

C5 Quality Task Force: Goals and Background

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Paradox

**Colonoscopy is
the most
effective method
of CRC
screening**

There is a wide
variation in
performance
which
affects outcomes

Another Paradox

- The most commonly studied quality indicator for colonoscopy has been the cecal intubation rate (“completion rate”).
- Important, but... completion of a colonoscopy does not guarantee the **quality** of the examination of the mucosa.

Missed Lesions: Colonoscopies are by no means foolproof

Tandem Colonoscopies missed adenoma rates

- >1 cm = 0 to 6%
- 6-9mm = 12-13%
- <5 mm = 15-27%

Rex. Gastro 1997,

Hixson. J Natl Cancer Inst 1990

Missed Lesions: Colonoscopies are by no means foolproof

- Miss rates identified by segmental unblinding in studies using CT-colonography are **substantially higher**
 - **Adenomas >1cm = 12%**
- Miss rates for CRC have been identified as high as 5%

Pickhardt. Ann Intern Med 2004

Van Gelder. Gastro 2004

Rex. Gastro 1997

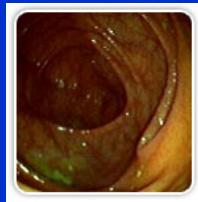
Adenoma Detection Rate

Adenomas should be detected in
>25% of men and >15% women
more than 50 years old.

Why Are We Missing Lesions?

- Are we not getting there?
 - Cecal Intubation Rates: Visualization of the cecum by notation of landmarks and photodocumentation of landmarks
 - Effective colonoscopists should be able to intubate the cecum in >95% of cases where the indication is screening in healthy individuals

Photodocumentation



Ileocecal
Valve



Appendiceal
Orifice



Terminal
Ileum

Why Are We Missing Lesions?

- Is the preparation not adequate?
 - Poor bowel prep is a major impediment to the effectiveness of colonoscopy
 - Considered adequate if it allows detection of polyps 5 mm or larger
 - “Excellent” no or minimal solid stool and only small amounts of clear fluid requiring suctioning

The screenshot shows a news article from USA Today. The top navigation bar includes links for Home, News, Travel, Money, Sports, Life, and Tech. The article is categorized under 'News » Health & Behavior'. The main headline is 'Colonoscopy prep pills carry kidney risk', dated 12/15/2008. The author is Rita Rubin. The article text discusses the risks of colonoscopy preparation, noting that while the procedure itself is the most feared part, the prep is crucial for a clear view. It mentions that in the late 20th century, patients had to drink a gallon of salty liquid, but now tasteless tablets are available. A sidebar on the left lists 'WEEK'S MOST POPULAR HEALTH STORIES' with three items: 'Feds rate U.S. nursing homes', 'Doctors detail first U.S. face transplant', and 'Surgeon finds foot in newborn's brain tumor'. A 'YOU CLICKED' section is also visible. Social media sharing options for Mixx it, Yahoo! Buzz, Digg, Newsvine, and Facebook are provided on the right.

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Colonoscopy prep pills carry kidney risk

Updated 12/15/2008 9:54 PM | Comment | Recommend | E-mail | Save | Print | **RSS**

By **Rita Rubin, USA TODAY**

Anyone who's ever had a colonoscopy knows the worst part is preparing for it, not the procedure itself. You have to make sure your colon is as clean as a whistle so your doctor can get an unobstructed interior view.

In the old days — the late 20th century, that is — you had to drink a gallon of a special salty liquid to cleanse your bowels in basically one sitting. So patients cheered when tasteless tablets that would accomplish the same thing became available in 2000.

ON THE WEB: [FDA alert](#), [consumer info](#)

YOU CLICKED: WEEK'S MOST POPULAR HEALTH STORIES

- **1:** Feds rate U.S. nursing homes
- **2:** Doctors detail first U.S. face transplant
- **3:** Surgeon finds foot in newborn's brain tumor

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Why Are We Missing Lesions?

- Are we withdrawing too quickly?
 - Evidence supports that time spent during withdrawal of the scope closely correlated with rates of adenoma detection (>6 minutes)
 - The following times should be measured:
 1. Time endoscope is inserted in rectum
 2. Time withdrawal from cecum started
 3. Time endoscope is withdrawn completely

Barclay RL, Vicari, JJ, Doughty AS, et al. Colonoscopic Withdrawal Times and Adenoma Detection during Screening Colonoscopy. NEJM 2006;355:2533-2541

Polyp Sizes



Small sessile polyp



Large pedunculated polyp

The New York Times **Health**

Colonoscopies Miss Many Cancers, Study Finds

By GINA KDLATA
Published: December 15, 2008

For years, many doctors and patients thought [colonoscopies](#), the popular screening test for [colorectal cancer](#), were all but infallible. Have a colonoscopy, get any precancerous polyps removed, and you should almost never get [colon cancer](#).

Then, last spring, researchers reported

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Catching the Cancers Colonoscopies Miss

More Conscientious Screening Can Help Doctors Find Hidden Colon Cancer Risks

By **AUDREY GRAYSON**
ABC News Medical Unit
March 5, 2008

abc NEWS
15 comments

Doctors today were taking a hard look at how colonoscopy may change in light of new data which suggests many potential cancers are being missed -- and the research may even impact how colonoscopy is done and how patients perform the distasteful preparation for the procedure.

