



GI Quality Improvement Consortium, Ltd.

**GIQulC Screening Colonoscopy Updates:
What They Mean for Your Practice**



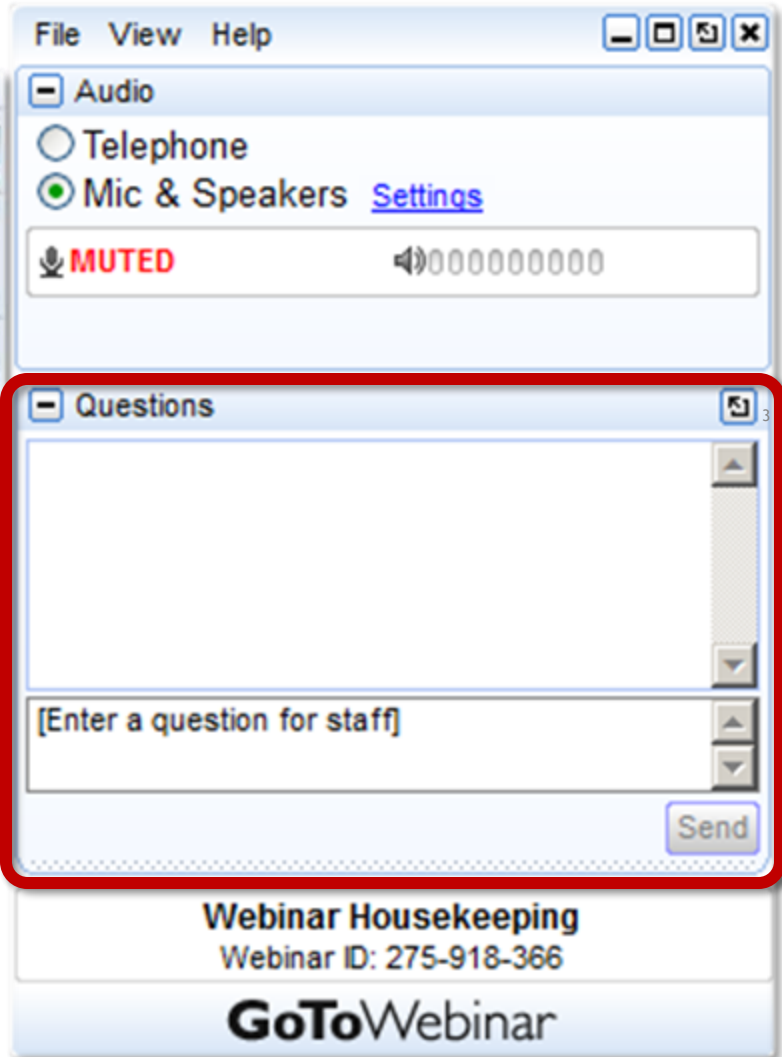
September 28, 2022



Agenda

- GIQuIC Overview
- Case Presentation and Discussion
- Question & Answer

Questions



- Please submit your text questions and comments using the Questions Panel.
- Today's presentation is being recorded for future viewing.

What is GIQuIC?

- ▶ GIQuIC is a clinical data registry
- ▶ Clinical data registries collect, organize and display healthcare information
- ▶ Introduced in 2010
- ▶ Joint collaboration of ACG and ASGE
- ▶ Endoscopy Quality Indicators impetus of GIQuIC Registry
- ▶ Quality Indicators deemed to be feasible to measure AND associated with improved patient outcomes

WHY GIQuIC?

Specifically, GIQuIC is a specialty medical registry utilized by gastroenterologists to:

