

# Screening Program for Colorectal Cancer (SPCRC)

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September 30, 2016



# Saskatchewan SPCRC

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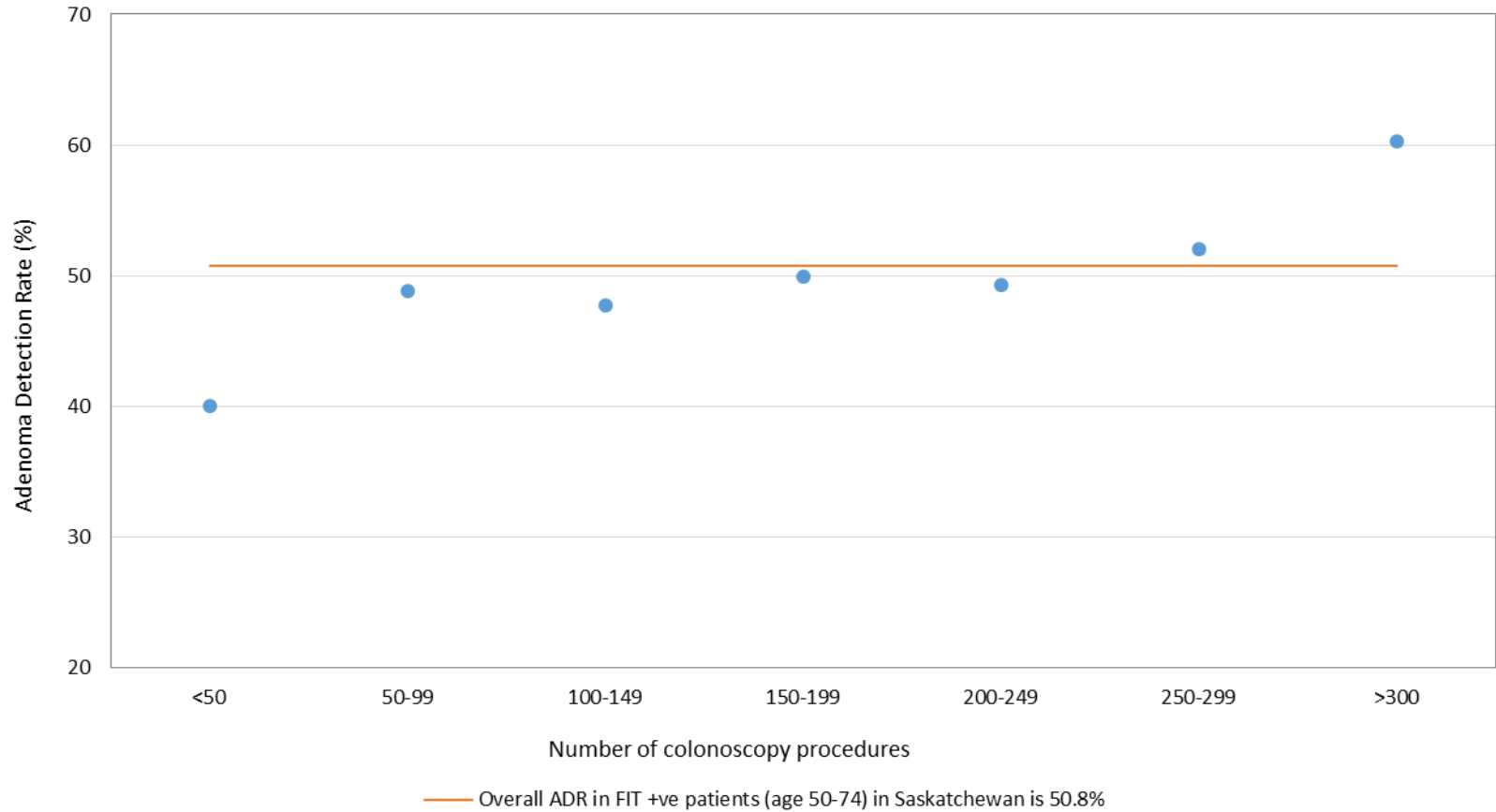
- Population based program
- For asymptomatic patients
- Primarily NOT for cancer detection but if cancer detected then at an earlier stage
- Primarily to detect and remove pre-cancerous lesions
- Success requires high participation rates and excellence in quality of colonoscopies.

