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Introduction

Clinical guidelines recommend evening/morning split dosing for routine colonoscopy procedures.

Overnight split dosing with 1 liter polyethylene glycol + ascorbic acid (1L PEG+ASC) has demonstrated strong cleansing performance in clinical trials and in small-scale or single-center real-world evidence studies.¹⁻⁶

We report a sub-analysis from the largest real-world study to date of 1L PEG+ASC, evaluating patients who received this split dosing regimen.

Methods and Materials

An observational, multicenter, retrospective study evaluated the medical records of colonoscopy outpatients between July 2019 and September 2021 at 12 centers in Spain and Portugal. Participants were adults (aged ≥18 years) who underwent a screening, follow-up, or diagnostic colonoscopy after an evening/morning (split dose) or same-day regimen of 1L PEG+ASC. Data from the split-dose subgroup were examined in this analysis.

Bowel cleansing was assessed by site endoscopists using the Boston Bowel Preparation Scale (BBPS). Adequate cleansing was defined as a combined BBPS score of ≥6 with all segmental scoring ≥2. A segmental score of 3 defined high-quality cleansing.

BBPS scores were compared between time-to-colonoscopy groups with the Wilcoxon rank-sum test.

Results

Table 1. Patient characteristics of individuals taking a split dose of 1L PEG+ASC. N=4,316 (32.8%)

Characteristic	n (%)
Male	2,070 (48.0)
Mean age (SD)	58.1 (13.4)
≥65 years old	1,442 (33.4)

Figure 1. Percentage of patients achieving overall BBPS score ≥6 or greater with overnight split dosing

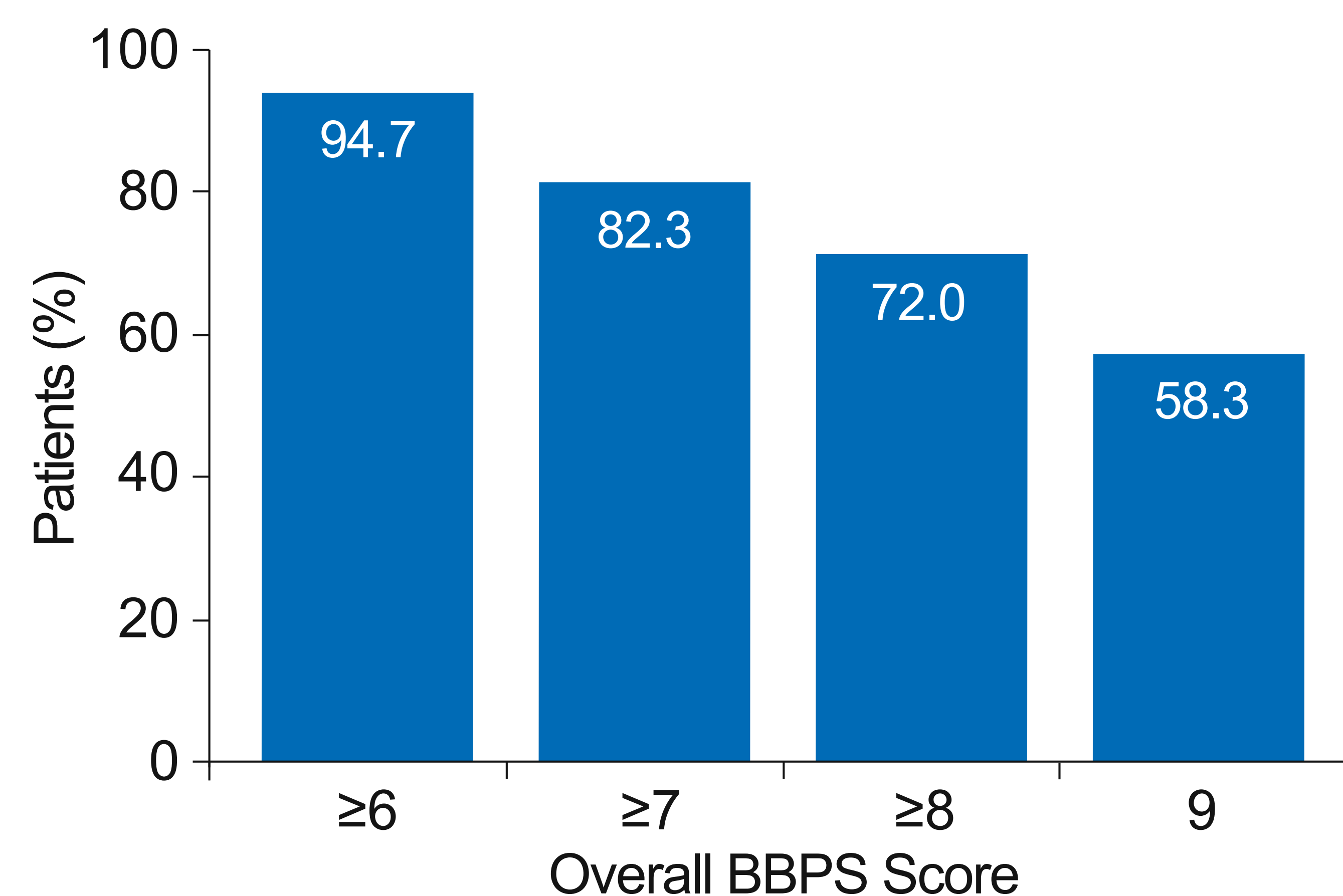


Figure 2. Percentage of patients achieving high-quality cleansing with overnight split dosing