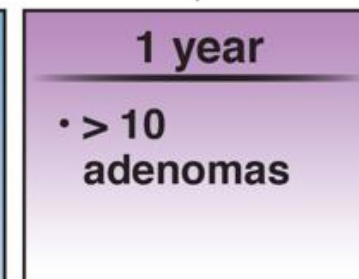
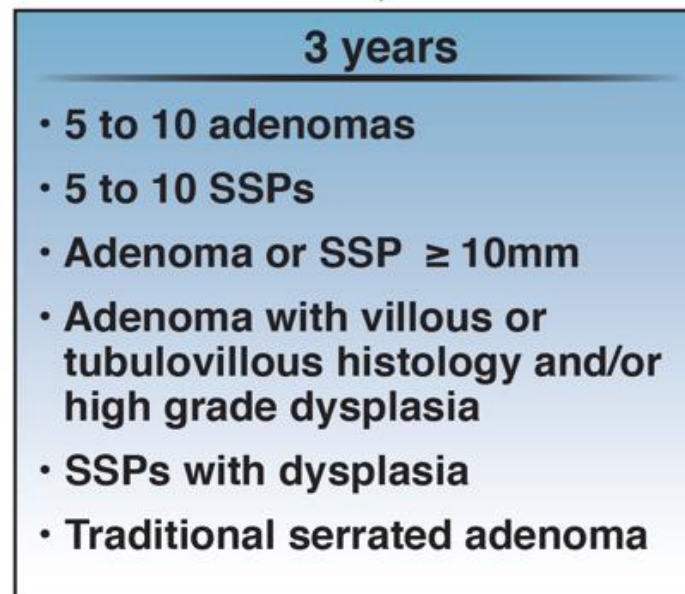
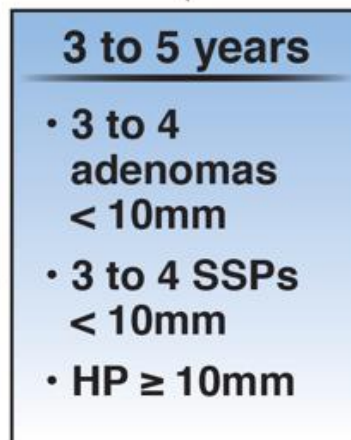
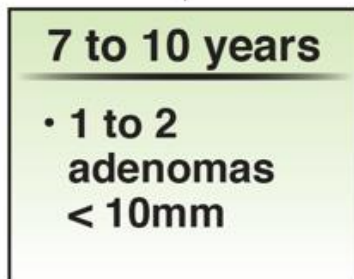
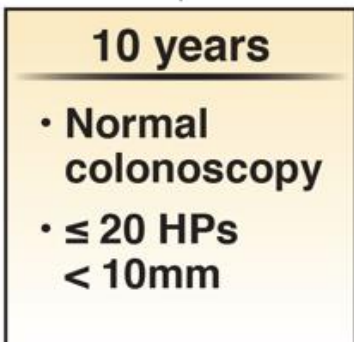
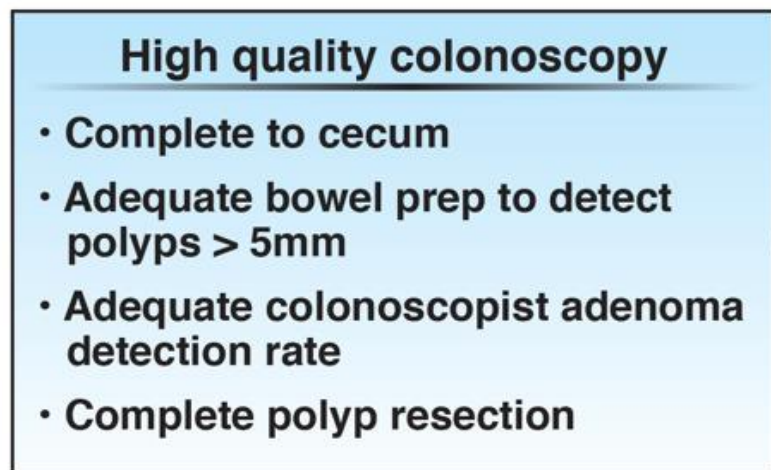
- ▶ Improve patient outcomes and develop quality improvement initiatives
- ▶ Contribute data for research and to assist the GI societies in developing guidelines for patient care
- ▶ Report to CMS' Merit-based Incentive Payment System (MIPS)

What does GIQuIC Measure?

Colonoscopy and EGD Quality Measures, including:

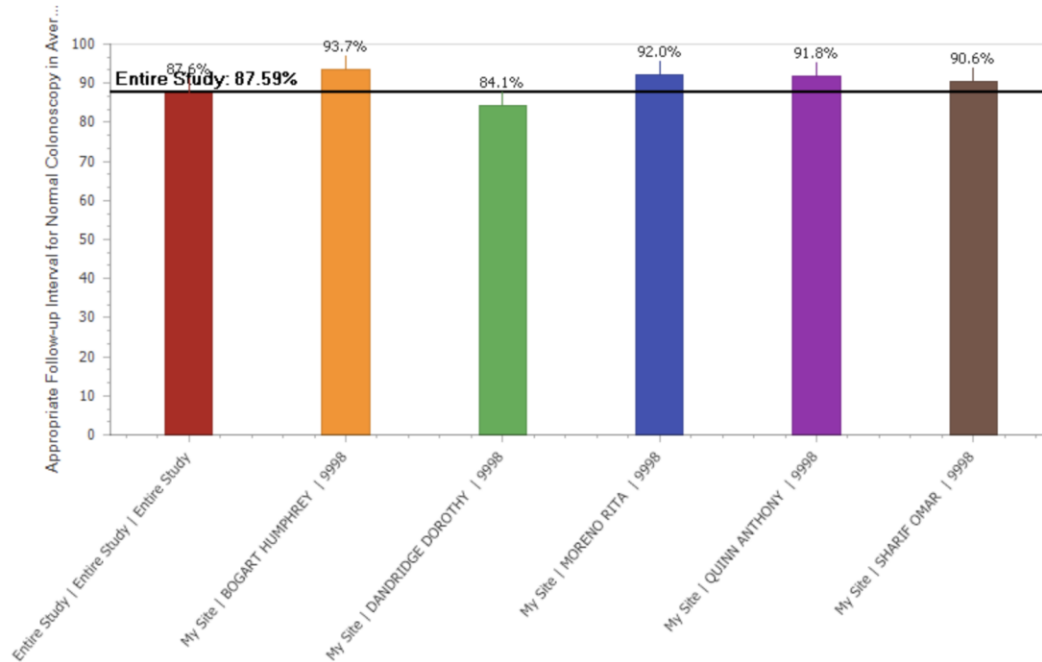
- ▶ Adenoma Detection Rate
- ▶ Cecal Intubation Rate
- ▶ Withdrawal Time
- ▶ Adequacy of Bowel Prep
- ▶ Adherence to CRC Screening and Surveillance Recommendations
- ▶ Real-time reports, based on up-to-date evidence and recommendations

