News for Referring Physicians
Winter 2011

QUALITY MEASURES IN COLONOSCOPY FOR BUX-MONT ENDOSCOPY CENTER

In this, the third installment of our newsletter, we are sharing with you once again our colonoscopy quality data for the last quarter of 2010. The effectiveness of colonoscopy in preventing colon cancer has been well established in the medical literature (1) and its use has become widespread throughout the United States and Western Europe for that purpose. The effectiveness of colonoscopy has been recently shown to depend not only on having it performed (the most common lapse) but also to the degree to which certain quality measures are achieved. Among these are cecal intubation rates, withdraw times and adenoma detection rates. The importance of cecal intubation rates is fairly straightforward, ensuring the entire colon has been visualized. Withdraw time has been shown to correlate with the detection rate of polyps (2). Endoscopists with average withdraw times of six minutes or greater were found to detect a statistically significant greater number of adenomatous polyps (3). Adenoma detection rate is presently the most common "gold standard" denoting how often these pre-cancerous polyps are detected in average risk patients (i.e. those who are having their first colonoscopy at age 50 or over, with no family history, and who are asymptomatic). We are reporting these measures in Table 1 which compares our data with published national standards.

The final measure reported is perforation rate. As you probably know this is the most serious complication of colonoscopy. Any increase in the perforation rate will offset the benefits of colonoscopy. In future issues we will be looking at preparation quality, which is another more recently recognized quality measure.

Fourth Quarter Report 2010	Total Colonoscopies	Cecal Intubation Rate	Six Minute or Greater Withdrawal Time	Average Risk First Time Colonoscopy Age 50 or >	Adenoma Detection in Average Risk Patient	Perforation Rate
Bux-Mont Endoscopy Center	712	**99%**	**99.7%**	154	**26%**	**0%**
National Averages	N/A	95%	N/A	N/A	15-30%	0.08%-0.196%*

1.Rex, DK et al. Colorectal Cancer prevention 2000; Screening recommendations of the American College of Gastroenterology. 2000; 95:868-877
2.Rex, DK et al. Colonoscopy withdraw technique is associated with adenoma miss rate. Gastrointestinal Endoscopy 2000; 51:33-6
3.Barclay et al. Variations in adenoma detection rates and colonoscopy withdraw times during screening colonoscopy. Gastrointestinal Endoscopy 2005; 61:AB107.
*Gatto, NM. (2003). Risk of perforation after colonoscopy. *Journal of National Cancer Institute*, 95:230.
Levin, TR. (2006). Complications of colonoscopy in an integrated health system. *Annals of Internal Medicine*, 145:880.

MEDICARE NOW PAYS FOR SCREENING COLONOSCOPIES

Medicare Part B beneficiaries will no longer have the yearly deductible applied to a preventative colonoscopy. Patients that are average risk are allowed a colonoscopy every 10 years, high risk patients every 24 months.

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