

Colon cancer screening issues

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Gastroenterologist

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CanMEDS Roles Covered

X	Medical Expert (as <i>Medical Experts</i> , physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centered care. <i>Medical Expert</i> is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.)
X	Communicator (as <i>Communicators</i> , physicians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.)
X	Collaborator (as <i>Collaborators</i> , physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care.)
X	Leader (as <i>Leaders</i> , physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.)
X	Health Advocate (as <i>Health Advocates</i> , physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.)
X	Scholar (as <i>Scholars</i> , physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.)
X	Professional (as <i>Professionals</i> , physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.)

Conflict of Interest Disclosure

(over the past 24 months)

Name: Dr. Roland Valori

Commercial or Non-Profit Interest	Relationship
AnderVal Ltd Endoscopy training company	Director

CRC Screening methods

- FOBT/FIT
- Flexible sigmoidoscopy
- Colonoscopy

Colon cancer screening

Programme based

- Organised
- Quality assured
- Resourced
- More complex

Non programme based

- Easy to start
- Minimal quality control
- Cheaper
- Less cost effective

Principles underpinning endoscopy provision in the European Union guidelines on colorectal cancer screening

1. People undergoing endoscopy should have as good an experience as possible such that they encourage screening to their friends, family and colleagues
2. The provision of the service must take into account the perspectives of endoscopists and public health to ensure that the experience is high-quality, safe, efficient as well as person oriented
5. The introduction of screening must not compromise endoscopy services for symptomatic patients
8. Screening and diagnosis of appropriate quality requires a multidisciplinary approach to diagnosis and management of lesions detected during endoscopy

European guidelines for quality assurance in colorectal cancer screening and diagnosis. Eds: Segnan n, Patnick J, von Karsa L. 2010;5:145-186.

Valori R, et al. Quality assurance in endoscopy in colorectal cancer screening and diagnosis. Endoscopy 2012; 44: 1–18

Principles underpinning endoscopy provision in the European Union guidelines on colorectal cancer screening

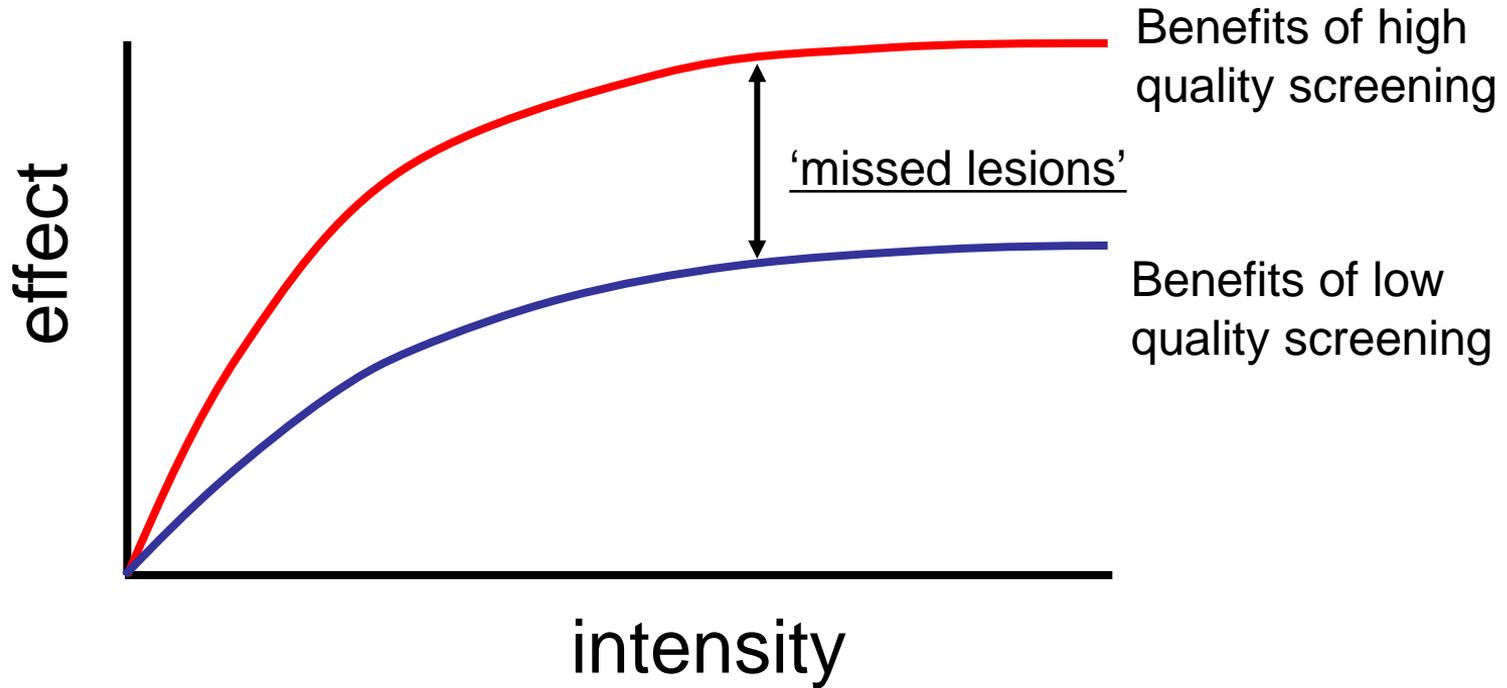
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2. To ensure that the experience is high-quality,
safe, efficient as well as person oriented

