We have been using a surrogate marker of adenoma detection rate (ADR) to predict and stratify the patients at risks of post-colonoscopy colorectal cancer (PCCRC), the other well known key surrogate, representing the effectiveness of colonoscopy for the colorectal cancer prevention. Through the previous 2 studies, one from the Kaminski group, Poland and the other from Douglas Corley in the US, ADR was verified as the optimal and robust surrogate for PCCRC and became an health developed target for men > 30% and for women > 20% to better gain the efficiency of colonoscopy worldwide. Accordingly, the next issue to increase colonoscopy effectiveness is 'how to improve it and therefore, how to reduce PCCRC?' One of the ways to enhance ADR is to make colonoscopy easier using technology tools; various kinds of electronic image enhanced technologies of NBI, FICE, i-SCAN, or auto-fluorescence and real dye sprays of chromo-endoscopy onto the pan-colonic mucosa. The studies that have compared these kinds of electronic image enhanced methods with high-definition (HD) white light have shown that we might have detected a few more small adenomas in the patients with using these technologies. But, they have not been extremely helpful in increasing ADR even though they are useful to distinguish the adenoma from the hyperplastic polyp. In terms of technology, we have also several devices to improve ADR; Third Eye Retroscope, Fuse (Full Spectrum Endoscopy) colonoscopy platform, Extra-Wide-Angle-View colonoscope, the NaviAid G-EYE balloon colonoscope and Endo-cuff were introduced as an emerging devices to primarily focus on better searching the lesions behind the folds of the colon and to significantly reduce adenoma missing. Based on these technological merits, there is some improvements in ADR. However, the most significantly improving ADR was reported in the studies related to the presence of GI fellow. Provably, these resulted from 2 factors; one was having 4 eyes rather that 2 eyes looking at the colon and the 2nd factor was that related to more careful teaching behavior of the examination. Moreover, a couple of studies have shown that the presence of audit or feedback process using video has to be an effective way to increase ADR. In addition, educational intervention seemed to be effective in ADR enhancement. Under the given current circumstances, meticulous examinations using HD scope may be as effective as we need to be. So, the meaning of meticulous examination is critical and includes each component of careful cleaning, looking behind folds, and retroflexion in rectum or ascending colon. Further, withdrawal time, technical scoring, and repeating examination of the proximal colon as quality performance measures, would be beneficial technical skills to increase ADR as well. In summary from the literatures so far, the technical skill is more important and critical factor for ADR enhancement. The results outcomes from the devices and skills for ADR will be introduced more in detail.