Recommendations for post-colonoscopy follow-up in average risk adults





			Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients		
Benchmark Group	Provider Name	Facility	Denominator	Numerator	% of Patients
Entire Study	Entire Study	Entire Study	179664	157,374	87.59
My Site	BOGART HUMPHREY	9998	126	118	93.65
	DANDRIDGE DOROTHY	9998	82	69	84.15
	MORENO RITA	9998	100	92	92.00
	QUINN ANTHONY	9998	97	89	91.75
	SHARIF OMAR	9998	53	48	90.57
My Site Total			458	416	90.83
Grand Total			458	416	90.83



Description: Percentage of procedures among average-risk patients aged 50 to 75 years undergoing screening colonoscopy without biopsy or polypectomy with a recommended follow-up interval of 10 years for repeat colonoscopy documented in the colonoscopy report.



Screening Colonoscopy Updates: What They Mean for Your Practice

Sponsored by GIQulC and its member societies, ACG and ASGE

Wednesday, September 28th at 8:00 pm ET



Aasma Shaukat, MD, MPH, FACP



Carol Burke, MD, FACP



Audrey Calderwood, MD, MS, FACP

Panelists

- **Aasma Shaukat, MD, MPH, FACG, FASGE**

Professor of Medicine, Department of Medicine at NYU Grossman School of Medicine
Professor, Department of Population Health at NYU Grossman School of Medicine
Co-Director, Translational Research Education and Careers
Director, Outcomes Research, Division of Gastroenterology and Hepatology

- **Carol Burke, MD, FACG, FASGE**

Director of the Center for Colon Polyps & Cancer at The Cleveland Clinic, Cleveland, OH

- **Audrey Calderwood, MD, MS, FACG, FASGE**

Director, Comprehensive Gastroenterology Center
Associate Professor of Medicine, Geisel School of Medicine and the Dartmouth Institute of Health Policy & Clinical Practice

Case #1


45 year-old white male sees his PCP for annual visit. PCP orders a FIT that the patient completes and is positive and he is referred to you for further management.

ACG Clinical Guidelines: Colorectal Cancer Screening 2021

Aasma Shaukat, MD, MPH, FACP^{1,2}, Charles J. Kahi, MD, MSc, FACP³⁻⁷, Carol A. Burke, MD, FACP⁴, Linda Rabeneck, MD, MPH, MACG⁵, Bryan G. Sauer, MD, MSc, FACP (GRADE Methodologist)⁶ and Douglas K. Rex, MD, MACG³

- 1 We recommend colorectal cancer (CRC) screening in *average-risk* individuals between ages 50 and 75 yr to reduce incidence of advanced adenoma, CRC, and mortality from CRC
- 2 We suggest CRC screening in *average-risk* individuals between ages 45 and 49 yr to reduce incidence of advanced adenoma, CRC, and mortality from CRC
- 3 We suggest that a decision to continue screening beyond age 75 yr be individualized
- 4 We recommend colonoscopy and fecal immunochemical testing (FIT) as the primary screening modalities for CRC screening

USPSTF Recommendations 2021



Recommendation	GRADE	
Screen average risk men and women 50-75	A	High certainty of substantial net benefit
Screen average risk men and women starting at age 45	B	Moderate certainty of moderate net benefit
Individualize decision to screen 76-85	C	Moderate certainty of small net benefit

Recommended screening strategies include

- High-sensitivity guaiac fecal occult blood test (HSgFOBT) or fecal immunochemical test (FIT) every year
- Stool DNA-FIT every 1 to 3 years
- Computed tomography colonography every 5 years
- Flexible sigmoidoscopy every 5 years
- Flexible sigmoidoscopy every 10 years + annual FIT
- Colonoscopy screening every 10 years