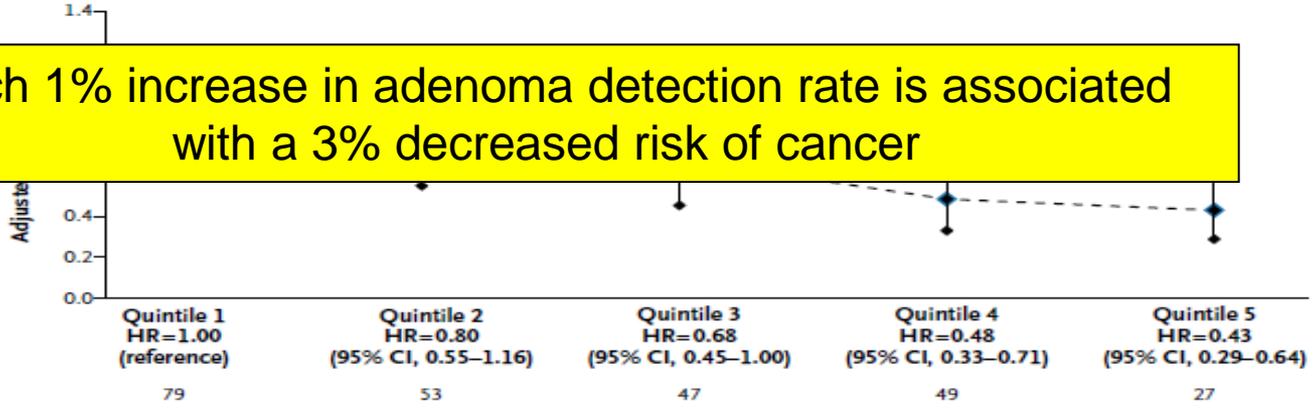
Benefits of high and low quality screening



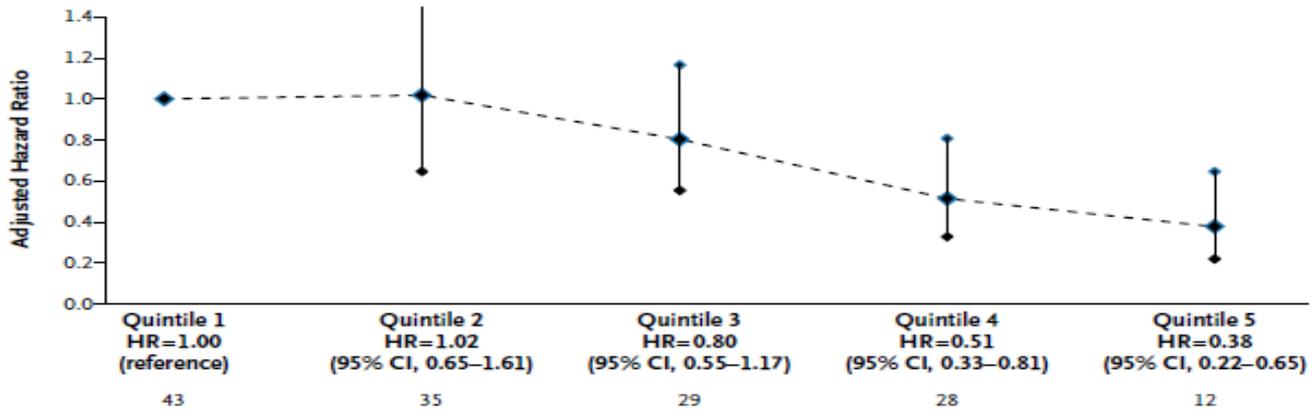
Impact of adenoma detection on interval cancer

