How does bowel preparation support the achievement of quality standards in colonoscopy?

Friday 20th April 2018, 13:00-13:45
Room Bartók II, Budapest Congress Centre, Budapest, Hungary
How does bowel preparation support the achievement of quality standards in colonoscopy?

High-quality bowel preparation is critical for successful colonoscopy, and is associated with other important performance measures including adenoma detection rate (ADR) and caecal intubation rate.\textsuperscript{1} Sub-optimal bowel preparation is linked to missed lesions or inaccurate diagnoses, increasing the need for repeat procedures and adding to healthcare utilisation costs and patient disruption.\textsuperscript{2-6}

The measurement of patient experience is critical for monitoring the acceptance of colonoscopy.\textsuperscript{1} High-volume bowel preparations pose a challenge for patient acceptance, therefore lower volume bowel preparations represent an important move towards improved patient experience in colonoscopy.\textsuperscript{7-9}

This expert-led symposium will discuss the impact that bowel preparation can have in achieving high-quality standards in colonoscopy. Join us to discuss the most recent advances in the evolving field of low-volume bowel preparation, and how new 1L PEG, PLENVU\textsuperscript{®} (PEG 3350 + Sodium ascorbate + Ascorbic acid + Sodium sulfate anhydrous + Electrolytes), can support you in optimising outcomes for colonoscopy.

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Prof Dr Michał F. Kamiński, MD PhD
The Maria Sklodowska-Curie Institute – Oncology Center, Warsaw, Poland

Michał F. Kamiński is a graduate of the Medical University of Warsaw, Poland and now Head of the Department of Cancer Prevention and Senior Endoscopist in the Department of Gastroenterological Oncology at The Maria-Sklodowska-Curie Institute and Oncology Center in Warsaw, Poland. He is also appointed at the Medical Center for Postgraduate Education, Warsaw, Poland and Institute of Health and Society, Oslo, Norway.

Prof Dr Kamiński dedicates most of his time to the quality of endoscopy and research on colorectal cancer screening, holding a number of positions as part of his research activities. These include Co-Head of the Polish Colonoscopy Screening Programme, Head of the Quality Section of the Polish Society of Gastroenterology and Co-Head of the Lower GI Working Group in the ESGE Quality Improvement Committee. He is Co-Principal Investigator for the Nordic-European Initiative on Colorectal Cancer (NordICC) study and the Polish Colonoscopy Screening Platform Study, and a member of the Scientific Board of the European Polyp Surveillance trial (EPoS) study. Prof Dr Kamiński is also part of the international editorial boards for Gastrointestinal Endoscopy and Endoscopy journals.

Prof Raf Bisschops, MD PhD
Head of Endoscopy, University Hospitals Leuven, Belgium

Raf Bisschops obtained his Medical Degree at the University of Leuven in 1997. During his training in internal medicine he followed the doctoral program at the doctoral school of KU Leuven and obtained a PhD in 2005. Since 2005, he has been working as a staff member at the Department of Gastroenterology, and was appointed Associate Head of Clinic in 2006 and Assistant Professor in 2007 at the KU Leuven, Faculty of Medicine. In October 2013 he became Head of Endoscopy, which serves as a multidisciplinary activity center hosting services for the departments for gastroenterology, hepatology, pneumology and paediatrics, which performs over 30,000 endoscopic procedures per year.

His main area of research lies currently in advanced endoscopic imaging and therapeutics with a key interest in premalignant conditions such as Barrett’s esophagus, hereditary nonpolyposis colorectal cancer (HNPCC), ulcerative colitis and colorectal polyps. He is also actively involved in the motility clinic with a special interest in the link between gastrointestinal motility and endoscopy, hence his interest in peroral endoscopic myotomy.

Raf Bisschops is a member and Co-Editor of the Editorial Board of Endoscopy. He is a Board Member of the ESGE since 2016 and Chairman of the ESGE Quality Improvement Committee and ESGE Curriculum Working Group.
INTERNATIONAL ABBREVIATED PRESCRIBING INFORMATION: PLENVU® (PEG 3350 + Sodium ascorbate + Ascorbic acid + Sodium sulfate anhydrous + Electrolytes)

Presentation: PLENVU® is administered in two doses. Dose one is made up of 1 sachet containing: macrogol 3350 100g, sodium sulfate anhydrous 9g, sodium chloride 2g, potassium chloride 1g. Dose 2 is made up of 2 sachets (A and B). Sachet A contains: macrogol 3350 40g, sodium chloride 3.2g, potassium chloride 1.2g. Sachet B contains: sodium ascorbate 48.11g, ascorbic acid 7.54g. Indication: For bowel cleansing in adults, prior to any procedure requiring a clean bowel.

