

Breakfast Symposium – Cancer in IBD

What does the CMPA have to say about an effective colonoscopy preparation?

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Saturday, June 7, 2014

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Objectives

- To define the liabilities of a poor colon preparation during colon cancer screening

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Bowel Prep as Quality Standard?

Quality indicators for colonoscopy

Douglas K. Rex, MD, John L. Petrioli, MD, Todd H. Baron, MD, Amitabh Chak, MD, Jonathan Cohen, MD, Stephen E. Deak, MD, Brenda Hoffman, MD, Brian C. Jacobson, MD, MPH, Klaus Mergener, MD, PhD, Rex T. Petersen, MD, Michael A. Safdi, MD, Douglas O. Faigel, MD, ASGE Co-Chair, Irving M. Pike, MD, ASGE Co-Chair

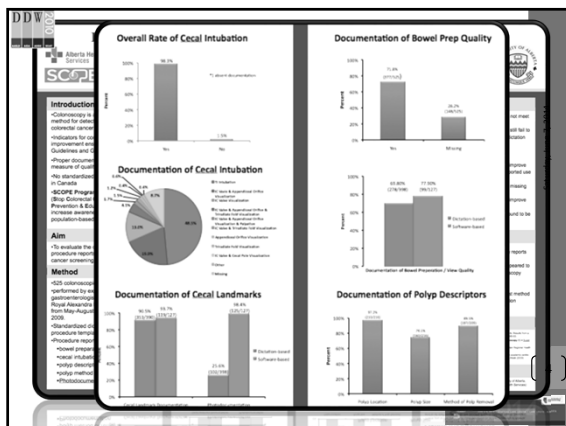
ASGE/ACG Taskforce on Quality in Endoscopy | 536 | GASTROINTESTINAL ENDOSCOPY, Volume 45, No. 4 | 2006

5. Preparation: in every case the procedure note should document the quality of preparation.

Grade: 2C

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#S1398 Adherence to ASGE & ACG Task Force Quality Guidelines: Inadequate Colonoscopy Report Documentation Is Common in Transcription-Based Reporting Systems
 Oluji Faraj, Neal C. Flete, Benjamin P. Dalton, Massimo Raimondo, David S. Loeb, Kenneth R. DeHaut

Total procedures reviewed	400
Indication (multiple in some cases)	Screening: 198 Surveillance: 134 Symptomatic: 159
Referral	GI: 19.5% (78) Non-GI: 78% (313) Undocumented: 3.3% (9)
Colon preparation	Undocumented: 34.5% (138)
Cecal landmarks and intubation	Undocumented: 4.75% (19)
Photo documentation	Undocumented: 84% (336)
Withdrawal time	Undocumented: 84.5% (338) Median: 11 min (IQR: 6)
Polyp detection & characteristics	Detection rate: 41% (164) Median # of polyps: 2 (1-10) Location documentation: 100% Size documentation: 100% Flat (sessile/pedunculated) - Undocumented: 60% (99)
Post-procedure follow up (up to 2 weeks)	GI: 18.7% (75) Non-GI: 60.7% (243) Undocumented: 20.5% (82)

Suboptimal prep and Ease of Colonoscopy

ORIGINAL ARTICLE

Impact of colonic cleansing on quality and diagnostic yield of colonoscopy: the European Panel of Appropriateness of Gastrointestinal Endoscopy European multicenter study

Hortan Froehlich, MD, Vincent Wietlisbach, BA, Jean-Jacques Goyvers, MD, Bernard Burnand, MD, MPH, John-Paul Vader, MD, MPH
 Lausanne and Basel, Switzerland (Gastrointest Endosc 2005;61:378-84)

Cleansing quality	No.	Completion* (%)	OR	Difficulty of colonoscopy (%)			
				Easy	Intermediate	Difficult	
Low	597	71.1	1.00	594	20.0	45.8	34.2
Intermediate	899	90.1	3.60	897	33.1	51.5	15.4
High	4294	95.4	3.33	4311	49.1	38.5	12.4
Total	5790	88.3		5802	43.7	41.2	15.10

5823 patients in 11 countries

Froehlich-Prep & findings

	No.	Polyp(s) of any size				Polyp(s) 10 mm			
		Proportion (%)	OR*	95% CI	p	Proportion (%)	OR*	95% CI	p
Cleansing quality									
Low	599	23.9	1.00			4.3	1.00		
Intermediate	902	32.8	1.73	1.28, 2.36	<0.001	6.7	1.83	1.11, 3.05	0.020
High	4331	29.4	1.46	1.11, 1.93	0.007	6.4	1.72	1.11, 2.67	0.016
Total	5832	29.4				6.2			

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Suboptimal prep and Adenoma Miss Rate

ORIGINAL ARTICLE: Clinical Endoscopy

The impact of suboptimal bowel preparation on adenoma miss rates and the factors associated with early repeat colonoscopy

Benjamin Lebwohl, MD, MS, Fay Kastrinos, MD, MPH, Michael Gluck, MD, Adam J. Rowanbaum, BA, Timothy Wang, MD, Alfred I. Neugut, MD, PhD
New York, New York, USA (Gastrointest Endosc 2011;75:1207-14)

- 12,787 colonoscopies – 3047 patients “fair” prep
- Followup of index colonoscopy in 505 in 3 years
- Of 216 analyzed: those with suboptimal prep, colonoscopy in 3 years, AMR was 42%
- Advanced adenoma miss rate: 27%
- Equal miss rate in distal and proximal colon

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Suboptimal prep and Surveillance Interval

ORIGINAL ARTICLE: Clinical Endoscopy

The impact of fair colonoscopy preparation on colonoscopy use and adenoma miss rates in patients undergoing outpatient colonoscopy

Stacy B. Meines, MD, MS,^{1,2} H. Myra Kim, ScD,³ Eric E. Elliott, MPH,¹ Jennifer L. Mickevicius, BS,¹ Brittany B. Graustein, BS,¹ Philip S. Schoenfeld, MD, MStEd, MSc (Epi),^{1,2} Ann Arbor, Michigan, USA

- 16,251 colonoscopies – 619 patients “fair” prep
- Followup of index colonoscopy
- Of those with suboptimal prep, colonoscopy in 3 years, AMR was 28%
- Of those with suboptimal prep, 70.3% had next COL recommended within 5 years
- However 23% of normal result but fair prep – had 10 year interval recommendation!

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What does CMPA say?

- Document
- Document
- Document

- Is this "standard practice" among peers?

- What medical experts would defend you if:
 - Missed cancer AND
 - No documentation of bowel prep AND/OR
 - No interval change if poor bowel prep noted?

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What does the College say?

- The CPSA defends the public
- Concerned about suboptimal care
- Preps is not technically a physician "procedure"
- Did you provide sufficient education to stress that preparation is important for procedure success?

- Inaction on bowel prep is of concern

- Further Maintenance of Competency may/will be based on documentation and demonstration of adherence to quality assurance

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Practical Points

- Aim for a minimum of adequate or excellent bowel preparation
 - Did you do enough to teach the patient on an adequate bowel prep?
- Document bowel preparation on every colonoscopy
- Poor bowel preps make colonoscopy harder
- Recognize that ineffective preps have a high adenoma miss rate
- Recognize that a decreased interval is required with even "fair" preps
 - Poor preps likely even a shorter interval
- There are medicolegal ramifications of inaction on poor bowel preps

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