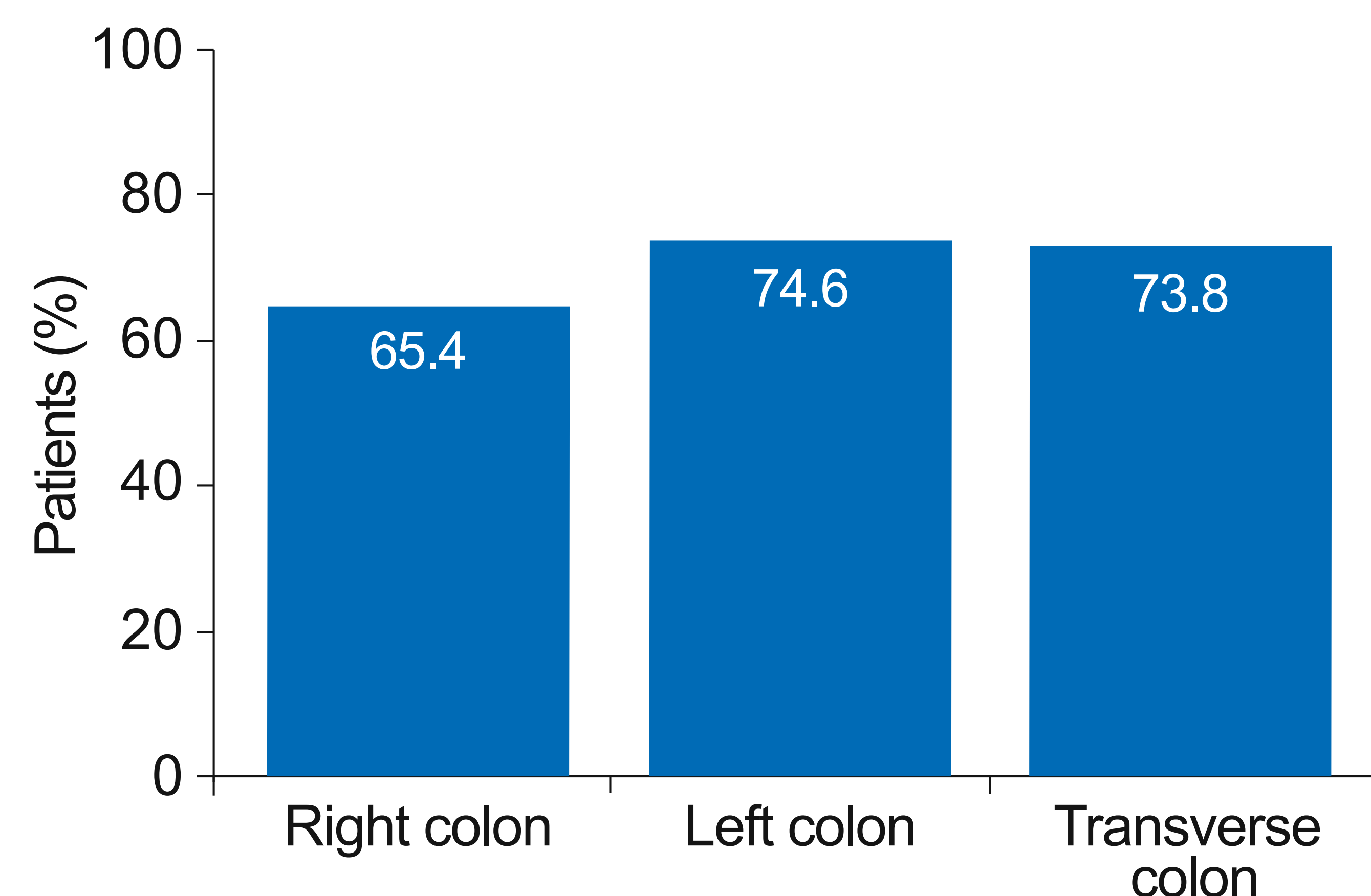
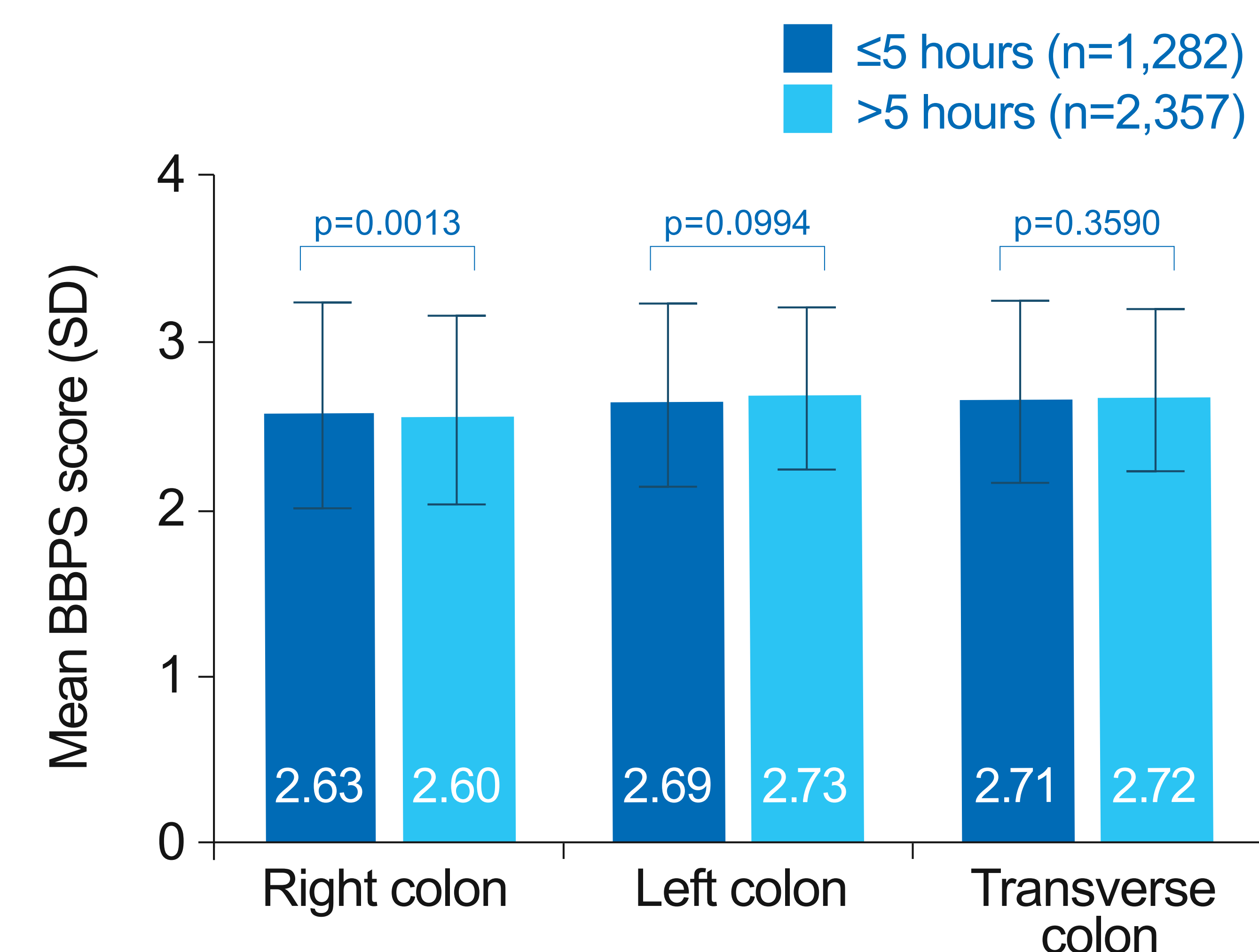


