

Maryland Department of Health and Mental Hygiene
Center for Cancer Surveillance and Control
Maryland Cigarette Restitution Fund Program
Colonoscopy Quality Assurance Program
Colonoscopy Feedback Report

The report below is derived from data submitted by the local health department colorectal cancer screening program to the Maryland Department of Health and Mental Hygiene, Center for Cancer Surveillance and Control on **colonoscopies performed between July 1, 2006 and December 31, 2010.**

All Providers	CRF Program			National Standards or Expected Number~
	N	%	Range##	
Number of first colonoscopies in a cycle[^]	7,671			
Number (%) with adequate exam*	6,970	90.9 %	77.1-100%	
Number (%) with adequate bowel preparation#	7,120	92.8 %	70.8-100%	
Number (%) with cecum reached	7,411	96.6 %	88.1-100%	
Number (%) with cecum reached among those with adequate bowel prep	6,970	97.9 %	90.8-100%	90-95%
Number of first colonoscopies**	6,049			
Number of first colonoscopies in clients age 50+ years without bleeding symptoms (at average OR increased risk)	4,563			
Biopsy rate on this group (regardless of adequacy of colonoscopy)	2,319	50.8 %	8.2-97.3%	
Total adequate colonoscopies on clients age 50+ years who did NOT have bleeding symptoms	4,123			
Findings:				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	16	0.4 %		
Adenocarcinoma	11	0.3 %		
Suspected cancer	7	0.2 %		
Adenoma with high grade dysplasia	20	0.5 %		
Other adenoma	999	24.2 %	4.4-68.6%	
Advanced adenomas (>=1cm, or any villous histology)	266	6.5 %	1.5-20.0%	
Adenomas, not advanced	733	17.8 %	2.2-60.0%	
Other findings or normal	3,081	74.7 %		
Neoplasia detection rate on first colonoscopies^^		25.2 %	4.4-68.6%	
Neoplasia detection rate-men^^		31.7 %		>=25%
Neoplasia detection rate-women^^		22 %		>=15%

[^] **Number of first colonoscopies in a cycle** is the first screening colonoscopy in a cycle. If a client had more than one screening colonoscopy in a screening "cycle" or had a colonoscopy for diagnosis or treatment, these are not included in this count; only the first screening colonoscopy is counted. A client can have more than one cycle in this time period.

* **Adequate exam** is defined as a colonoscopy in which the bowel prep was adequate and the cecum was reached.

Bowel preparation is considered **Adequate** if the terms such as "excellent," "good," "very good," or "fair" were used in the colonoscopy report to describe the bowel preparation AND the recall interval was 10 years for an average risk client with no findings. If the provider's recall interval was less than 10 years for an average risk client with no findings and the prep was "fair," the CRF Program coded the prep as NOT adequate.

** **Number of first colonoscopies** is the first screening colonoscopy in the CRF Program on an individual client. This number excludes repeat colonoscopies performed as followup to inadequate colonoscopy, findings on the first colonoscopy, or for recall surveillance colonoscopy.

^^ **Neoplasia detection rate** includes adenocarcinoma, suspected cancer, adenoma with high grade dysplasia, and adenoma of any size or histology found on the first colonoscopy on clients age 50+ years without bleeding symptoms.

Range is the minimum and maximum value among providers in the CRF Program who did >=30 colonoscopies during this period.

~ Rex DK, Petrini JL, Baron TH, et al. ASGE/ACG Taskforce on Quality in Endoscopy. Am J Gastroenterol 2006;101:873-885.

For questions, call Dr. Eileen Steinberger at 410-767-0789
Data Source: Client Database as of April 12, 2011