ICaRe

IRISH CAPSULE
ENDOSCOPY REGISTRY



Annual Report 2025

Published for the ICaRe National Capsule Endoscopy Meeting| 4 December 2026

ICaRe 2025 at a Glance

ICaRe provides a national overview of capsule endoscopy activity and performance across participating centres in Ireland.

7 of 9	1,587	1,089	277	221
National capsule centres participating	Capsule examinations	SBCE examinations	CCE examinations	PIC examinations

SBCE: small-bowel capsule endoscopy · CCE: colon capsule endoscopy · PIC: pan-intestinal capsule endoscopy

SBCE

92.7% (1,000 / 1,079) — **Adequate preparation**
ESGE target ≥80%

95.3% (1,038 / 1,089) — **Complete transit**
ESGE target ≥95%
ESGE minimum ≥80%

46.0% (500 / 1,088) — **Significant findings**
ESGE target ≥50%
ESGE minimum ≥30%

CCE

83.0% (224 / 270) — **Adequate preparation**
Benchmark ≥90%

80.9% (224 / 277) — **Complete transit**
Benchmark ≥90%

70.3% (192 / 273) — **Complete study**
Benchmark ≥90%

34.3% (95 / 277) — **Significant polyp**
Benchmark ≥15%

63.2% (175 / 277) — **No further endoscopy**
No established target

This report is available at: [annual report URL]

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Foreword



Professor Deirdre McNamara

Consultant Gastroenterologist
Professor in Clinical Medicine

It is my pleasure to present the Second Annual Report of the Irish Capsule Endoscopy Registry (ICaRe). Since its launch in 2023, ICaRe has evolved into a national quality and clinical governance initiative that supports and advances capsule endoscopy services across Ireland.

The past year has been characterised by significant growth and development within the Irish capsule endoscopy community. The national capsule endoscopy network has expanded further with the establishment of services at the Mater Hospital, while new contributions from both Beaumont Hospital and the Mater Hospital have strengthened the registry and enhanced its national representation. Growth in participating centres has enriched the quality and breadth of the dataset, facilitating more robust analysis, meaningful benchmarking, and deeper insights into clinical practice.

An important achievement during the past year has been the advancement of several national collaborative initiatives. ICaRe data have contributed to the development of a FIT-stratified symptomatic lower gastrointestinal diagnostic pathway through the National Capsule Endoscopy Working Group. This work culminated in the publication of the FIT and Colon Capsule Endoscopy White Paper, which reflects a shared vision for the future of gastrointestinal diagnostics in Ireland.

Another major milestone has been the establishment of the ICaRe National Capsule Endoscopy Meeting. This initiative provides an important forum for the presentation of original research, audit, quality improvement projects, and clinical innovation from across Ireland.

The year has also seen important developments at an international level, including the publication of updated technical guidance and performance measures for capsule endoscopy by the European Society of Gastrointestinal Endoscopy (ESGE). We are particularly honoured to welcome Dr Emanuel Rondonotti, Chair of the ESGE Technical Working Group and an internationally recognised authority in capsule endoscopy, as keynote speaker at this year's meeting, covering the new guidelines.

I would like to express my sincere gratitude to all who have contributed to the continued success of ICaRe and today’s meeting. In particular, I wish to acknowledge Dr Edric Leung, Dr Mary Hussey and Dr Shreyashee Sengupta. I would also like to recognise the members of the National Capsule Endoscopy Working Group, particularly Dr Gráinne Holleran, Professor Glen Doherty, Dr Carol Goulding, Dr Mary Hussey and Dr Jan Leyden for their expertise, commitment, and leadership in the development of the FIT and Colon Capsule Endoscopy White Paper.

Finally, I extend my thanks to participating site investigators, local registry coordinators, capsule endoscopy teams, physicians, nurses, administrators, and researchers across the country. The continued success of the registry is a testament to their professionalism, dedication, and shared commitment to excellence in patient care, quality improvement, research, and clinical innovation.

The achievements outlined in this report demonstrate that capsule endoscopy has become an integral component of modern gastrointestinal diagnostics in Ireland. ICaRe will continue to support the delivery of accessible, efficient, and patient-centred diagnostic services while advancing research, education, and quality standards for the benefit of patients nationwide.

Professor Deirdre McNamara
Chairperson ICaRe and National Capsule Endoscopy Working Group
Professor In medicine Trinity College Dublin & Tallaght University Hospital

ICaRe: Development and Progress

What's New in the 2025 ICaRe Report

The 2025 Annual Report incorporates several important developments in capsule endoscopy practice, registry methodology, and quality assurance standards. These changes reflect the evolving role of the Irish Capsule Endoscopy Registry (ICaRe) as a national platform for benchmarking, quality improvement, service evaluation, and collaborative research.

Alignment with Updated ESGE Performance Measures

During the reporting period, the European Society of Gastrointestinal Endoscopy (ESGE) published updated performance measures for small bowel capsule endoscopy. These revised standards build upon the original quality indicators and place increased emphasis on the systematic monitoring of procedural quality, diagnostic performance, patient selection, and service delivery.

To ensure continued relevance and international comparability, the ICaRe dataset has been reviewed and updated to better align with these revised ESGE recommendations. Particular attention has been given to metrics relating to bowel preparation quality, completion rates, appropriate use of patency capsule testing and diagnostic yield. This alignment enhances the ability of participating centres to benchmark performance against contemporary European standards and supports ongoing quality improvement initiatives.

Revision of the ICaRe Data Collection Form

Following review of the inaugural registry dataset and consultation with participating centres, several modifications were made to the ICaRe data collection form in 2025.

Variables that demonstrated low completion rates, limited clinical utility, or minimal relevance to quality assessment were removed. Conversely, data fields supporting ESGE performance measures were retained, refined, or expanded. Definitions were clarified where necessary to improve consistency between centres and to facilitate more robust comparative analyses.

These revisions were undertaken to optimise data quality, reduce administrative burden, improve data completeness, and ensure that the registry remains focused on clinically meaningful and actionable metrics.



Dr Edric Leung
Clinical Research Fellow / Temporary Consultant Gastroenterologist, Tallaght University Hospital

ICaRe: Development and Progress

Separate Reporting of Pan-Intestinal Capsule and Colon Capsule Procedures

For the first time, Pan-Intestinal Capsule (PIC) and Colon Capsule Endoscopy (CCE) procedures are reported as distinct categories within the registry.

While both technologies utilise similar capsule platforms, they represent fundamentally different clinical applications. CCE is predominantly employed within colorectal diagnostic pathways, whereas PIC procedures are increasingly used in the assessment and monitoring of inflammatory bowel disease and in the assessment of suspected mid-lower GI bleeding.

Separate reporting enables more meaningful evaluation of indications, preparation quality, completion rates, diagnostic yield, and patient outcomes within each clinical pathway. It also supports more accurate benchmarking between centres and enables emerging trends in utilisation to be assessed independently.

Enhanced Comparative Reporting

The 2025 report introduces a significant expansion in comparative analyses.

In addition to national aggregate data, participating centres are now provided with centre-level comparisons across a range of key performance indicators. Year-on-year analyses have also been incorporated where appropriate, allowing trends in procedural activity, diagnostic performance, completion rates and bowel preparation quality to be examined over time.

Developments in Clinical Practice and Technology

The report also reflects several changes in clinical practice observed across participating centres.

There has been widespread adoption of Prucalopride as an adjunctive prokinetic agent to improve capsule transit and completion rates. The registry now includes procedures performed using multiple capsule endoscopy platforms, reflecting increased diversity in technology utilisation across centres. Variations in bowel preparation regimens have also become more evident, with both Plenvu® and Moviprep® widely represented within the dataset.

Documenting these developments is important, as variations in technology, preparation protocols, and procedural practice may influence performance indicators and should be considered when interpreting comparative outcomes.

Limitations of the Registry

The findings presented in this report should be interpreted in the context of several recognised limitations.

Although participation in ICaRe continues to expand, the registry does not yet capture activity from all centres performing capsule endoscopy. Furthermore, it is likely that some capsule procedures undertaken within participating institutions are not entered into the registry. Consequently, analyses are based solely on submitted cases and may not fully reflect national activity.

As with all clinical registries, data quality remains dependent upon local data entry practices, case ascertainment, and completeness of reporting. While every effort is made to ensure accuracy and consistency, some variability between centres is inevitable.

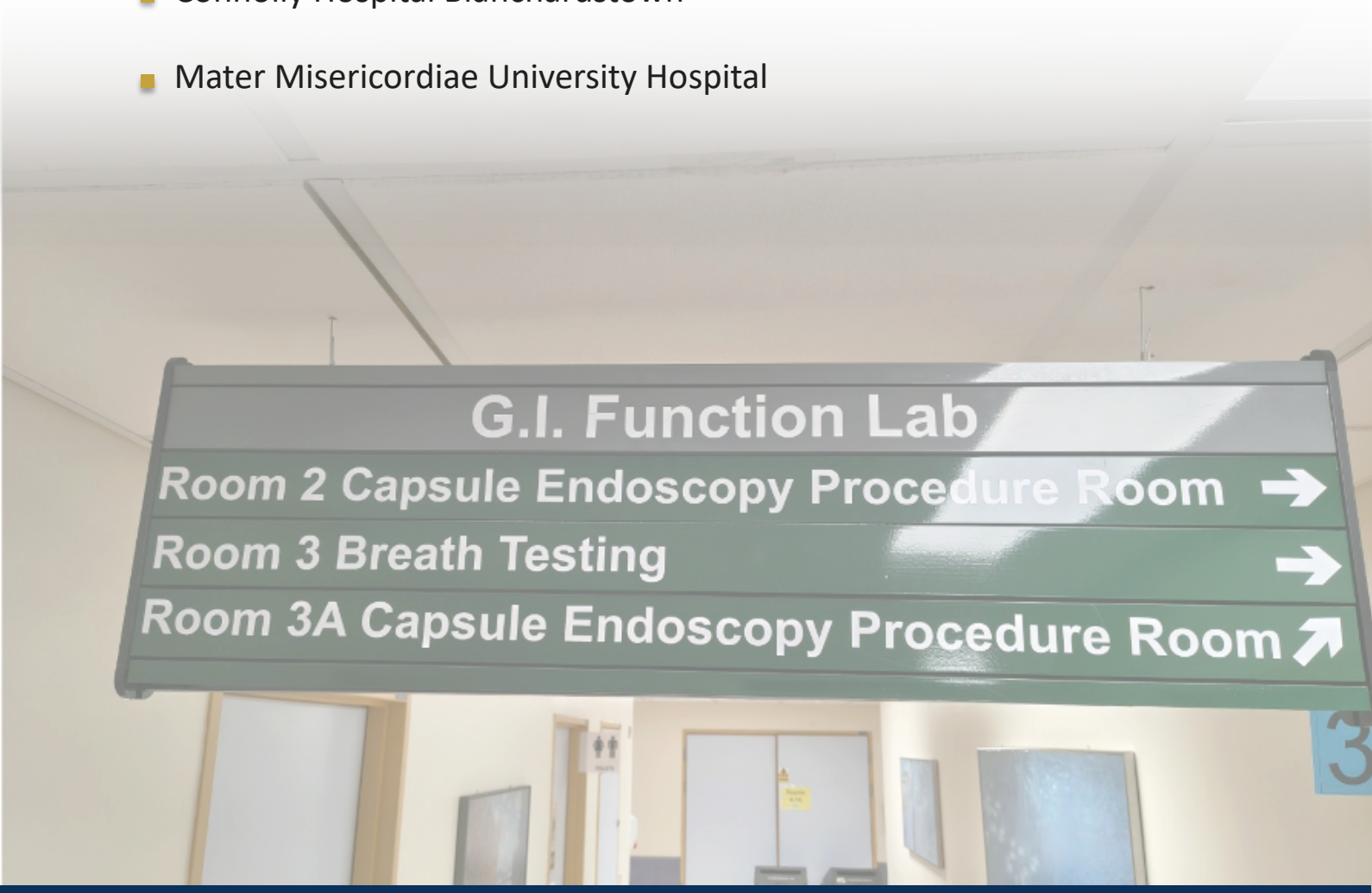
Notwithstanding these limitations, ICaRe represents the most comprehensive national dataset currently available for capsule endoscopy practice and provides a valuable resource for benchmarking, quality improvement, service development, and future research initiatives.

