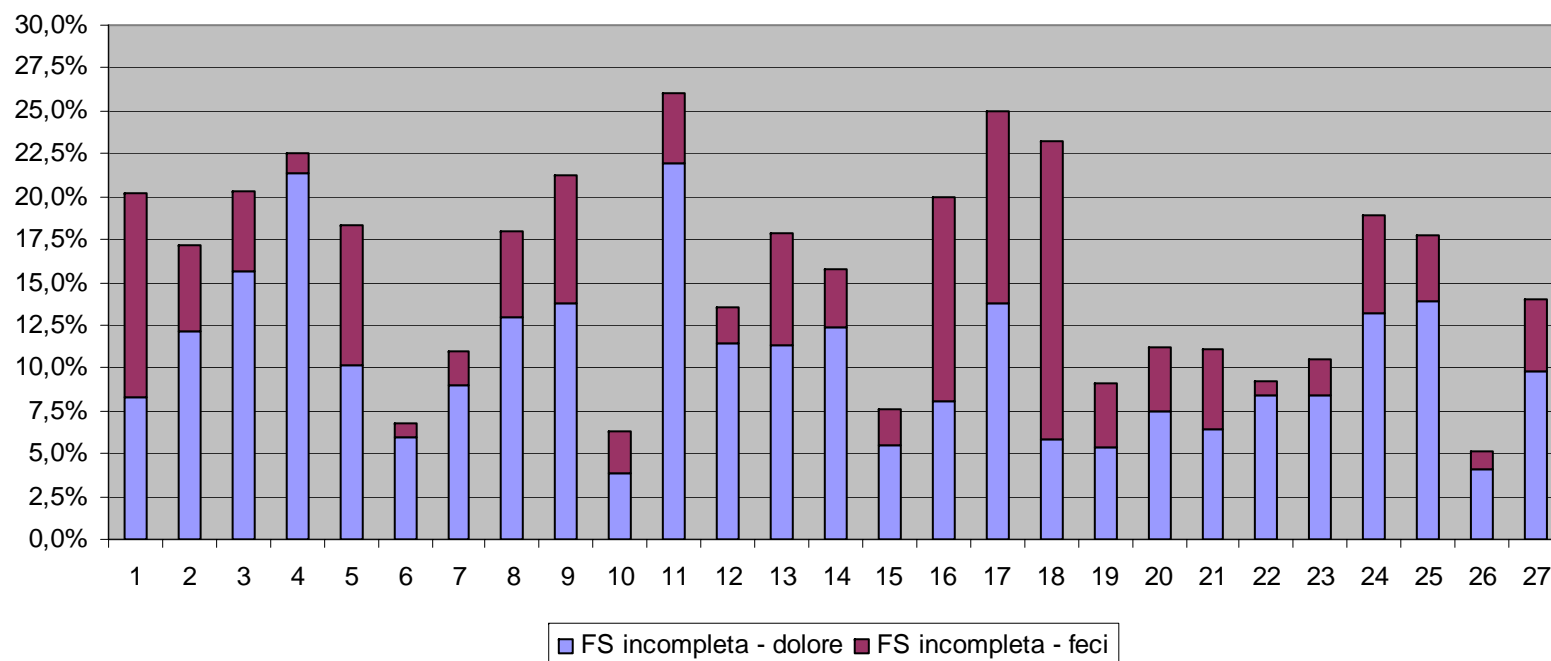
FS incomplete - Donne



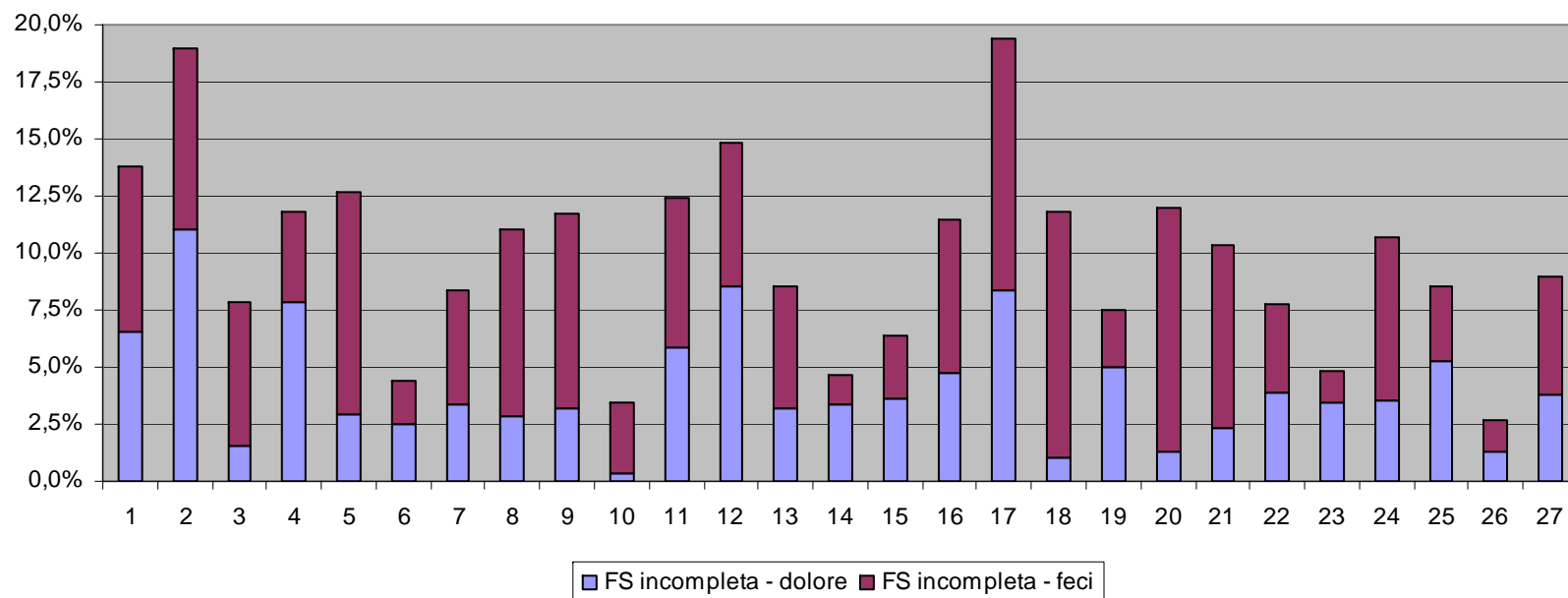
