

Search by title, aut.



The American Journal of  
Gastroenterology. 114  
(6):964–973, JUN 2019



DOI:

10.14309/ajg.0000000000000261

, PMID: [31082873](#)

Issn Print: 0002-9270

Publication Date:

2019/06/01

# Incidence of Advanced Colorectal Neoplasia in Individuals With Untreated Diminutive Colorectal Adenomas Diagnosed by Magnifying Image- Enhanced Endoscopy

Masau Sekiguchi;Yosuke Otake;Yasuo Kakugawa;Minori  
Matsumoto;Yutaka Tomizawa;Yutaka Saito;Takahisa  
Matsuda;

[+ Author Information](#)

[Check Ovid for access](#)

[View on Journal Site](#)

## Related Articles



[Risk of Developing  
Metachronous Advanced  
Colorectal Neoplasia  
After Polypectomy in  
Patients With Multiple  
Diminutive or Small  
Adenomas](#)

The American Journal of  
Gastroenterology 2019;  
Publish Ahead of Print():

[Risk of Metachronous  
Advanced Neoplasia in  
Patients With Multiple  
Diminutive Adenomas](#)

American Journal of  
Gastroenterology 2018;  
113(12): 1855–1861.

[Endoscopic prediction  
of advanced histology in  
diminutive and small  
colorectal polyps](#)

Journal of  
Gastroenterology and  
Hepatology 2019; 34(2):  
397–403.

[Optical diagnosis of  
diminutive colorectal  
polyps](#)

ANZ Journal of Surgery  
2017; 87(5): 326–327.

[Colorectal Adenomas](#)

## Abstract

### OBJECTIVES:

Because of the increasing number of detected diminutive colorectal adenomas, the “diagnose-and-do-not-resect” approach has recently attracted attention as an alternative to resection. We evaluated the cumulative incidence of advanced colorectal neoplasia (ACN) in individuals with untreated diminutive adenomas and compared this incidence in individuals without adenomas.

### METHODS:

Data from 1,378 individuals who underwent first screening colonoscopy (CS) and at least one follow-up CS without polypectomy were analyzed. Patients with no adenomas or with only nonadvanced diminutive adenomas (<5 mm) diagnosed by magnifying image-enhanced endoscopy were scheduled to undergo a follow-up CS within 5 years after the initial CS without treatment. The participants were divided into 2 groups: those with untreated diminutive adenomas (group A) and those with no adenomas (group B). The cumulative incidence of ACN and the hazard ratio were assessed using Gray's test and the Fine and Gray model.

### RESULTS:

During the median follow-up period of 60.9 months, 21 ACNs were detected. The 5-year cumulative incidences of ACN in group A (n = 361) and group B (n = 1,017) were 1.4% (95% confidence interval [CI]: 0.5–3.4) and 0.8% (95% CI: 0.3–1.7), respectively, without a statistically significant difference ( $P = 0.23$ ). No ACNs developed from unresected adenomas. The smoking status was significantly associated with the incidence of ACN, and the hazard ratio for ACN in group A vs group B adjusted for smoking status was 1.43 (95% CI: 0.52–3.90;  $P = 0.48$ ).

### DISCUSSION:

The low 5-year cumulative incidence of ACN suggests the potential to adopt the “diagnose-and-do-not-resect” strategy as an alternative option for diminutive adenomas not requiring excessive surveillance.

The New England  
Journal of Medicine  
2016; 374(11): 1065–1075.

[Check Ovid for access](#)

[View on Journal Site](#)

[About us](#)   [Privacy Policy](#)   [Terms of Use](#)   [Site Map](#)

Copyright © 2019 Ovid Technologies, Inc., and its partners and affiliates. All Rights Reserved.  
Some content from MEDLINE®/PubMed®, a database of the U.S. National Library of Medicine.