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**Colorectal cancer incidence after the first surveillance colonoscopy and the need for ongoing surveillance: a retrospective, cohort analysis**

Robbins E, Wooldrage K, Rutter M, *et al.* Colorectal cancer incidence after the first surveillance colonoscopy and the need for ongoing surveillance: a retrospective, cohort analysis. *Gut* 2025; 74: 1419-1429. doi: 10.1136/gutjnl-2024-334242

There are established recommendations for the first surveillance colonoscopy (SC1) following polypectomy based on baseline polyp characteristics in patients deemed to remain at increased risk for colorectal cancer (CRC). However, few data exist to inform surveillance beyond SC1. This study sought to identify patient groups who remain at increased risk of CRC after SC1, compared with the general population, to determine the need for ongoing surveillance.

A retrospective cohort of patients who had adenomas removed at colonoscopy at 17 UK hospitals from 1984 to 2010 were identified. Exclusion criteria CRC before or at baseline and conditions that increased CRC risk. 10508 patients were classified into four groups based on combinations of low-risk and/or high-risk findings at baseline and SC1. For example, patients who were defined as ‘high risk, low risk’ (HR-LR) had high risk findings at baseline and low risk findings at SC1. Definition of high-risk findings followed the 2020 UK post polypectomy surveillance guideline.

CRC incidence over a median of 8 years after SC1 were examined and 151 CRCs detected. CRC incidence in the LR-LR group after SC1 was lower when compared to the general population but higher in the HR-HR group. After SC2, this difference did not persist in the HR-HR group. Patients with high-risk findings both at baseline and SC1 required a second surveillance visit. By contrast, those with low-risk findings at SC1 regardless of baseline findings did not. This study suggests classifying patients using both baseline and SC1 findings may add little value and SC1 findings alone may be sufficient.