INPLASY PROTOCOL

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Conflicts of interest:
None.

Inspection and polypectomy during both insertion and withdrawal or only during withdrawal of colonoscopy? A protocol for systematic review and meta analysis

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Review question / Objective: **Current evidence supporting additional inspection and polypectomy during insertion of colonoscopy is limited. We conducted a meta-analysis to compare the yield of inspection and polypectomy during both insertion and withdrawal (IW) versus the traditional practice of inspection and polypectomy during withdrawal only (WO).**
Condition being studied: **Colonoscopy quality.**
Information sources: **We searched MEDLINE, EMBASE, the Cochrane Library, and Google Scholar for all entries through 28 February 2020 using the following medical subject headings (MeSH) and keywords: "colonoscopy," "insertion," and "withdrawal."**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 13 May 2020 and was last updated on 13 May 2020 (registration number INPLASY202050051).

INTRODUCTION

Review question / Objective: **Current evidence supporting additional inspection and polypectomy during insertion of colonoscopy is limited. We conducted a meta-analysis to compare the yield of inspection and polypectomy during both insertion and withdrawal (IW) versus the traditional practice of inspection and polypectomy during withdrawal only (WO).**

Condition being studied: **Colonoscopy quality.**

METHODS

Participant or population: Patients undergoing colonoscopy, with no age limitation.

Intervention: Inspection and polypectomy during both insertion and withdrawal (IW).

Comparator: Inspection and polypectomy during withdrawal only (WO).

Study designs to be included: Randomised clinical trials.

Eligibility criteria: Inclusion criteria: Patients who were able to give informed consent and were scheduled for elective colonoscopy. Exclusion criteria were previous surgical resection of the colon or rectum, inflammatory bowel disease, polyposis syndrome, and previously incomplete colonoscopy.

Information sources: We searched MEDLINE, EMBASE, the Cochrane Library, and Google Scholar for all entries through 28 February 2020 using the following medical subject headings (MeSH) and keywords: "colonoscopy," "insertion," and "withdrawal".

Main outcome(s): Adenoma detection rate (ADR, defined as the percentage of colonoscopies with at least one adenoma).

Quality assessment / Risk of bias analysis: Methodological quality of all studies was graded independently by the 2 investigators using The Cochrane Collaboration's tool for assessing risk of bias. The tool appraises the quality of study design with each of the item being assigned a judgment of high, low, or unclear risk.

Strategy of data synthesis: Risk ratios (RRs) were calculated for categorical variables. Standard mean differences (SMDs) were calculated for continuous variables including discomfort score and procedure difficulty based on different visual analog scales. The rest of continuous variables were used for calculating weighted mean differences (WMDs).

Subgroup analysis: Subgroup analyses were conducted based on: a) study setting, b) study origin, c) insufflated gas during colonoscopy, d) strategy for treating polyps during insertion in the IW group, e) whether a minimum withdrawal time of 6 min was recommended in both groups, f) the level of ADR with conventional examination method (WO group), and g) colonoscopy indication.

Sensibility analysis: Subgroup analyses.

Country(ies) involved: China.

Keywords: Colonoscopy; ADR; Polypectomy; Insertion phase.

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