The ICaRe Network

ICaRe is a collaborative national project and depends on the contribution of capsule teams across participating centres.

Seven centres participated in ICaRe in 2025:

- Tallaght University Hospital
- Galway University Hospital
- Beaumont Hospital
- Letterkenny University Hospital
- St Vincent's University Hospital
- Connolly Hospital Blanchardstown
- Mater Misericordiae University Hospital



The ICaRe Network

Capsule Centre Teams



Connolly Hospital

Lisa Keating, CNM2; Catherine Garry, CNM2; Dr Karl Hazel, Consultant Gastroenterologist; Dr Barry Hall, Consultant Gastroenterologist; Dr Roisin Connaughton, Gastroenterology Registrar.



Galway University Hospital

Dr Carol Goulding, Consultant Gastroenterologist; Dr Mary Hussey, Consultant Gastroenterologist; Frances Sarap, CNM.

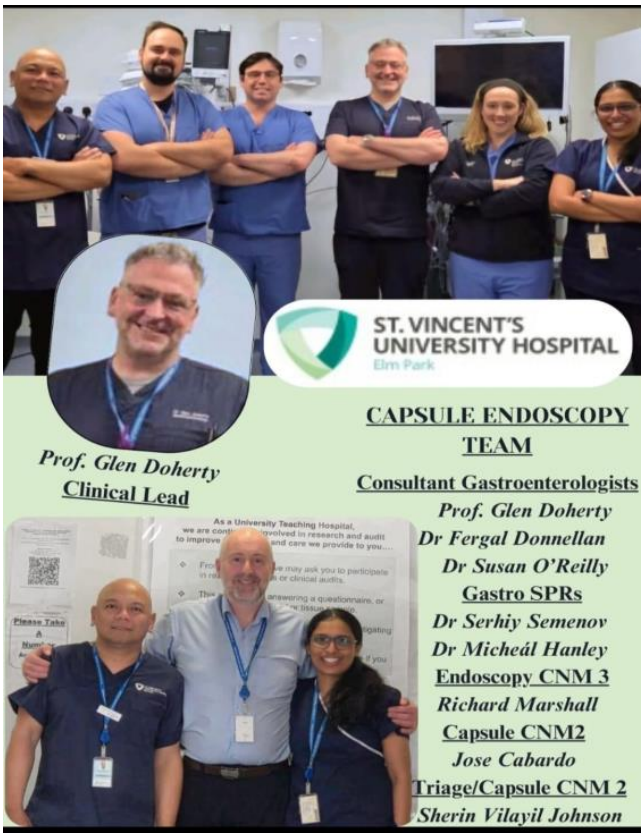


Beaumont Hospital

Philip Maligaya, CNM2, Capsule Endoscopy Nurse; Dr Syafiq Ismail, Consultant Lead; Dr Stephen Cuddy, Capsule Endoscopy Registrar.

The ICaRe Network

Capsule Centre Teams



St Vincent's University Hospital

Prof Glen Doherty, Dr Fergal Donnellan and Dr Susan O'Reilly, Consultant Gastroenterologists; Dr Serhiy Semenov and Dr Micheál Hanley, Gastroenterology SpRs; Richard Marshall, Endoscopy CNM3; Jose Cabardo, Capsule CNM2; Sherin Vilavil Johnson, Triage/Capsule CNM2.



Tallaght University Hospital

Dr Thomas Sheehan, Gastroenterology SpR; Emmanuel Omallao, GI Laboratory Technical Manager; Yvonne Bailey, CNM2; Mary Theresa Gregg, Capsule Administrative Lead; Dr Shreyashee Sengupta, Lecturer in Clinical Medicine; Dr Edric Leung, Clinical Research Fellow; Niamh Eagle, CNM2



Letterkenny University Hospital

Sarah Ferry, RANP; Dr Vikrant Parihar, Consultant Gastroenterologist; Maire Ferry, CNM2.



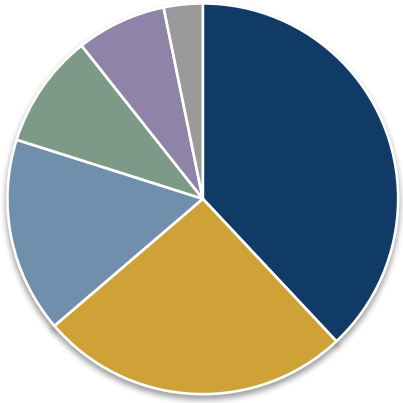
Mater Misericordiae University Hospital

Eva Vaughan, Capsule CNS; Dr Gayle Bennet and Dr Jan Leyden, Consultant Gastroenterologists.

2025 Cohort and Procedures

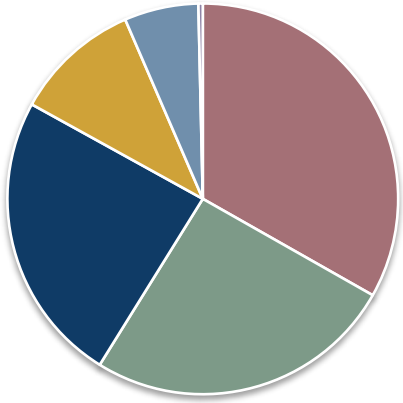
A total of 1,587 capsule examinations were submitted to ICaRe in 2025: 1,089 SBCE, 277 CCE and 221 PIC.

SBCE | n=1,089



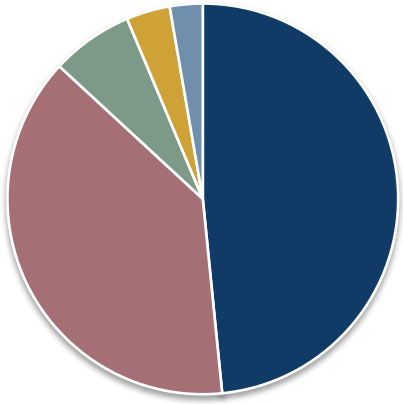
- **Tallaght University Hospital** — 414 capsules · 38.0%
- **Galway University Hospital** — 280 capsules · 25.7%
- **Beaumont Hospital** — 176 capsules · 16.2%
- **Letterkenny University Hospital** — 103 capsules · 9.5%
- **Connolly Hospital Blanchardstown** — 81 capsules · 7.4%
- **Mater Misericordiae University Hospital** — 35 capsules · 3.2%

CCE | n=277



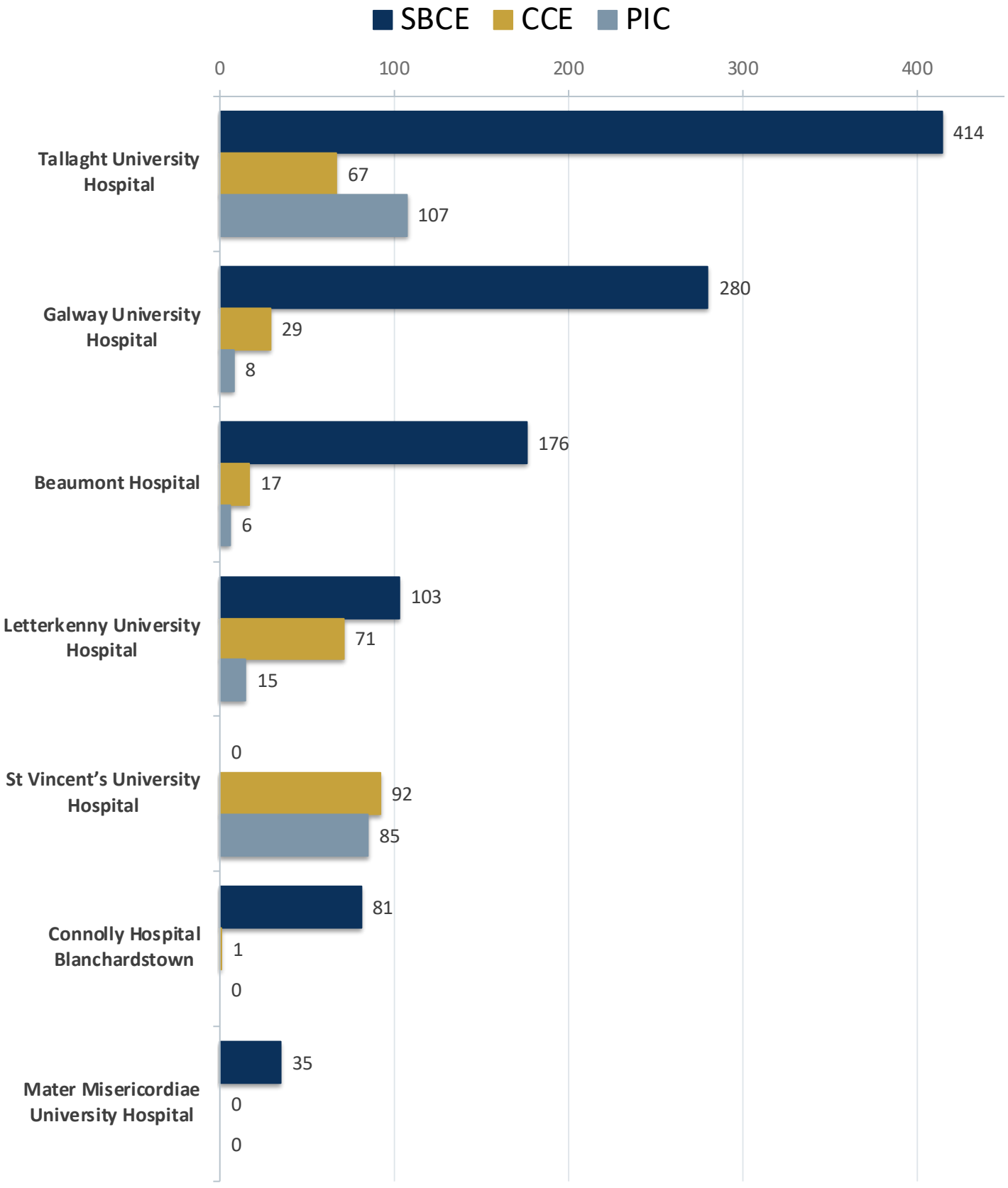
- **St Vincent's University Hospital** — 92 capsules · 33.2%
- **Letterkenny University Hospital** — 71 capsules · 25.6%
- **Tallaght University Hospital** — 67 capsules · 24.2%
- **Galway University Hospital** — 29 capsules · 10.5%
- **Beaumont Hospital** — 17 capsules · 6.1%
- **Connolly Hospital Blanchardstown** — 1 capsule · 0.4%