B Risk of Advanced-Stage CRC

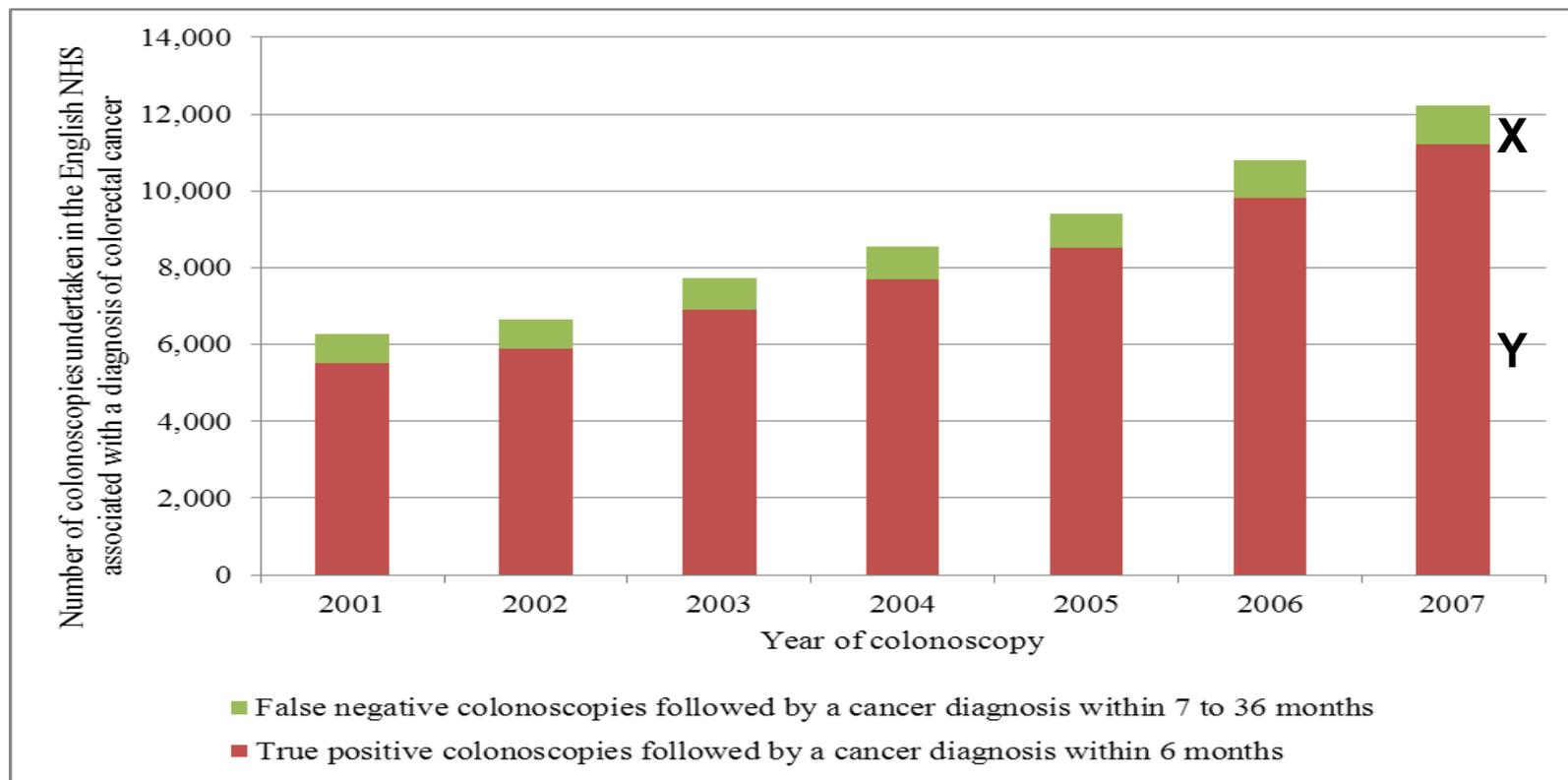
Each 1% increase in adenoma detection rate is associated with a 3% decreased risk of cancer



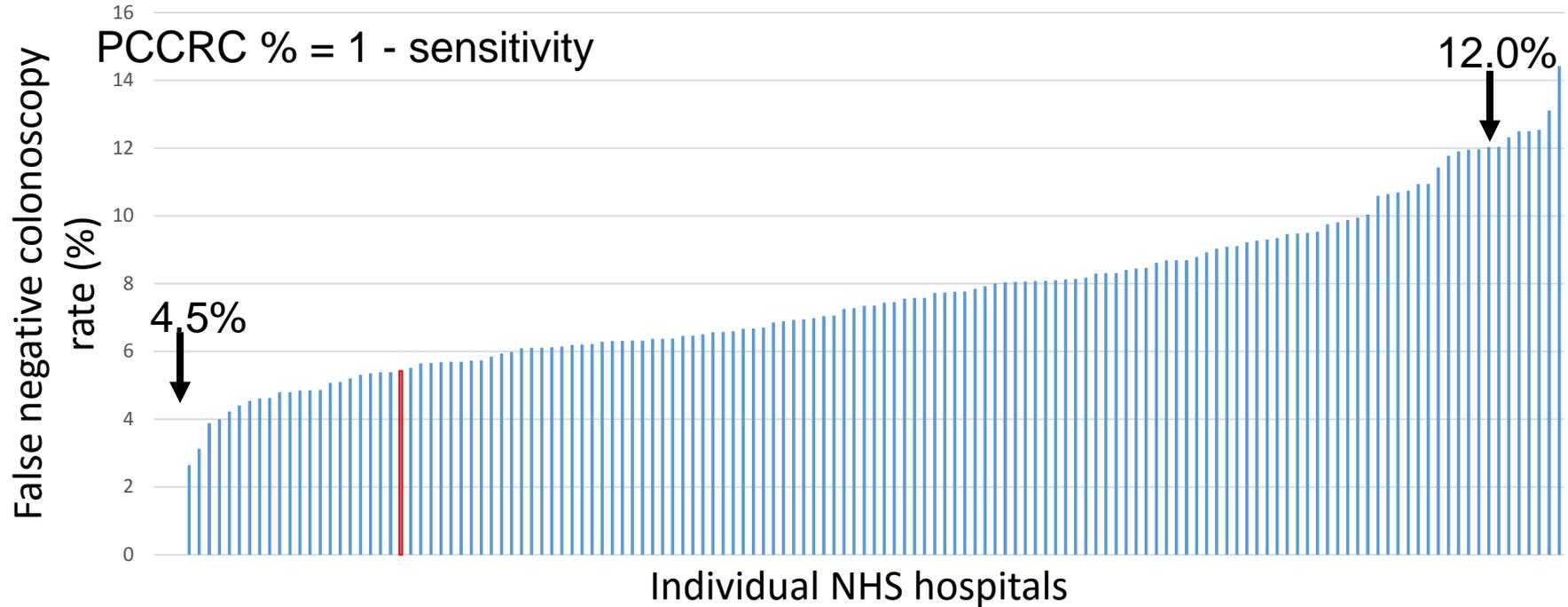
C Risk of Fatal CRC



Colonoscopies undertaken in the English NHS followed by a diagnosis of cancer within 36 months

