

The report below is derived from data submitted to the local health department colorectal cancer screening program on **colonoscopies performed between January 01, 2014 and December 31, 2015**. 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+	
Number of first colonoscopies in a cycle^	2,599			
Number (%) with adequate exam*	2,412	92.8	80.9 - 100.0	
Number (%) with adequate bowel preparation#	2,428	93.4	81.2 - 100.0	
Number (%) with cecum reached	2,548	98.0	91.5 - 100.0	
Number (%) with cecum reached among those with adequate bowel prep	2,410	99.3	95.8 - 100.0	90-95%
Total number of screening colonoscopies^^	2,640			
Biopsy Done	1,404	53.2	33.9 - 100.0	
Number of colonoscopies with adenoma or serrated polyp	822	31.1	15.2 - 57.3	
Number (%) of colonoscopies with adenoma or serrated polyp where the size was reported in mm on the colonoscopy report	755	91.8	87.9 - 100.0	
Number of adequate first screening colonoscopies in program on clients age 50+ years who did NOT have bleeding	1,462			
Biopsy Done	778	53.2	34.2 - 76.2	
Findings:				
Any cancer detected (adenocarcinoma, carcinoid, lymphoma, rectal or anal squamous cancer)	5	0.3		
Adenocarcinoma	1	0.1		
Suspected cancer	3	0.2		
Adenoma with high grade dysplasia**	5	0.3		
Other adenoma	499	34.1		
Advanced adenoma (>=1cm, or any villous histology)##	105	7.2		
Adenoma, not advanced^^^	394	26.9		
Hyperplastic Polyps	171	11.7	5.4 - 29.0	
Other Polyps	71	4.9		
Other & Normal	739	50.5		
Neoplasia detection rate on first colonoscopies***		34.7	17.7 - 58.7	
Neoplasia detection rate-male		42.9		>=25%
Neoplasia detection rate-female		31		>=15%
Neoplasia and hyperplastic polyp detection rate		46.4	26.3 - 69.8	
Male		52.4		
Female		43.6		

^ 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.