Goshen Physicians
GASTROENTEROLOGY

SPOTLIGHT

Colon cancer prevention

COMPREHENSIVE SCREENING. EXPERT CARE.

Gastroenterology

Dr. Ross Heil
Gastroenterologist

Dr. Salim Jaffer
Gastroenterologist

Dr. Sadat Rashid
Interventional Gastroenterologist

Melissa Larson
Nurse Practitioner

Amy Pointon
Nurse Practitioner

Salim Jaffer, MD joins practice

Dr. Salim Jaffer is a gastroenterologist with fellowship training in treating patients with stomach diseases and abdominal disorders.

He has nearly three decades of clinical experience in a wide range of procedures, including colonoscopies, liver biopsies and endoscopies to examine the esophagus, stomach and duodenum small intestine. He has published a series of books, including Adult Guide: Health Screening and Prevention, that give readers important tools to take control of their own health.

Quality of colonoscopy and ADR help prevent colon cancer

A critically important factor and gold standard in assessing the risk of colon cancer after colonoscopy is adenoma detection rate (ADR). This metric is operator dependent. Consider this. For every 1 percent increase in the ADR, the risk of colon cancer decreases by 3 percent – and the risk of a fatality from the cancer is reduced by 5 percent before the next colonoscopy. These are significant numbers. And that's why physicians need to take into account the quality of a colonoscopy: specifically the adenoma detection rates of the endoscopists in their area as documented by national benchmarks like GIQuIC.

Generally, an ADR of 47-48 percent or greater is considered an excellent standard with mastery level detection. At Goshen Physicians Gastroenterology, we have achieved a combined average of 56 percent for screening colonoscopies. Additionally, the primary driver of a high ADR is the quality of the colonoscopy.

What constitutes a high-quality colonoscopy?

The first factor that defines a high-quality colonoscopy is withdrawal time. How long did the endoscopist take to withdraw the scope from the colon? This is a reflection of how thoroughly the colon was inspected. The minimum should be six minutes, but the ideal time is closer to ten minutes. Withdrawal time an essential component in defining a high-quality colonoscopy and, thus will have a profound impact on cancer prevention and fatality risks.

One standard for defining a high-quality colonoscopy that is less discussed but bears mentioning is whether the procedure reaches the cecum. Defined as Cecal intubation, it reflects the depth intubation into the cecum with the tip of the colonoscope being able to touch the appendiceal orifice. Cecal intubation demonstrates a complete examination of the colon, and a minimum of 95 percent is fundamental for colorectal cancer screening.

Another factor in assessing colonoscopy quality is preparation. All colonoscopies are graded as poor, fair, good or excellent as part of the standard of care provided to the patient. A poor or fair prep assessment not only fails to qualify as a high-quality colonoscopy, but it also necessitates that the procedure be redone in a year's time.

The standard for preparation has been evolving

Ten years ago, all patient preparation used to occur the night before. Data has shown that the colonoscopy protected the left side of the colon better than the right side. But when all the patient preparation was done the night before, the colonoscopy was working mainly on the left colon and GI secretions had built back up on the right colon. As secretions form on the wall, they are not easily washed. Polyps in the right colon tend to be flat and can be easily missed; whereas the polyps on the left are more bump-like and identifiable.

The preferred preparation is now what we call split-dosing prep. This involves the patient doing half of the prep the night before and the other half six hours before the colonoscopy. Unfortunately, this approach can be frustrating to patients. The "night before" preparation was challenging enough without the added burden of getting up at 3 a.m. to prepare for a mid-morning procedure.

Addressing patient resistance to colonoscopy

As we all know, the requirements for preparation can tend to discourage patients from having a colonoscopy even if they know the importance of the procedure.

Goshen Physicians
GASTROENTEROLOGY

1615 Winsted Drive
Goshen, IN 46526

Colon cancer prevention

What healthcare providers need to know

That is why some patients are opting out of colonoscopies in favor of stool testing and other approaches that are less inconvenient. This creates a real challenge for the patient's primary care provider.

Stool tests like Cologuard and FIT testing are not designed to prevent colon cancer. While they can help detect cancer, they are more effective in detecting late cancers than early ones. Stool-based tests have certain limitations. Cologuard can miss about 8 percent of colon cancer and more than 40 percent of precancerous polyps. FIT testing can miss 20 percent of colon cancers and most precancerous polyps.

Also, positive Cologuard testing leads to diagnostic colonoscopy and the cost would go towards patient's deductible. Follow-up colonoscopy after a positive Cologuard will find that almost half (45 percent) of positive Cologuard are false positives. Since colonoscopy is really a colon cancer prevention test that enables the physician to remove adenomatous polyps and reduce the risk of colon cancer, it remains the optimal approach but needs to be judged case by case.

Given this conflicting dynamic, what is the primary care provider to do? ASGE and AGE and US Multi-Society Task Force on Colorectal Cancer Screening support a sequential approach on a case-by-case basis. Offer the patient colonoscopy first if appropriate for that patient. If he or she declines, then stool testing can be presented as an option. Studies suggest colonoscopy is about 40 to 60 percent effective in lowering a patient's risk of cancer. That is significant and why colonoscopy remains the gold standard.

The patient's relationship with their primary care provider is important both in impressing on the patient the value of having a colonoscopy and in helping them select an endoscopist. Be sure your patients are aware of what can be accomplished during a colonoscopy (such as removal of polyps, a more thorough evaluation of colon health) that far surpasses the results they would get from a stool test.

At Goshen Physicians Gastroenterology, we work closely with referring providers to include them in the communication and follow up.

Ross A. Heil, DO, *Gastroenterologist, is the chair of Gastroenterology for Goshen Health and is leading the implementation of quality metrics in endoscopy. His pursuit of high standards in the nationally recognized adenoma detection rate for colon cancer screening has produced an exceptional adenoma detection rate for patients at Goshen Physicians Gastroenterology.*

Sadat Rashid, MD, *Clinical and Interventional Gastroenterologist, focuses on preventive medicine, performing colonoscopies to screen for colorectal cancer and polyp removal. His superior quality metrics in endoscopy has produced exceptional adenoma detection rate for colon cancer screening. He also specializes in gastrointestinal cancers and advanced interventional endoscopic procedures.*

TO REFER A PATIENT

Goshen Physicians Gastroenterology provides holistic, complete care for patients. To refer a patient, call **(574) 537-1625.**

If you would like more information or to meet any of our doctors, please contact **Jenny Rupp, Physician Liaison, at jrupp2@goshenhealth.com** or **(574) 537-1625.**