

2015 REPORT CARD OF Benchmarks for Quality of Screening Colonoscopy

The American College of Gastroenterology supports that the available science demonstrates the clear superiority of colonoscopy in reducing colorectal cancer deaths when performed by a well-trained gastroenterologist. Screening should be performed on patients when they reach 50 years old, then continue getting screened at regular intervals. However, some patients need to be earlier than 50 or more often than other people if they have risk factors.

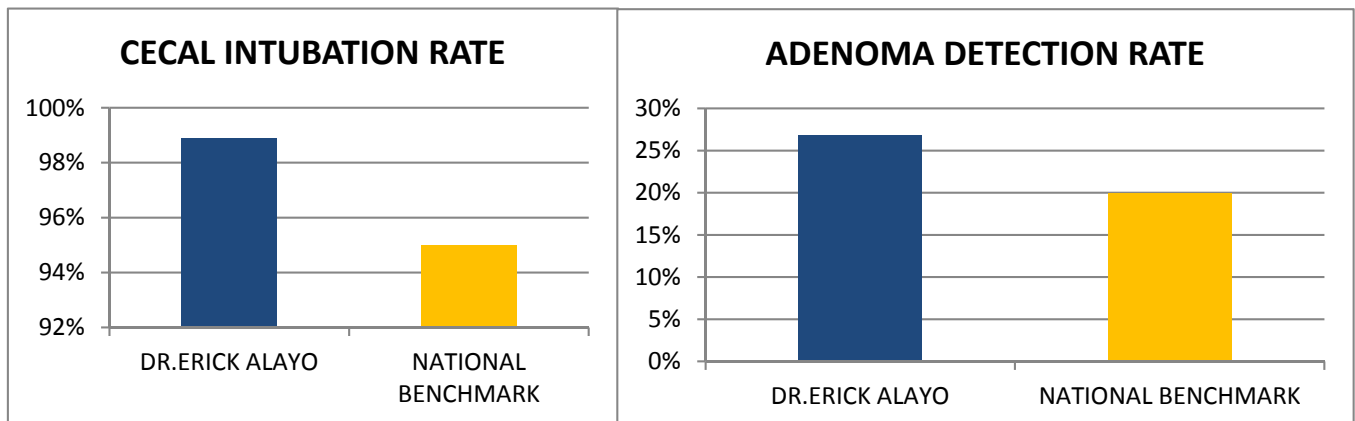
There has been increased emphasis in recent years on the quality of screening procedures, in addition to their appropriate use. To measure colonoscopy quality, gastroenterologists frequently use four benchmarks. All of the benchmarked data can be collected during a colonoscopy and measured. When compared with the national benchmark, these measurements give us a picture of the performance of our physicians. We describe these four benchmarks below.

Adenoma Detection: Of the colonoscopies performed so far this year, Dr. Erick Alayo had an Adenoma detection rate of 29.04%, well above the standard of 20%.

Colon Withdrawal time: Dr. Alayo overall average colon withdrawal time is 7.81 minutes.

Cecum Intubation: Of the colonoscopies performed so far this year, Dr. Alayo had a cecum (where the small intestine and the colon meet) intubation rate of 99.5%.

Bowel Preparation Quality: The number of patients who presented for colonoscopy with documented bowel preparation to have a thorough colonoscopy (excellent/good/fair/adequate) was 94 %.

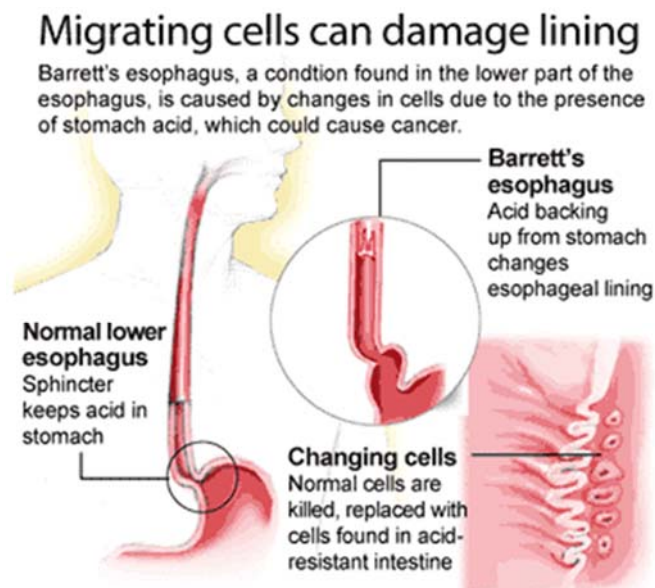


Upper Endoscopy Recommendations

Another area of concern is the link between acid reflux and esophageal cancer when Barrett's esophagus develops. An upper endoscopy with biopsies is the ONLY test that can confirm this diagnosis. If your patients have risk factors such as chronic GERD symptoms, Caucasian race, obesity, smoking, alcohol consumption, and advanced age, this diagnostic procedure should be considered. Long term PPI use can be detrimental, so using the results of the upper endoscopy can assist you, as well, in your patient care.

Esophageal cancer is related to Acid reflux when Barrett's esophagus develops. Endoscopy with biopsies is the only test to confirm this diagnosis. Risk factors include chronic GERD symptoms, being an older adult, smoker, white race, male sex and obesity.

The Link Between Heartburn and Cancer



SOURCE: Mayo Foundation for Medical Education and Research

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