- ▶ Grade A or B recs are covered by Medicare
- ▶ Other payors follow Medicare

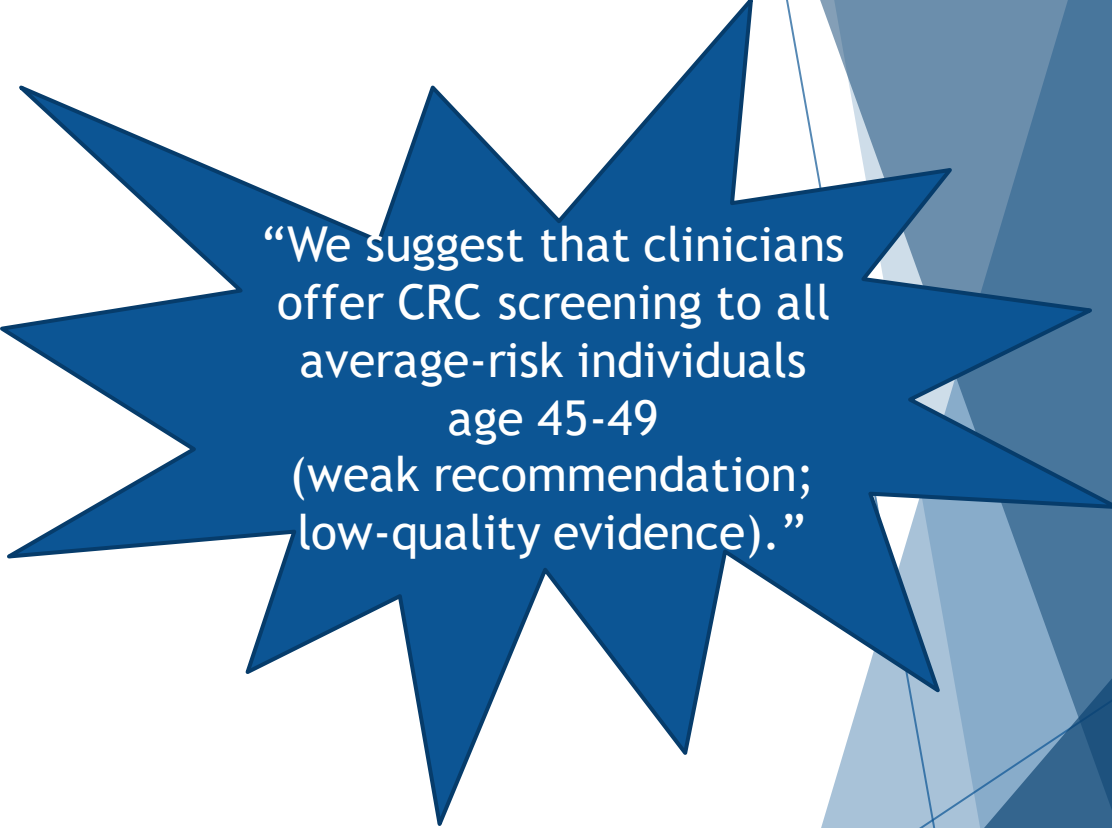
US Preventive Services Task Force. Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2021;325(19):1965–1977

USMSTF Guidelines on CRC Screening

Age 45 and older*

SCREENING TESTS:

- ▶ Tier 1:
 - ▶ FIT—1 year
 - ▶ Colonoscopy—10 years
- ▶ Tier 2:
 - ▶ CTC—5 years
 - ▶ Flexible sigmoidoscopy—5-10 years
 - ▶ Stool-DNA test—3 years
- ▶ Tier 3:
 - ▶ Colon capsule—5 years
- ▶ Not recommended:
 - ▶ Septin 9 blood test



“We suggest that clinicians offer CRC screening to all average-risk individuals age 45-49 (weak recommendation; low-quality evidence).”

Organized Screening Program Improves Adherence

- ▶ Kaiser Permanente Northern California
- ▶ Screening before and after proactive outreach program (FIT and colonoscopy)
- ▶ 2000 to 2015

	Before	After	Absolute change
Adherence	38%	82%	+44%
CRC incidence	95 per 100,000	71 per 100,000	-24%
CRC Mortality	30 per 100,000	14 per 100,000	-52%

Levine TR et al. Gastroenterology 2018;155:1383-91

Case #2

40-year-old female is seen for dyspepsia and asks about CRC screening. She reports mother with uterine cancer at age 40.

Case #2- Discussion

With the current information the patient is at average risk of CRC and should begin CRC screening at the age of 45, BUT.....