PIC | n=221



- **Tallaght University Hospital** — 107 capsules · 48.4%
- **St Vincent's University Hospital** — 85 capsules · 38.5%
- **Letterkenny University Hospital** — 15 capsules · 6.8%
- **Galway University Hospital** — 8 capsules · 3.6%
- **Beaumont Hospital** — 6 capsules · 2.7%

2025 Centre Activity



ICaRe
IRISH CAPSULE ENDOSCOPY REGISTRY

Small Bowel Capsule Endoscopy

Key Performance Indicators and Findings



SBCE - Appropriate indication

ICaRe NATIONAL RESULT

95.1%

1,034 / 1,087

Meets ESGE target

ESGE BENCHMARK

Meets ESGE target: ≥95%

75% of target to below target: 71.3–<95%

Below 75% of target: <71.3%

CENTRE PERFORMANCE

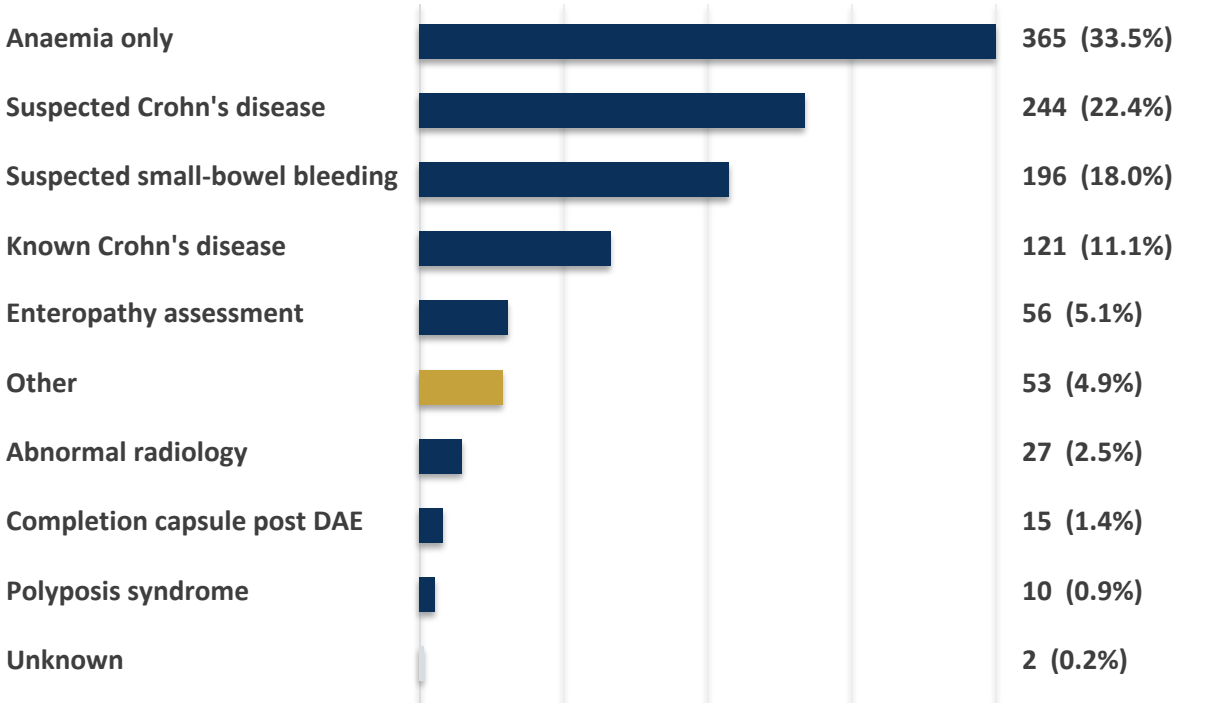
6 centres

5 meet target · 1 intermediate

Appropriate indication was assessed using predefined registry categories aligned with published guidance. Examinations recorded as 'Other' were classified as not meeting the KPI, while those with missing or unknown indications were excluded. The high proportion meeting the ESGE criteria suggests that referrals across the ICaRe network generally follow recognised guidance. However, a negative examination may also have clinical value, providing reassurance or avoiding further invasive investigations in selected patients.

SBCE indications

n=1,089 examinations



SBCE - Adequate bowel preparation

ICaRe NATIONAL RESULT

92.7%

1,000 / 1,079

Meets ESGE target

ESGE BENCHMARK

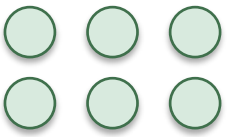
Meets ESGE target: ≥80%

75% of target to below target: 60–<80%

Below 75% of target: <60%

CENTRE PERFORMANCE

6 centres



6 meet target

Bowel preparation quality is influenced by several factors, including dietary instructions, cleansing agents, their timing and patient adherence. All participating centres achieved the ESGE standard, reflecting consistently good preparation quality across the network.

SBCE - Complete transit

ICaRe NATIONAL RESULT

95.3%

1,038 / 1,089

Meets ESGE target

ESGE BENCHMARK

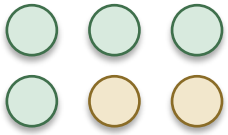
Meets ESGE target: ≥95%

Between ESGE minimum and target: 80–<95%

Below ESGE minimum: <80%

CENTRE PERFORMANCE

6 centres



4 meet target · 2 intermediate

This KPI measures the proportion of SBCE examinations in which the caecum or stoma was visualised. Complete transit rates were high across the ICaRe network, with all centres achieving at least the ESGE minimum standard. Identifying patients at greater risk of incomplete examinations may help guide the selective use of measures to improve capsule progression.

SBCE - Significant finding

ICaRe NATIONAL RESULT

46.0%

500 / 1,088

Between minimum and target

ESGE BENCHMARK

Meets ESGE target: ≥50%

Between ESGE minimum and target: 30–<50%

Below ESGE minimum: <30%

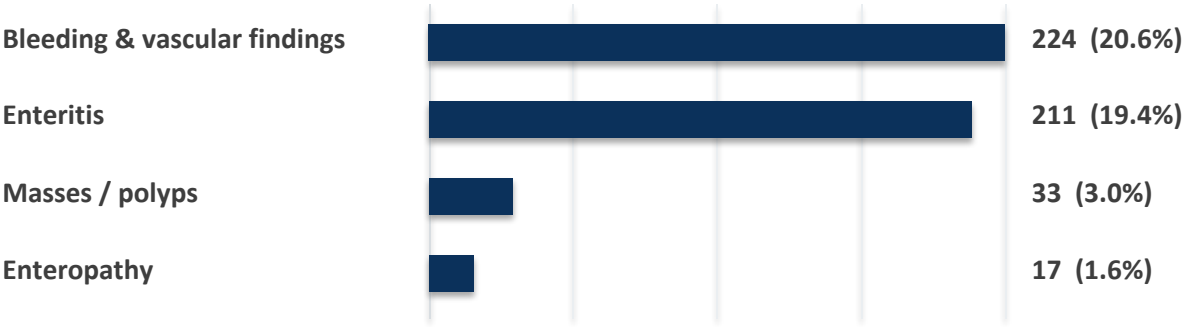
CENTRE PERFORMANCE

6 centres

2 meet target · 4 intermediate

The detection of clinically significant pathology is influenced by patient selection and clinical indication. The 2025 analysis demonstrated a significant association between indication and diagnostic yield, with findings more frequent in patients investigated for suspected small-bowel bleeding than in those with suspected Crohn's disease. Variation in detection rates between centres may partly reflect differences in clinical indications.

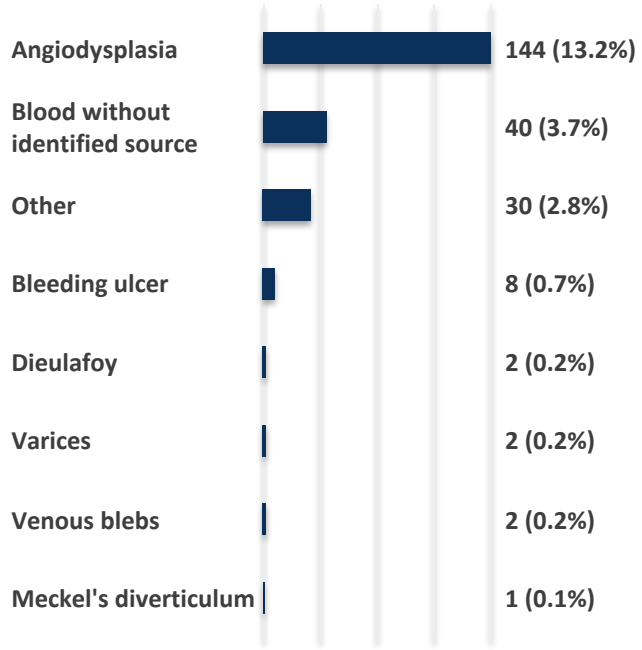
Significant findings in SBCE



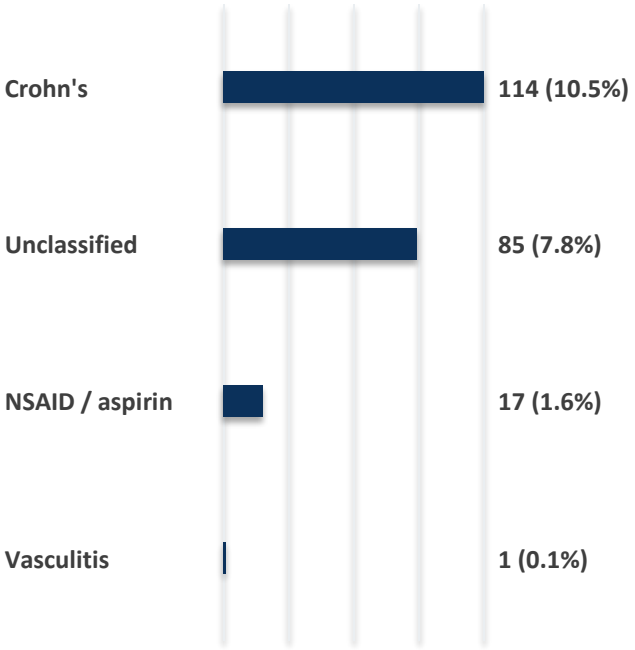
Bleeding and vascular findings, together with enteritis, accounted for most significant findings, reflecting the principal indications for SBCE within the registry. Angiodysplasia was the most frequently identified vascular abnormality, while Crohn's disease accounted for a substantial proportion of inflammatory findings.