Figure 3. Mean segmental BBPS scores in patients with a time interval of ≥5 hours versus <5 hours from end of bowel preparation consumption to start colonoscopy



SD, standard deviation

Cleansing efficacy

An overall BBPS score 9 was attained in 58% of patients (Figure 1). High rates of the BBPS maximum score of 3 were observed in all segments (65.4% in the right colon) (Figure 2).

The time interval between completing bowel preparation consumption and the colonoscopy had a small but significant effect on the BBPS score in the right colon only: ≤5 hours to colonoscopy improved cleansing (P=0.0013) (Figure 3).

Colonoscopy completion: Only 1.6% of colonoscopies were incomplete, and 0.4% were due to poor preparation.

Safety

Table 2. Adverse events in individuals taking a split dose of 1L PEG+ASC. N=4,316

Adverse event	n (%)
Any	170 (3.9)
Nausea	104 (2.4)
Vomiting	53 (1.2)
Abdominal pain	16 (0.4)
Dehydration	8 (0.2)
Headache	12 (0.3)
Dizziness	5 (0.1)
Anal pain	1 (0.02)
Other	0 (0)

Conclusions

- Results from this analysis show that overnight split dosing with 1L PEG+ASC delivered excellent overall and segmental bowel cleansing quality in real-world settings.

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