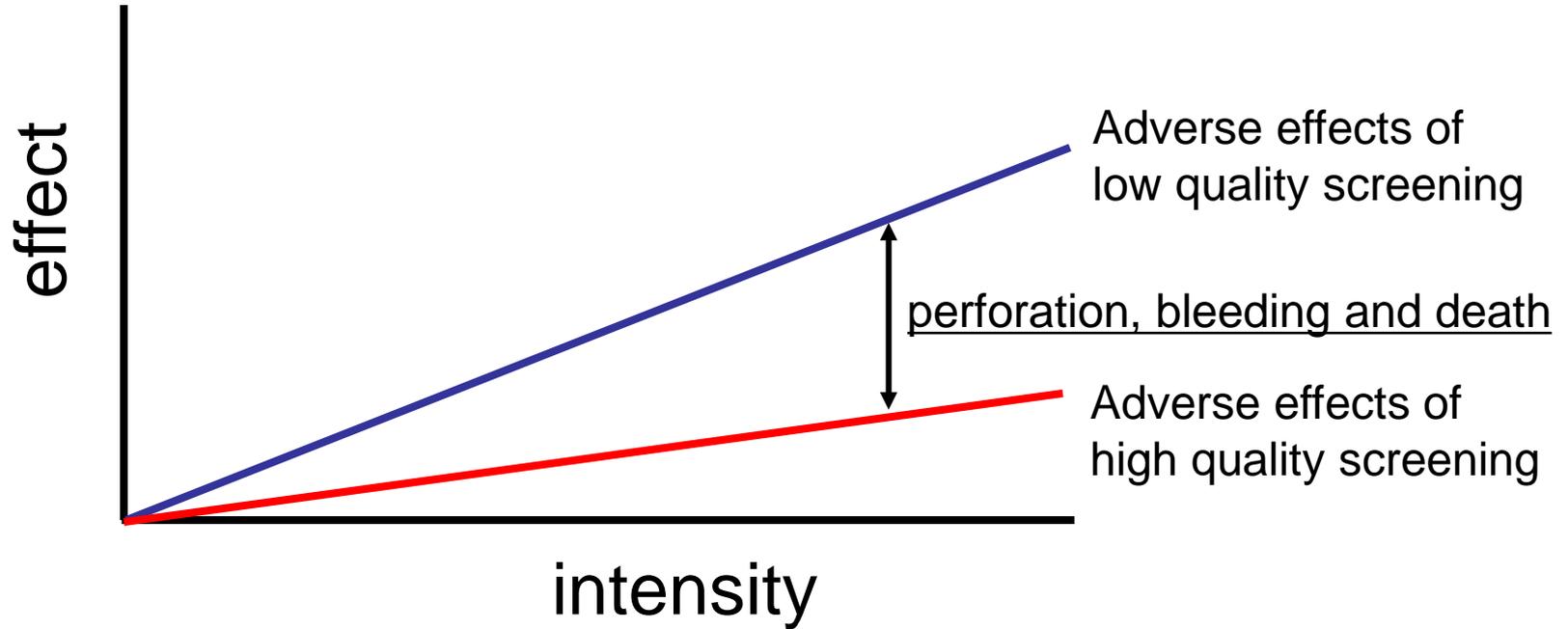


3 year Post Colonoscopy CRC (PCCRC) - 140 English NHS hospitals (2009 - 2012)



For colonoscopies done from 2009-2012

Risks of high and low quality screening



AVOIDABLE HARM

- Pain
 - Sedation risks
 - Perforation
 - Bleeding
 - Splenic rupture
 - Death
- If none of these measures is captured there is no:
 - benchmark
 - idea of variation

Cotton PB, Eisen GM, Aabakken L, et al. A lexicon for endoscopic adverse events: report of an ASGE workshop.

Gastrointestinal Endoscopy 2010;71:446–54

Denis B, Gendre I, Sauleau EA, Lacroute J, Perrin P. Harms of colonoscopy in a colorectal cancer screening programme with faecal occult blood test: A population-based cohort study.

Digestive and Liver Disease 2013;45:474–480

Unplanned admissions within 8 days of a colonoscopy – Gloucestershire 1/4/14 - 31/12/14

