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Background

Key performance indicators ensure endoscopy units deliver good quality endoscopy and maintain an appropriate standard of care. The interval cancer rate is an important indicator of the quality of colorectal cancer screening in an endoscopy unit. A post colonoscopy or interval colorectal cancer is defined as a colorectal cancer diagnosed 'within three years of a negative colonoscopy.'

The rates of post colonoscopy cancers vary internationally, from 2.5% to 9.3%^{1,2,3}. Minimum and achievable standards are recommended by individual screening bodies⁴.

Aim

The aim of this audit was to assess the interval colorectal cancer rate for Louth County Hospital.

Methods

Using EndoRaad, full colonoscopies and sigmoidoscopies (screening and symptomatic) performed in Louth County Hospital, a JAG accredited site, from 2017 to 2019 on which a 'tumour' was identified were included. Histology records were reviewed to confirm malignancy. Electronic records were used to identify lower GI endoscopies performed in our unit within three years of the cancer diagnosis. Insertion point of prior endoscopies was taken into account.

References

1. Guidelines for the Implementation of a National Quality Improvement Programme in GI Endoscopy, Version 5.0. The Working Group, GI Endoscopy National QI Programme. RCPI, 2017.
2. Variation in post-colonoscopy colorectal cancer across colonoscopy providers in English National Health Service: a population based cohort study. *BMJ* 2019;367:16090.
3. Post-colonoscopy colorectal cancer in Belgium: characteristics and influencing factors. *Endosc Int Open*. 2019 May;7(5):E717-E727.
4. Guidelines for Quality Assurance in Colorectal Screening, 2nd Edition. *Bowel Screen*, 2017.

Results

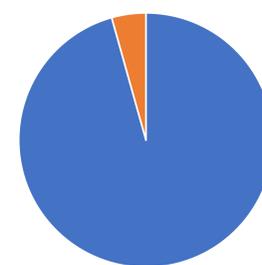
Between 2017 and 2019, a 'tumour' was identified on 96 colonoscopies and sigmoidoscopies in LCH.

On review of histology, 69 of these procedures (71.86%) were associated with a diagnosis of colorectal cancer. 66.67% were male (n=46). The median age was 72 years (range: 31-96 years).

4.35% (n=3) of patients had undergone a lower GI endoscopy in LCH within 3 years of their cancer diagnosis (figure 1). The average interval between negative endoscopy and cancer diagnosis was 24.67 months.

In all three cases, the point of insertion on the initial scope was proximal to the site of subsequent malignancy. CT Colon was performed in 2 of the 3 cases; occurring 21 and 72 days after negative endoscopy and at 10 and 26 months preceding the cancer diagnosis, respectively. Both CT Colon studies were negative; identifying no colonic mucosal lesion >6mm.

Post Colonoscopy Colorectal Cancers



■ No colonoscopy within 3 years ■ Colonoscopy within 3 years

Figure 1. Post colonoscopy colorectal cancers

Conclusion

The interval cancer rate for LCH is in keeping with rates published internationally and by the national GI endoscopy working group. Ongoing audit is required to ensure good quality endoscopy is maintained.