

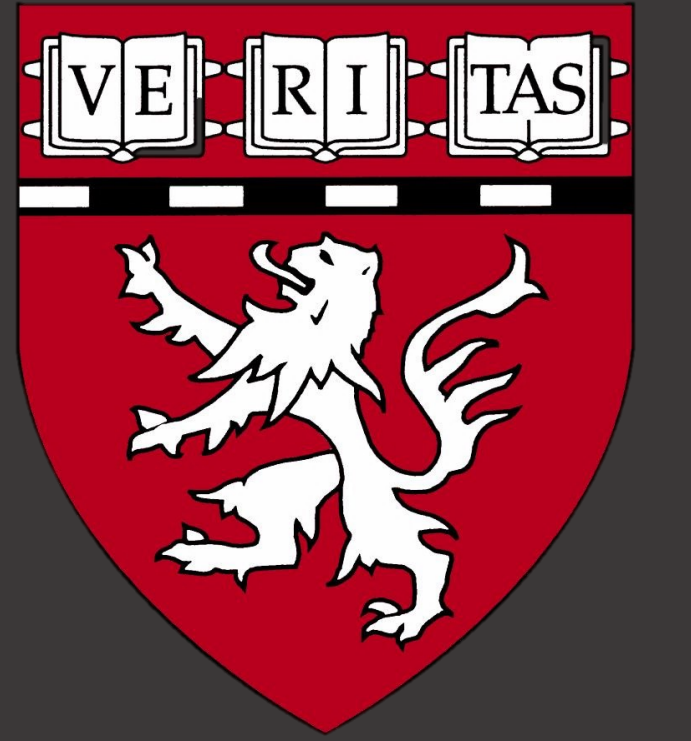


# APPROPRIATENESS OF SCHEDULED 5-YEAR SURVEILLANCE COLONOSCOPIES AT AN ACADEMIC MEDICAL CENTER

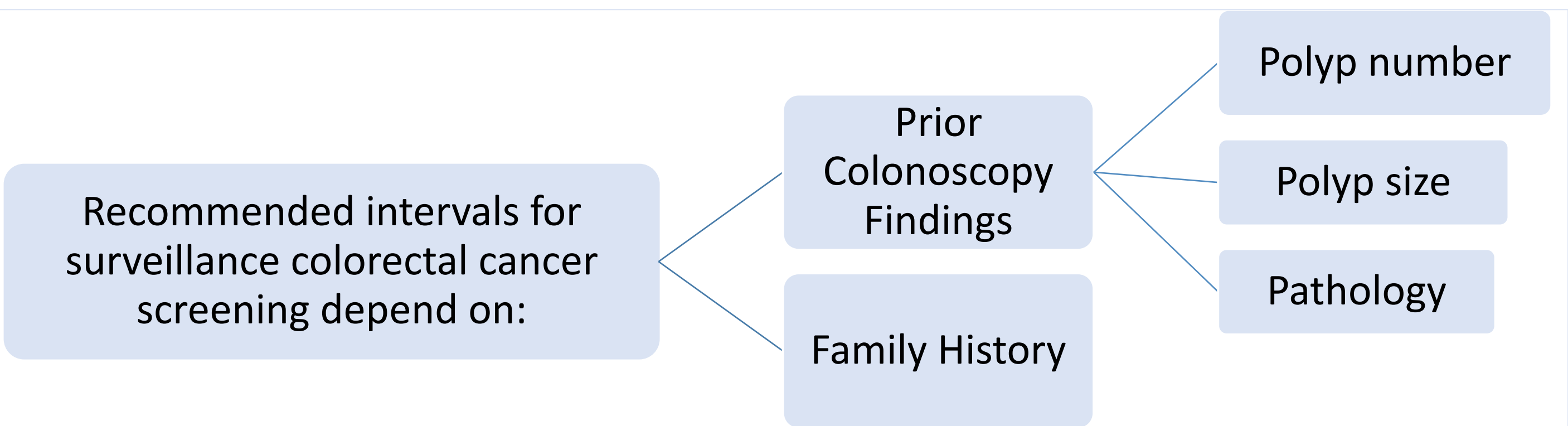
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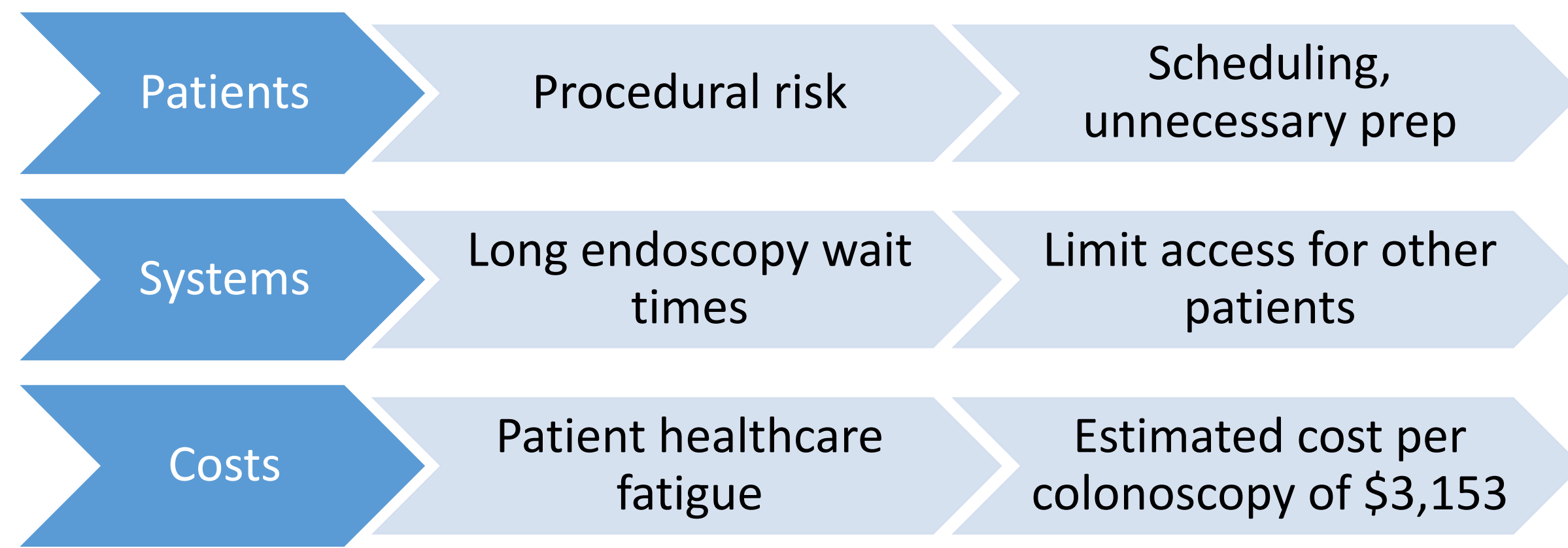
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## BACKGROUND



Improvements in adenoma detection and family history assessment are bound to increase surveillance colonoscopies. Previous studies based on retrospective electronic health data have determined that surveillance colonoscopies are often performed earlier than recommended intervals based on guidelines.



Consensus Guideline Year	Adenomas	Interval
2012	1-2 Adenomas < 10 mm	5-10 years
2020	1-2 Adenomas < 10 mm	7-10 years

We sought to assess the proportion of 5-year surveillance colonoscopies scheduled without appropriate indication.

## METHODS

- Retrospective cohort study of outpatient endoscopic procedures in a tertiary, academic medical center over a 4-week period (4/25/22-5/20/22).
- Flag in the Electronic health Record (EHR) signifies a patient is due for CRC screening.
- **Included:** Active signifier for 5-year surveillance colonoscopy, colonoscopy scheduled for screening (non-diagnostic) indication.
- **Excluded:** Diagnostic colonoscopies, personal history of CRC, and those with multiple CRC related signifiers applied to their EHR.