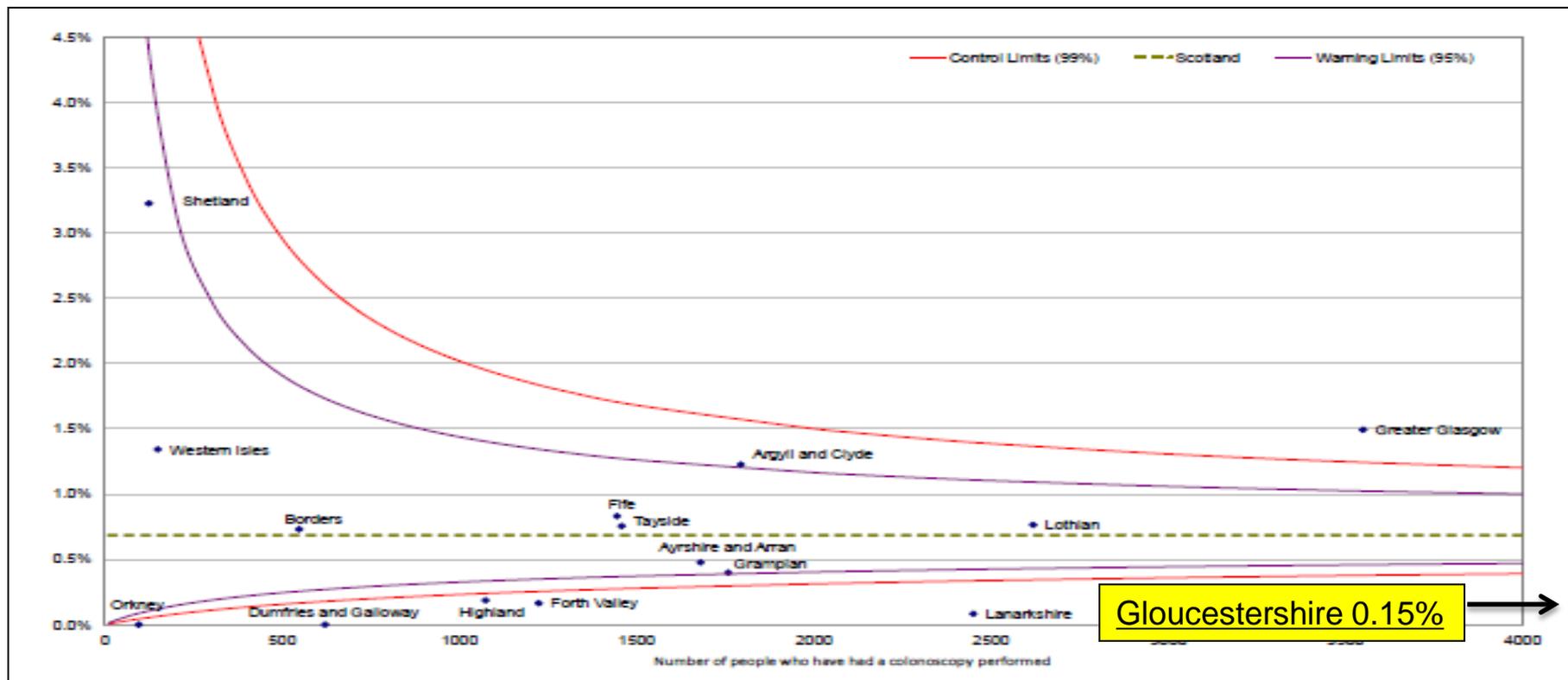
9 months n = 4648 colonoscopies	Related to procedure		
	Yes	Possibly	No
Bleeding	6*		
Pain		1	2
palpitations			1
ACS			1
Total	6	1	4

Rate of admission related to procedure = $7/4648 = 0.15\%$ = 1:670

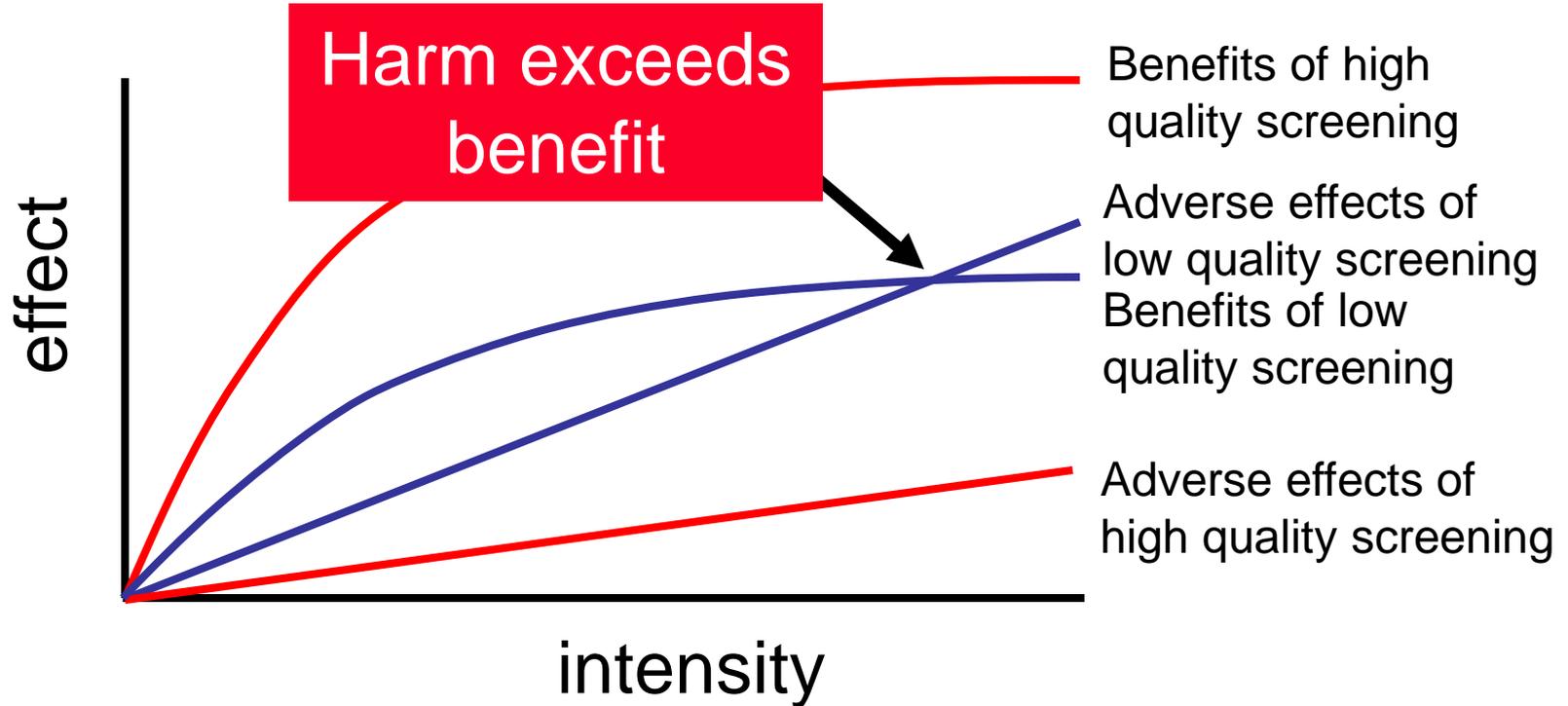
All patients well on discharge: *one patient had 2 unit transfusion; another repeat colonoscopy + clips