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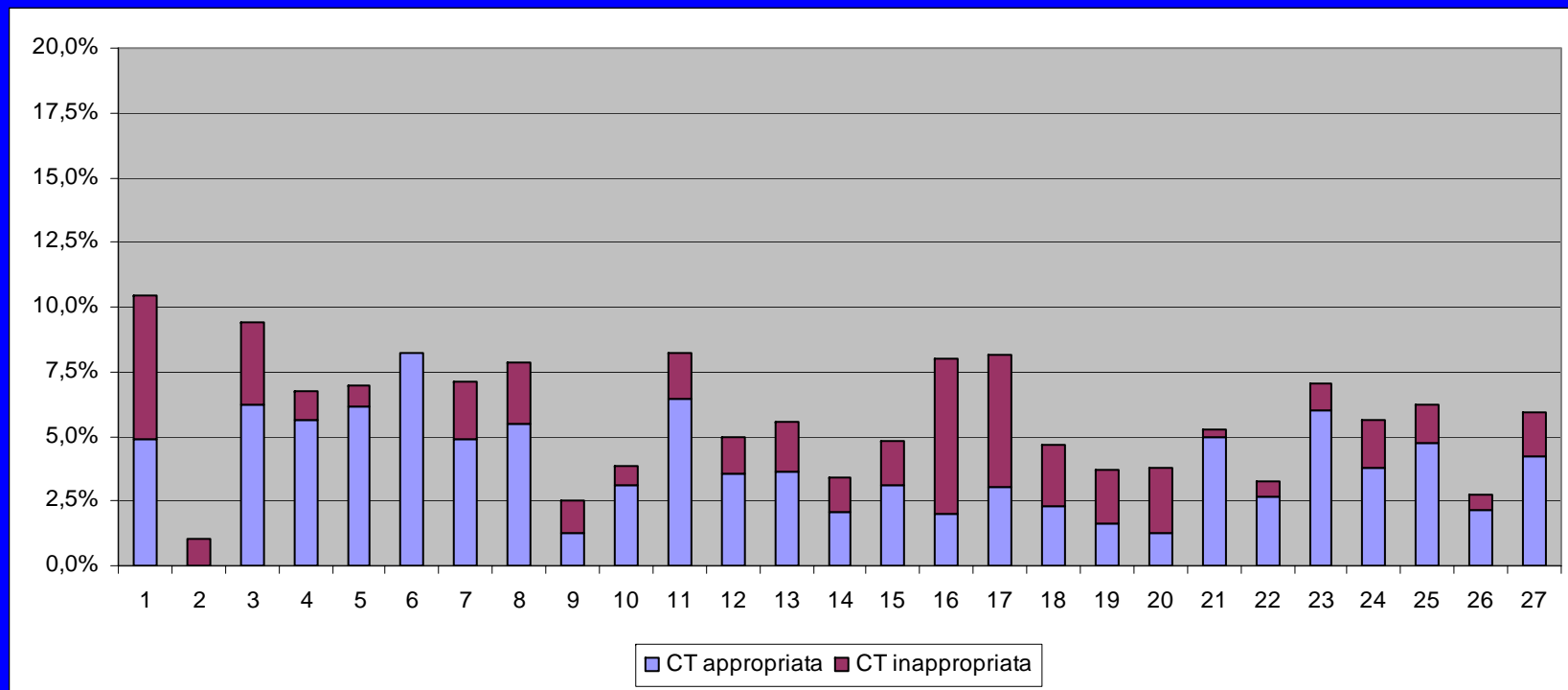