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Colonoscopies miss cancers on the right side: study

Globe and Mail

photo | video | slideshow



Canadian researchers have discovered that colon **cancer** screenings may fail to prevent deaths among patients whose cancer originates on the right side of the colon, surprising findings that have sweeping implications for detection of the **disease**. Over all, colonoscopy is still considered to be highly successful at detecting and preventing colorectal cancer deaths. But a new study, published **online today** on the Annals of Internal **Medicine** website, has determined the screening may completely miss...



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Flat Growths May Be Worse Than Polyps

Tuesday, March 04, 2008

E-Mail | Print

By CARLA K. JOHNSON, Associated Press Writer

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CHICAGO — Flat growths on the colon wall are more common in Americans than previously thought and more likely to be cancerous than the more familiar knobby masses known as polyps, a new study finds.

New techniques can locate and remove the flat growths, but many doctors aren't aware of their cancer risk and may not know how to look for them. The findings are likely to change the practice of colonoscopy, experts said, and may explain some colon cancers that arise between colonoscopies.

"I think it is very important. It's going to intensify the need for quality screening," said Dr. Stephen Hanauer, gastroenterology chief at the University of Chicago, who was not involved in the study. "You're not going to be able to do seven-minute colonoscopies."

The growths tend to be smaller when they are cancerous — the size of a nickel instead of a quarter — and are level with the colon wall or depressed like a pothole. They blend in with the surrounding tissue and are difficult to spot.

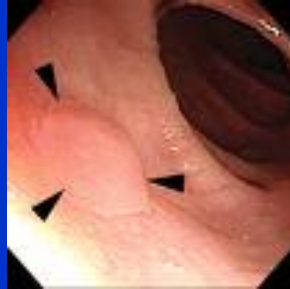
"They look like a pancake just lying on the floor," said the study's lead author, Dr. Roy Soetikno of the Veterans Affairs Palo Alto Health Care System in California.

Why Are We Missing Lesions?

- Are missing flat or depressed lesions?
 - Colon cancer can arise from nonpolypoid (flat and depressed) lesions
 - May be more difficult to detect by colonoscopy (“pancake lying on the floor”)
 - Have the highest likelihood of containing in situ or submucosal invasive carcinoma

Soetikno RM, Katenbach T, Rouse RV. Prevalence of nonpolypoid CRC neoplasms in asymptomatic and symptomatic adults. JAMA. 2008 Mar 5;299(9):1027-35

“Flat” Colon Polyps



If We Find Polyps, When Are We Repeating the Exam?

- Multiple surveys have indicated that postpolypectomy surveillance colonoscopy in the United States is frequently performed at intervals that are shorter than those recommended in guidelines.
- For colonoscopy to be cost-effective and to minimize risk, the intervals between exams should be optimized.

The screenshot shows the 'Research' section of The New York Times website. At the top, there is a navigation bar with categories: WORLD, U.S., N.Y. / REGION, BUSINESS, TECHNOLOGY, SCIENCE, HEALTH, SPORTS, and OPINION. Below this, there are sub-categories: RESEARCH, FITNESS & NUTRITION, MONEY & POLICY, and VIEWS. A prominent advertisement for 'Risk Free CD™' is visible, with the text 'Opportunity to save more.' and a 'Save N' button. Below the ad is a search bar for 'Health' with '3,000+ Topics' and a 'Go' button. The main article is titled 'Screenings: Colonoscopy Suggestion May Be Made Too Often' by ERIC NAGOURNEY, published on November 13, 2007. The article text begins: 'Colonoscopies are a proven means of detecting small growths and removing them before they become deadly, but a new study suggests that many doctors are recommending them too often.' To the right of the article text are options to 'SIGN IN TO E-MAIL OR SAVE THIS', 'PRINT', 'REPRINTS', and 'SHARE'.

National Quality Improvement Timeline

- 2002 – Multi-Society Task Force on Colorectal Cancer (MSTF-CRC) generated specific recommendations to improve quality and effectiveness of colonoscopy
- 2006 Rex (ASGE/ACG Taskforce) – added background data, identified evidence that supported key quality indicators
- 2007 Lieberman Quality Assurance Task Group (NCCRT) developed a standardized colonoscopy reporting and data system (CO-RADS)

NYC C5 Quality Task Force Goals

1. Understand the current environment in NYC stressing quality measures.
2. Review the established quality measures set out by the various organizations.
3. Attempt to decide which of these measures would be the most effective and feasible to capture in NYC.
4. Devise an action plan to implement these quality measures which may include educational endeavors and large scale program involvement.

C5 Quality Task Force (QTF) Committee Meeting

1. C5 commitment to launch a quality initiative in NYC.
2. Agreement that measuring a few key quality outcomes is the best approach.

C5 QTF

Key Outcome Measures Identified

1. ASA assessment *
2. Patient consent *
3. Adenoma detection rate
4. Cecal intubation rate with photodocumentation
5. Withdrawal time
6. Bowel prep quality
7. Written, understandable discharge instructions *
8. Demographics – gender/race/ethnicity/insurance
9. Complication rates (* unplanned events)

*JACHO requirement

C5 QTF Next Steps

- Identifying mechanism within NYC to systematically collect quality measures data
 - Benchmarking project – Dr. Irving Pike
- Encouraging educational programs highlighting quality issues in endoscopic practice
 - ASGE/NYSGE Quality in Endoscopy Course
- Devising means of tracking data related to procedure complications

C5: We Have Come a Long Way

1. NYC DOH / C5: all people of average risk age 50 and older get screened for CRC; colonoscopy is the preferred method of screening in NYC.
2. CRC screening rates in NYC increased to 60% by 2008.
3. The best screening exam is a **HIGH QUALITY** exam.