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Editorial: Bowel preparation: is fair good enough?

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Abstract

The effectiveness of colonoscopy in reducing colorectal cancer incidence and mortality has been shown to be associated with an endoscopist's adenoma detection rate, although the ability to detect adenomas depends, in part, on the quality of bowel preparation. Many endoscopists routinely recommend shorter examination intervals for colonoscopies with a fair or intermediate-quality bowel preparation, assuming that the preparation is insufficient for the purpose of colorectal cancer screening. In this issue, Clark et al. performed a systematic review and meta-analysis to assess the adequacy of a fair-quality bowel preparation, finding no difference in the adenoma detection rate of colonoscopies with an intermediate-quality bowel preparation relative to those with a high-quality preparation. Although this finding has potentially significant implications for patient care and healthcare costs, the limitations of the adenoma detection rate as a performance measure and variability in the application of bowel preparation ratings are important issues that must be considered.

Comment on

What level of bowel prep quality requires early repeat colonoscopy: systematic review and meta-analysis of the impact of preparation quality on adenoma detection rate. [*Am J Gastroenterol.* 2014]

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