SBCE - Detailed significant findings

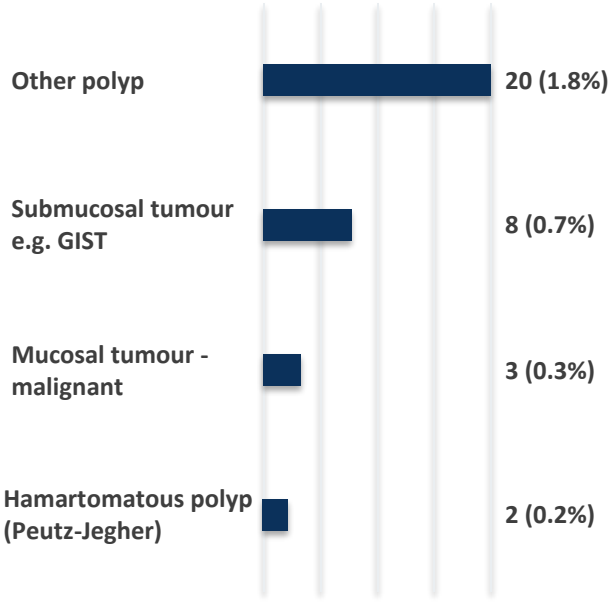
Bleeding & Vascular findings



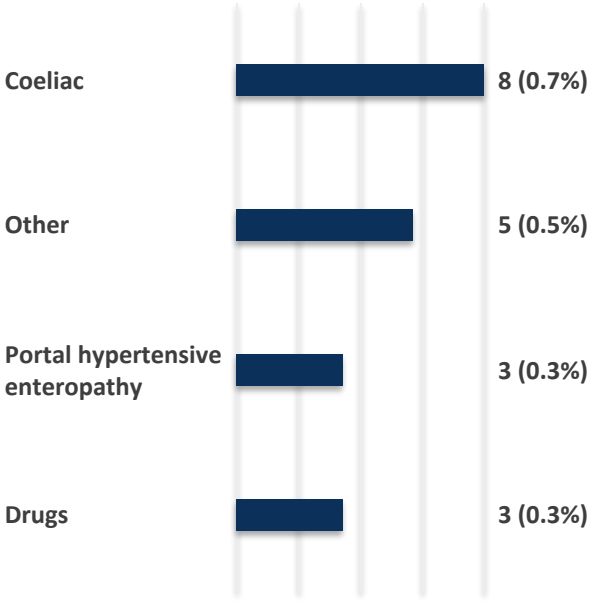
Enteritis



Masses / polyps



Enteropathy



SBCE - Appropriate referral for DAE

ICaRe NATIONAL RESULT

41.9%

116 / 277

Below ESGE minimum

ESGE BENCHMARK

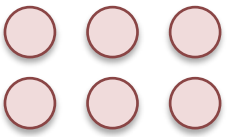
Meets ESGE target: ≥90%

Between ESGE minimum and target: 75–<90%

Below ESGE minimum: <75%

CENTRE PERFORMANCE

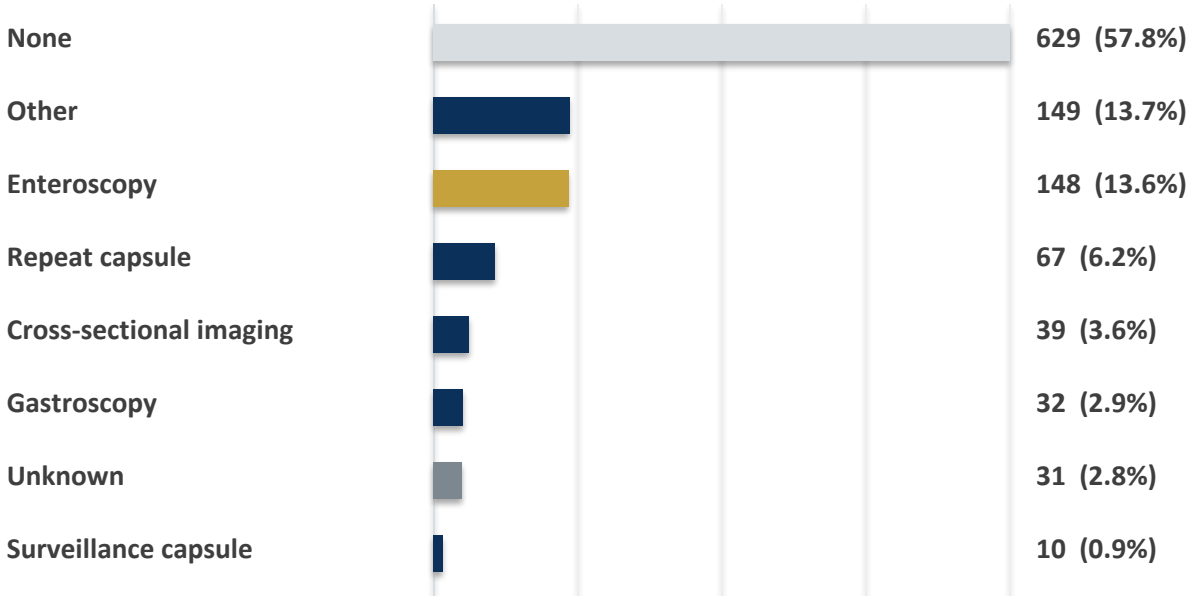
6 centres



6 below ESGE minimum

This KPI assesses whether enteroscopy was recommended following SBCE examinations with findings meeting predefined criteria for potential DAE referral. Performance was below the ESGE minimum standard across the network. However, not every eligible finding necessarily requires DAE. Clinical judgement may favour alternative management, including medical treatment, imaging or surveillance. As DAE services expand, perceived access issues will also be resolved.

Further investigations following SBCE



SBCE - Patency confirmed

ICaRe NATIONAL RESULT

95.7%

264 / 276

Meets ESGE target

ESGE BENCHMARK

Meets ESGE target: ≥95%

75% of target to below target: 71.3–<95%

Below 75% of target: <71.3%

CENTRE PERFORMANCE

6 centres



4 meet target · 1 below 75%
1 centre: no eligible cases

Patency capsule assessment remains important in patients at increased risk of capsule retention. Confirmation rates were high across the ICaRe network. The ICaRe measure records confirmed patency before SBCE, rather than whether an at-risk patient was offered patency assessment. Retention events themselves were not captured in the 2025 registry, and future inclusion of these outcomes would provide a more complete assessment of procedural safety.

ICaRe SBCE centres submitting audit data

ICaRe NETWORK RESULT

100%

6 / 6 centres

Meets ESGE target

ESGE BENCHMARK

Meets ESGE target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

This ESGE quality-performance measure assesses the proportion of SBCE-performing ICaRe centres contributing data for KPI audit. Participation supports the monitoring and improvement of SBCE practice. All six eligible ICaRe centres contributed data. St Vincent's University Hospital was excluded from the denominator as it does not perform SBCE.

ICaRe
IRISH CAPSULE ENDOSCOPY REGISTRY

Colon Capsule Endoscopy

Key Performance Indicators and Findings



CCE - Appropriate indication

ICaRe NATIONAL RESULT

96.7%

267 / 276

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥100%

75% of target to below target: 75–<100%

Below 75% of target: <75%

CENTRE PERFORMANCE

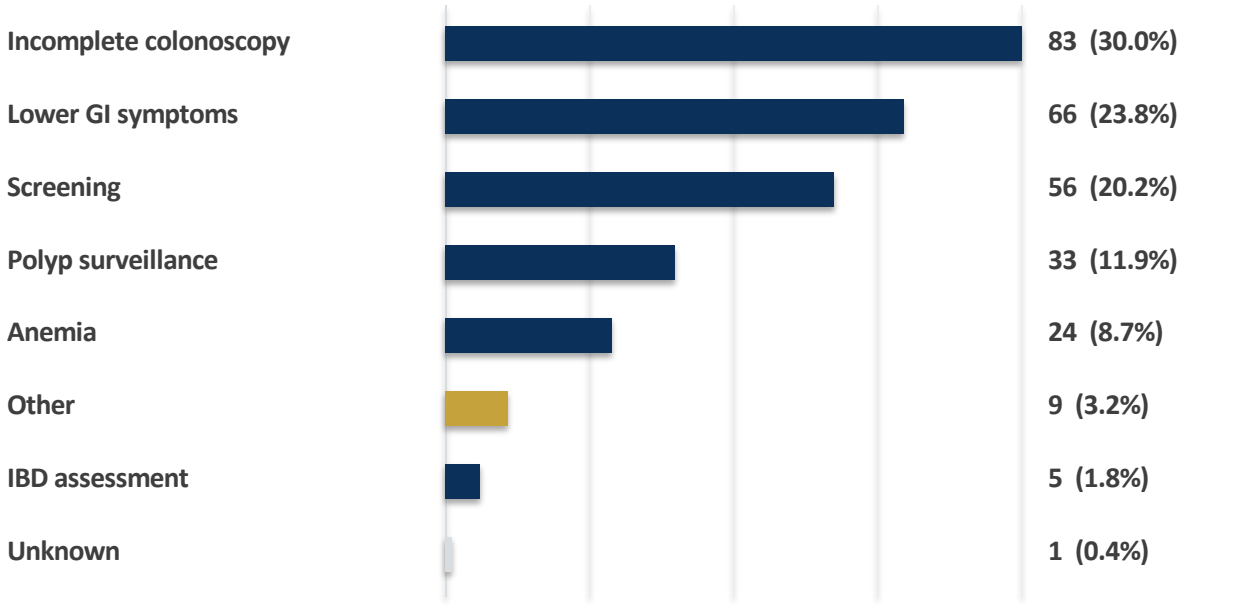
6 centres

3 meet target · 3 intermediate

Appropriate indication was assessed using categories predefined in the ICaRe registry in accordance with HSE Endoscopy Programme guidance. Examinations recorded as 'Other' were classified as not meeting the KPI, while those with missing or unknown indications were excluded. The high proportion meeting the criteria suggests that CCE referrals generally follow recognised guidance.