FOBT +ve colonoscopy complications

Admission for colonoscopy complications - Scotland



Benefits and risks of high and low quality screening



Trend in adenoma detection rates (ADR) in Scottish and **English** screening programmes

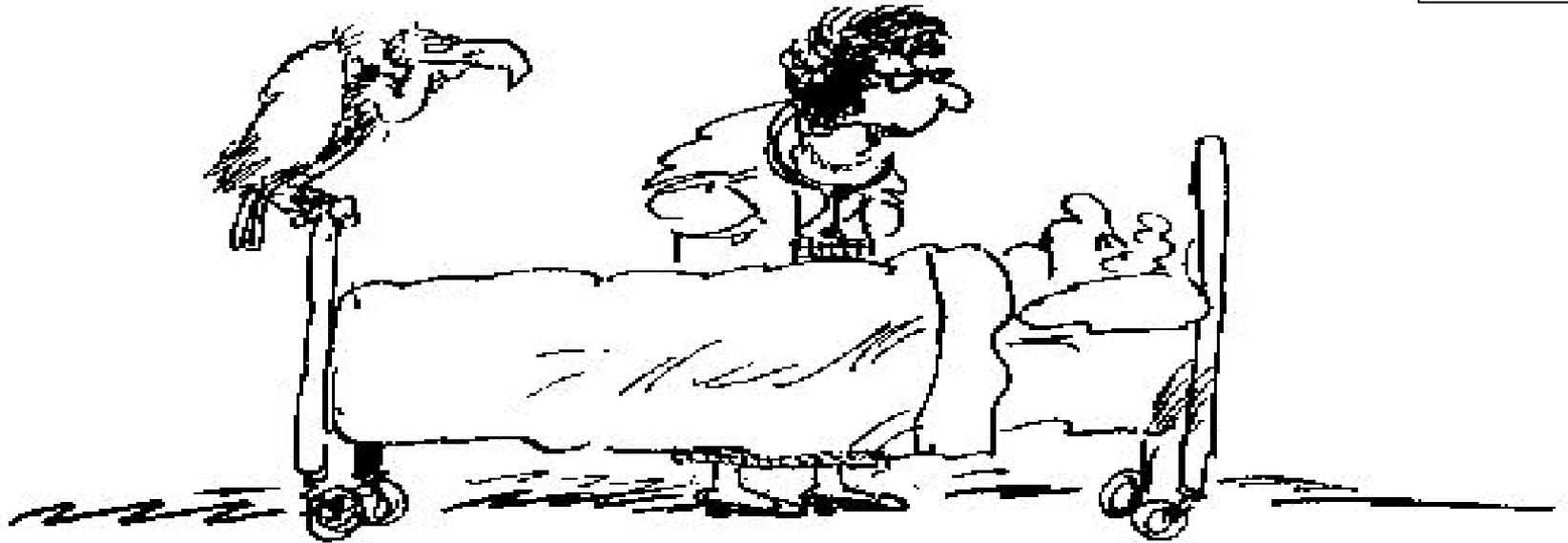
- Differences in ADR can be explained by differences in the approach to application of quality processes in England and Scotland

The optimising outcomes in the English BCSP

- Quality assure before you start (= accreditation):
 - units
 - colonoscopists
- Measure and review as you go:
 - units
 - colonoscopists
- Act on poor performance:
 - units
 - colonoscopists

