

Bowel Cancer Screening Guideline for Optical Diagnosis with Resect & Discard

This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

This guideline outlines the use of Optical Diagnosis (OD) (sometimes referred to as Resect and Discard (R&D) for diminutive polyps (small polyps of $\leq 5\text{mm}$) – where polyps that fit a strict criterion can be discarded rather than being sent to histopathology.

THIS PROTOCOL IS FOR USE BY THE FOLLOWING STAFF GROUPS :

This guideline applies to all staff working within the Herefordshire & Worcestershire BCSP team.

Lead Clinician(s)

Mr S Lake

BCSP Screening Director

Approved by *Endoscopy Governance Meeting* on: 9th September 2024

Review Date:

Add month & year

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

| Date | Amendment | Approved by: (name of committee or accountable director) |
|------------|---------------------|---|
| 23/07/2024 | Guideline Developed | Avril Turley |

Abbreviations

| | |
|-----|-----------------------------------|
| SSP | Specialist Screening Practitioner |
| OD | Optical Diagnosis |
| R&D | Resect & Discard |
| NBI | Narrow Band Imaging |
| ERS | Endoscopy Reporting System |
| BLI | Blue Light Imaging |

Guideline for the management of small diminutive (>5mm) polyps through the Optical Diagnosis Process

INTRODUCTION

Optical Diagnosis (OD) with a resect and discard (R&D) strategy involves a colonoscopist making an optical diagnosis of small diminutive polyps ($\leq 5\text{mm}$) with high confidence. They are required to record with photographic documentation of the polyps, with both white and blue light imaging (e.g. narrow band imaging (NBI) and then discarding the resected polyps rather than sending them to histopathology.

Scope of This Document

This document applies to Specialist Screening Practitioners (SSPs) and administrative staff working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme.

The information within this procedure is in addition to the information available within the 'NHS Bowel Cancer Screening Programme, Optical Diagnosis with Resect & Discard Guidance' – May 2024 Version 2.0

Implementation of OD into the BCSP

Patient selection

Inclusion in OD

- All patients within the NHS BCSP FIT pathway are eligible for OD. This includes both index and surveillance procedure.

Exclusion from OD

- All patients on Lynch syndrome surveillance are **NOT** eligible for OD with R&D strategy, as the approach has not been validated in this cohort and the NHS BCSP needs to gather consistent data on outcomes and histopathology. This includes people with Lynch syndrome who have chosen to withdraw from Lynch syndrome surveillance but wish to continue to receive a screening FIT kit and then require further investigations. All patients with Lynch syndrome should not be included for OD with R&D.
- Polyps located in the rectum or anal canal.

It is appropriate to optically diagnose diminutive rectal polyps and where the endoscopist is confident about a simple hyperplastic polyp these can/should be left in situ. The BCSP data shows that of 90% of diminutive rectal polyps resected prove to be simple hyperplastic polyps which do not influence surveillance, whereas 10% are other sub-types of the serrated family which do drive surveillance. The OD label of "serrated" does not distinguish sub-type and therefore, for the time being, rectal polyps that are resected **should be** sent for histology to avoid denying the 10% with a relevant serrated sub-type recall for surveillance.

- OD should not be performed in cases where the endoscopy equipment or the ERS is unable to support high quality photo documentation and labelling of polyps. In these cases, all polyps should be sent to histopathology.

Polyp Selection

Polyps selected for OD with R&D must meet the following criteria:

- polyp size ≤ 5 mm
- endoscopist has high confidence (high level of certainty about size, type etc) about the polyp following OD.
- endoscopist comfortable that the position of the polyp allows high quality photographic evidence with both white and blue light.
- polyp location is within colon, but **not** the rectum or anal canal.

Screening colonoscopists are responsible and must ensure that good quality images of all polyps selected for R&D following high confidence OD are: -

- recorded with white/blue light (NBI).
- identified and labelled either within Medilogik (ERS) or as part of the formal endoscopy report.

In a resect and discard strategy, polyp photos are the only polyp record so must be sufficient quality for review.

- If the photo is not of adequate quality, even if the clinician has high confidence in the optical diagnosis, the confidence level must be assigned as low confidence and the polyp sent to histology.
- High quality polyp photo documentation is important to allow auditing and review of cases where polyps are resected and discarded.

Poor photo issues

- stool covering polyp surface
- too far away from the polyp
- majority of polyp not visible
- blurred photo
- no blue light photo
- poor photo labelling

Photos should be:-

- Clean mucosa (no obscured views)
- Complete view (majority of polyp visible)
- Correct focus (sharp surface)

If equipment is not of sufficient quality or breaks down and a photo cannot be taken, all polyps must be sent to histology as is current practice.