CCE indications

n=277 examinations



CCE - Adequate bowel preparation

ICaRe NATIONAL RESULT

83.0%

224 / 270

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

CENTRE PERFORMANCE

6 centres



1 meets target · 5 intermediate

Bowel preparation remains a challenge in CCE, with most participating centres falling below the adopted benchmark. Current regimens achieve at least 75% compliance with the bowel preparation target, and represent an area for improvement.

CCE - Complete transit

ICaRe NATIONAL RESULT

80.9%

224 / 277

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

CENTRE PERFORMANCE

6 centres



2 meet target · 3 intermediate · 1 below 75% of target

Complete transit remains below the adopted benchmark, with variation between centres. Booster regimens and other patient-related factors may influence capsule transit.

CCE - Complete study

ICaRe NATIONAL RESULT

70.3%

192 / 273

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

CENTRE PERFORMANCE

6 centres



1 meets target · 2 intermediate · 3 below 75% of target

A complete study requires both adequate bowel preparation and complete transit. Complete study rates remain below the adopted benchmark, with considerable variation between centres. Improving both bowel preparation and capsule transit therefore remains an important priority for CCE services.

CCE - Significant polyp finding

ICaRe NATIONAL RESULT

34.3%

95 / 277

Meets adopted target

ADOPTED BENCHMARK

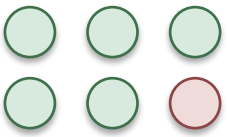
Meets adopted target: ≥15%

75% of target to below target: 11.25–<15%

Below 75% of target: <11.25%

CENTRE PERFORMANCE

6 centres



5 meet target · 1 below 75% of target

CCE - Significant finding

ICaRe NATIONAL RESULT

51.6%

142 / 275

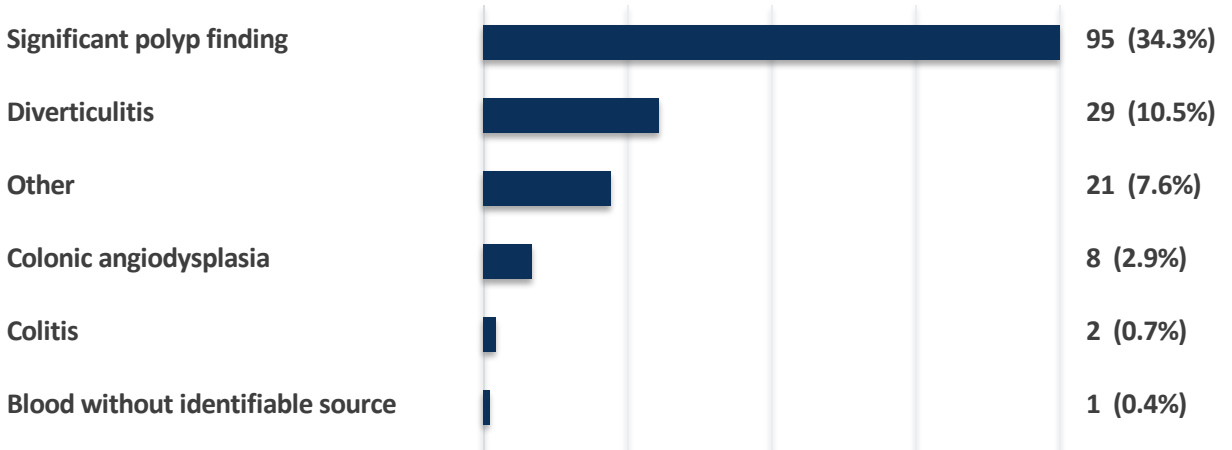
No benchmark

Significant polyps were defined as those ≥6 mm or ≥3 polyps of any size, in line with guidelines, which require colonoscopy for polypectomy.

Polyps accounted for most significant CCE findings. A high detection rate reflects the ability of CCE to identify important pathology.

Significant findings in CCE

n=277 CCEs



CCE - Downstream lower GI endoscopy

ICaRe NATIONAL RESULT

36.8%

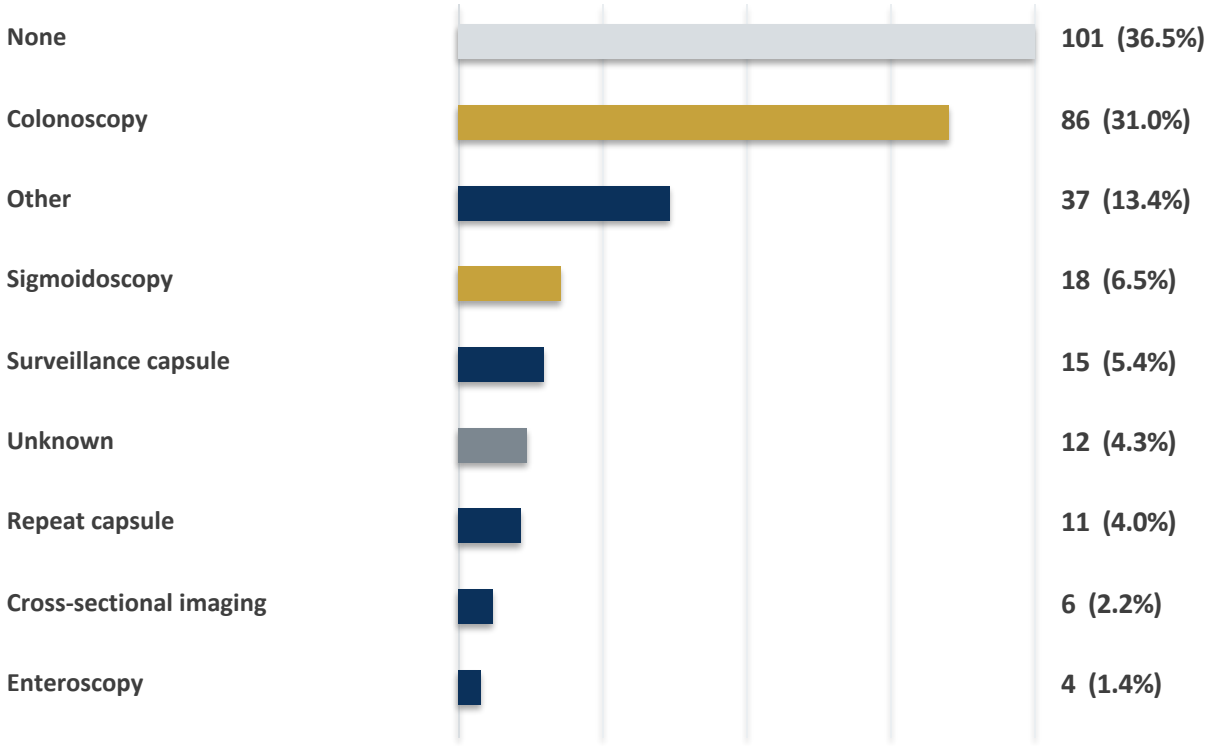
102 / 277

No benchmark

CCE can reduce the need for conventional colonoscopy. No further lower GI endoscopy was advised in 63.2% of cases. The 2025 analysis found that downstream endoscopy rates varied significantly by indication and was most frequently advised following CCE for polyp surveillance (57.6%), highlighting the importance of patient selection. Incomplete examinations may also necessitate further investigation, reinforcing the value of achieving a complete study.

Further investigations following CCE

n=277 examinations



Post-CCE colorectal cancer

ICaRe MULTICENTRE AUDIT

0%

3-year post-CCE colorectal cancer rate

1,391 CCEs · 3 ICaRe centres

The International Capsule Endoscopy Research Group recently endorsed post-CCE colorectal cancer (pCCECRC) rates as an important quality measure, recommending three-year pCCECRC reporting with a six-month grace period.

This separate multicentre audit included 1,391 CCEs from three ICaRe centres, with a median follow-up of 5.54 years. No qualifying pCCECRC events were identified (0%). These findings are reassuring regarding the long-term outcomes of CCE examinations.

