

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

The report below is derived from data submitted to the local health department colorectal cancer screening program on **colonoscopies performed between July 01, 2006 and December 31, 2010**. Data on each colonoscopy and pathology report are entered into the Client Database by the local health department/cancer program and have been summarized by the Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control, Cigarette Restitution Fund Program staff.

All Providers	CRF Program			National Standards or Expected Number~
	N	%	% Range+	
<b>Number of first colonoscopies in a cycle^</b>	7,656			
Number (%) with adequate exam*	6,946	90.7	68.3 - 100.0	
Number (%) with adequate bowel preparation#	7,096	92.7	70.8 - 100.0	
Number (%) with cecum reached	7,401	96.7	87.1 - 100.0	
Number (%) with cecum reached among those with adequate bowel prep	6,946	97.9	90.8 - 100.0	90-95%
<b>Total number of screening colonoscopies^^</b>	7,772			
Biopsy Done	4,236	54.5	16.0 - 98.4	
Number of colonoscopies with adenoma or serrated polyp	1,983	25.5	8.0 - 51.6	
Number (%) of colonoscopies with adenoma or serrated polyp where the size was reported in mm on the colonoscopy report	1,544	77.9	40.0 - 98.5	
<b>Number of adequate first screening colonoscopies in program on clients age 50+ years who did NOT have bleeding symptoms</b>	4,114			
Biopsy Done	2,094	50.9	8.5 - 95.1	
<b>Findings:</b>				
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**	29	0.7		
Other adenoma	1,004	24.4		
Advanced adenoma (>=1cm, or any villous histology)##	264	6.4		
Adenoma, not advanced^^^	740	18.0		
Hyperplastic Polyps	601	14.6	2.9 - 45.9	
Other Polyps	326	7.9		
Other & Normal	2,179	53.0		
Neoplasia detection rate on first colonoscopies***		25.5	4.6 - 48.1	
Neoplasia detection rate-male		32.1		>=25%
Neoplasia detection rate-female		22		>=15%
Neoplasia and hyperplastic polyp detection rate		40.2	8.5 - 72.1	
Male		47.7		
Female		36.5		

**^ 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.

**^^ Total number of screening colonoscopies includes all screening colonoscopies** in the date range including colonoscopies beyond the first cycle as well as multiple colonoscopies in a single cycle.

**\*\* Adenoma with high grade dysplasia** includes the following diagnoses: adenoma with high grade dysplasia, sessile serrated polyp/adenoma with dysplasia, and traditional serrated adenoma with high grade dysplasia.

**## Advanced adenoma** includes adenomas without high grade dysplasia with villous or tubulovillous histology, adenoma without high grade dysplasia >=1cm, serrated polyp/adenoma without dysplasia >=1cm, and traditional serrated adenoma without high grade dysplasia >=1 cm.

**^^^ Adenoma, not advanced** includes: adenoma without high grade dysplasia with tubulovillous histology < 1cm, sessile serrated polyp/adenoma without dysplasia <1cm, or traditional serrated adenoma without high grade dysplasia <1cm.

**\*\*\* 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.

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Colonoscopy Quality Assurance Program  
Colonoscopy Feedback Report

The report below is derived from data submitted to the local health department colorectal cancer screening program on **colonoscopies performed between January 01, 2011 and December 31, 2013**. Data on each colonoscopy and pathology report are entered into the Client Database by the local health department/cancer program and have been summarized by the Maryland Department of Health and Mental Hygiene, Center for Cancer Prevention and Control, Cigarette Restitution Fund Program staff.

All Providers	CRF Program			National Standards or Expected Number~
	N	%	% Range+	
<b>Number of first colonoscopies in a cycle<sup>^</sup></b>	6,952			
Number (%) with adequate exam*	6,166	88.7	54.3 - 100.0	
Number (%) with adequate bowel preparation#	6,253	89.9	54.3 - 100.0	
Number (%) with cecum reached	6,765	97.3	73.3 - 100.0	
Number (%) with cecum reached among those with adequate bowel prep	6,165	98.6	82.1 - 100.0	90-95%
<b>Total number of screening colonoscopies<sup>^^</sup></b>	7,074			
Biopsy Done	4,005	56.6	12.1 - 100.0	
Number of colonoscopies with adenoma or serrated polyp	2,052	29.0	8.9 - 51.5	
Number (%) of colonoscopies with adenoma or serrated polyp where the size was reported in mm on the colonoscopy report	1,533	74.7	12.2 - 100.0	
<b>Number of adequate first screening colonoscopies in program on clients age 50+ years who did NOT have bleeding symptoms</b>	3,800			
Biopsy Done	2,041	53.7	17.7 - 94.1	
<b>Findings:</b>				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	11	0.3		
Adenocarcinoma	5	0.1		
Suspected cancer	11	0.3		
Adenoma with high grade dysplasia**	27	0.7		
Other adenoma	1,059	27.9		
Advanced adenoma (>=1cm, or any villous histology)##	236	6.2		
Adenoma, not advanced <sup>^^^</sup>	823	21.7		
Hyperplastic Polyps	603	15.9	2.9 - 35.3	
Other Polyps	248	6.5		
Other & Normal	1,906	50.2		
Neoplasia detection rate on first colonoscopies <sup>***</sup>		29.0	11.8 - 44.7	
Neoplasia detection rate-male		34.9		>=25%
Neoplasia detection rate-female		26		>=15%
Neoplasia and hyperplastic polyp detection rate		44.9	14.7 - 74.5	
Male		51.8		
Female		41.2		

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# **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.

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## **Advanced adenoma** includes adenomas without high grade dysplasia with villous or tubulovillous histology, adenoma without high grade dysplasia >=1cm, serrated polyp/adenoma without dysplasia >=1cm, and traditional serrated adenoma without high grade dysplasia >=1 cm.

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