Young Onset Cancer Should Raise Suspicion of Hereditary CRC Syndrome



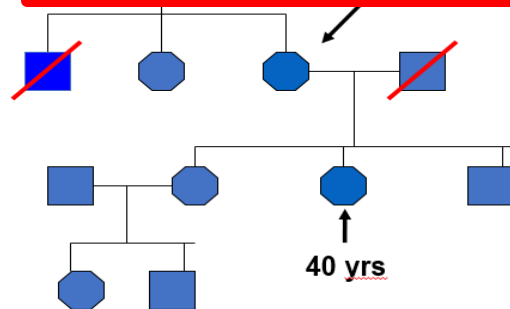
Query History

- Early onset intestinal and extra-intestinal tumors
- Pathology of tumors
- Number/size of polyps
- Extra-intestinal features

Obtain Family History

- ▶ 3 generations
- ▶ Age of any cancer
- ▶ Age of death
- ▶ Presence of features of hereditary CRC syndrome

Lynch Syndrome causes 3-5% of CRC and Endometrial Cancers



Hereditary CRC Syndromes

- ▶ Entry points into your practice
 - ▶ At time of colonoscopy
 - ▶ Office visit
 - ▶ Personal or family cancer or polyp history
 - ▶ Referred for positive result on multi gene panel test

Hereditary CRC Syndrome Screener

	YES	NO
• Do you have a first-degree relative (mother, father, brother, sister, or child) with any of the following conditions diagnosed before age 50?		
Colon or rectal cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cancer of the uterus, ovary, stomach, small intestine, urinary tract (kidney, ureter, bladder), bile ducts, pancreas, or brain	<input type="checkbox"/>	<input type="checkbox"/>
• Have you had any of the following conditions diagnosed before age 50?		
Colon or rectal cancer	<input type="checkbox"/>	<input type="checkbox"/>
Colon or rectal polyps	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have three or more relatives with a history of colon or rectal cancer? (this includes parents, brothers, sisters, children, grandparents, aunts, uncles, and cousins)	<input type="checkbox"/>	<input type="checkbox"/>

Identified 77 % of high-risk individuals and 95 % of LS mutation carriers

Case #2

40-year-old female is seen for dyspepsia and asks about CRC screening. She reports mother with uterine cancer at age 40.

Next steps:

- ▶ Mother should be evaluated for Lynch syndrome
- ▶ If no hereditary syndrome detected, our patient has average risk of CRC, screen as per average population
- ▶ If mother not tested, patient should consider multi-gene panel testing
- ▶ If hereditary cause of cancer detected- manage accordingly

Case #3

78-year-old is seen in clinic and asks about his next colonoscopy. Looking up his records, his last colonoscopy was 5 years ago and showed one 6 mm TA in the ascending colon.

Case #3- Discussion

78-year-old with history of small adenoma 5 years ago

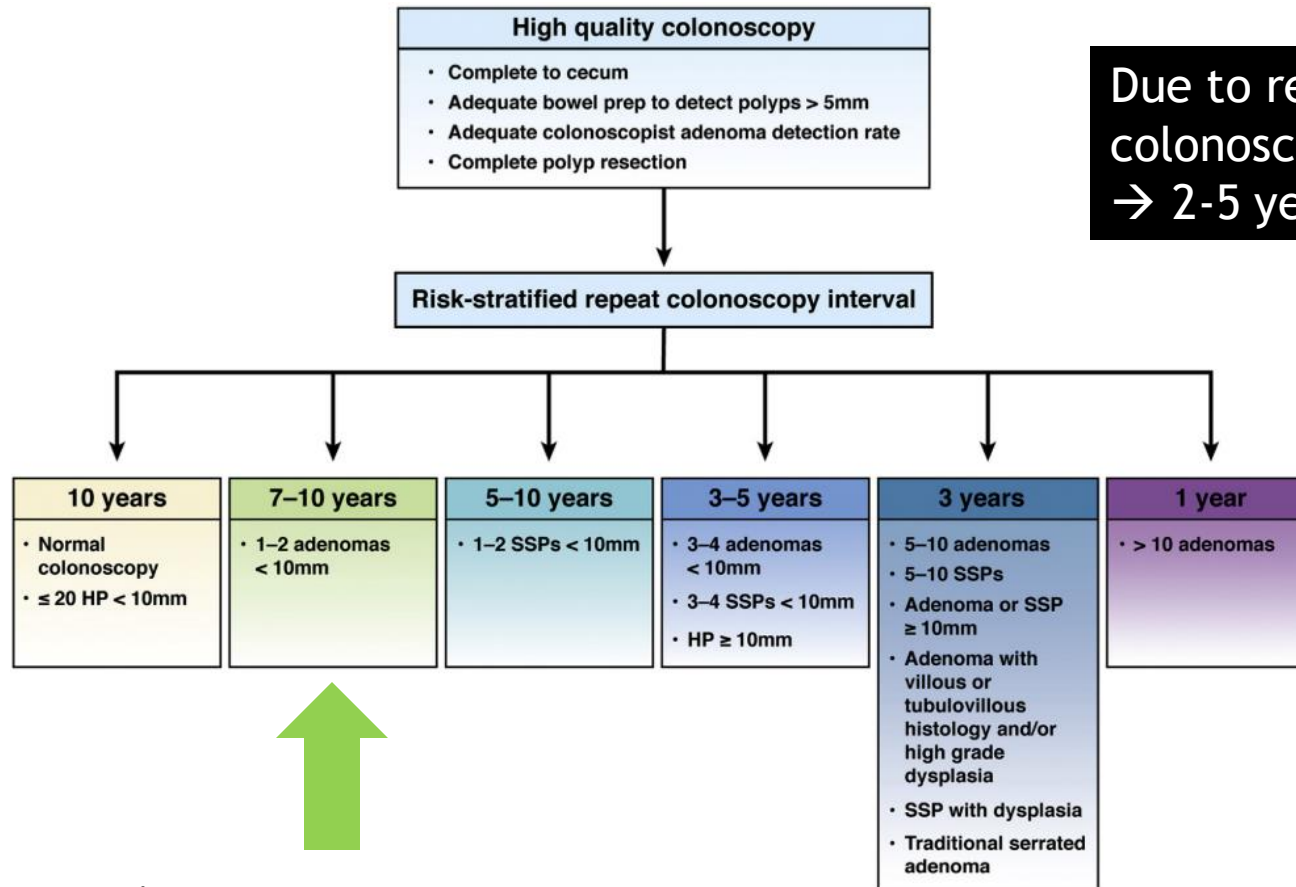
Two important issues:

- ▶ When would colonoscopy next be recommended by polyp history?
- ▶ Is colonoscopy appropriate for this 78-year-old man?
 - ▶ Does benefit outweigh harms?

Case #3- Discussion

When would colonoscopy next be recommended by polyp history?

► 2020 USMSTF post-polypectomy guidelines



Due to return in 7-10 years from last colonoscopy
→ 2-5 years when he would be 80-83

Case #3- Discussion

Is colonoscopy appropriate for this future 80-83 year-old man?

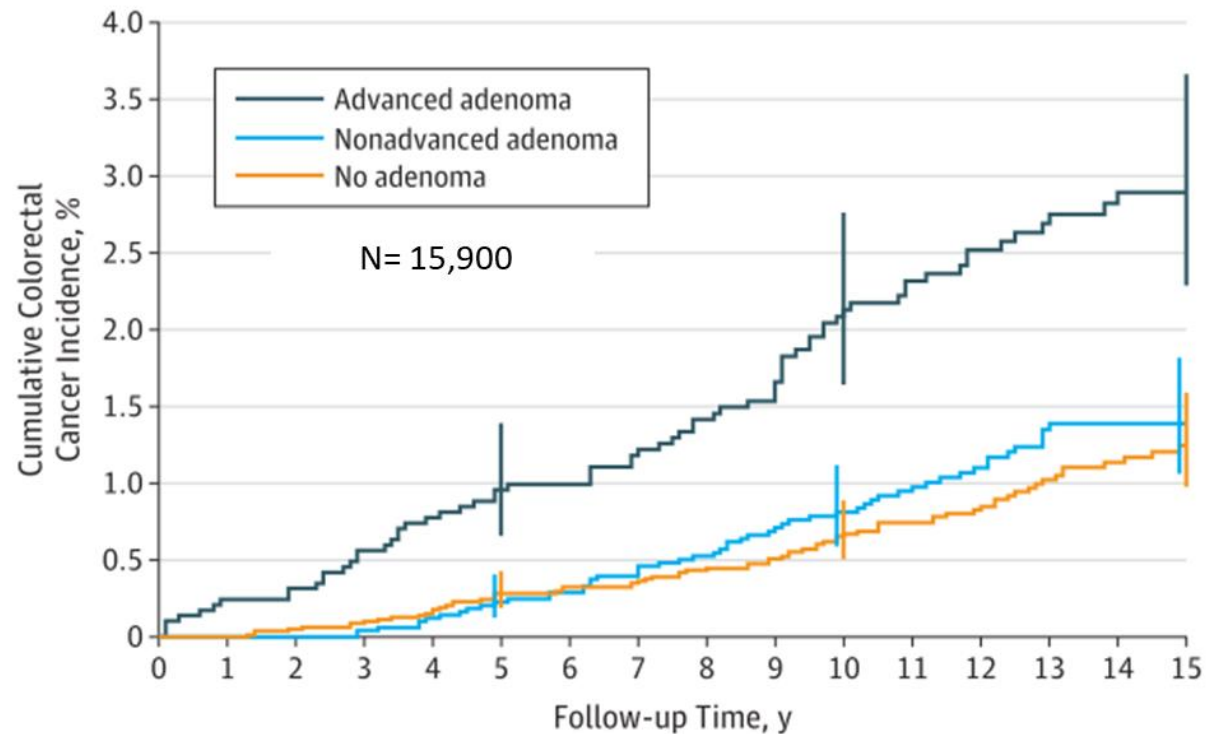
*“For patients aged 75–85 years, the USPSTF argues for individualization based on comorbidities and findings of any prior colonoscopy. The decision to continue surveillance should be **individualized, based on an assessment of benefit, risk, and comorbidities.**”*