# Colonoscopy Quality

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- Privileges granted based on Royal College of Physicians and Surgeons training programs
- Colonoscopies in FIT +ve patients find much more pathology
- No prospective data
- Made rescreening criteria more rigid than National guidelines
- Settled on a volume indicator

Saskatchewan Adenoma Detection Rate (ADR) in FIT +ve patients (age 50-74)  
by Number of Procedures  
Measurement period Jan 1, 2013 - December 31, 2014 (n=8791)  
(Excludes procedures with inadequate bowel preparation and those where cecum was not reached)



# Quality and Colonoscopy

Quality Determinants (2009)	Quality Indicators
Colonoscopy should be accurate and effective.	<ul style="list-style-type: none"><li>• Cecal intubation rate</li><li>• Polyp detection rate</li><li>• Adenoma detection rate</li><li>• Polyp recovery rate</li><li>• Interval cancer rate</li></ul>
Colonoscopy should be safe.	<ul style="list-style-type: none"><li>• Sedation reversal rate</li><li>• Perforation rate</li><li>• Post-polypectomy bleeding rate</li><li>• 30 day mortality</li></ul>
Colonoscopy should respect patient dignity and comfort.	<ul style="list-style-type: none"><li>• Patient comfort score</li><li>• GRS rating of endoscopy unit</li></ul>

# Programmatic Quality Assurance

**SCREENING PROGRAM FOR COLORECTAL CANCER**  
A PROGRAM OF THE SASKATCHEWAN CANCER AGENCY

## PROCEDURE ROOM SCREENING COLONOSCOPY INDICATOR SHEET

patient demographics

Date of Procedure: \_\_\_\_\_ (mm/dd/yr)

**Bowel Preparation Quality:**  Excellent (no more than small bits of adherent fecal matter)  
 Good (small amounts of fluid or fecal matter not interfering with exam)  
 Fair (adequate to detect all polyps >5 mm)  
 Poor (inadequate to detect all polyps >5mm)