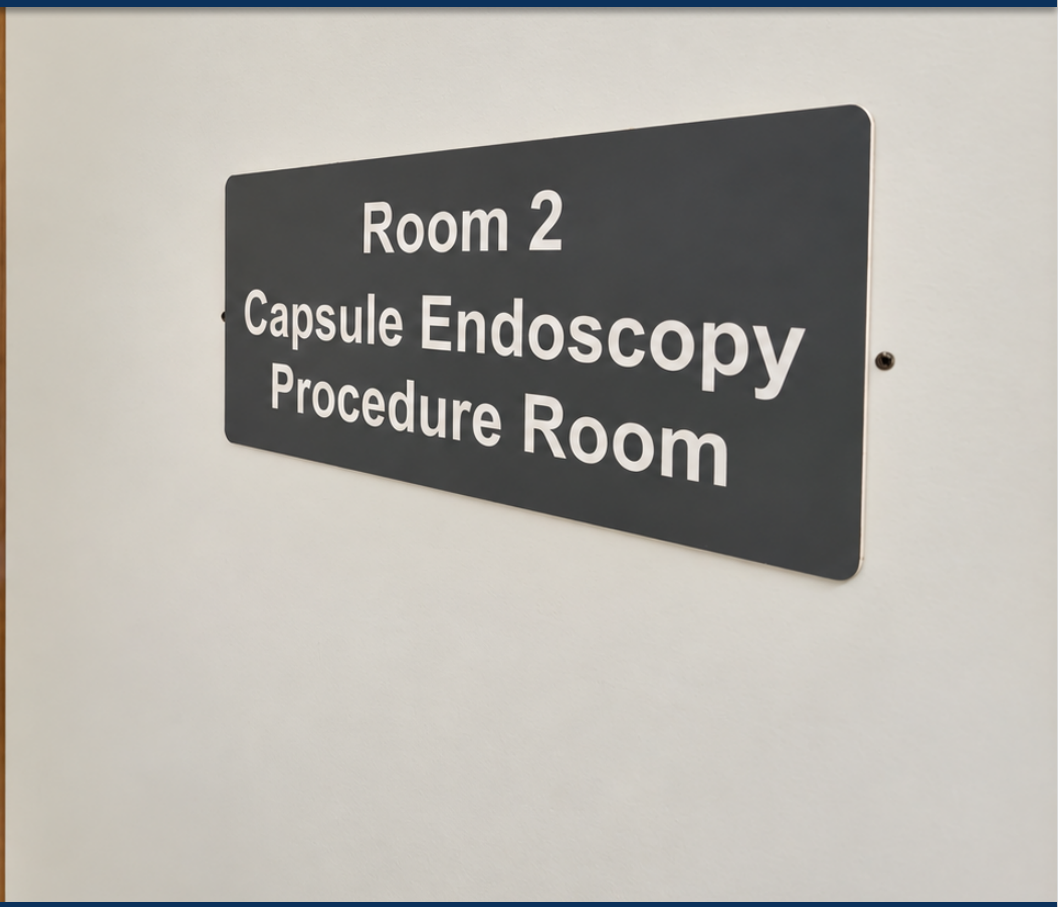


ICaRe
IRISH CAPSULE ENDOSCOPY REGISTRY

Pan-intestinal Capsule

Key Performance Indicators and Findings





PIC - Appropriate indication

ICaRe NATIONAL RESULT

85.1%

188 / 221

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥100%

75% of target to below target: 75–<100%

Below 75% of target: <75%

CENTRE PERFORMANCE

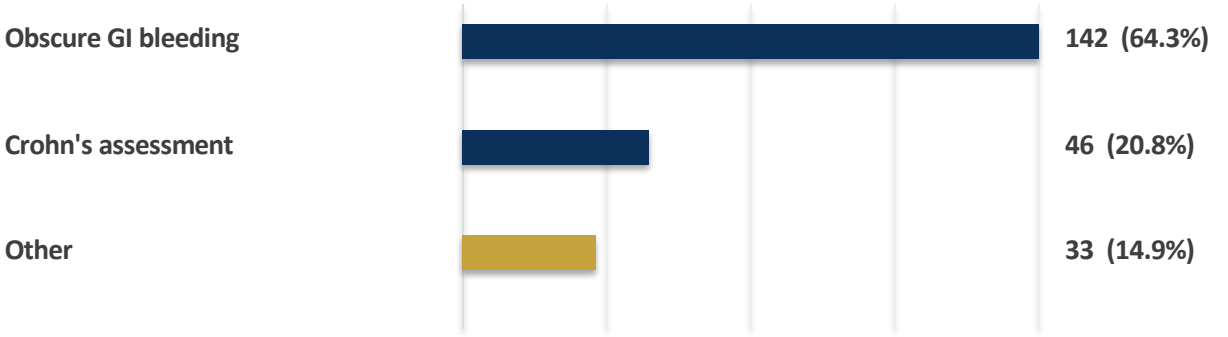
5 centres

1 meets target · 3 intermediate · 1 below 75% of target

In the absence of established international guidance, appropriate indications for PIC were predefined in the ICaRe registry as obscure gastrointestinal bleeding, Crohn's disease assessment or Polyposis syndrome. Examinations recorded as 'Other' were classified as not meeting the KPI.
The lower proportion meeting the appropriate indication criteria, compared with CCE and SBCE, may partly reflect the evolving role of PIC.

PIC indications

n=221 examinations



'Other' did not meet the appropriate-indication KPI.

PIC - Adequate bowel preparation

ICaRe NATIONAL RESULT

71.3%

154 / 216

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

CENTRE PERFORMANCE

5 centres



1 meets target · 2 intermediate · 2 below 75% of target

Achieving adequate bowel preparation remains a challenge for PIC. The 2025 analysis found significantly lower preparation adequacy for PIC compared with CCE. This difference may reflect variations in patient characteristics, indications or preparation protocols.

PIC - Complete transit

ICaRe NATIONAL RESULT

74.1%

163 / 220

75% of target to below target

ADOPTED BENCHMARK

Meets adopted target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

CENTRE PERFORMANCE

5 centres



4 intermediate · 1 below 75% of target

Complete transit remains below the adopted benchmark across participating centres. Achieving complete transit through both the small bowel and colon remains a technical challenge.

PIC - Complete study

ICaRe NATIONAL RESULT

58.7%

128 / 218

Below 75% of target

ADOPTED BENCHMARK

Meets adopted target: ≥90%

75% of target to below target: 67.5–<90%

Below 75% of target: <67.5%

CENTRE PERFORMANCE

5 centres



2 intermediate · 3 below 75% of target

Complete study rates are also suboptimal. The benefit of assessing both the small bowel and colon in a single examination may be reduced when inadequate preparation or incomplete transit necessitates further investigation. Improving preparation and booster protocols remains an important priority in PIC.

PIC - Significant finding

ICaRe
NATIONAL RESULT

Overall significant finding rate

50.2%

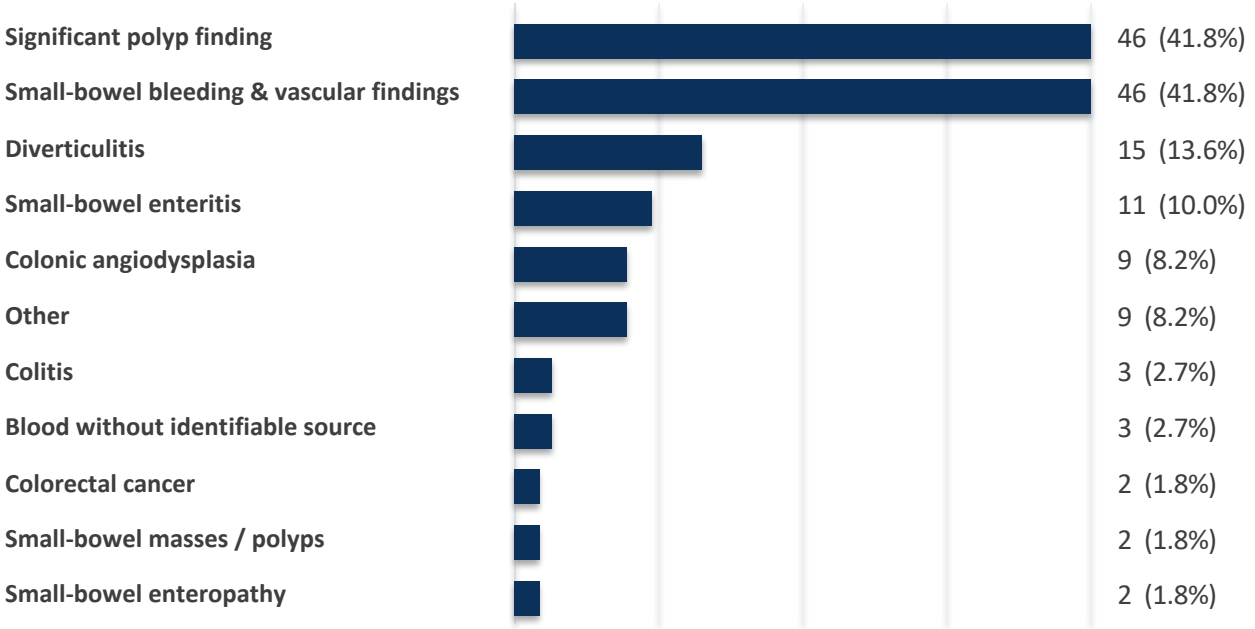
110 / 219

No benchmark

Significant colonic polyps and small-bowel bleeding & vascular findings accounted for the largest groups of findings, highlighting the value of examining both regions in a single procedure. Significant polyps were defined using the same ESGE criteria applied to CCE (≥6 mm or ≥3 polyps of any size). Significant polyps may require subsequent therapeutic colonoscopy, so the overall benefit of PIC also depends on avoiding the need for further investigations.

Significant findings in positive PICs

n=110 significant studies



PIC - Downstream lower GI endoscopy

ICaRe NATIONAL RESULT

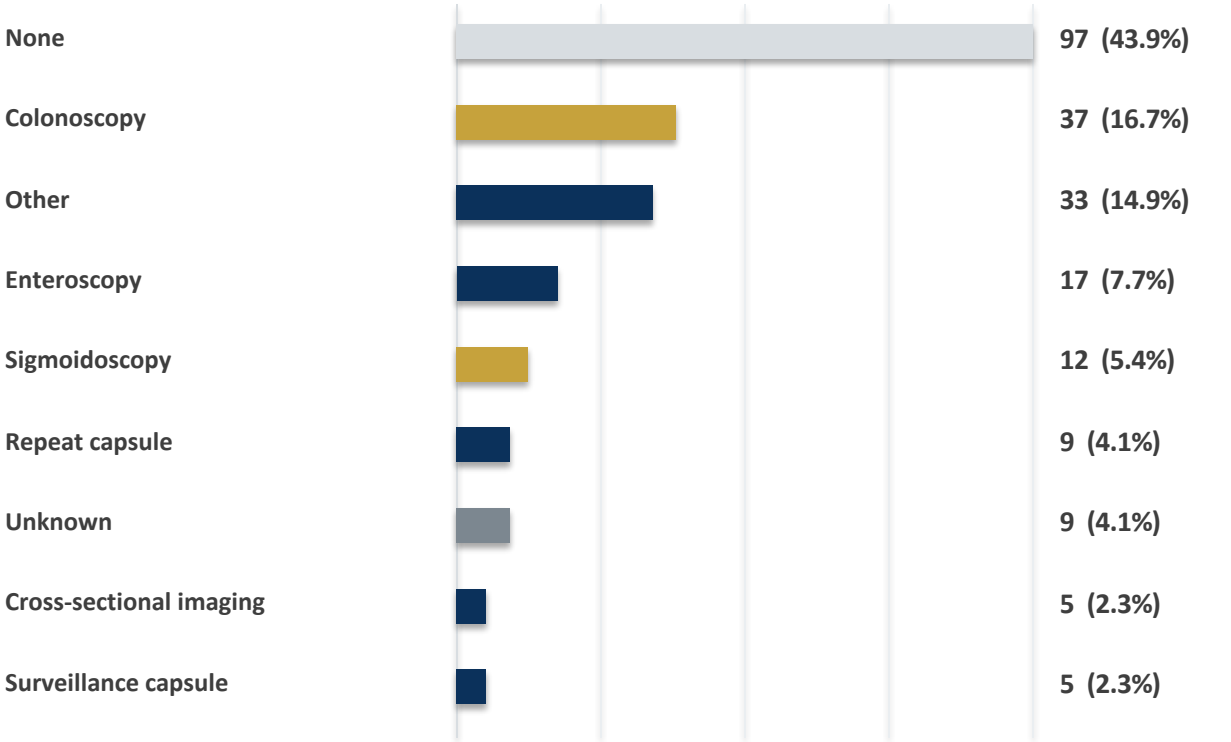
22.2%

49 / 221

The rate of downstream lower GI endoscopy was significantly lower following PIC than CCE. However, the two examination types are used for different clinical indications, which explains this difference.
PIC may identify pathology requiring medical treatment or enteroscopy rather than conventional colonoscopy.