FS incomplete per motivo - Donne

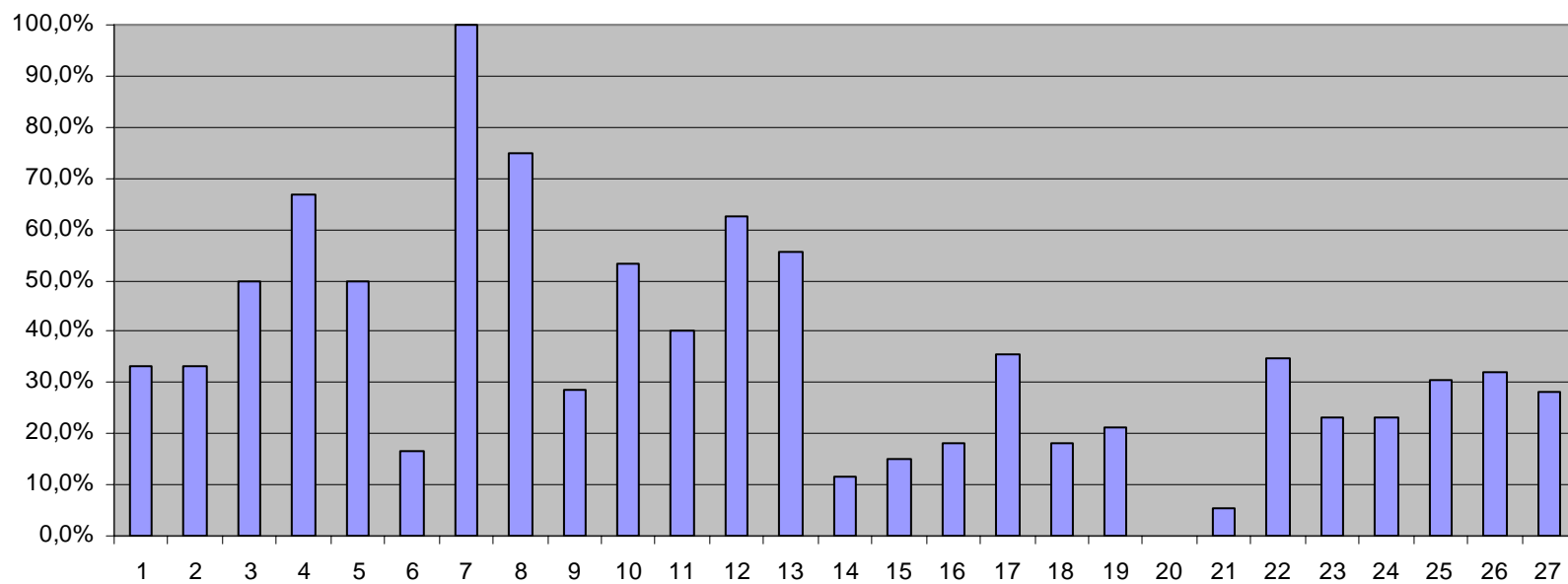


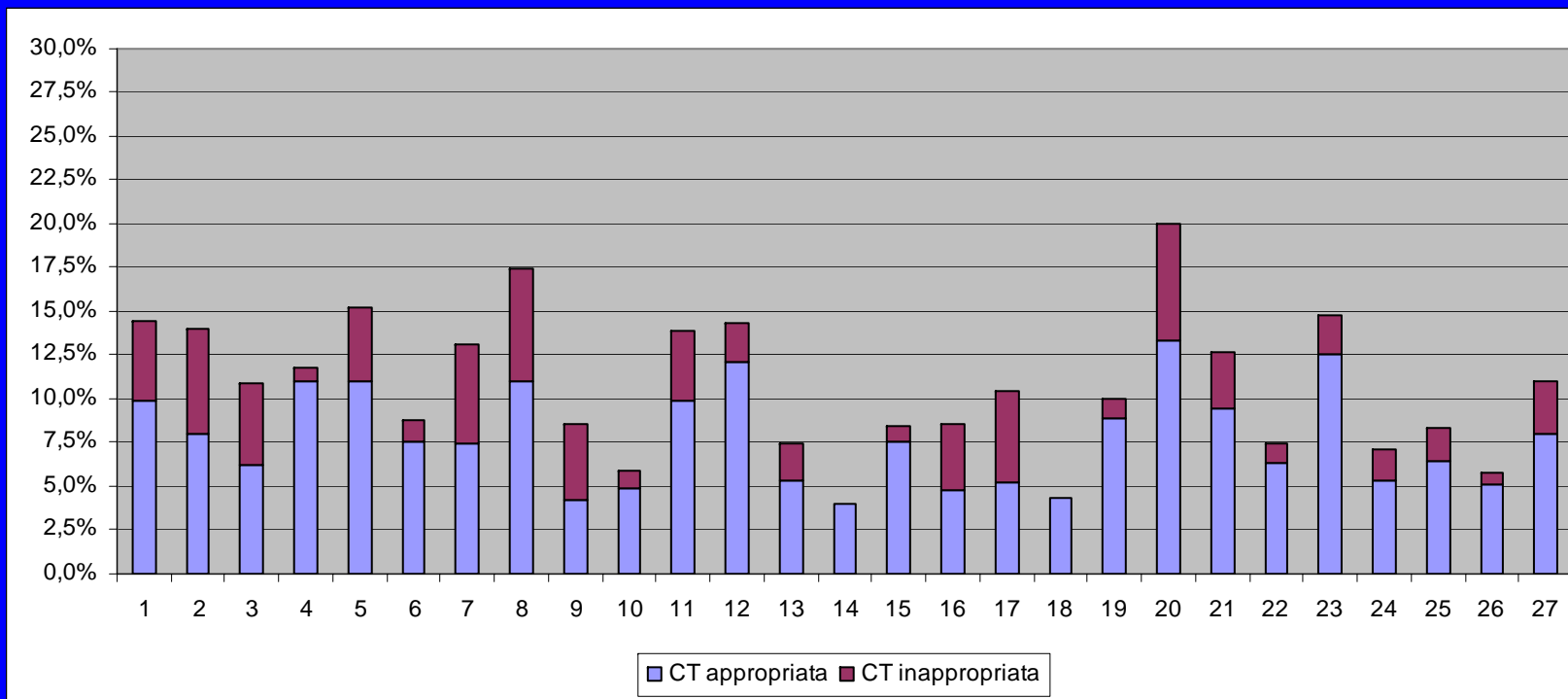
FS incomplete per motivo - Uomini



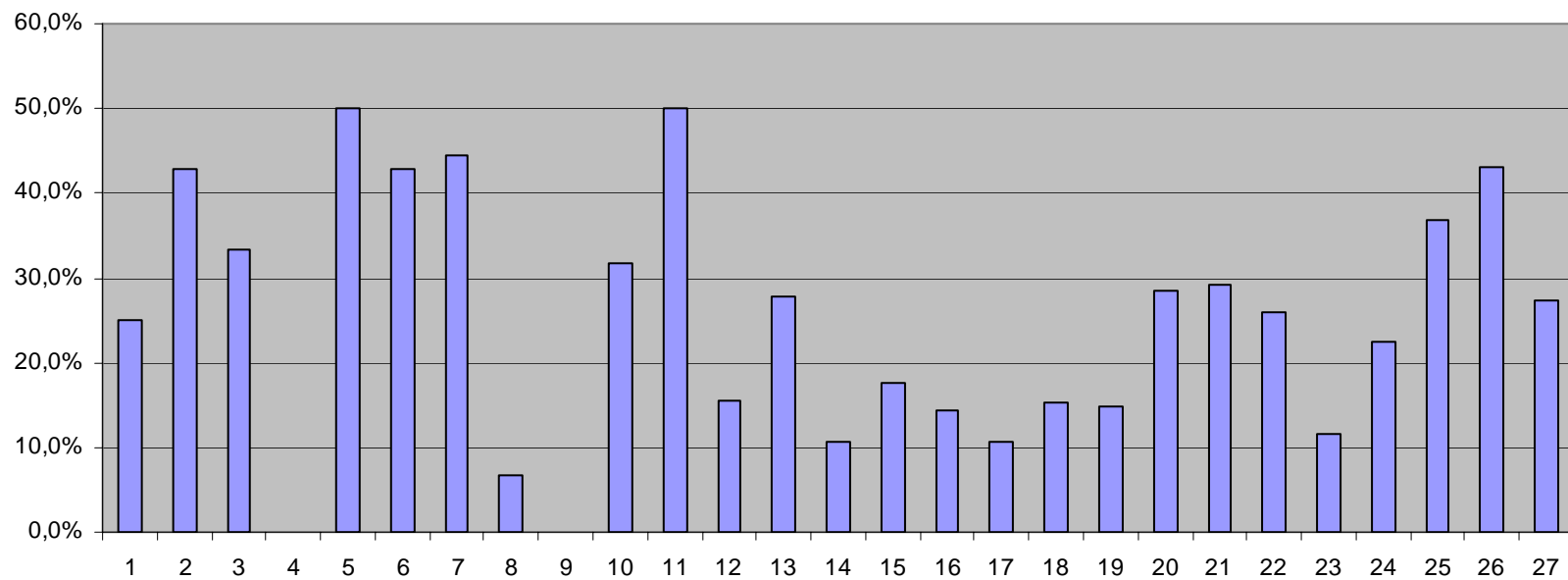