-USMSTF 2012

Case #3- Discussion

Does benefit outweigh harms?

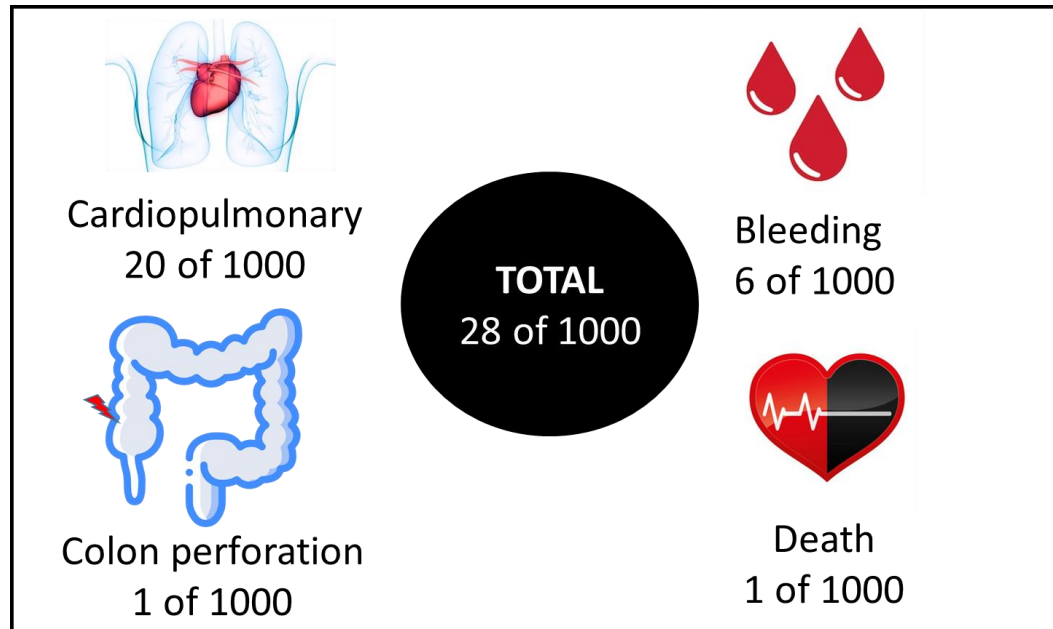
- ▶ Low risk of CRC with h/o one small TA
 - ▶ Similar to risk of CRC in general population and in people without polyps



Case #3- Discussion

Does benefit outweigh harms?