PIC - Further investigations following PIC

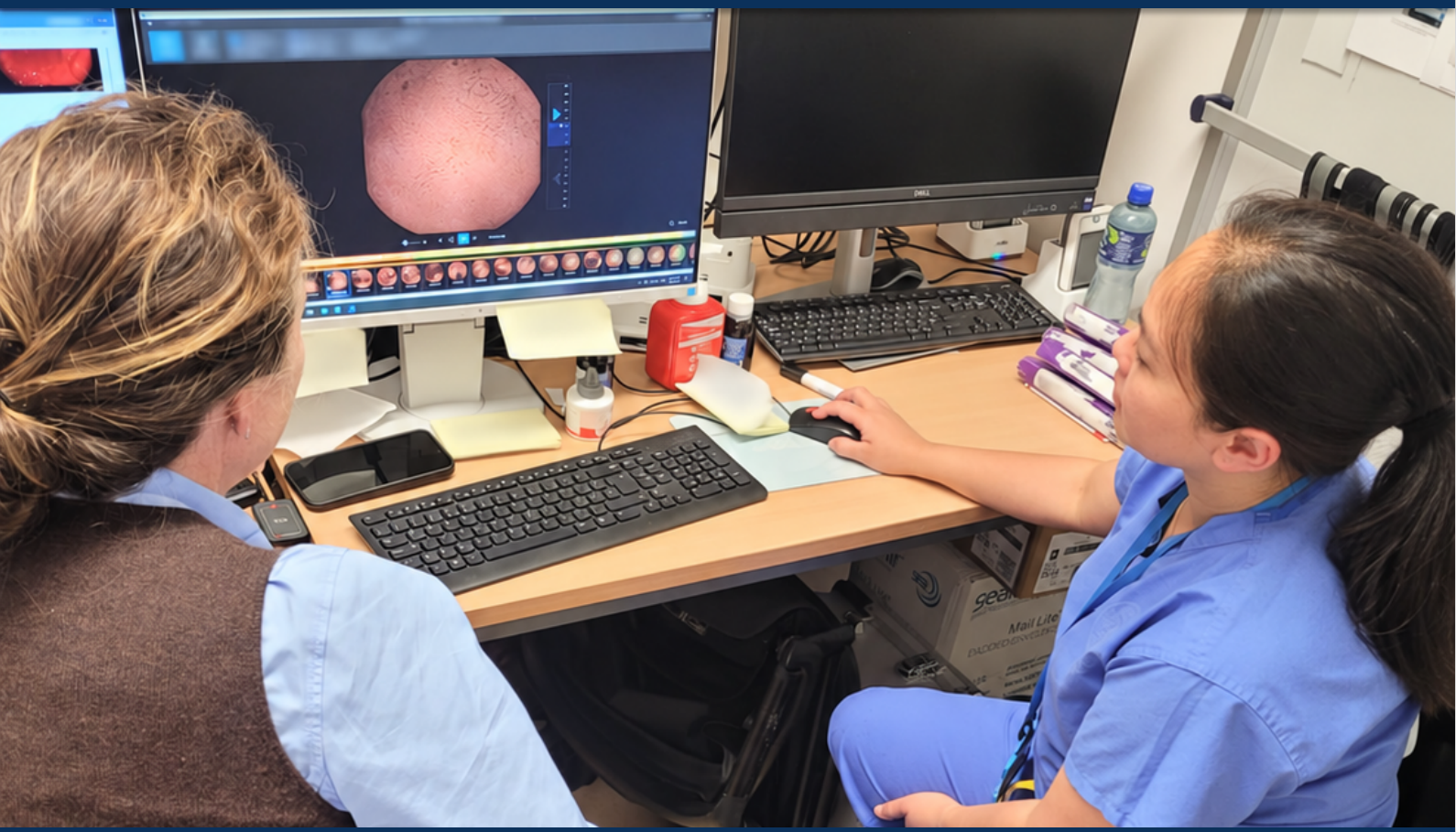
n=221 examinations



ICaRe
IRISH CAPSULE ENDOSCOPY REGISTRY

Year-on-year Analyses

2024 vs 2025



2024 vs 2025: National participation and case mix

2024 REPORT COHORT

6/10

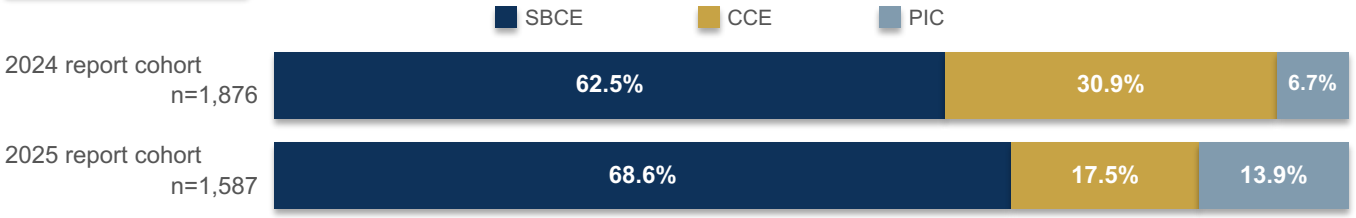
National capsule centres participating in ICaRe

2025 REPORT COHORT

7/9

National capsule centres participating in ICaRe

Capsule examination mix



Within the CCE/PIC cohort, PIC examinations increased from 17.8% in 2024 to 44.4% in 2025.

SBCE indications

Indication	2024	2025	Change
Anaemia	28.1%	33.6%	+5.5 pp
Suspected Crohn's disease	27.6%	22.4%	−5.2 pp
Suspected small-bowel bleeding	22.7%	18.0%	−4.7 pp
Known Crohn's disease	7.3%	11.1%	+3.9 pp

Selected indication changes shown. Overall distribution changed significantly ($p<0.001$).

CCE indications

Indication	2024	2025	Change
Incomplete colonoscopy	19.6%	30.1%	+10.5 pp
Lower-GI symptoms	32.9%	23.9%	−9.0 pp
Screening	14.2%	20.3%	+6.1 pp
Polyp surveillance	16.3%	12.0%	−4.3 pp

Selected indication changes shown. Overall distribution changed significantly ($p<0.001$).

Age and gender distributions did not differ significantly between the 2024 and 2025 report cohorts for any capsule type.

2024 vs 2025: SBCE and CCE year-on-year comparison

SBCE outcomes

Measure	2024	2025	p-value
Appropriate indication	94.5%	95.1%	0.531
Adequate bowel preparation	94.0%	92.7%	0.198
Complete transit	95.0%	95.3%	0.698
Patency confirmed	95.0%	95.7%	0.726
Significant findings	**36.4%**	**46.0%**	**<0.001**

Changes in data capture prevented a valid year-on-year comparison of appropriate DAE referral rates.

MAIN MESSAGE

High and stable

SBCE measures remained high, with no significant year-on-year differences (all p>0.19), apart from an improved significant findings rate (36.4% → 46.0%; p<0.001).

CCE outcomes

Measure	2024	2025	p-value
Complete transit	81.3%	80.9%	0.866
Adequate bowel preparation	82.2%	83.0%	0.788
Complete study	69.4%	70.3%	0.790
Significant polyp detection	**24.0%**	**34.3%**	**0.002***
Significant findings	57.2%	51.6%	0.129
Downstream lower-GI endoscopy	41.8%	36.8%	0.165

* Significant polyp detection remained significantly higher in 2025 after adjustment for age, gender and indication (aOR 1.56, 95% CI 1.13–2.16; p=0.007).

MAIN MESSAGE

Stable technical performance

CCE technical performance was essentially unchanged between the two report cohorts (all p>0.78).
Significant polyp detection increased significantly, while overall significant finding rates and downstream lower-GI endoscopy rates did not differ significantly.

2024 vs 2025: PIC comparisons

PIC comparison

Outcome	2024	2025	Change	p-value
Complete transit	84.8%	74.1%	−10.7 pp	.022
Adequate bowel preparation	84.0%	71.3%	−12.7 pp	.009
Complete study	74.4%	58.7%	−15.7 pp	.004
Significant polyp detection	18.4%	20.8%	+2.4 pp	.589
Significant findings	53.6%	50.2%	−3.4 pp	.547
Downstream lower GI endoscopy	29.6%	22.2%	−7.4 pp	.125

MAIN MESSAGE

Lower technical performance in 2025

PIC technical outcome rates were significantly lower in 2025 (all p≤.022). Increased PIC use and changes in indications affected technical performance and warrants further investigation.

CCE & PIC bowel cleansing and booster comparisons

Combined CCE/PIC protocol distributions

BOWEL CLEANSING REGIMENS

Regimen	2024	2025	Adjusted p
MoviPrep	65.3%	78.9%	<.001
Picolax	17.0%	6.7%	.042
Plenvu	7.9%	15.2%	.756

BOOSTER ADJUNCTS **Overall p<.001**

Adjunct combination	2024	2025
Prucalopride without castor oil	23.0%	47.8%
Castor oil without prucalopride	46.1%	16.3%
Prucalopride + castor oil	21.4%	31.9%

MAIN MESSAGE

MoviPrep use increased and Picolax use declined between 2024 and 2025. The distribution of booster adjuncts also changed significantly (overall p<.001), with increased use of prucalopride, in line with international practice.

Bowel-cleansing p-values adjusted for centre and capsule type; booster comparison unadjusted.

Factors Associated with Capsule Study Outcomes

Exploratory analyses

Age associations: adjusted OR (p-value) per additional 10 years

Outcome	CCE/PIC	SBCE
Complete transit	**0.83 (p=.003)**	**0.83 (p=.024)**
Adequate preparation	**0.79 (p<.001)**	**0.77 (p<.001)**
Complete study	**0.77 (p<.001)**	**0.80 (p<.001)**
Significant finding	**1.19 (p<.001)**	**1.24 (p<.001)**
Downstream lower-GI endoscopy	**1.15 (p=.019)**	—

CCE/PIC adjusted for gender and capsule type; SBCE for gender.

SBCE significant finding also adjusted for indication.

Across both colon capsule endoscopy (CCE/PIC) and small bowel capsule endoscopy (SBCE), increasing age was consistently associated with poorer technical performance but higher diagnostic yield. In CCE/PIC, older age was also associated with a greater likelihood of downstream lower gastrointestinal endoscopy being advised. Gender was not independently associated with any outcome.