Dosage: Adults: A course of treatment consists of two separate non-identical 500ml doses of PLENVU®. At least 500ml of additional clear fluid must be taken with each dose. Treatment can be taken according to a two-day or one-day dosing schedule. Two-day dosing schedule: First dose taken the evening before the procedure. Second dose in the early morning of the day of the procedure. Morning only dosing schedule: Both doses taken the morning of the procedure. The two doses should be separated by a minimum of 1 hour. Day before dosing schedule: Both doses taken the evening before the procedure. The two doses should be separated by a minimum of 1 hour. No solid food should be taken from the start of the course of treatment until after the clinical procedure. Consumption of all fluids should be stopped at least 2 hours prior to a procedure under general anaesthesia or 1 hour prior to a procedure without general anaesthesia. Children: Not recommended for use in children below 18 years of age. No special dosage adjustment is deemed necessary in patients with mild to moderate renal or hepatic impairment.

Contraindications: Hypersensitivity to the active substances or to any of the excipients, gastrointestinal obstruction or perforation, ileus, disorders of gastric emptying (gastroparesis, gastric retention) phenylketonuria, glucose-6-phosphate dehydrogenase deficiency, toxic megacolon.

Warnings and precautions: The fluid content of reconstituted PLENVU® does not replace regular fluid intake. Adequate fluid intake must be maintained. As with other macrogol containing products, allergic reactions including rash, urticaria, pruritus, angioedema and anaphylaxis are a possibility. Caution should be used with administration to frail or debilitated patients, in patients with impaired gag reflex, with the possibility of regurgitation or aspiration, or with diminished levels of consciousness, severe renal impairment, cardiac failure, those at risk of arrhythmia, dehydration or severe acute inflammatory bowel disease. In debilitated fragile patients, patients with poor health, those with clinically significant renal impairment, arrhythmia and those at risk of electrolyte imbalance, the physician should consider performing a baseline and post-treatment electrolyte, renal function test and ECG as appropriate. Any suspected dehydration should be corrected for before use of PLENVU®. There have been rare reports of serious arrhythmias including atrial fibrillation associated with the use of ionic osmotic laxatives for bowel preparation, predominantly in patients with underlying cardiac risk factors and electrolyte disturbance. If patients develop any symptoms indicating arrhythmia or shifts of fluid/electrolytes during or after treatment, plasma electrolytes should be measured, ECG monitored and any abnormality treated appropriately. If patients experience severe bloating, abdominal distension, or abdominal pain, administration should be slowed or temporarily discontinued until the symptoms subside. The sodium content, 438.5mmol (10.5g), should be taken into consideration for patients on a controlled sodium diet. The potassium content, 29.4mmol (1.1g), should be taken into consideration by patients with reduced kidney function or those on a controlled potassium diet. Interactions: Medicinal products taken orally within one hour of starting colonic lavage with PLENVU® may be flushed from the gastrointestinal tract unabsorbed. The therapeutic effect of drugs with a narrow therapeutic index or short half-life may be particularly affected. Fertility, pregnancy and lactation: There are no data on the effects of PLENVU® on fertility in humans. There were no effects on fertility in studies in male and female rats. There are no or limited data from the use of PLENVU® active ingredients in pregnant women. Animal studies have shown indirect harmful effects with respect to reproductive toxicity. Clinically, no effects during pregnancy are anticipated, since systemic exposure to macrogol 3350 is negligible. It is unknown whether PLENVU® active ingredients/metabolites are excreted in human milk. A risk to the newborn/infants cannot be excluded. A decision must be made whether to discontinue breastfeeding or to abstain from PLENVU® therapy. Undesirable effects: Diarrhoea is an expected outcome. The following undesirable reactions have been reported during the use of PLENVU®: Common (≥1%, <10%): vomiting, nausea, dehydration. Uncommon (≥0.1%, <1%): abdominal distension, anorectal discomfort, abdominal pain, abdominal pain upper, abdominal pain lower, drug hypersensitivity, headache, migraine, somnolence, thirst, fatigue, asthenia, chills, pains, aches, palpitation, sinus tachycardia, transient increase in blood pressure, hot flush, transient increase in liver enzymes, hypernatremia, hypercalcaemia, hypophosphataemia, hypokalaemia, decreased bicarbonate, anion gap increased/ decreased, hypersomnolent state. Prescribers should consult country approved Summary of Product Characteristics for further information in relation to undesirable effects. Overdose: in case of gross accidental overdose, where diarrhoea is severe, fluid replacement and electrolyte correction may be necessary. Price and pack sizes: Price and pack sizes vary according to country. Legal category: Prescribing status may vary according to country. Market authorisation holder: Norgine BV, Hogehilweg 7, 1101 CA Amsterdam ZO, The Netherlands.

PRODUCTS AND LİCENSING:

PLENVU® has varying availabilities and licensing internationally. Before prescribing, consult your country approved prescribing information, available from your local distributor or Norgine Limited.

Adverse events should be reported to your regulatory agency. Adverse events should also be reported to your local distributor or Norgine Limited, Norgine House, Moorhall Road, Harefield, Uxbridge, Middlesex, UB9 6NS, United Kingdom. Email: globalmedinfo@norgine.com

If you experience any technical issues with the satellite symposium, please contact the help desk
Phone number: +49 173 105 9244  email: c.zipper@meta-fusion.com

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