Rapporto CT inappropriate/appropriate - Donne

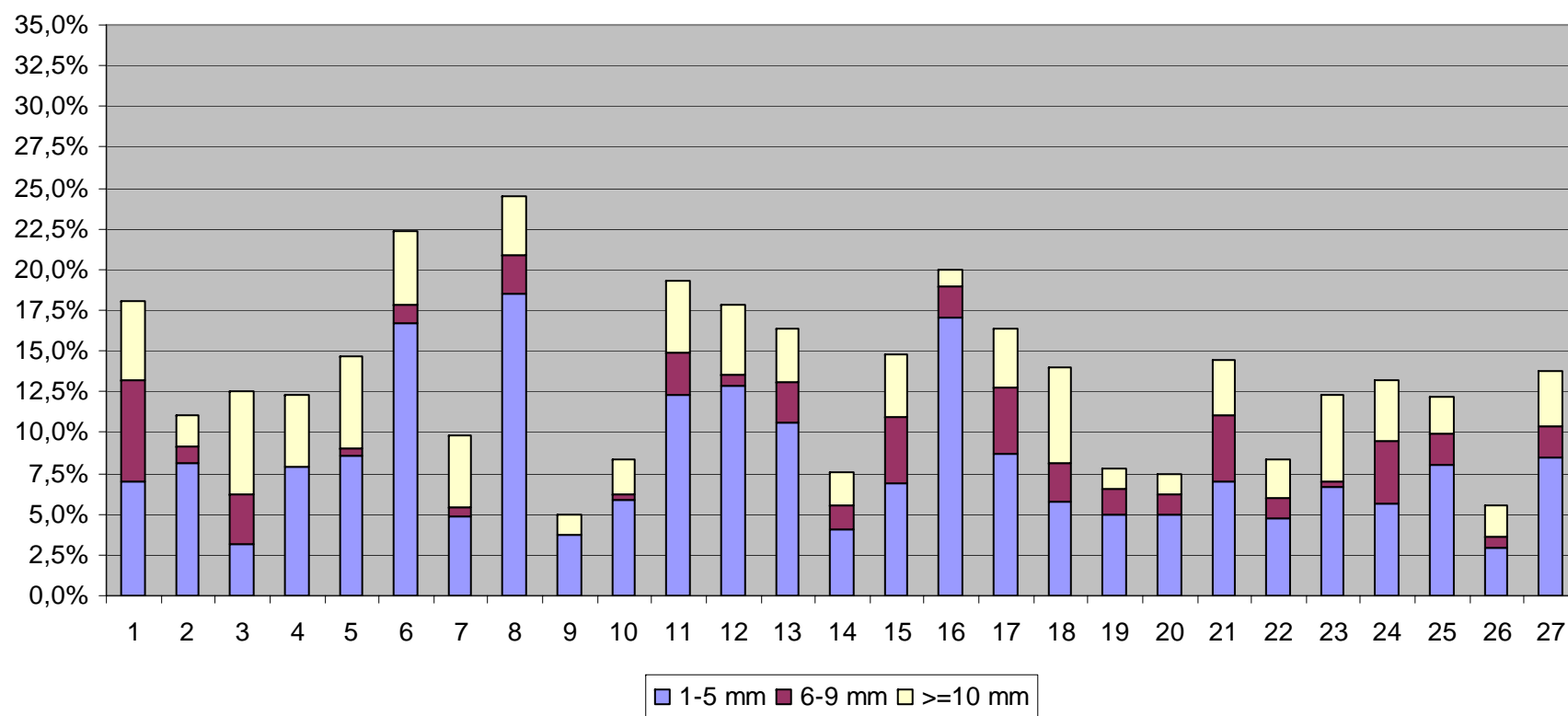




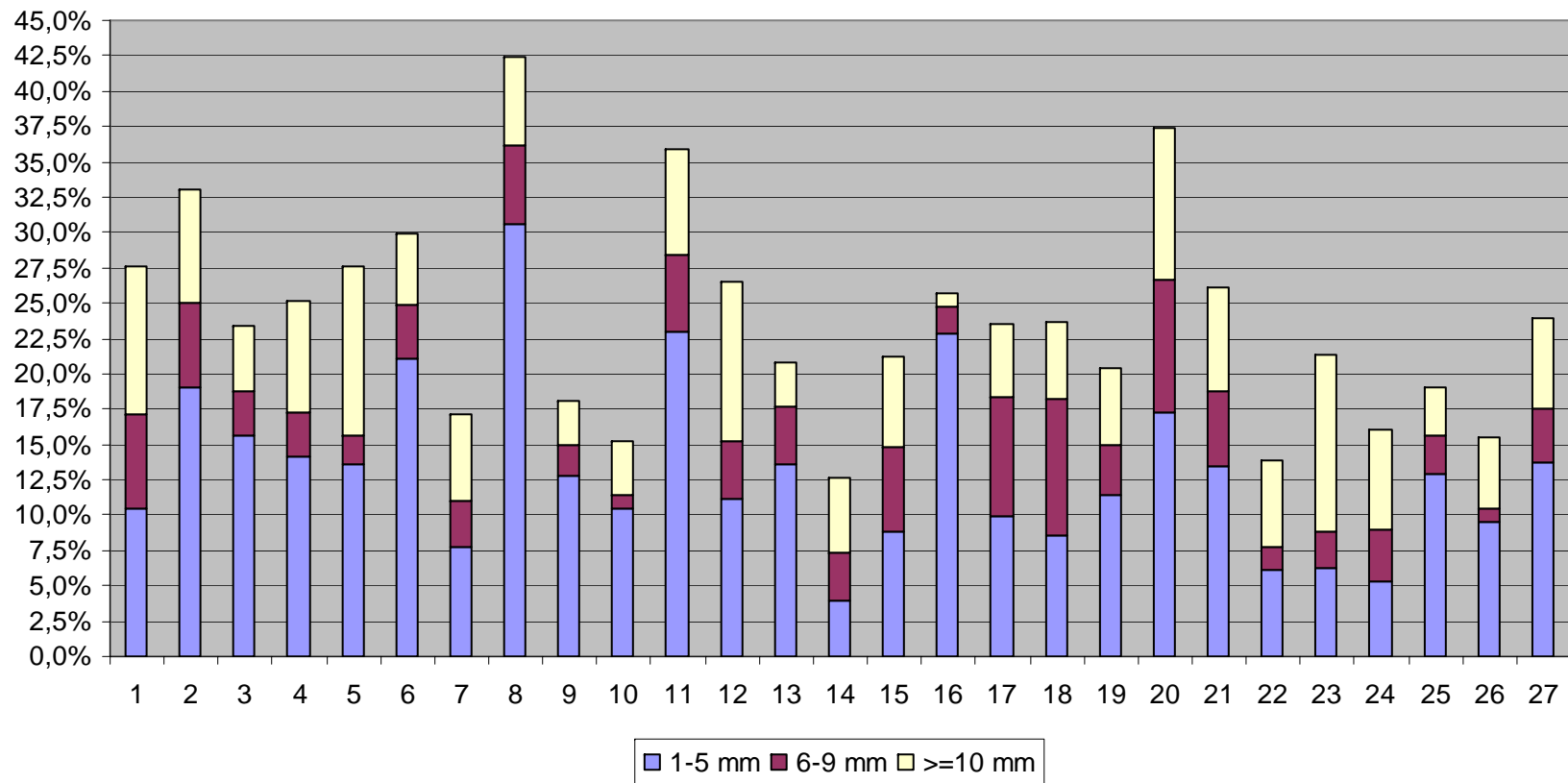
Rapporto CT inappropriate/appropriate - Uomini