Compared with CCE, PIC was associated with significantly lower rates of adequate preparation and complete studies. After adjustment for age and gender, PIC remained independently associated with lower odds of adequate preparation (aOR 0.51, 95% CI 0.33–0.80) and a complete study (aOR 0.59, 95% CI 0.41–0.87). Of note, PIC patients had a lower requirement for downstream lower gastrointestinal endoscopy (aOR 0.48, 95% CI 0.32-0.72). Perhaps reflecting the initial choice to proceed with a PIC rather than other forms of endoscopy for clinical reasons.

Procedure indication also influenced CCE performance. Screening examinations demonstrated the highest technical performance, with complete transit and complete study rates of 94.6% and 83.3%, respectively. In contrast, polyp surveillance and anaemia indications were associated with the highest rates of downstream endoscopy (57.6% and 50.0%, respectively), reflecting a greater requirement for subsequent invasive investigation despite capsule assessment.



Patient Voice

Patient feedback highlighted the value of capsule endoscopy and the importance of support, reassurance and clear information throughout the pathway.

“I was delighted to have the test and the opportunity to try and find where my blood loss originates. Many thanks.”

“I am 100% satisfied with the whole process. It was harmless and I can’t thank the lovely woman who was both on the phone and in person. Thank you.”

“Wasn’t as near as bad as I thought it would be. I was very impressed by my experience in Tallaght, as it was my first time.”

“I found staff extremely comforting and helpful, made me feel very at ease and well informed about the test.”

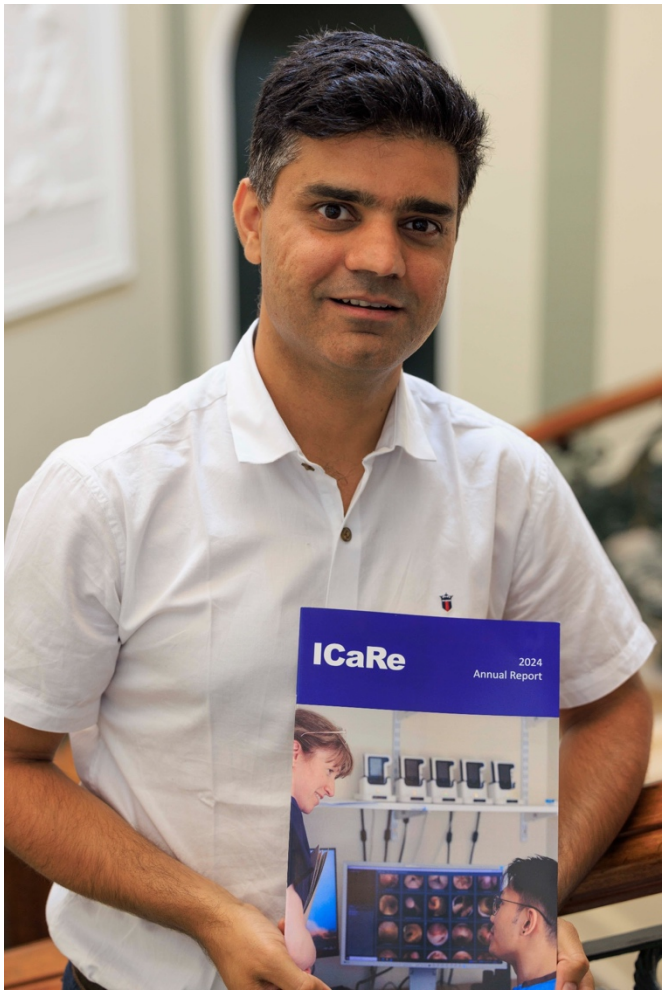


ICaRe Annual Meeting 2025

A Look Back at the Launch of the ICaRe 2024 Annual Report



Professor Deirdre McNamara, Consultant Gastroenterologist, Tallaght University Hospital; Dr Karen Hartery, Consultant Gastroenterologist, St James's Hospital; Dr Jan Leyden, Consultant Gastroenterologist, Mater Hospital; Dr Fintan O'Hara, Consultant Gastroenterologist, Tallaght University Hospital; Glenn Murphy, Head of Waiting List Audit and Validation, NTPF.



Dr Sandeep Sihag, Lecturer in Clinical Medicine



Dr Karen Hartery, Consultant Gastroenterologist, St James's Hospital.



Dr Fintan O'Hara, Consultant Gastroenterologist, Tallaght University Hospital.

ICaRe Annual Meeting 2025

A Look Back at the Launch of the ICaRe 2024 Annual Report



Back row: Dr Rachel Varley, Gastroenterology SpR; Mary Theresa Gregg, Capsule Administrative Lead; Professor Deirdre McNamara, Consultant Gastroenterologist. Middle row: Emmanuel Omallao, GI Laboratory Technical Manager; Yvonne Bailey, CNM2; Dr Sandeep Sihag, Gastroenterology SpR; Thomas J. Butler, Researcher. Front row: Niamh Eagle, CNM2; Ogechukwuka Izegbune, GI Laboratory Assistant; Dr Fintan O'Hara, Consultant Gastroenterologist; Dr Thomas Sheehan, Gastroenterology SpR.



Dr Mary Hussey, Consultant Gastroenterologist, and Frances Sarap, CNM — Galway University Hospital; Professor Deirdre McNamara, Consultant Gastroenterologist, Tallaght University Hospital.



Sherin Vilayil Johnson, CNM, St Vincent's University Hospital; Dr Fintan O'Hara, Consultant Gastroenterologist, Tallaght University Hospital; Jose Cabardo, CNM, St Vincent's University Hospital.



Maire Ferry, CNM; Dr Vikrant Parihar, Consultant Gastroenterologist; Sarah Ferry, RANP — Letterkenny University Hospital; Professor Deirdre McNamara, Consultant Gastroenterologist, Tallaght University Hospital.

ICaRe Annual Meeting 2025

A Look Back at the Launch of the ICaRe 2024 Annual Report



Glenn Murphy, Head of Waiting List Audit and Validation, NTPF.



Dr Mary Hussey, Consultant Gastroenterologist, Galway University Hospital

ICaRe National Capsule Endoscopy Meeting 2026

INTRODUCTION

10:00–10:30 | Registration & Welcome Coffee

10:30–10:35 | Opening Remarks

Professor Deirdre McNamara, Consultant Gastroenterologist, Tallaght University Hospital

MORNING SESSION

Chaired by Dr Carol Goulding, Galway University Hospital

10:35–10:55 | ICaRe 2025 Annual Report

Dr Edric Leung, Clinical Research Fellow & Temporary Consultant Gastroenterologist, Tallaght University Hospital

10:55–11:05 | The White Paper – Use of Colon Capsule Endoscopy (CCE) in a FIT-Stratified Symptomatic Patient Diagnostic Pathway: an Irish Capsule Endoscopy Working Group Proposal

Dr Gráinne Holleran, Consultant Gastroenterologist, Blackrock Clinic, Dublin

11:05–11:15 | Questions & Answers

Discussion of the ICaRe Annual Report and White Paper

11:15–11:30 | Coffee Break

INTERNATIONAL SPEAKER SESSION

Chaired by Dr Jan Leyden, Mater Hospital

11:30–12:00 | Updated ESGE Technical Guidelines on Capsule Endoscopy

Dr Emanuele Rondonotti, Consultant Gastroenterologist and Current Chair of the ESGE Capsule Endoscopy Group, Como, Italy

12:00–12:15 | Questions & Answers

12:15–13:00 | Lunch

AFTERNOON SESSION

13:05–14:05 | Oral Presentations: Irish Capsule Endoscopy Research Studies

Chaired by Dr Gayle Bennett (Mater Hospital) and Dr Barry Hall (Connolly Hospital)

14:05–15:05 | Selected Audits and Quality Improvement Projects in Capsule Endoscopy

Chaired by Dr Vikrant Parihar (Letterkenny University Hospital) and Dr Karl Hazel (Connolly Hospital)

15:05–15:20 | Coffee Break

15:20–15:50 | Selected Capsule Endoscopy Case Studies

Chaired by Dr Syafiq Ismail (Beaumont and Cavan Hospital) and Dr David Pritchard (St James's Hospital)

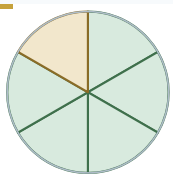
15:50–16:00 | Prize Giving and Closing Remarks



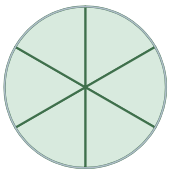
ICaRe 2025 National Performance Synopsis

Each equal-sized slice represents one centre. Green, amber and red show performance against the KPI-specific benchmark defined earlier; grey indicates no eligible cases.

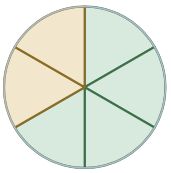
SBCE



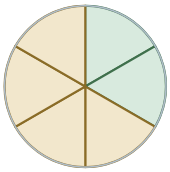
Appropriate indication



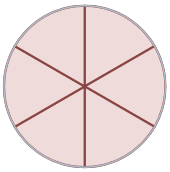
Adequate bowel preparation



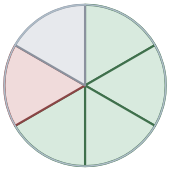
Complete transit



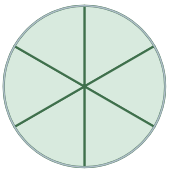
Significant findings



Appropriate DAE referral

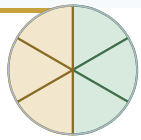


Patency confirmed

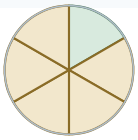


Audit data submission

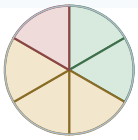
CCE



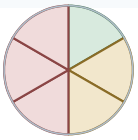
Appropriate indication



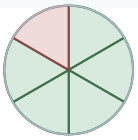
Adequate preparation



Complete transit

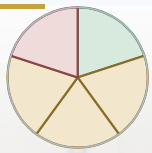


Complete study

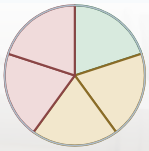


Significant polyp finding

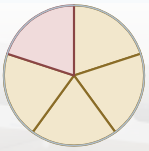
PIC



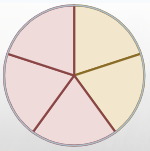
Appropriate indication



Adequate preparation



Complete transit



Complete study

Notes

Access the Online Report

The ICaRe Annual Reports and the Irish Capsule Endoscopy Working Group White Paper are available on the TAGG Research Centre website , TCD.
Access them using the QR code below.



National quality improvement through shared data, collaboration and research.