Labelling polyp photos

- Polyp photos should be labelled during the procedure or immediately after.
- The label is a number corresponding to the order in which the polyp was photo documented and resected.
- Both a white light and blue light photo is required for each polyp – they should have the same ID label.
- The polyp label will be recorded on BCSS and Medilogik (ERS).
- Once photo documented, the polyp should be resected immediately to avoid confusion.
- Avoid multiple polyps in a single photo if possible. Otherwise, the central most polyp will be considered the polyp of interest.
- Labelling should be consecutive to match BCSS and therefore it may be helpful when some polyps are discarded to make it clear on the histopathology request that they have been optically diagnosed and discarded and as a result not all polyps are being sent to pathology. i.e polyps 1, 2, 5, 6 are being sent to pathology but 3 and 4 have been optically diagnosed and discarded. It will be helpful for the pathologists, so they don't think they are missing.

Communication in procedure room

Communication between the SSP and endoscopist in the room is vital to ensure: -

- Information is accurately collected.
- Polyps discarded are those appropriate.
- Guidance is followed.

SSP should be asking these questions for **all** polyps and for **all** patients: -

- What is the size of the polyp?
- What is your optical diagnosis?
- Do you have high/low confidence?

The polyp can be discarded if it is: -

- ≤5mm (except in the rectum/anus)
- The endoscopist has high confidence that it is an adenoma or serrated polyp.
- Not a patient with Lynch syndrome.

If a clinician decides to discard a polyp that is outside of guidance – for example 6mm, please record this accurately. BCSS will allow you to record outside of guidance.

Changes to BCSS to accommodate OD/R&D

| Optical Diagnosis | | |
|-------------------|--------------|-----------|
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Several changes have been made to the BCSS to accommodate OD/R&D.

Key points to note are as follows:

- the datasets for OD with R&D will only be available to OD-accredited colonoscopists. You will be able to identify who is OD accredited through BCSS.
- polyp descriptors for OD will include adenoma, serrated (including hyperplastic) and other.
- the system will not allow use of OD with R&D for patients undergoing Lynch syndrome surveillance colonoscopy.
- the system has alerts on the main alert page to highlight the requirement for a screener to re-accredit 4 months ahead of due date.

Implementation

1.1 Plan for implementation

Discussion at BCSP staff meeting to make BCSP staff aware. Addition to Policies and Procedures folder titled 'Optical Diagnosis' which has all relevant information and training slides. New staff members are signposted to key documents on commencement of post.

1.2 Dissemination

Addition of policy circulation through e-mail to stakeholder group. Addition of document to Trust Intranet. BCSP staff on commencement of post will be signposted where they can access policies during their induction period.

1.3 Training and awareness

BCSP staff on commencement of post will be signposted where they can access policies during their induction period.

CONTRIBUTION LIST

Key individuals involved in developing the document

| Name | Designation |
|--------------|-----------------------------------|
| Avril Turley | Specialist Screening Practitioner |

Circulated to the following individuals for comments

| Name | Designation |
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Circulated to the following CD's/Heads of dept. for comments from their directorates / departments

| Name | Directorate / Department |
|-------------|--------------------------|
| Mr S P Lake | BCSP Screening Director |

Circulated to the chair of the following committee's / groups for comments

| Name | Committee / group |
|-------------|--------------------------|
| Mr S P Lake | BCSP Operational Meeting |

Monitoring Tool

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|-------------------------------|--|--|--|---|--|--|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| | SSP to complete using the BCSP colonoscopy investigation dataset form on BCSS. | At colonoscopy SSP checks Endoscopist has complied with guideline process. | At colonoscopy. | SSP's, Screening Colonoscopists, | At Colonoscopy Lists. | Every time a patient is identified for Optical Diagnosis |

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|----|---|--------|----------|
| 1. | Does the policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | • Race | No | |
| | • Ethnic origins (including gypsies and travellers) | No | |
| | • Nationality | No | |
| | • Gender | No | |
| | • Culture | No | |
| | • Religion or belief | No | |
| | • Sexual orientation including lesbian, gay and bisexual people | No | |
| | • Age | No | |
| 2. | Is there any evidence that some groups are affected differently? | No | |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | N/A | |
| 4. | Is the impact of the policy/guidance likely to be negative? | No | |
| 5. | If so can the impact be avoided? | N/A | |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | None | |
| 7. | Can we reduce the impact by taking different action? | No | |

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|--------|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | No |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: | None |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.