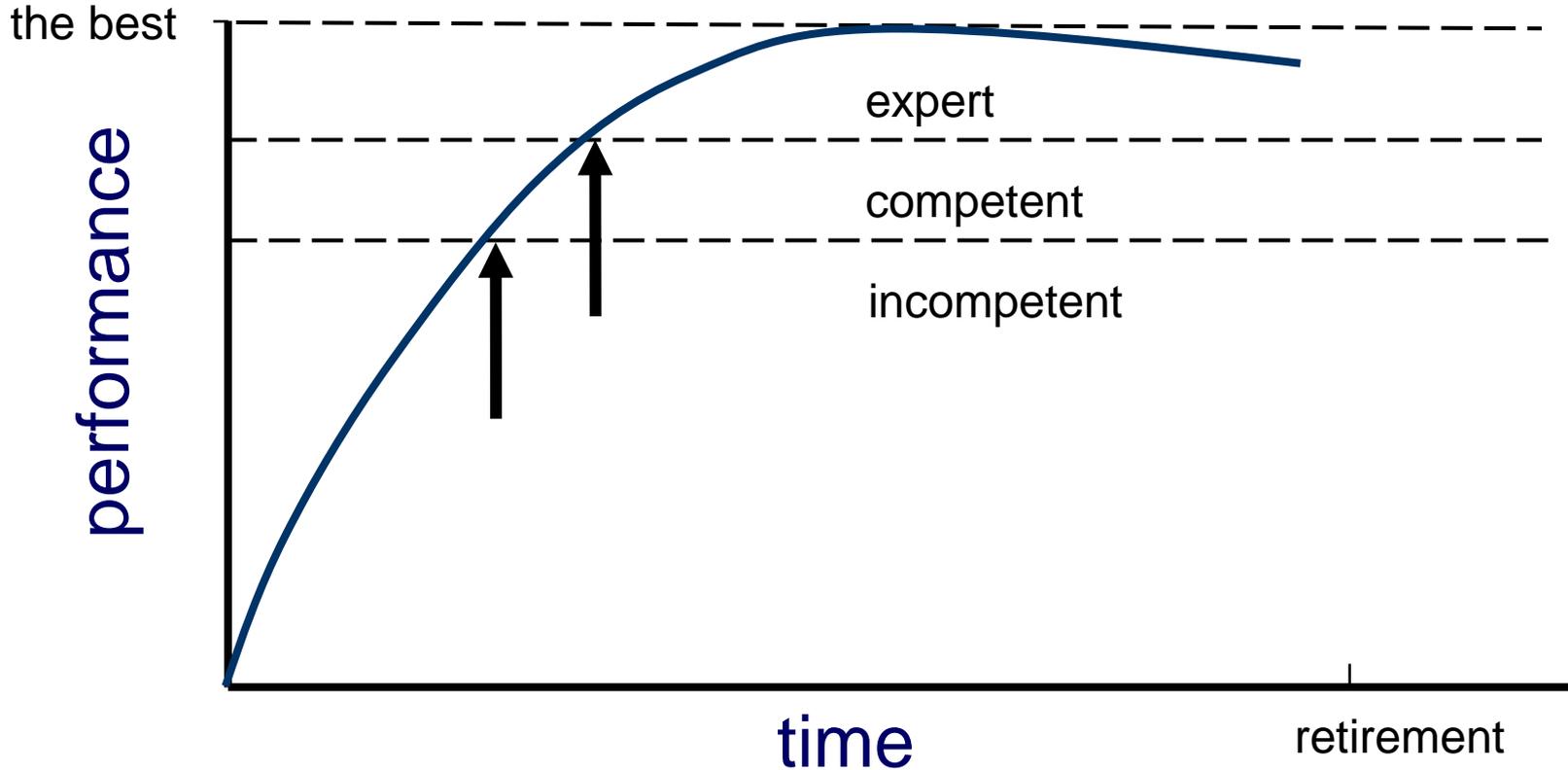
Worried about who is doing your colonoscopy?

Part 2



"Well, it's not a good sign, that's for sure ... "

Competence, performance and expertise



Mandatory competence test for colonoscopists

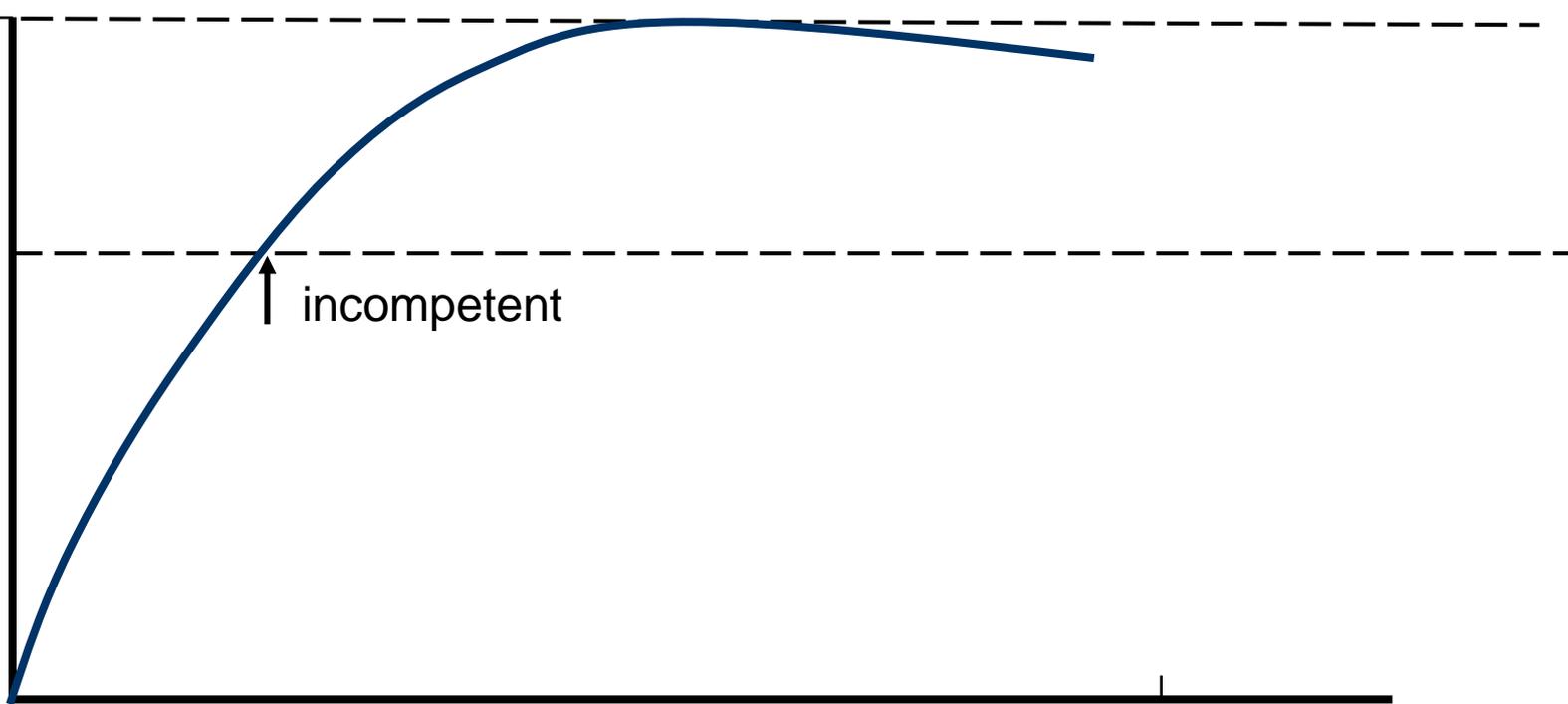
- >300 have been through the process
 - performance data
 - knowledge test
 - observed doing two colonoscopies by two trained assessors
- 78% met the criteria the first time
- 90% eventually meet the criteria

