

CASE-MIX ADJUSTED MEAN NUMBER OF POLYPS PER 100 PROCEDURES: A NEW CANDIDATE GOLD STANDARD COLONOSCOPY KEY PERFORMANCE INDICATOR

Liya Lu

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Poster

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A case-mix adjusted Mean Number of Polyps per 100 procedures (aMNP) derived from 92,892 UK colonoscopies correlates strongly with traditional detection indicators and inversely with post-colonoscopy colorectal cancer rates, suggesting it may address limitations of adenoma detection rate as a quality metric.

KEY POINTS

- Analysis of 92,892 colonoscopies from the National Endoscopy Database (1 January to 4 April 2019) adjusting for patient age, sex, and procedure indication generated an aMNP metric across 2,496 endoscopists.
- At endoscopist level, aMNP strongly correlated with polyp detection rate (Spearman $\rho=0.834$, $p<0.001$) and proximal polypectomy rate ($\rho=0.709$, $p<0.001$).
- Trusts with higher post-colonoscopy colorectal cancer rates had significantly lower median aMNP (67.0 vs 73.9 polyps per 100 procedures, $p=0.047$), and units passing JAG accreditation had higher aMNP than failing units (63.5 vs 55.2, $p<0.001$).
- The authors propose aMNP as a candidate gold standard quality indicator that addresses criticisms of adenoma detection rate by including all polyps, not requiring histology, and accounting for warranted case-mix variation.

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