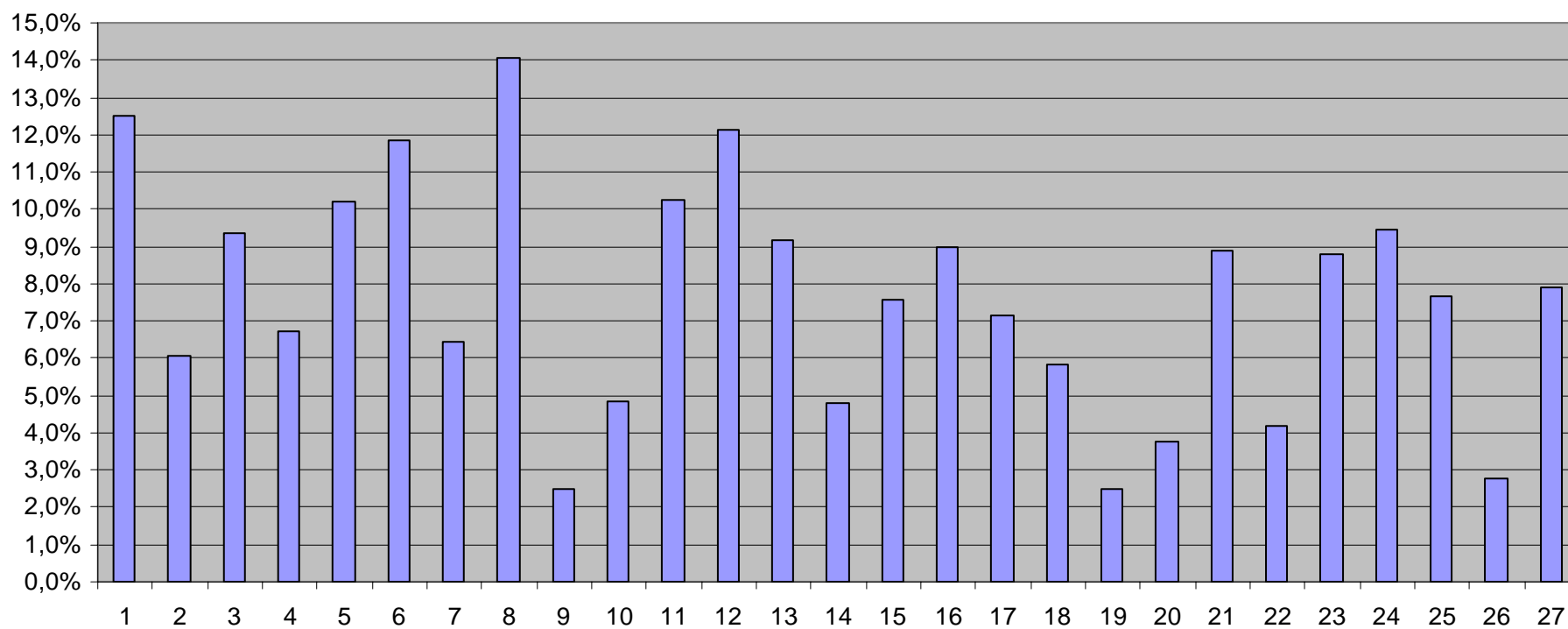
DR polipi - donne



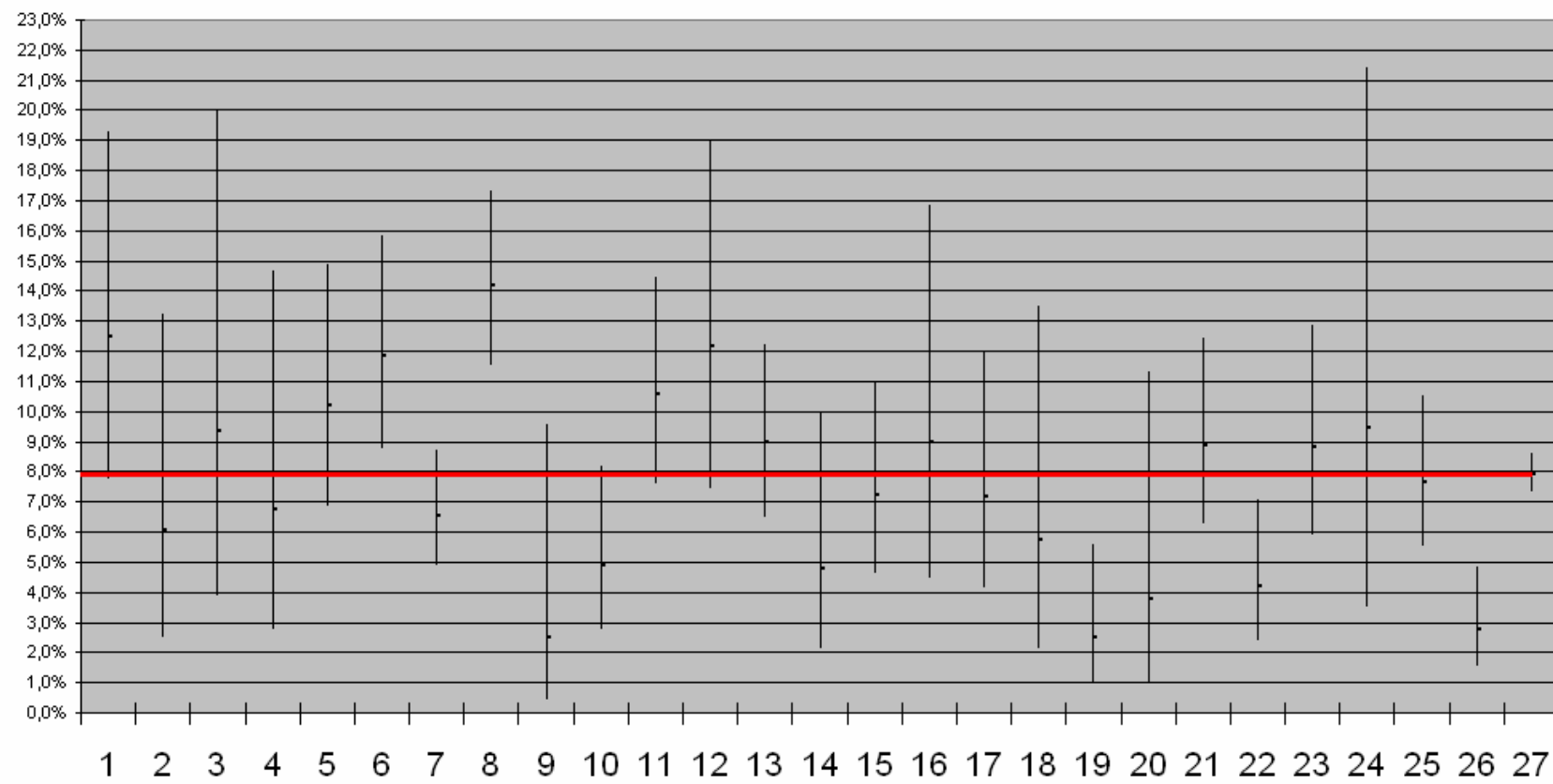
DR polipi - uomini



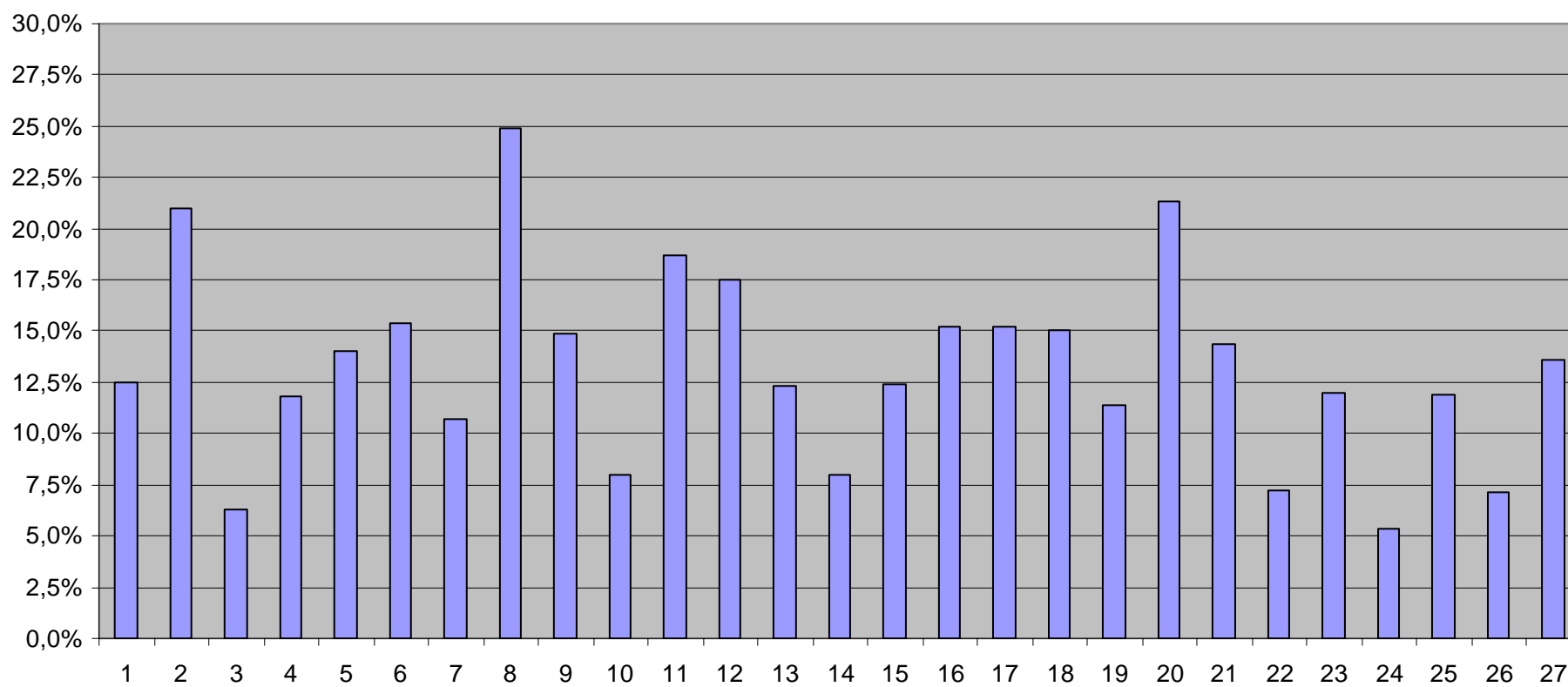
DR adenomi distali - donne



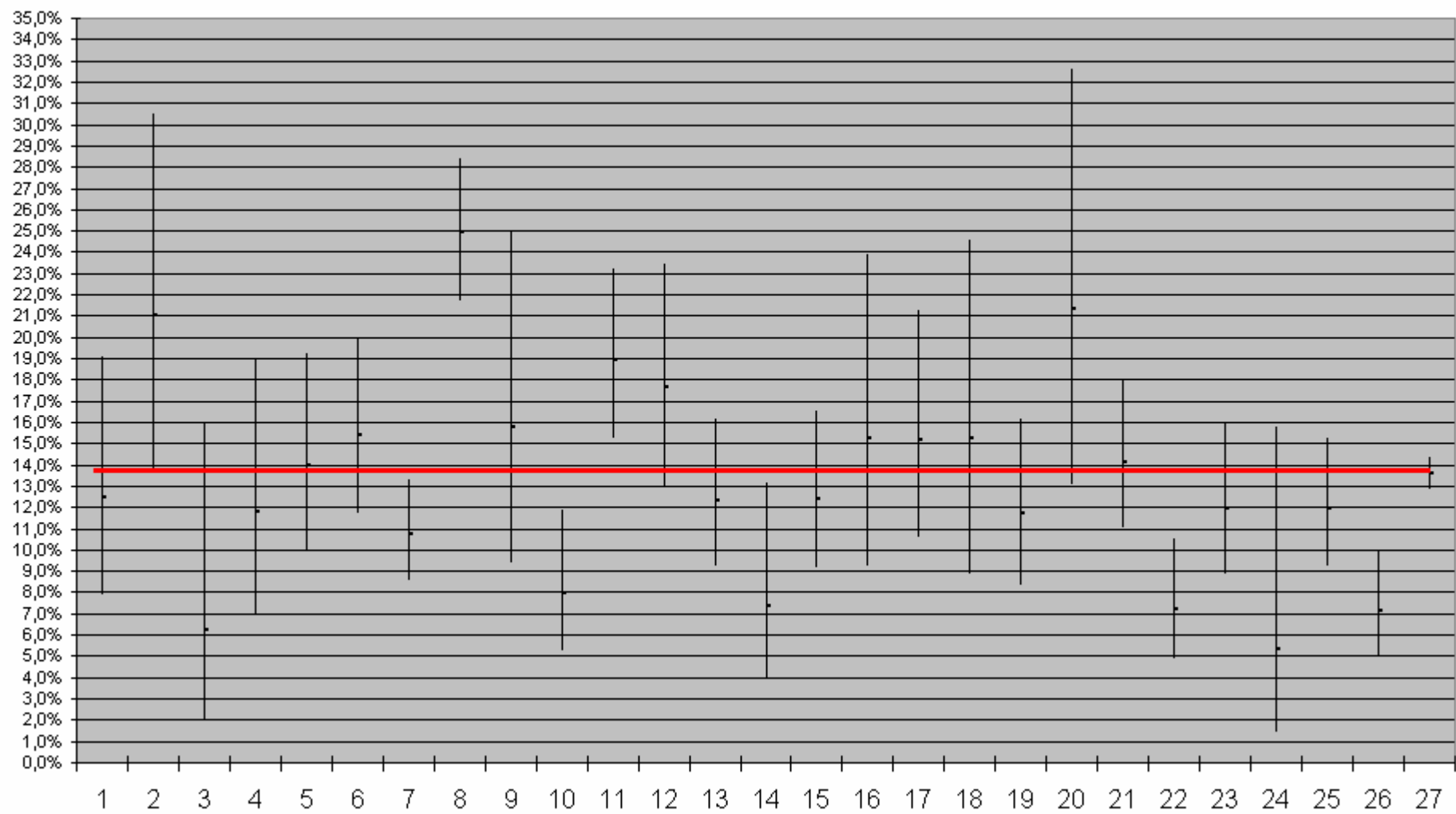
DR adenomi distali- donne



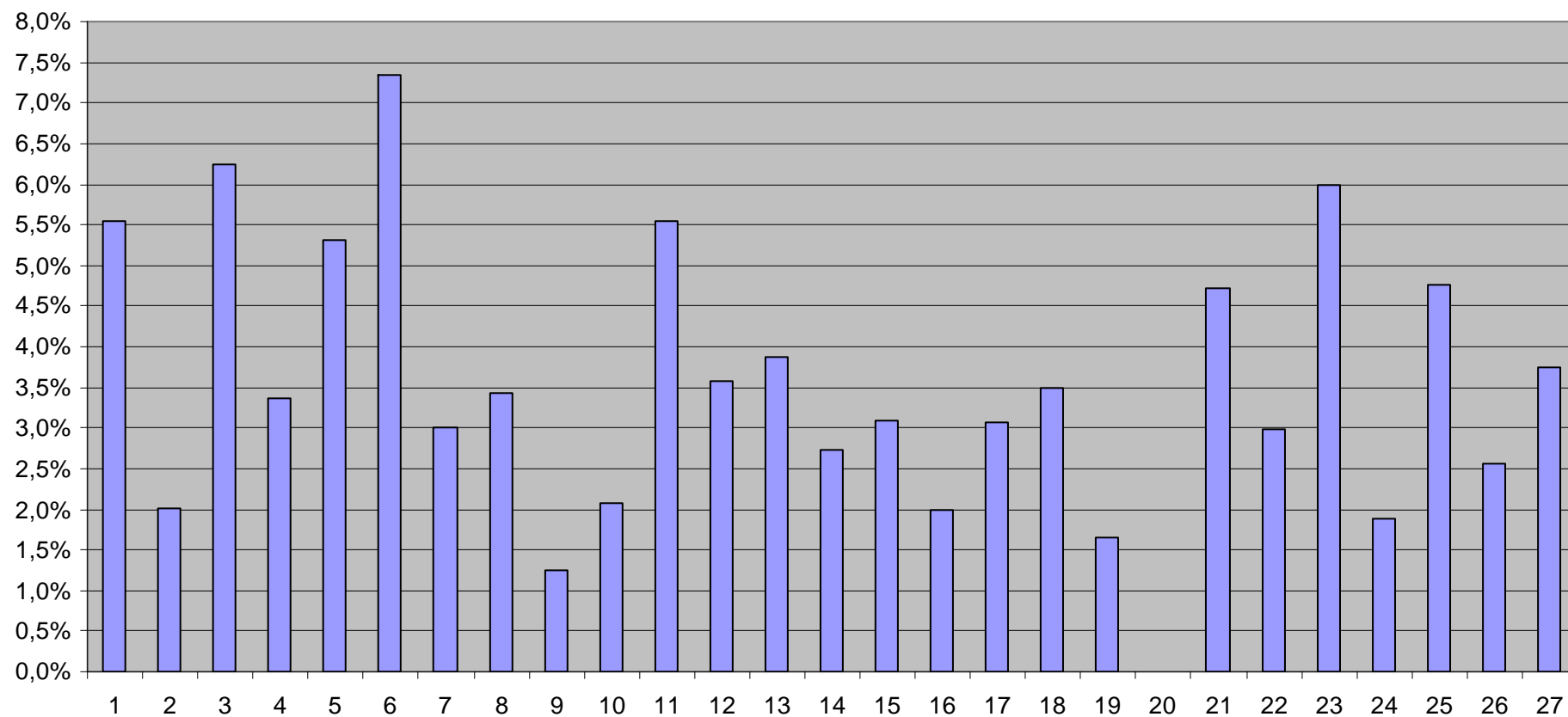