**Cecal Intubation:**  No  Yes **Withdrawal Time:** \_\_\_\_\_  
**With Photo Documentation:**  No  Yes

**Incomplete Colonoscopy:**  Additional Prep Required  
 Technical Problem  
 Other: \_\_\_\_\_

**Repeat Plan for Incomplete:**  Colonoscopy  Barium Enema  
 CT  Other: \_\_\_\_\_

**Unplanned Events:**  No  Yes \_\_\_\_\_

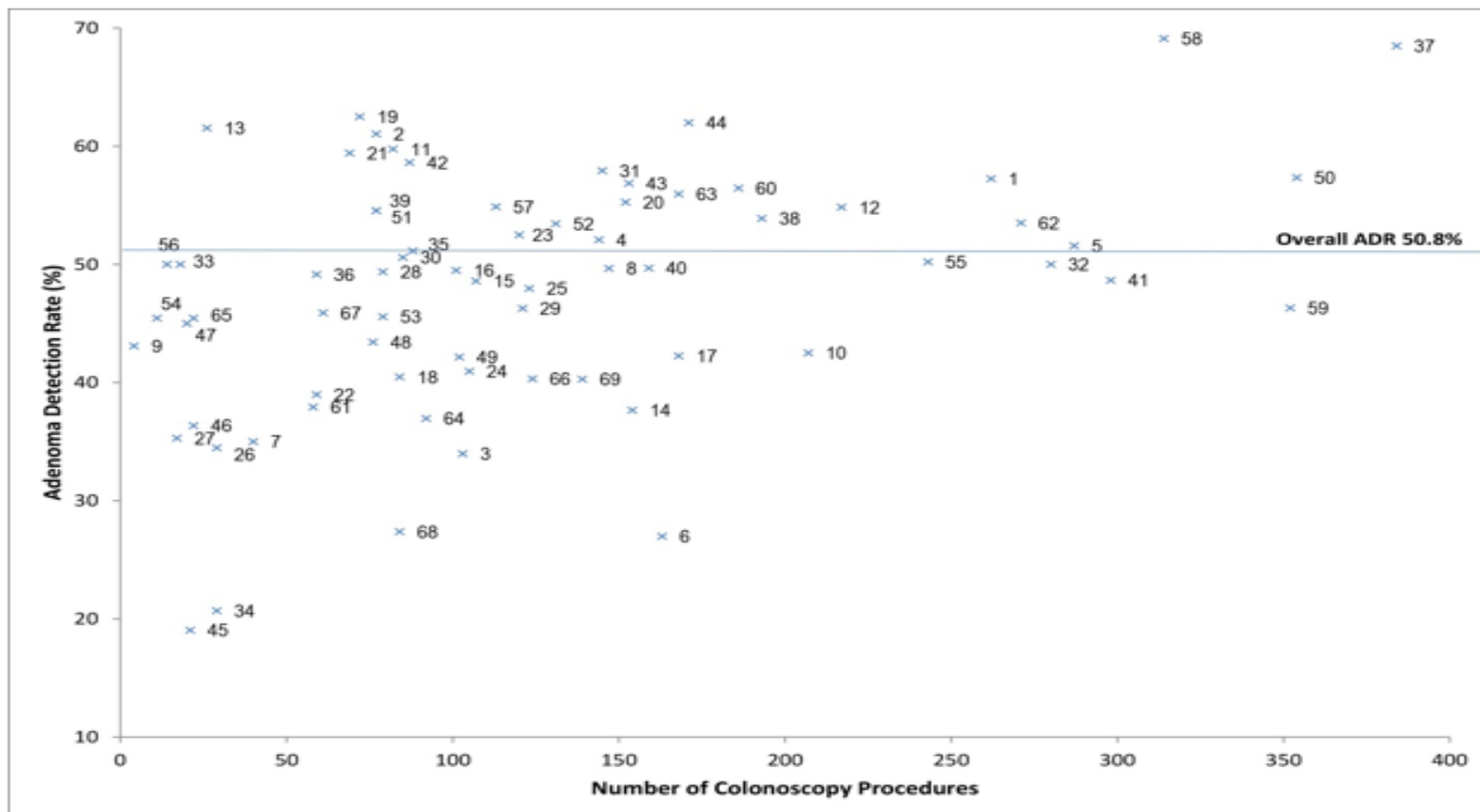
**Post Procedure Recommendations** (based on Canadian Association of Gastroenterology (CAG) Surveillance Intervals):  
 Return to Screening  Surgery Colonoscopy in: \_\_\_\_\_ year(s)

Specimen Location/Shape/Size	Number of Specimens Obtained:									
	Specimen(s)									
Location	1	2	3	4	5	6	7	8	9	10
Rectum 4 - 16 cm										
Sigmoid 17 - 57 cm										
Descending 57-82 cm										
Transverse 82-132 cm										
Splenic Flexure										
Hepatic Flexure										
Ascending 132-147 cm										
Cecum 150 cm										
<b>Shape</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Pedunculated										
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<b>Approx size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
< 1 cm										
> 1 cm										
<b>Retrieved</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Yes										
No										

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**Saskatchewan Adenoma Detection Rate (ADR) in FIT positive Patients Age 50-74  
by Individual Endoscopist  
Measurement Period January 1, 2013 – December 31, 2014 (n=8791)  
(Excludes procedures with inadequate bowel preparation and those where cecum was not reached)**

**Graph for Dr. «First\_Name» «Last\_Name» ; # «Number»**



# Next Steps

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- Repeat ADR's on a regular basis both Provincial and Individual
- Document and publish other Quality Indicator data
- Is this program negatively impacting waiting lists?
- Change rescreening criteria to reflect national guidelines
- Document colonoscopy 30 day morbidity
- DOPS



# Questions?

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