Number of Adenomas Predicts Colonic Recurrence

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PHILADELPHIA — A finding of three or more adenomas on colonoscopy was the strongest predictor of classification of a patient as being at high risk for recurrent adenomas in a review of 800 patients with colonic adenomas identified at their baseline examination.

"When doing colonoscopy, we must be diligent about identifying synchronous neoplasia, regardless of size, in order to identify high-risk people" who need more frequent colonoscopy exams, Dr. Carol A. Burke said at the annual meeting of the American College of Gastroenterology.

An adenoma count of three or more was also a strong predictor of having advanced adenomas on the next colonoscopy, as was having adenomas 1 cm or greater in size, said Dr. Burke, director of the Center for Colon Polyps and Cancer Prevention at the Cleveland Clinic. "What's important is number, number, number," she said.

Her study compiled data from the placebo groups of three postpolypectomy chemoprevention trials that were conducted during the mid-1980s to late 1990s. For inclusion in the new analysis, patients could not have colorectal cancer at baseline, and they had to have a follow-up colonoscopy about 3 years after they entered one of the included trials. A total of 800 patients met these criteria, and their average age was 60 years. Follow-up colonoscopy was done an average of 37 months after the baseline examination.

Demographic and clinical findings at the baseline colonoscopy were assessed as predictors of high risk of recurrence after 3 years and as predictors of advanced adenomas on the second colonoscopy in both univariate and multivariate analyses.

The take-home message is that physicians should not discount a colonoscopy result that shows small but numerous adenomas, Dr. Burke said. ■