the 'driving' test

Performance of polypectomy

The best

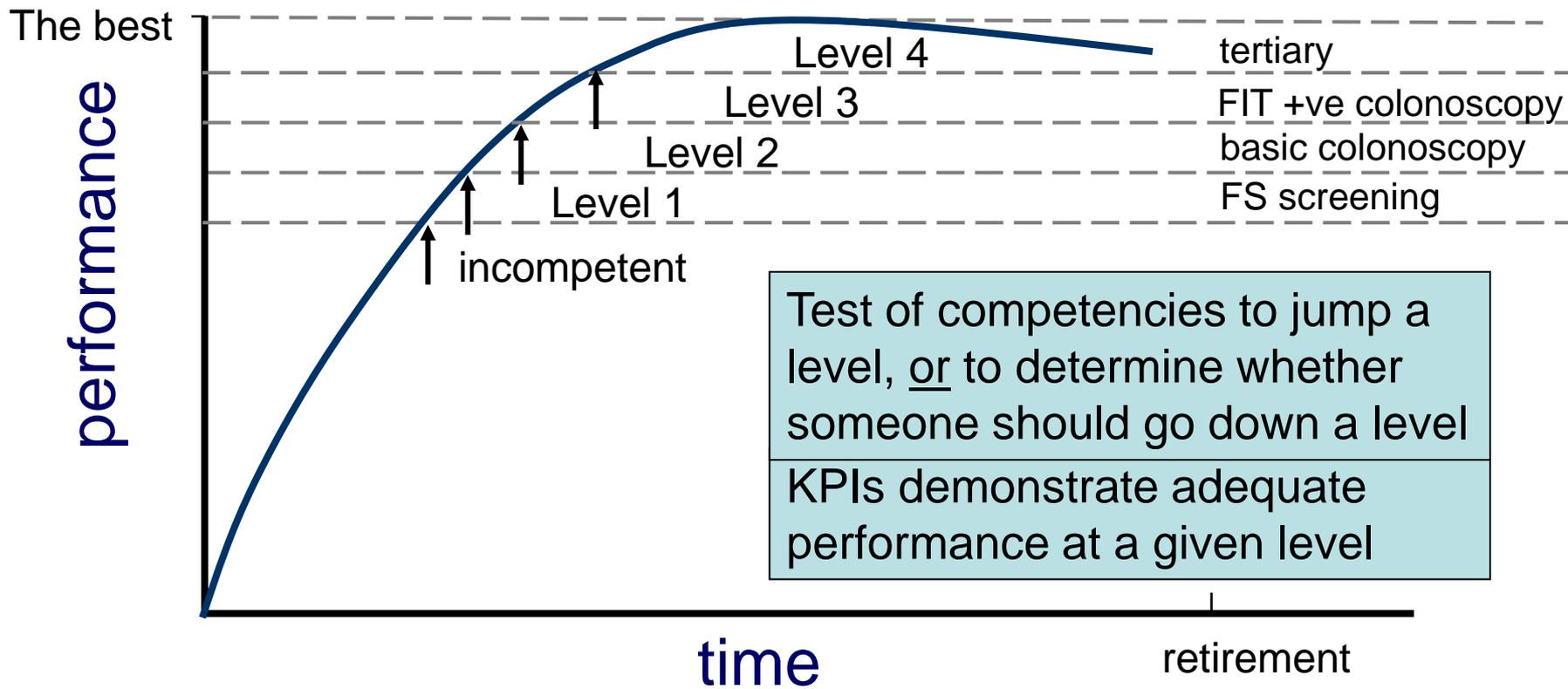
performance



time

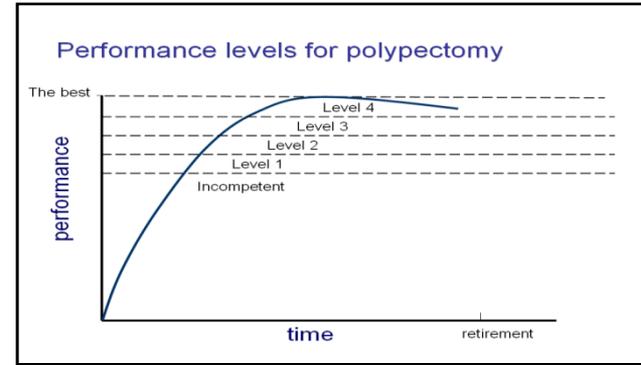
retirement

Performance levels for polypectomy



Key performance indicators (KPIs) for polypectomy

- ADR
- Completeness of excision
- Appropriate tattooing
- Complications
- Missed cancer
- Rates of surgery for benign disease
- Appropriate interval to next colonoscopy
- Rates of cancer at surveillance



Colon screening issues – take home messages

- Quality and safety matter
 - prepare before you start and monitor as you go
- Consider volume and complexity of pathology
 - prepare protocols and pathways for lesions identified by FIT screening

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