Comparison of Oral Anticoagulants and Warfarin on Post-Endoscopic GI Bleeding and Thromboembolic Events in Elective Endoscopy

Direct oral anticoagulants (DOACs), were considered to produce higher risk of gastrointestinal bleeding (GIB), compared with Warfarin. To compare the risk further, including thromboembolic (TE) events, a retrospective cohort study of patients 18 years or older in a large, integrated healthcare system in Southern California who had undergone an outpatient GI endoscopic procedure and were taking a DOAC or Warfarin between January 1, 2013 and October 1, 2019, comparing bleeding and thrombosis risk in the 30 days after the endoscopic procedure. Multivariate logistic regression analysis was carried out and adjusted for covariates.

Between January 1, 2013 and October 1, 2019, a total of 6765 outpatient GI endoscopic procedures were identified in which patients received pre-procedure prescriptions for either a DOAC (1587), or Warfarin (5178). Overall, there was no significant difference in post-procedure GI bleeding (OR 1.165), or TE (OR 0.929) between the DOAC and Warfarin groups. Subgroup analysis revealed a higher risk of GIB associated with DOAC, specifically with EGD procedures (OR 1.8).

It was concluded that there was no significant difference in the overall post-endoscopic risk of GIB and TE events among patients with pre-procedure use of DOACs, compared with patients on Warfarin. There may, however, be a higher risk of GIB in patients taking DOACs and undergoing EGD.

Tin, A., Kwok, K., Dong, E., et al. "Impact of Direct-Acting Oral Anticoagulants and Warfarin on Post-Endoscopic GI Bleeding and Thromboembolic Events in Patients Undergoing Elective Endoscopy." Gastrointestinal Endoscopy, 2020; Vol. 92, pp. 284-292.

Risk of Metachronous Large Serrated Polyps in Patients with 5- to 9-mm Proximal Hyperplastic Polyps

Data on metachronous risk for patients with index proximal 5- to 9-mm hyperplastic polyps (HPs) is limited. The clinical significance of these polyps is unclear. Data suggested sessile serrated polyps (SSPs), traditional serrated adenomas (TSAs), and large (greater than 1 cm) HPs are high-risk lesions require close surveillance. Data was used from the New Hampshire Colonoscopy Registry (NHCR) was examined for the risk of metachronous large HPs and advanced neoplasms (ANs) in patients with 5- to 9-mm proximal HPs.

Adults with at least 1 polyp resected at index colonoscopy and a surveillance examination 12 months or more after the index were evaluated for the risk for metachronous large (1 cm or greater) SPs and ANs, villous elements, high-grade dysplasia or colorectal cancer (CRC). The risks with proximal 5- to 9-mm HP at index examination were compared with individuals with index findings of large (greater than 1 cm) HPs or any SSPs or TSAs, nonsignificant HPs (less than 1 cm in rectosigmoid, or less than 5 mm anywhere in the colon), high-risk adenomas (As) or greater than 3 adenomas (no SPs), and low-risk adenomas and SPs.

Absolute and adjusted risks of metachronous polyps from a regression model that included age, sex, BMI, smoking, previous polyp history, family history of CRC, year of diagnosis, endoscopist, SP detection rates, and months to surveillance examination were presented.

A total of 8560 NHCR participants were included (44.8% women, average age 59 years, standard deviation 9.1). Similar to those with large HPs or any SSPs/TSAs at index examination (OR 7.63), individuals with proximal 5- to 9-mm HPs had an elevated risk for metachronous large SPs (OR 4.77), as compared with adults with low-risk conventional adenomas.

It was concluded that NHCR data suggested similar to adults with large HPs or any SSPs or TSAs at index examination, individuals with index 5-9 mm HPs proximal to sigmoid are at increased risk for metachronous large SPs. Surveillance intervals should be considered appropriately.

Anderson, J., Robinson, C., Butterly, L. "Increased Risk of Metachronous, Large, Serrated Polyps in Individuals with 5-9 mm Proximal Hyperplastic Polyps: Data From The New Hampshire Colonoscopy Registry." Gastrointestinal Endoscopy; Vol. 92, No. 2, 2020, pp. 387-393.

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