► Risk of harms

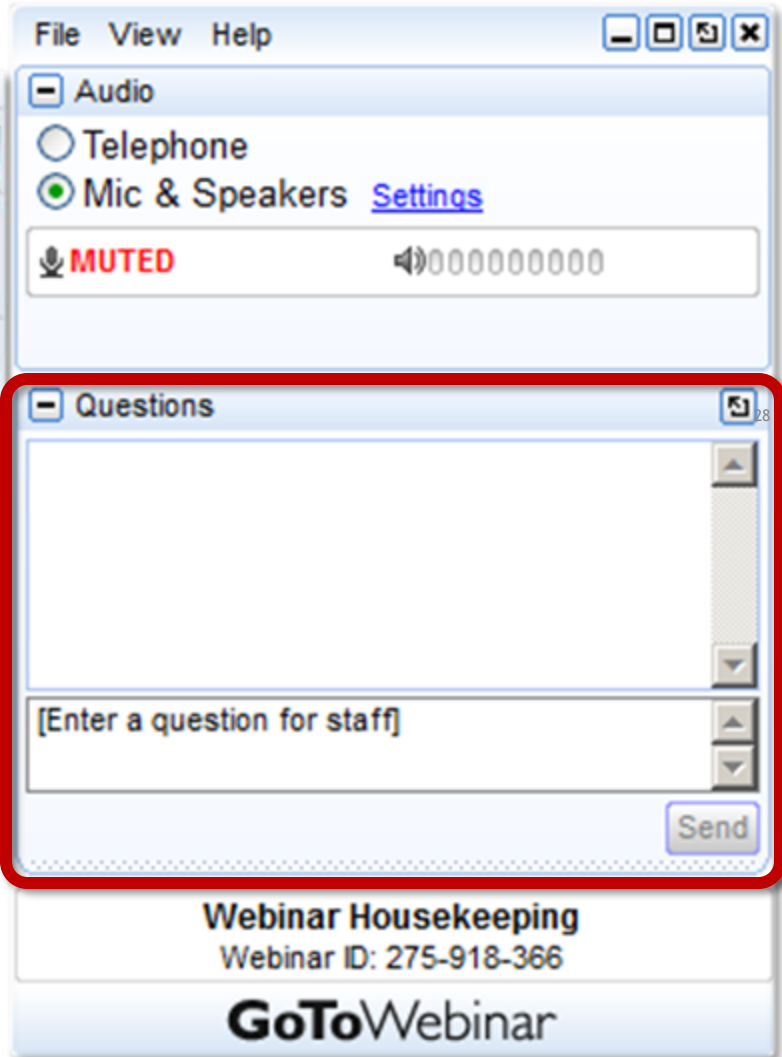


Warren J Ann Int Med 2009; Ko Cw et al. Clin Gastro Hep 2010; Day LW et al. Gastrointest Endosc 2011

Harms likely outweigh benefits
Consider co-morbidities, function, life expectancy

Advise against routine surveillance

Questions



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Improving Quality and Safety in Your Endoscopy Unit

Saturday, October 1, 2022 | Virtual

- Visit www.ASGE.org Go to Education/Event Calendar

GIQuIC - Transforming Quality from Aspirational Goals to Measurable Results

**Monday, October 24, 2022
ACG Annual Meeting, Charlotte, NC
1:00 Luncheon Presentation**

- **Visit acgmeetings.gi.org to register**



**Visit the GIQuIC Booth at
ACG 2022**

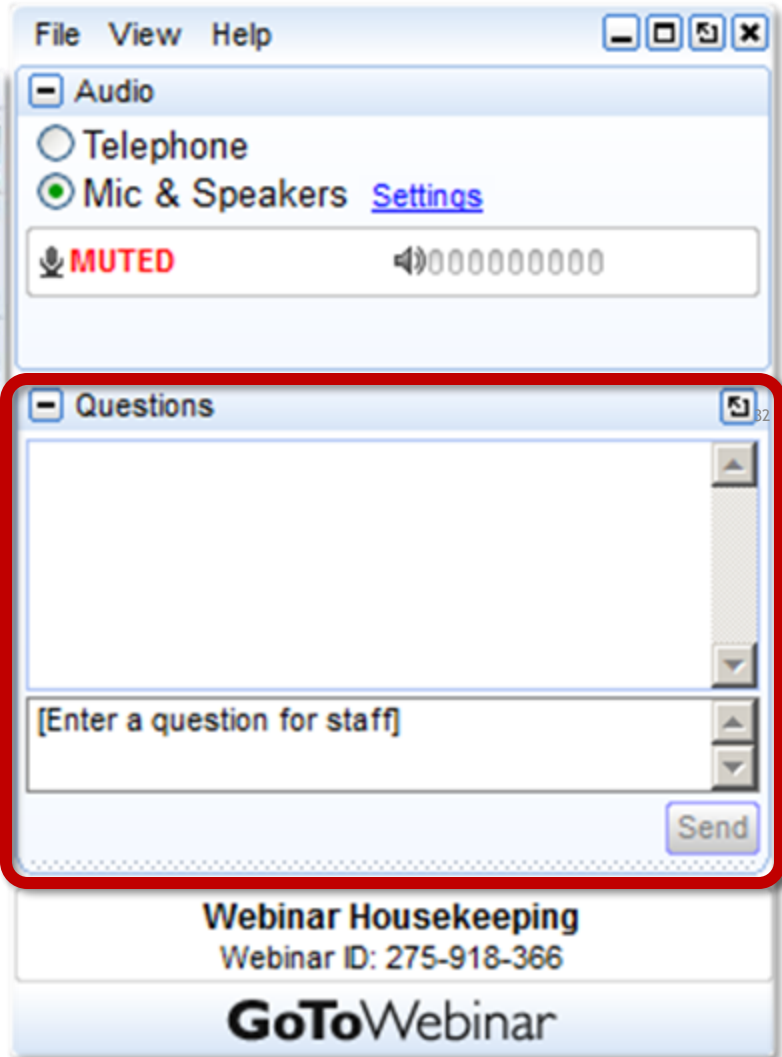
Charlotte, NC

Sunday, October 23-Tuesday, October 25

**Booth #730
Exhibit Hall**



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**Contact GIQuIC at
info@giquic.org**

**Visit giquic.gi.org
for more information**



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