## Interval Cancer, a Challenge yet to Be Solved

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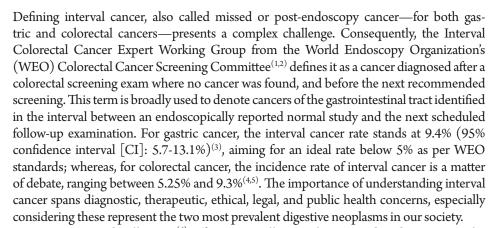


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Dr. Castaño and colleagues (6) offer a compelling analysis aimed at determining the rate of interval cancer in both gastric and colorectal cancers by comparing the two. They delve into the local tumor incidence rates, addressing the lack of data on this phenomenon in our context, with the goal of sparking interest in acquiring specific local data among the journal's readership.

The etiology of these neoplasms is multifactorial, with the highest risk stemming from overlooked or incompletely excised lesions. There is no consensus in the literature regarding whether interval colorectal cancers are inherently more aggressive due to molecular composition changes (7). Colorectal cancer itself is recognized as a heterogeneous disease, with different molecular entities involved in oncogenesis, potentially contributing to the development of interval colorectal cancer. Evidence suggests the sessile serrated neoplasia pathway might accelerate carcinoma development post-screening colonoscopy. Nonetheless, the overall survival rates for interval colorectal cancers are comparable to those detected within the screening process<sup>(7)</sup>. Flat neoplastic lesions pose a significant challenge for both endoscopists and pathologists<sup>(7)</sup>. In our context, factors such as schedule overloads, preparation difficulties (refer to Aponte and colleagues)(8), endoscopist haste, and the lack of appropriate technology in various settings are among the numerous determinants of the quality in diagnostic and screening endoscopy $^{(9,10)}$ .

Enhancements in the quality of endoscopic procedures, through endoscopist education, procedure quality surveillance systems, risk-stratified screening, and the integration of technologies such as chromoendoscopy and artificial intelligence, could significantly influence this situation<sup>(7)</sup>.



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