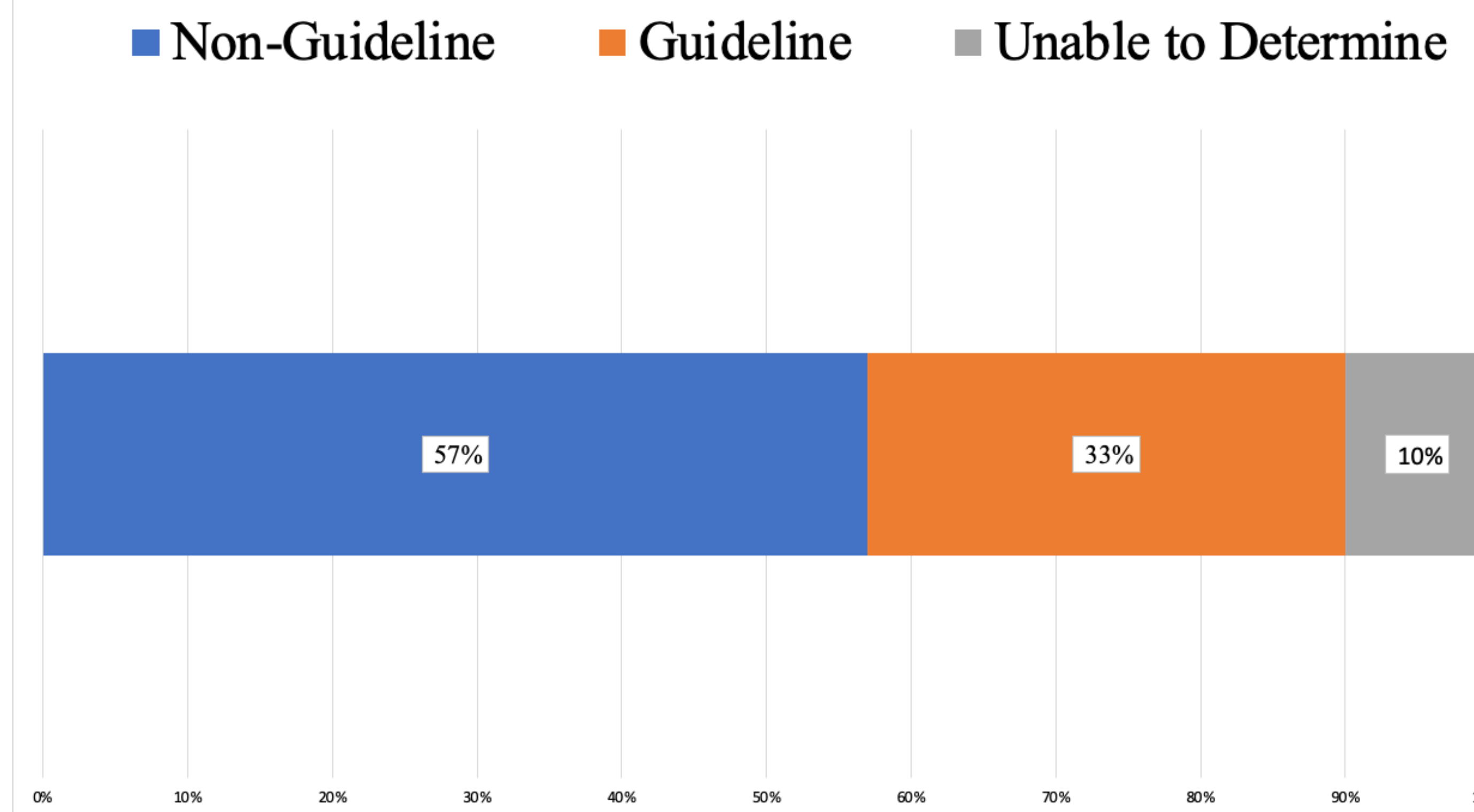
Indication evaluated by reviewing prior colonoscopy reports, polyp number, size, and family history.

- **Non-guideline:** having polyp size or number on prior colonoscopy where the guidelines suggest a longer timeframe for follow up, or a charted family history of CRC in second degree relatives or those older than 60.

