Re: Protection From Right- and Left-Sided Colorectal Neoplasms After Colonoscopy: Population-Based Study

The recent article by Brenner et al. (1) identified some of the limitations of colonoscopy within the proximal colon. These results are consistent with previous cancer-specific interval studies (2). However, there is an important issue that requires clarification.

Colonoscopy is a visual operator-dependent technology. As the authors suggest, proximal colonic cancers are overrepresented as interval cancers in part because they are more difficult to see. Inconspicuousness, however, does not exclusively relate to location, and interval cancers also share common pathological and molecular traits, including microsatellite instability and a CpG island methylation phenotype (CIMP). In a recent study (3), proximal location, microsatellite instability, and CIMP status were all independently associated with interval colorectal cancers. A critical issue is the colonoscopic appearance of the pathological precursors to interval cancers. Sessile serrated adenomas, which are serrated rather than adenomatous polyps, are likely to be the predominant precursor in CIMP carcinogenesis (4,5). Therefore, the composite group of “cancer or advanced adenomas” may not include some of the key precursors to interval proximal cancers. Sessile serrated adenomas are often very flat and pale with only subtle vascularity and may be obscured by overlying mucus (6,7). Thus, the precursors to CIMP cancers may be more likely to be missed at colonoscopy than the precursors of non-CIMP cancers.

Although adenomas are very important, for the reasons stated above, proximal serrated polyps (including hyperplastic polyps, sessile serrated adenomas, and traditional serrated adenomas) are of critical interest in interval colorectal cancer research. We note from the methods section of Brenner et al. that the “number, location, and the size and histological classification of polyps” were determined, albeit that only the results of the composite group of “cancer and advanced adenomas” were reported. Given the relevance of CIMP carcinogenesis to interval cancers, could the authors describe the effectiveness of colonoscopy in their study in identifying and removing proximal serrated polyps?

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References

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