



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Family Health Administration

Russell W. Moy, M.D., M.P.H., Director – Joan H. Salim, Deputy Director

August 12, 2009

Dear Colleague,

With your help, Maryland has become a national leader in Public Health Screening for Colorectal Cancer (CRC). Between 2001 and August 2009, Maryland Public Health programs funded by the Cigarette Restitution Fund (CRF) and by additional funding from the CDC in 2006-2009, screened over 18,000 people for CRC the vast majority of whom were low income, un-insured or under-insured residents. CRC screenings to date included more than **15,000** colonoscopies and **8,300** FOBTs. The program has detected **143** cancers and diagnosed over **3,000** people with adenomas (including **76** adenomas with high grade dysplasia).

In February, 2008 we sent out a letter and a copy of the article “Standardized colonoscopy reporting and data system (CO-RADS): Report of the Quality Assurance Task Group of the National Colorectal Cancer Roundtable,” Lieberman et al., (*Gastrointestinal Endoscopy* 2007; 65: 757-766), and the Checklist for Colonoscopy Reporting. We hoped that this information and checklist would be helpful in standardizing colonoscopy reporting in Maryland (see Educational Resources at http://fha.maryland.gov/cancer/crc_screening.cfm).

The Maryland CRF Program of the Center for Cancer Surveillance and Control in collaboration with the Division of Cancer Prevention and Control at the Centers for Disease Control and Prevention (CDC) reviewed a random sample of colonoscopy reports for quality indicators included in CO-RADS. The reports included 110 colonoscopy reports from the CRF program performed in 2005-2006 (*prior to* the publication of the CO-RADS article) from colonoscopies with polyp findings, one report per endoscopist, stripped of patient and provider identifiers. The results of this study were presented at the Maryland State Council on Cancer Control Colorectal Cancer Conference in June, 2009 and will be submitted for publication. We found that the indicators included in CO-RADS were reported to varying degrees in the reports we reviewed (see Figure, next page). A copy of the slides describing additional information is available at http://fha.maryland.gov/cancer/cancerplan/pdf/Steinberger_Presentation.pdf.

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We hope these findings will be of interest to you and will encourage you to evaluate the colonoscopies in your practice and the colonoscopy reporting. If you have questions or comments, please call Diane Dwyer, M.D., at 410-767-5088 or ddwyer@dhmh.state.md.us. The Center for Cancer Surveillance and Control would be happy to share their evaluation instrument with you. Thank you again.

Sincerely,


Stanley Watkins, M.D.
Chairman, Medical Advisory Committee

Quality Evaluation of 110 Colonoscopy Reports with Polyp Finding(s)
Maryland 2005-2006, Cigarette Restitution Fund Program

