Quality in endoscopy: highlight report from the annual meeting of the BSG, Liverpool 2010

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Accepted 23 April 2010

Colonoscopy and polypectomy reduce the subsequent risk of colorectal cancer (CRC), with the National Polyp Study demonstrating a 76–90% reduction in CRC at the 5.9 year follow-up. Professor Rebeneck presented her data from Ontario, Canada, suggesting that colonoscopy is not as good as we believe in reducing the risk of right-sided CRCs. Canada has a reimbursement system which allows tracking of all colonoscopies performed

and whether any polyps have been removed, as well as recording the subsequent development of CRC. Following 110 000 negative complete colonoscopies over 14 years, overall risk of CRC was reduced by 50% and left-sided CRC by 70%. Right-sided cancers however demonstrate no reduction for the first 7 years after a negative colonoscopy and a more modest reduction thereafter. Looking back at 10 000 CRC cases in Canada,

a complete colonoscopy reduced the relative risk (RR) of CRC overall at RR 0.63, left-sided CRC RR 0.33 but right-sided CRC remained unchanged (RR 0.99). Similar findings have been reported from the USA, Holland and Germany. The assumption is that colonoscopists either do not see the lesions (incomplete colonoscopy, poor preparation), we incompletely remove the lesions (poor technique) or the lesions were not there initially and that the pathology of right-sided lesions is different. In contrast with other studies, Sawhney found no relationship with withdrawal times but associations with older age, diverticular disease, lesions beyond the splenic flexure, non-hospital setting and an intern/family doctor performing the procedure. There is some evidence supporting higher microsatellite instability in right-sided missed cancers but this is not considered a major factor in accounting for the failure to reduce the incidence of right-sided CRC. deGroin from the USA also reported an eight-fold difference in CRC rates between colonoscopists and concluded that some endoscopists are better than others. The *New York Times* editorial summarised by advising readers that for best results “pick an outstanding colonoscopist”.

The implications of Professor Rabeneck's work is that we are still not very good at detecting sessile or depressed lesions in the right colon. These lesions were originally described by the Japanese but are now recognised in almost 10% of Western populations (average age 64 years). On average, they are only 10 mm across and have a 10-fold higher risk of carcinoma than polypoid lesions. Canada has now introduced a number of monitored quality outcomes for screening colonoscopy, following the stance taken by the UK. This theme was taken up by other speakers in the subsequent discussion forum. Dr Anderson

Take home messages

- ▶ Screening or surveillance colonoscopy is not decreasing the risk of developing right-sided colonic cancers as much as elsewhere in the colorectum.
- ▶ Right-sided colonic neoplasia may be missed due to: poor technique; inadequate bowel preparation; or tumour biology.
- ▶ Careful examination of proximal colonic folds and flexures with suction of residual fluid is essential.

stressed the importance of good technique to allow adequate examination of the colon; in particular, careful examination of the proximal sides of folds and flexures and suctioning out any residual fluid. Dr Thomas-Gibson from JAG outlined how current assessments focused largely on the technique of colonoscopy and there was a need to develop a reproducible and validated assessment tool for polypectomy. This is regarded as a priority by JAG. Dr Haycock discussed non-technical skills assessments for endoscopists based on KSA assessments (cognitive and interpersonal skills) and work being done on developing an assessment tool to include critical incident analysis and identification of behavioural markers. Professor Kuipers rounded up the session by describing a 7 year study from one of Holland's best endoscopy units which found that 16% of patients diagnosed with CRC had undergone a previous colonoscopy. He also pointed out that a study of 27 000 gastroscopies picked up 461 cancers but missed 52 (10% miss rate). Holland is now adopting a version of the UK's Global Rating Score with monitoring of key performance indicators for endoscopy.

Competing interests None.

Provenance and peer review Commissioned; not externally peer reviewed.