DR adenomi distali - uomini



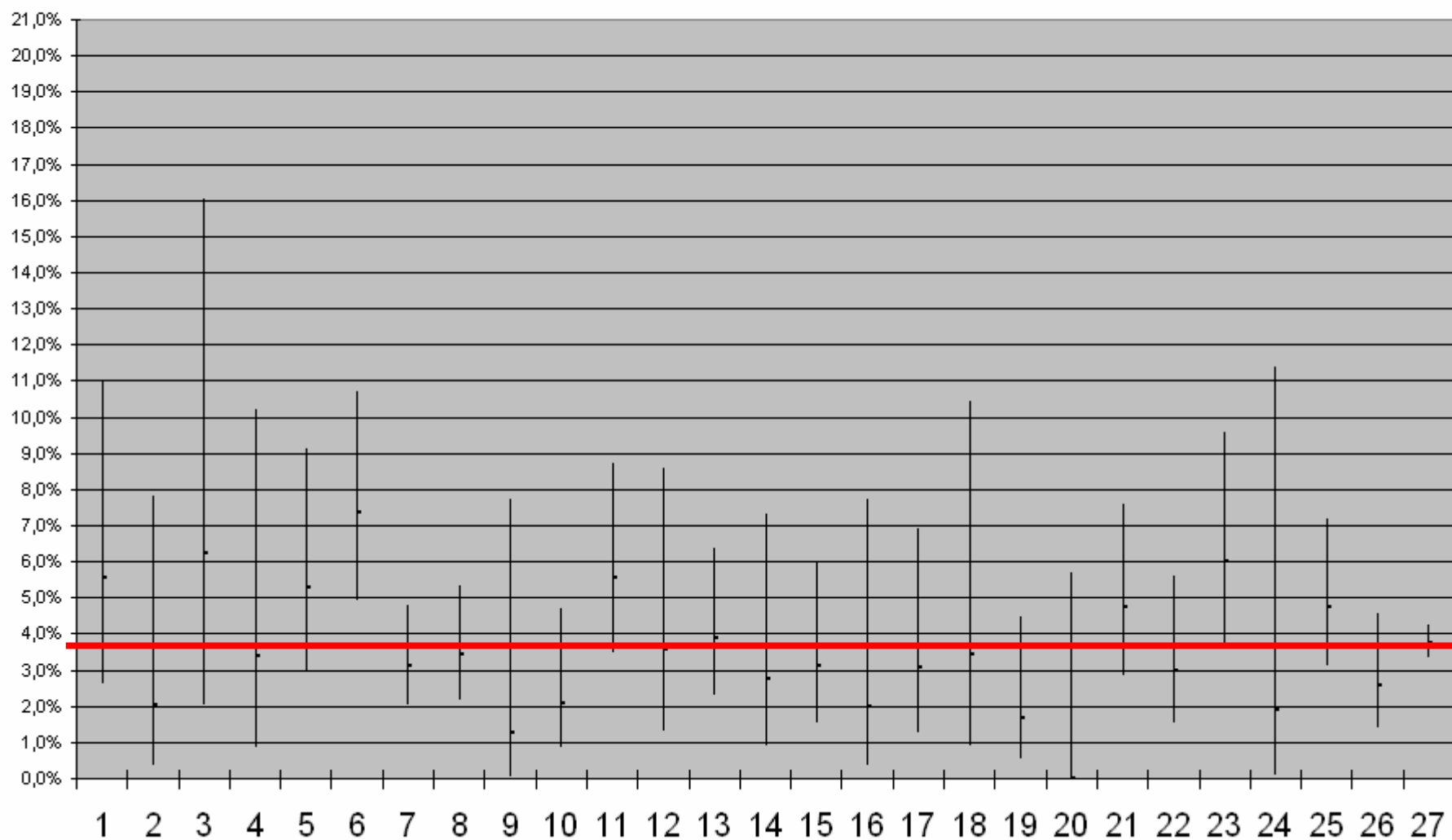
DR adenomi distali - uomini



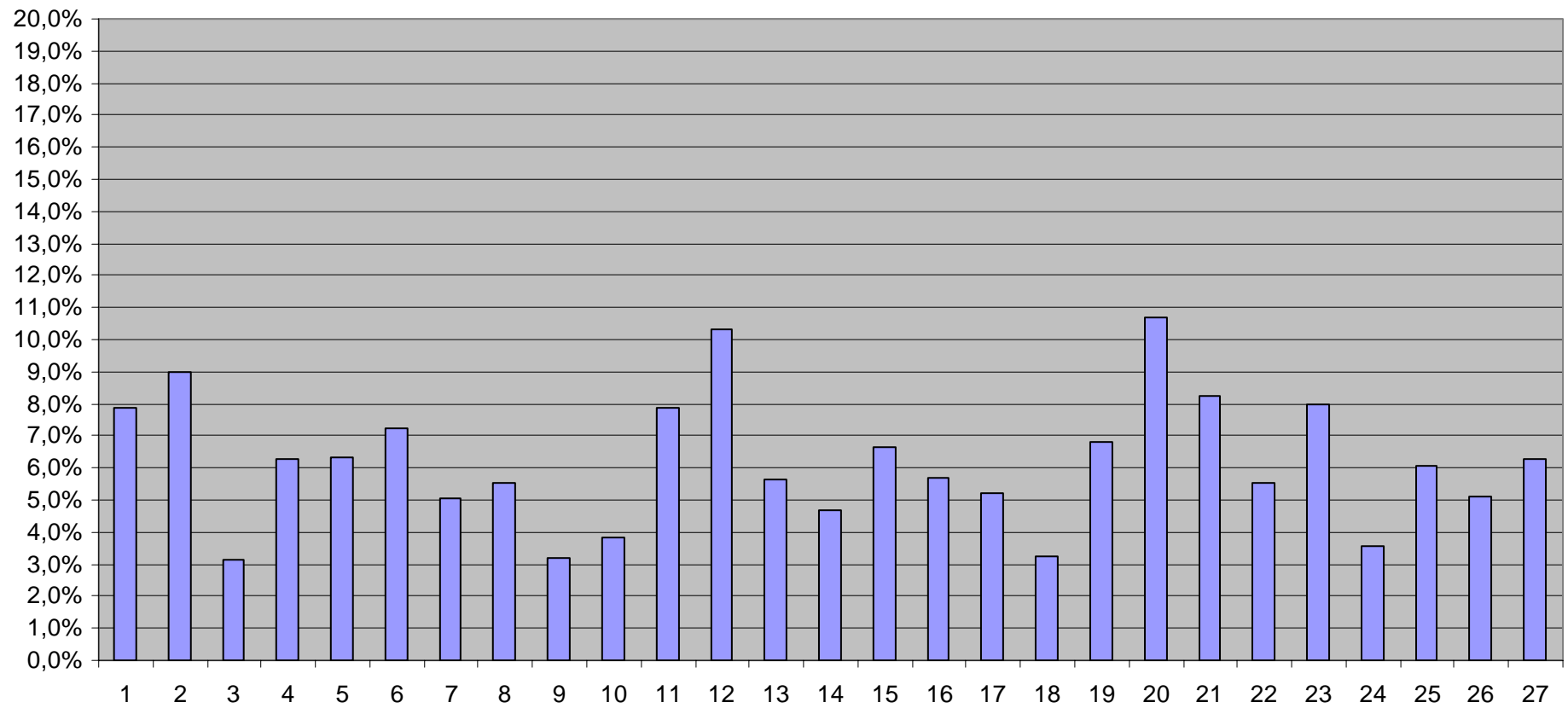
DR adenomi avanzati distali - donne



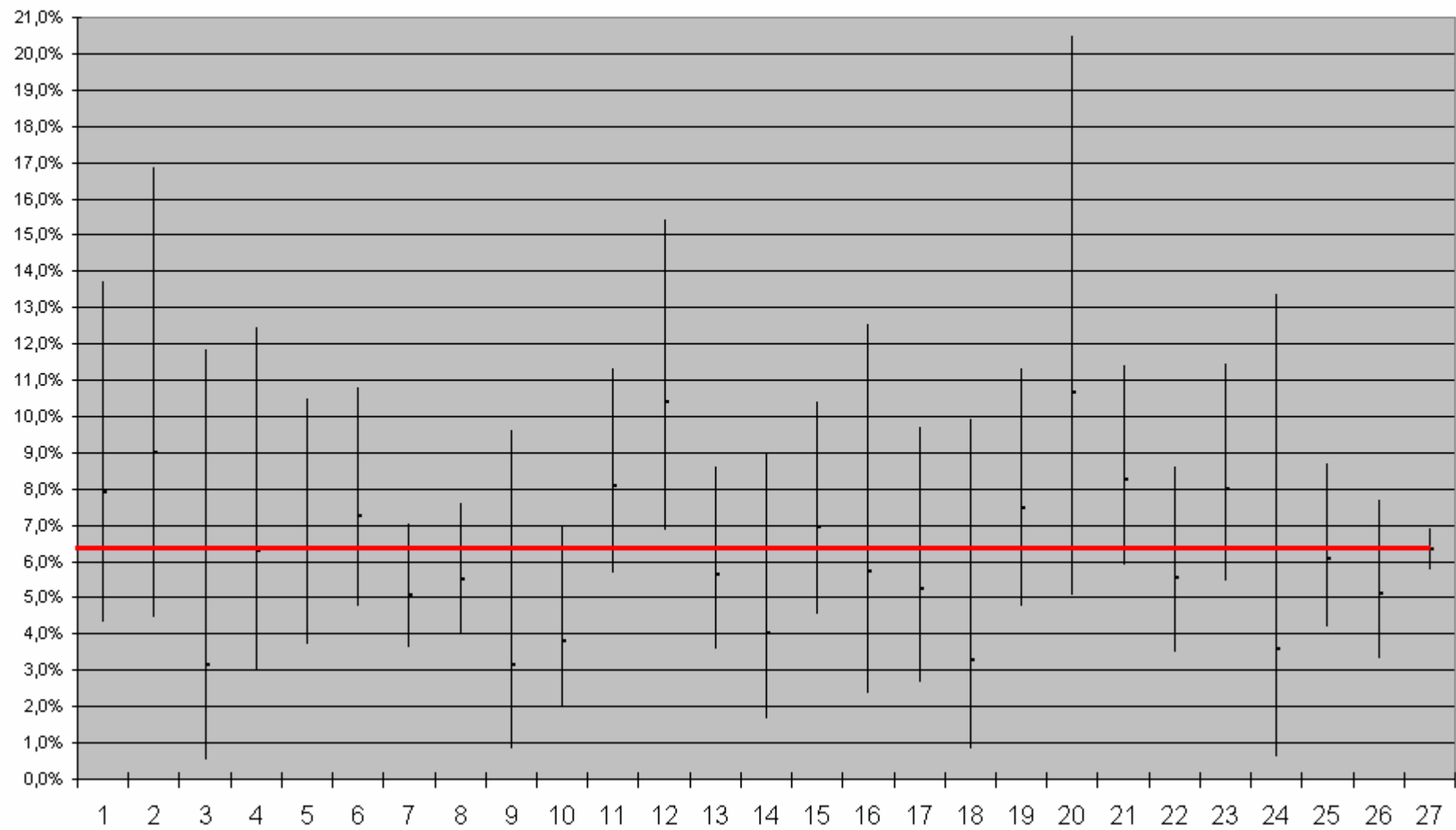
DR adenomi distali avanzati - donne



DR adenomi avanzati distali - uomini



DR adenomi avanzati distali - uomini



Conclusioni-1

- Variabilita' intra-operatore sia nella completezza delle sigmoidoscopie, sia nell'ADR: polipi, adenomi distali, adenomi distali avanzati.
- E' possibile ridurre il problema ?, e' inevitabile ?, fisiologico alla tecnica in se' ?

Conclusioni-2

- Levin et al. “Quality in the technical performance of screening flexible sigmoidoscopy: recommendations of an international multisociety task group” Gut 2005.
 - training endoscopisti
 - periodica rivalutazione della “performance” di ogni operatore.
 - ricerca periodica dei fattori che influenzano la “performance”