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Summary

DIFFERENCES IN ENDOSCOPY PRACTICES BETWEEN PROVIDERS WITH HIGHEST AND LOWEST POST ENDOSCOPY UPPER GASTROINTESTINAL CANCER RATES USING NATIONAL ENDOSCOPY DATABASE

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Analysis of 330,851 endoscopies at 60 English providers identified endoscopy practices associated with lower post-endoscopy upper gastrointestinal cancer rates, including training lists, higher endoscopist volume, intravenous sedation use, and lower-intensity scheduling.

KEY POINTS

- Low PEUGIC rate providers (5.1-7.6%) showed significantly different practices compared to high PEUGIC rate providers (9.3-13.0%) across multiple dimensions of endoscopy delivery
- Training lists were strongly associated with low PEUGIC rates (OR 2.31), as were endoscopists performing 101-200 procedures annually (OR 1.10 vs fewer than 100) and endoscopy lists scheduled at 7-9 points per list (OR 1.23)
- Intravenous sedation use (OR 1.24) and combined Midazolam-Fentanyl sedation (OR 1.17 vs Midazolam alone) were more common at low PEUGIC rate providers
- Low PEUGIC rate providers performed fewer biopsies other than Helicobacter testing (OR 0.83) and were less likely to use endoscopists not on specialist, nursing or trainee registers (OR 0.88)
- The study authors suggest these findings from national English data may guide quality improvement efforts to reduce missed upper gastrointestinal cancers

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