## RESULTS

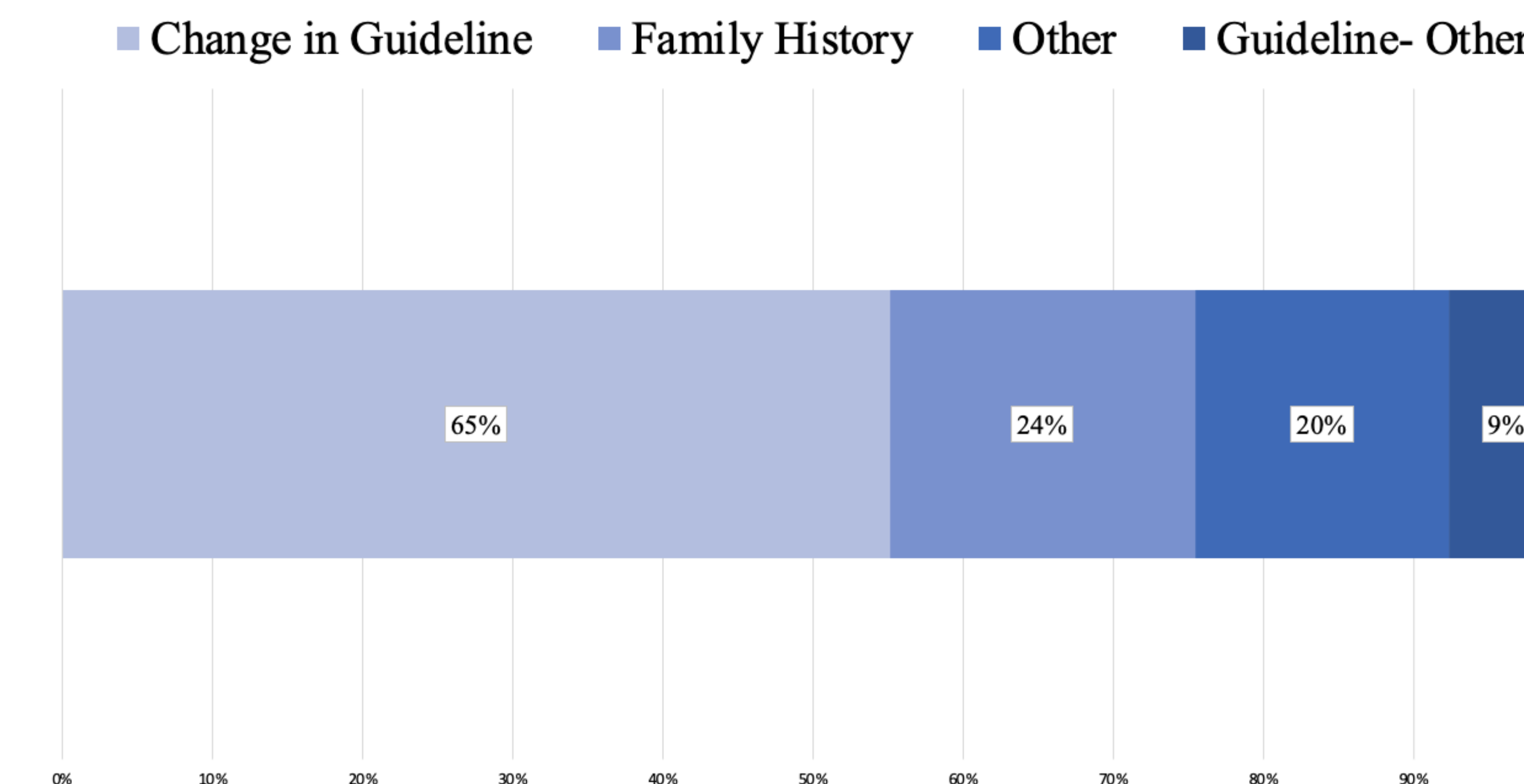
Over this 4-week period, 2,222 total procedures were scheduled. Of 2,222 procedures, 149 (7%) were screening colonoscopies scheduled for 5-year surveillance.

### Scheduled 5 Year Surveillance Colonoscopies



Of these 57% Non-Guideline:

### Reasons for Non-Guideline Surveillance Colonoscopies



## DISCUSSION

*The majority of 5-year surveillance colonoscopies performed in this academic medical center endoscopy suite over a one-month period were **not** aligned with updated guidelines.*

*Most were non-guideline based on updated polyp surveillance guidelines.*

Strength: flag and EHR data allow thorough investigation of indication and appropriateness for most cases.

Limitation: flag would only be present for patients referred by primary providers within the institution.

Other directions: other categories of endoscopic cases often outside of guidelines, such as other follow-up intervals and advanced age,

## TAKE AWAYS

1. 5-year intervals are needed less frequently than previously, so attention to updated guidelines is key.

2. Next step: determine optimal path toward decreasing non-guideline procedures.

3. Would love to work with other institutions if you are interested!

## REFERENCES

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